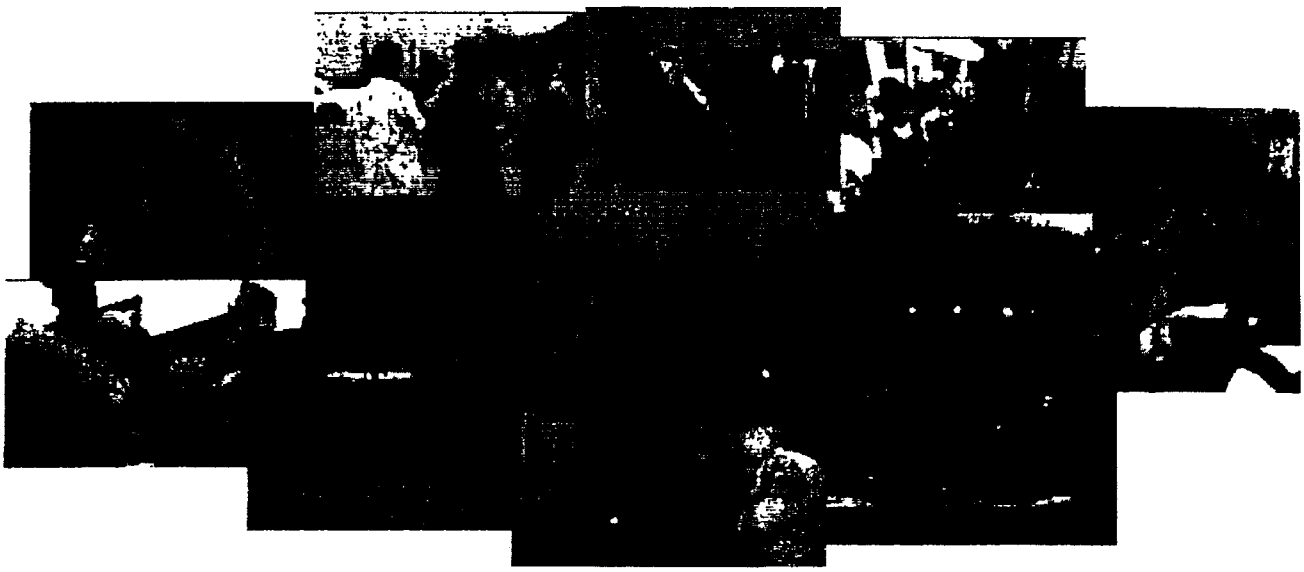
Department of Defense Report to the House Appropriations Committee On Service Efforts to Establish Formal Post-Deployment Programs



Department of Defense
Report to the House Appropriations Committee
On
Service Efforts to Establish Formal Post-Deployment Programs

EXECUTIVE SUMMARIES

This report is submitted in response to the request in the Report of the Committee on Appropriations on the Department of Defense Appropriations Bill, 2004, H.R. Rep No. 187, 108th Congress, 1st Session 76 (2003), for the Army, Marine Corps, Navy, and Air Force to report on the status of the post-deployment support for military members and their families. Specifically, the Committee requested that the Army provide a report on the status of its efforts to implement the Army "Post Deployment Cycle Support Plan" Service-wide. It also requested the other Services to report on their efforts to develop formal Post-Deployment Programs. DoD submitted an interim report to the Committee requesting an extension for the report's submission from November 15, 2003 to January 15, 2004. This report compiles summaries of each Services' program, including those of the active and Reserve components, into a single report that addresses the Committee's expressed concern about "the lack of formal programs designed to re-engage military personnel with society following wartime missions." The report provides a broad overview of Service deployment support in terms of policies, programs and services, successes and challenges, and statistical information.

ARMY

The Deployment Cycle Support (DCS) is the Army's new formal comprehensive post-deployment program that was implemented after the commencement of Operation Iraqi Freedom.

Headquarters, Department of the Army, (HQDA) G-1-Human Resources, Well-Being Division (HR-WB) hosted a DCS Planning Conference at Fort Bragg, NC, from April 7-11, 2003. Seventy-seven representatives from HQDA; Major Army Commands (MACOMs); separate agencies such as U.S. Army Community & Family Support; Installation Management Agency and installation representatives; U.S. Army Safety Center; and United States Marine Corps participated in the conference. Conference participants reviewed the Army's deployment doctrine, reconstitution, and post-deployment support actions; identified and prioritized DCS tasks that were developed during the conference; and identified policy proponents for each task and/or commands/agencies responsible for task implementation.

On April 22, 2003, the DCS Contingency Plan (CONPLAN) was staffed with proponents and briefed the Chief of Staff and G-1, U.S. Army Forces Command (FORSCOM). On May 2, 2003, Headquarters, Department of the Army (HQDA) published the DCS CONPLAN through the HQDA, G-3. Additionally, a Web site was

established to assist soldiers, leaders, and units by providing standardized briefing packets, information papers and the new Post-Deployment Health Assessment (DD Form 2796). This Web site provides consolidated reference tools to assist commanders, soldiers, and family members with reintegration and reunion issues. (www.armyg1.army.mil/default.asp?pageid=101f).

DCS prepares soldiers and Department of the Army (DA) civilians for returning to spouses and families. DCS assists soldiers and DA civilians redeploying from combat or other operations, and their family members, in meeting the challenges of returning to "home station." To ensure smooth transition, soldiers, DA civilians, and family members participate in a number of classes, discussions, and assessments. For deployed soldiers and DA civilians, the DCS process begins in theater and continues at demobilization sites and home stations. For family members, training is conducted at home stations. They receive information on family reunion and health care, as well as individual assessment by the unit leadership. Based on these individual assessments, soldiers and DA civilians participate in follow-up assistance, as appropriate. Currently, Forces Command (FORSCOM), U.S. Army Europe (USAREUR), and 3rd Personnel Command are executing the DCS Contingency Plan.

MARINE CORPS

Deployments are a constant reality for Marines, sailors, and their family members. There are a multitude of programs and services offered before, during, and after deployments. Operation Enduring Freedom and Operation Iraqi Freedom provided the Marine Corps with the opportunity to expand on these programs where appropriate. Return and reunion at the end of deployment create demanding challenges for Marines, regardless of age, experience, or length of service. As Marines return and reunite with their families, they require adequate preparation and support services to ease the transition from the battlefield to the home. As important as this transition is for the returning Marine, it is equally important for the family members. In recognition of the importance of the transition home for both Marines and their families, the Marine Corps developed a standardized return and reunion program developed in coordination with Marine Corps Community Services (MCCS) personnel, health professionals, and chaplains. The program consists of a mandatory warrior transition brief for the returning Marine, a return and reunion guidebook for Marines and family members, a caregiver brief, and briefs designed for spouses.

