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# ***AFAP ISSUE UPDATE BOOK***

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**Active Issues**

**October 2016**

**Active Army Family Action Plan (AFAP) Issues  
Sorted by Subject Area**

#	Issue Title	Status	Subject area	Entered
679	Creditable Civil Service Career Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees	Active	Employment	Feb-12
689	Sexual Assault Restricted Reporting Option for Department of Army Civilians	Active	Employment	Apr-14
650	Exceptional Family Member Program Enrollment Eligibility for RC Soldiers	Active	Family Support	Jan-10
690	Army and Local Community Support for Reserve Component, Geographically Dispersed, and Transitioning Soldiers and Families	Active	Family Support	May-15
691	Reserve Component Soldiers and Families Access to Army Community Service Services	Active	Family Support	May-15
614	Comprehensive Behavioral Health Program for Children	Active	Military Health System	Dec-07
641	Over Medication Prevention and Alternative Treatment for Military Healthcare System Beneficiaries	Active	Military Health System	Jan-09
609	Total Army Sponsorship Program	Active	Soldier Support	Nov-06

## **Issue 609: Total Army Sponsorship Program**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 17 Nov 06

**c. Final action.** No (Updated: 14 Sep 16)

**d. Scope.** The current sponsorship program is not effectively implemented, utilized, monitored, and inspected Army wide. Soldiers arriving at some gaining installations/units do not benefit from having an assigned sponsor. If assigned, the sponsor may not be adequately trained. A Soldier's critical first impression may be negatively impacted due to inadequate sponsorship.

### **e. AFAP Recommendations.**

(1) Standardize and enforce Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP).

(2) Add the TASP to the CIP using AR 600-8-8 Appendix B checklist.

### **f. Progress.**

(1) In May 10, a working group was established to identify ways to improve TASP. The group concluded that the guidance in AR 600-8-8 is clear, but requires visibility and enforcement Army wide.

(2) In Jul 10, IMCOM Command Sergeant Major (CSM) met with Department of Defense (DOD) Relocation and Family Programs Division point of contact regarding the new DOD eSponsorship Application and Training (eSAT) web application. Findings concluded that eSAT is an effective training tool, but lacks capability to meet the Army's intended end state of having a live person to monitor the status of the Sponsorship Program Counseling and Information Sheet (DA Form 5434) and, when necessary, engage commands to ensure Soldiers, civilians, and Family members receive a sponsor when transitioning to gaining commands.

(3) In Mar 11, OACSIM requested both the IMCOM Inspector General (IG) and Human Resources Command (HRC) to verify if sponsorship is included in Pre-CIP and CIP, and being inspected. According to the IMCOM IG, the CIP has been postponed due to funding shortages. HRC advised sponsorship inspection is not a HRC requirement; their focus is on training S1/G1's on readiness issues such as reducing non-availables, casualty documents, and personnel systems. In response, in Apr 11, OACSIM requested Services Infrastructure Core Enterprise (SICE) Board's assistance to help address TASP compliance and enforcement issues across the Army.

(4) In Nov 11, the HQDA EXORD 018-12 and DA Form 5434 (revised) were published, including guidance to ensure standardization and sustainability of program operations, inspections through CIP and a requirement for commands to forward an annual assessment to OACSIM.

(5) In Dec 11, transferred lead agency for AFAP Issue #609 TASP to IMCOM to move forward with new guidance for executing TASP, to flow sponsorship process from receipt of assignment instructions to arrival at new unit of assignment, establish roles and responsibilities for integrators, linking sponsorship and in and out processing, ensuring a warm hand off of Soldier and Family members between losing and gaining commands.

(6) In Aug 12, Training and Doctrine Command's (TRADOC) Learning Integration Team analyzed the sponsorship process flow and requirements with the planned effort to align the Army Career Tracker (ACT) system with the mission and goals of the TASP. ACT sponsorship will allow the management of the sponsor-to-Soldier(s) relationship; facilitates the updating of DA Form 5434 by the Soldier and sponsor; build reports that allow program managers the ability to report on the program metrics; allows the creation, management, and storage of an online survey to facilitate collection of program metrics; and provides system-generated email notification to transitioning Soldiers and installation sponsorship coordinators.

(7) In Mar 14, IMCOM initiated the ACT sponsorship 90 day pilot to test standardized sponsorship procedures and requirements that enhance the ability to sponsor, receive, and integrate newly arrived Soldiers and their Families into the commands using an automated system. The sponsorship performance metrics were tracked for permanent party Soldiers placed on assignment instructions to designated pilot sites in Europe, Korea, Fort Hood, Fort Stewart, and Joint Base Lewis-McChord (JBLM) and initial military training graduates on assignment instructions to Hawaii, Fort Hood, Fort Stewart, and JBLM.

(8) In Sep 14, formal staffing of the ACT Sponsorship Phased Implementation policy will direct the usage of the ACT system to enforce standardized sponsorship procedures.

(9) On 9 Oct 14, ACT sponsorship training was successfully integrated into the Army Learning Management System. This will enable commanders to track their pool of trained sponsors and make informed sponsor assignment in accordance with AR 600-8-8 and HQDA EXORD 018-12.

(10) OACSIM Installation Services, OACSIM Information Technology, Deputy Chief of Staff G1, IMCOM G1, IMCOM-SICE Infrastructure/Logistics Team, US Army Reserves (USAR), National Guard Bureau (NGB), Forces Command (FORSCOM), and TRADOC continue to meet weekly with focus on the Army-wide deployment of a sponsorship automated system, publication of AR 600-8-8 revision and DA Pam 600-8-8 that will include standardized sponsorship procedures and the requirement to enforce TASP through the CIP using the ACT system.

(11) IMCOM hosted a two-day (2-3 Apr 15) ACT Conference with participation from FORSCOM, TRADOC, USAR, HRC, and other key stakeholders across the Army to finalize the verbiage in the ACT Sponsorship Phased Implementation EXORD. Key areas of concern were discussed/mitigated resulting in a consensus by all participating commands, with the exception of HRC. Continued coordination enabled OACSIM to obtain HRC's concurrence after the "No Sponsor – No Orders" tool was removed from the EXORD. All parties agreed to utilize alternative leveraging tools which could both monitor and report sponsorship metrics while holding gaining commands responsible for timely sponsor assignment.

(12) Headquarters Department of the Army (HQDA) EXORD 161-15 was released on 27 Aug 15, thus implementing the ACT Sponsorship Module across the Army.

(13) IMCOM hosted a three-day (5-8 Jan 16) meeting with FORSCOM, TRADOC, USAR, HRC, NGB, and other key stakeholders across the to determine changes needed in the regulation, as well as the accompanying new DA Pam. Policy and procedural changes required by HQDA EXORD 161-15 were also addressed. The group agreed on the following recommendations:

(a) Initial contact with inbound Soldier can be initiated by gaining command or Soldier simultaneously. It is no longer the Soldier's responsibility to reach out first.

