

Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Summary

General Daniel Allyn, Vice Chief of Staff, Army (VCSA) chaired the 18 Oct 16 AFAP GOSC meeting. Attendees included the Under Secretary of the Army (USA); senior officials from the Department of Defense (DoD), Department of the Army (DA), Army Staff, Commands, military support organizations; and senior spouses.

Medical and Behavioral Health Issues

Issue 692: Reserve Component (RC) Soldiers Behavioral Health (BH) Treatment Regardless of Duty or Veteran Status

Proponent: Army National Guard (ARNG)

Issue recommendation: Provide BH treatment to uninsured or underinsured RC Soldiers regardless of duty and veteran status.

Final issue status: Unattainable

Justification: The VCSA and USA met with senior leadership at ARNG and confirmed there is a better path forward to resolve the recommendation.

Issue 614: Comprehensive BH Program for Children

Proponent: The Surgeon General (TSG)

Issue recommendations: Provide unified, comprehensive, timely children's BH services with dedicated providers. Increase, integrate and streamline existing counseling services to provide comprehensive BH services for children of all Soldiers.

Final issue status: Active

Accomplishments:

1. One hundred three primary care manager (PCM) educators are trained at 30 military treatment facilities (MTF). Across the enterprise 25 percent of PCMs are trained in treating BH disorders in children and adolescents.
2. As of Jul 16, 60 percent of Child and Family Behavioral Health System (CAFBHS) providers are trained in evidence-based practices (Modular Cognitive Behavioral Therapy) and are on-track to have 78 percent trained by 30 Sep 16.
3. Since Mar 16, the number of CAFBHS providers increased four percent to a total of 75 percent positions filled.
4. BH encounters increased by 25 percent over the last four quarters.
5. Community Outreach was established at seven of the 12 large installations and school BH programs were implemented at 14 of the 18 installations.
6. Established a memorandum of understanding (MOU) with the Military Child Education Coalition and finalized the draft MOU.

Estimated cost: \$58,000,000 after implementation is completed in fiscal year (FY) 17.

Issue discussion: The TSG added the Behavioral Health Portal that allows MEDCOM to collect patient satisfaction data and analyze it. The overall satisfaction is higher for child BH than is the average for BH encounters. FORSCOM concurred that the Behavioral Health Portal will allow the Army to share best practices. The ARNG requested to partner with the Defense Health Agency (DHA), because oftentimes the RC does not get their access touch points through Medical Command (MEDCOM) but

through the TRICARE network on how robust the BH network is for the RC outside the MTF and installation footprint.

VCSA direction: The VCSA agreed MEDCOM has quantifiable progress in measures of performance, but wants to see the measures of effectiveness in terms of what effect MEDCOM gained in supporting the Family members who had difficulty accessing child BH previously. The VCSA specifically asked to quantify whether the Army is delivering sufficient capacity so that Family members feel there is not a gap in service any longer. The VCSA agreed with the ARNG and directed the next update include how the RC is serviced in areas outside the MTF and installation footprint.

Way ahead:

1. Continue to train PCMs and BH providers on CAFBHS model, screening, early identification, and evidence-based treatment of common BH disorder in military children and adolescents.
2. Continue to hire CAFBHS providers according to Operations Order 14-44 (CAFBHS Implementation).
3. Monitor BH encounters with ongoing goal of increasing recapture of care within MTFs and outside the installation footprint for the RC.

Issue 641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries

Proponent: TSG

Issue recommendation: Authorize and implement a comprehensive strategy to optimize function and manage pain including but not limited to alternative therapy and patient/provider education for all MHS beneficiaries.

Final issue status: Active

Accomplishments:

1. The FY10 National Defense Authorization Act directed DoD to develop a comprehensive pain management strategy.
2. The Comprehensive Pain Management Campaign Plan directed implementation of the Pain Management Task Force with recommendations for holistic, multidisciplinary, and multimodal pain management.
3. MEDCOM efforts lead DoD Health Executive Council Pain Working Group and ongoing Tri-Service/Veterans Affairs pain initiatives (Tri-Service Charter signed May 14).
4. MEDCOM established an Interdisciplinary Pain Management Center (IPMC) network and tiered pain management teams to include Pain Champions in Medical Homes.
5. MEDCOM established Pain Management tele-mentoring hubs in all Regional Health Commands.
6. Establishment of the medical readiness assessment tool and eProfile provides mechanisms to ensure commanders are aware of all Soldiers that are on opioids.

