

Commander's Ready and Resilient Council: Products and Resources for Military PAs with Lessons Learned for Civilian PAs

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- The authors' views are theirs and do not reflect the official policy of the Department of Army, Department of Defense, or the U.S. Government.

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Outline

1. Introduction
2. Disclaimer
3. Readiness and Resilience
4. Commanders Ready and Resilient Council
5. Importance of the community and commander's leadership in the CR2C
6. Importance of PAs within the CR2C
7. Resources
8. Discussion: Lessons learned and tips for civilian communities and healthcare providers
9. Conclusion
10. Contact Information

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Purpose

- Provide military PAs information on the importance of readiness and resilience for clinicians and commanders, and lessons learned for civilian PAs.

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Learning Objectives

- Describe how the community can work together in providing readiness and resilience to improve
- Warfighter deployability and community resiliency.
- Provide products and resources to support readiness and resilience for clinicians, commander and leaders.
- Provide lessons learned for military civilian clinicians to replicate in their communities.

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Introduction

- The Army's strategic platform is the Commanders Ready and Resilient Council (CR2C) that integrates and synchronizes multiple efforts and programs to improve public health, readiness and resilience.
- It is a collection of programs and initiatives aimed at improving the readiness of Soldiers, Families and Army Civilians.
- People and Readiness are the top priorities for the Army and they can be improved through the synchronization of community-based resources within every garrison.

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Background

- The council is chaired by the senior commander and typically includes the Garrison Commander, Senior Unit Commanders, the Director of Health Services (typically the Commander of the military medical treatment facility or MTF or the senior medical officer on the garrison, post or installation), and subject matter experts for each installation.
- The CR2C focuses on behavioral, physical, spiritual, environmental health and survivor outreach.
- Multiple products and resources are available to commanders and providers to improve their knowledge and participation.

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CR2I

- The Community Ready and Resilience Integrator (CR2I)
 - Coordinates all requirements for the CR2C
 - Conducts a needs assessment based on the mission command and community they support
 - Identifies subject matter experts, products, and resources for the community
 - Collaborates internally and externally to support the community

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Key players for the CR2C

(not all inclusive)

- Mission Command Group
- Garrison Command Group
- Command Surgeons
- Medical personnel (Behavioral Health, Installation Director for Psychological Health)
- Holistic Health and Fitness (H2F) team
- Legal
- Financial Assistance
- SPPC (Suicide Prevention Program Coordinator)
- ADAC (Alcohol and Drug Abuse Coordinator)
- Tenant unit command groups
- MWR (Morale, Welfare, and Recreation)
- Local community and school leaders

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Behavioral Health



https://sr2.army.mil/PROD_PUBLIC/index.jsp

- The strategy for improving behavioral health involves improving the resiliency of the individual, strengthening the community and reducing barriers for access to care.
- Commanders Ready and Resilient Councils and Suicide Prevention Task Force (SPTF) develop and promote programs targeted at suicide prevention.
- Programs such as Ask, Care, Escort – Suicide Intervention (ACE-SI) and Applied Suicide Intervention Skills Training (ASIST) are programs designed to train peers to identify individuals at risk and bring them to the appropriate treatment team.
- The Army Substance Abuse Program (ASAP) is responsible for the treatment and prevention of drug and alcohol abuse.
- The ASAP is also a gateway to in-hospital treatment or intensive outpatient treatment such as Substance Use Disorder Clinical Care (SUDCC).

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Physical Health



<https://www.military.com/military-fitness/army-fitness/army-combat-fitness-test-act-score-chart>

- Members of the military are expected to uphold physical fitness standards
- Current implementation of the Army Combat Fitness Test (ACFT) will change the physical tests performed to comply with the Army standard.
- In order to accomplish these goals, garrison commanders are charged with providing facilities and programs that encourage physical fitness.
- Registered dietitians (RDs) and Wellness Centers (AWCs) are available to identify nutritional deficiencies knowledge gaps.
- The CR2Cs include RDs to assess educational programs and utilize Military Nutrition Environment Assessment Tool (m-NEAT) to ensure access to healthy food options and facilitate change.

