United States Government Accountability Office

Report to the Committee on Armed Services, House of Representatives

December 2021

SPECIAL OPERATIONS FORCES

Additional Actions Needed to Effectively Manage the Preservation of the Force and Family Program

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GAO-22-104486

GAO@100 Highlights

Highlights of GAO-22-104486, a report to the Committee on Armed Services, House of Representatives

December 2021

SPECIAL OPERATIONS FORCES

Additional Actions Needed to Effectively Manage the Preservation of the Force and Family Program

Why GAO Did This Study

For nearly 2 decades, the Department of Defense has increased its reliance on SOF, pushing some to the limits of their physical and mental well-being. To help these special forces and their families, SOCOM established the POTFF program in 2013. In fiscal year 2021, SOCOM expected to make about $80 million available for POTFF program activities and maintained over 800 POTFF service providers across 32 locations worldwide to care for SOF and their families.

House Report 116-442 included a provision for GAO to review the POTFF program. GAO evaluated, among other things, the extent to which SOCOM has provided subordinate commands with guidance on POTFF implementation, made POTFF services available and accessible to SOF, and developed an overarching vision for effective data usage for the POTFF program.

GAO reviewed SOCOM policies and guidance and analyzed information on POTFF services and service providers. GAO also held focus groups with SOF personnel and interviewed officials managing the program.

What GAO Recommends

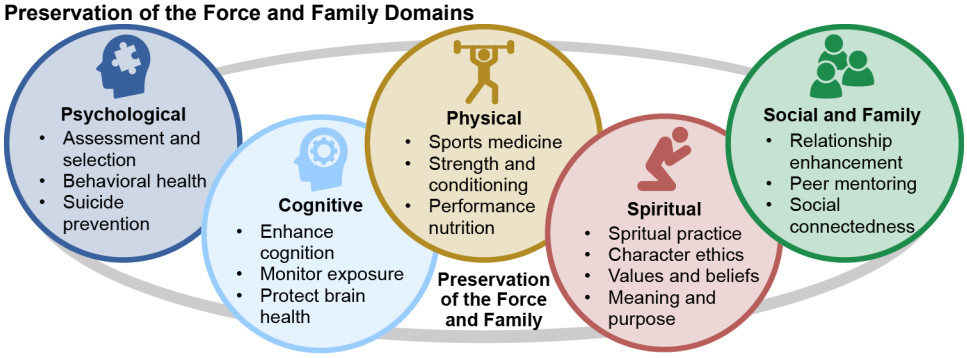
GAO is making five recommendations, including that SOCOM update its guidance to define its objective to coordinate POTFF programs, establish an allocation model that uses program data, develop a deployment strategy that aligns with its updated allocation model, and develop guidance for POTFF data that aligns with SOCOM's strategy for managing data. DOD concurred with all five of these recommendations.

View GAO-22-104486. For more information, contact Cary Russell at (202) 512-5431 or russellc@gao.gov.

What GAO Found

U.S. Special Operations Command (SOCOM) has established minimum requirements for its Preservation of the Force and Family (POTFF) program to improve the readiness and resilience of Special Operations Forces (SOF) and their families, but has not clearly defined a key term—integrated and holistic system of care—to guide implementation of its efforts across the five POTFF domains (see figure). SOCOM officials interpret this key term differently and SOCOM guidance does not provide clarity on how subordinate commands should implement activities to achieve it. Without defining an integrated and holistic system of care or how to achieve it, SOCOM leaves interpretation of the term to subordinate commands and is unable to establish a standard for POTFF's essential coordination functions or activities against which it can assess efforts to help SOF and their families.

Preservation of the Force and Family Domains



Source: GAO analysis of U.S. Special Operations Command information. | GAO-22-104486

The POTFF program offers a range of services for SOF, but availability and access vary. Participants in GAO focus groups had mixed experiences with POTFF, with some benefitting from services and others lacking access in certain areas, such as spiritual services. SOCOM data indicated that the number and type of POTFF service providers varies by domain and location. Additionally, SOCOM uses an allocation model that does not consider the data required by POTFF guidance, and it lacks a deployment strategy to guide POTFF service provider distribution. Without an allocation model informed by data and a deployment strategy for distributing POTFF service providers aligned to that model, SOCOM will continue to rely on incomplete information to make decisions and may not be able to ensure that service providers are distributed where they are most needed.

While SOCOM is upgrading its POTFF data system to one designed to be more capable, the command does not have clear data governance or management guidance. Although SOCOM Directive 10-12 defines minimum data collection requirements for all SOCOM POTFF domains, it lacks standardized data elements. Additionally, according to officials, although SOCOM worked with service component staff to standardize data as much as possible, it had difficulty reaching agreement on which standards to follow. Without guidance that establishes data governance and management for the POTFF program, SOCOM will continue to struggle to define and collect quality data.

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Abbreviations

DOD	Department of Defense
POTFF	Preservation of the Force and Family
SOCOM	U.S. Special Operations Command
SOF	Special Operations Forces
TSOC	Theater Special Operations Command

441 G St. N.W.
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December 16, 2021

The Honorable Adam Smith
Chairman
The Honorable Mike Rogers
Ranking Member
Committee on Armed Services
House of Representatives

For nearly 2 decades, the Department of Defense (DOD) has increased its reliance on U.S. Special Operations Forces (SOF), leading to a persistent cycle of deployments and training. When combined with SOF's highly competitive culture, this high operational tempo has fatigued and worn SOF service members and their families, straining their physical and mental well-being. To address these effects, U.S. Special Operations Command (SOCOM) established the Preservation of the Force and Family (POTFF) program in 2013. According to SOCOM guidance, SOCOM intends for POTFF to improve the readiness and resilience of SOF and their families by creating an integrated and holistic system of care that focus on five domains of well-being: physical, psychological, cognitive, social and family, and spiritual.[1]

POTFF program management consists of 820 contract, active-duty, and civilian service providers from SOCOM, the service components, and Theater Special Operations Commands (TSOC) in 32 locations worldwide.[2] POTFF provides services to approximately 60,000 SOF personnel and their eligible family members in SOCOM.[3] POTFF staff at SOCOM headquarters provide policy guidance and resources for the

[1]U.S. Special Operations Command Directive 10-12, *U.S. Special Operations Command Preservation of The Force and Family* (Jan. 21, 2021) (hereafter SOCOM Directive 10-12).

[2]SOF service components include U.S. Army Special Operations Command, Naval Special Warfare Command, Air Force Special Operations Command, and Marine Forces Special Operations Command. SOCOM's seven TSOCs are Special Operations Command Africa, Special Operations Command Central, Special Operations Command Europe, Special Operations Command Korea, Special Operations Command North, Special Operations Command Pacific, and Special Operations Command South.

[3]Information on POTFF service providers, locations, and the number of SOF personnel is based on SOCOM-provided data as of August 2021. These totals exclude POTFF service providers from the Joint Special Operations Command and the National Capital Region due to data reliability concerns.

program. Service components and TSOCs are responsible for implementing POTFF at their commands, including identifying any unique needs or capacity at each command. The POTFF program continues to grow to meet SOF needs.

House Report 116-442, accompanying a bill for the National Defense Authorization Act for Fiscal Year 2021, contained a provision for us to review the POTFF program.[4] Specifically, we reviewed the extent to which SOCOM has (1) provided subordinate commands with guidance on POTFF implementation, (2) defined roles and responsibilities for POTFF program personnel, (3) made POTFF services available and accessible to SOF, and (4) developed an overarching vision for effective data usage for the POTFF program.

To address our first objective, we reviewed the policies that SOCOM identified as relevant to the POTFF program to assess the extent to which the policies offered guidance about how to implement the program. We also reviewed published literature from 2011 to early 2021 that describe models or key characteristics of integrated or holistic systems of care.[5] We compared the information found in the policies against the defining objectives principle in the *Standards for Internal Control in the Federal Government*, which states that management should define objectives in specific terms so all levels of the organization can understand them, including defining what is to be achieved, who is to achieve it, and how it will be achieved.[6] We also compared this information to research by authors of published literature on integrated or holistic systems of care. In addition, we interviewed SOCOM officials, including headquarters and subordinate command POTFF staff; and POTFF service providers, including contract, active-duty, and civilian providers, about SOCOM's guidance on POTFF program implementation.

To address our second objective, we reviewed SOCOM Directive 10-12 on the implementation of the POTFF program to identify roles and responsibilities for POTFF leads and domain representatives among the

[4]H.R. Rep. No. 116-442 at 129-130 (2020).

[5]For additional information about the literature review, see appendix I. To see the literature review bibliography, see appendix II.

[6]GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept.10, 2014).

service components and TSOCs.[7] We compared information found in the directive against the control activities and information and communication components of the *Standards for Internal Control in the Federal Government*.[8] We also interviewed officials managing the POTFF program at SOCOM headquarters and POTFF leads, domain representatives, and service providers across the service components and TSOCs. We used information from these interviews to understand the extent to which POTFF leads and domain representatives at the service components and TSOCs received communication on their roles and responsibilities.

To address our third objective, we analyzed SOCOM information and data on the types of POTFF services provided and the number of service providers found in each domain across 32 locations where SOF personnel were stationed as of August 2021. We interviewed officials and personnel managing and implementing POTFF services from SOCOM headquarters and across the service components and TSOCs to identify how the components and commands determined what services to provide and how to provide them to SOF personnel.

For our fourth objective, we reviewed SOCOM Directive 10-12 with regard to data collection requirements, roles and responsibilities, and the use of data in each of POTFF's five domains. We also reviewed SOCOM and DOD guidance on data governance and management. Specifically, we reviewed SOCOM's *Enterprise Data Strategy* and the *DOD Data Strategy*, which outline the commands' visions for making data available to those who need it.[9] Furthermore, we reviewed SOCOM's documentation on its transition to a new data system, including implementation plans and contract documents for the Smartabase project.[10] We also interviewed SOCOM officials responsible for developing data collection requirements and data specialists from

[7]SOCOM Directive 10-12.

[8]GAO-14-704G.

[9]U.S. Special Operations Command, *Enterprise Data Strategy* (Dec. 4, 2019) and Department of Defense, *DOD Data Strategy* (2020).

[10]Smartabase is a tracking platform or human performance tool used by SOCOM to aggregate data from human performance technologies, apply custom analytics and algorithms, and create real-time visualizations with actionable information.

SOCOM and relevant subordinate commands responsible for implementing and maintaining POTFF data systems.

We also held 10, 2-hour virtual focus groups composed of SOF personnel randomly selected from all subordinate commands based on rank, special operations qualification status, and other characteristics. We recorded audio and video for all focus group sessions and conducted content analysis using NVivo software to identify the discussion themes.[11] We used the themes and direct quotes from participants as examples to supplement our observations and findings in objectives one and two. See appendix I for a more detailed discussion of our scope and methodology.

We conducted this performance audit from August 2020 to December 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

SOCOM's Roles and Responsibilities

SOCOM is the functional combatant command responsible for organizing, training, equipping, and providing fully capable SOF to defend the United States and its interests. In addition, SOCOM is responsible for developing special operations strategy, doctrine, and tactics; the employment of forces of the command to carry out assigned missions; requirements validation; acquisition of special operations peculiar equipment; and formulating and submitting requirements for intelligence support, among other things. Subject to the authority, direction and control of the Secretary of Defense, the commander of SOCOM is responsible for and has the authority to conduct all affairs of command for the following special operations activities: (1) direct action, (2) special reconnaissance, (3) unconventional warfare, (4) foreign internal defense, (5) civil affairs, (6) military information support operations, (7) counterterrorism, (8) foreign humanitarian assistance, (9) hostage rescue and recovery, (10)

[11]NVivo is a computer-based analysis tool used to conduct content analysis, organization large amounts of qualitative data, capture information from the web, and manage other forms of qualitative analysis.

counterproliferation of weapons of mass destruction, and (11) other activities specified by the President or the Secretary of Defense.[12]

As previously discussed, the Army, Navy, Air Force, and Marine Corps each have a designated service component to train, equip, and provide SOF from their respective services. In addition, SOCOM has established seven TSOCs as subordinate commands that perform broad, continuous missions uniquely suited to SOF capabilities. The TSOC is the primary theater SOF organization to plan and control special operations and other SOF activities. The Secretary of Defense assigned operational control of the TSOCs and attached SOF tactical units to their respective geographic combatant commanders.