Estimated cost: \$31,500,000 annually for the Army. DHA wedge for pain inserted in the FY17-21 Program Objective Memorandum. MEDCOM funds remaining pain requirements beyond DHA allocation.

Issue discussion: TSG confirmed to FORSCOM the Commander's Portal will also allow the command to see narcotic usage. The eProfile is part of the Commander's Portal and captures short-term and long-term opioid use. The long-term usage will

trigger a non-deployable status and short-term usage fall off the tracker after usage is completed, such as a three day opioid for a dental procedure. Commanders are required to look at every Soldier's profile at least once every 14 days. Opioid use is loaded within 24 hours of prescription. The G-3 asked about alternatives to opioid use. TSG states that alternative therapy is available to include chiropractic service, acupuncture, massage therapy, and biofeedback at the MTF and in some wellness centers. TSG is working with DHA to make alternative therapy a TRICARE benefit in areas where the service is not available.

VCSA direction: The VCSA expressed concern that at the company grade level only 50 percent of commanders are accessing eProfile because of the multiple systems, a minimum of 13 systems, commanders are expected to track. The VCSA directed G-3 to confirm that the 13 systems can be cross walked into one main system for commanders to monitor.

Way ahead:

1. Continue IPMCs (specialty clinics). IPMCs are MEDCOM highest tier of pain management clinics with standardized personnel and equipped to provide services at selected sites.
2. Provide Commanders access to e-Profile system.
3. Updated All Army Activity Message/HQDA Executive Order (EXORD) will be released first quarter FY17.

Civilian Personnel Issues

Issue 679: Creditable Civil Service Career Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Increase the thirty day creditable civil service career tenure requirement break for all federally employed spouses of service members and federal employees to one hundred eighty days after resignation in conjunction with the relocation of their military or federal sponsor.

Final issue status: Active

Accomplishments:

1. Deputy Assistant Director at Office of Personnel Management (OPM) agreed at a minimum to increase the time limit for the break to 180 days. OPM staff is now investigating whether career conditional status should even exist.
2. Once final determination is made on the continuation of career conditional status, or merely extend the time limit on the break in career conditional status to 180 days, then the appropriate public notice will be posted in the Federal Register, followed by changes to the Code of Federal Regulations.
3. Draft regulatory change options working through OPM channels and the Office of Management & Budget.

Estimated cost: No cost to implement.

Way ahead:

1. OPM will publish recommendations and changes in the Federal Register for comment before final adoption.
2. Review with OPM Office of General Counsel.

3. Changes will be published in the Federal Register by first quarter FY17.

Issue 689: Sexual Assault Restricted Reporting Option for Department of Army Civilians (DAC)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Authorize restricted reporting of sexual assault for DACs.

Final issue status: Active

Accomplishments:

1. The DoD and Army approved a one year pilot test in U.S. Army Europe in Sep 09 allowing civilians to file restricted reports of sexual assault.
2. Sexual Harassment/Assault Response Program working to collect and analyze funding, manpower, policy, and procedural impacts for legislative proposal.
3. In Feb 16 Office of the Secretary of Defense (OSD) Personnel and Readiness disapproved the Army legislative proposal request.
4. An exception to policy one year pilot allowing Army to authorize DACs restricted reporting options was approved by the DoD Sexual Assault Prevention Response Office in Feb 16.

Estimated cost: No anticipated increase in funding or manpower.

Way ahead:

1. Await the response to the U.S. Air Force lead FY19 legislative submission to allow restricted reporting for DACs and dependents eighteen and over.
2. A Secretary of the Army Directive and G-1 instructional guidance is being staffed for release in first quarter FY17 to formally implement DAC restricted reporting policy and procedures.

Family Support Issues

Issue 650: Exceptional Family Member Program (EFMP) Enrollment Eligibility for RC Soldiers

Proponent: Assistant Chief of Staff for Installation Management (ACSIM)

Issue recommendation: Authorize RC Soldiers enrollment in the EFMP.