The information provided in this report provides an overview of the Marine Corps' Return and Reunion program, specifically designed to ease the assimilation of Service members back into family life following long periods of separation, as well as brief information on the additional support programs offered in support of deploying Service members and their families.

NAVY

The Department of the Navy (DoN) provides a variety of post-deployment programs in support of Service members and their families. Services are provided through the 55 (6 of which are multi-sited) Navy Fleet and Family Support Centers (FFSCs) located worldwide. The Navy Chaplain Corps also provides services in support of sailors and Marines returning from extended deployments during wartime. The primary focus of all post-deployment programs is to ensure successful reintegration of the family after periods of extended deployment.

Historically, the Department has regularly provided post-deployment programs since Navy deployments are generally six-months or longer and are a way of life for sailors and Marines and their families. However, during the period of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF), Navy experienced a significant surge in demand for those programs and met that demand with existing resources.

The programs and services provided by FFSCs for post-deployment include: Return and Reunion (R/R) for service members transiting home; workshops and briefs for Service and family members not deployed; increased Information and Referral (I/R) services for family members, including extended family members, training for Navy Family Ombudsmen (the commanding officer's primary communications link between the deployed command and families at home); priority individual and family counseling services for families of deployed Service members; and demobilization services for returning Reservists. All of the Services are also available to activated Reservists and their families either through the active duty commands or the Commander, Naval Reserve Forces (COMNAVRESFOR).

The Chaplain Corps has historically provided various retreat programs for sea service personnel, their families, and retirees. Since the attacks of September 11th, operational forces have been deployed away from home for longer periods. New programs have been developed that are more "mobile," allowing the Chaplain Corps to meet the needs of operational forces.

Navy Bureau of Medicine and Surgery

Navy Medicine is only able to provide the number of post-deployment health assessment (PDHA) forms completed during part of FY03 as a surrogate measure of the number of personnel receiving a post-deployment briefing. Personnel on U.S. Navy ships were not required to receive PDHAs prior to April 2003. As of October 16, 2003, data indicate that 20,098 sailors have received briefings as part of the post-deployment health assessment process since its inception in April 2003. Navy Medicine expects that the number of documented assessments will continue to rise as the PDHA and data reporting process continues. Although many ships' crews may have received briefings upon returning home from deployments prior to that date, no data or surrogate data exists

on post-deployment briefings given before data collection became a requirement in April 2003. Navy Medicine does not maintain, collect, or record data on the number of families briefed on post-deployment services.

AIR FORCE

Air Force Family Support Centers (FSC) serve as the focal point for effective return and reunion (post-deployment) programs. Family Readiness Non-commissioned Officers, assigned to each FSC, lead coordination of information and education for members and families *prior to deployment*, *during deployment*, and *post-deployment*. This three prong approach helps to normalize feelings family members may experience, prepare them for the changes that may have occurred while they were separated, and encourage realistic expectations and early awareness of the challenges associated with family reunion. Air Force trains FSC staffs on 'post-deployment support to families' at our Air University Readiness Qualification Course (RQC). It prepares the staff to offer a variety of pre-deployment briefings, one-on-one sessions, classes, workshops, etc. The Family Advocacy Program, a medical program component, enhances Air Force readiness by promoting family and community health and resilience while advocating for non-violent communities. A collaborative team of all of the installation-level helping activities, (family support, chaplains, life skills, mental health, family advocacy and child/youth programs) comprise an Integrated Delivery System (IDS). The joint effort results in smooth reunions for Service and family members. In addition, each helping activity offers support services and programs based on specific needs of the families.

The Air Force highly encourages post-deployment education for military personnel and their families but does not mandate participation. Yet, based upon the proven value and effectiveness of post-deployment preparation, many bases require return and reunion education as a part of the member's mandatory post-deployment checklist.

The Air Force IDS is currently studying post-deployment support practices across the Air Force, viewing the practices of individual helping activities, as well as installation collaborative efforts. Air Force will promote its best practices at the completion of the study.

NATIONAL GUARD BUREAU

The National Guard (NG) is dedicated to providing the essential tools, programs and resources necessary to our Service members and their families throughout their military experience, especially for the five stages of deployment (pre-deployment, deployment, sustainment, redeployment, and post-deployment). There are many issues and challenges for our families during these stages. In anticipation of this, a vast array of family support and assistance programs and services are provided at both the state and unit level.

State Family Program Coordinators (SFPCs) are the primary resource in providing family readiness support to commanders, soldiers, airmen, and families. They work closely with their unit family readiness points of contact, family readiness groups (FRGs), state chaplains, recruiting and retention offices, employer support Ombudsmen, and where available, active and other Reserve component family support centers. Due to the geographic dispersion of our families and the distance from active duty installations, this group of dedicated coordinators reach out to community resources to provide the needed services to our military and family members. These local resources include the American Red Cross, community social services, Veterans Administration and VET Centers, other governmental agencies, private associations, faith based organizations, and many others. The National Guard also takes advantage of Army and Air Force wide programs that are available, including "Military One Source", the Army Career and Alumni Program, and Operation READY.

As part of the deployment cycle, the Army National Guard (ARNG) within each state, territory, and the District of Columbia is responsible, by regulation, for coordinating family assistance for all military family members within the State and in the areas beyond the support capability of military facilities. In addition to married and single Service and family members, the National Guard includes extended family members in its information and referral services.

The ARNG is currently operating about 400 family assistance centers (FACs) throughout the 54 states and territories. The FACs are regionally based and publicized as the primary entry point of service and assistance that any military family member may need during the deployment cycle. This includes the preparation, sustainment, and reunion phases. The primary service provided by the FACs is information, referral, out-reach and follow-up to ensure a satisfactory result. The FACs are critical links for the families, service members, command, and community.

The physical, financial, medical, psychological, and social impacts of rapid separations and extended deployments are a great concern for our National Guard leaders. As the NG deals with shorter notice of open-ended deployments than ever expected, the constant state of readiness becomes ever more important. The only way to meet the mission is to keep family readiness at the forefront. The NG will continue to

provide programs and services and seek the necessary resources that will promote and ensure resilience, self-reliance, and positive growth in families - "We must resource our families, not rescue them."

