Tolmachov Oleksii, Candidate of Medical Sciences, Head of the Psychiatric Clinic, Military Medical Clinical Center of the Southern Region, Ukraine, ORCID: https://orcid.org/0009-0008-1199-6567

FROM FRAGMENTED SERVICES TO CONTINUOUS RECOVERY PATHWAYS: A PUBLIC ADMINISTRATION MECHANISM FOR SERVICE MEMBERS AND VETERANS IN UKRAINE

Abstract. The transition of service members and veterans from military service to civilian life is frequently governed through separate medical, psychological, social, employment and administrative systems. This article argues that the principal public-administration problem is not the absence of individual services but the fragmentation of the pathway connecting them. Drawing on the dissertation model of comprehensive psychosocial recovery, the study develops an organisational and legal mechanism of continuous support centred on the principle “one person – one comprehensive assessment – one individual plan – one responsible coordinator”. The mechanism treats continuity as a managed public process beginning before discharge and extending through confirmed case transfer, integrated needs assessment, coordinated service delivery, monitoring, reintegration and long-term follow-up. Particular attention is given to the boundary between military and civilian systems, where changes in legal status, institutional responsibility, financing and data governance create a high risk of pathway disruption. The article specifies the functions of a responsible coordinator, the logic of transfer with acceptance and closed-loop referral, the legal role of an integrated individual plan, and the need for a federated digital architecture based on data minimisation and role-based access rather than a centralised super-register. Performance is assessed through continuity, timeliness, functional change, social and professional reintegration and quality of life rather than service volume alone. The proposed mechanism does not subordinate all providers to a single authority and does

not replace clinical or professional judgement. Its purpose is to make autonomous sectoral systems interoperable around a person-centred pathway and to create an adaptive feedback loop linking individual outcomes to programme, financing and regulatory decisions.

Keywords: public administration; psychosocial recovery; service members; veterans; military-to-civilian transition; case management; interagency coordination; reintegration; digital governance; outcome evaluation

Problem statement

The recovery of service members and veterans is often described as a matter of expanding access to medical rehabilitation, psychological support, social services, benefits, employment programmes and local initiatives. This description is incomplete. A system may contain each of these components and still fail the individual if the components are not connected. A person can complete treatment but receive no coordinated transition to community services; receive a referral but not reach the provider; repeat similar assessments in several institutions; or lose continuity when legal status, place of residence or responsible authority changes. The resulting problem is administrative rather than purely clinical: the state provides separate services without reliably governing the pathway that connects them.

The Ukrainian policy environment increasingly recognises the need for continuity. The institution of veteran support specialists, military support services and new rules of interaction between military and civilian support actors create a basis for coordinated transition [1–3]. Mental-health, rehabilitation and social-service legislation defines important professional guarantees [4–6], while strategic documents establish long-term objectives for veteran policy and military-to-civilian transition [7; 8]. Yet the existence of parallel legal instruments does not itself create process integration. The central question is how to convert sectoral rights and services into a continuous, accountable and person-centred recovery pathway.

Analysis of recent research and publications

International research on reintegration consistently shows that return to civilian life is multidimensional. The International Organization for Migration's reintegration framework treats reintegration as a process involving individual, community and structural dimensions and emphasises monitoring over time rather than one-off assistance [11]. OECD work on integrated social services similarly identifies fragmentation across sectors as a barrier to effective delivery for people with complex needs [12]. Its recent work on veteran support in Ukraine places coordination, accessibility and sustainable institutional capacity at the centre of policy design [13].

The military and veteran literature reaches a comparable conclusion from a different direction. A critical review of service-member and veteran reintegration proposes an ecological understanding in which individual functioning interacts with family, work, community and institutional environments [14]. Studies of programme use during military-to-civilian transition identify practical barriers that can prevent veterans from obtaining support even when formal programmes exist [15]. Research on Australian veterans also demonstrates the importance of social group engagement and identity during transition, indicating that reintegration cannot be reduced to a single clinical or labour-market outcome [16].

The evaluation literature further suggests that service counts should not be confused with outcomes. The IASC monitoring framework for mental-health and psychosocial support distinguishes activities and outputs from changes in functioning and well-being [17]. The WHO International Classification of Functioning, Disability and Health provides a framework for linking health conditions to activity, participation and environmental factors [18]. In earlier work, the author developed an adaptive performance-assessment approach for public administration of comprehensive psychosocial recovery, connecting evaluation with subsequent correction of programmes and resource allocation [19]. The remaining task is to define the pathway

mechanism that can generate such measurable outcomes and preserve continuity across institutional boundaries.