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Spiritual Health

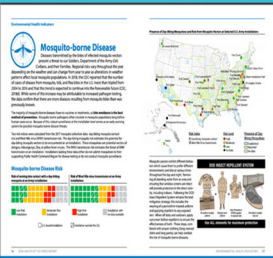


<https://phc.amedd.army.mil/topics/healthy/living/bh/Pages/default.aspx>

- The Army is comprised of a diverse group of individuals ready and willing to fight and win America's wars.
- Soldiers, Families and Civilians have varied religious beliefs, cultures and backgrounds.
- The CR2C makes recommendations to commanders regarding pertinent spiritual fitness programs, the integration of chaplains and creates an environment where members of the Total Army Family are encouraged to freely worship.

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Environmental Health



- The Army Public Health Center (APHC) provides services and information regarding environmental quality.
 - air and water quality
 - solid and medical waste
 - noise hazards
 - field preventive medicine
 - environmental medicine
 - environmental surveillance
 - health risk and threat assessments
 - entomology and pest management
 - health risk communication
- Army Public Health Weekly Update
- *Health of the Force* report

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Survivor Outreach



- "Survivor Outreach Services [SOS] is an Army-wide program designed to provide dedicated, ongoing, comprehensive support to survivors of deceased Soldiers, to include those who experience loss due to suicide. A subsidiary of the Army Community Services department, SOS provides support coordinators and financial counselors to aid surviving spouses and dependents.
- These personnel assist with support group referrals, bereavement counselors, budgeting and investment classes, and tax preparation.
- The Gold Star and Surviving Family Member program provides family members a representative to help with casualty assistance and benefit retrieval.
- Access to personalized survivor benefits calculations are available to surviving spouses via the MyArmyBenefits webpage. More information can be found at <https://www.army.mil/goldstar/>.

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Suicide Prevention Program



- The Suicide Prevention Program is carried out by the Suicide Prevention Program Coordinator within the Army Substance Abuse Program.
- Suicide continues to be a challenge for all military branches. Garrison Suicide Prevention Program Coordinators are charged with overseeing the program for Army soldiers, civilians and family members.
- Suicide is a tragedy that has a profound impact on unit readiness, cohesion and morale.
- The Suicide Prevention Program executes its mission through education and training in three phases: prevention, intervention and "post-vention."
- Suicide Prevention Program Coordinators are trained staff members of the Army Substance Abuse Program and are the senior commanders' subject-matter experts on suicide prevention matters.
- They chair the suicide prevention task force (which may be referred to by other names) on behalf of the commander and are key members of other working groups with similar missions.
- They work in collaboration with chaplains, behavioral health professionals, master resilience trainers and others who function within the resiliency and suicide prevention realm.

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Risk Reduction Program



- The Risk Reduction Program is executed by the Army Substance Abuse Program Risk Reduction Program coordinator.
- Program designed to remove burden of having multiple meetings for commanders and leaders
- Program originally collected data on 21 Army defined risk factors
- Program currently reports on 14 of those factors to installation commanders and leaders
- Flexibility and capability to collect and report on risk factors not defined by Army but deemed important to installation leadership
- RRP data collection only applies to active duty Army personnel
- Program has capability to report on units that are geographically dispersed
- The program is a commander's program that provides a common operating picture of unit and soldier risk data.

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CRRT



- The information is displayed in the commander's risk reduction toolkit (CRRT), which is housed in the larger Army Vantage system.
- The toolkit provides command teams, at all echelons, with the ability to see unit risk data as well as unit historical risk trends.
- At the battalion and company command levels, the toolkit provides additional detailed information in the form of soldier-specific, personally identifiable information and protected health information data.
- The toolkit will also provide battalion- and company-level command teams the ability to see newly assigned soldiers and their risk history.
- This system is not intended to be used in a punitive manner; it is designed to assist command teams and promote and foster engaged leadership.
- The CRRT will position leaders to better assist and support soldiers and their families. Having situational awareness will facilitate early intervention for soldiers facing personal or professional challenges, or potential crises.
- Earlier informed intervention drastically increases the chance for positive outcomes.