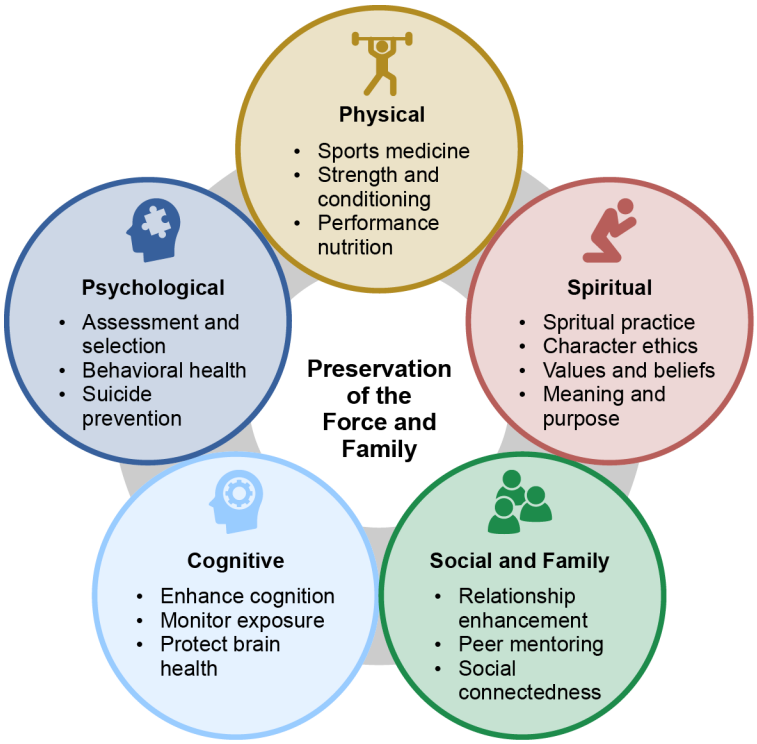
POTFF Program

SOCOM created the POTFF program in 2013 in response to recommendations from a task force assigned to identify the issues contributing to the strains and pressures of more than 10 years of multiple deployments and busy training schedules experienced by SOF and their families. The task force issued a report in 2011 that proposed major paradigm shifts in the organizational culture and behavior of the force and identified best practices to meet SOF's continuous deployment and combat.

SOCOM intends for POTFF to fill gaps in existing programs that are provided by the conventional military services and defense-wide agencies. According to SOCOM, the command only provides POTFF resources when programs common to the general-purpose forces do not meet SOF-peculiar needs. SOCOM's five major areas of effort—or domains—within the POTFF program are physical, psychological, cognitive, social and family, and spiritual—each domain has multiple lines of effort to help achieve the desired end state. Figure 1 lists the five domains and the lines of effort within each.

[12]See section 167 of title 10, United States Code and DOD Directive 5100.01, *Functions of the Department of Defense and Its Major Components*, (Dec. 21, 2010) (incorporating change 1, Sept. 17, 2020).

Figure 1: Preservation of the Force and Family Program Domains



Source: GAO analysis of U.S. Special Operations Command information. | GAO-22-104486

- **Physical.** The physical domain is designed to optimize and sustain physical performance for individual and collective SOF readiness. This domain emphasizes the functional performance of SOF operators through physical conditioning, exercise physiology, kinesiology, nutrition guidance, and rehabilitative support (physical therapy) services to its participants, among other things.
- **Psychological.** The psychological domain is aimed at enhancing the psychological health of SOF to optimize performance, promote resilience, and decrease stigma. Domain service providers address the mental health needs of SOF by assimilating into SOF units. They attempt to address issues before they become critical, improve access to care, increase participants' trust in providers, and reduce stigma associated with seeking mental health care.
- **Cognitive.** The cognitive domain is focused on optimizing the cognitive functioning of SOF by offering performance-based mental skills training. Domain service providers attempt to help operators

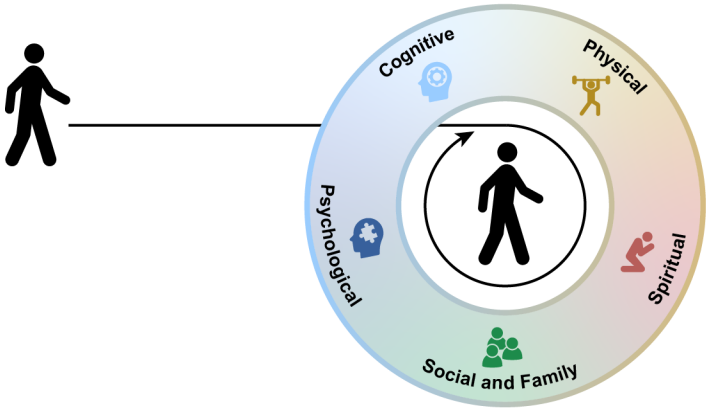
maintain their cognitive capabilities during stressful situations through accurate assessments, enhancement training, monitoring, and protection from brain injury exposure.

- **Social and Family.** The social domain is designed to optimize the support systems needed to encourage healthy relationships, empower use of resources, and increase social connectedness and family readiness. This domain focuses primarily on family cohesion and healthy social networks for SOF personnel.
- **Spiritual.** The spiritual domain is intended to enhance service-members' core spiritual beliefs and strengthen their ability to deal with life challenges. The domain addresses many aspects of life, including family and professional relationships, morality and ethics, and religion. Opportunities exist in this domain for SOF personnel to participate in activities intended to strengthen their sense of meaning and purpose.

SOCOM directs subordinate commands to use an embedded service provider model to build trust with unit leaders, SOF personnel, and families to identify early indicators for opportunities for intervention. Specifically, subordinate commands should embed POTFF service providers at the lowest level possible so that they report directly to the unit leadership. Figure 2 shows what coordinating POTFF programs to create an integrated and holistic system of care should achieve—integrated, multi-domain, cross-functional teams that provide holistic support across all five POTFF domains, as SOCOM Directive 10-12 outlines.[13]

[13]SOCOM Directive 10-12.

Figure 2: Integrated and Holistic Service Provision Model



Source: GAO analysis of U.S. Special Operations Command information. | GAO-22-104486

According to a SOCOM official, embedding POTFF service providers in SOF units increases SOF personnel's access to care because providers are located in their physical proximity and build a good rapport with them given their understanding of SOF culture and mission. Additionally, embedded providers are better able to ensure that SOF personnel complete their appointments and complete referrals to other providers.

POTFF Expenditures

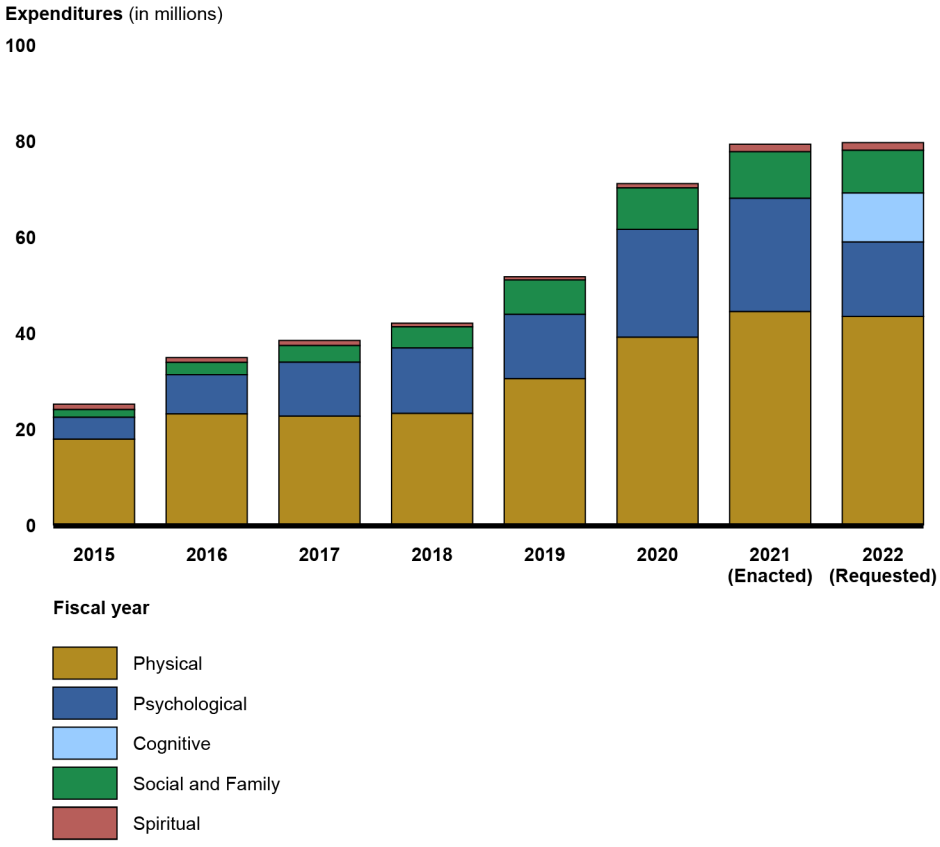
In fiscal year 2021, SOCOM reported that the command made about $79.3 million available for POTFF program activities, up more than triple (215 percent) the fiscal year 2015 expenditures, as shown in figure 2. SOCOM also reported that since 2015, the majority of POTFF expenditures were in the physical and psychological domains. In fiscal year 2021, about $44.4 million and $23.6 million funded the physical and psychological domains, respectively.[14] By comparison, reported expenditures for the social and family and spiritual domains during the same period were about $9.7 million and $1.6 million, respectively.

In addition, the service components enacted about $15.2 million in expenditures which, according to a SOCOM official, is used for POTFF sustainment costs such as the acquisition of supplies and equipment for

[14]A SOCOM official reported that, in fiscal year 2021, approximately $26.9 million was transferred from the Defense Health Agency to SOCOM to be used for clinical psychological care. This is in addition to the approximately $23.6 million appropriated to SOCOM and allotted to psychological domain activities not traditionally provided through the military health care system, such as assessment and selection, suicide prevention, and non-clinical counseling.

the program. Furthermore, SOCOM enacted about $9.5 million in military construction for POTFF-related facilities in fiscal year 2021, such as a Human Performance Training Center in Fort Carson, Colorado. A senior SOCOM official reported that requested POTFF funding for fiscal year 2022 is similar to enacted expenditures in fiscal year 2021.[15] For a history of POTFF expenditures and other related funding since fiscal year 2015, see figures 3 and 4.

Figure 3: Preservation of the Force and Family Program Expenditures by Domain for Fiscal Years 2015-2022

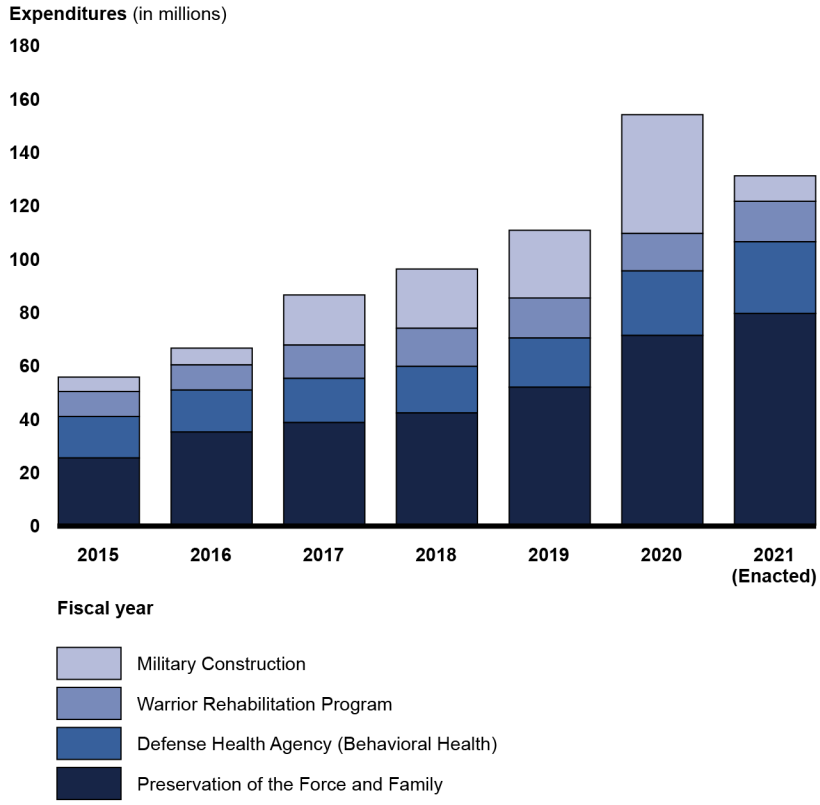


Source: GAO analysis of U.S. Special Operations Command data. | GAO-22-104486

Note: Enacted amounts include both appropriated amounts and net positive funds transferred into the account.

[15]For fiscal year 2022, SOCOM separated cognitive domain expenditures as a separate line of accounting in its POTFF funding request. Previously, cognitive domain services were included in the lines of accounting for the physical and psychological domains.

Figure 4: Preservation of the Force and Family Expenditure and Other Supplemental Funds for Fiscal Years 2015-2021



Source: GAO analysis of U.S. Special Operations Command data. | GAO-22-104486

Note: Enacted amounts include both appropriated amounts and net positive funds transferred into the account.