Purpose of the article

The purpose of the article is to substantiate an organisational and legal mechanism of continuous psychosocial support for service members and veterans in Ukraine and to define the administrative rules that connect military-to-civilian transition, case management, data exchange and outcome evaluation. The study uses systems, institutional and process analysis, mapping of the individual recovery pathway, legal analysis of existing Ukrainian instruments, and synthesis of reintegration and public-service integration approaches. The article is conceptual: it proposes a governance design and criteria for its assessment rather than estimating clinical treatment effects.

Presentation of the main material of the study

Why service fragmentation becomes a public-administration failure

Sectoral specialisation is necessary. Medical rehabilitation, mental-health care, social work, employment support and legal assistance require different professional standards and decision rules. The administrative problem begins when sectoral autonomy is interpreted as a reason for process isolation. The individual then becomes the only actor expected to connect the system: collect documents, identify the next provider, repeat personal history, explain prior decisions and resolve contradictions between institutions. In a complex post-service transition this expectation is unrealistic and inequitable.

The key unit of governance should therefore shift from the isolated service to the managed pathway. A pathway is not simply a list of referrals. It is a sequence of administrative and professional decisions linked by explicit transfer rules, time limits, responsibility and feedback. In the dissertation model, the pathway extends from prevention and early detection during service through preparation for discharge, transfer to the civilian system, comprehensive assessment, individual planning,

coordinated service provision, monitoring, reintegration and, where necessary, long-term support. The value of the model lies not in adding another programme but in specifying how existing programmes connect.

Current Ukrainian reforms create several components of this architecture. Resolution No. 881 establishes the activities of specialists supporting war veterans and demobilised persons, while Resolution No. 948 develops support services for service members and their families [1; 2]. The 2026 joint procedure between the Ministry for Veterans Affairs and the Ministry of Defence is particularly important because it formalises interaction between these military and civilian support actors [3]. The reform challenge is to make these elements operate as one pathway rather than as adjacent institutions.

The continuous recovery pathway as an integrated object of administration

A continuous pathway should be defined by its beginning, transfer points, decision rights and completion criteria. Its beginning must precede formal discharge whenever future transition is foreseeable. This allows risk identification, information provision and initial planning before the individual loses access to military structures. Early preparation is also consistent with the strategic logic of Ukraine's military-to-civilian transition framework, which treats return to civilian life as a managed process rather than a single legal event [8].

The pathway must also survive changes in status and location. Continuity means that moving from a military unit to a community, from inpatient rehabilitation to outpatient support, or from social assistance to employment services does not automatically terminate responsibility. A new actor may take over coordination, but responsibility changes only through a documented transfer. This is especially important in wartime conditions characterised by population displacement, damaged infrastructure and uneven territorial capacity.

Such a pathway provides a common administrative frame for rights already established in different areas of law. Mental-health legislation, rehabilitation legislation

and social-services legislation remain sector-specific [4–6], but the pathway establishes when their mechanisms should connect, who initiates the connection and how the result is confirmed. Strategic documents on veteran policy and transition supply the long-term policy objectives [7; 8]. The missing layer is operational interoperability.

One person – one comprehensive assessment – one individual plan – one responsible coordinator

The proposed mechanism is organised around the principle "one person – one comprehensive assessment – one individual plan – one responsible coordinator". Each element addresses a distinct source of fragmentation. The "one person" principle means that administrative design follows the individual's goals, rights and life circumstances rather than the organisational chart of public institutions. The person participates in setting priorities, can refuse particular services and should be able to understand who is responsible for the next step.

A "comprehensive assessment" does not mean that every professional assessment is merged into one generic form. Clinical, psychological, social and vocational professionals retain their own methods. The administrative assessment instead creates a shared needs profile using reliable information that already exists wherever possible. It should cover health and functional status, psychological needs, family and social circumstances, housing, income stability, education, employment, legal issues and community environment. Repeating the same factual information should be exceptional and justified by the need to update or clarify it.

The "individual plan" is the central managerial document. It should translate assessed needs into priorities, actions, time limits, responsible actors, financing sources, expected outcomes and review dates. The plan does not replace specialised treatment or rehabilitation plans. It connects them at the administrative level and makes interdependence visible. For example, an employment goal may depend on rehabilitation progress, accessible transport, document restoration or psychological

support. Treating each of these as a separate programme can obscure the bottleneck that prevents the overall result.

The "responsible coordinator" provides personalised accountability without turning one official into a universal provider. The coordinator verifies that the case has been accepted, organises assessment, supports planning, initiates referrals, monitors time limits, identifies breaks in the pathway and triggers reassessment. A change of coordinator is possible, but only through documented transfer. Workload should be differentiated by case complexity because high-risk cases require more frequent contact, multidisciplinary conferences and supervision. The coordinator's role is therefore a governance function: maintaining continuity among professional systems rather than exercising their professional powers.