(b) Soldier's contact information located in Army Knowledge Online (AKO) White Pages will auto-populate in ACT Sponsorship module (by Jul 16) to facilitate "two-way communication".

(c) The Sponsor assignment will be made no later than 120 days from report date versus 10 days from receipt of assignment notification.

(d) If Soldier fails to initiate DA Form 5434, the gaining Unit Sponsorship Coordinator (USC) will reach out to the Soldier.

(e) Sponsorship training content and procedures will be revised. IMCOM G1/G9 have formed a working group to revise the product, completion date TBD

(14) IMCOM G1 and the TRADOC ACT team completed ACT Sponsorship training via Defense Collaboration Services for all installations listed in Annex A of the HQDA EXORD 161-15 (Army-Wide Implementation of the TASP ACT Sponsorship Module, Active Component) on 26 Jan 16.

(15) Effective 25 Jan 16, battalion CSMs are added to the ACT Sponsorship module's CSM Visibility feature; facilitating a more direct link to the Soldier's chain of command.

(16) As a result of the inspection of the Military Personnel System, the Department of the Army IG recommends transfer of TASP proponentcy to Army G1. Staffing of the inspection report is complete and all stakeholders concurred with the recommendation. The report is now in the SECARMY's office, awaiting signature.

(17) Army National Guard and USAR wrote a draft chapters for inclusion into AR 600-8-8.

(18) Fragmentary Order (FRAGO) 1 to HQDA EXORD 161-15 was staffed Army-wide. The FRAGO includes the tiered approach to sponsorship, which will ensure sponsorship for our most vulnerable population. Non-concurrences are being adjudicated at the CSM level.

(19) The TASP Program Manager trained over 60 Relocation Program Managers from across the Army from 16-8 May 16. A training template for training Brigade USCs on multiple areas within Army Community Service was developed as a base training packet. IMCOM G1 is responsible for developing an OPORD with training requirements and responsibilities for IMCOM G9 and the Directors of Human Resources.

(20) Effective 1 Jun 16, a link to the AKO White Pages was added to the ACT Sponsorship module to assist

gaining commands with initiating the initial contact with inbound Soldiers. AKO was also modified to allow Soldiers the opportunity to add personal emails and phone numbers as additional means of contact.

(21) Draft AR 600-8-8 will be staffed Army-wide in 2nd QTR FY17.

#### **g. GOSC review.**

(1) Jan 10. The GOSC declared the issue active to fast track an approach to sponsorship that can function in the current operational environment. TRADOC stated the Army holds off giving Soldiers in the training base their final assignment to try to get it right in terms of ARFORGEN. Even if a unit is trying to implement sponsorship, it has less time to do that effectively. FORSCOM noted the Virtual Installation Movement module would have tracked Soldiers between installations and ensured they are deployable, getting their medical checks and appropriate out-processing. ACSIM stated that IMCOM has to do a better job with the warm handoff for Soldiers and their Families as they move from point A to B and said that sponsorship is one of the many second and third order effects of not doing this correctly. The VCSA noted that the most dangerous period for suicide is transition: transition to go home for leave, from AIT to first unit, between units, and units to school.

(2) Feb 11. The GOSC declared the issue active.

(3) Aug 11. OACSIM will coordinate with IMCOM on using non-deployable Soldiers as sponsor integrators and the design and functionality of an automated system to help commands improve in/out processing and track sponsorship.

(4) Feb 12. VCSA expressed concern that deployments and frequent moves have frayed the Sponsorship Program. Including Sponsorship as an inspection item on the CIP is a good move. IMCOM will implement the TASP STRATCOM, expand in and out processing to include welcoming new Soldiers and Family Members to commands; and designate personnel to execute sponsorship liaison functions.

(5) Aug 12. The IG commented that Army Sponsorship is among one of the reoccurring issues/concerns across the field. The IG supports IMCOM's work but also notes that Sponsorship is a Commander and a leader responsibility for enforcement. The IG highlighted whether rear detachment commanders are sponsoring new arrivals to a unit. The ACSIM stated that IMCOM is creating the architecture that enables Commanders to execute in conjunction with the Garrison Commander. The IMCOM CSM highlighted the successful sponsorship program in USAREUR and their Sponsorship OPORD. The DAS expressed concern that most AIT Soldiers do not have a pin-point assignment prior to PCS and whether a sponsor will be available once that pin-point is determined. The IMCOM CSM concurred that is the goal in utilizing the Army Career Tracker. The ATEC Commander mentioned the complimentary issue with the Department of the Army Civilian (DAC) workforce. The ACSIM confirmed that IMCOM is building a Continuity of Operation Plan specifically for DAC sponsorship.

(6) Jun 13. Command Sergeants Major have to own this process. The VCSA encouraged IMCOM to incorporate texting into the pilot as the prime way to

communicate with Soldiers as most Soldiers do not use AKO or enterprise email. The IMCOM CSM validated that at Fort Drum they went from 200 Soldiers without a sponsor every month to less than 20 Soldiers.

(7) Feb 14. The VCSA directed IMCOM to ensure they are incorporating the best practices of sponsorship developed at installations such as Fort Drum. The DASD(MC&FP) commented that the DoD has created the eSponsorship Application and Training website, called eSAT, to bring standardized sponsorship training to all appointed unit sponsors regardless of service. She extended an invitation for IMCOM to walk through what has been implemented to inform the Army's efforts and perhaps prevent any possible redundancies in the sponsorship program. VCSA expressed concern that DoD and the Army were competing against each other. The IMCOM G-1 clarified they have adopted the eSAT training that is incorporated on Military OneSource. It is the training tool used for every Soldier before they out-process at a duty location.

(8) Feb 15. The VCSA directed an IMCOM-led meeting with FORSCOM, TRADOC, and the RC within 45 days to refine ACT and its role in sponsorship.

(9) Sep 15. The FORSCOM CSM expressed concerns with the process. The FORSCOM CSM stated ACT is driving TASP policy rather than TASP policy dictating ACT functions. The VCSA stated sponsorship has been broken throughout his career but the Army should leverage technology to facilitate the sponsorship process. The VCSA tasked G-1 to take the lead on re-shaping the process, and requested FORSCOM and Training and Doctrine Command clearly articulate what TASP policy should include and align ACT to meet the TASP policy. Additionally, the VCSA directed AFAP GOSC members to make TASP a leadership priority. The VCSA directed ACSIM to accelerate the TASP regulation publication. The Installation Services Director stated a draft regulation would be available in FY16. The Director of the Army Staff agreed to accelerate the APD process.

(10) Apr 16. The SMA stated that "no sponsor, no orders" will be implemented Army wide following a successful pilot. Additionally, sponsorship requirements will be tied to the Soldier's risk category. A specialist would be Tier 1 and required to have a sponsor before orders are issued. A colonel would be Tier 3 and would not be required to have a sponsor. Senior commanders also have the discretion to make a geographic area Tier 1 for all personnel based on unique assignments, such as Kwajalein Atoll. The Chief of Chaplains concurred that transition is a risk time. The SMA closed by stating that the ACT now has White Pages where Soldiers can enter their personal cell phone numbers and email addresses so gaining units can reach the Soldiers.