SOCOM Provides Guidance on POTFF Implementation without Defining Key Terms

SOCOM Provides Subordinate Commands with Guidance on POTFF's Minimum Requirements and Specific Topics, Such as Suicide Prevention

SOCOM Directive 10-12 defines the minimum requirements of the POTFF program across the five domains—physical, psychological, cognitive, social and family, and spiritual—by providing an overview of the program, including its goal; the domains' roles and responsibilities; and execution guidance for the subordinate commands.[16] Specifically, POTFF's goal is to improve the short- and long-term well-being and performance of SOF and their families by identifying and implementing innovative and valuable solutions across the SOF enterprise.[17] According to a SOCOM headquarters official, SOCOM and its subordinate commands collaborated to revise SOCOM Directive 10-12, which, as of January 2021, outlines each domain's desired end state and associated lines of effort. The directive states that the overarching POTFF program leverages and integrates all available assets and services—such as those provided by DOD, the Defense Health Agency, local military installations, military services and POTFF contract providers—to address SOF-peculiar demands and gaps in DOD and military service-provided services. The directive also assigns subordinate commands with duties, such as planning, programming, budgeting, and executing resources for their respective POTFF programs, as well as implementing a comprehensive evaluation and assessment plan to monitor and provide feedback on the use of POTFF resources and for evaluating indicators of POTFF-related performance of SOF and their families.

SOCOM POTFF officials stated that while SOCOM Directive 10-12 governs the POTFF program, SOCOM also provides implementation guidance to subordinate commands through three other policy memorandums. These memorandums provide subordinate commands guidance on suicide prevention, family programs, and SOF personnel's participation in POTFF.[18] For example, SOCOM's *Suicide Prevention Policy and Procedures* designates POTFF as the proponent of SOCOM's suicide prevention policy and procedures. The policy also provides leadership and counseling guidance for all SOCOM levels, referral

[16]SOCOM Directive 10-12.

[17]SOCOM Directive 10-12 defines the SOF enterprise as the organizations and forces in SOCOM headquarters, components, and theater special operations commands, and assigned and attached forces.

[18]USSOCOM Directive 1-4, *Suicide Prevention Policy and Procedures* (Sept. 7, 2021); USSOCOM Policy Memorandum 21-18, *Management of U.S. Special Operations Command Social & Family Programs* (Sept. 13, 2021); and USSOCOM Policy Memorandum 18-35, *U.S. Special Operations Command Policy for Mandatory Participation in Human Performance Program* (Jan. 17, 2019).

procedures, suicide prevention training guidelines, and mandatory reporting requirements.[19] It also includes requiring subordinate commands to designate a Suicide Prevention Coordinator who, among other duties, will coordinate their command's suicide prevention program and activities with SOCOM headquarters' POTFF program.

According to an August 2020 SOCOM briefing, POTFF officials have taken a number of steps to implement suicide prevention activities, including establishing Suicide Prevention Coordinators at all subordinate commands, developing a Chaplain's Suicide Prevention Workbook, providing suicide autopsy training to POTFF service providers, and implementing psychological autopsies to identify opportunities for process or practice improvements.[20] According to SOCOM officials, in addition to written guidance in Directive 10-12 and family and suicide prevention program policies, SOCOM provides informal guidance on POTFF implementation to components through annual summits, monthly staff meetings, and one-on-one meetings.

SOCOM Provides Minimal Guidance on Achieving an Integrated and Holistic System of Care for POTFF

SOCOM's seven subordinate commands must provide programs across the five POTFF domains and coordinate them to achieve SOF objectives for an integrated and holistic system of care for SOF personnel, although this key term—integrated and holistic system of care—is undefined and interpreted differently by officials across the SOF enterprise.[21] According to the Chairman's Total Force Fitness Framework and a senior SOCOM official, the benefits of such a coordinated approach to providing services include enabling individuals to sustain optimal well-being and demonstrate the resilience needed to carry out assigned missions. However, interviews with officials from subordinate commands showed how their interpretations of these objectives differ. Subordinate commands' approaches to creating an integrated and holistic system of

[19]SOCOM headquarters POTFF staff also track SOF suicide-related data points, including the number of suicides, suicide attempts with hospitalization, and suicidal ideations with hospitalization since calendar year 2014.

[20]SOCOM defines the psychological autopsy as a method to systematically and retrospectively collect psychological and related data about the decedent through interviews with people who have personal knowledge and analyses of archived documents and records of the decedent's life.

[21]Specifically, SOCOM officials said they took the term from the DOD's Total Force Fitness Framework. The Total Force Fitness Framework does not define the terms integrated, holistic, or system of care. Chairman of the Joint Chiefs of Staff Instruction 3405.01, *Chairman's Total Force Fitness Framework* (Sept 1, 2011). For more details on GAO's literature review, see appendix II.

care for POTFF range from informal to formal mechanisms implemented to foster coordination and collaboration across domains. For example:

- U.S. Special Operations Command Africa officials stated that coordination and collaboration with one another across domains about individuals' needs has been inconsistent and, if it occurs, usually excludes the social and family domain.
- U.S. Army Special Operations Command officials stated they are implementing a Human Performance Wellness Coordinator position. According to officials, because these coordinators tend to have sports performance backgrounds, their coordination of POTFF staff—such as setting up referral systems—focuses more on the physical domain than other domains.
- Special Operations Command North officials told us that their POTFF lead, social domain lead, and unit command meet informally but regularly to identify and create plans for individuals at higher risk of negative conditions or consequences, which are tracked in Excel spreadsheets.
- According to Naval Special Warfare Command officials, the command uses a formal mechanism—called the Human Factors Program—to coordinate its POTFF program.[22] The mechanism is a written policy with procedures on how unit leadership and POTFF service providers should coordinate and collaborate to care for SOF who may be at higher risk for issues such as suicidal ideation or domestic violence, among other issues.[23]

Some focus group participants said they were aware of coordination between POTFF providers, while others said they were not aware of such coordination; their reasons for believing POTFF providers were coordinated or not illustrates how subordinate commands use a range of approaches to implement an integrated and holistic system of care. Content analysis of focus group discussions showed that some

[22]USSOCOM Directive 1-4 requires that all SOCOM subordinate commands establish Human Factors Councils to review plan, and implement interventions for service members identified as at-risk for suicide and other adverse outcomes. USSOCOM Directive 1-4 (Sept. 7, 2021). According to one SOCOM headquarters official, as of August 2021, the Naval Special Warfare Command and Marine Forces Special Operations Command have such policies and procedures in place; the Air Force Special Operations Command is finalizing their policy, and the U.S. Army Special Operations Command has begun drafting their policy.

[23]Commander, Naval Special Warfare Command Instruction 5420.1, *Human Factors Program* (Apr. 21, 2020).

participants had experiences with POTFF providers that were coordinated, others perceived coordination among providers within the same domain, and others were referred by a POTFF provider to another POTFF provider, as shown in Table 1. Five out of 10 groups discussed that coordination between POTFF providers may occur on a case-by-case basis, and four groups discussed that coordination between POTFF providers may lack someone to oversee interdomain coordination.

Table 1: Focus Group Themes Related to Participants' Experiences with Preservation of the Force and Family (POTFF) Provider Coordination

Theme	Number of groups in which discussed (out of 10)
There is coordination among POTFF providers within the same domain	6
POTFF providers collaborate to set common goals or service plan for individual special operations forces personnel	5
POTFF providers refer special operations forces personnel to other POTFF providers	5
Coordination between POTFF providers may occur on a case-by-case basis	5
Coordination between POTFF providers may lack someone to oversee the interdomain coordination	4

Source: GAO focus groups on POTFF data. | GAO-22-104486

Note: Themes represent participant experiences and perceptions expressed during focus groups and do not necessarily represent whether or not coordination occurred. Results are not generalizable to the entire population.

The comments in the textbox illustrate two different SOF experiences regarding coordination within and across POTFF domains. One SOF service member reported experiencing daily coordination across domains in what the service member referred to as a cross-functional team. The other SOF service member reported POTFF providers who tended to work only within their domain because of the limited extent of provider coordination with one another.

Preservation of the Force and Family (POTFF) Staff Coordination Experiences of Two Focus Group Participants

Participant: POTFF has end-of-day huddles so all the arms or legs of POTFF come together in a roll-up for the day and talk about each person that they have seen in their team. And so I began to see that the processes were aligned in more of a cross-functional team.

Participant: Even though POTFF is holistic in nature there are still stovepipes of excellence, so that at the unit level it really takes someone who is overseeing the inter-coordination of it. A lot of times you won't have the chaplain showing up—if the chaplain's showing up at the gym and hanging out with the guys and working out with them, you may get that mix, but it really depends on the individual and how invested he is on that holistic capability.

Source: GAO focus groups on POTFF data. | GAO-22-104486

Our review of published literature on integrated or holistic systems of care revealed that there are no commonly agreed-upon definitions for these terms.[24] For example, one study we reviewed discusses holistic care as any intervention directed at the whole person rather than one system; another states that addressing clients' physical, emotional, social and spiritual needs restores their balances and enables them to deal with their illnesses.[25] Another study stated that integrated care is a patient-centered, multilevel, multimethod strategy designed to achieve improved coordination of services across the care continuum of complex health systems. The study stated that integrated care may also include practical efforts to create unity within a variety of objects, such as client care and experience, multidisciplinary and inter-organizational processes, and heath care systems. The literature suggests that integration means different things to different people; clients, service providers, and policymakers have different ideas about and experiences with integrated

[24]We reviewed 12 articles describing models or key characteristics of systems of care that focus on health or well-being, of which eight described integrated systems of care, two number described holistic systems of care, and two described integrated, holistic systems of care. All of the articles described systems of medical care, including integration of primary and behavioral health care and integration of primary and chronic care. We identified three articles describing U.S. programs supporting service members or veterans, for example with regards to mental health or traumatic brain injury.

[25]Frederick O. Foote et. al., "Holistic Care in the US Military I—The Epidaurus Project: An Initiative in Holistic Medicine for the Military Health System, 2001-2012," *Global Advances in Health and Medicine* 1 no. 2 (May 2012): 46-54; Madineh Jasemi et. al., "A Concept Analysis of Holistic Care by Hybrid Model," *Indian Journal of Palliative Care* 23 no. 1 (Jan.-Mar. 2017): 71-80.

care.[26] Authors of one journal article state that integrated care models should remain flexible to allow for specific practices to vary according to context, but add that identifying and describing the essential functions and associated activities of a program's core components can promote program sustainability.[27]

SOCOM Directive 10-12 does not provide additional guidance, beyond using an embedded provider model, about the key terms that would clarify how subordinate commands should coordinate POTFF programs to create an integrated and holistic system of care. For example, SOCOM guidance has not identified other essential functions or associated actions to achieve an integrated and holistic system of care or clearly defined them in SOCOM Directive 10-12 or other guidance. SOCOM officials told us they selected the term "integrated and holistic system of care" because it is a professionally understood concept found in the Chairman's Total Force Fitness Framework.[28]

Officials said they deliberately did not define the term in guidance because their intent was to provide subordinate commands with flexibility, given the uniqueness of each command. In addition, despite not clearly defining the SOF objectives to create an integrated and holistic system of care for POTFF or providing guidance on how to achieve them, SOCOM officials have made determinations about subordinate commands' progress toward the objectives based on their own observations. Officials told us that while they have aspired to use a robust multidisciplinary approach to POTFF implementation, subordinate commands are not consistently implementing an integrated and holistic system of care.

According to the *Standards for Internal Control in the Federal Government*, management should define objectives in specific terms so

[26]Caroline Nicholson, et. al., "Translating the Elements of Health Governance for Integrated Care from Theory to Practice: A Case Study Approach," *International Journal of Integrated Care* 18, no. 1 (2018): 1-13; Gemma Hughes, Sara E. Shaw, and Trisha Greenhalgh, "Rethinking Integrated Care: A Systematic Hermeneutic Review of the Literature on Integrated Care Strategies and Concepts," *The Milbank Quarterly* 98 no. 2 (2020): 446-492.

[27]Angela Mooss, Megan Hartman, and Gladys Ibañez, "Manual development: A strategy for identifying core components of integrated health programs," *Evaluation and Program Planning* 53 (2015): 57-64.

[28]Chairman of the Joint Chiefs of Staff Instruction 3405.01, *Chairman's Total Force Fitness Framework* (Sept 1, 2011).

all levels of the organization can understand them, including defining what is to be achieved, who is to achieve it, and how it will be achieved.[29] Defining objectives in specific and measurable terms enables the design of internal control for related risks because (1) terms are easily understood and (2) performance assessment toward achieving the objectives is possible. While SOCOM officials told us that the key term "integrated and holistic system of care" is professionally understood, there remain multiple ways to define and interpret it.

Without updating or establishing guidance to define an integrated and holistic system of care or how to achieve it, SOCOM leaves the interpretation of these concepts up to each subordinate command and is unable to establish a standard for implementation of POTFF's core coordination components against which they can assess performance.[30] Implementing guidance will also increase the likelihood that POTFF coordination among domains will be more consistent, thereby enabling the commands to better address the short- and long-term well-being and performance of SOF personnel and their families.