DOD POLICIES

DoD Instruction 1030.2, "Victim and Witness Assistance Procedures"

DoD Instruction 1342.17, "Family Policy"

DoD Instruction 1342.22, "Family Centers"

DoD Directive 1342.23, "Family Readiness in the National Guard and Reserve Components"

DoD Directive 6400.1, "Family Advocacy Program"

SERVICE POLICIES

ARMY

Army Community Services

Army Regulation 608-1, Army Community Service

Army Regulation 600-20, Army Command Policy

Department of the Army Pamphlet 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing)

DA PAM 608-47, Family Support Groups

FM 100-17, Mobilization, Deployment, Redeployment & Demobilization

Army Mobilization, Operations, Planning and Execution System (AMOPES), Annex E, Appendix 6 (Family Assistance)

Concept Plan (CONPLAN) (U) Department of the Army Global War on Terrorism (GWOT) Post Conflict / Mobilization Personnel Operations

HQDA Personnel Policy Guidance ISO Operations Noble Eagle, Enduring Freedom and Iraqi Freedom

Forces Command Mobilization and Deployment Execution System (FORMDEPS)

USARC Regulation 608-1, Reserve Family Programs

Army Family Advocacy

Army Policy Memorandum on Domestic Violence, May 8, 2003

AR 600-20, Army Command Policy, May 23 2003

AR 608-1 Army Community Service, August 1, 2000

AR 608-18, Army Family Advocacy Program, September 1, 1995

Deployment Cycle Support (DCS) CONPLAN Department of the Army Support to CENTCOM's Post Conflict/Mobilization Personnel Operations, May 2, 2003

Rest and Recuperation (R&R) CONPLAN: Department of the Army Support to CENTCOM Rest and Recuperation (R&R) Leave Program, October 2, 2003

MARINE CORPS

Marine Corps Order P2400.24B, Personal Services

All Marine Corps Message (ALMAR 016/03)

All Marine Corps Message (ALMAR 032/03)

NAVY

SECNAV Instruction 1754.1A, "Department of the Navy Family Center Program"

OPNAV Instruction 1750.1D, "Navy Family Ombudsman Program"

Navy Bureau of Medicine and Surgery

Naval Administration Message (NAVADMIN 142/03) Chief of Naval Operations, Washington, DC (Date-Time-Group: 20030529), instituted the enhanced post-deployment health assessment program, which requires the completion of a health assessment form and a face-to-face assessment with a health care provider. A briefing on post-deployment issues is provided to each member to assure proper completion of the assessment process. Detailed guidance on how to complete the assessment process is provided on the Navy Environmental Health Center Web site at http://www-nehc.med.navy.mil/.

AIR FORCE

AFI 36-3011 Family Support Centers; AFI 90-501 Community Action Information Board and Integrated Delivery System

AFI 44-153 Critical Incident Stress Management

AFI 44-154 Suicide and Violence Prevention Education & Training; AFI 40-301, Family Advocacy Program

NATIONAL GUARD BUREAU

Army Regulation 600-20, Army Command Policy

Army Regulation 608-1, Army Community Service

Department of the Army Pamphlet 600-8-101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing)

DA PAM 608-47, Family Support Groups

FM 100-17, Mobilization, Deployment, Redeployment & Demobilization
Forces Command Mobilization and Deployment Execution System (FORMDEPS)
Army Mobilization, Operations, Planning and Execution System (AMOPES), Annex E, Appendix 6 (Family Assistance)

Concept Plan (CONPLAN) (U) Department of the Army Global War on Terrorism (GWOT) Post Conflict / Mobilization Personnel Operations
HQDA Personnel Policy Guidance ISO Operations Noble Eagle, Enduring Freedom and Iraqi Freedom

National Guard Regulation 600-12, National Guard Family Programs

PROGRAM OVERVIEWS

ARMY

Army Community Services. The Army is committed to providing a full range of essential support and services to soldiers and their families throughout the entire spectrum of operations. This commitment is implemented by leaders at all levels of command, from the first-line supervisor to the Secretary of the Army. A vast array of Army family support and family readiness programs are provided at installations worldwide to help families respond to various transitions they experience, such as relocation, separations, and deployments.

The Family and Soldier Readiness System includes Family Assistance Centers (FACs), Family Readiness Groups (FRG), Rear Detachments (RD) and unit Family Readiness Liaisons (FRL). Unit commanders' work with Army Community Service (ACS) representatives and other agencies to ensure each component of the program contributes effectively to the goal of caring for soldiers and families. Directors reach out to the National Guard and Army Reserve units in their geographic area of responsibility to assist the Reserve Component (RC) family program personnel in providing briefings or other assistance to RC families. At the unit level, commanders use ACS and other Army and community resources to ensure that Soldiers and families are prepared prior to deployments, cared for during deployments, and successfully reunited after deployments.

ACS is the principal agency responsible for providing personal and family readiness support to commanders, soldiers and families. The ACS Operation READY (OP READY) training program assists commanders in meeting family readiness objectives. Modules include: Army Leaders' Desk Reference for Soldier/Family Readiness, The Army Family Readiness Handbook, Pre-deployment and Ongoing Readiness, Homecoming and Reunion, Family Assistance Centers, Rear Detachment Commanders, and Children's Workbooks and videos. OP READY is available through ACS, RC family program staff and most of it can be viewed on-line at Virtual ACS, www.goacs.org.

The services of the full time and contract family readiness coordinators and specialists have allowed the U.S. Army Reserve Command (USARC) to establish essential processes for the Reservists and their families to prepare them for extended deployments. Family readiness coordinators and specialists provide services to the USARC G-1 Family Program Office, Regional Readiness Commands (RRC), unit level commanders, and Family Readiness Groups.

The impact of deployments and separations on spouse stress levels and family life is of paramount concern for the Army. The complement of programs offered and coordination among RDC, FRG and community agencies during the entire phase of the operation help families adapt and adjust to demands and promote self-reliance.

- Pre-deployment Support. The foundation of an effective family readiness program is the unit-level FRG.

    - Commanders have the responsibility to establish the FRG. The primary purpose of the FRG is to encourage self-sufficiency among its members by providing information, referral assistance, and mutual support. The FRG conducts regular meetings and various activities to promote cohesion among family members and provides a communication link among family members, the unit and community resources. Unit spouses volunteer for various leadership roles within the FRG.

    - ACS and USAR family program personnel conduct pre-deployment briefings and conduct training for RD, FRG leaders, and FAC Team members.

    - Successes: Family members in units that have active FRGs prior to the unit deploying fare better than those units that have to develop a FRG upon notification of deployment, as reported in the "Family Readiness Support and Adjustment among Army Civilian Spouses" *Survey of Army Families (SAF) IV* follow-on analysis (2002) and *The Yellow Ribbon, Army Lessons Learned from the Home Front, Desert Shield-Desert Storm* (Center for Army Lessons Learned: June 1991).