(11) Oct 16. The 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.

**h. Lead agency.** OACSIM

**i. Support agency.** IMHR-M

## **Issue 614: Comprehensive Behavioral Health Program for Children**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 4 Dec 07

**c. Final action.** No (Updated: 26 Aug 16)

**d. Scope.** Multiple barriers exist in providing timely, convenient and appropriate Behavioral Health (BH) Care Services for children of Active Duty Soldiers, Wounded Warriors and Veterans. There is a critical shortage of BH Care Child and Adolescent Providers to meet the current demand. Many BH providers are unable to dedicate their entire practice to children's therapy due to occupying administrative positions and performing adult behavioral health care. For example, 504 child psychiatric providers were contacted and only 13% stated they were providing full time child psychiatric services. The difficulty in recruiting and training direct care providers and a lack of a national educational plan to raise awareness in schools and identify treatment needs, further exacerbate the problem. Comprehensive services are not readily available, nor aligned with other ranges of services for military children, thus creating unneeded barriers to quality Behavioral Health Care.

### **e. AFAP Recommendations.**

(1) Create and implement a unified, comprehensive source of Children's BH Services (Psychiatrists, Psychologists and Social Workers) with dedicated providers and timely access to care, working in concert, for children of all Soldiers.

(2) Increase, integrate and streamline existing BH Support Services with other counseling services (Military Family Life Consultant, Morale Welfare and Recreation, Chaplain, Child Youth Services, Military Child Education Coalition) to provide a comprehensive range of Behavioral Health Services for children of all Soldiers.

### **f. Progress.**

(1) OPOD 14-44, published 13 Mar 14, directs implementation of the Child, Adolescent & Family Behavioral Health System (CAFBS). The CAFBS model consists of three interrelated components that work in tandem to deliver BH care to Army children and Families:

(a) MTF Department of BH CAFBS that provides BH consultation to the AMH and time-limited, evidence-based BH treatment in collaboration with the PCMs. SBH provided in locations with on-post schools. Community Outreach provided at large installations to collaborate with on-post and community services.

(b) Tele-Behavioral Health (TBH) resources to provide regional teleconsultation support for PCMs and BH providers.

(c) Standardized education, training and coaching of PCMs and BH providers in evidence-based/informed practices to effectively deliver high quality BH care. CAFBHS is one of 12 BH clinical programs currently being standardized across the MEDCOM and is a recognized effort under the Ready and Resilient Campaign (R2C).

(2) Medical literature supports maximizing the role of the PCM in addressing common BH disorders and demonstrates that children and Families are satisfied with being treated for BH needs within primary care settings. The shift from a traditional, stove-piped, specialty-driven BH care model to an integrated, consultative, collaborative care model that maximizes the role of the PCM has been promoted by many professional organizations (American Academy of Pediatrics, American Academy of Family Physicians, American Academy of Child and Adolescent Psychiatry, and the American Psychological Association).

(3) Over the past two years, MEDCOM has conducted nine trainings for PCMs who will serve as peer educators in all four Regional Health Commands (RHCs). Ongoing PCM Educator Training is conducted bi-annually. One-hundred three PCM Educators have been instructed in the train-the-trainer program from 30 of 33 MTFs. The PCM Educators are in the process of training primary care providers. Although the initial timeline called for 75% of all PCMs who serve Children and Adolescents be trained by the end of calendar year 2015, as of Jul 16, 194 out of 778 (25%) of the PCMs have been trained. This delay was caused by the focus on reducing training requirements on PCMs in an effort to increase access to care. The remaining providers will receive training during FY17.

(4) MEDCOM conducted three out of three trainings for CAFBHS Educators in evidence based clinical practices (EBP). Ongoing EBP Educator Training is conducted bi-annually. To date 48 CAFBHS EBP Educators from all 33 MTFs with a CAFBHS program have been trained. These CAFBHS Educators trained 169 out of 280 CAFBHS providers. FRAGO 3 of OPORD 14-44 mandates that 75% of all CAFBHS providers complete the training by 30 Sep 16. CAFBHS provider training is on track to be complete by the suspense date of 31 Dec 16.

(5) Integrating and coordinating BH services for children and Families within the MTF and local Army community, supporting the principles of a public health model of care continues. MEDCOM staff met with the leadership of "Give an Hour" to discuss collaborating in expanding SBH to off-post schools and in expanding outreach into the civilian community to provide support for Soldiers' Families. A Memorandum of Understanding is in the final stages of staffing between "Give an Hour" and MEDCOM. Additionally, MEDCOM staff collaborated with the Military Child Education Coalition (MCEC) to leverage the expertise, resources and partnerships of the other to increase Family readiness, stability and resilience. MCEC and MEDCOM will work together in on-post schools to

successfully transition Military students and their Families from one duty station to another and from one school district to another. MCEC also support Soldiers' Families in the transition to civilian life. A MOU between MEDCOM and MCEC has been established. MEDCOM subject matter experts are on the Advisory Boards of the Center for School Mental Health, University of Maryland, as well as members of National Committees that impact Army Children and Families.

(6) Outcome Metrics have been developed. As of Jun 16, approximately 75% of the CAFBHS staffing have been hired or re-missioned. During the last four quarters (3rd and 4th FY15 and 1st and 2nd FY16) as compared with the previous four quarters, CAFBHS patient encounters increased by 12%. The BH Data Portal for Adolescents is being implemented Army-wide.

#### **g. GOSC review.**

(1) Jun 08. The issue remains active. A representative from the National Military Family Association (NMFA) stated that a research study was presented at the Madigan conference that showed an increase in counseling visits at midpoint of deployment and three months after redeployment. Other attendees noted increase in adolescent incidents on installations. The NMFA has partnered with the Rand Corporation to do a study on deployment and related issues with children. The Surgeon General asked that the study look at the Reserve Component as well as the Active. The VCSA stressed the importance of getting programs and services out to children who need support. He referenced Military One Source and the increased programs and funding in Youth Services.

(2) Jan 10. Issue remains active to further develop BH programs in schools and the community. Attendees identified the need to reach children within the RC and Accessions Command and suggested an approach that is not just garrison based. The VCSA commented about the value of online counseling, especially for geographically separated populations.

(3) Aug 11. OTSG will increase number of uniformed and civilian child and adolescent providers. Develop Standardized Needs and Capability Assessment tool.

(4) Feb 12. The SA asked what impact CFACs and SBH programs will have on the Army's requirements for BH providers. The Sergeant Major of the Army (SMA) asked if the objective was to expand SBH programs to all Army garrisons and specifically questioned how that would work with local school districts who have schools on military installations. The VCSA directed OTSG to define the objective and identify the resource requirement to achieve that objective. OTSG will train Primary Care Managers and BH providers; continue to establish and expand CFACs and SBHs to more installations and standardize metrics and data collection.