SOCOM Guidance Does Not Clearly Define Responsibilities for All Key Personnel

SOCOM Guidance Defines POTFF Leads' Roles and Responsibilities

SOCOM's service components and TSOCs have assigned POTFF leads that provide program management and oversight of services and events designed to support SOF personnel and their families. SOCOM Directive 10-12 states that a uniformed service member or government civilian should serve in the role of POTFF lead and that, to the extent possible, the POTFF lead's management responsibilities should be a principal duty.[31] In addition, among other things, the directive states that the

[29]GAO-14-704G.

[30]According to SOCOM officials, SOCOM POTFF staff maintain a checklist of policies and procedures they review as part of the Inspector General review.

[31]SOCOM Directive 10-12.

POTFF lead is responsible for planning, programming, budgeting, and executing resources for POTFF program activities.

POTFF leads at the service components and TSOCs we spoke with provided descriptions of their roles and responsibilities, and these descriptions generally aligned with SOCOM guidance. For example, the POTFF lead at one service component discussed planning and programming efforts taken to coordinate service delivery between the conventional military service and the service component to ensure that duplication of effort was minimized. The same POTFF lead also discussed resource execution roles in leading efforts to fill vacancies in POTFF domains in different locations, as well as overseeing data collection and management efforts across the service component. At another service component, the POTFF lead identified roles in providing administrative oversight across the POTFF domains and coordinating with SOCOM on program resource allocation. In addition, a POTFF lead at one of the TSOCs discussed planning, budgeting, and resourcing roles in overseeing contract management and working with domain representatives in securing approval for planned events.

Although the POTFF leads described their general roles and responsibilities, some POTFF leads at the TSOCs expressed concerns about their capacity to carry out their duties. These officials stated that these challenges were due to conflicts between their principal and secondary duties. For example, some TSOCs had the command surgeon or chaplain assigned as the POTFF lead, which is considered a secondary duty. SOCOM officials recognized these capacity challenges and have worked with the TSOCs to address them. In February 2021, one of the seven TSOCs we spoke with had a POTFF lead whose principal duties were the management of the POTFF program. By August 2021, four of the seven TSOCs had POTFF leads whose principal duty was the management of the programs. SOCOM officials said that the POTFF programs at the other three TSOCs—U.S. Special Operations Command Korea, U.S. Special Operations Command North, and U.S. Special Operations Command South—were small enough that a POTFF lead as a principal duty was not necessary. Table 2 identifies the TSOCs that have POTFF leads with program management as their principal duty, as of August 2021.

Table 2: Duty Status of Preservation of the Force and Family (POTFF) Leads by Theater Special Operations Command, August 2021

Command	POTFF lead status
Special Operations Command Africa	Principal duty
Special Operations Command Central	Principal duty
Special Operations Command Europe	Principal duty
Special Operations Command Korea	Secondary duty
Special Operations Command North	Secondary duty
Special Operations Command Pacific	Principal duty
Special Operations Command South	Secondary duty

Source: U.S. Special Operations Command. | GAO-22-104486

SOCOM Guidance Does Not Clearly Define Roles and Responsibilities for Domain Representatives

In addition to having an assigned POTFF lead, each service component and TSOC has representatives for each of the program's domains. However, some domain representatives at the TSOCs expressed concerns about not fully understanding the extent of their roles and responsibilities when serving in this capacity. SOCOM Directive 10-12 requires that each service component and TSOC have an interdisciplinary team made up of the POTFF lead and the domain representatives to work together to form a seamless line of support to SOF and their families.[32]

Contracted service providers at five of the seven TSOCs either expressed uncertainty about SOCOM's expectations of them in the added duty of a domain representative or could not describe their roles and responsibilities when serving in this capacity. For example, one service provider said that he relies on his contract's statement of work to provide guidance on the performance of his duties when supporting SOF service members, but noted that the statement of work did not include information on the role of a domain representative on the TSOC's POTFF interdisciplinary team. Another contractor providing services at a TSOC was uncertain about the expectations of a domain representative because SOCOM had not provided any training for this role. Many of these service providers told us that they serve as their TSOC's domain representative on the POTFF interdisciplinary team because there are no other service providers in their respective domains.

SOCOM headquarters officials said they are aware of some of the challenges that domain representatives are experiencing in

[32]SOCOM Directive 10-12.

understanding their roles and responsibilities. They provided an example of a POTFF lead at one TSOC who asked whether a contracted POTFF service provider who is also a domain representative could make decisions typically reserved for government officials, such as resourcing decisions. SOCOM officials said they had to inform this POTFF lead that contracted personnel could only serve in advisory capacities and could not take actions or make decisions reserved for those who are military or government civilian personnel.

Standards for Internal Control in the Federal Government state that management should (1) document in policies the internal control responsibilities of the organization, which includes expectations of competence and (2) communicate to the service organization the assigned responsibilities and authorities of the role.[33] It also states that management has the role of ensuring that service organizations are accountable for their internal control responsibilities. This includes taking corrective action as necessary to enforce accountability for internal control in the entity. When an individual is assigned a specific role, management should communicate expectations of competence for the role that will enable the service organization to perform its internal control responsibilities.

However, while SOCOM policy and guidance, such as SOCOM Directive 10-12, identifies a domain representative's role in working as part of a team to form a seamless line of support to SOF and their families, it does not communicate a domain representative's specific roles and responsibilities at the service components and TSOCs. SOCOM Directive 10-12 also does not define the parameters that POTFF personnel must operate within when serving as domain representatives. SOCOM officials acknowledged that Directive 10-12 is broadly written, particularly with respect to domain representatives. They stated that the guidance is intended to provide flexibility to the service components and TSOCs for implementation and management of the program, adding that the command did not want to be overly prescriptive when providing direction.

Without clear guidance that defines and communicates the specific roles and responsibilities of a domain representative, SOCOM cannot ensure that domain representatives understand what is expected of them when performing this role. In addition, without clearly established expectations,

[33]GAO-14-704G.

SOCOM risks domain representatives taking actions that are outside the potential parameters of their position.

The POTFF Program Offers a Range of Services, but Availability and Access Vary

The Number and Type of Service Providers Contribute to Varied Experiences with POTFF Services

SOCOM data indicates that variations in the number and types of providers by domain and location may affect SOF personnel's ability to access services. SOCOM data show that the physical and psychological domains have 352 and 343 service provider positions across all locations, respectively. Together these domains make up the majority (or about 85 percent) of the total active duty military, government civilian, and contractor POTFF service providers. In contrast, SOCOM data showed that the cognitive and family and social domains have 52 and 73 service provider positions, respectively.[34] We found that a number of factors can affect the ability of SOF personnel to access services. These factors include:

- **Ratio of service providers to assigned personnel.** SOCOM data demonstrated that the total number and ratio of POTFF service providers varied by location, which could affect the availability of or access to some services. Nearly half of the locations with POTFF service providers had fewer than 10 positions across all domains, but some locations had many more positions. For example, Fort Bragg, North Carolina had 181 POTFF positions supporting over 9,000 SOF personnel. Similarly, Hurlburt Field and Duke Field, both in Florida, combined had 92 POTFF service providers supporting over 7,600 SOF personnel. While the number of service providers at some locations were roughly proportional to the number of SOF personnel at that location, that ratio varied by domain and location. For example, service provider-to-SOF personnel ratios in the physical domain

[34]SOCOM added the cognitive domain to the POTFF program in 2021 in SOCOM Directive 10-12. A senior SOCOM official told us that they are moving existing positions already providing these services from the physical and psychological domains into the newly established cognitive domain. In addition, SOCOM relies on chaplains to provide support to SOF personnel under the spiritual domain. However, according to a SOCOM official, these chaplain positions are not resourced through POTFF-provided funds and therefore, are not included in the count of positions for the program.

ranged—from one provider for the 29 SOF personnel in Boulder City, Nevada—to one provider for every 416 SOF personnel at Cannon Air Force Base, New Mexico. The psychological domain also had a wide range of variance in the service provider ratios, with Key West, Florida having one provider for the 28 SOF personnel assigned, to one provider for the 1,617 SOF personnel assigned at Hunter Army Airfield, Georgia. Finally, the cognitive domain ratios ranged from one provider for every 240 SOF personnel at Kirtland Air Force Base, New Mexico to one provider for the 2,560 at Eglin Air Force Base, Florida.[35]

- **Existence of specific service provider positions at locations.** The types of POTFF service provider positions also vary by location. For example, 15 of the 32 locations supported by the POTFF program do not have a Performance Dietician allocated to provide services. Additionally, seven locations do not have an Operational or Clinical Psychologist allocated by POTFF, and 13 of the 32 locations do not have a Nurse Case Manager assigned. Furthermore, 17 of the 32 locations do not have any cognitive service providers and nine of the 32 locations do not have a POTFF-allocated Community Program and Peer Network Coordinator.
- **Existence of services provided by the military service branches.** According to a senior SOCOM official, services provided to SOF by the military service branches can influence variations in the number and type of POTFF service providers available across the domains. The official noted that some locations might have fewer POTFF providers assigned because they are there to supplement services provided by the military service branches. Additionally, the official managing POTFF services stated that where possible, SOCOM works with the military services to plan and provide POTFF services. For example, the senior SOCOM official told us that the Army's behavioral health services provide for the needs of many of the Army's SOF. The same official told us that when the 7th Special Forces Group identified behavioral health needs that could not be met with the Army services, SOCOM used POTFF to enhance psychological domain services available to this group.

SOF focus group participants shared mixed experiences accessing POTFF services. SOF personnel at all 10 of our focus groups reported

[35]These ranges are based on our analysis of SOCOM's POTFF service provider data. While the ranges identified are the minimum and maximum ratios, most ratios fall between one service provider for about every 100 to 800 SOF personnel, depending on the domain.

that they benefit from services accessed such as physical therapy, strength and conditioning, athletic training, and counseling services. Additionally, SOF personnel in most focus groups reported that retreats provided by the social and family domain contribute to their social needs and those of their families.

However, SOF personnel in many of these same groups also reported that SOCOM does not offer all desired POTFF services at their location. Specifically, SOF personnel from seven of the 10 focus groups stated that some POTFF services are not available at the locations where they were stationed. In addition, one focus group discussed how a service member had challenges accessing the full array of POTFF services. The group discussed how this service member had access to a nutritionist at his current duty station but did not have access to a chaplain for spiritual services; while at his previous duty station, he had access to a chaplain but not to a nutritionist.

Focus group participants also reported that the quantity and location of POTFF service providers have also affected their ability to obtain services. In one focus group, a participant said that his previous unit split personnel between the East Coast and the West Coast of the United States. At the East Coast location, the physical training equipment was at his location, but the unit's coaches and the nutritionist were physically located on the West Coast and only available to contact via e-mail. From the focus group participant's perspective, although SOCOM assigned coaches and a nutritionist to his unit, being approximately 2,700 miles away from these service providers meant that the coaching and nutritionist services were effectively not available to him through POTFF.

SOCOM Makes Staffing Allocation Decisions Based on Limited Information

As part of its efforts to provide services, SOCOM uses a staff allocation model and staff calculators to determine how many POTFF service providers to apportion to different commands. SOCOM's staff allocation model uses commander rank as well as the units' function to determine how many service providers to allocate to different commands for the physical, psychological, and social and family domains. Based on these two factors, the staff allocation model identifies three categories of command—O-5, O-5 support, and O-6.[36] For O-5 commands, the model specifies that SOCOM should allocate two Strength and Conditioning

[36]O-5 and O-6 are references to the pay grade for officer ranks in the U.S. uniformed services. O-5 is the designation for the rank of Lieutenant Colonel in the Army, Air Force, and Marine Corps and Commander in the Navy. O-6 refers to the rank of Colonel in the Army, Air Force, and Marine Corps, and Captain in the Navy.

Specialists and one Physical Therapist from the physical domain, but no service providers in the other domains. Similarly, the SOCOM model indicates that the command should allocate one Strength and Conditioning Specialist and one Physical Therapist to the O-5 support command category. For the O-6 commands, the model identifies a combined total of 19 service providers across the physical, psychological, cognitive, and social and family domains. Table 3 shows the number and type of positions the POTFF staff allocation model prescribes for each category of command.