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Sexual Harassment/ Sexual Assault



- Sexual assault is a criminal offense that has no place in the Army. It degrades mission readiness by devastating the Army's ability to work effectively as a team. Sexual assault is incompatible with Army values and is punishable under the Uniform Code of Military Justice and other federal and local civilian laws.
- Via the Sexual Harassment/Assault Response and Prevention program, known as SHARP, the Army uses training, education and awareness to:
 - Minimize sexual assault.
 - Promote the sensitive handling of victims of sexual assault.
 - Offer victim assistance and counseling.
 - Hold those who commit sexual assault offenses accountable.
 - Provide confidential avenues for reporting.
 - Reinforce a commitment to Army values.
- The Army treats victims of sexual assault with dignity, fairness and respect.
- Every reported sexual assault incident is taken seriously by following proper guidelines. The information and circumstances of the allegations are disclosed in a sensitive manner on a need-to-know basis.

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Employee Assistance Program



- The Employee Assistance Program provides an array of services to employees, managers and supervisors. The program is staffed by Employee Assistance Program coordinators. These coordinators provide free and confidential screening/assessment, short-term counseling and referral services for:
 - Substance abuse
 - Mental health
 - Marital issues
 - Financial issues
 - Other work-life problems that may affect the conduct, performance or personal well-being of employees

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Army Substance Abuse Program



<https://www.armyresilience.army.mil/substance/pages/about.html>

- AR 600-85: Drug abuse is inconsistent with Army values and readiness.
- Deter Soldiers from abusing drugs (including illegal drugs, other illicit substances, and prescribed medication)
- Facilitate early detection of drug abuse.
- Enable commanders to assess the security, military fitness, good order and discipline of their units, and to use information obtained to take appropriate disciplinary or other administrative actions
- Collect data on the prevalence of drug abuse within the Army
- Army Drug-Free Federal Workplace (DFW) Drug Testing Program Executive Order 12564, dated September 15, 1986 established the goal of a drug-free federal workplace.
- "The workplace should be free from illegal use, possession, or distribution of controlled substances by its civilian workforce (to include appropriated and non-appropriated personnel) and that its workplace be safe, healthful, productive and secure."

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Establishing the CR2C



• Establishment of a CR2C Recommendations

- Conduct a needs assessment
- Mission command priorities
- Support the command and know the customers
- Know serviced population
- Community resources
- Garrison personnel and resources
- Collaborate and synchronize efforts
- Know everyone's roles and responsibilities
- Share good news stories and lessons learned

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Examples of CR2C Initiatives



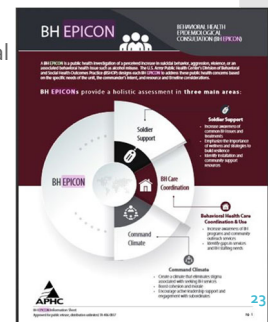
- **Service Member/Spouse Orientation**
 - "Round Robin" small group setting
 - Basic Nutrition
 - Fitness/Agility groups
 - Scenario developed and reported initiative to CR2C
- **Improving Medical Appointment Attendance**
 - Provided data to the CR2C for leadership awareness and visibility
 - Improved "No Show" metrics
- **Focus on Behavioral Health**
 - Requested Staff Assistance Visit (SAV) with OTSG
 - Improve synchronization with Installation Director for Psychological Health
 - Behavioral Health inventory

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Current Initiatives



- Casting the Net Upstream: Promoting Wellness to Prevent Suicide
 - The CR2C coordinates and is aligned with the state of Alaska's suicide prevention program to address the unique stressors of the environment and improve quality of life
- Behavioral and Social Health Outcome Programs (BHSOP)
 - The CR2C worked hand-in-hand with the 2019 Fort Wainwright BHSOP to identify key stressors for Soldiers and initiated multiple projects to improve morale including barracks renovations, a centralized dining facility, and a fully-equipped winter maintenance facility
- Behavioral Health Epidemiological Consultation (BH EPICON)
 - In conjunction with the CR2C, the BH EPICON identified a number of factors leading to increased suicidality, and implemented changes such as additional BH provider access to care, education and increased availability of vitamin D, and "Happy Lights" to combat seasonal affective issues that arise with the prolonged winter and lack of daylight

