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

HEALTH AFFAIRS

OCT 30 2008

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

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

> **Access**: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention

services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

> **Access**: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention

services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul .	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

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

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

Access: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

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

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

> **Access**: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention

services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

Access: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

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

Dear Madam Chairwoman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

Access: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN
Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

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

HEALTH AFFAIRS

OCT 30 2008

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

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

> **Access**: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention

services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN

Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT 30 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to the Explanatory Statement accompanying H.R. 2642 (Public Law 110-252), Supplemental Appropriations Act for Fiscal Year (FY) 2008 requesting a report to the Congressional Defense Committees on FY 2009 Bridge Supplemental Funds appropriated for traumatic brain injury (TBI) and psychological health (PH).

Specifically, chapter 2 of the Explanatory Statement, in the section titled, "Traumatic Brain Injury and Psychological Health," states the following:

> The recommendation includes $300,000,000 to support programs and activities relating to the treatment, care, rehabilitation, recovery and support of the Armed Forces for traumatic brain injury and psychological health issues. Of the funds provided, $200,000,000 is in In-House Care, $75,000,000 is in Consolidated Health, and $25,000,000 is in Education and Training, The Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General and the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, is directed *to provide a report to the congressional defense committees no later than August, 1, 2008 with a detailed spend plan including funding requirements, sources of funding, and a break out of initiatives.*

The TBI/PH operation and maintenance funding requirement for FY 2009 is projected to be $547 million ($199 million for TBI and $348 million for PH). To date, Congress has appropriated $300 million to support FY 2009 TBI/PH programs and activities and an additional $75 million was extended from a FY 2007/2008 appropriation to FY 2009. Thus, we are starting FY 2009 with a total of $375 million. A detailed spend plan, with a breakout by initiative, is attached.

TBI/PH initiatives were carefully designed to expand and enhance the continuum of care by promoting growth and reinforcing existing programs. Following is a brief description of the initiatives, which are aligned to both TBI and PH:

> **Access**: Ensure timely access to comprehensive health care by providing staffing in health care areas to include outreach, education, prevention

services, traditional psychological health care treatment, behavioral health in primary care, and inpatient care.

Quality: Provide world-class treatment using evidence-based practices, comprehensive clinician training on recommended clinical practice guidelines, and provision of the clinical tools and guidance necessary for state-of-the-art care.

Resilience: Fortify the awareness and mental strength of the Service member by optimizing and amplifying the ability of the individual, family, and organization to mature, thrive, and be productive despite adversity, injury, trauma, and stress.

Surveillance: Use consistent and effective assessment practices in conjunction with the development of electronic tracking, monitoring, and management of psychological disorders and TBI conditions.

Transition: Improve the quality and effectiveness of treatment through transition, coordination, and management of care across all support networks.

Central Management: (Leadership and Advocacy): Build a strong culture of leadership and advocacy. A major part of this initiative was the creation of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury that began operations in November 2007.

The Department of Defense is committed to transforming and expanding the provision of services for PH care and to providing excellence in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members who suffer TBI.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

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

DHP - FY 2009 TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH SPEND PLAN
Operation and Maintenance Funding

Cumulative Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	15,765	23,029	27,738	67,492	84,770	99,205	101,572	108,250	117,289	133,952	135,997
Quality	590	1,230	1,647	5,390	6,575	17,992	24,142	26,632	27,143	28,982	29,853	30,142
Resilience	684	1,730	6,438	13,738	15,184	29,544	39,345	41,831	45,952	48,004	55,903	56,506
Surveillance	4,793	6,133	13,559	19,093	20,048	22,385	25,749	27,059	28,244	29,004	29,585	30,077
Transition	12,535	14,043	24,837	25,826	25,834	27,212	27,221	27,229	27,237	27,404	43,409	43,418
Central Management	8,051	15,247	15,979	20,861	22,006	22,681	33,828	34,781	35,831	43,077	50,086	51,301
Total	37,345	54,148	85,489	112,645	157,139	204,586	249,491	259,104	272,657	293,760	342,788	347,441

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	20,518	24,086	26,662	32,231	37,799	43,369	45,945	49,068	54,691	63,375	75,348
Quality	787	1,415	4,894	5,122	6,470	6,797	7,878	8,113	9,067	13,806	14,629	16,332
Resilience	-	500	500	500	500	500	500	500	500	500	500	500
Surveillance	5,985	10,833	13,450	28,605	30,508	32,478	36,311	38,029	39,729	42,114	48,234	54,231
Transition	893	907	921	935	949	1,172	1,186	1,200	1,214	1,228	1,242	1,256
Central Management	390	882	38,525	39,400	40,262	40,627	42,498	42,906	43,385	44,523	50,897	51,441
Total	16,739	35,054	82,376	101,224	110,920	119,373	131,742	136,693	142,963	156,862	178,876	199,108

Total TBI/PH	54,083	89,202	167,865	213,869	268,059	323,958	381,233	395,797	415,620	450,622	521,664	546,549

Incremental Plan

Psychological Health	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	10,691	5,074	7,265	4,708	39,755	17,278	14,435	2,367	6,677	9,039	16,663	2,045
Quality	590	639	417	3,743	1,184	11,418	6,150	2,489	511	1,839	871	289
Resilience	684	1,046	4,708	7,300	1,446	14,360	9,801	2,486	4,121	2,052	7,899	603
Surveillance	4,793	1,340	7,426	5,534	955	2,337	3,364	1,309	1,185	760	581	493
Transition	12,535	1,508	10,794	989	8	1,378	8	8	8	166	16,006	8
Central Management	8,051	7,195	732	4,882	1,146	675	11,147	953	1,050	7,246	7,008	1,215
Total	37,345	16,803	31,342	27,155	44,495	47,446	44,906	9,613	13,553	21,103	49,027	4,654

Traumatic Brain Injury	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Access	8,684	11,834	3,568	2,576	5,569	5,569	5,570	2,576	3,123	5,623	8,684	11,973
Quality	787	627	3,479	228	1,348	326	1,081	235	954	4,738	823	1,703
Resilience	-	500	-	-	-	-	-	-	-	-	-	-
Surveillance	5,985	4,848	2,617	15,155	1,903	1,970	3,833	1,718	1,700	2,385	6,120	5,998
Transition	893	14	14	14	14	223	14	14	14	14	14	14
Central Management	390	492	37,643	875	862	365	1,871	408	478	1,138	6,373	544
Total	16,739	18,315	47,322	18,848	9,696	8,453	12,369	4,951	6,270	13,898	22,014	20,232

Total TBI/PH	54,083	35,118	78,663	46,004	54,190	55,899	57,274	14,564	19,823	35,002	71,042	24,886