Table 3: Preservation of the Force and Family (POTFF) Staff Allocation Model by Command Category

		Command category		
Position	**Domain**	**O-5**	**O-5 Support**	**O-6**
Strength and Conditioning Specialists	Physical	2	1	1
Physical Therapist	Physical	1	1	1
Certified Athletic Trainers	Physical	0	0	2
Performance Dietitian	Physical	0	0	2
Clinical Psychologist	Psychological	0	0	2
Psychological/Mental Health Technician	Psychological	0	0	2
Licensed Clinical Social Worker	Psychological	0	0	3
Nurse Case Manager	Psychological	0	0	2
Cognitive Performance Specialist	Cognitive	0	0	2
Community Program and Peer Network Coordinator	Social and family	0	0	2

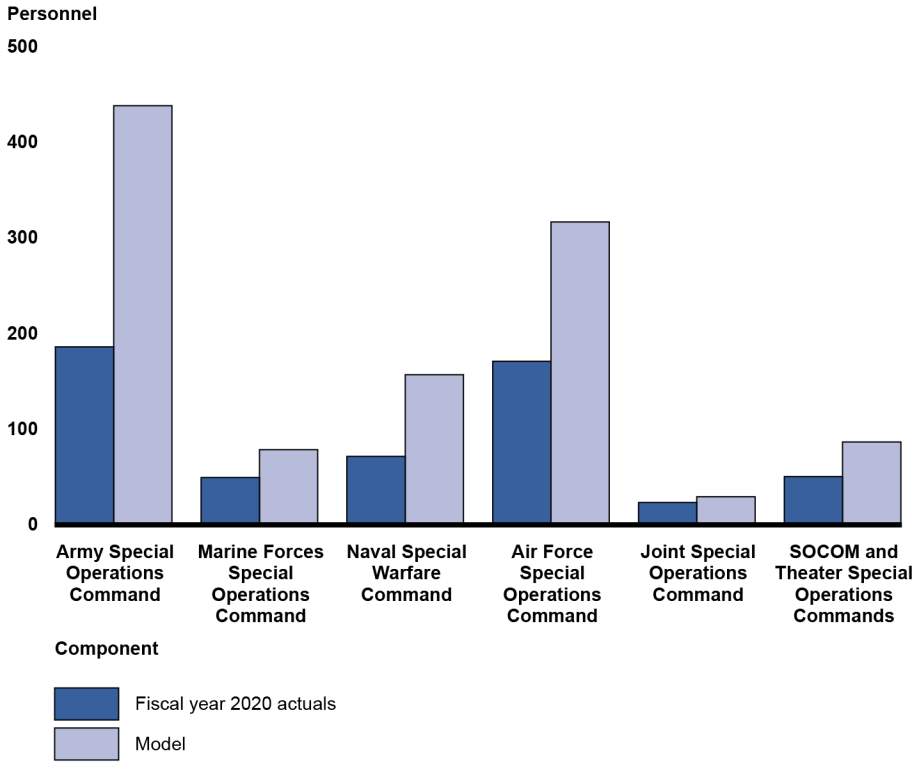
Source: U.S. Special Operations Command (SOCOM) data. | GAO-22-104486

Note: While SOCOM's staff allocation model identifies some positions in four of the POTFF domains, it does not include all service provider positions across the program.

Based on these allocation categories, SOCOM determines the number and type of service providers it should allot at each service component and TSOC. SOCOM also compares the model's allocation determinations with the number of positions actually filled. In fiscal year 2020, SOCOM had shortages in 12 of the 18 POTFF service provider position types identified by the staff allocation model and had an average overall fill rate

of about 50 percent when compared to the staff allocation model.[37] For example, SOCOM filled 103 of the 190 Strength and Conditioning Specialists positions prescribed by its staff allocation model as of 2020—a fill rate of about 54 percent, with 87 unfilled positions. Figure 5 shows a comparison of the total POTFF positions filled in fiscal year 2020 to those identified by SOCOM's staff allocation model for SOCOM's subordinate commands.

Figure 5: Preservation of the Force and Family Staff Allocation, Fiscal Year 2020 compared to U.S. Special Operations Command Model



Source: U.S. Special Operations Command (SOCOM) data. | GAO-22-104486

[37]POTFF service provider positions that experienced shortages in fiscal year 2020 according to SOCOM's staff allocation model include Strength and Conditioning Specialist, Physical Therapist, Certified Athletic Trainer, Performance Dietician, Human Performance Advisor, Cognitive Performance Specialist, Community Program and Peer Network Coordinator, Licensed Clinical Social Worker, Clinical Psychologist, Psychological/Mental Health Technician, Nurse Case Manager, and Psychiatric-Mental Health Nurse Practitioner.

In addition to the staff allocation model, SOCOM developed staffing calculators for the physical and psychological domains to identify the number of POTFF service providers required. The calculators include information on unit size along with hours per week spent providing care, participating in training, and attending other meetings. A senior SOCOM official stated that the command intends for these calculators to provide visibility into the time requirements placed on POTFF service providers in the performance of their duties. Further, SOCOM aims for these tools to help the command calculate the number of contracted service providers required to support the POTFF program.

SOCOM Directive 10-12 states that service components and TSOCs should collect and report data to the SOCOM headquarters related to the provision of services by all POTFF staff.[38] These data are to serve as a basis for determining the allocation of POTFF staff and funding for all SOCOM units. In addition, in previous work we identified a model of strategic human capital management as a tool for addressing human capital challenges government-wide.[39] Such a model requires:

- valid and reliable data to assess an agency's workforce requirements against key performance objectives and goals, which heightens an agency's ability to manage risk and spotlight areas needing attention before workforce crises develop; and
- effective deployment strategies, which enable organizations to have the right people with the right skills, doing the right jobs, in the right place, and at the right time by making flexible use of its workforce.

SOCOM's directive notes the importance of data-driven decisions in determining the allocation of POTFF staff. However, SOCOM's staff allocation model does not consider data for several important service provision and decision-making factors at locations across the SOF community that would allow SOCOM to assess its POTFF workforce requirements. For example, while SOCOM officials noted that the development of the staff allocation model was influenced by factors such as unit size, geographical location, and the number of civilian support personnel, the model does not take into account data on the number and

[38]SOCOM Directive 10-12.

[39]The strategic human capital model describes planning as a cornerstone and identifies critical success factors, including the use of data to determine key performance objectives and goals that enable organizations to evaluate the success of their human capital approaches. See GAO, *A Model of Strategic Human Capital Management*, GAO-02-373SP (Washington, D.C.: Mar. 15, 2002).

type of service providers in comparison to the SOF population at each location. The model also does not consider data related to the provision of POTFF services that SOCOM may determine to be relevant—such as utilization rates, domain assessments, access times, and service availability—or other domain-specific factors to make determinations on staffing levels for the POTFF program. Additionally, SOCOM's staff allocation model does not include service providers for all service-provider types.

Furthermore, while the supplemental nature of the POTFF program could explain some of the variance in the number and types of service providers at each location, SOCOM did not include data on the services provided by the military service branches in its staff allocation model or staffing calculators. According to a SOCOM official, it has been difficult to develop a staffing model that provides adequate support to all SOF units, in part because SOCOM based these calculators on limited data from a small sample of service providers and the command lacks data on non-medical activities.

Similarly, SOCOM does not maintain a staff deployment strategy that matches the number of service providers with the staff levels identified in its current staff allocation model. Such a strategy would allow the command to routinely reevaluate and determine that the appropriate number and types of POTFF service providers are available to support SOF personnel. A SOCOM official told us that shortages in POTFF service providers were due, in part, to limited resources. However, they also told us that their staffing calculator tools are based on limited information and difficult to scale to larger units.

Without a staff allocation model informed by data on POTFF services provided, SOCOM will continue to rely on incomplete information to make staffing decisions for the POTFF program. Furthermore, while SOCOM Directive 10-12 requires the inclusion of data on services provided, requiring additional data on the health of the force could also help shape the command's allocation of POTFF staff. Without a staff deployment strategy for distributing POTFF service providers to meet the needs identified by its updated staff allocation model, SOCOM may not be able to ensure that its organizational goals and objectives are supported by service providers that are distributed where they are most needed. A deployment strategy for distributing its service provider workforce could help SOCOM align available resources with the goals and objectives identified by a data-driven staff allocation model. Furthermore, SOCOM

should consider data related to providing POTFF services to make strategic determinations about staffing levels for service providers.

SOCOM Lacks a Clear Vision for How It Will Fully Leverage Data for the POTFF Program

SOCOM's Implementation of a New Data System Could Improve Data Management

SOCOM is in the process of updating its POTFF data system because its first data system—SPEAR—had several limitations that made it unsuitable for managing POTFF program data.[40] SOCOM data specialists told us that SPEAR lacked detailed documentation, administrative functions, and reliable calculations. Specifically, according to these officials, SPEAR did not have:

- Detailed documentation such as a data dictionary to provide information about the database contents, such as the names of measured variables, their data types or formats, and text descriptions. As a result, it was challenging to maintain standardized data on program utilization and performance.
- Administrative functions, such as a back-end database to perform updates or test changes prior to implementation.[41] SOCOM officials expressed concerns about the system because updates to SPEAR would cause instability or interrupt functionality.
- Reliable calculations regarding utilization of POTFF services. SOCOM data officials told us that they had significant concerns regarding the reliability of data within the SPEAR system because of the calculations it used to determine service utilization. They noted that this issue was worse for group training events, such as a workout session with multiple participants led by a strength and conditioning specialist. For example, the system's calculations would result in counts of participants that were either too high or too low.

[40]According to a SOCOM official, the command implemented the SPEAR database in 2013.

[41]According to a SOCOM official, a back-end database is a database that is accessed by users indirectly through an external application rather than by application programming stored within the database itself or by low-level manipulation of the data.

In response to the limitations of SPEAR, SOCOM officials stated that the command began evaluating new data systems for the POTFF program in the fall of 2018 and selected Smartabase in the spring of 2019 for several reasons. Among these were technology that allowed for interoperability with other databases, data analytic tools, and customizable dashboards for information sharing. According to SOCOM's project requirement document, the command intends for Smartabase to be a tool for tracking SOF personnel's performance optimization throughout their careers—one aim of the POTFF program.[42] The document also states that the system must have robust data collection capabilities from a variety of data sources, extremely flexible end user configuration tools, and powerful data visualization and analytics capabilities. SOCOM's $2.3 million contract also includes requirements for comprehensive legacy data migration and third party integrations such as Health Artifact and Imaging Management Solution or other electronic health records.[43]

Additionally, SOCOM officials and data specialists told us that Smartabase should resolve many of the issues they experienced with SPEAR. Specifically, Smartabase has a data dictionary, an administrative back-end database with user roles that would allow the command to store and protect data at different levels based on need for access, and built-in analytical tools. However, officials also told us that they have experienced difficulties implementing Smartabase on DOD's unclassified network, and that this has led to significant delays. Specifically, SOCOM planned to have Smartabase fully implemented by the end of the fiscal year 2020; however, the command revised its implementation plan to complete the roll out in phases during the late summer and early fall 2021.

As of September 2021, SOCOM has fully implemented Smartabase for Air Force Special Operation Command and Army Special Operations Command. SOCOM plans to have Marine Forces Special Operations Command fully implemented by December 2021 and Naval Special Warfare Command by second quarter of 2022. SOCOM also plans to have Smartabase implemented at the TSOCs by second quarter 2022. Further, SOCOM plans to make Smartabase the system of record for the

[42]SOCOM Directive 10-12 includes an objective to improve the short- and long-term well-being and performance of SOF and their families.

[43]The Health Artifact and Image Management Solution provides DOD and Department of Veterans Affairs health care providers global visibility and access to artifacts and images generated during the health care delivery process.

POTFF program by December 2021.[44] According to SOCOM officials, in the meantime, Naval Special Warfare Command extended its SPEAR contract, while the Army Special Operations Command, Air Force Special Operation Command, and Marine Forces Special Operations Command have been testing Smartabase or operating without a formal POTFF data system instead relying on interim solutions.

SOCOM Does Not Have Standardized and Comprehensive Data Collection

While SOCOM has taken some steps to upgrade its POTFF data systems, it does not have clear standards for or comprehensive collection of data for the program. Effective data governance helps agencies maintain and improve the quality and transparency of data. As we have reported previously, establishing a data governance structure—an institutionalized set of policies and procedures for providing data governance throughout the life cycle of developing and implementing data standards—is critical for ensuring that the integrity of the standards is maintained over time.[45] Key data governance practices include delineating clear roles and responsibilities for decision-making and accountability and developing policies and procedures for enforcing the consistent use of data standards across the federal government.[46]

SOCOM's 2019 *Enterprise Data Strategy* establishes the command's vision of making data available to those who need it to enable timely and more informed decisions while also stimulating innovation.[47] The strategy also outlines guiding principles, goals, and objectives for the command to achieve its vision. Specifically, SOCOM has identified three principles to help ensure that (1) data is shared—by making data available across the

[44]A system of record is a manual or electronic system that captures, organizes, and categorizes records to facilitate their preservation, retrieval, use, and disposition. See DOD Instruction 5015.02, *DOD Record Management Program* (Feb. 24, 2015) (incorporating change 1, Aug. 17, 2017).

[45]GAO, *DATA Act: Progress Made in Initial Implementation but Challenges Must Be Addressed as Efforts Proceed*, GAO-15-752T (Washington, D.C.: July 29, 2015).