(5) Aug 12. The SMA expressed concern that efforts were targeted at deployment platform installations and needed to be expanded to TRADOC installations. The SMA also questioned whether children with behavioral health concerns are included in the EFMP assignment screening criteria. The G-1 could not confirm whether this was being done.

(6) Jun 13. Assistant Secretary of the Army for Manpower and Reserve Affairs cautioned about the Army's ability to sustain resourcing BH. OTSG countered that they will mitigate costs by training primary care providers and patient-centered homes to provide initial intake and then use telemedicine for consultation. VCSA directed OTSG to incorporate this initiative into the R2C.

(7) Feb 14. The VCSA directed OTSG to confirm the Army is not competing with the Military Child Education Coalition for similar resources. The SMA expressed concern in how to maintain funding for this initiative. The OTSG representative clarified that it is no longer a budget add-in and is now built into the POM through at least FY15-19. It is funded by Defense Health Program. OTSG is also setting up child psychologists, child behavioral health at a centralized location for them to dial in and be accessible for immediate access if a situation arises on an installation. The VCSA directed this issue be tied into the overall Ready and Resilient Campaign structure for visibility and continuity at the senior level. OTSG confirmed this is already in place. The ACSIM recommended that OTSG engage Family Advocacy, Army Community Service, behavioral health, and other Centers of Excellence activities at installations with the drills done with FORSCOM, TRADOC, AMC, USAR, and USARPAC. OTSG noted JBLM's installation Process Action Team, which meets twice a month, combines all of the counseling capabilities on post, including IMCOM, MEDCOM, and the DoDDS school system resources. The team also invites the community BH providers to participate. The Defense Health Agency (DHA) representative offered to work with OTSG on information technology directive with available monies for telemedicine.

(8) Feb 15. The VCSA directed OTSG to lay out their child BH integration efforts with community partners particularly at some larger Army installations. The VCSA expressed interested specifically with the nonprofit organization "Give an Hour."

(9) Sep 15. The OTSG representative stated issue closure is contingent on hiring BH providers. OTSG has only been able to hire 65% of the required staff due to a nationwide shortage of BH providers. The DASD MC&FP offered support through Military Family Life Consultants, particularly the specialists in child and youth behavioral areas. The FORSCOM representative requested remote locations such as Fort Irwin and Fort Polk receive implementation priority. The FORSCOM CSM urged increased recruiting of community partners near Army's installations. The VCSA directed OTSG to provide a follow up on BH provider hiring gaps to analyze how the Army can be more competitive in recruiting BH providers.

(10) Apr 16. The G-3 representative asked whether Soldier BH assets could be used for children. The Surgeon General said no because adult BH do not have proper training to work with children. FORSCOM praised the work done and questioned whether having 90% of the PCMs BH providers trained would constitute completion. The VCSA directed the OTSG to work with FORSCOM to determine when the metric for access to child BH providers has been met.

(11) Oct 16. The VCSA agreed MEDCOM has quantifiable progress in measures of performance, but he 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.

**h. Lead agency.** DASG-HSZ

### **Issue 641: Over Medication Prevention and Alternative Treatment for Military Healthcare System Beneficiaries**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 30 Jan 09

**c. Final action.** No (Updated: 26 Aug 16)

**d. Scope.** No comprehensive strategy exists for over medication prevention and alternative treatment options for Military Healthcare System beneficiaries. Those suffering from injuries/illnesses are often over medicated because alternative treatment options are not readily available. Patients, Families and providers are not adequately educated about over medication and alternative treatment options. The lack of alternative treatment options and/or rehabilitative resources for all beneficiaries contributes to over medication and adversely impacts function and quality of life.

**e. Conference 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 Military Healthcare System beneficiaries.

**f. Progress.**

(1) In Aug 09, The Surgeon General chartered the PMTF to focus resources and attention on the issue of pain management. The FY10 National Defense Authorization Act (NDAA) mandates that no later than 31 Mar 11, the Secretary of Defense shall develop and implement a comprehensive policy on pain management.

(2) In May 10, PMTF completed its report. The Health Executive Council (HEC) directed the establishment of the DoD-VA Pain Management Work Group to provide a platform for continued inter-Service and Veterans Health Administration (VHA) collaboration to implement policy. Tri-Service Charter was signed in May 14.

(3) The Comprehensive Pain Management Campaign Plan (CPMP) directed implementation of the PMTF with recommendations for holistic, multidisciplinary, and multimodal pain management in Sep 2010.

(a) MEDCOM directed to establish IPMCs. IPMCs represent the highest tier of pain management integrative modalities. Services offered include acupuncture, bio-feedback, (yoga), and massage therapy to decrease over-reliance on medication-only treatment of pain.

(b) Use of Project ECHO ensures MEDCOM synchronization and inclusion of remote medical treatment facilities.

(4) MEDCOM strategy continues to partner with several other Army initiatives, including Allied Clinical

Services (Polypharmacy), Intrepid Spirits, Performance Triad, Army Medical Homes, and Behavioral Health.

(5) Some integrative modalities of the CPMP are not TRICARE-approved. IPMCs prioritize AD beneficiaries and see other beneficiaries as space-available. Future opportunities will allow for work through TRICARE to increase network availability.

(6) Standardized drug testing is being addressed through the HEC pain work group.

(7) During the Feb 2015 GOSC, the VCSA expressed concerns regarding commanders' receiving notification of Soldiers on medical limiting conditions; particularly those with opioid prescriptions. To address this concern, MEDCOM recommends:

(a) Prescriptions issued through MTF and Network are captured and tracked. Within service facilities, chronic narcotic prescriptions are monitored through CHUP (Chronic Pain, High Utilizer, Polypharmacy) data pulls. In accordance with AR 40-501, identified prescriptions and conditions result in an electronic profile (e-Profile), which is made available to the Commanders.

(b) E-Profile is an integral tool for documenting Soldiers' medical conditions. In an effort to improve commander-provider communications and reduce unwarranted variance, MEDCOM published OPORD 10-75 (e-Profile Implementation), which provided commanders access to view Soldiers on profile for limiting medical conditions/prescriptions.

(c) ALARACT Message 017/2011 (ALARACT HQDA EXORD 055-11, Army Implementation of Electronic Profile (e-Profile)) provided guidance to Soldiers and Unit Commanders on registration and access to e-Profile records.

(d) U.S. Army Audit Agency conducted a review of the management of the e-Profile process. The following findings and recommendations are noted:

1. Initial e-Profile Implementation HQDA EXORD only stated that unit commanders or their designee must register with e-Profile. Of 919 identified Unit Commanders, less than 50% were registered in e-Profile.

2. MEDCOM will draft an updated ALARACT/ EXORD and synch with revision of AR 40-501 (Standards of Medical Fitness) to include Chapter 7 (Profiling) and Chapter 11 (Medical Readiness). The EXORD will clearly direct unit commanders to register in the e-Profile system. The ALARACT/ EXORD is scheduled for release in 1st QTR FY17.