    - Challenges: Family members who do not live near an installation or Reserve Center often do not participate in FRGs or attend pre-deployment briefings.

- During Deployment Support. When a unit is notified of an imminent deployment, unit commanders alert FRGs and identify RD assets to provide a link between the deployed unit and families.

    - The FRG acts as a conduit of reliable information and refers families experiencing difficulties to the appropriate community service agency. The FRG serves as a viable link for command information on deployment and redeployment dates, changes in the unit's status or mission, and other items of interest to family members.

    - The Rear Detachment Commander (RDC) serves an important role. When an Army unit deploys, several military members are left behind to handle securing unit and personal property that is not being sent to the deployment site, administering the personnel and pay functions for the soldiers, communicating with the deployed unit, and assisting families of the deployed soldiers. Together, the RDC, ACS, rear detachment chaplains,

FRGs, and other community resources provide support to families that address the unique aspects of stress associated with deployments.

- Commanders establish consolidated FACs at the brigade, division, or installation level depending on local circumstances. These FACs serve as one-stop resource centers for families prior to and during a deployment. Key support agencies such as ACS, chaplains, legal assistance, Army Emergency Relief, TRICARE, military personnel and finance are represented in the FAC. FACs may operate on a 24-hour basis as long as demand warrants. The Army National Guard also operates FACs.

- Successes: (1) FRGs provide accurate and timely information from the deployed unit to the families. (2) RDCs are essential to unit family readiness programs. (3) Forces Command has directed that the USAR and ARNG provide RDCs in their units and has provided funding. (4) FAC operations have received positive comments from family members and RDCs alike.

- Challenges: (1) Including extended family members (i.e. parents, siblings, etc) is difficult if the soldier does not authorize the FRG to communicate with them. (2) Changing RDCs during the deployment creates frustration for families. (3) Unprogramed expenses for FAC operations.

- Redeployment and Post-Deployment Support. The final phase of operational support is reuniting families and reintegrating soldiers to the installation. The Army's Deployment Cycle Support Program (DCS) includes preparing soldiers and their families for reunion. The standard for the reunion training is the Operation READY Homecoming and Reunion module.

  - Prior to the redeployment date, ACS intensifies its efforts with unit FRGs to prepare waiting families by conducting homecoming and reunion briefings. Installation-wide reunion briefings and counseling services are often conducted in coordination with assigned chaplain staffs and social work services. Specific reunion programs are aimed at minimizing the turmoil families might experience as they transition together.

  - Commanders of deployed soldiers ensure soldiers receive redeployment training prior to leaving the deployment area. Chaplains provide this in the form of reunion training for groups or individual support to soldiers to normalize the phases and process of reintegration to the family following redeployment.

  - Within weeks after settling in, ACS and unit chaplains provide follow-up workshops on various aspects of reunification such as reestablishing

relationships with spouses and children, changes that have occurred in each spouse and between the spouses and the children, adjusting to household routines, disciplining and managing children, handling family finances and meeting the expectations of children (especially those born while the soldier was deployed). Unit chaplains remain available for confidential counseling.

- Successes: RDCs and FRGs requesting ACS personnel conduct reunion training.

- Challenges: Reaching those family members who do not live near an installation or USAR center.

Family Advocacy. The Army Family Advocacy Program (FAP) has committed itself to implementing a comprehensive family and Service member program to reduce domestic violence. Three years ago the Congress required the Secretary of Defense to establish the Defense Task Force on Domestic Violence to assist the Department of Defense (DoD) in improving its response to domestic violence. The Task Force's final report outlined several key points designed to impact the prevention of domestic violence in the military. The Task Force deemed a cultural shift necessary to one that does not tolerate domestic violence and punishes criminal behavior. The Task Force also identified the critical need to increase the number of victim advocates in order to fully implement services to victims at all installations.

In order to assess its program, the Army convened a Domestic Violence Task Force to conduct a comprehensive study of the incidents of domestic violence among soldiers and their families and to provide findings and recommendations essential to preventing domestic violence. The study found: (1) the Army has fewer male-female domestic homicides than civilian sector (R. Gelles, PHD); (2) FAP is recognized as a comprehensive strategy for dealing with domestic violence (DV) (Coordinated System Approach); (3) the Army has more community Memoranda of Agreement on DV intervention than the other Services. The Army's Task Force efforts showed that: marital discord is a pervasive factor impacting mission; a study on the impact of personnel tempo (PERSTEMPO) should be conducted; deployment transition programs should be reenergized; and delivery of behavioral health services should be better integrated.

The Army is totally dedicated to the safety and well-being of Soldiers and their families. In its endeavor, it has improved its Family Advocacy Program. Changes include:

- Revising the Family Advocacy Program regulation to incorporate military protection orders, fatality reviews, and increased training requirements.

- Pilot-testing, in conjunction with the other Services, a Spouse Abuse Risk Assessment tool for high-risk groups.

- Expanding training for first responders in collaboration with the Department of Justice in development of training curricula for chaplains, military police, and other personnel. The Army has expanded the mobile training teams for maximum effectiveness to meet identified need Army-wide.

- Family Advocacy Programs (FAP). The Army FAP has implemented a comprehensive family and service member program to reduce domestic violence.

- Emergency Placement (Foster Care). The program provides temporary substitute care in overseas to ensure a child's welfare when the biological family cannot meet that responsibility, or the child is in transition to an adoptive home.

    - Successes: The Army has fully implemented Emergency Placement overseas

    - Challenges: Host nation laws, sometimes difficult to adhere to, cause unforeseen delays

- Victim Advocacy Program (VAP). The program promotes early identification and intervention in domestic violence, provides victims a safety net through safety planning, supports and informs about victim rights and resources, and empowers victims to preserve their integrity and increase self-reliance. Currently, victim advocate positions have been established at forty-six installations Army-wide.

    - Successes: (1) The Army implemented the Victim Advocacy Program at 46 installations. (2) There is a significant increase in the number of victim assistance beneficiaries.

    - Challenges: (1) Victim Advocates can provide only limited confidentiality to victims of domestic abuse. (2) We do not have victim advocates at all installations due to funding constraints.