Final issue status: Active

Accomplishments:

1. Included authorization for voluntary RC enrollment in the revised Army Regulation (AR) 608-75, EFMP.
2. Finalized active component and RC policy language to ensure synchronization between policies and operational procedures regarding policy changes.
3. Office of the Judge Advocate General (OTJAG) provided legal review of AR 608-75 on 29 Sep 14.
4. Received support from OSD to provide EFMP respite care to meet the needs of Army.
5. Army OTJAG and Office of the General Counsel (OGC) had no legal objection on ACSIM memo approving EFMP Respite Care.
6. Draft Secretary of the Army Directive staffed; pending submission to Office of the Administrative Assistant to the Secretary of the Army and OGC for legal review.

Estimated cost: Army is the bill payer for Active Guard/Reserve Soldiers accessing EFMP respite care. ARNG would be the bill payer for mobilized ARNG Soldiers. Projected cost is based on Army-provided model at three percent of projected Exceptional Family Member enrollment. Army would continue to pay for non-mobilized AGR population. The ARNG and the United States Army Reserve (USAR) would pay for EFMP respite care for mobilized Soldiers. If three percent of eligible EFMP use respite care, ARNG annual cost would be ~\$259,000 and USAR annual cost will be ~\$274,000.

Way ahead: Submit a Secretary of the Army directive that authorizes voluntary enrollment for RC Soldiers into the EFMP.

Issue 690: Army and Local Community Support for RC, Geographically Dispersed (GD), and Transitioning Soldiers and Families

Proponent: ACSIM

Issue recommendation: Establish a process to connect RC, GD, and transitioning Soldiers and Families to local community support.

Final issue status: Active

Accomplishments:

1. Collaborated with Office of Executive Director for Force Resiliency (OEDFR), Under Secretary of Defense (Personnel and Readiness), and the National Guard Bureau (NGB) on Building Healthy Military Communities (BHMC)/Joining Community Forces (JCF) three year pilot in seven states.
2. The BHMC/JCF Core Team selected Minnesota, Florida, New Mexico, Indiana, Maryland, Oklahoma, and Mississippi as test states. The pilot includes three interventions: a state coordinator, information campaign, and health technology.
3. The ACSIM hosted OEDFR and NGB representatives on 7 Jun 16 to brief Army Commands on the initiative.
4. The BHMC/JCF will host a state coordinator pilot training 1-4 Nov 16 at NGB Headquarters.

Estimated cost: OSD funded.

Issue discussion: The VCSA commented that success will be driven by communicating availability and accessibility at the pilot states and how the total force connects pilot lessons learned in establishing a nationwide network. The Army must synchronize and integrate the tools available.

Way Ahead:

1. Collaborate on BHMC/JCF initiative.
2. Train state coordinators.
3. Launch BHMC/JCF pilot.
4. Implement OSD strategic communication.
5. Brief Army commands on BHMC/JCF updates.
6. Monitor BHMC/JCF pilot and outcomes.

Issue 691: RC Soldiers and Families Access to Army Community Services (ACS) Services

Proponent: ACSIM

Issue recommendation: Eliminate the one year post-mobilization restriction for RC Soldiers and Families to access ACS services.

Final issue status: Active

Accomplishments:

1. An ACSIM, USAR, and ARNG working group was established in fourth quarter FY14.
2. OTJAG opinion in fourth quarter FY14 stated there is “no legal objection” to RC Soldiers and Families access to ACS services.
3. The FY15 ACS annual report revealed that less than one percent of Families accessed ACS centers for services. No data was available to determine what ACS services were provided.
4. Draft Secretary of the Army directive was staffed and is pending submission to the Office of the Administrative Assistant to the Secretary of the Army and OGC for legal review.

Estimated cost: To be determined.

Way Ahead: Secretary of the Army signs directive to eliminate the one-year post-mobilization restriction for RC Soldier and Family access to ACS services. After first year, RC eligibility is retained on a space available basis.