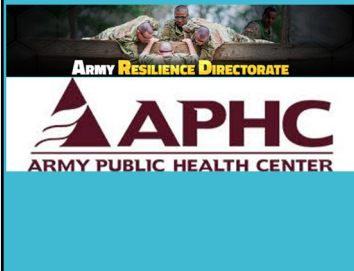


Current Initiatives

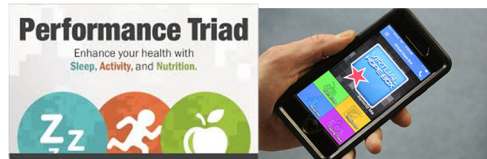


- Behavioral Health sleep hygiene classes
- FMWR/Religious Support Office training opportunities
- Mobile services
- Dining facility initiatives
- S2TRIKE Course - 2nd Cavalry Regiment's H2F program focusing on physical, mental, emotional resilience and readiness. Plans to expand to 7ATC and create mobile teams to travel throughout Europe
- USAG Bavaria hosts bi-monthly Resiliency Town halls on Facebook integrating CR2I and BH specialists in response to COVID-19 physical distancing
- Holistic Health and Fitness

Resources



- Army Resilience Directorate <https://readyandresilient.army.mil>
- Army Public Health Center <https://phc.amedd.army.mil/Pages/default.aspx>
- P3 (Performance Triad): <https://p3.amedd.army.mil/>
- Virtual Hope https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm



Resources: Wellness Programs

Example: Vogel Resiliency Center
JBSA-Fort Sam Houston, TX



- Army Wellness Center
- Military and Family Life Counselor
- Nutrition Coaching
- Resiliency Kitchen
- Personal Finance Counseling
- Family Life Chaplain
- Yoga Studio
- Public Health Nursing



Resiliency Kitchen



Virtual Health Coaching



The Bod Pod

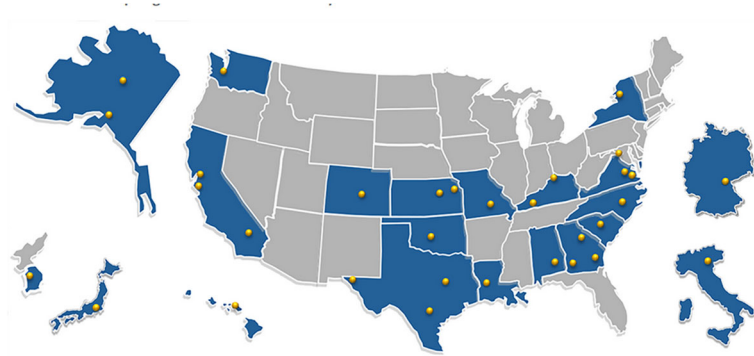
<https://www.jbsa.mil/Resources/Resiliency/Vogel-Resiliency-Center/>

Resources: Performance Centers

R2 Performance Centers



<https://www.armyresilience.army.mil/ard/R2/R2-Performance-Center.html>



"R2 Performance Centers provide customized performance training that enables Soldiers to sustain personal readiness, enhance resilience, optimize human performance, and build unit cohesion. Training is available at 32 R2 Performance Centers Army-wide, to active duty, Reserve and National Guard Soldiers, as well as Family members and Department of the Army Civilians."

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Discussion

- Military PAs and healthcare providers need to have visibility of resources and tools available. They must be knowledgeable of the CR2C and contribute their healthcare expertise in improving the resiliency and readiness of The Total Army Family.

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Discussion



Lessons Learned and Tips for Civilian PAs

- Conduct a needs assessment (e.g. time difference for Europe, physical distance, increased stress/isolation)
- Multidisciplinary team
- Determining community needs based on the customers targeted
- Networking outside of organization
- Know resources already available
- Be knowledgeable of military resources especially for veterans
- Utilize all communication platforms available (Social media, video calls, computer teleworking programs)
- Get involved with local initiatives (e.g. state, region, or country)

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Conclusion

- The CR2C is a multi-disciplinary approach from the various leaders of an installation to assess and improve the health and wellness of a population within a senior commander's area of responsibility.
- The Army is able to more rapidly identify trends and mitigate problem areas before they affect community readiness as a whole due to the diligence and collaborative efforts of the CR2C.
- Healthcare providers have a responsibility to recognize and advocate for all available programs to improve the quality of life for Soldiers, DoD personnel, their families, and the surrounding communities.
- There are products and resources available that civilian PAs can utilize in their practice especially when they have military personnel and veterans as patients.

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