

James R. Lorraine, Executive Director, Central Savannah River Area - Wounded Warrior Care Project

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Chairwomen Murray, Ranking Member Burr, and members of this Committee, thank you for inviting us to testify before you today. I'd like to thank this Committee for its continuing efforts to support service members, veterans, and their families as they navigate through the complex web of Department of Defense, Department of Veterans Affairs, and community programs. I've been a member of the military community my entire life; as a Reservist, Active Duty Air Force, Military Spouse, Retiree, Government Civilian, and Veteran. In my previous position as the founding Director of the United States Special Operations Command Care Coalition; an organization which advocates for over 4,000 wounded, ill, or injured special operations forces and has been recognized as the gold standard of non-clinical care management. Recognizing a gap in my Special Operations advocacy capabilities, I incorporated a Federal Recovery Coordinator as a team member in providing input to the recovery care plans for our severely and very severely wounded, ill, or injured service members. This one Federal Recovery Coordinator dramatically improved how Special Operations provides transitional care coordination and made my staff more efficient in support of our special operations warriors and families throughout the nation. I've found that when supporting our Service Members, Veterans, and their families there is always opportunity for improvement.

It's essential that our military and veterans have strong advocates, both government and non-government, working together at the national, regional, and community levels to improve the recovery, rehabilitation, and reintegration of our warriors and families. However, one program by itself is not enough when it comes to supporting our nation's most valuable resource – the men and women of the Armed Forces, our veterans, and their families. I recently left government service to assume duties as the Executive Director of the Central Savannah River Area - Wounded Warrior Care Project, where my current position is to integrate services by developing a strong community based organization that maximizes the potential of government and non-government programs in Augusta and throughout our region. The Federal Recovery Coordinator Program is one of those resources.

From my experience, advocates or care coordinators require three attributes in order to be successful. The first attribute is the ability to anticipate need. This may sound simple, but staying ahead of a problem saves a lot of heartache, money, and time. Much like a chess master, thinking five to ten moves ahead, this assumes effectiveness and competence at various levels of the system. The second attribute is the authority to act. A case manager or advocate who anticipates needs and develops flawless transition plans, but doesn't have the authority to act is powerless to ensure success. In this complex environment of wounded warrior recovery, someone who can not act is an obstacle. The last attribute is the access to work as a team member. This is recognizing that it takes more than one person to reach the goal. Team work is probably the most complex of the three attributes, because it requires others to be inclusive,

sharing of information, trust, and requires a great deal of time to coordinate and synchronize efforts. Federal Recovery Coordinators are a critical component to the successful reintegration of over a thousand wounded, ill, or injured and their families, but as I said there “there is always opportunity for improvement”.

By design a Federal Recovery Coordinator has the education and credentials to anticipate need. Their level of professionalism, skill, and experience enables the coordinator to function at a high level of competence in supporting our warriors. They are the most clinically qualified of the warrior transition team. However, not everyone has the same clinical expertise and access to perform as a Federal Recovery Coordinator. We feel the development of a Federal Recovery Coordinator certification program is necessary to prepare these Veterans Affairs care coordinators to engage a broad spectrum of resources available in areas not only of health care, but with a focus on behavior health, family support, and benefits availability.

Innately, the FRC has the authority to act within the Veterans Affairs Health Care system and interface with Veterans’ Benefits Administration representatives. By reporting to the Veterans Affairs Central Office the Federal Recovery Coordinator can influence across the nation and regionally. This ability is unique and should be capitalized on by the Department of Defense Service Wounded Warrior programs and strengthened by the Veterans Benefits Administration. The Federal Recovery Coordinator must have the authority to act at the strategic level, to ensure case management is being accomplished, services are being provided, and that Veterans Affairs resources are being maximized, in concert with other government and non-government organizations.

The greatest challenge for the Federal Recovery Coordinator program is their access to work as a team member. As I mentioned earlier, team work requires inclusiveness. If the Coordinators do not have timely access to the warriors and families in need they can’t be effective. As the saying goes “You only know what you know.” Involvement in a case must be timely in order to shape an outcome, vice manage the consequences of bad decisions. We must work symbiotically to synchronize our efforts, operating transparently, and maximizing the capabilities of the Departments of Defense, Veterans Affairs, Labor, and Health and Human Services, as well as collaboration with non-government organizations at the national, regional, and local levels. Additionally, the Federal Recovery Coordinators must function in a coordination role, working by, through, and with Service Wounded Warrior Programs while also leveraging local Veterans Affairs case managers and benefits counselors. Relationships are critical and the Federal Recovery Coordinator must develop trusting interchange with those individuals and organizations with the mission to assist the Service Member, Veteran, and their family.

Lastly, the scope of the Federal Recovery Coordinator program should be expanded to assist those in the greatest need for a transitional care coordinator. We should not only support the most severely wounded, ill, or injured, but must include those less severe whose family dynamics, behavioral health issues, or benefit anomalies inhibit their smooth transition to civilian life. The current practice of providing “an assist”, which is short term without fully involved care coordination, has been successful. Additionally, those transitioning veterans at the greatest risk for homelessness should have a federal recovery coordinator shepherd the veteran to

success. By operating at a strategic level Federal Recovery Coordinators can affect the outcome of far more Veterans both regionally and locally.

In conclusion, we have three recommendations to improve the Federal Recovery Coordination program.

1. Maintain the high credential standards for the Federal Recovery Coordinator, but augment with a nationally recognized certification for federal system care coordination in order to strengthen their ability to anticipate needs.
2. Ensure the Federal Recovery Coordinators have the authority to act on needs they've identified, both on a national and local level.
3. Make certain the Federal Recovery Coordinator has access to work as a team member. Incorporate Federal Recovery Coordinators early in the recovery process as strategic partners who can ensure the Veterans Affairs resources are maximized to a larger population of transitioning Service members, veterans, and their families in need of someone to shepherd them through this complex system.

There is currently a very positive feeling in this country towards the service and sacrifice of our military, veterans, their families, and a desire to support them. One way to help is to utilize existing programs, especially at the local level. The Central Savannah River Area – Wounded Warrior Care Project stands as the model for many communities throughout the nation who are at the front line of helping our veterans come all the way home from combat and fully reintegrate into our community. It's also important to educate the military and their families about their transition, but it's frequently too late after transition has occurred and life's daily pace takes over.

Thank you for providing us the opportunity to present before the Veterans Affairs Subcommittee on Health.