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# ***AFAP ISSUE UPDATE BOOK***

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**Active Issues**

**September 2014**

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

<b>#</b>	<b>Issue Title</b>	<b>Status</b>	<b>Subject area</b>	<b>Entered</b>
688	Resilience Training for Army Children	Active	Child & Youth	Apr-14
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
596	Convicted Sex Offender Registry OCONUS	Active	Family Support	Nov-06
625	Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family	Active	Family Support	Dec-07
650	Exceptional Family Member Program Enrollment Eligibility for RC Soldiers	Active	Family Support	Jan-10
665	Formal Standardized Training for Designated Caregivers of Wounded Warriors	Active	Family Support	Feb-11
684	Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)	Active	Family Support	Feb-12
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
669	Return to Active Duty Reserve Component Medical Care (RCMC) Time Restrictions for Reserve Component (RC) Soldiers	Active	Soldier Support	Feb-11
681	Recoupment Warning on Department of the Army (DA) Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"	Active	Soldier Support	Feb-12
687	Active Duty Enlisted Soldier Compassionate Reassignment Stabilization	Active	Soldier Support	Apr-14

## **Issue 596: Convicted Sex Offender Registry**

**a. Status.** Active

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

**c. Final action.** No (Updated 27 May 14)

**d. Scope.** The OCONUS population is not afforded the same information about convicted sex offenders as personnel stationed in CONUS. No OCONUS registry of convicted sex offenders with a Department of Defense Identification/Installation Access Card exists, thereby denying overseas community members the ability to identify a potential risk of harm to the community. Overseas personnel are more vulnerable to potential assaults by convicted sex offenders.

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

(1) Establish a searchable convicted sex offender registry comparable to CONUS registries and make it available to the military community.

(2) Require all convicted sex offenders who reside OCONUS and are authorized a Department of Defense Identification/Installation Access Card to register with the installation Provost Marshal Office and be entered into a registry system

### **f. Progress.**

(1) Secretary of the Army (SecArmy) Directive 2013-21, Initiating Separation Proceedings and Prohibiting Overseas Assignments for Soldiers Convicted of Sex Offenses, was signed on 7 Nov 13. The Directive requires commanders to initiate administrative separation of any Soldier convicted of a sex offense. If the separation authority ultimately approves retention, he or she will initiate an action for the exercise of Secretarial plenary separation authority. If a Soldier has already been the subject of an administrative separation action for that conviction and has been retained as a result of that proceeding, the separation authority will initiate a separation action under Secretarial plenary authority. In addition, the directive requires commanders to ensure that Soldiers convicted of a sex offense are not assigned or deployed on a temporary duty assignment, temporary change of station, or permanent change of station status to non-permitted duty stations OCONUS. The only permitted OCONUS locations are Hawaii, Alaska, the Commonwealth of Puerto Rico, or Territories or possessions of the United States. Soldiers currently serving in any non-permitted OCONUS location are ineligible for continued duty at those locations.

Accordingly, overseas commanders are required to identify such Soldiers in their commands and coordinate for reassignment to CONUS or permitted OCONUS locations.

(2) SecArmy Directive 2013-06, Providing Specified Law Enforcement Information to Commanders of Newly Assigned Soldiers, authorizes brigade level commanders to receive newly assigned Soldier's criminal history reports. The Army Law Enforcement Report will contain a sex offense reported to Army law enforcement.

(3) Human Resources Command (HRC) is tracking Soldier registered sex offenders by coding them with an eligibility limiting assignment code (L8), which limits their assignment eligibility. Quarterly updates of these Soldiers

with a qualifying sexual assault conviction are provided to HRC by the Office of the Deputy Chief of Staff, G-1 (HRPD), Office of The Judge Advocate General (OTJAG), and the Office of the Provost Marshal General (OPMG). Soldiers who are convicted sex offenders are notified of the requirement to in-process with the PMO. Additionally, installation PMOs are required to communicate convicted sex offender information between gaining and losing PMOs.

(4) Army Regulation (AR) 614-200, Enlisted Assignments and Utilization Management, and AR 270-10, Military Justice, require Soldiers who are convicted sex offenders to register with the installation PMO. Further, AR 270-10 requires Soldiers convicted of a sex offense in a trial by Special or General Court-Martial (that requires sex offender registration and not confinement) be notified of the sex offender registration requirement by using Department of the Army (DA) Form 7439, Acknowledgement of Sex Offender Registration Requirements. A copy of that form is required to be sent to the OTJAG who will notify HRC (using the DA 7439 and other relevant materials) of Soldiers convicted of these non-confining sex offenses.

(5) In accordance with AR 420-1, Army Facilities Management, Soldiers, Family members, DoD civilians, or other civilians, who are required to register as a sex offender, who intend on occupancy of/or overnight visitation to a Family housing dwelling unit, are required to provide proof of registration at the PMO prior to occupancy or visitation. Failure to do so will result in the host sponsor being evicted from housing.

(6) Publication of the next version of AR 190-45 will require all qualified convicted sex offenders (Family members, civilians, and contractors) who reside or are employed on Army installations to register at the installation PMO.

(7) Research adding a statement to civilian job announcements notifying applicants of the requirement to register as a sex offender, if offered employment on a military installation.

(8) Research implementation of a hyperlink between relevant Army websites to the National Sex Offender Public Website ([www.nsopw.gov](http://www.nsopw.gov)). The website is a public website that presents the most up-to-date information as provided by each jurisdiction through the U.S. Department of Justice.

(9) Defense Installation Access Control checks anticipated to begin in FY15 should complement the requirement for installation PMO/Directorate of Emergency Services (DES) to run a check against the National Crime Information Center (NCIC) sex offender registry for all personnel DEERS or CAC holders.

(10) Draft DoD Instruction (DoDI) 1315.18, Procedures for Military Personnel Assignments, is in final staffing. The DoDI will prohibit command sponsorship for service member dependents who are registered sex offenders. Command sponsorship is to be revoked for a dependent who becomes a registered sex offender while accompanying his or her sponsor during an overseas assignment and the dependent will be processed for early return of dependents.

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

(1) May 07. The issue was declared active.

(2) Jan 10. Issue remains active and is refocused to address sex offender registry across the Army, not just OCONUS.

(3) Aug 11. DAPE-HR will change AR 190-45 to direct installation provost marshals to screen in/out processing personnel against the National Sex Offender Registry and provide results to Garrison Commanders. Projected publish date of AR 190-45 is Oct 11.

(4) Feb 12. GOSC discussion focused on the absence of an OCONUS sex offender registry, mandatory registration of contractors, applicability on joint bases, and military Family access to a PMO/garrison sex offender database. Both the VCSA and SMA addressed the inability to search a garrison registry. The DASD(MC&FP) validated that this is a service-wide problem. The VCSA directed G-1 to look at this across the board. Find out what the other services are doing; see if we can achieve the standards we want to achieve. G-1 will revise AR 190-45; revisit searchable registry and work with OSD and other services on common objectives and means to reach the objectives.

(5) Aug 12. VCSA directed G-1 to work on the specific issue of requirement to notify the community. The SMA's spouse questioned if on post residents are alerted if a pedophile moves into their neighborhood. The G-1 action officer commented that they protect the privacy rights of the sex offender until OGC authorizes release of that information on websites or a broader based alert system in the community. The ACSIM countered that it is a personal choice to live on an installation so if someone does not want that information released, they should live off post.

(6) Jun 13. VCSA directed G-1 to develop milestones for way ahead.

(7) Feb 14. The VCSA directed G-1 to continue working the dependent and Army Civilian side of the issue with the Office of the Secretary of Defense (OSD) and the Joint Staff. Provost Marshal General (PMG) stated brigade commanders have access not only to the sexual offender type information but also everything in the Army general crime database. This information provides the commander with a complete background on the Soldier. The criminal history sharing will evolve into the commander's risk reduction dashboard. The PMG illustrated that at Fort Bragg hundreds of felons are being prevented access due to the deployment of Army Installation Entry which, unlike proprietary systems such as Mobilisa and Rapid Gate, vets against authoritative databases. Installations are steadily becoming more secure. The Sergeant Major of the Army (SMA) expressed concern that sex offender dependents are not self-registering with the proper authorities. As a result, the Army has no mechanism to track a dependent sex offender. The Assistant Chief of Staff for Installation Management (ACSIM) recommended pulling in language from draft AR 190-45 (Law Enforcement Reporting) into AR 420-1 to assist in identifying sex offender dependents. The ACSIM further requested the Army clearly articulate the criterion which states a person is not permitted to operate or live on the installation. The G-1 representative confirmed there is no DoD policy that clarifies either

criterion.