Transfer with acceptance and closed-loop referral

The boundary between military and civilian systems is the most vulnerable point in the pathway because several administrative variables change simultaneously. A valid transition mechanism should operate on the principle of "transfer with acceptance". A case is not transferred when information is sent; it is transferred when the receiving side confirms receipt, identifies the responsible coordinator and accepts the next administrative action. This simple rule converts transfer from a one-sided notification into a change of accountable responsibility.

The same logic applies inside the civilian system. Traditional referral often ends when a document or electronic message is issued. Closed-loop referral requires confirmation of what happened next: whether the person was contacted, whether an appointment was available, whether the service was actually received and whether the outcome requires a further step. If a provider refuses, lacks capacity or cannot meet the required time limit, the coordinator activates an alternative route or escalates the case. The pathway therefore contains recovery rules for administrative failure rather than assuming that every referral works.

The importance of these rules is supported by research on access and reintegration. Formal availability of programmes does not guarantee use when information, navigation and administrative barriers persist [15]. Reintegration also depends on social relationships and identity, not only service contact [16]. A pathway mechanism should therefore include communication, family context and community participation rather than treating administrative referral as a sufficient outcome.

Digital continuity without a super-register

Continuous support requires information exchange, but digital integration creates a predictable tension between continuity and privacy. The wrong response is either complete data isolation or creation of a single database containing all medical, psychological, social and employment information. The first prevents coordination; the second concentrates risk and encourages data collection beyond operational need. The more appropriate model is federated and modular.

Under a federated model, authoritative data remain with lawful holders. The recovery pathway receives the minimum verified facts and events needed for coordination: confirmation of eligibility, current responsible actor, referral status, service completion where relevant, review dates and agreed administrative outcomes. Detailed clinical records remain in health systems; sensitive psychosocial information is disclosed only when a lawful purpose and professional need exist. Ukrainian legislation on personal-data protection and public electronic registers provides the legal environment within which such a model must operate [9; 10].

The integrated individual plan becomes the process layer connecting these systems. Role-based and context-based access should limit what each actor can see. Every access and transfer should be logged. The individual should be able to view core pathway information, identify the coordinator and challenge incorrect data or inaction. Algorithms may flag deadlines or risks, but negative administrative or professional decisions should not be made automatically on the basis of scoring alone. The digital system supports authorised human decisions; it does not replace them.

Performance, feedback and adaptive correction

A continuous pathway requires a performance model that distinguishes resources, processes, outputs and outcomes. Resources include staff, funding, digital infrastructure and provider capacity. Process indicators include time from identification to contact, time from referral to service, proportion of transfers confirmed by the receiving side, frequency of repeated assessments and unresolved pathway breaks. Outputs include completed assessments, active individual plans and delivered services. These are necessary indicators, but they remain intermediate.

The final criterion is whether the person's functioning and participation improve. The WHO ICF supports this logic by connecting health with activity, participation and environmental conditions [18]. Depending on individual goals, outcome domains may include psychological well-being, daily functioning, family stability, housing security, education, sustainable employment, economic independence and participation in community life. The IASC monitoring framework similarly demonstrates why psychosocial programmes should connect activities to meaningful changes rather than count interventions alone [17].

The administrative system should use these outcomes for feedback. Monitoring becomes valuable only when it changes decisions. A rise in unconfirmed referrals may require revised interagency procedures; long waiting times may justify resource redistribution; repeated pathway failures in one territory may indicate inadequate provider capacity; poor employment sustainability may require redesign of vocational support rather than more training places. This creates an adaptive loop: evaluation – identification of problems and risks – analysis of causes – correction of rules, resources or services – repeated evaluation.

Implementation logic and institutional safeguards

The proposed mechanism can be introduced without creating a new central agency that absorbs professional systems. The national level should define the legal right to a coordinated pathway, the minimum pathway standard, data-exchange rules,

financing guarantees and common performance indicators. The regional level should map service capacity, coordinate specialised resources, manage cross-municipal gaps and support escalation of complex cases. The local level should provide the primary point of contact, case coordination and access to community-based services. This multilevel architecture combines national guarantees with territorial adaptation.

Implementation should be phased. A preparatory stage defines the legal mandate, common terminology, data standard and professional roles. Pilots should then be conducted in territories with different security, demographic and service-capacity conditions. Expansion should occur only after evaluation of continuity, timeliness, user experience, workforce load and data-governance risks. Scaling in waves is preferable to simultaneous formal launch because it allows correction before administrative weaknesses are reproduced nationally.

