SECRETARY OF THE ARMY
WASHINGTON

05 MAR 2013

I am pleased to present the enclosed report and corrective action plan of the Army Task Force on Behavioral Health (ATFBH).

The report represents one of the most comprehensive efforts to date to improve behavioral healthcare across the United States Army. The work has been far-reaching and substantive—reviewing more than 140,000 records, gathering information at over 46 sites, conducting one-on-one interviews with more than 750 people, as well as administering some 80 sensing sessions, with approximately 6400 participants. The Task Force focused on behavioral healthcare issues across the Total Force—Active, National Guard and Reserve—as well as the Army's implementation, execution and oversight of the Integrated Disability Evaluation System (IDES).

This extensive effort produced 24 findings and 47 recommendations designed to not only improve our systems and organizations, but to also better train, educate and support leaders, Soldiers and clinicians. Army leaders have thoroughly reviewed and analyzed those findings and, today, I have directed implementation of key measures to make lasting changes to both the Army IDES and Behavioral Healthcare programs.

Among the most significant of the ATFBH findings are several that will help the Army improve our IDES program. For example, while the integrated program has allowed both the Army and Veterans Administration to better support Soldiers in their respective processes—eliminating some of the uncertainty associated with navigating two separate and vastly different disability systems—the Task Force found a need to better synchronize, track and oversee IDES actions across multiple agencies through the designation of an Army "lead agent."

Additionally, the Army will work to position behavioral health experts at the command and installation levels to provide better consultation, guidance, coordination and recommendations to improve Behavioral Healthcare for our Soldiers. We will also make informed changes that will provide Soldiers and families additional education and assistance to connect with support services as they undergo the IDES process and transition from the Army.

Some changes can be made immediately, and our corrective action plan and directive of March 5, 2013, will implement as many of these as possible. Others will require more time and coordination. Importantly, this report reviewed our systems holistically—recommending not only short-term solutions, but longer term, systemic changes that will make care and treatment of our Soldiers and family member more effective.

This action plan marks a major step forward in our ongoing commitment to seek new and better ways to care, support and protect the Nation's most valuable asset—our Soldiers.

Sincerely,

John M. McHugh

SECRETARY OF THE ARMY
WASHINGTON

05 MAR 2013

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Army Task Force on Behavioral Health Corrective Action Plan – Implementation Guidance

1. References:

a. Memorandum, Secretary of the Army, 15 May 2012, subject: Comprehensive Review and Corrective Action Plan.

b. Army Task Force on Behavioral Health Corrective Action Plan, January 2013.

2. In reference 1.a, I established the Army Task Force on Behavioral Health (ATFBH) and gave it several tasks, including the assessment of behavioral health evaluations and diagnoses and the development of a Corrective Action Plan (CAP) (reference 1.b) to address any shortcomings identified in that assessment. I commend the ATFBH for their diligent work. The CAP is a thorough document containing recommendations that will improve the Integrated Disability Evaluation System process for Soldiers and their Families and behavioral healthcare services across the Army.

3. After careful review, I direct the assignment and implementation of the CAP recommendations as noted in the enclosure. To ensure integration and synchronization with other ongoing Soldier wellness efforts, I direct you to oversee the implementation of these recommendations.

4. Provide me written updates on the progress of implementation on a quarterly basis with the initial update due at the end of the third quarter of Fiscal Year 2013.

John M. McHugh

Encl

DISTRIBUTION
Under Secretary of the Army
Vice Chief of Staff

Army Task Force on Behavioral Health
Corrective Action Plan

Recommendation 1.1.1: Approved as written: The Secretary of the Army should designate the Deputy Chief of Staff, (G-1) as the Army's lead agent for the Integrated Disability Evaluation System (IDES). (G-1)

Recommendation 1.2.1: Approved as written: To reduce systemic variance across the Army, both IDES policy dissemination and training must be standardized and coordinated. (G-1)

Recommendation 1.3.1: Approved as amended: In coordination with the Chief Information Officer/G-6, establish a single tracking application for the IDES process that includes multi-organizational (e.g., leaders and administrators at various levels) and Soldier access to allow for a common operating picture. (G-1)

Note – The amended action replicates the language in my memorandum dated December 14, 2012, subject: Report on Inspection of the Behavioral Health (BH) Process, Disability Evaluation System (DES) and IDES (hereafter referred to as the IG memo).

Recommendation 2.1.1: Approved as amended: In accordance with Department of Defense Instruction (DoDI) 6490.09, ensure each installation appoints a Director of Psychological Health (DPH). (Office of the Surgeon General – OTSG)

Note – DoDI 6490.0 directs the action in paragraph 2.a of Enclosure 2. The U.S. Army Medical Command (MEDCOM) issued a memorandum dated October 17, 2012, that outlines their strategic plan to appoint DPHs. Changing the title of the position from Behavioral Health Clinical Coordinator to DPH eliminates potential confusion with the DoDI requirement while achieving the ATFBH's intent.