(8) MEDCOM established an enduring strategy for pain management. Proposed measures of effectiveness to track final implementation include the Pain Assessment Screening Tool and Outcomes Registry, a National Institute of Health collaborative data collection platform that tracks progress of patients with pain. Evaluation will be reported via the Strategic Management System.

#### **g. GOSC review.**

(1) Jan 10. The GOSC declared the issue active pending policy development and standardization across the Army.

(2) Aug 11. OTSG will conduct phased implementation of CPMCP across MEDCOM.

(3) Feb 12. The SA stressed the importance of working in concert with DoD on the legislative requirement. The

IG representative noted that they will be looking at pain management as one of the subsets of a WTU inspection. The SMA asked how we incorporate Guard and Reserve Soldiers in Community Based Warrior Transition Units. Both the IG representative and the Chief, Army Reserve said they would look into it. The VCSA directed OTSG to follow up on DoD interface; refine objectives; address pain management for RC Soldiers from a holistic perspective. OTSG will establish Regional Medical Command Interdisciplinary Pain Management Centers and embed WTU/MTF pain augmentation teams.

(4) Aug 12. Issue remained active.

(5) Jun 13. Issue remained active.

(6) Feb 14. The VCSA directed G-1 for an update on the risk reduction task force pilot at Fort Bragg. The Military District of Washington Commander requested that OTSG include in their review how extra medicine leads to Soldier disciplinary problems. The ACSIM requested the IPMCs integrate efforts with the Army Substance Abuse Program (ASAP). OTSG confirmed polypharmacy will be added to the commander's risk reduction task force.

(7) Feb 15. The VCSA directed OTSG to look at the transparency of information exchange with civilian healthcare providers to ensure the military healthcare system knows what is being prescribed by civilian providers.

(8) Sep 15. The DHA representative applauded the Army's work as ground breaking not just in DoD but also in the civilian sector. The VCSA directed OTSG to clearly state the metric that will be used to determine successful completion and close the issue.

(9) Apr 16. The Surgeon General stated that the Medical Readiness Assessment Tool will have indicators to generate command reports on Soldiers utilizing opioids. The reports will be distributed to healthcare teams to ensure healthcare teams have visibility on network provider prescriptions. MEDCOM is developing a pilot program to track who buys opioids out of pocket and out of the network to close the loop on those Soldiers using out-of-network civilian providers.

(10) Oct 16. The VCSA expressed concern at the company grade level only 50% 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 the 13 systems can be cross walked into one main system for commanders to monitor.

**h. Lead agency.** DASG-HSZ

#### **Issue 650: Exceptional Family Member Program Enrollment Eligibility for Reserve Component Soldiers**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 15 Jan 10

**c. Final action.** No (Updated: 14 Sep 16)

**d. Scope.** Reserve Component (RC) Soldiers are ineligible for enrollment in the EFMP. Army Regulation 608-75 dated 22 November 2006, paragraph 1-7a. (2) states mobilized and deployed Soldiers are not eligible for enrollment in EFMP. In order to be eligible for all benefits of the EFMP, you must be enrolled. Enrollment allows

EFMP to expedite the process of identifying and providing support to eligible RC Soldiers and Families.

**e. Conference Recommendation.** Authorize RC Soldiers enrollment in the EFMP.

**f. Progress.**

(1) Feb 10, EFMP Policy Working Group reviewed this issue at the EFMP Summit and ranked it the second highest priority.

(2) Mar 10, draft language forwarded to the ARNG and USAR EFMP POCs for coordination and review.

(3) Apr 10, consulted with OTJAG regarding draft language.

(4) Apr-Sep 10, the EFMP Policy Working Group met to define language and process regarding RC Eligibility for the EFMP. Working Group members agreed, that enrollment will be voluntary for mobilized/ deployed RC Soldiers/ Family members. No changes to EFMP Enrollment Form, Department of Defense (DD) 2792 are required. The DD 2792 Form may be completed by the Primary Care Physician.

(5) Sep 10, EFMP Policy Working Group acknowledged that RC Soldiers and Family members are eligible to receive support services through Army Community Service without being enrolled in the EFMP. Support services may include educational instruction, support groups, or contact with the EFMP Manager.

(6) May 11, the ACSIM met with the Chief of the Army Reserves and Special Assistant to the Director, ARNG to discuss recommendations, resources, and way forward.

(7) Aug 11, AFAP GOSC convened. ARNG and USAR leadership concurred with recommendations and way forward.

(8) Dec 11, OACSIM-ISS coordinated a SA Directive to authorize policy change. The changes stipulated in the SA Directive will be incorporated into the next revision of AR 608-75.

(9) Jun-Jul 12, OACSIM prepared SA Directive to authorize policy change. The Directive is in final stages of informal coordination after receiving comments from both the ARNG and USAR. Effective date for policy change was Oct 12.

(10) Aug-Nov 12, SA Directive was formally staffed with key stakeholders and forwarded to the OGC for review. Office of the Assistant Chief of Staff for Installation Management (OACSIM) needed final review by OGC prior to forwarding directive for Secretary of the Army signature. Effective date for implementing this policy change may require adjustment due to OGC review and Secretary of the Army approval of policy change.

(11) Dec 12, OACSIM met with OGC to review concerns regarding the proposed policy change. OGC voiced concerns regarding financial implications with proposed change in policy. OGC indicated the SA Directive must state there will be no Operation and Maintenance (OMA) funds associated with this change in policy and RC will be the "bill payer." Additionally, OACSIM would need confirmation from RC leadership stating the desire to continue with policy change and are willing to be the "bill payer" for all associated costs.

(12) Feb 13, OACSIM received confirmation from USAR confirming desire to pursue policy change. USAR

confirmed they will be the bill payer for EFMP respite care only and no other associated costs.

(13) Sep 14, OTJAG conducted legal review and provided recommended regulatory changes prior to publication. In addition to administrative comments, OTJAG recommended EFMP Respite Care specific regulation changes that require resolution before publication.

(14) 20 Jan 16, OACSIM received notification from OSD supporting the Army's effort to provide EFMP Respite Care programming, and would carefully examine how respite care is formulated into policy.

(15) 11 Feb 16, OACSIM met with USAR and ARNG to confirm each component will fund the cost of EFMP respite care. This concurrence was contingent upon the OSD guidance on the OSD memorandum provided the Army authority to use Appropriated Funds.

(16) 17 Feb 16, OACSIM met with Army OTJAG. OTJAG determined that the Office of the Assistant Secretary of Defense memorandum, dated 19 Jan 16 provided authority to use appropriated funds for this purpose. OTJAG further stated that it is acceptable for the Army to proceed with a tailored respite care program that does not duplicate the services of other available sources, e.g. TRICARE Extended Care Health Option.

(17) OACSIM awaiting final SA directive Army-wide staffing concurrences and comments in order to send for legal review.