Conclusions

The principal weakness of a fragmented support system is not that individual services are absent, but that no mechanism reliably connects them into a continuous recovery pathway. For service members and veterans, this weakness is most visible at the transition from military to civilian life, where legal status, responsible institutions, funding and information systems change at the same time.

A public-administration response should therefore be organised around “one person – one comprehensive assessment – one individual plan – one responsible coordinator”. The mechanism requires transfer with acceptance, closed-loop referral, explicit time limits, re-entry after relapse or renewed need, and differentiated case coordination. Its digital layer should be federated, privacy-preserving and limited to information required for the pathway, while clinical and other professional records remain within lawful sectoral systems.

References

1. Cabinet of Ministers of Ukraine. Certain Issues of Ensuring the Activities of Specialists Supporting War Veterans and Demobilised Persons: Resolution No. 881 of 2 August 2024. URL: https://zakon.rada.gov.ua/go/881-2024-%D0%BF

2. Cabinet of Ministers of Ukraine. Certain Issues of Implementing Support Services for Service Members, Civil Protection Personnel, Police Officers and Their Family Members: Resolution No. 948 of 20 August 2024. URL: https://zakon.rada.gov.ua/go/948-2024-%D0%BF

3. Ministry for Veterans Affairs of Ukraine; Ministry of Defence of Ukraine. Procedure for Interaction between Specialists Supporting War Veterans and Demobilised Persons and Support Services for Service Members and Their Family Members in the Ministry of Defence System: Joint Order No. 701/205 of 3 June 2026. URL: https://zakon.rada.gov.ua/go/z0852-26

4. Ukraine. Law on the Mental Health Care System in Ukraine, No. 4223-IX of 15 January 2025. URL: https://zakon.rada.gov.ua/go/4223-20

5. Ukraine. Law on Rehabilitation in Health Care, No. 1053-IX of 3 December 2020. URL: https://zakon.rada.gov.ua/go/1053-20

6. Ukraine. Law on Social Services, No. 2671-VIII of 17 January 2019. URL: https://zakon.rada.gov.ua/go/2671-19

7. Cabinet of Ministers of Ukraine. Veteran Policy Strategy through 2030 and Operational Plan for 2024–2027: Order No. 1209-r of 29 November 2024. URL: https://zakon.rada.gov.ua/go/1209-2024-%D1%80

8. Cabinet of Ministers of Ukraine. Strategy for Building the Military-to-Civilian Transition System through 2033 and Operational Plan for 2025–2027: Order No. 1350-r of 31 December 2024. URL: https://zakon.rada.gov.ua/go/1350-2024-%D1%80

9. Ukraine. Law on Personal Data Protection, No. 2297-VI of 1 June 2010. URL: https://zakon.rada.gov.ua/go/2297-17

10. Ukraine. Law on Public Electronic Registers, No. 1907-IX of 18 November 2021. URL: https://zakon.rada.gov.ua/go/1907-20

11. International Organization for Migration. Reintegration Handbook: Practical Guidance on the Design, Implementation and Monitoring of Reintegration Assistance. Geneva, 2019. URL: https://publications.iom.int/books/reintegration-handbook-practical-guidance-design-implementation-and-monitoring-reintegration

12. OECD. Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery. Paris: OECD Publishing, 2015. URL: https://doi.org/10.1787/9789264233775-en

13. OECD. Ukraine Veteran Support. Paris: OECD Publishing, 2026. URL: https://doi.org/10.1787/6e80787d-en

14. Military service member and veteran reintegration: a critical review and adapted ecological model. American Journal of Orthopsychiatry. 2017. URL: https://pubmed.ncbi.nlm.nih.gov/28206799/

15. Reducing barriers to post-9/11 veterans' use of programs and services as they transition to civilian life. 2020. URL: https://pubmed.ncbi.nlm.nih.gov/32522186/

16. Transitioning to civilian life: the importance of social group engagement and identity among Australian Defence Force veterans. Australian and New Zealand Journal of Psychiatry. 2022. URL: https://pubmed.ncbi.nlm.nih.gov/34541871/

17. Inter-Agency Standing Committee. Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: Means of Verification, Version 2.0. Geneva, 2021. URL: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency-settings-version-20

18. World Health Organization. International Classification of Functioning, Disability and Health (ICF). URL:

https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health

19. Tolmachov O. Adaptive performance assessment and evidence-based scaling of public administration for the comprehensive psychosocial recovery of service members and veterans in Ukraine. Stredoevropsky Vestnik pro Vedu a Vyzkum. 2026. Vol. 2, No. 8. P. 57–79.