[46]Data governance is different from data management. Governance refers to the roles, responsibilities, policies, and procedures for making decisions to ensure effective data management, while data management involves implementing those decisions. Our prior work identified five key practices for data governance including (1) developing and approving data standards; (2) managing, controlling, monitoring, and enforcing consistent application of data standards; (3) making decisions about changes to existing data standards and resolving conflicts related to the application of data standards; (4) obtaining input from stakeholders and involving them in key decisions, as appropriate; and (5) delineating roles and responsibilities for decision-making and accountability, including roles and responsibilities for stakeholder input on key decisions.

[47]SOCOM, *Enterprise Data Strategy*.

SOF operational and business functions to developing common enterprise-wide understanding, (2) data is a strategic asset—by employing data effectively to achieve desired effects through deliberate management and development efforts, and (3) data informs decisions—by developing SOF into a data-driven enterprise with decisions supported by evidence derived from that data. According to the strategy, SOCOM's approach seeks to acheive five goals:

(1) Data is useable across the SOF Enterprise,

(2) Data is interoperable among users and adaptable to changing platforms,

(3) Data is made secure through appropriate protective measures and controls,

(4) Data governance is enacted to provide clear and concise direction to the enterprise, and

(5) SOF decisions are informed by rigorous data analysis.

Each of these goals has associated objectives that the strategy specifies will require complementary action across the SOF enterprise to implement. Specifically, SOCOM's goal of enacting data governance identifies the need to implement established data policies at each level of command to synchronize its efforts across the enterprise and consolidate data resources. The strategy states that data governance is vital for SOF to effectively leverage data to meet the needs of many SOCOM organizations given the wide variety of data sources and types, as well as the command's high data volume. SOCOM's strategy asserts that the command can best address these factors by implementing a data governance model that enforces a consistent management of data assets and promotes data access and usability.

In August 2019, the Office of the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict identified an urgent need for SOCOM to assess the effectiveness of the POTFF program through standardized outcome metrics to inform future resourcing. The office also requested that SOCOM develop (1) a logic model for POTFF programs, delineating program objectives, program activities, outputs, outcomes, and impact; (2) standardized outcome metrics to evaluate the program effectiveness; (3) a description of data collection and aggregation process; and (4) enterprise-level data reporting. In December 2019,

SOCOM provided a POTFF Evaluation Plan, but a Special Operations/Low-Intensity Conflict official expressed dissatisfaction with the results and requested that SOCOM revise the plan. According to this official, SOCOM reported that it would provide the requested revision as part of SOCOM Directive 10-12, which the command issued in January 2021.

SOCOM Directive 10-12, provides minimum data collection requirements for each domain. The requirements include utilization measures and other domain specific data, such as a physical assessment, psychological diagnosis, or spiritual fitness scale. Table 4 shows a complete list of the data collection requirements included in SOCOM Directive 10-12. According to the directive, it lists the minimum data collection requirements for all SOCOM POTFF domains, but units may choose to collect additional data to inform their own program evaluations. According to SOCOM officials, the command asked POTFF personnel at each subordinate command for feedback on potential data requirements to include in SOCOM Directive 10-12. These officials told us that while they received feedback from their subordinate commands, they had difficulty reconciling differences among the proposed data metrics.

Table 4: U.S. Special Operations Command (SOCOM) Minimum Data Collection Requirements for Preservation of the Force and Family Program

Domain	Data element	Measure	Method	Reporting
Physical	Utilization	Number of individual and group encounters; time spent in direct encounters	Smartabase	Monthly
	Physical Assessment	Strength, aerobic capacity, and body composition[a]	Smartabase	Monthly
	Injuries/Severity	Type and severity of injuries	Smartabase	Monthly
	Access to Care or Service	Time from request for care or service to first in-person encounter	Smartabase	Monthly
	Operational Availability	Mission-capable status[b]	Smartabase	Monthly
	Quality of Life	Standard Form-10	Smartabase	Monthly
Psychological	Utilization	Number of individual and group encounters; time spent in direct encounters	Smartabase	Monthly
	Presenting Condition	Number of individual Diagnostic and Statistical Manual of Mental Disorders diagnosis or other conditions	Smartabase	Monthly
	Condition Acuity	Measured using instruments in the Behavioral Health Data Portal or World Health Organization Disability Assessment Scheduled 2.0[c]	Smartabase	Monthly

Domain	Data element	Measure	Method	Reporting
	Access to Care/Services	Time from request for care or service to first in-person encounter	Unspecified	Unspecified
Cognitive	Utilization	Number of individual and group encounters and time spent in direct encounters	Smartabase	Monthly
	Cognitive Assessment	Attention, accurate reaction time, inhibitory control, speed, visual acuity	Smartabase	Monthly
Social and family	Utilization	Number of participants per event	Unspecified	Unspecified
	ENRICH Marital Satisfaction Scale	A survey completed by participants in activities designed to improve marital relationships	Web-based survey	As required
	Parent-Child Relationship Scale/Parent-Adolescent Scale	A survey completed by participants in activities designed to improve parent/child relationships	Web-based survey	As required
Spiritual	Utilization	Undefined in SOCOM Directive 10-12	Web-based survey	As required
	Spiritual Fitness Scale	Undefined in SOCOM Directive 10-12	Web-based survey	As required

Source: SOCOM Directive 10-12. | GAO-22-104486

[a]SOCOM Directive 10-12 allows subordinate commands to determine which metrics to use for these three measures.

[b]SOCOM Directive 10-12 identifies three status to stratify individuals based on how mission-capable they are: (1) green is fully mission capable; (2) yellow is some functional limitation for mission essential training or deployment participation; and (3) red is significant functional limitation—member advised to not participate in mission essential training or deployment.

[c]SOCOM Directive 10-12 states that providers will assess individuals for mood disorders, post-traumatic stress disorder and substance use disorders using instruments in the Behavioral Health Data Portal. All other diagnoses will be assessed using the World Health Organization Disability Assessment Scheduled 2.0.

Furthermore, SOCOM Directive 10-12 provides some information on how SOCOM intends to use collected data to assess program performance. Specifically, it states that the components and TSOCs are to implement a comprehensive evaluation and assessment plan to monitor program utilization and evaluate program performance, stipulating that the plans must include measures of performance, measures of effectiveness, and return on investment.[48] In addition to POTFF evaluation and assessment plans, SOCOM Directive 10-12 assigned the components and TSOCs to collect and report POTFF data that will serve as a basis for determining the allocation of POTFF staff and funding. The cognitive domain section of the directive also includes information about how POTFF personnel are to use data, stating that they should use collected data to create training

[48]A measure of effectiveness is an indicator used to measure a current system state, with change indicated by comparing multiple observations over time, while a measure of performance is an indicator used to measure an action that is tied to measuring task accomplishment.

plans and develop predictive models. According to a senior SOCOM official, as of September 2021, all of SOCOM's subordinate commands are developing POTFF evaluation and assessment plans according to the requirements on SOCOM Directive 10-12. This official added that SOCOM anticipates that it will develop measures of performance, measures of effectiveness, and return on investment in 2022.

While new data collection requirements could provide better information for program evaluation, the command's data collection requirements do not include data that POTFF staff told us they rely upon to manage their domains. For example, in the psychological domain, POTFF staff told us they collect and rely on rates of administrative punishment, driving under the influence, domestic violence incidents, or civilian charges to inform their activities. However, SOCOM's data collection requirements do not include data on these rates. While SOCOM has identified data collection requirements that could increase the amount of data available to the command for program evaluation, they do not cover many areas important to POTFF personnel in their evaluations, such as those identified in the psychological domain and listed above.

SOCOM officials told us that some data measures are inconsistent across service components, as some are established by the military services. For example, several physical domain leads told us that they measure body composition differently or that data from wearable technology may vary by command. In this case, physical domain personnel can use these measures to optimize physical performance. SOCOM's components and TSOCs determine their own tests for these required measures, so there could be various standards used. Comparisons of different measures may not be valid. Furthermore, domain leads from the social and family as well as spiritual domains told us that they lack standards for the data elements identified in SOCOM's directive, which are intended to measure effectiveness. For example, SOCOM Directive 10-12 does not provide information on how to measure the utilization and spiritual fitness scale data elements it identifies for the spiritual domain. A family and social domain official also told that they do not have standard surveys for their domains.

Additionally, while most measures SOCOM defined in SOCOM Directive 10-12 are similar, such as service utilization rates or instances of a psychological diagnosis or condition, some measures vary by component. For example, component commands assess physical performance measures like strength, aerobic capacity, and body composition differently. Both the Army and Air Force measure body composition using

a body or abdominal circumference method, which estimates the percent of body fat. However, the services have different criteria for acceptable body fat percentages based on gender, age, and height. Acceptable values in one service branch might not be acceptable in another, so SOCOM officials may not be able to make valid comparisons across the SOF enterprise if they use different values or measurements. Additionally, one SOCOM official noted that the command previously had very specific data metrics, but faced poor compliance from its subordinate commands that did not collect the data.

In SOCOM Directive 10-12, SOCOM gave components the latitude to determine their own measures. According to one senior SOCOM official, while the command developed its first assessment plan in coordination with the service components in 2014, the command has struggled to define and collect quality POTFF data since its inception. According to other SOCOM officials, the command worked with service component staff to standardize as much as possible, but had difficulty agreeing on which standards to follow. Variations in these measures make comparisons across the SOF enterprise challenging because units are not collecting comparable information.

Additionally, POTFF personnel from some of SOCOM's subordinate commands told us that they depend on data to manage the program. For example, one POTFF lead told us that officials rely on data to support programmatic decisions made by the command. This official added that with about 270 service providers and 19 different areas for service delivery, data supports resource allocation decisions. This official added that without data on, among other things, the number of operators seeking services and the types of services provided, it becomes challenging to support potential changes in service delivery.[49] POTFF domain personnel at subordinate commands have the flexibility to collect data in addition to the minimum requirements.

Although SOCOM has taken steps to improve its POTFF data system and establish minimum data collection requirements, the command has not established guiding principles for data collection, governance, and management that follow those identified in the SOCOM's Enterprise Data Strategy. Specifically, SOCOM does not have POTFF guidance that integrates SOCOM's goals for data that are usable, interoperable, secure,

[49]According to a SOCOM official, SOF are referred to as operators when they have completed the Special Forces Qualification Course for their service component.

well governed, and informative for decision makers. In April 2021, SOCOM officials said that a comprehensive data strategy would be helpful to the command, and indicated that they plan to develop a data strategy and data governance procedures for the POTFF program. However, the command did not provide any drafts or other information on the progress of these documents.

Data governance and management processes are necessary for SOCOM's administration of the POTFF program given SOCOM's reliance on an extensive and complex network of subordinate commands and service providers. While POTFF officials at SOCOM may wish to provide flexibility for their subordinate commands to design a data collection and management structure that works for their unique circumstances, the POTFF program as a whole needs standards that apply across the whole enterprise and allow program-wide management and evaluation. Data governance and management guidance could help SOCOM and its subordinate commands agree on data collection requirements that will include all the data needed to assess program performance. Guidance on data governance and management could also help SOCOM evaluate future decisions, including those related to data system integration.

Without guidance that establishes data governance and a management model for the POTFF program, SOCOM may struggle to define and collect quality data, ensure the health and well-being of SOF service members and families, optimize the performance of SOF, and assess program effectiveness. Additionally, SOCOM's data strategy states that unchecked, these factors lead to situations where separate SOF organizations build specific solutions to address their particular mission requirements, leading to processes, tools, data formats, and work products that are only usable by their organization. An effective data governance model could help SOCOM ensure its important data assets are usable, interoperable, secure, well governed, and informative for decision makers.

Conclusions

Given the U.S. Special Operations Forces' persistent cycle of deployments and training for nearly 2 decades, the POTFF program is an important source of support for service members and their families to optimize readiness and resilience. SOCOM has taken steps to strengthen the POTFF program, such as by issuing updated program implementation guidance and implementing a new database. However, SOCOM's efforts to maintain a balance between providing subordinate commands with POTFF guidance and affording them significant flexibility to implement POTFF based on service member needs at each location has led to

inconsistent approaches to POTFF domain integration, staffing, and data management.

Without taking additional actions to define and guide essential program functions and activities related to domain integration, staffing, and data management, SOF—who inevitably move to different commands and locations throughout their careers—may experience inconsistent care from POTFF. By addressing these areas, SOCOM can better assure that POTFF is well-positioned to optimize the performance of SOF, regardless of command or location.