**h. Lead agency.** DAPE-ARD

**i. Support agency.** OSD(P&R), SAMR-HR, DAPM-OPS, DAJA-AL, IMWR-FP, AHRC, DAPE-MPO-D, DAPE-MPE, WSO-JTFSAPR, CCE, DAPE-CP, DAPE-MPE-PD, Departments of Justice and State, INTERPOL, U.S. Marshals Service

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

**a. Status.** Active

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

**c. Final action.** No (Updated: 20 May 14)

**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, the IMCOM Command Sergeant Major (CSM) convened a working group to identify ways to improve TASP. Participants included CSMs from Family and Morale, Welfare and Recreation Command (FMWRC) and Korea; Sergeant Major, DA G1; Chief, IMHR-M; Chief, OASCIM-ISS; the OACSIM/IMCOM Surgeon, and action officers from OACSIM-ISS, and IMCOM. 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 CSM met with 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 Nov 10, Services and Infrastructure Core Enterprise (SICE) began chairing the TASP working group meetings and expanded membership to include stakeholders across the Active and Reserve Components. In Dec 10, the working group finalized the TASP EXORD draft. The ACSIM approved the draft for official staffing across the Army Staff (ARSTAF).

(4) In Feb and Mar 11, OACSIM-ISS requested both the IMCOM-IG and HRC to verify if Sponsorship is included in Pre-Command Inspection Program (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-ISS requested SICE's assistance to help address TASP compliance and enforcement issues across the Army.

(5) In Nov 11, the HQDA EXORD 018-12 and DA Form 5434 (Revised) were published, which includes guidance to ensure standardization and sustainability of program operations through integration functions between losing and gaining commands, inspections through CIP, and a requirement for commands to provide input into an annual assessment to be forwarded to the ACSIM.

(6) In Nov 11, OACSIM-ISS, IMHR-M, IMCOM G-9, and OACSIM/IMCOM StratComm initiated a working group to establish a strategic plan to promote new TASP guidance.

(7) In Dec 11, OACSIM-ISS and IMCOM G-9 provided copies of newly published HQDA EXORD 018-12 ISO and DA Form 5434 to the OSD Relocation point of contact to post on the MilitaryHomefront website.

(8) In Dec 11, OACSIM-ISS and IMHR-M agreed to transfer lead agency for AFAP Issue #609 TASP to IMHR-M to move forward with IMCOM CG, 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. In addition, IMHR-M will continue development of reports and overall tracking capabilities to assist commanders with the execution of their sponsorship program.

(9) In Jul 12, a HRC inspection team was provided the necessary information to perform assessments on unit participation and Command involvement in support of TASP. FRAGO 2 to IMCOM OPORD 12-065 was issued to ensure welcoming Soldiers and their Families to a new installation is an integral part of Installation in-processing and requires completion of the TASP out-processing Survey and Electronic Sponsorship Application Training prior to issuance of installation clearance papers. Draft revisions to TASP regulation 600-8-8 provides specific responsibilities to each echelon regarding TASP as well as directs the completion of Electronic Sponsorship Application Training and electronic TASP Out-processing Survey prior to being issued installation clearance papers and retains the long established CIP requirement for TASP. Draft FRAGO recommendations to HQDA EXORD ISO Total Army Sponsorship revises metric data collection of TASP compliance data. Exploring the use of the USAREUR Personnel Database (UPDB) or Deployment and Mobilization Planning System (DAMPS) to automate TASP for use Army wide – automation is required to ensure program success.

(10) In Aug 12, the TRADOC Learning Integration Team was provided information to analyze the Sponsorship process flow and requirements with the planned effort to align the ACT with the mission and goals of the TASP. ACT supports the feasibility of integrating TASP that allows 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, Installation Sponsorship Coordinators, and contact of established communication between Sponsor and Soldier.

(11) In Sep 12, IMCOM CG mandated Sponsorship Training prior to PCS and during Newcomers Orientation. PCS Soldiers are required to complete the online eSAT prior to receiving installation clearance papers. Clearance papers will not be issued until certification of completion of eSAT is presented. Newcomers are given classroom instruction on Sponsorship during the Newcomer's Orientation. Sponsors are required to complete the web-enabled DoD eSAT or ACS Sponsorship Training prior to being appointed as a sponsor. In addition, Soldiers being sponsored must also complete eSAT training in order to "know what right looks like" and what they can expect from their sponsors.

(12) In Nov 12, DCS, G-1 with the support of IMCOM CG released ALARACT 318-12, Announcement of the Total Army Sponsorship Program 180-Day Test Pilot. The concept of the pilot was to link reassignment orders receipt to the identification of a sponsor for the period of 15 Nov 12 through 15 May 13. During the test period, permanent party Soldiers placed on assignment instructions to Europe – 173d Airborne Brigade and 21<sup>st</sup> Theater Sustainment Command; Korea – 2d Infantry Division and 19<sup>th</sup> Expeditionary Sustainment Command; Hawaii - 8<sup>th</sup> Theater Sustainment Command and Initial Entry Training (IET) Soldiers departing from Fort Lee, VA, on assignment instructions to Hawaii - 25<sup>th</sup> Infantry Division, will not receive PCS orders until a sponsor from the gaining unit has been identified and contacted.

(13) In Mar 13, OACSIM was provided the necessary information to perform an assessment of the most effective Sponsorship tool (in workload and cost) that support the Army IT Enterprise solution of the Sponsorship mission. The Sponsorship tools assessed were EASI-Gate, ACT, Soldier In-processing Systems (SIPs), and Korea 8A AKO Database to determine if they can support the requirements of automated DA Form 5434, provide electronic reports, improve the flow of information and communication between commands, automate the sponsorship survey and user-friendly for all users to successfully improve the program. The ACT was determined to be the Army IT Enterprise solution that supports the Sponsorship requirements. The key characteristics of ACT that can be leveraged to support implementation of the TASP goals are:

- (a) existing infrastructure and deployed system that supports Army military lifecycle through dashboards, collaborative functionality, and data interfaces
- (b) an existing notifications capabilities system that build on business rules that can key off user profile data
- (c) an existing reporting solution that can be leveraged to build Sponsorship reports. The Sponsorship Portal of ACT will allow the Sponsor to send notices to the PCSing individual through a free-form text entry box to communicate relevant information.

(14) In Apr 13, TASP Working Group (OACSIM, DCS-G1, TRADOC, IMCOM G-1, IMCOM G-9, and OACSIM

Knowledge Management) finalized the development of the Sponsorship Functional Requirements that included best practices from existing systems: EASI-Gate, ACT, SIPS, and Korea 8<sup>th</sup> Army AKO Database. The Sponsorship Functional Requirements were forwarded to CONUS and OCONUS theaters of operation for validation to determine if their unique sponsorship management requirements were captured to deploy an all-Army unified sponsorship support application.

(15) On 26 Jul 13, IMCOM CSM, G1 SGM, and IMCOM Regions CSM (Atlantic and Central) visited FORSCOM HQ at Fort Bragg, NC and participated in FORSCOM Monthly CSM Huddle to engage FORSCOM senior CSMs on the Sponsorship Program. IMCOM provided an update brief on the progress of the TASP and discussed how FORSCOM's support and commitment is needed to standardize and enforce the TASP throughout the Army. FORSCOM CSM briefed the importance of Sponsorship and the commitment of FORSCOM leadership to the Soldiers, DA Civilians, and Families. The major issue identified was connecting to AIT/IET Soldiers prior to arrival to the gaining command.

(16) On 5 Aug 13, IMCOM CSM, G1 SGM and Regions CSM (Atlantic and Central) visited TRADOC HQ at Joint Base Langley-Eustis and participated in TRADOC Monthly CSM Huddle to engage TRADOC senior CSMs on the Sponsorship Program. IMCOM provided an update brief on the progress of the TASP and discussed how TRADOC's support and commitment is needed to standardize and enforce the TASP throughout the AIT/IET installations. Combined Arms Support Command (CASCOM) briefed the AIT Sponsorship concept of operations developed at Fort Lee for Soldiers on assignment instructions to 25th Infantry Division, Hawaii and offered to assist other AIT/IET installations in developing procedures to connect AIT/IET Soldiers to their gaining command prior to departing. TRADOC CSM briefed the importance of Sponsorship and identified the challenges in implementing the Sponsorship programs. The major challenges identified were:

(a) Manpower. TRADOC is not manned to TDA. How will they get personnel to manage the program?

(b) Resources. Computers must be available for Soldiers to check their email.

(c) Soldiers do not remember their Common Access Card (CAC) pin number to digitally sign DA Form 5434.

(d) MOS courses that are five weeks in length do not allow enough time to connect a Soldier to a Sponsor prior to departure. TRADOC CSM expressed the commitment and continued support of TRADOC leadership in developing a Sponsorship concept of operations for all TRADOC AIT/IET installations that will connect a Soldier to a Sponsor prior to departure.

(17) In Sep 13, ACT Transition/Sponsorship initiative was approved by congressional for funding as a broader Department of Defense reprogramming action. On 25 Sep 13, TRADOC G8 received Research Development Test & Evaluation (RDTE) funding for ACT Transition/Sponsorship initiatives and finalized the development contract with IBM.