Recommendation 2.2.1: Approved as amended: Ensure all military Medical Treatment Facilities (MTF) designate an appropriately credentialed and experienced BH professional as the Chief of Behavioral Health in order to facilitate integration of services. (OTSG)

Note – The amended action allows facilities to designate the role without an increase in staffing.

Recommendation 2.2.2: Approved as amended: As deemed necessary by a military MTF Commander, designate an appropriately credentialed and experienced administrator as the Deputy Chief of Behavioral Health for Administration in order to assist the Chief of Behavioral Health. This would require establishment of a validated manpower requirement and would be executed based on availability of personnel and Defense Health Program (DHP) funding. (OTSG)

Note – The amended action allows discretion at the facilities to establish the position based on demand and resource availability.

Recommendation 2.2.3: Approved as amended: Explore the appropriateness of establishing an Additional Skill Identifier (ASI) producing course on the administrative aspects of leading a large and complex BH organization. (OTSG)

Note –The administration of a military MTF BH department involves requirements that do not exist in civilian BH activities (e.g., command consultation, command directed evaluations, administrative separations). While the task force identified that an ASI producing course may be needed, this recommendation warrants additional review and coordination to identify overlap with current training requirements and opportunities.

Recommendation 2.3.1: Approved as amended: Execute Expedited Hiring Authority (EHA), then monitor and document its effectiveness for Licensed Clinical Social Workers (LCSW) and psychologists. (OTSG)

Note – OTSG is reviewing an action to delegate EHA to commanders of Regional Medical Commands/Major Subordinate Commands. If an appropriate assessment determines that this process is not effective and efficient, see 2.3.2.

Recommendation 2.3.2: Approved as amended: If EHA does not efficiently support the hiring of LCSWs and psychologists, assess the feasibility of requesting Direct Hiring Authority (DHA) from the Office of Personnel Management (OPM) through the Office of the Secretary of Defense (OSD). (OTSG)

Note – DHA is managed by OPM and grants authority for hiring of only certain occupations. MEDCOM currently has DHA for physicians and nurses. This recommendation, if approved by OPM and executed by MEDCOM, would add LCSWs and psychologists to the aforementioned list of occupations.

Recommendation 2.3.3: Approved as amended: Collaborate with the Office of the Assistant Secretary of Defense for Health Affairs (OASD (HA)) to facilitate the assignment of U.S. Public Health Service (USPHS) BH professionals to remote locations. (OTSG)

Note – The Army, on its own, lacks authority to modify implementation of a Department of Defense (DoD)-USPHS Memorandum of Agreement. This amendment establishes a more appropriate tasking to the OTSG.

Recommendation 2.3.4: Approved as amended: Maximize the availability of tele-BH capability to support military MTFs that cannot meet BH access to care standards. (OTSG)

Note – The amended action provides for flexibility based on current and future fiscal constraints, budgetary uncertainty and demand.

Recommendation 2.4.1: Approved as amended: In coordination with the OASD (HA), pursue revisions to the options available to military clinicians in the military's electronic

medical record to reflect the current edition of the Diagnostic and Statistical Manual (DSM). (OTSG)

Note – The Army does not manage the DoD electronic medical record. Although we can actively participate in discussions and actions related to AHLTA, modifications and updates to the system are managed by the OASD (HA). This amendment establishes a more appropriate tasking to the OTSG.

Recommendation 2.4.2: Approved as amended: Maximize the capabilities and fielding of the Behavioral Health Data Portal (BHDP) and other information technology (IT) solutions to better assess, monitor, document and communicate Soldiers' BH conditions. (OTSG)

Note – The amended action allows for flexibility based on current and future fiscal constraints and budgetary uncertainty, and adds flexibility as new IT opportunities emerge.

Recommendation 2.5.1: Approved as written: Create standardized training requirements regarding the completion of Department of the Army (DA) Form 7652 during installation Company Commander/First Sergeant Courses (CCFSCs). (OTSG)

Recommendation 2.5.2: Approved as written: Update DA Form 7652 to include the requirement for a second signature from the next higher commander for senior review. (G-1)

Recommendation 2.5.3: Approved as amended: Establish policy and guidance for commanders to complete DA Form 7652 predicated on performance-based observations of the Soldier. (G-1)

Note – The G-1 is revising Army Regulation (AR) 635-40, Physical Evaluation for Retention, Retirement, or Separation which will include this subject. A Soldier's commander is always responsible for his/her personnel and must ensure all requirements are met.