- Transitional Compensation (TC). The Transitional Compensation (TC) Program was initiated in the FY94 National Defense Authorization Act to provide benefits to dependents of active duty military personnel who are separated pursuant to a court-martial or administrative action, or sentenced to forfeiture of all pay and allowances as a result of a dependent-abuse offense. The program supports victims of abuse during their transition from the military to civilian life. The growth of the TC Program for abused victims has paralleled that of the Victim Advocacy Program. Victim advocates, in coordination with installation Staff Judge Advocate victim-witness liaisons, assist victims of abuse to apply for and

obtain benefits available through this program as well as state victims of crime funds.

- Successes: (1) The Army has implemented the TC at all its installations. (2) There is a significant increase in number of victim assistance beneficiaries.

- Challenges: Getting the word out; not everybody is aware of the availability of the program.

- The Family Advocacy Law Enforcement Training (FALET). The Army is the only Service with specialized training on domestic violence for law enforcement personnel. Designed for criminal investigators and military police, the FALET is offered at the U.S. Army Military Police School, Fort Leonard Wood, Missouri. The FALET includes two courses, Child Abuse Prevention Intervention Training (CAPIT) and Domestic Violence Intervention Training (DVIT). The CAPIT is an eight-day course that trains investigators and CID special agents on how to investigate child abuse. The DVIT, a five-day course, teaches students how to intervene in Domestic Violence situations. In addition, domestic violence training is provided to the Military Police Basic and Advanced Officer Courses, Basic and Advanced NCO Course, Military Police Investigation, Apprentice Special Agent Course, and Warrant Officer Basic and Advanced courses. There is also an Army-wide training for law enforcement, lawyers and social workers on the investigation and prosecution of child sexual abuse.

  - Successes: (1) The Army is the only service with specialized training on domestic violence for law enforcement personnel. (2) There is a significant increase in demand for law enforcement training.

  - Challenges: Needs and demands for the training are not met due to funding constraints and the U.S. Army Military Police School is limited in its implementation.

- New Parent Support Program (NPSP) Plus. The New Parent Support Program (NPSP) is a secondary prevention program mandated by Congress. The program is designed for the at-risk and high-risk military population, providing early intervention to reduces crisis and change precipitating behaviors and conditions before abuse occurs. The program uses a home visitation model to promote positive parenting and role models of healthy family interactions. Each NPSP site has a team, consisting of licensed social workers and nurses, who supplement and complement existing programs. The NPSP Plus targets first time parents and is currently operational at 22 installations Army-wide.

- Successes: (1) Home visits are making a difference. Education of parents about positive parenting skills, child development, life stage issues, separations, and similar matters, enhances family and mission readiness. (2) There is a significant increase in parent awareness of the well being of the child and fewer cases of child neglect.

- Challenges: Only 22 installations have the program due to funding constraints.

- Treatment. Assessment, intervention, and treatment services after a domestic violence incident has been reported. Treatment modalities are designed to prevent recurrence, reestablish safety, protect victims, and deter offenders. Medical Treatment Facility staff is responsible for treatment services.

  - Successes: Treatment services are provided throughout the Army medical treatment facilities and Department of Social Work.

  - Challenges: Funding the high cost of professionals to provide treatment services.

- Army One Source. The Army One Source (AOS) is a component of the Chief of Staff of the Army's-directed Deployment Cycle Support (DCS) CONPLAN for Operations Enduring Freedom and Iraqi Freedom. The AOS is a command program that supplements existing family programs. The program is a 24-hour, seven day a week, toll free information and referral telephone line and Internet/Web-based service available to active duty soldiers, mobilized Reserves, deployed civilians and their families worldwide. AOS provides information on matters ranging from every day concerns to deployments/ reintegration issues. Additionally, if there is a need for face-to-face counseling, the AOS will provide referrals to professional civilian counselors for assistance.

- Successes: Awareness and utilization of the program are expanding.

- Challenges: (1) To extend the face-to-face counseling program as long as it is needed (e.g. as long as troops remain in Iraq, and Afghanistan). (2) Continue funding face-to-face.

U.S. Army Chaplain Post-Deployment Programs. Historically, Army Chaplains have always been involved historically with pre- and post-deployment activities because of their integration at the unit level. Since the inception of the Deployment Cycle Support Program, chaplains have partnered with multiple agencies on key task development and execution. Following deployment, unit chaplains are available for follow-up counseling and referral for soldiers and family members. The Army Chaplaincy also has a pilot initiative, Building Strong and Ready Families, which focuses on transition to the

military culture and specifically targets relationship education. Program evaluation is strong and supports the effectiveness of the program.

DCS Program Involvement. Active and Reserve Unit Ministry Teams (UMTs) are key components of the intentional reintegration of soldiers to their lives at their home stations. UMTs are involved in every phase and critical task list of the DCS Contingency Plan. The key DCS tasks, and phases, involving UMTs are:

- Provide reunion training (redeployment and post-deployment).
- Provide suicide awareness and prevention training (redeployment; post-deployment).
- Provide debriefing opportunity for soldiers to integrate deployment experience as a life experience (redeployment; post-deployment).
- Provide a marital assessment instrument (post-deployment; reconstitution).
- Provide training on changes in relationships and communication with spouse and children (post-deployment).
- Provide a marriage assessment tool and voluntary one day marriage education workshop (reconstitution).

Rest & Recuperation Leave Program Support. Chaplains are the primary briefing agents prior to and following the Rest & Recuperation Leave Program. These briefings include many of the elements of the normal redeployment and post-deployment training including reunion training, safety, and adjustment issues.

The Building Strong and Ready Families Program (BSRF). BSRF is also being utilized as a pre- and post-deployment activity on a limited basis. BSRF is a program designed to strengthen young married couples so they can withstand the pressures of the Army. BSRF is a three-level experience that includes both on-site and off-site events. During the first activity, couples learn the traits needed for an effective marriage and complete a health risk assessment instrument. The second activity occurs during the duty day at the installation. Couples build marital skills using the Prevention and Relationship Enhancement Program (PREP) materials. Health promotion staff then interview participants and inform them of potential community helping agencies. Health personnel promote community wellness resources for families, gathering data, and assessing risk factors for health and family violence. The final activity is a chaplain-led overnight marriage enrichment retreat.

- Participants. Thirty-six brigades, active and Reserve components, executed at least one iteration of BSRF in FY03. Operational tempo significantly impacted full execution and program evaluation.

- Training. Five key leader-training events were conducted for U.S. Army Pacific, U.S. Army Europe, Training and Indoctrination Command, U.S. Army Special Operations Command, and U.S. Army Forces Command. These training events assisted the pilot brigades as they implemented the program. The training focused on a wide range of topics, including: administration, funding, logistics, program evaluation data collection, and effective partnership skills.