(18) On 1 Oct 13, IBM Functional Analyst and Developer on-boarded onto TRADOC ACT project team

and began the design and development of ACT Sponsorship Module.

(19) On 17 Oct 13, the TASP Working Group conducted the ACT TASP Kick-off Meeting via video teleconference. Key topics of discussion were Resource Management Update (Funding and Contract Actions); ACT Sponsorship timeline for implementation; and ACT Sponsorship requirements validation. An implementation timeline and critical milestones were provided by the ACT project team for design, development and testing of ACT Sponsorship Module.

(20) On 3 Dec 13, IMCOM G1 TASP Team and TRADOC/IBM ACT Team visited Fort Lee and met with Combined Arms Support Command (CASCOM) G1; USAG Fort Lee Sponsorship Liaison, Student Personnel Division (SPD), and Human Resources Director; 23d Quartermaster (QM) BDE CSM/S1; 59<sup>th</sup> Ordnance (OD) BDE S1 and subordinate S1 representatives to discuss the progress of the Installation and Brigades Sponsorship Program for AIT/IET Soldiers, implemented procedures used to meet the Sponsorship Pilot objectives and solicit input on the key Sponsorship roles and responsibilities in ACT. The discussion gave the TRADOC/IBM ACT Team a better perspective of the AIT/IET Sponsorship concept of operation and the challenges they encountered without an automated system. The challenges identified were:

(a) Limited time for in-processing to complete DA Form 5434 and forwarding it to the gaining command.

(b) Shortage of manpower within the S-1 to ensure every departing Soldier received a sponsor prior to departing. 23rd Quartermaster Brigade S1 team recommended that a Sponsorship Video be created explaining why and how the program is effective, using current or former AIT/IET Soldiers as the characters. TRADOC/IBM ACT Team gave a mock brief on ACT Sponsorship Functionality to Team Fort Lee for the purpose of soliciting their input and feedback on the development of the Sponsorship Dashboard. The issues identified to implement ACT Sponsorship were:

1. Resources. More computers will be needed based on the volume of Soldiers.

2. Additional administrative time will be needed to allow Soldiers to check their Sponsorship Dashboard. The positive feedback received was:

a. ACT Sponsorship will eliminate the current AIT Sponsorship 12-step process to get a sponsor.

b. ACT Sponsorship will eliminate the current permanent party Sponsorship nine-step process to get a sponsor.

c. Based on the ACT Sponsorship notification capability, the S1 and the Soldier does not have to wait to be notified by the SPD to initiate the sponsorship process. ACT Sponsorship will provide a notification to the Soldier and S1 within 72 hours of HRC placing Soldiers on assignment instructions.

d. Shortage of manpower to support the Sponsorship will no longer be an issue. The recommendations provided to the ACT Team were:

(1) Add the Unit Identification Code (UIC) to filter for Soldiers in their organization. This will make it easier and quicker to find their Soldiers and not go through

every Officer, Soldier, or Civilian with the same last name and rank.

(2) Develop a cartoon sketch of the ACT Sponsorship CONOP process.

(21) On 4-6 Feb 14, the Government Acceptance Testing of the ACT Sponsorship integration was conducted at Fort Lee, Europe and JBSA Sam Houston.

(22) On 18-24 Feb 14, ACT Sponsorship Training via Defense Connect Online (DCO) was conducted and led by TRADOC ACT Team and IMCOM G1 TASP Team for Sponsorship Program Managers, Installation Sponsorship Liaison and Brigade/Battalion Unit Sponsorship Coordinators. There were 22 training sessions conducted with over 2300 participants trained Army-wide.

(23) On 24 Feb 14, Sponsorship functionality requirements were finalized with Europe. A meeting via teleconference was conducted. The purpose of the meeting was to address USAREUR and IMCOM-Europe's outstanding concerns and issues regarding use of the Army Career Tracker (ACT) system as the Army's Sponsorship Enterprise System. Key topics of discussion were Europe's 23 line items that identified their Sponsorship requirements; ACT Sponsorship Functionality development and business rules; and ACT Sponsorship pilot strategy. It was determined that the ACT Sponsorship system will meet the Sponsorship requirements of Europe with the exception of Family travel decision interfaced with Europe Personnel Database (UPDB). It was agreed that Europe will provide the specific Family travel requirements for ACT to support UPDB. Meantime, the Reassignment Work Center will manually update the Family travel status in ACT. Also, Europe requested that Brigade and Battalion Unit Sponsorship Coordinators receive a notification when there is a Sponsor change as an additional business rule in the ACT Sponsorship system. TRADOC/IBM Team agreed to implement the additional requirement. USAREUR designated 12th Cavalry Aviation Brigade to pilot the ACT Sponsorship procedures. USAREUR and IMCOM-Europe were satisfied with responses to their request for information and understand that the ACT system will be the Army's Sponsorship Enterprise System.

(24) On 3-6 Mar 14, ACT Sponsorship Training via Defense Connect Online (DCO) was conducted and led by TRADOC ACT Team and IMCOM G1 TASP Team for IMCOM Region Command Sergeants Major and designated pilot sites.

(25) On 17 Mar 14, initiated the ACT Sponsorship 90 Day Pilot to refine Army's Sponsorship procedures and requirements to enhance its ability to Sponsor, receive and integrate newly arrived Soldiers and their Families into the commands using an automated system. During the test period of 17 Mar -13 June 14, Permanent party Soldiers placed on assignment instructions to the designated pilot sites in Europe, Korea, Fort Hood, Fort Stewart and Joint Base Lewis-McChord and Initial Military Training Graduates on assignment instructions to Hawaii, Fort Hood, Fort Stewart and Joint Base Lewis-McChord will not receive permanent change of station orders until the gaining unit makes initial contact, appoints a sponsor and confirms the sponsor's identification within the ACT

Sponsorship Module. There is an exception to policy to receive orders without identifying a sponsor approved by the first general officer/SES in the Soldier's chain of command. The name, rank and position of the authority granting exception will be documented on the reassignment orders by their servicing Military/Student Personnel Division.

(26) ACSIM Soldier and Family Programs, ACSIM Knowledge Management, DCS-G1, IMCOM G1, IMCOM-SICE Infrastructure/ Logistics Team, USAR, NGB, FORSCOM and TRADOC continue to meet weekly with focus on the TASP pilot program, Army-wide deployment of a sponsorship automated system, revision of AR 600-8-8, and draft of DA Pam 600-8-8 that will include ACT Sponsorship functions.

(27) IMCOM G1 continues to monitor and conduct monthly review of the Sponsorship Program implementation.

(28) IMCOM is tracking command and installation compliance/support for TASP via an online TASP Survey. The Surveys automate the process of capturing metrics/data. TASP Out-processing Surveys and eSAT are required to be completed prior to Soldiers and Civilians being issued installation clearance papers. The Surveys capture specific unit information which can be rolled up from Company level to ACOM level. IMCOM G-1 captures the data/metrics and reports and provides roll-up to ACOM, ASCC, and DRUs.

#### **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 VIM 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.

**h. Lead agency.** IMHR-M

**i. Support agency.** DAIM-ISS

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

**a. Status.** Active

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

**c. Final action.** No (Updated: 23 May 14)

**d. Scope.** Multiple barriers exist in providing timely, convenient and appropriate Behavioral Health Care Services for children of Active Duty Soldiers, Wounded Warriors and Veterans. There is a critical shortage of Behavioral Health Care Child and Adolescent Providers to meet the current demand. Many Behavioral Health 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 Behavioral Health 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 Behavioral Health 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) Numerous programs (Embedded Behavioral Health, Integrated Disabilities Evaluation System, PCMH, and Child and Family programs, etc.) are facing a large unmet need for BH resources, due in part to a critical shortage of BH providers. In many cases, these MEDCOM programs are competing for the same resources (BH providers) requiring prioritization of programs, phased implementation, and increased funding. For Child Behavioral Health however, the large majority of BH providers are civilian employees and many are specialists in Child or Adolescent Behavioral Health, thereby mitigating some of the competition. Efforts in addressing BH provider shortages must include ongoing collaboration/coordination efforts of all BH programs, conversion of term to permanent status and supporting optimal performance of BH providers through the use of care extenders, administrative staff support, technology, competitive salaries and incentives.

(2) Schofield (through Tripler Army Medical Center) SBH is currently funded to pilot one off-post school with a high number of Military Children. A Memorandum of Agreement (MOA) has been established to support this initiative with The Queen's Medical Center and the local School District. The pilot, still in its initial phase, is highly regarded by the community.