**g. GOSC review.**

(1) Jun 10. The GOSC declared the issue active to pursue necessary steps to authorize and track RC enrollment in the EFMP.

(2) Aug 11. OACSIM will submit a revision to AR 608-75.

(3) Feb 12. The DASD(MC&FP) questioned whether we should pre-qualify all RC Soldiers who have an EFM. The Chief, Army Reserve clarified that the intent is to link voluntary EFMP pre-qualification to the ARFORGEN cycle, i.e., when RC Soldiers are in the "available" window. OACSIM will publish DA Policy Memo and revise AR 608-75 to authorize RC Soldiers enrollment in EFMP.

(4) Aug 12. The Army National Guard (ARNG) representative supported this initiative. The US Army Reserve (USAR) representative remarked that they are working through EFMP being a centralized program and the mechanics of identifying and enrolling Families.

(5) Jun 13. In Apr 13, OACSIM revised AR 608-75 to authorize RC Soldier voluntary enrollment in EFMP. The regulation was formally staffed and its anticipated release date is 4th Qtr FY13.

(6) Feb 14. The ARNG expressed concern that the directive would not provide the proper authority. USAR concurred with publishing a directive. The DASD(MC&FP) commented that RC Families would receive support whether they were registered or not. The SMA questioned when EFMP would be standardized across the services. The DASD(MC&FP) confirmed the standardization is underway. The forms are complete with an assist from Office of Management and Budget. The IT piece is also going to be standardized across services as

well. An information paper is available that outlines the EFMP standardization process.

(7) Feb 15. VCSA declared the issue active pending OGC's decision if OMA dollars are authorized for respite care.

(8) Sep 15. The VCSA expressed concern whether the RC has allocated money in their budget to fund the EFMP requirement. The ARNG and USAR representatives both validated they will fund the requirement pending OSD decision for respite care authority to use operations and maintenance funding. The Deputy Assistant Secretary of Defense for Military Community and Family Policy cautioned the RC that personnel requirements and training requirements partner with implementing a program.

(9) Oct 16. Submit a SA directive that authorizes voluntary enrollment for RC Soldiers into the EFMP.

**h. Lead agency.** DAIM-ISS

**i. Support agency:** ARNG, USAR and IMCOM

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

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 2 Mar 12

**c. Final action.** No (Updated: 22 Apr 16)

**d. Scope.** Federally employed spouses of Service Members and Federal employees may have difficulties reaching creditable Civil Service career tenure requirements due to relocation assignments. The 5 Code of Federal Regulations (CFR) Chapter 315.201 states a Continental United States (CONUS) Career Conditional employee can only have a 30-day calendar break in continuous creditable service to remain eligible for career employee tenure. A policy change should include Federal employees that must resign and relocate with their Federal sponsor and would make the policy equitable across all Federal agencies. Increasing the 30-day calendar break will reduce the stress of the potential loss of creditable civil service career tenure placed on federally employed spouses of Service Members and Federal employees due to relocation.

**e. Conference Recommendation.** Increase the 30-day creditable civil service career tenure requirement break for all federally employed spouses of Service Members and Federal employees to 180 days after resignation in conjunction with the relocation of their military or Federal sponsor.

**f. Progress.**

(1) Deputy Assistant Director at OPM met with his staff and agreed, at a minimum, to increase the time limit for the creditable civil service career tenure requirement break to 180 days. OPM staff has investigated and vetted with other federal agencies the proposal to amend the regulations on creditable service for career tenure by removing the requirement for creditable service to be substantially continuous.

(2) OPM is also proposing to revise the regulation regarding Career Tenure in relation to military spouses. Tenure is important for the purposes of reinstatement eligibility and retention standing in a reduction in force (RIF). Currently, a federally employed spouse may have

to resign his/her appointment to accompany a military "sponsor" (in this context, meaning a spouse who is serving in the military) when the sponsor must relocate under permanent change of station (PCS) orders. Many spouses are unable to obtain another federal job within the 30-day break period. The 30-day break requirement leaves these spouses at a disadvantage in attaining career tenure. When reemployed, they have to re-start the three-year period, basically resulting in a perpetual career-conditional tenure status due to the constant PCS movement of their spouses.

(3) During a recent DoD Human Resources Training event, OPM stated that the appropriate public notice will be posted in the Federal Register by 1st QTR FY17, followed by changes to the Code of Federal Regulations (CFR).

(4) As an interim measure, DCS G-1 Civilian Personnel (CP) issued a reminder that "Family members with status will be granted a minimum 90 calendar days leave without pay (LWOP) when they relocate with the sponsor to a new assignment location. Extensions of this initial grant of 90 days are encouraged for employees who have been unable to find employment." Army Regulation 690-990-2, Hours of Duty, Pay, and Leave, Annotated, Book 630, Subchapter S12, states that normally, an initial grant of LWOP will not exceed one year, and if an extension (rare cases) would cause an absence beyond two years, the employee should be separated and reemployed at the time they become available for duty.

(5) Employee impacts when on extended periods of LWOP:

(a) Employee remains on losing command's rolls using an unencumbered full-time equivalent (FTE).

(b) Probationary Period: Only the first 22 workdays in a nonpay status are creditable.

(c) Within Grade Increases: For steps two, three, and four, an aggregate of no more than work two weeks in a nonpay status per waiting period is creditable. For steps five, six, and seven, an aggregate of no more than four workweeks per waiting period is creditable. For steps eight, nine, and ten, an aggregate of no more than work six weeks in a nonpay status per waiting period is creditable.

(d) Service Computation Date: Only an aggregate of six months of nonpay status in a calendar year is creditable; therefore, this can directly impact RIF standing and creditable service for severance pay.

(6) Estimated time to complete is 6 months. Army G-1 Civilian Personnel worked with Defense Civilian Personnel Advisory Service and OPM to encourage finalization of Federal Register.

**g. GOSC review.**

(1) Aug 12. Issue remains active.

(2) Jun 13. VCSA directed to pursue Army authorization as a bridging mechanism until OPM guidance is revised. People moving to and from OCONUS are already authorized this benefit. The Office of the Judge Advocate General (OTJAG) pointed out that in the interim, the Army has the authority to authorize leave without pay for PCSing Family members for up to 180 days so they can maintain that career conditional status.

(3) Feb 14. The VCSA expressed his appreciation to Army Civilians for their patience and continued commitment to the Army through the recent sequestration.

(4) Feb 15. The VCSA directed G-1 to find a bridging strategy until the OPM guidance is realized. The VCSA also asked G-1 to track how many people have been granted LWOP across the Army. Lastly, the VCSA requested G-1 to investigate the worker's compensation role while on the spouse is on LWOP.