Army Medical Services

Behavioral Health (BH) Care Managers. The BH system has expanded its support of deploying and redeploying Soldiers by embedding more social care managers into primary care facilities. The Social Care Manager Program has a targeted goal of increasing its professional staff by 58 new applicants. To date, 38 applicants out of 58 have been selected. Of the 38 selected applicants, 5, are working on credentialing packets, 9 have submitted their packets to credentialing and 25 have been credentialed. This program afford the military health care system (MHS) to render support to both deploying and returning troops in a timely and structured process that maintain proper provider-to-patient ratio.

Major Depressive Disorder Clinical Practice Guidelines (CPG). The CPG was launched September 2002. The CPG calls for all patients seen in primary care to be asked, "Over the past two weeks have you felt down, depressed, or hopeless?" and "Over the past two weeks have you had little interest or pleasure in doing things?" The Army is in the process of capturing and assessing the outcomes of this CPG.

Deployment Health Clinical Center (DHCC). DHCC is a DoD Center of Excellence with the chartered mission of fostering tri-service innovation and improvement in post-deployment health care. DHCC is comprised of three integrated components: 1) delivery of care, 2) dissemination of "best post-deployment health care practices" through educational programs, and 3) completion of health services delivery research that uses science and epidemiology to study how new approaches to health care delivery does (or does not) improve key health outcome. Since the beginning of Global War on Terrorism, the DHCC has seen over 1,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Soldiers. DHCC coordinates with Medical Command (MEDCOM) and tri-service agencies to harness the knowledge and resources to study, develop and integrate proven best practices to assess, monitor and manage redeploying Service members who relate their medical concerns to recent deployments. The following paragraphs provide a short description and breakdown of each of these three mission elements.

- Delivery of care. DHCC has been doing clinical evaluations and case-management of evacuated OIF soldiers, and has seen close to 1,000 OIF/OEF soldiers to date. These are primary care only and collaborative care patients (i.e., combined primary, specialty, and case-management care in people with more intensive needs). For 8 years, Walter Reed Army Medical Center (WRAMC) has run the "specialized care program," that is an intensive interdisciplinary rehabilitative care program for people who have more persistent needs, particularly those patients who present "risk management dilemmas" for the MHS. This was started for service members with idiopathic symptoms that they related to their Gulf War service. Since its inception, WRAMC has seen Service members after deployments to Kosovo, Africa, Afghanistan, and after other militarily relevant exposures (e.g., anthrax vaccinations).

- Dissemination of best-practices. DHCC has coordinated with the Army Executive Agency to develop CPG at MEDCOM and with the Department of Veterans Affairs (VA), Health Administration to advocate, promote, and implement key post-deployment guidelines. The most important of these is the DoD and the VHA CPGs on post-deployment health evaluation and management. It has several key elements that clinics can use to 'reengineer' and improve post-deployment care. For example, the guideline prescribes that all primary care activities use a 'military unique vital signs' for identifying deployment-related health concerns in people seeking care in our system. DHCC also maintains a Web site, www.pdhealth.mil, which uses several methods to keep providers apprised of new military-related health concerns using science, the news media, fact sheets, and clinical assessment tools.

- Post-deployment health services delivery research. This extension of DHCC is essentially extramurally funded and self-sustaining. DHCC has successfully completed and is currently completing a wide-range of projects that put science behind improving post-deployment health care delivery. DHCC has been competitively funded for projects by the Center for Disease Control (CDC), VA, DoD, and the National Institute of Health (NIH). The research program goals are to change practice delivery by completing scientifically credible work and regularly publishing that work in peer-reviewed medical journals. In FY02, 29 articles were published on topics of relevance to post-deployment health care delivery. DHCC is currently assembling publications for FY03, and believes a similar amount of work was completed. DHCC piloted a primary care approach to bolstering guideline care using primary care-based "deployment care managers" after the Pentagon attack and has presented that work at international meetings. The DHCC staff has consulted with the Army Medical Department (AMEDD) on how to generalize this care-manager approach as an AMEDD element of the Deployment Cycle Support Program.

Post-Deployment Clinical Practice Guideline (CPG). The Post-Deployment Health CPG was launched in September 2001. A recent special study conducted by the TRICARE Management Activity (TMA) under the National Quality Management Program indicated that 93% of the 135 Army, Air Force, and Navy medical treatment facilities (MTFs) surveyed have begun implementation of the guideline by screening patients seen in primary care with the question, "Is this visit deployment related?" according to the CPG. In support of the redeployment of soldiers from the Central Command Area of Responsibility to United States and Europe, Walter Reed's Deployment Health Clinical Center, in collaboration with MEDCOM's Quality Management Division Clinical Practice Guideline Section, completed 6 command-wide video-teleconferences during the months of June and July 2003 to provide updated training, information, and emphasis on the VA/DoD Post-Deployment Health CPG. The teleconferences provided training to providers and health care administrators to enable and assist redeploying soldiers and their families with deployment-related health concerns. The teleconferences trained over 450 participants at 57 different sites.

FEDS-HEAL Program. The Federal Strategic Health Alliance (FEDS-HEAL) is designed to enhance routine and pre-mobilization medical and dental readiness services. It is the primary means of accomplishing this mission for the Army Reserve, and is being used on a limited basis by the Army National Guard and Air Force Reserve. FEDS-HEAL services support post-deployment diagnostic testing (blood specimen collection, tuberculin skin testing, diagnostic radiography, leishmaniasis screening, and other services as requested). FEDS-HEAL has been tasked to develop post-mobilization services that leverage its nearly universal geographic coverage and its reach across the Reserve Components, the MHS, the VA (to include expansion to the VA's Seamless Transition Team), and the Public Health Service. Capabilities now exist to provide expanded post-mobilization screening, call center operations (resource and referral, similar to an Employee Assistance Program (EAP), enhanced and intensive care (case) management services, referral services to general and specialty care, and staff augmentation at specified locations. This service line has not been initiated pending policy decisions and associated resourcing.

MARINE CORPS

Return and Reunion Program. The Commandant of the Marine Corps outlined the steps in this important program for all Marines in All Marine Corps message 032/03 and to commanders in White Letter 03-03. Return and reunion presentations for family members were made abundantly available and marketed to family members (spouses, children, and significant others) aboard receiving installations and at appropriate Reserve locations as early as 30 days prior to the return of units. The information used by command leaders, family readiness officers, and Marine Corps Family Team Building (MCFTB) staff was organized into topics according to perspective: single Marines and their significant others, married Marines and their spouses; Marines with children; single parent Marines; and Reservists returning to civilian jobs. In addition to the travel-size copy of a guidebook provided to all Marines prior to their departure from the theater of operations, guidebooks were available on-line for installation staff and family members at home. The guidebook covers issues such as return as a process requiring time and effort, managing expectations and staying flexible, reunion as a single parent, reunion and marriage, children, and work. Tips for a successful homecoming are also included.