Recommendations for Executive Action

We are making the following five recommendations to the Secretary of Defense:

The Secretary of Defense should ensure that SOCOM updates or establishes guidance to define more clearly the objective to coordinate POTFF programs to create an integrated and holistic system of care, including clearly defining the actions necessary to fulfill this objective. (Recommendation 1)

The Secretary of Defense should ensure that SOCOM revises or develops guidance that identifies the specific roles and responsibilities and defines the parameters for the POTFF domain representative position at the service components and TSOCs. (Recommendation 2)

The Secretary of Defense should ensure that SOCOM updates its staffing allocation model by using program data to assess its workforce requirements and to determine the appropriate number and types of POTFF service providers. (Recommendation 3)

The Secretary of Defense should ensure that SOCOM develops a staff deployment strategy that aligns with its updated staff allocation model to routinely reevaluate and determine that the appropriate number and types of POTFF service providers are available to support SOF personnel. (Recommendation 4)

The Secretary of Defense should ensure that SOCOM develops guidance for POTFF data collection, governance, and management that aligns with SOCOM's Enterprise Data Strategy for managing data, including, among other things, making POTFF data and data systems usable, interoperable, secure, well governed, and informative for decision makers. (Recommendation 5)

Agency Comments

We provided a draft of this report to DOD for review and comment. In written comments, reproduced in appendix III, DOD concurred with all five of our recommendations and identified actions that it was taking or planned to take in response.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, the Commander of U.S. Special Operations Command, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at RussellC@gao.gov or (202) 512-5431. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

Cary Russell
Director, Defense Capabilities and Management

Appendix I: Objectives, Scope, and Methodology

Objectives

This report evaluates the extent to which U.S. Special Operations Command (SOCOM) has (1) provided subordinate commands with guidance on Preservation of the Force and Family (POTFF) implementation, (2) defined roles and responsibilities for POTFF program personnel, (3) made POTFF services available and accessible to Special Operations Forces (SOF), and (4) developed an overarching vision for effective data usage for the POTFF program.

Scope and Methodology

To address our first objective, we reviewed the policies SOCOM identified as relevant to POTFF. These include Directive 10-12, POTFF's governing policy, and SOCOM policies on suicide prevention, family programs, and participation in POTFF.[1] We analyzed the extent to which the policies had any guidance on POTFF's implementation and summarized the findings per policy. We compared the information found in the policies against the defining objectives principle in the *Standards for Internal Control in the Federal Government*, which states that management should define objectives in specific terms so all levels of the organization can understand them, including defining what is to be achieved, who is to achieve it, and how it will be achieved.[2] We also compared this information to published literature on integrated or holistic systems of care (described below). In addition, we interviewed officials managing the POTFF program at SOCOM headquarters and POTFF leads, domain representatives, and service providers across the service components and Theater Special Operations Commands (TSOC) about SOCOM's guidance on POTFF implementation. The following is a complete list of the organizations and officials we interviewed or obtained documentation from during the course of our audit:

- Office of the Assistant Secretary of Defense—Special Operations/Low Intensity Conflict
- Special Operations Command Headquarters: POTFF leadership and management, domain leads, data scientists, resource management, financial management, and Office of the Staff Judge Advocate

[1]U.S. SOCOM Directive 10-12, *U.S. Special Operations Command Preservation of the Force and Family* (Jan. 21, 2021); U.S. SOCOM Directive 1-4, *Suicide Prevention Policy and Procedures* (Sept. 7, 2021); U.S. SOCOM Policy Memorandum 21-18, *Management of U.S. Special Operations Command Social & Family Programs* (Sept. 13, 2021); and U.S. SOCOM Policy Memorandum 18-35. *U.S. Special Operations Command Policy for Mandatory Participation in Human Performance Program* (Jan. 17, 2019).

[2]*Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept. 2014); for a complete list of literature, see appendix II.

- Subordinate commands: POTFF leadership and management, domain leads, data scientists, and service providers
  - Air Force Special Operations Command
  - Marine Forces Special Operations Command
  - Naval Special Warfare Command
  - U.S. Army Special Operations Command
  - Special Operations Command Africa
  - Special Operations Command Central
  - Special Operations Command Europe
  - Special Operations Command Korea
  - Special Operations Command North
  - Special Operations Command Pacific
  - Special Operations Command South

We reviewed literature published from 2011 to early 2021 that describe models or key characteristics of integrated or holistic systems of care. We searched ProQuest, Ebsco, and Dialog databases using the following terms:

- Search 1: “system* of care” NEAR/3 (holistic OR integrated)
- Search 2: “system* of care” AND (military OR “armed forces” OR Army OR Navy OR “Air Force” OR “Marine Corps” OR “Department of Defense”)
- Search 3: “system* of care” NEAR/5 (physical OR psychological OR cognitive OR social OR spiritual)
- Search 4: (physical OR psychological OR cognitive OR social OR spiritual) AND (military OR “service member”) AND (program* NEAR/5 (resilien* OR “well-being”))
- Search 5: (“integrated care” OR “holistic care”) AND (implement* OR design* OR develop*) AND (guidance OR “best practices” OR “leading practices” OR model*) NOT (child* OR youth OR pediatric* OR geriatric* OR elderly OR hospice OR “end of life”)

The search identified 4,700 articles, of which we screened 130 abstracts and full texts resulting in 139 eligible articles included our review. To determine eligibility for our review, we used two criteria: (1) the article describes the characteristics of the health or well-being system or model,

and (2) the system or model involves coordination between different domains of care. We did not restrict our search to the U.S. population or to military programs. We included all 12 articles that met the two inclusion criteria. For a complete list of the articles we reviewed, see appendix II. For the 12 articles in our review, we identified whether the system of care was described as holistic or integrated, and identified key elements relevant to our research engagement including whether the type of programming was medical or mental health. We also noted whether or not the article was focused on pediatrics, military readiness, or some aspect of resilience.

To address our second objective, we reviewed SOCOM Directive 10-12 on the implementation of the POTFF program to identify roles and responsibilities for POTFF leads and domain representatives among the services components and TSOCs. We compared information found in the directive against *Standards for Internal Control in the Federal Government*, which states that management should (1) document in policies the internal control responsibilities of the organization, which includes expectations of competence and (2) communicate to the service organization the assigned responsibilities and authorities of the role.[3] We also interviewed officials managing the POTFF program at SOCOM headquarters and POTFF leads, domain representatives, and service providers across the service components and TSOCs. We used information from these interviews to understand the extent to which POTFF leads and domain representatives at the service components and TSOCs received communication on their roles and responsibilities.

To address our third objective, we analyzed information and data obtained from SOCOM on the types of POTFF services provided and the number of service providers found in each domain across 32 locations where SOF personnel were stationed as of August 2021. We interviewed officials and personnel managing and implementing POTFF services from SOCOM headquarters and across the service components and TSOCs to identify how the components and commands determined what services to provide and how to provide them to SOF personnel. We also conducted 10 focus groups of SOF personnel to determine whether POTFF services were available and accessible to them at their assigned locations, as described below.

[3]GAO-14-704G.

To address our fourth objective, we reviewed SOCOM Directive 10-12 with regard to data collection requirements, roles and responsibilities, and the use of data in each of POTFF's five domains. We also reviewed SOCOM and Department of Defense (DOD) guidance on data governance and management. Specifically, we analyzed SOCOM's *Enterprise Data Strategy* and the *DOD Data Strategy*, which outline the commands' visions for making data available to those who need it.[4] Furthermore, we reviewed SOCOM's documentation on its transition to a new data system, including implementation plans and contract documents for the Smartabase project. We also interviewed SOCOM officials responsible for developing data collection requirements and data specialists from SOCOM and relevant subordinate commands responsible for implementing and maintaining POTFF data systems.

Focus Groups

To obtain the perspectives of SOF personnel on the POTFF program in support of all our objectives, we conducted 10, 2-hour non-generalizable virtual focus groups with SOF personnel randomly selected from all subordinate commands based on rank, special operations qualification status, and the following characteristics: organization, age, sex, time in service, and number of dependents.

Our overall objective in using a focus group approach was to obtain non-generalizable views and insights of SOF personnel and their experiences with the POTFF program. We did not seek to independently validate the information provided during the focus groups, nor do we express an opinion or evaluation on any of the views or suggestions made by focus group participants. Rather, the focus group information presented in this report reflects the perspectives of the focus group participants.

Our focus group methodology had three phases: (1) participant selection, (2) session facilitation, and (3) session transcript content analysis.

Phase 1: We requested that SOCOM identify, at random, and provide us with data on 200 SOF personnel not scheduled for deployment, training, or other exercise during the focus group sessions from across the enterprise who were active duty, eligible to receive POTFF program

[4]U.S. SOCOM, *Enterprise Data Strategy* (Dec. 4, 2019) and Department of Defense, *DOD Data Strategy* (2020).

services (no spouses or children), not POTFF staff, and served as SOF for a minimum of 1 year.

For participant selection, SOCOM requested data on a specified number of potential participants from each subordinate command proportional to the size of the command.[5] Subordinate commands provided the following data points on all potential participants: organization (service component or TSOC) in which the individual currently serves, rank, age, sex, number of dependents, special operations qualification status, and time in service.[6] We compiled the data provided by the subordinate commands and assessed the data to form groups of potential participants based on rank as a primary consideration.[7] Once we had the rank groupings, we grouped potential participants by their special operations qualification status.[8] A third consideration for focus group formation was the individuals' location, to ensure that focus group sessions could take place at reasonable hours for participants located in installations across the world. We invited participants and conducted follow up with the assistance of SOCOM officials. See Figure 6 of demographic information on our focus groups.

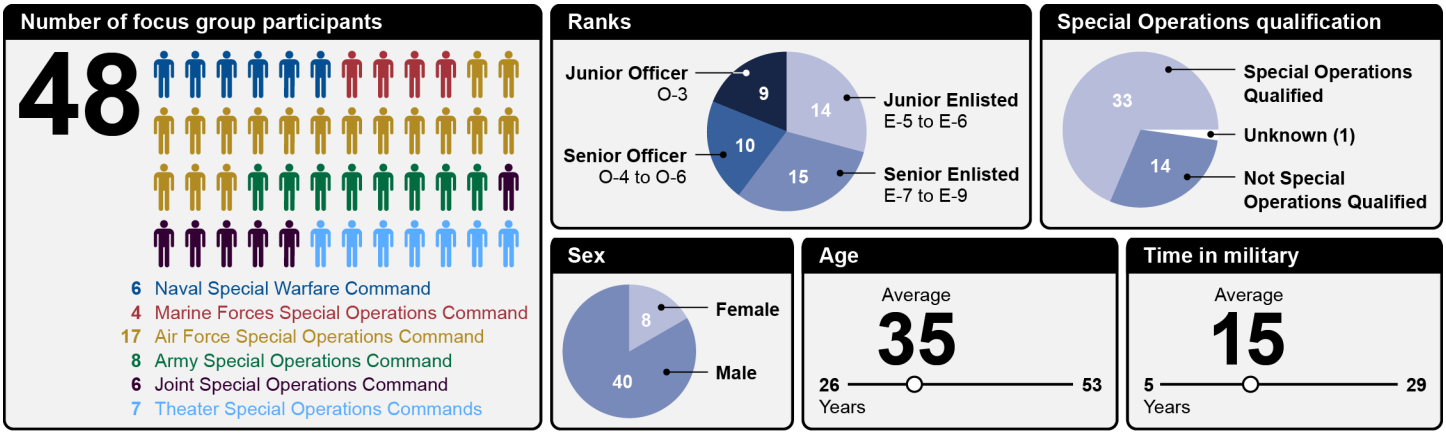
[5]We requested data from all 11 subordinate commands and received data from seven, which are indicated here. The subordinate commands include four service components—U.S. Army Special Operations Command (received), Naval Special Warfare Command (received), Air Force Special Operations Command (received), and Marine Forces Special Operations Command (received)—along with seven Theater Special Operations Commands—Special Operations Command Africa (received), Special Operations Command Central, Special Operations Command Europe (received), Special Operations Command Korea, Special Operations Command North (received), Special Operations Command Pacific, and Special Operations Command South. We also requested and received data from the Joint Special Operations Command.

[6]According to a SOCOM official, special operations qualified status is derived from those individuals that have completed the Special Forces Qualification Course for their service component. For this reason, qualified SOF are referred to as operators and unqualified SOF as enablers because they support the mission.

[7]Consultation with SOCOM officials and our methodologist confirmed that forming focus groups of SOF personnel of similar rank would likely increase the comfort level of participants to freely discuss their experiences and perspectives. Based on SOCOM officials' advice, we divided potential focus group participants into the following rank groupings: O1-3 Junior Officers, O4-6 Senior Officers, E4-6 Junior Enlisted, and E7-9 Senior Enlisted.

[8]At our request, subordinate commands indicated individuals as special operations qualified "yes" or "no." A yes indicated the individual is an operator and a no indicated an enabler, or support personnel. We had groupings of operators, enablers, and mixed.

Figure 6: Special Operations Forces, Demographic Information of Focus Group Participants Discussing Preservation of the Force and Family Services



Source: GAO analysis of focus group participant data. | GAO-22-104486

Note: According to a SOCOM official, special operations qualified status is derived from those individuals that have completed the Special Forces Qualification Course for their service component. For this reason, qualified SOF are referred to as operators and unqualified SOF as enablers because they support the mission.