Recommendation 2.6.1: Approved as amended: Ensure compliance and reinforce implementation of DoD Directive-Type Memorandum 11-015 (Integrated Disability Evaluation System). (G-1)

Note – This action requires amendment, as Headquarters Department of the Army Execution Order (HQDA EXORD) 080-12 has expired.

Recommendation 2.7.1: Approved as amended: Clarify, and if necessary modify, OTSG/MEDCOM Policy Memorandum 12-035 to decrease the perceived conflicts with the current DSM. (OTSG)

Note – The minor amendment allows for flexibility as updates to the DSM are published.

Recommendation 2.8.1: Approved as written: Ensure the treating provider conducting the Impartial Medical Review is not directly involved during the Medical Evaluation Board (MEB) process or Soldier's care. (OTSG)

Recommendation 3.1.1: Approved as amended: In accordance DoDI 6490.09, establish a DPH for both the Army National Guard (ARNG) and U.S. Army Reserve (USAR) in each state, territory, and Regional Support Command (RSC) to advise the senior commander on the key BH-related program level issues facing Soldiers and Families. (ARNG/USAR)

Note – In accordance with DoDI 6490.09, the ARNG currently has a DPH in every state, and the USAR has a DPH for each RSC. The USAR is formulating a plan to place a DPH at each of 30 Operational, Functional, Training, and Support Commands. However, implementation will likely be impacted by availability of funds.

Recommendation 3.1.2: Approved as amended: Conduct a study to determine how to best coordinate and implement comprehensive access to health care for the Reserve Components (RC). (OTSG)

Note – An amendment was necessary, as the Medical Research and Materiel Command does not perform the recommended function.

Recommendation 3.2.1: Approved as written: Maximize RC BH providers by using their services in non-clinical roles at the unit level to include BH command consultations, unit assessments, prevention programs, classes and early intervention and referral services. (ARNG/USAR)

Recommendation 3.2.2: Approved as written: Determine the feasibility of rotating BH personnel through units on a routine bases during inactive duty for training (IDT) periods. These individuals would consult with leaders, monitor unit well being, provide training and provide Soldier referral as necessary. (ARNG/USAR)

Recommendation 3.3.1: Approved as written: Coordinate, synchronize and improve current strategic communication efforts to ensure that RC Soldiers and Families better understand the various BH care options available to them. (ARNG/USAR)

Recommendation 3.3.2: Approved as written: Provide for the medical case management of RC Soldiers in the IDES with BH conditions. (ARNG/USAR)

Recommendation 3.3.3: Approved as written: Establish continuous availability of a point of contact 24/7 who can direct RC Soldiers and their Families to the most appropriate and available BH care resource. (ARNG/USAR)

Recommendation 3.3.4: Approved as amended: Explore opportunities to increase access and/or decrease financial barriers to BH care for RC Soldiers. (OTSG)

Note – TRICARE is managed by the OASD (HA). The Army has no direct authority to unilaterally effect any changes to TRICARE, but will continue to work with OASD (HA) and the other Services to seek authorities to increase access and/or decrease cost. This amendment establishes a more appropriate tasking to the OTSG.

Recommendation 3.4.1: Approved as amended: Continue active participation in inter-service and interagency working groups, task forces and similar forums in order to maximize medical readiness data gathering, sharing and accuracy for the Army's Total Force. (OTSG)

Note – The original recommendation as written is not feasible for the Army to accomplish unilaterally. The amendment reflects the current situation and conveys action that is ongoing. Further, the action addresses medical readiness; therefore, it belongs to OTSG. This amendment establishes a more appropriate tasking to the OTSG.

Recommendation 3.4.2: Approved as amended: Ensure leaders and Soldiers understand the importance of complete and accurate medical records. (G-3/5/7)

Note – The amended action stresses the responsibility of leadership at every level in ensuring Soldiers actively participate in keeping their medical records accurate and up to date. This is a significant medical readiness issue and is predicated on training.

Recommendation 3.4.3: Approved as amended: Coordinate with the OASD (HA) to enlist the involvement of and support from Veterans Affairs (VA) and TRICARE providers in order to inform them of the requirements and standards that Soldiers must meet and facilitate and enhance communication between military and civilian healthcare professionals. (OTSG)

Note – The amendment is necessary, as this action will be planned and supervised by OTSG and executed at the local level under the leadership of the MTF commander. The Army can neither compel participation of non-DoD activities nor enforce standardized practices, but we can coordinate with them and encourage their involvement. This amendment establishes a more appropriate tasking to the OTSG.