The return of Marines from Operation Enduring Freedom and Operation Iraqi Freedom and their reunions with family members and reintegration with "normal" life is a challenge. The naval services have significant experience with extended operational deployments and reunions; however, both the size of the deployments and the significant combat operations recently experienced by Service members have added to the challenge. Building on existing programs and agencies, a standardized, comprehensive approach was developed. In-theater training and briefings are provided prior to return. At the same time, installations are training personnel and providing similar briefings to family members. These prevention efforts are designed to provide a common situational awareness to the Service members and their families, identify potential risks, and highlight assistance resources that are available, all in an effort to reduce stress. Complementing this prevention an effort is a similar intervention effort where leaders are trained to identify potential challenges and subject matter expertise is made available to support command efforts to address problems as they arise. This on-going effort, in both the Reserve and active components, to take care of Marines and their families recognizes their valued service and aids in the reconstitution of the total force operational capabilities necessary to continue the support for the global war on terrorism. Some specifics of the Return and Reunion program include:

- A tailored in-theater training, focusing on Combat Stress Control (CSC) programs (the symptoms and risks of untreated combat stress, how to recognize it, and both in-theater and home base resources to assist in its treatment), is provided to unit leaders which helps leaders discharge duties, and deal with their own issues, if any.

- A standardized "Warrior Transition" presentation is delivered to each unit and non-casualty individual prior to leaving the theater of operations by the unit chaplain or Chaplains Religious Enrichment Development Operation (CREDO)-trained chaplains. The brief covers three reunion components: "Where I've Been," "Where I'm About to Be (Home)," and "Where I'd Like to Be," to walk recipients through the process of reintegration with family and society. Other available chaplains and Medical Corps personnel are on hand to observe the command briefs, to help identify Service members exhibiting signs of combat stress and offer supportive services as needed. Mental health professionals in the theater are used for the more serious cases.

- 54,000 copies of a "Return and Reunion Guide for Marines and Families" were prepared and distributed to the Marine Corps Family Team Building Programs in Marine Corps Community Service (MCCS) in late 2003 and sent to Iraq where others were received in Iraq mid-May 2003. These guides were distributed to returning marines prior to arriving in the U.S. and distributed to family members through MCCS. This guide covers the different aspects of return and reunion dynamic, from different perspectives (single Marines and their significant others, married Marines and their spouses, Marines with children, single parent Marines, and Reservists going back to civilian jobs).

- Upon arrival at the home location, unit commanders ensure that Marines are aware of the supportive services available through the chaplains, Marine Corps Community Service (MCCS), and MTF's. Commanders of MTF's provide mental health professionals who are readily available for Marines. Commanders allow time for returning Marines to "decompress" from their battlefield experience. A standardized "Return and Reunion for Spouses" presentation is provided and posted on the MCCS Web site for use by installation staff (commanders, chaplains, and MCFTB staff). All installation commanders, and Commanding General Marine Forces Reserve (MARFORRES) provide briefs to family members (spouses, children, and significant others) aboard receiving installations and at appropriate reserve locations as early as 30 days prior to return of units.

- Another modified CREDO offering, "Caring for the Caregivers," was established on-line for installation staff and command representatives to offer to key volunteers and spouses who have been particularly challenged in support of the units during the deployment. Additionally, the MCCS Web site and *MCCS One Source* (a 24-hour, seven day a week, toll free information and referral telephone line and Internet/Web-based support) provide valuable information, resources, and referrals services.

Additional post-deployment support programs working in coordination with the Return and Reunion program include the following:

Family Advocacy Program (FAP). Formally established in 1986, the FAP is a Commander's program designed to prevent and treat domestic violence. The centerpiece of this program is a philosophy of Coordinated Community Response (CCR) that involves the command and a host of supporting agencies (Provost Marshall's Office, Staff Judge Advocate General Office, chaplain, civilian community, etc.) to effectively address domestic violence. Prevention of family violence is the primary focus, with initiatives such as Mentors in Violence Prevention (MVP) and the New Parent Support Program (NPSP), as well as local training and education efforts. The New Parent Support Program educates and supports families with children up to 6 years of age. This program consists of home visitation, classes, and outreach through Play Morning, Single Parent Support Groups, Mom's Basic Training, Parenting Classes, and Daddy's Baby Boot Camp. The program successfully reduces the number of child abuse/neglect cases.

Child Development Programs. Child care is provided for families needing emergency care, family nights, trips, doctor appointments and many activities planned by MCCS in support of OEF/OIF families. Child care is also available and provided for deployment briefs and reunion briefs, as well as "Reuniting Together Time." A number of installations provided OEF/OIF vouchers for childcare service for families.

Information and Referral Center (IRC) Program. Information was gathered to establish crisis centers and toll-free numbers for the Information and Referral Center. Information and Referral training has been provided to staff and volunteers. An IRC has been receiving calls, referring, and providing information in response to calls from March 2003 to present. A "Smart Book" was created IRC to be utilized by the staff and volunteers. Information booths have been provided at exchanges, commissaries, and naval hospitals.

Exceptional Family Member Program. This program provides assistance to active duty personnel with special needs family members, such as deployed Marine whose newborn son needed a heart transplant.

Personal Financial Management Program. The program provides financial management assistance to families of deployed Marines and Sailors (i.e., MyPay, Marine on Line, reading Leave and Earning Statements, and answering financial questions regarding allotments and direct deposits). The program includes assistance to parents or other family members who take care of the Service member's pay while deployed. Installations have developed additional materials such as the "Community Support Program Service Guidebook, Leadership Resources" for all rear deployment groups and use in IRC at 29 Palms, CA. They participated in additional spouse appreciation activities and assisted IRCs with a significant number of calls. Financial issues have been a challenge because many families with extra money did not spend wisely and are now having difficulties with their finances. The challenges of financial management issues are being addressed by personal financial managers.