Phase 2: For session facilitation, we used a virtual platform to conduct and record video and audio record sessions. Two analysts facilitated the sessions using the same focus group guide; other team analysts and methodologist also attended most sessions. The guide contains the planned discussion topics and prompts to assist the facilitator in steering the participants' discussion. The guide also contains prompts for the polls the team used during sessions.

Phase 3: A contractor used the session recordings to produce written transcriptions, which we used as data for content analysis. We conducted the content analysis by:

(1) Developing categories and formalizing a coding scheme. We used a combination of inductive and deductive approaches to develop a coding scheme. First, we developed an initial coding scheme from the focus group guide questions. Two analysts trialed the draft coding scheme by each coding one transcript using NVivo, a qualitative analysis software program. When complete, they compared notes and edits to develop a final codebook.

(2) Assessing intercoder reliability. Three analysts used the draft codebook to test coding on one transcript. An inter-rater reliability test was conducted and finding an acceptable rate of reliability, coding continued. An intercoder reliability score of 80 percent or greater is generally considered valid and reliable. The results of our intercoder reliability test was a range of values 95.43-100 percent. Two analysts used the final codebook to each code five transcripts. The methodologist conducted an inter-relator reliability test in NVivo on the coding of the 10 total transcripts and found there was a continuing high level of validity reliability between the two coders.

(3) Coding the data. Two analysts each coded all the transcripts using the final codebook in NVivo.

(4) Summarizing the results. One analyst analyzed the coded transcripts to develop themes. We report themes that appeared across half or more (at least five) groups. In addition, as the analyst reviewed the transcripts, the analyst identified relevant quotes that may be used to illustrate the major themes.

We conducted this performance audit from August 2020 to December 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

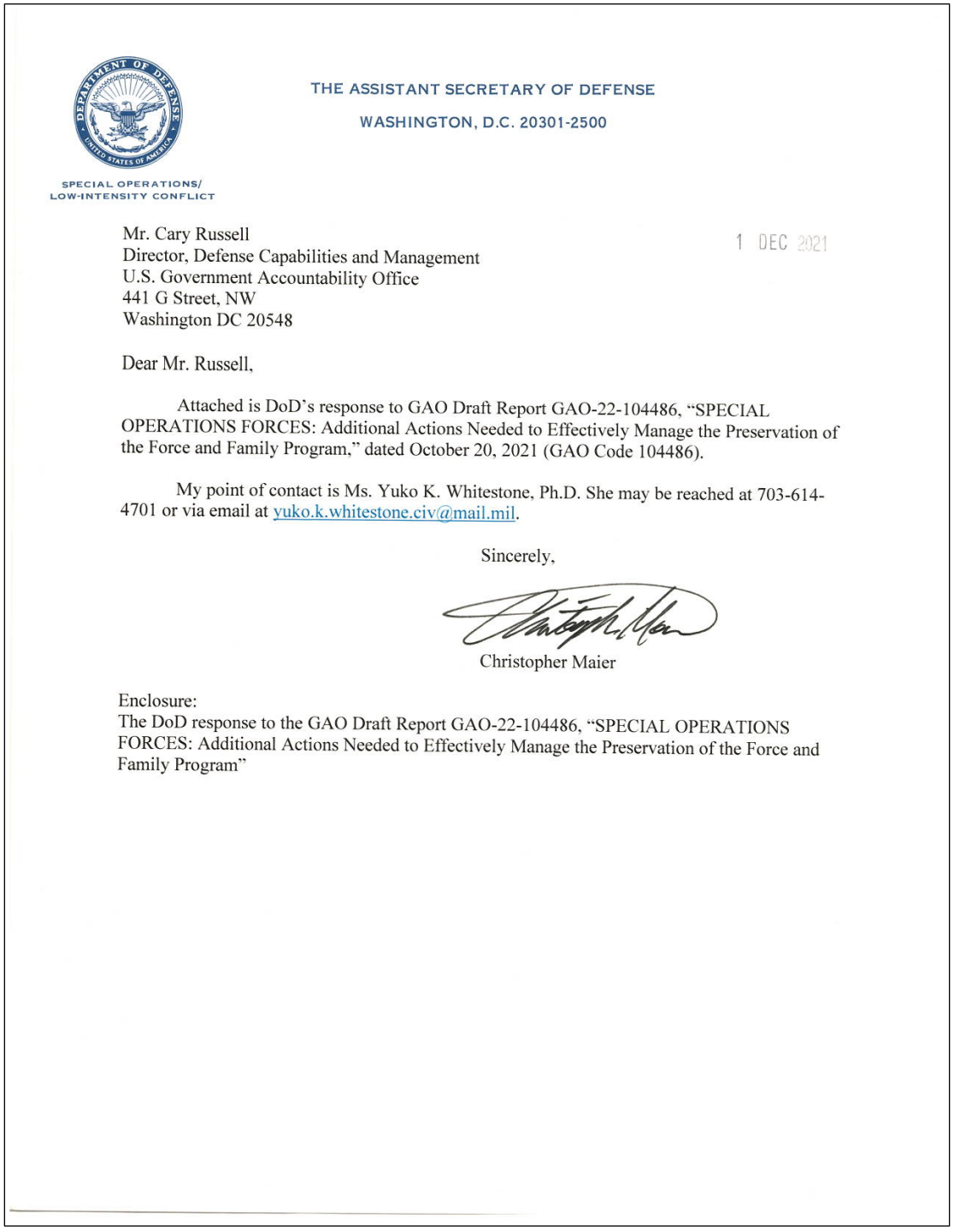
Appendix II: Published Literature on Integrated or Holistic Systems of Care

To provide additional information on key characteristics of integrated or holistic systems of care, we reviewed the following literature published within the last 10 years. See appendix I for more details about our literature review.

- Andrea Auxier, Tillman Farley, and Katrin Seifert, "Establishing an Integrated Care Practice in a Community Health Center," *Professional Psychology: Research and Practice* 42 no.5 (2011): 391-397.
- Liesbeth Borgermans et. al., "How to Improve Integrated Care for People with Chronic Conditions: Key Findings from EU FP-7 Project INTEGRATE and Beyond," *International Journal of Integrated Care* 17 no. 4 (2017): 1-12.
- Dominiek Coates, Danielle Coppleson, and Jo Travaglia, "Factors supporting the implementation of integrated care between physical and mental health services: an integrative review," *Journal of Interprofessional Care* (2021).
- Frederick O. Foote et. al., "Holistic Care in the US Military I—The Epidaurus Project: An Initiative in Holistic Medicine for the Military Health System, 2001-2012," *Global Advances in Health and Medicine* 1 no. 2 (May 2012): 46-54.
- Lucinda Cash-Gibson et. al., "Project INTEGRATE: Developing a Framework to Guide Design, Implementation and Evaluation of People-Centered Integrated Care Processes," *International Journal of Integrated Care* 19 no. 1 (2019): 1-11.
- Carolyn Steele Gray et. al., "Goal-Oriented Care: A Catalyst for Person-Centred System Integration," *International Journal of Integrated Care* 20, no. 4 (2020): 1-10.
- Madineh Jasemi et. al., "A Concept Analysis of Holistic Care by Hybrid Model," *Indian Journal of Palliative Care* 23 no. 1 (Jan.-Mar. 2017): 71-80.
- Laurie T. Martin et. al., "The Defense and Veterans Brain Injury Center Care Coordination Program," *RAND Corporation National Defense Research Institute* (2013).
- Caroline Nicholson, et. al., "Translating the Elements of Health Governance for Integrated Care from Theory to Practice: A Case Study Approach," *International Journal of Integrated Care* 18, no. 1 (2018): 1-13.

- Vijayalakshmy Patrick, et. al., “Integrated Multidisciplinary Treatment Teams; a Mental Health Model for Outpatient Settings in the Military,” *Military Medicine* 176 (2011): 986-990.
- Anna Ratzliff et. al., “Practical Approaches for Achieving Integrated Behavioral Health Care in Primary Care Settings,” *American Journal of Medical Quality* 32 no.2 (2017): 117-121.
- Pim Valentijn et. al., “Towards a taxonomy for integrated care: a mixed-methods study,” *International Journal of Integrated Care* 15 (2015): 1-18.

Appendix III: Comments from the Department of Defense



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301-2500

SPECIAL OPERATIONS/
LOW-INTENSITY CONFLICT

Mr. Cary Russell
Director, Defense Capabilities and Management
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

1 DEC 2021

Dear Mr. Russell,

Attached is DoD's response to GAO Draft Report GAO-22-104486, "SPECIAL OPERATIONS FORCES: Additional Actions Needed to Effectively Manage the Preservation of the Force and Family Program," dated October 20, 2021 (GAO Code 104486).

My point of contact is Ms. Yuko K. Whitestone, Ph.D. She may be reached at 703-614-4701 or via email at yuko.k.whitestone.civ@mail.mil.

Sincerely,

Christopher Maier

Enclosure:
The DoD response to the GAO Draft Report GAO-22-104486, "SPECIAL OPERATIONS FORCES: Additional Actions Needed to Effectively Manage the Preservation of the Force and Family Program"

DEPARTMENT OF DEFENSE COMMENTS
IN RESPONSE TO THE GAO RECOMMENDATIONS IN
GAO DRAFT REPORT,
" SPECIAL OPERATIONS FORCES: ADDITIONAL ACTIONS NEEDED TO EFFECTIVELY MANAGE THE PRESERVATION OF THE FORCE AND FAMILY PROGRAM", OCTOBER 20, 2021
GAO-22-104486 (GAO CODE 104486)

***RECOMMENDATION 1**: The GAO recommends that the Secretary of Defense should ensure that U.S. Special Operations Command (USSOCOM) updates or establishes guidance to define more clearly the objective to coordinate the Preservation of the Force and Family (POTFF) programs to create an integrated and holistic system of care, including clearly defining the actions necessary to fulfill this objective.*

DoD RESPONSE: The Department of Defense (DoD) concurs with recommendation one. Under the oversight of the ASD(SO/LIC), USSOCOM has initiated a revision of its existing POTFF policy to clearly define the concepts and objectives of an integrated holistic system of care to enable subordinate special operations forces (SOF) commands to operationalize those concepts in the execution of unit level POTFF programs.

***RECOMMENDATION 2**: The GAO recommends that the Secretary of Defense should ensure USSOCOM revises or develops guidance that identifies specific roles, responsibilities, and defines the parameters for the POTFF domain representative position at the service components and Theater Special Operations Commands.*

DoD RESPONSE: The DoD concurs with recommendation two. Under the oversight of the ASD(SO/LIC), USSOCOM has initiated a revision of its existing POTFF policy to delineate the roles and responsibilities of the POTFF component leadership (referred to in the GAO recommendation as "POTFF domain representative position") and Theater Special Operations Command leadership. In September 2021, POTFF initiated an orientation course for all POTFF personnel that provides a comprehensive overview of the roles and responsibilities for the program management of POTFF, among other topics related to the program. Thus far, more than 300 contractors, government civilians, and military personnel have completed the orientation course.

***RECOMMENDATION 3**: The GAO recommends that the Secretary of Defense should ensure that USSOCOM updates its staffing allocation model by using program data to assess its workforce requirements to determine the appropriate number and types of POTFF service providers.*

DoD RESPONSE: The DoD concurs with recommendation three. Under the oversight of the ASD(SO/LIC), USSOCOM will refine its existing staffing model as data becomes available through the Smartabase application.

RECOMMENDATION 4: *The GAO recommends that the Secretary of Defense should ensure that USSOCOM develops a staff deployment strategy that aligns with its updated staff allocation model to routinely reevaluate and determine that the appropriate number and types of POTFF service providers are available to support SOF personnel.*

DoD RESPONSE: The DoD concurs with recommendation four. Under the oversight of the ASD(SO/LIC), USSOCOM will develop data driven strategy for deploying POTFF staff to subordinate units; however, execution of any staffing strategy is entirely dependent on budgetary limitations.

RECOMMENDATION 5: *The GAO recommends that the Secretary of Defense should ensure that USSOCOM develops guidance for POTFF data collection, governance, and management that aligns with USSOCOM's Enterprise Data Strategy for managing data, including, among other things, making POTFF data and data systems usable, interoperable, secure, well governed, and informative for decision makers.*

DoD RESPONSE: The DoD concurs with recommendation five. Under the oversight of the ASD(SO/LIC), the POTFF's data collection, governance, and management processes will be aligned with the command's enterprise data strategy (which provides the guidance to which the GAO recommendation refers), executed in coordination with the Command Data Office, and through a program executive office within USSOCOM's SOF Acquisition, Technology and Logistics directorate.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Cary Russell, (202) 512-5431 or russellc@gao.gov

Staff Acknowledgments

In addition to the contact named above, Marcus Oliver (Assistant Director), Adam Anguiano (Analyst in Charge), Tracy Barnes, Cynthia Fagnoni, Eliot Fletcher, Ashley Gavin, David Jones, Neelaxi Lakhmani, Patricia Powell, Richard Winsor, Lillian M. Yob, and Michael Zose made key contributions to this report.

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