(3) Recently published U.S. Army MEDCOM OPORD 14-44 directs implementation of the Child and Family Behavioral Health System (CAFBHS). As directed by OPORD 14-44, SBH programs will transition into CAFBHS and expand throughout the Army. The Army SBH Programs are successfully operating in 46 schools at eight Army installations, (Tripler Army Medical Center, Joint Base Lewis-McChord (JBLM), Bavaria, Landstuhl, and Forts Campbell, Carson, Bliss and Meade). All of the Local School Districts enter into a Memorandum of Agreement (MOA) with the MTFs to support SBH programs in schools located on installations.

(4) The CAFBHS model consists of 3 interrelated components that work in tandem to deliver BH care to Army Children and Families:



(a) MTF Department of Behavioral Health CAFBHS which provides BH consultation to the PCMH, as well as time-limited, evidence-based BH treatment in collaboration with the Primary Care Manager (PCM); SBH in locations with on-post schools; and Community Outreach at large installations to collaborate with on-post and community services.

(b) Tele-Behavioral Health (TBH) resources to provide regional tele-consultation support for PCMs and BH providers, as well as TBH direct care for sites with limited local BH resources.

(c) Standardized education, training and coaching of PCMs and BH providers in evidence-based informed practices to effectively deliver high quality BH care. The CAFBHS model recognizes the emotional functioning of patients as an integral part of their overall health and well-being. As such, BH care is provided across a continuum, to include prevention, early identification, early intervention, and treatment, as a routine part of the patient's medical care. CAFBHS is one of 11 BH clinical programs currently being standardized across the MEDCOM and is a recognized effort under the Ready and Resilient Campaign (R2C).

(5) Medical literature supports maximizing the role of the PCM in addressing common BH disorders (Collins et al, 2010), and demonstrates that Children and Families often prefer to be treated for BH needs within primary care settings (Kolko, 2014). This 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, American Psychological Association (i.e., Joshi, 2014).

(6) The Child, Adolescent and Family BH Office is part of the working group to assist in the preparation of 2013 National Defense Authorization Act, Section 735, the Study on Health Care and Related Support for Children of Members of the Armed Forces.

(7) Training for PCMs has been conducted for Pediatrics and Family Practice providers at Joint Base Lewis McChord (JBLM), Puyallup PCMH, Tripler Army Medical Center, Schofield Barracks, Fort Bliss, and Fort Campbell. The Resource for Advancing Children's Health (REACH) Institute in collaboration with Mayo Clinic conducted training at Fort Drum in April 2013. A train-the-trainer program for PCMs is being initiated at all the Regional Medical Commands (RMC) after the publication of the CAFBHS OPOD.

(8) Pilot training for Behavioral Health care providers in evidence based psychosocial practices has occurred for SBH providers at JBLM and Fort Carson, and the comprehensive training program has been conducted at Fort Campbell and Fort Meade. A train-the-trainer course was conducted at JBLM during August 2012 for 10 identified "superusers" from 7 Child and Family BH System of Care Programs (SBH and CAFAC) throughout the Army. This train-the-trainer program will be expanded to all RMCs subsequent to publication of the above OPOD.

(9) 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, have been successfully implemented at JBLM through the establishment of a Process Action Team (PAT). The PAT, which meets on a quarterly basis, is comprised of leaders from Army Community Service, CYSS, School Liaison Officer, Chaplain, CAFAC, SBH, Community Health Promotion Council (CHPC), Garrison's Directorate of Human Resources, MFLC, Military OneSource, Family Advocacy Program, Family Readiness, and other Army and civilian community resources. A charter has been re-written to incorporate the PAT into the Social & Family Resiliency Line of Operation (i.e., LOO 5) of JBLM's Community Health Promotion Council (CHPC). Guiding this effort, is research supporting the principle that "building sustained relationships and partnerships with agencies and organizations will serve to enhance the capacity and capability of the system of BH care for Army Children and Families.

**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 behavioral health 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 Secretary of the Army (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 Ready and Resilient Campaign (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 Office of the Surgeon General (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 Joint Base Lewis-McChord'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.

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

### **Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies of Abused Family Members**

**a. Status.** Active

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

**c. Final action.** No (Updated: 23 May 14)

**d. Scope.** Transitional Compensation (TC) does not account for pre-existing pregnancies when determining TC benefits. The benefit is intended to reduce victim disincentives to reporting abuse by providing transitional compensation to abused Family Members of military personnel who were separated and discharged due to the abuse. Extending TC benefits to unborn children upon birth will increase financial support for abused Families and may encourage reporting of abuse.

**e. AFAP Recommendation.** Extend TC benefits to the unborn children of pre-existing pregnancies upon birth.

### **f. Progress.**

(1) In Jan 08, IMCOM G-9 Family Programs (FP) consulted with ASM Research, the contractor that developed the TC database, to determine whether the database tracks pre-existing pregnancies to establish a baseline or scope of the problem. The system does not track this information.

(2) In Feb 08, IMCOM G-9 FP consulted with IMCOM CJA. IMCOM CJA did not recommend supporting the recommendation because it would require a change in the definition of "dependent," which does not include unborn children.

(3) In Feb 08, IMCOM G-9 FP consulted with the Department of Health and Human Services Children's Bureau, who indicated that services are not made available to unborn children.

(4) In Feb 08, IMCOM G-9 FP consulted with OUSD(P&R) regarding unborn children and the definition of "dependent." Changing the definition would require legislation and OUSD(P&R) approval.

(5) In Mar 08, IMCOM G-9 FP consulted with the Air Force, Navy, and Marine Corps regarding the extension of TC benefits to unborn children. Navy and Marine Corps do not recognize unborn children as dependents; Air Force did not respond.

(6) In Oct 08, IMCOM CJA stated that a legal definition of "dependent" does not exist that is applicable for all situations. The term "dependent" is outlined in the TC statute.

(7) In Sep 08, at the AFAP In Progress Review it was determined that this issue should be closed as unattainable. However, subsequent to this decision, the Veterans' Benefits Improvement Act of 2008 was passed in Oct 08. This act extends coverage to an insured member's stillborn child under the Servicemembers' Group Life Insurance (SGLI).

(8) In Sep 09, a VA official informed IMCOM G-9 FP that, although the Veteran's Benefit Improvement Act was signed into law, the regulation that provides for the definition of stillborn had not been finalized.

(9) In Sep 09, IMCOM G-9 FP consulted with IMCOM CJA regarding the feasibility of VA definition/legislation being applied for TC. IMCOM CJA opined that the VA's decision to include stillborn as an insurable dependent under Family Servicemembers' Group Life Insurance (FSGLI) alone does not set a precedent for TC. However, IMCOM CJA indicated that the military justice system has the ability to charge a Soldier for two separate offenses if a Soldier causes injury to a child in utero – one for injury to the mother and one for injury to the unborn child. As a result, IMCOM CJA considered that this recent trend within military justice and the passage of Uniform Code of Military Justice (UCMJ) articles to cover unborn children in certain circumstances, combined with the VA's recent decision, may be justification to support the request of legislative action to change the TC definition of "dependent."

(10) In Nov 09, regulations implementing section 402 of the Veteran's Improvement Act of 2008 were published in the Federal Register and immediately went into effect. The regulation defines the term "member's stillborn child" and applies to deaths occurring on or after 10 Oct 08, the

date of enactment of the Veteran's Benefits Improvement Act.

(11) In Mar 10, OACSIM-ISS consulted with IMCOM CJA to reconfirm support to request a legislative change to the definition of "dependent" in the TC statute. IMCOM CJA supports this change as it is consistent with the intent of the TC Statute.

(12) In Jul 10, OACSIM-ISS submitted a legislative proposal under the FY13A ULB cycle. In Sep 10, Office of the Secretary of Defense (OSD) sponsored the proposal.

(13) In Mar 11, the Principal Deputy OUSD (P&R) approved the TC proposal.

(14) In Nov 11, TC proposal became an Omnibus 2013 proposal and was sent to Office of Management Budget (OMB) for review and interagency coordination.

(15) In Mar 12, TC proposal was approved by OMB awaited final approval in the FY13 NDAA.

(16) In May 12, OACSIM-ISS learned TC proposal is included in both the Senate and the House versions of the FY13 NDAA.

(17) In May 12, OACSIM-ISS sent OSD draft language for inclusion in a DoD Policy Memo. If FY13 NDAA includes TC proposal, DoD Policy Memo will be required to ensure TC applicants can benefit as expeditiously as possible from this change.

(18) In Jan 13, the FY13 NDAA was approved by the President. The Services are awaiting formal OSD guidance which will allow the Services the authority to implement the changes as set forth in the FY13 NDAA.

(19) In May 14, OSD announced that formal guidance should be released by the end of 4<sup>th</sup> Qtr FY14. OACSIM-ISS will monitor OSD progress.

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

(1) Feb 11. The GOSC declared the issue active. OACSIM will monitor the progress of the FY13A ULB.

(2) Aug 11. OACSIM will monitor final language in the FY13 NDAA.

(3) Feb 12. OACSIM will monitor final language in the FY13 NDAA.

