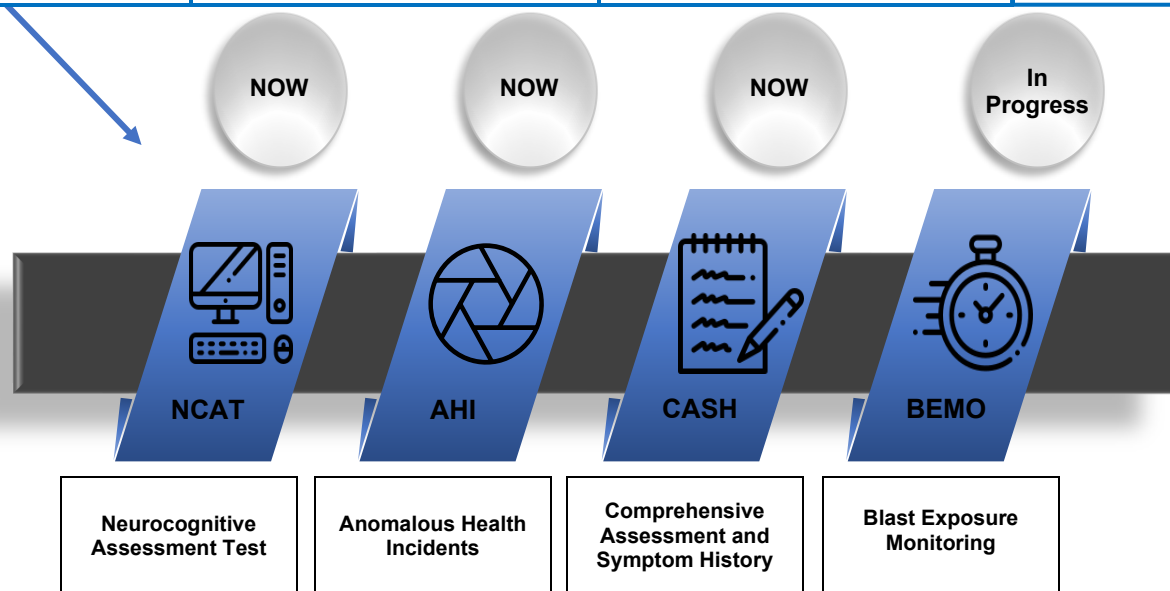




USSOCOM Brain Health Program

LOE I: Monitor	LOE II: Enhance	LOE III: Advance	LOE IV: Connect
<ul style="list-style-type: none"> Brain Health Directive 40-6 Comprehensive Assessment and Symptom History (CASH) Neurocognitive Assessment Tool (NCAT) Blast Exposure Monitoring (BEMO) Anomalous Health Incidents (AHI) SPARTAN Working Group 	<ul style="list-style-type: none"> Cognitive Performance <ul style="list-style-type: none"> Sleep Self-Regulation Attention Memory Biofeedback & Neurofeedback Human Performance Data Management System 	<ul style="list-style-type: none"> Biomedical Research Advisory Group Human Performance Research Advisory Group Blast Mitigation Innovation Cognitive Performance Research Longitudinal Blast Study Engage with ESOF/BAA 	<ul style="list-style-type: none"> Community Based Treatment VA Partnerships Care Coordination Non-Profit Network SOF For Life Warrior Games Force & Family Council
OPR: USSOCOM Command Surgeon's Office	OPR: POTFF	OPR: SOF AT&L & Science & Technology	OPR: Warrior Care Program



Subordinate Command Responsibilities Per USSOCOM Brain Health Directive 40-6:

1. Assign a representative to the SPARTAN Working Group
2. Identify and support requirements.
3. Oversee the development and implementation of programs to meet identified needs.
4. Ensure all assigned personnel complete the NCAT every 3 years, and all SOF Warfighters and other assigned "at risk" personnel complete a CASH every 5 years.
5. Ensure "at risk" personnel wear a BEMO approved device.
6. Upload NCAT data to the ANAM system consistently within ten days of completion.
7. Provide TBI education to all leaders and service members.
8. Ensure medical personnel are aware, knowledgeable, and trained according to program requirements.
9. Ensure all personnel who experience a PCE (potential concussive event) or blast exposure execute an ANAM as soon as possible in conjunction with treatment
10. Submit TBI reports through USSOCOM.

For questions about the USSOCOM Brain Health Program, please contact:

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