(5) Sep 15. The DASD MC&FP asked if legislation could resolve the issue. The G-1 representative stated the issue could only be resolved by OPM. G-1 reiterated that an organization can offer one hundred eighty days of leave without pay as a bridging strategy and hire behind the employee. The FORSCOM CSM concurred this is a problem that was brought up at the September 2015 Fort Benning Congressional Military Family Caucus Summit. The FORSCOM CSM offered that Soldiers are provided more than thirty days to relocate before reporting to their new duty. Soldiers receive fourteen days to clear their current duty station, travel days to the new duty station, and the option of thirty days leave in route. OPM's thirty day policy could be a contributor to the increasing number of geographical bachelor Soldiers. The DASD MC&FP offered to engage the White House on issue resolution and assist the Army with an interim solution. The VCSA directed G-1 to provide an OPM contact the VCSA could speak with to adjudicate the issue.

(6) Apr 16. The Acting Secretary of the Army stated he would contact OPM to request OPM finalize the change to policy in the Federal Register.

(7) Oct 16. OPM will publish recommendations and changes in the Federal Register for comment before final adoption. The changes will be published in the Federal Register by first quarter FY17.

**h. Lead agency.** DAPE-CPP

**i. Support agency.** ASA (M&RA)

### **Issue 689: Sexual Assault Restricted Reporting Option for Department of Army Civilians (DACs)**

**a. Status.** Active

**b. Entered.** Command Focus Group, 21 Apr 14

**c. Final action.** No (Updated: 14 Sep 16)

**d. Scope.** DACs are not included in AR 600-20 "Army Command Policy" and Department of Defense (DoD) Directive 6495.01 "Sexual Assault Prevention and Response (SAPR) Program" for restricted reporting of sexual assault. Restricted reporting allows the sexual assault victim to obtain counseling, medical care, and victim advocacy without launching a formal investigation. Authorizing restricted reporting of sexual assault empowers DAC victims to decide how they want to report their case, utilize advocacy services, and receive treatment.

**e. Recommendation.** Authorize restricted reporting of sexual assault for DACs.

**f. Progress.**

(1) The issue of extending restricted reporting to Army civilians was initially addressed as a request for exception to policy from US Army Europe (USAREUR) dated September 2009. DoD and Army approved a one year

pilot test allowing civilians to file restricted reports of sexual assault. During the pilot, the DoD Office of General Counsel (OGC) opined that restricted reporting for Federal civilians is contradictory to Title VIII of the Civil Rights Act, Federal employee's equal opportunity laws, and mandates to maintain a safe work place.

(2) DoD Instruction 6495.02, *Sexual Assault Prevention and Response (SAPR) Program Procedures* was published in March 2013, stating that civilian employees are not eligible for restricted reports. The Army may not promulgate policy inconsistent with a DoD regulation without first garnering DoD approval.

(3) The VCSA instructed the issue of civilian restricted reporting be pursued as a legislative revision during the Feb 15 AFAP General Officer Steering Committee (GOSC). Since the AFAP GOSC, the Sexual Harassment/Assault Response Program (SHARP) office has held many meetings with other offices germane to the subject – i.e., Assistant Secretary of the Army (Manpower & Reserve Affairs).

(4) The issue at hand is DoD Civilians and their 18 years and older dependents who are victims of sexual assault (SA). OCONUS locations do not typically provide DoD civilians with culturally equivalent medical care, forensic technology, techniques, and laws. Additionally, attitudes toward rape and response can be unsympathetic. DoD Civilians and their 18 and older dependents who are supporting the Army in remote and isolated locations may have to travel hundreds of miles for sexual assault medical care and crisis response. Further, if DoD Civilians feel empowered to report sexual assault, whether restricted or unrestricted, commands could address potential safety issues that might have contributed to the situation.

(5) The HQDA legislative submission seeks to authorize DoD Civilians and their adult dependents access to SHARP Services. Enactment of this proposal will accomplish:

(a) Restricted Reporting (RR);

(b) Unrestricted Reporting (UR);

(c) Sexual Assault Response Coordinator (SARC);

(d) SHARP Victim Advocate (VA);

(e) The National Defense Authorization Act (NDAA) FY16 authorized DoD Civilians access to Special Victims' Counsel (SVC) which provides legal advocacy limited to incidents involving Uniformed Service Member. DoD tasked the Services with developing implementing guidance that has not been released.

(6) In coordination with OTJAG and OGC, the Army prepared a legislative submission in 2015 that would not contradict compliance with Title VII of the Civil Rights Act and Equal Employment Opportunity laws. The Army must continue to exercise reasonable care to correct and prevent sexual harassment and sexual assault. The cost benefit analysis (CBA) and unified legislation and budgeting (ULB) proposal was submitted to Office of the Chief Legislative Liaison (OCLL) in Aug 15. The ASA(M&RA) approved the submission in Sep 15 and the proposal was forwarded by OCLL to OSD.

(7) The Army was advised in early Feb 16 that OSD Personnel and Readiness (P&R) disapproved the Army's legislative proposal request. The OSD (P&R) revised their

disapproval to a “defer” in order to allow the Army to revise and resubmit their proposal for FY19. The ULB was revised and re-submitted to OCLL in May 16. The Army requested meetings with DoD SAPR and the other Services to ensure ULB support.

(8) The Army Exception to Policy (ETP) request was approved by DoD SAPR in Feb 16 allowing the Army to authorize DACs with access to restricted reporting, SARCs, and VAs for a one year pilot. A SA Directive and G-1 instructional guidance is being staffed for release in 1st QTR FY17. The documents will formally implement DAC restricted reporting policy and procedures and include an anonymous customer survey tool. The USAF agreed to take the lead for the FY19 ULB submission rather than the Army submit a redundant proposal.

(9) The DoD civilian workforce is integral to the success of the Uniformed Services. It has been long recognized that caring for dependents is as vital as caring for the workforce. Currently, the Equal Employment Opportunity Commission’s implementation of Title VII through its regulations at section 29 of the Code of Federal Regulations Part 1614 and its guidance, requires a civilian employee’s management to promptly investigate and correct sexual harassment (sexual assault being an extreme form). The addition of a new §1565b (b)(3) will protect a DoD civilian employee’s request for restricted reporting by ensuring that it will not be construed as imputing actual or constructive knowledge or notice to the DoD for purposes of triggering a requirement to promptly investigate and correct the sexual harassment/assault. Authorizing the SHARP resources, specifically restricted reporting, would not preclude leadership from initiating an investigation should they become aware of a workplace related sexual assault.

**g. GOSC Review.**

(1) Feb 15. The VCSA directed G-1 to draft a legislative proposal, as he sees a double standard for Soldiers and DACs.

(2) Sep 15. The VCSA directed G-1 to contact the Air Force so the Army can duplicate their civilian exception to policy.