(4) Aug 12. The Chief, Legislative Liaison cautioned that while the proposal was included in the House version of the NDAA, the proposal has not been passed by the Senate floor or gone to conference to be included in the mark. VCSA asked Chief, Legislative Liaison to provide a heads up if it looks like the proposal will run into difficulty.

(5) Jun 13. The VCSA directed the issue remain active.

(6) Feb 14. The ACSIM Installation Services (IS) Director requested DASD(MC&FP)'s support to push the formal OSD guidance which will allow the Services the authority to implement the changes. The DASD(MC&FP) confirmed the DoD Financial Management Regulation should have the changes on in utero dependents published in Apr 2014.

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

**i. Support agency.** IMCOM G9

### **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 23 May 14)

**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 Oct 08, PR&R established a Pain Management Work Group to assess current state of pain management in Army medicine and to provide a roadmap to immediate, effective, efficient, multi-modal approaches to pain management across MEDCOM.

(a) Group membership included military, VA, and civilian representatives.

(b) Developed and completed task list of "quick wins":

1. Clearly identify group priorities.
2. Determine disciplines required for mission success.

3. Draft "Army version" of the Air Force's Opioid policy for chronic pain.

4. Develop brief to TSG to advocate establishing Pain Consultant.

5. Expedite revision of DoD/VA clinical practice guidelines for Opioid Therapy.

6. Consensus on nine overarching principles of a comprehensive strategy.

(c) Developed task list of complex objectives/goals for group:

1. Creation of MEDCOM Pain Clinic template.

2. Begin development of Pain Management OPORD.

(d) Developing manpower and other resource requirements necessary to complete evaluation of MEDCOM pain management capabilities and develop comprehensive pain management strategy for MEDCOM.

(2) In Aug 09, TSG chartered the Pain Management TF to focus resources and attention on the issue of pain management.

(a) The Pain Management TF made recommendations for improving clinical, administrative, and research processes involved with the provision of pain management care and services at MEDCOM facilities.

(b) Areas for analysis and recommendation included, but not limited to:

1. Existing pain management policies, procedures, and resources

2. Best practices for pain management

3. Ongoing pain management research efforts with emphasis on optimizing effective pain management

delivery, minimizing complications, and maximizing function

4. Resources required for the early identification, assessment, treatment, and rehabilitation for pain

5. Safe and effective complementary alternative approaches to pain management

6. Education training plan for patients, providers, Family members and leaders to support patients with pain management issues

7. Variables unique to Warriors in Transition.

8. Integration of pain management strategy to Comprehensive Soldier and Family Fitness Program (CSF2); Army Campaign Plan for Health Promotion; Risk Reduction and Suicide Prevention (ACPHP); Army Family Covenant; Army Family Action Plan; and other DoD, Army, and MEDCOM initiatives.

(3) The FY10 National Defense Authorization Act (NDAA) mandates that not later than 31 Mar 11, the Secretary of Defense shall develop and implement a comprehensive policy on pain management.

(4) May 10, Pain Management TF completed its report. Health Executive Council (HEC) directed DoD-VA Pain Management Work Group established to provide platform for continued inter-Service and Veterans Health Administration (VHA) collaboration on implementing pain management strategy.

(5) TSG directs MEDCOM to operationalize task force recommendations into Comprehensive Pain Management Campaign Plan. Navy and Air Force will also implement the TF recommendations.

(6) In Sep 10, the Comprehensive Pain Management Campaign Plan (CPMCP) OPORD was published.

(a) MEDCOM establishing Regional Medical Command Interdisciplinary Pain Management Centers (IPMC) at: FY11 (start) Eisenhower Army Medical Center, Fort Gordon; Madigan Army Medical Center, Joint Base Lewis-McChord; Tripler Army Medical Center, Hawaii; Landstuhl Army Medical Center, Germany. FY12 (start): Brooke Army Medical Center, Fort Sam Houston; Womack Army Medical Center, Fort Bragg; Darnall Army Medical Center, Fort Hood; Beaumont Army Medical Center, Fort Bliss. IPMCs are identification/branding of highest tier of pain management clinic in effort to standardize personnel, equipment, and services offered. "Center" does not indicate separate building, but a defined tier of pain management capability.

(b) Fielding standard packages (personnel/ equipment/ training) of non-medication pain management treatment modalities at IPMCs and MTFs. This includes acupuncture, bio-feedback, movement therapy (yoga), and massage therapy to decrease over-reliance on medication-only treatment of pain.

(c) Ensuring MEDCOM synchronization and inclusion of remote medical treatment facilities and Reserve Component (Community Based Warrior in Transition Units) through use of Project ECHO. Project ECHO is a nationally recognized best practice using video teleconferencing education/ knowledge management to service remote/underserved locations. Northern Regional Medical Command and Southern Regional Medical Command established Pain ECHO hubs in Mar 13. Pacific Regional Medical Command established their

ECHO hub in June 2013 (5 min demo of Project ECHO is available at <http://echo.unm.edu>.)

(6) In Jun 11, the Institute of Medicine released, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. This report's analysis and recommendations largely paralleled and validated those from the Pain Management TF. The Army CPMCP is the model for transformation of pain management in the nation.

(7) In Oct 13, Installation Management Command (IMCOM), Office of the Provost Marshal General (OPMG), and MEDCOM collaborated again with the Drug Enforcement Agency on the National Prescription Medication Take Back Day aimed at eliminating the improper use, storage, and disposal of prescription medications.

(8) Phased implementation of CPMCP is ongoing across MEDCOM and Tri-Service/ VHA implementation of TF recommendations continues as part of Health Executive Council (HEC) Pain Management Work Group. In FY13, Air Force, Navy, and VHA demonstrate increased interest/activity in synchronized implementation of Pain TF Recommendations. Uniformed Services and VHA will focus on executing several joint pain management projects. These projects will provide information to DHA and Uniformed Services in order to facilitate re-evaluation and possible revisions of policies.

(a) Pain Management Outcomes Tool

(b) Tiered Acupuncture Course for Primary Care Providers

(c) Development/Implementation of DoD/VHA education curriculum

(d) Synchronized DoD-VA transition policies for medications

(9) MEDCOM refreshed Pain Campaign language in May 13 to provide a greater emphasis on pain management in primary care (patient centered medical home).

(10) FY13 hiring freeze significantly slowed continued build of multi-disciplinary pain management teams and complementary integrative medicine modalities. 7/8 IPMCs are at Initial Operating Capability. FY 14 MEDCOM objective is to ensure at least 75% of IPMCs are FOC.

(11) Army clinicians are participating with the Air Force, Navy, and VHA in a \$5.4 million Joint Incentive Fund Project to field a standardized basic acupuncture training and sustainment model across DoD and VHA medical facilities. Training teams have already started traveling to Army, Navy, Air Force, and VHA medical facilities to deliver this training. The response from providers and patients has been overwhelmingly positive.

(12) MEDCOM continues to address the potential overuse, abuse and diversion of opioids through a comprehensive strategy that integrates several other initiatives including Polypharmacy, Substance Abuse, Behavioral Health, and Warrior Transition Care. This effort will be likely be ongoing for the foreseeable future.

#### **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.

**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: 20 May 14)

**d. Scope.** Reserve Component (RC) Soldiers are ineligible for enrollment in the Exceptional Family Member Program (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 Exceptional Family Member Program (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 Army National Guard (ARNG) and U.S. Army Reserve (USAR) EFMP POCs for coordination and review.

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

(4) Apr 10, EFMP Policy Working Group drafted proposed language for regulation.

(5) May, Jun, Jul, and Sep 10, the EFMP Policy Working Group continued with meetings 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.

(6) 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.

(7) Oct 10, EFMP Policy Working Group finalized recommendations for policy change. Recommendations have been included in AR 608-75.

(8) Mar 11, EFMP Policy Working Group met to review final recommendations and develop strategies to coordinate regulatory change. Members decided that a subset of the policy working group - including Office of the Assistant Chief of Staff for Installation Management (OACSIM), ARNG, USAR, IMCOM G-9, and Human Resources Command (HRC) would develop a standardized briefing, and each agency would be responsible for briefing their respective leadership on recommendations. Based upon outcome of leadership briefs, AR 608-75 will be revised to incorporate recommendations.

(9) Mar 11, EFMP Policy Working Group, ARNG, USAR, HRC and Office of the Surgeon General (OTSG) met and developed standardized briefing.

(10) Apr 11, EFMP Policy Working Group met to review language and status of briefs to leadership.

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

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

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

(14) Jan 12, OACSIM-ISS coordinated a conference call with USAR regarding the Secretary of the Army Directive. USAR will assess processes, requirements, and cost, with ACSIM and IMCOM G-9 as it relates to EFMP pre-enrollment and respite care criteria and support for RC Soldiers.

(15) Jun-Jul 12, OACSIM prepared Secretary of the Army Directive to authorize policy change. 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.