Recommendation 3.5.1: Approved as written: Develop and use IDES planning factors to anticipate the programming of resources necessary to expand the IDES to accommodate surges in demand due to mobilizations, deployments and combat operations. (OTSG)

Recommendation 4.1.1: Approved as written: Develop quick references for unit commanders to explain the parameters of Uniform Code of Military Justice (UCMJ) or adverse actions and administrative separation procedures for Soldiers referred to the IDES. (Office of the Judge Advocate General-OTJAG)

Recommendation 4.1.2: Approved as written: Revise AR 635-200, Active Duty Enlisted Administrative Separations, dated September 6, 2011, paragraphs 1-33b(1) and 1-33c to specify the meaning of "UCMJ action has been initiated." The paragraphs should be rewritten to clearly state that the initiation of UCMJ action constitutes the preferral of court-martial charges. (G-1)

Recommendation 4.1.3: Approved as written: Develop quick references to provide information regarding alternative personnel actions for Soldiers in the IDES and maintain information on G-1 and OTJAG websites with links to the appropriate regulations. (OTJAG)

Recommendation 4.2.1: I do not accept this recommendation. I direct the G-1, in coordination with OTSG and OTJAG, to revise paragraphs 5-13 and 5-17 of AR 635-200 to ensure Soldiers, whether or not they are serving or have served in a combat zone, receive an appropriate, thorough evaluation by BH professionals. These evaluations will assess whether Post Traumatic Stress, Traumatic Brain Injury and/or other mental illnesses are contributing factors prior to approval of the separation. (G-1)

Recommendation 4.3.1: I do not accept this recommendation. Extending the period from 180 to 365 days for discovery of conditions that cause a Soldier to fail to meet procurement medical fitness standards has been examined previously. The current statutes, DoD policies and Army Regulations outline a process that is reasonable, equitable and fair for the entry-level Soldier and the Army.

Recommendation 5.1.1: Approved as written: Designate installation senior commanders as the person responsible for the synchronization of medical, legal, administrative, non-clinical and other IDES-related services, to include coordination between Army IDES advisors, such as Physical Evaluation Board Liaison Officers (PEBLO), Ombudsmen, MEB and Physical Evaluation Board (PEB) Counsel, VA Military Service Coordinators (MSCs) and other support personnel. (G-1)

Recommendation 5.1.2: Approved as written: Ensure unit leaders establish and maintain contact with their Soldiers and Family members to assist Soldiers with BH conditions as they go through the IDES. The chain of command must be responsible to provide education, awareness, inclusion and support for Soldiers and their Families. (G-3/5/7)

Recommendation 5.2.1: Approved as written: Fully implement and monitor MEDCOM Fragmentary Order (FRAGO) 3 to OPORD 12-31 (MEDCOM Implementation of the Integrated Disability Evaluation System), dated September 25, 2012, which pertained to the alignment of PEBLOs. (OTSG)

Recommendation 5.2.2: Approved as written: Assess PEBLO training programs for their uniformity and effectiveness to include resident, online and mobile training teams. (OTSG)

Recommendation 5.2.3: Approved as written: Standardize the information that PEBLOs provide to Soldiers and Families within the first ten days of referral for active Soldiers and 30 days for RC Soldiers. (OTSG)

Recommendation 5.3.1: Approved as written: Develop and publish Standing Operating Procedures (SOP) to ensure program uniformity in the Army's Ombudsmen Program. The SOP should standardize the following: (1) client intake assessment procedures; (2) medical records access; (3) ombudsmen resources; (4) case documentation; (5) data collection and analysis; (6) report content; (7) reporting methods; and (8) quality control /quality assurance procedures. (OTSG)

Recommendation 5.4.1: Approved as amended: Reorganize the Office of Soldier Counsel (OSC) to fall under MEDCOM and seek to increase authorizations for DA Civilians in accordance with the OSC Concept Plan. (OTSG)

Note – The IG memo directed MEDCOM to conduct a cost benefit analysis of the methods to expand the Soldier's Medical Evaluation Board Counsel, a component of the OSC. The amended action allows for flexibility based on current and future fiscal constraints, budgetary uncertainty and demand.

Recommendation 5.5.1: Approved as written: Connect Soldiers and Families with education, financial, job search and other transition support services currently available in Soldier Family Assistance Centers (SFAC). (Assistant Chief of Staff for Installation Management – ACSIM)

Recommendation 5.5.2: Approved as amended: Maximize the staffing and funding of SFACs. (ACSIM)

Note – The amended action provides for flexibility based on current and future fiscal constraints, budgetary uncertainty and demand.

Recommendation 5.5.3: Approved as written: Implement a communications plan to educate Soldiers and Families about the continuity of care across the DoD, VA and other agencies. (ACSIM)

Recommendation 5.5.4: Approved as written: Continue to collaborate with the VA and other federal, state and non-governmental agencies to assure Families experience a smooth transition to civilian life. (ACSIM)