Soldier Support and Entitlements Issues

Issue 596: Convicted Sex Offender Registry

Proponent: Office of the Provost Marshal General (OPMG)

Issue recommendations: Establish a searchable sex offender registry and make it available to the military community. Require all convicted sex offenders who are authorized a DoD identification card to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

Final issue status: Complete

Accomplishments:

1. OGC and OTJAG did not support the AFAP recommendations.
2. DoD Directive-Type Memorandum 15-003 (Registered Sex Offender (RSO) Identification, Notification, and Monitoring) uses National Crime Information Center information to identify RSO Service Members, dependents, federal employees, and contractors.
3. AR 614-30 (Overseas Service) prohibits RSO dependents from overseas tours.
4. Army Directive 2013-21 (Initiating Separation Proceedings and Prohibiting Overseas Assignments for Soldiers Convicted of Sex Offenses) bars overseas assignments for RSOs Soldiers.
5. Human Resources Command tracks Soldier RSOs by coding them with an eligibility limiting code (L8).
6. Published AR 190-45 (Law Enforcement Reporting) in Sep 16.

Issue discussion: The VCSA directed OPMG to report back how OPMG is assessing effectiveness of AR 190-45 implementation in six months (Apr 17).

OTJAG Legal Review: The AFAP GOSC did not include discussion of Public Law 114-22. Public Law 114-22, Section 502, Registration of Sex Offenders Released from Military Correction Facilities or Upon Conviction, requires the Secretary of Defense to

provide the Attorney General with specific sex offender information to be included in the National Sex Offender Registry and the Dru Sjodin National Sex Offender Public Website. OTJAG stated information about this law and the National Sex Offender Registry would have helped inform the Issue 596 recommendation that the Army establish a searchable sex offender registry that is available to the military community.

Justification: AR 190-45 is very prescriptive and directive on the processes for the convicted sex offenders to register on installations as a RSO. It is both guidance to the individual and to the installations through the PMO on how the PMO tracks RSOs and who PMO reports that RSO population to on the installation.

Issue 609: Total Army Sponsorship Program (TASP)

Proponent: ACSIM

Issue recommendations: Standardize and enforce the TASP through the Command Inspection Program (CIP). Add TASP to the CIP checklist in AR 600-8-8 (The Total Army Sponsorship Program) Appendix B.

Final issue status: Active

Accomplishments:

1. Incorporated sponsorship training into the Army Learning Management System.
2. Enabled Army Career Tracker (ACT) Sponsorship module access via privately owned smart devices (i.e. iPhones, iPads, notebooks, etc).
3. Sponsorship linked directly to CIP.
4. Per EXORD 161-15 (Army-Wide Implementation of the TASP ACT Sponsorship Module, Active Component), commanders will validate monthly sponsorship reports. Monthly sponsorship report will be an inspectable item for Organizational Inspection Program (OIP).
5. Link for Army Knowledge Online White Pages added to ACT Sponsorship Module to allow Soldiers to add personal email addresses and phone numbers. Enhanced information fields will enable gaining commands to "reach out" to inbound Soldiers.

Estimated cost: \$169,000 Training and Doctrine Command (TRADOC) ACT execution expense.

Issue discussion: The Sergeant Major of the Army (SMA) highlighted that ACT added white pages which allows the individual Soldier to update their personal contact information within ACT. The gaining organization can use the ACT white page to view the contact information and make direct contact with the individual Soldier. The contact will give the command the eligibility to cut orders from basic training and Advanced Individual Training for subsequent assignment to the installation. Soldiers also must have a sponsor prior to the permanent change of station as a final out check before the Soldier leaves the installation. The Forces Command Sergeant Major voiced concerns that Soldiers must have a DoD Self Service Login to access ACT and the inbound command has limited access to the Soldier due to training requirements at the Soldier's current duty location. TRADOC stated another key component is battalion commander visibility on assignments to ensure sponsors are assigned.

Way ahead:

1. Complete revision of AR 600-8-8 to standardize sponsorship procedures and enforce TASP through OIP using the ACT.

2. Complete draft DA Pamphlet 600-8-8 (The Total Army Sponsorship Program) to provide guidance and operating instructions.
3. Update OIP Checklist with ACT sponsorship functionalities in AR 600-8-8.
4. Incorporate SMA "Tiered Approach" to TASP in a fragmentary order to EXORD 161-15.
5. U.S. Army Installation Management Command publish operation order outlining ACS new training guidelines for TASP.

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