(16) Aug-Nov 12, Secretary of the Army Directive was formally staffed with key stakeholders and forwarded to the Office of the General Council (OGC) for review. OACSIM-ISS 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.

(17) 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 OMA funds associated with this change in policy and RC will be the "bill payer." Additionally, OACSIM-ISS would need a confirmation email from RC leadership stating the desire to continue with policy change and are willing to be the "bill payer" for all associated costs.

(18) Dec 12, OACSIM drafted a note to RC Family Programs points of contact reviewing OGC concerns and requirements.

(19) 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.

(20) April 13-Jul 13, in lieu of SA Directive authorizing policy change, OACSIM revised AR 608-75, Exceptional Family Member Program, to authorize voluntary enrollment for RC Soldiers into the EFMP.

(21) Sep 13, OACSIM submitted draft regulation to Army Publishing Directorate (APD) for review. APD provided recommended corrective actions to ensure compliance with regulatory guidance, and style manuals. OACSIM reviewed corrective action guidance from APD and is in the process of finalizing corrections for re-submission to APD.

(22) Nov 13-Dec 13, OACSIM worked with IMCOM G-9 to finalize changes to the EFMP respite care section of the regulation. Once finalized, OACSIM will re-staff as required by APD, then resubmit completed packet to APD for publication.

(23) Jan 14, OACSIM held a bridging strategy meeting with OTSG and the ARNG.

(24) Feb 14, AFAP GOSC guidance stated publish a Secretary of the Army Directive as interim policy until the regulation is published.

(25) Feb-May 14, OACSIM coordinated interim guidance among key stakeholders (OACSIM, OTSG, RC and IMCOM) to ensure synchronization between Army policy (AR 608-75) and operational procedures and guidance. Interim guidance has been included in AR 608-75. Interim guidance has been informally coordinated and is currently with OAA for informal review prior to formal staffing. Anticipate formal staffing to begin 1 Jun 14.

(26) Feb-May 14, OACSIM coordinated finalization of regulatory language among key stakeholders to ensure synchronization between Army policy (AR 608-75) and operational procedures and guidance. OACSIM finalized corrective actions from initial review by APD. Regulation resubmitted to APD.

#### **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 National Guard representative supported this initiative. The US Army Reserve 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 4<sup>th</sup> 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.

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

**i. Support agency:** OTSG, ARNG, USAR and IMCOM G9

#### **Issue 665: Formal Standardized Training for Designated Caregivers of Wounded Warriors**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 4 Feb 11

**c. Final action.** No (Updated 23 May 14)

**d. Scope.** There is no formal standardized training for Designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse/neglect. A November 2010 study *Caregivers of Veterans- Serving on the Homefront* showed, "Providing care to a veteran (under the age of 65) with a service-related condition has widespread impacts on the caregiver's health." This study also reported increased stress or anxiety (88%) or sleep-deprivation (77%) among Caregivers. The Department of Veteran Affairs recognizes this issue and is developing training for Family Caregivers of Wounded Warrior Veterans. Designated Caregivers with no formal training experience stress, anxiety, and burnout, which may lead to Wounded Warriors abuse/neglect.

**e. Conference Recommendation.** Implement formal standardized, face-to-face training for Designated Caregivers of Wounded Warriors on self-care, stress reduction, burnout and prevention of abuse/neglect.

**f. Progress.**

(1) NCMs receive Care for the Caregiver training at the AMEDD Center and School (C&S) NCM Course. The training was based upon the VA's Care for the Caregiver Program. Initially, 400 VA Care for the Caregiver Program books were purchased and sent to the Warrior Transition Units (WTUs). Books are no longer available as the books were given to caregivers. Initial plan was to purchase new books annually at a cost of \$20,000/year; however, the funds were never appropriated.

(2) AMEDD C&S trained NCMs on the components of the VA/Easter Seals Caregiver handbook from 4th QTR 2012 through 2<sup>nd</sup> QTR 2014. The course provided an overview of the concepts and was instructed in a "train-the-trainer" structure during a two-hour block of instruction. The intent was to enable NCMs to develop individualized educational programs to meet the specific needs of individual caregiver early in the rehabilitation process. Through the end of FY 13, the AMEDD C&S provided this training to a total of 433 NCMs.

(3) In FY 14, the Warrior Transition Command elevated the needs of caregivers through an analysis of external audit agency reports and several caregiver focus groups. The findings supported the fact that the current program was outstanding but did not meet the acute needs of Families as they begin their care-giving journey, nor does it incorporate new Army initiatives such as the Performance Triad and the Ready and Resiliency Campaign.

(4) After review, the Warrior Transition Command (WTC) developed a Care for the Caregiver Training Program focused on assisting Families as they start providing care for Soldiers and serves as a precursor to the VA's Care for the Caregiver Programs for our Caregivers as they transition with their Soldier at the VA. It includes tenets of the Performance Triad and the Ready and Resilient Campaign. This program replaced the previous Care for the Caregiver Program taught at the AMEDD C&S.

(5) In order to determine the effectiveness of this training, the WTC will conduct Caregiver satisfaction surveys. To facilitate the survey, the WTC requested an update to the Medical Operational Data System (MODS) that will enable the WTC to identify those Caregivers that have received the training. Once identified, the WTC will send a mail survey to the Caregiver requesting input on satisfaction with overall training, satisfaction with the individualization of the program, and request for ideas to enhance the training. As of 21 May 2014, the MODS updates are pending.

(6) External to the formalized training the WTU NCMs receive, Caregiver training within the WTUs/Community Based Warrior Transition Units (CBWTUs) is robust and continues to evolve. The interdisciplinary team facilitates discussions in self care, stress reduction, and burnout. Social workers, experts at identifying Family stress and burnout, are embedded in the WTU Table of Distribution and Allowances (TDAs) to help Soldiers and Families during times of crisis to incorporate coping and counseling into the Soldier's care. Additional assets such as Soldier and Family Assistance Centers are specially designed to assist Families through numerous services, such as financial counseling, life skills development, and childcare.

(7) The WTC is also participating in the Office of the Secretary of Defense's Warrior Care Policy Peer to Peer Support Initiative. The initiative will use Military Family Life Counselors (MFLCs), who currently are located on military installations across DoD, to conduct the peer-to-peer support forums at designated installations in each phase ICW Recovery Care Coordinators (RCCs). The initiative will be rollout in 5 phases with Phase 1

comprised of installations located in the NCR. As of 21 May, the installations being discussed for the Phase 1 rollout are: Walter Reed Medical Center, Fort Belvoir, Andrews AFB, Quantico Marine Base, and Fort Meade.

(8) Efforts to implement formal, standardized, face-to-face training for Designated Caregivers of Wounded Warriors also support the Soldier For Life program. This program has a healthcare component that seeks to ensure wounded warriors receive the best healthcare and training available. In addition, Soldiers will better understand how to access VA healthcare benefits and will ease their transition and reintegration into civilian society.

(9) Success will be defined as Families that support our Wounded, Ill, or Injured Soldiers are satisfied with the Care for the Caregiver Program and training.

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

(1) Feb 12. In response to the VCSA questioning whether we are distributing the handbook, the OTSG briefer requested the issue remain active to ensure implementation. OTSG will direct MTFs to provide the VA/Easter Seals caregiver handbook to designated caregivers within 60-days of admission and continue coordination with the OSD Wounded Warrior Care and Transition Policy Office to determine when/if face-to-face and computer based training will be made available by the VA.

(2) Aug 12. Issue remains active.

(3) Jun 13. VCSA directed to establish clear tasks and milestones for way ahead. Thus far, 242 individuals are trained and NCMs are receiving training to train the secondary non-medical caregiver. There are 107 non-medical attendants in the Warrior Transition Command (WTC). Need to develop a better database that identifies, in advance, the needs of this population. Also need to improve the transition of care to the role of the VA and the civilian healthcare system.

(4) Feb 14. The Deputy Assistance Secretary of Defense (Military Community & Family Policy) [DASD(MC&FP)] introduced the military caregiver concentration area OSD implemented in the Military Families Learning Network, which is a high-quality research, evidence-based information and training program for service providers and caregivers. The training program is webinar based and each webinar is archived and off the shelf so a caregiver can use it as time and schedules permit. The inaugural webinar was 10 Oct 13 and included about 100 participants. The OSD program is a parallel but not redundant effort to the Army's as the caregiver needs and requirements are as wide and unique as the caregivers themselves, dependent on a variety of personal factors. A feedback loop is also built into the program as well as the opportunity for Continuing Education Unit credit. OTSG expressed an interest in linking those webinars to the Warrior Transition Command training module.