(3) Apr 16. The Army submitted a legislative proposal not supported by the Navy and the Air Force. The sister services are concerned about liability. The VCSA questioned the difference between Soldier and DACs restricted reports. The Acting Secretary of the Army stated the Feres Doctrine bars claims against the federal government by members of the Armed Forces and their Families for injuries to a member arising from or in the course of activity incident to military service. Actions by DACs are not protected by the Feres Doctrine. The OTJAG stated DACs electing a restricted report, under the pilot, will complete a waiver form. The DAC restricted report concern is that Army supervisors will not be able to take Title 7 mandated corrective action because the Army will not be aware if there is a hostile work environment. The Inspector General questioned whether the Army is liable if the offender assaults someone else. OTJAG stated that the liability would be no different than the current situation when a Soldier makes a restricted report. The VCSA directed G-1 to obtain an OSD deferred versus denied status on the legislative proposal.

Additionally, the VCSA directed the Provost Marshal General to discuss the issue with his service counterparts to determine if they would support a future legislative proposal.

(4) Oct 16. The VCSA directed the issue remain active.

**h. Lead agency.** DAPE-SH

**i. Support Agency.** ASA(M&RA), OTJAG, OCLL

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

**a. Status.** Active

**b. Entered.** Ready and Resilient Campaign GOSC, 19 May 15

**c. Final action.** No (Updated: 14 Sep 16)

**d. Scope:** The Army does not synchronize Army provided and local community support for RC, GD, and transitioning Soldiers and Families. Many Army efforts, such as Army OneSource, Soldier For Life, Army Wounded Warrior Community Support Network, Community Covenant, and Joining Community Forces inspire local community action but often communities struggle to connect with RC, GD, or transitioning Soldiers and Families in need. Constrained resources highlight the need to synchronize existing Army and local community support to provide a warm hand off to ensure RC, GD, and transitioning Soldiers and Families are connected to trusted, available local support.

**e. AFAP Recommendation:** Establish a process to connect RC, GD, and transitioning Soldiers and Families to local community support.

**f. Progress.**

(1) Reconvened working group and agreed existing policy is adequate to implement.

(2) Identified applicable information and referral capabilities as FACs and Fort Family Outreach and Support Center online/phone number.

(3) The ARNG and USAR have shared information and referral resources for a decade. Additionally, the identified resources have been supporting all geographically dispersed military Families.

(4) Collaborating with OEDFR, Under Secretary of Defense (Personnel & Readiness) and the NGB on BHMC/JCF three year pilot in seven states. The BHMC/JCF seeks leverage existing resources from across the Services to improve awareness and access to critical resources.

(5) 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.

(6) The BHMC/JCF will host a state coordinator pilot training 1-4 Nov 16 at NGB Headquarters in Arlington, VA. The training focuses on an understanding of the BHMC/JCF pilot, organizational roles, state coordinator expectations, and rapid needs assessment for pilot states.

(7) The BHMC/JCF pilot opens Army Family Assistance centers to all service members and Families in the pilot states to better connect them to trusted community resources. It will also leverages a variety of

communication channels to inform Reserve Component and Geographically Dispersed Services Members in those states to available government and community resources.

(8) ACSIM hosted OSD OEDFR and NGB representatives on 7 Jun 16 to brief Army Commands on the initiative. Representatives from Installation Management Command, Training and Doctrine Command, U.S. Army Recruiting Command, U.S. Army Cadet Command, USAR and ARNG attended. Subsequent Command updates will be coordinated as the pilot launches. Army Commands agreed to push out BHMC/JCF strategic messages to Soldiers and Families as appropriate.

**g. GOSC Review.**

(1) Sep 15. The VCSA directed a common operating system where a Soldier can look at a map and know what resources are available.

(2) Apr 16. TRADOC and USAR requested to be included in working group discussions.

(3) Oct 16. 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.

**h. Lead agency.** DAIM-ISS

**i. Support Agency.** ARNG, USAR and IMCOM

**Issue 691:** Reserve Component (RC) Soldiers and Families Access to Army Community Services (ACS) Service

**a. Status.** Active

**b. Entered.** Ready and Resilient Campaign GOSC, 19 May 15

**c. Final action.** No (Updated: 14 Sep 16)

**d. Scope:** RC Soldiers and Families cannot access ACS services if they are past the one year post mobilization window. Army Regulation (AR) 608-1 (Army Community Service) states members of the Army National Guard (ARNG), US Army Reserve (USAR) and their Families are eligible for ACS programs and services while on active duty and during post deployment, not to exceed one year after deployment. Key ACS services enhance and support RC Soldier and Family readiness. By not authorizing RC Soldiers and Families access to ACS services beyond the one year post mobilization window, the Army does not validate that readiness support is unending.

**e. AFAP Recommendation:** Eliminate the one year post mobilization restriction for RC Soldiers and Families to access ACS services.

**f. Progress.**

(1) The issue evolved from the 2008 Manpower & Reserve Affairs Geographically Dispersed Task Force and the Aug 13 CSA request for active component services to be fully supportive of the RC. The CSA request became the work of an R2C subgroup until the Vice Chief of Staff of the Army approved the issue as a part of the AFAP process in May 15.

(2) Sep 14 OTJAG opined that there is no legal objection to the proposed policy change, to be accomplished through a change to AR 608-1.

(3) Initial analysis showed that there are approximately 68,000 RC Soldiers and Family members residing within a 40 mile radius of Army installations.

(4) The FY15 ACS annual report revealed that less than 1% of Family members' accessed ACS centers for services. No data was available to determine what ACS services were provided.

(5) OACSIM, continues coordination with IMCOM to determine if ACS requires additional ACS funding and staffing.

(6) 11 Feb 16, OACSIM met with the ARNG and USAR to discuss potential users of ACS by RC members located within 40 miles of Army installations, fiscal constraints, partnership opportunities, and types of services that may be utilized.

(7) With potential closures of ACS facilities with populations under 500 Soldiers, reduced ACS staffing, a site by site analysis needs to be conducted to determine feasibility of extending ACS services to RC members for an undermined time period between deployments. A working group will meet bi-weekly to conduct further analysis to determine a way ahead and whether this recommendation can be adopted within fiscal constraints.

(8) OACSIM awaiting final SA directive Army-wide staffing concurrences and comments in order to send for legal review.

**g. GOSC Review.**

(1) Sep 15. The ACSIM stressed the importance of capturing workload and requirements to prevent compromising resources. The DASD MC&FP stressed ARNG and USAR Soldiers and Families are eligible for Military One Source (MOS) regardless of activation status. MOS provides resources and twelve no cost non-medical counseling visits per person per issue. DoD OGC gave OSD permission to engage in paid digital strategies since 85% of the DoD community is online. The G-6 representative expressed concern for how Army recruiters and their Families receive services. The Installation Services Director said the concern is addressed in Issue 690 which targets the GD. The VCSA directed ACSIM to examine systems being employed to capture how ACS resources are used and how the Army will program for the resources in the future. If the Army offers the resource to the RC, the Army must fund it.

(2) Apr 16. OACSIM will submit a SA Directive to eliminate the one-year post-mobilization restriction for RC Soldier and Family access to ACS services and authorize service on a space available basis.

(3) Oct 16. The SA will sign a 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.

**h. Lead agency.** DAIM-ISS

**i. Support Agency.** IMCOM, ARNG and USAR