**h. Lead agency.** Warrior Transition Command

**i. Support Agency.** AMEDD Center and School

**Issue 669: Return to Active Duty Reserve Component Medical Care (RCMC) Time Restrictions for Reserve Component (RC) Soldiers**

**a. Status.** Active

**b. Entered.** HQDA AFAP Conference, 4 Feb 11

**c. Final action.** No (Updated 12 May 14)

**d. Scope.** RC Soldiers can only apply for RCMC within six months from their date of release from Active Duty (REFRAD). Warrior Transition Unit Consolidated Guidance (WTUCG 20 Mar 09) states the RCMC programs are designed to return Soldiers to Active Duty for the purpose of evaluation, treatment, and/or physical disability evaluation system (PDES) processing. Examples of conditions that might not manifest within six months include Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and recurring orthopedic injuries. Extending the return to Active Duty time restriction to five years would allow RC Soldiers time to receive proper medical treatment in order to identify and resolve duty-related medical and behavioral health conditions.

**e. Conference Recommendation.** Extend the RCMC return to Active Duty time restriction for RC Soldiers from six months to five years of REFRAD date.

**f. Progress.**

(1) The issue involves authorization requests and changes to the existing medical care program. The main issue is to extend the time limit to recall RC Soldiers to active duty after REFRAD (mobilization) and approve the evaluation and treatment of the injury received in the line of duty (ILOD) from six months to five years.

(2) When the issue first came to light, Soldier medical support processes either did not exist or were in a development phase. The lessons learned from over 10 years of war has allowed timely access to medical care for wounded, injured, and ill RC Soldiers.

(3) The many important medical initiatives implemented at the demobilization sites to improve access to medical care for Soldiers and to ensure medical issues and needs include:

(a) Executive Order (EXORD) 178-11, 1<sup>st</sup> Army mobilization/demobilization (MOB/DEMOB) process:

1. Soldiers are given opportunities to present medical issues/concerns while in demobilization (DEMOB), have MRP-e (medical retention processing-extension) initiated to have medical issues evaluated, and to determine the best plan of care via their Warrior Transition Battalion (WTB) on RCMC orders.

2. Soldiers are allowed the opportunity to complete the Line of Duty (LOD) process prior to leaving the DEMOB station. In accordance with AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, Table 3-1 and 3-2, all USAR and National Guard Soldiers who incurred or aggravated an injury, illness, or disease while mobilized are required to have a LOD electronically initiated in LOD Medical Electronic Data (for) Care History And Readiness Tracking (Medchart) before REFRAD.

3. Periodic Health Assessment (PHA) is conducted at the demobilization site in conjunction with the Post Deployment Health Assessment (PDHA).

4. Behavioral health and TBI screening for all Soldiers are conducted during MOB and at DEMOB.

5. The Army is partnering with the Department of Veterans Affairs (VA) and Defense Health Agency (DHA) to update Soldiers' benefits.

6. Soldiers are counseled and provided information on VA programs. Soldiers who refuse or decline care must sign a declination of care counseling statement.

(b) Medical programs were established to assist and support Soldiers with medical issues:

1. RCMC was established to address situations after contingency operations.

2. Active Duty Medical Extension (ADME) was established to address situations after non-contingency operation orders.

3. Reserve Component Managed Care-Mobilization (RCMC-M/T) is approved for Army National Guard (ARNG) Soldiers.

4. Development of a streamlined RCMC/ADME request process in the MEDCHART application, the Active Duty Ordering Processing system (ADOP). The ARNG has completed the development and is seeking approval to utilize the ADOP electronic system.

5. WTUs provide critical support to Soldiers who are expected to require six months of rehabilitative care and complex medical management. The key to WTU success is its Triad of Care, comprised of a primary care manager (usually a physician), nurse case manager, and squad leader who create the familiar environment of a military unit and surround the Soldier and Family with comprehensive care and support, all focused on the Soldier's mission which is to heal and transition.

(4) Deputy Chief of Staff (DCS), G-1, Director of Military Personnel Management (DMPM), is not pursuing a change to the six month restriction, but authorizing a waiver request if needed. Commanders may submit justification, in writing, asking for an exception to policy if additional time is required. The change is incorporated in the new Army Regulation (AR 600-XX), Administrative Guidelines for the Wounded, Ill and Injured, chapter 4-2. Maintaining the six-month timeline will promote Soldiers to actively pursue assistance for care, prevent potentially aggravating injuries, and avoid complicating the LOD process.

**g. GOSC review.**

(1) Feb 12. G-1 stated that they will publish Army Regulation and DA Pam to reflect revised time standard.

(2) Aug 12. Issue remains active.

(3) Jun 13. VCSA directed the issue remain active.

(4) Feb 14. The VCSA directed G-1 to ensure they are communicating to the Reserve Component (RC) that a waiver is available to request RCMC. The VCSA also directed G-1 to pursue issuing a Directive-Type Memorandum or other guidance as an interim policy until the regulation is published.

**h. Lead agency.** G1, DMPM

**i. Support Agency.** OASA(M&RA), OTSG/MEDCOM, USAPDA, WTC, NGB, and OCAR

**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 19 May 14)

**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) It is anticipated that the appropriate public notice will be posted in the Federal Register by 4th quarter FY14, followed by changes to the Code of Federal Regulations (CFR).

(4) As an interim measure, Army G-1 Civilian Personnel (CP) will issue a reminder to Commands 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 2, 3, and 4 an aggregate of no more than two workweeks in a nonpay status per waiting period is creditable. For steps 5, 6, and 7 an aggregate of no more than four workweeks per waiting period is creditable. For steps 8, 9, and 10 an aggregate of no more than six workweeks in a nonpay status per waiting period is creditable.

(e) 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.

(4) The CFR change to resolve the issue is estimated to take one year.

**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.

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

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

**Issue 681: Recoupment Warning on Department of the Army (DA) Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"**

**a. Status.** Active

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

**c. Final action.** No (Updated 21 May 14)

**d. Scope.** DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" does not warn of potential recoupment ramifications when receiving concurrent payments of Veterans Administration (VA) disability pay and Army retirement pay for medically retired Veterans. Medically retired Veterans are eligible for Concurrent Retirement and Disability Pay (CRDP) if they have 50% or higher VA rated disability and 20 or more years of service. Army Regulation 635-40 "Counseling Provided to Soldier" requires the Physical Evaluation Board Liaison Officer (PEBLO) to counsel the Soldier using DA Form 5893. Item E line 3 of DA Form 5893 does not clearly warn that overpayment of benefits will result in debt and subsequent recoupment for medically retired Veterans. For example, a 2011 Army Wounded Warrior (AW2)

audit of 200 AW2 Veterans revealed 6 Veterans (3%) received overpayments. One Veteran received overpayments of over \$70,000 from 2008 to 2011. DA Form 5893 allows for misinterpretation of CRDP eligibility because it does not warn that overpayment of benefits will result in recoupment for medically retired Veterans.

**e. Conference Recommendation.** Modify DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" to warn of the potential recoupment ramifications when receiving concurrent payments of VA disability pay and Army retirement pay for medically retired Veterans.

**f. Progress.**

(1) In Mar 14, Army Publishing Directorate (APD) indicated no exception to policy was required as DA Form 5893 was already authorized by AR 635-40.

(2) APD provided their design of the DA Form 5893 for review by United States Army Physical Disability Agency (USAPDA). Coordination was made with the Integrated Disability Evaluation System (IDES) Service Line, and once review is completed, the form will be ready for publishing.

(3) PEBLOs are currently briefing the potential recoupment ramifications during their counseling of Soldiers per MEDCOM instruction.

(4) Under the IDDES, overpayments should be fewer in frequency and magnitude. The time goal for the Soldier to receive their VA decision benefits decision is 30 days after their disability retirement or separation retirement date, with actual VA compensation commencing shortly thereafter. As of Sep 13 average time was 80 days.

**g. GOSC review.**

(1) Aug 12. The OTJAG representative suggested that the G-1 consider revising the form separate from the regulation to expedite the process.

(2) Jun 13. VCSA directed the issue remain active.

(3) Feb 14. The VCSA directed the Director of the Army Staff (DAS) to engage with OAA to get the exception to policy signed to approve publication of revised DA Form 5893 in advance of publication of revised AR 635-40. The VCSA directed G-1 to verify that Item E would not have an adverse effect on recruitment and provide their findings to the ARNG. The SMA expressed continued frustration with the time it takes Army Publishing Directorate (APD) to publish regulations. The Army National Guard (ARNG) representative questioned how the clause in Item E, which states the National Defense Authorization Act (NDAA) amended Title 10 USC to provide that the Department of Veterans Affairs (VA) will not recoup from the VA compensation for disability severance pay awarded for a disability incurred in a combat zone or incurred during performance of combat operations, will affect recruitment. The G-1 representative stated it should have no effect.

**h. Lead Agency.** AHRC-D

**Issue 684: Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)**

**a. Status.** Active

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

**c. Final action.** No (Updated 19 May 14)

**d. Scope.** A Survivor receiving the Military Death Gratuity and SGLI has only 12 months to place up to the full amount received into a Roth Individual Retirement Account (IRA) or Coverdell Education Savings Account (ESA). Independent grief studies conducted by the University of Maryland and University of California Santa Cruz recommend that life altering decisions not be made within the first year after loss. One year is not sufficient time for Survivors to make an informed decision on making a contribution, resulting in the loss of a valuable investment option.

**e. Conference Recommendation.** Extend the time period for Survivors to invest Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA from 12 months to 36 months.

**f. Progress.**

(1) On 24 May 12, Senator Blumenthal introduced a bill (S.3234) to amend the Internal Revenue Code of 1986 to extend the time period from one to three years for contributing Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA.

(2) On 28 Oct 13, OCLL confirmed through Senator Blumenthal's Member of the Legislative Assembly (MLA) that the issue has tax implications and cannot be introduced to the House Ways and Means Committee until the Way and Means Committee lift a moratorium on introducing all tax related legislation.

(3) On 1 May 14, OCLL notified the G-1 that Congressman Aaron Shock (R-IL) introduced H.R. 4559 in support of the issue. The legislation has 3 cosponsors –Representatives Blumenauer (D-OR); Tsongas (D-MA) and Neom (R-SD) along with support from the Military Coalition. The legislation was referred to the house committee on Ways and Means.

(4) OCLL will continue to monitor this legislation and provide updates as needed.

**g. GOSC Review.**

(1) Aug 12. The SMA's spouse confirmed the need for extending the period to invest from 12 months to 36 month based on discussions with survivors during installation visits.

(2) Jun 13. VCSA directed the issue remain active.

(3) Feb 14. The VCSA directed G-1 to draft talking points for senior leaders throughout the Army to use when engaging members of Congress. The VCSA also directed we continue to educate our survivors regarding the one year time limit. The Chief Legislative Liaison confirmed Representative McMorris Rodgers is also interested in championing the legislation in the House. He also stated this population is so small that the tax implications are minor to the federal government. The SMA stressed this issue is an important issue for survivors. The ACSIM suggested engaging Representative Bishop who co-chairs the Military Family Caucus. The ACSIM confirmed Survivor Outreach Services works with units and the garrison command to ensure survivors are aware of the time limit as the one year anniversary approaches.

**h. Lead Agency.** DAPE-PRC

**i. Support Agency.** OCLL

### **Issue 687: Active Duty Enlisted Soldier Compassionate Reassignment Stabilization**

**a. Status.** Active

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

**c. Final action.** No (Updated 15 May 14)

**d. Scope.** The length of stay for active duty enlisted Soldier's compassionate reassignment stabilization is insufficient. Compassionate actions are requests from Soldiers when personal problems exist. Army Regulation (AR) 614-200, Enlisted Assignment and Utilization Management, states that Soldiers approved for a compassionate reassignment are limited to 12 months' stabilization time from the date of receiving Human Resource Command approval. The relocation process can take between 90-120 days. The 90-120 days count against the stabilization time. As a result, active duty enlisted Soldiers on compassionate reassignment do not have the full 12 months at the new duty station to resolve their compassionate issues.

**e. Conference Recommendation.** Increase the active duty enlisted Soldier compassionate stabilization from 12 months to 18 months.

#### **f. Progress.**

(1) Date of compassionate approval by HRC will no longer be utilized as the start of a Soldier's stabilization period.

(2) Soldier's stabilization period will begin when the Soldier reports to their new permanent duty station (PDS). This revised start date will allow a twelve month stabilization period at the PDS and will not encompass early report authorized timeframe.

(3) Army readiness and career progression does not support changing the standard from 12 months to 18 months.

**g. Lead agency.** AHRC-PL

**h. Support Agency.** AHRC-EP and AHRC-OP

### **Issue 688: Resilience Training for Army Children**

**a. Status.** Active

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

**c. Final action.** No (Updated 16 May 14)

**d. Scope.** The Army provides Resilience Training for Soldiers, Department of the Army Civilians (DACs) and their adult Family Members, but not Army Children. Army Children face significant challenges growing up in the Army Family lifestyle, facing permanent change in station (PCS) moves, Soldiers' and DACs multiple deployments, and potential mental and physical injuries to their parent(s). Resilience Training could help Army children to cope with adversity, perform better in stressful situations, and thrive in the Army lifestyle.

**e. Conference Recommendation.** Implement Resilience Training for Army Children.

#### **f. Progress.**

(1) The Secretary of the Army (SECARMY) Directive dated 26 Mar 13 provides greater focus on building resilience in Soldiers, Family, and Units. As such, the CSF2 Teen Curriculum was developed to meet the SECARMY Directive by taking the resilience curriculum that currently trains Soldiers and Spouses, and translating it into an adolescent, age appropriate curriculum. The

training provides a common language within the Army Family for Soldiers, Spouses, and Army Teens.

(2) CSF2-TC pilots were conducted during the 2013-2014 academic school year, in coordination with program evaluation efforts supported by WRAIR. 730 adolescents participated in CSF2-TC pilots at Fort Bliss (20 middle and high school students), Fort Knox (230 9<sup>th</sup> and 10<sup>th</sup> Graders), Fort Riley (300 Junior Reserve Officers' Training Corps Cadets), Fort Polk (120 high school students), and Schofield Barracks (60 middle/ high school students).

(3) CSF2 has formally staffed a CSF2-TC Letter of Instruction (LOI) with IMCOM, FORSCOM, TRADOC, OTJAG, and WRAIR on the Controlled Release of Version 1.0, which will incorporate After Action Reports (AAR) from pilot instructors, further refining the Teen Curriculum. The Teen Curriculum will be provided as a two hour workshop intended to provide an introduction to three resilience skills as well as a full curriculum that trains the same 14 resilience skills taught to adults in the MRT-C.

(a) Senior Commanders will establish priority and coordinate delivery of the Teen Curriculum Version 1.0 (Controlled Release) at the installation level, including MRT instructor selection. The Community Health Promotion Council (CHPC) provides an ideal coordinating function for this initiative. Key stakeholders include CYSS, School Liaison Officers (SLOs), CSF2 Program Managers, ACS, and local Department of Defense Education Activity (DODEA) schools.

(b) To ensure child safety in accordance with Army Regulation (AR) 608-10, Child Development Services, instructors must have background checks, above and beyond security clearances, prior to curriculum delivery. The LOI provides a mandatory checklist for CSF2-TC instructors to complete, which assists in meeting AR 608-10 requirements.

(4) WRAIR has completed final data collection to support the CSF2-TC pilot program evaluation from Fort Knox and Fort Riley. WRAIR will complete final data collections from the remaining pilot sites by 30 May 14. Results from the program evaluation will further inform CSF2-TC Curriculum Release 1.1 (Aug 14 delivery) for delivery to additional adolescents during the 2014-2015 academic school year.

(5) CSF2-TC Curriculum Release 1.1 (Aug 14 delivery) is supported by the III Corps Commander at Fort Hood who has established a goal to train 20,000 adolescents in the Killeen School District, which is in the catch basin of Fort Hood. An estimated 10,000 students are military connected. Sixty Fort Hood spouses, who are also middle and high school teachers, will be trained prior to the 2014-2015 academic school year.

(6) Current CSF2 Teen Curriculum instructors can be MRTs who have experience engaging teens, such as Active Duty and Spouse statutory volunteers or CYSS and ACS staff selected by the chain of command. As such, this training is in many cases a natural fit within existing role responsibilities to support Army adolescents.

**g. Lead agency.** DAPE-ARR-CF

**h. Support Agency.** OACSIM CYSS, IMCOM CYSS, IMCOM FP, WRAIR

**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 May 14)

**d. Scope.** DACs are not included in Army Regulation (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. Conference Recommendation.** Authorize restricted reporting of sexual assault for DACs.

**f. Progress.**

(1) On 28 Mar 13, DoD published DoD Instruction 6495.02, "SAPR Program Procedures." This Directive states that civilian employees are eligible only to bring unrestricted reports. The Army may not promulgate policy inconsistent with this regulation.

(2) The Army is responsible for compliance with Equal Employment Opportunity laws that are not applicable to Service members. The Army is required to exercise reasonable care to correct and prevent sexual harassment (including sexual assault). Restricted reporting is in direct conflict with these obligations because it would impede management's efforts to take all necessary steps to correct harassment and prevent future harassment of the victim and of other employees.

(3) Whether or not civilian employees make any report to Army, their ability to obtain confidential medical and/or counseling services, whether through their health benefit plans, or in DoD military treatment facilities where eligible, is not impacted. DoD civilian employees and their adult family dependents have access to the SAPR services of a Sexual Assault Response Coordinator (SARC) and a SAPR Victim Advocate (VA) while undergoing emergency care OCONUS. Additionally civilians have access to anonymous resources from organizations such as chaplains, the National Sexual Assault Safe Helpline, and community based rape crisis centers.

**g. Lead agency.** DAPE-SH

**h. Support Agency.** OTJAG