Marine Corps Family Team Building (MCFTB). As mentioned, MCFTB staff play an active role in the Return and Reunion program. Key Volunteer Networks (KVNs) are critical in passing the word regarding the availability and scheduling of return and reunion briefings for spouses, identification of supportive information and resources, and helping in making referrals for families for follow-on support as needed. The brief for caregivers, "Caring for the Caregivers,"is available on-line for installation staff and command representatives to offer to key volunteers and spouses who have been particularly challenged in support of the units during the deployment. This is a three-hour facilitated discussion to decompress those who have remained strong while caring for others in crisis. In addition, MCFTB has an "Official Hugger" program to welcome home Service members; conducts KVN training for Marine squadrons stationed at other Service installations; conducts pre-deployment briefs for Service members and their families, including parents of single Marines/Sailors; conducts reunion briefs for service members and their families, including parents of single Marines/Sailors parents.

Prevention, Intervention and Treatment. In addition to providing normal treatment, prevention and intervention services, the clinician staff visits local schools to assist in the challenges staff and students are facing after OEF/OIF.

Single Marine Program (SMP). The Single Marine Program (SMP) addresses the specific quality of life concerns and issues of single Marines and geographical bachelors. The SMP creates a forum in which Marines discuss issues and recommend solutions, plan recreational activities for their peer groups, and assist MCCS in promoting existing events and activities for single Marines. The program creates a communication channel between single Marines and their chain of command, thus providing another avenue to identify post-deployment stress-related issues before they become a problem.

Suicide Prevention Program. A vigorous suicide prevention program has been implemented. Headquarters Marine Corps Health Service and Navy Medicine are working on a Corps-wide implementation of an Operational Stress Control and Readiness (OSCAR) Program to reach troubled Marines during deployment. Under OSCAR, clinical professionals experienced at dealing with suicide are assigned to battalion aid stations, where they can offer counseling and prescribe appropriate medications. This program keeps Service members with low-level problems at their assigned duties and allows those with more severe conditions to be immediately evaluated by a qualified mental health professional who can recommend appropriate treatment. Similar to the Navy's deployment of mental health assets aboard aircraft carriers, this program enables very early intervention for problems in the field that previously required costly medical-evacuation out of theater for treatment. With units deploying to areas of potential conflict, each is being offered the Combat Stress Control Briefs developed for Operation Iraqi Freedom. As an example, the 2nd Marine Division psychiatrist continues to see Marines and Sailors with the assistance of the OSCAR team senior enlisted liaison members. This has been accomplished with 3-7 weekly group therapy sessions. Individual psychotherapy sessions, in some cases, have been increased in length of time

per patient due to an increase in combat-related mental health stress issues. In addition, several units have received a homecoming brief that focuses on post-combat stress. Suicide Prevention classes are offered with this brief to each unit. All incoming corpsmen are given a brief by a division psychiatrist office team member about the OSCAR team and how to handle Marines and Sailors with suicidal ideation and other stress-related issues. The division psychiatrist continues to offer the Suicide Prevention Brief and Homecoming Brief to all commands that were deployed and have not yet met this training requirement. There have been no combat-related stress casualties in Task Force Tarawa necessitating medical evacuation to tertiary care centers in United States for further treatment.

In addition to this deployment-focused effort, the Marine Corps has a rigorous ongoing program to promote early identification and intervention. All Marines are required to take annual suicide awareness training. The purpose of this training is to provide Marines with information about suicide warning signs and with guidance on obtaining help for at-risk Marines. These periods of instruction vary from 1 to 2 hours in length. Suicide awareness training is also given at formal leadership schools such as The Basic School (Basic Officer Course), Staff Non-Commissioned Officer's Academies, Non-Commissioned Officer's Academies, and School of Infantry Leader's Seminars. Counseling support and crisis intervention services are available to every Marine. MCCS provides counseling resources to support problem-solving and coping skills for individuals and families. MCCS training courses such as Stress and Anger Management, Financial Fitness, Mentors in Violence Prevention, and the Alcohol Deglamorization Campaign target known risk factors and provide knowledge and skills to enhance protective factors throughout the entire Marine Corps community. Chaplains serve not only as counselors but also provide suicide awareness and life skills information to individuals and to groups of Marines. Substance abuse counseling centers provide services to help Marines overcome problems related to alcohol abuse. Navy mental health professionals provide crisis intervention and inpatient/outpatient treatment services. Leaders can access support through MCCS for awareness education, health promotion, life skills training, leadership training, crisis intervention, risk management and post-prevention services.

NAVY

Return and Reunion (R/R). Return and Reunion (R/R) is a post-deployment program provided to commands while transiting home and is available to all deploying Navy commands. Teams of Fleet and Family Support Center (FFSC) staff join the returning command and provide workshops and briefs on topics such as reunion and intimacy, returning to children, money management, and car buying. The purpose of R/R is to assist service members with re-entry into the lives of their families back home. During Operation Iraqi Freedom/Operation Enduring Freedom, there was a significant surge in demand for R/R. All requests were met, which required additional training of FFSC staff not normally participating in R/R.

Life Skills Education. Navy FFSCs provide a variety of Life Skills Education workshops and briefs for service and family members. Return from the deployments associated with OIF/OEF has resulted in a surge of workshops on stress management, coping with extended deployments, and preparing for homecoming. Workshops on suicide prevention and post-traumatic stress are provided for service members and command leadership.

Information and Referral Services (I/R). Information and Referral Services (I/R) are always available through FFSCs to assist service and family members in locating local military and civilian community resources. Requests may range from operating hours of the local commissary to resources needed for a severely autistic child.

Navy Family Ombudsman Program Support. Navy Family Ombudsmen are volunteer spouses of a command Service member selected by the Commanding Officer to serve as a member of the command support team. Ombudsmen are the primary link between commands and family members. Significant training is provided to Ombudsmen on planning homecoming events, as sources of referral for post-deployment counseling, on stress management workshops, and on family counseling services. In addition, Reserve Ombudsmen are working with their commands to sponsor post-deployment seminars with legal advisors, trained counselors, and representatives of the employer support of the Guard and Reserve.

Professional Counseling Services. Unlike the other military services, Navy provides professional counseling services through the FFSCs for Service and family members both in individual and group counseling sessions. During the extended deployments associated with OIF/OEF, priority is given to families of deployed service members requesting counseling services. During the height of the war in Iraq, there was a significant increase in counseling services provided for family members. There was a decline in requests immediately after the return of deploying commands; however, FFSCs are now seeing additional increases in requests for Service member and couples counseling services.

Family Advocacy Program. Professional staff have been actively participating as members of R/R teams and providing support groups for spouses as well as workshops on stress management, war and extended deployments, and post traumatic stress syndrome.

Demobilization Services. As Reservists are demobilizing, Navy FFSCs are providing staff for debriefs on services available to Reservists and family members with particular emphasis on re-employment rights and transition assistance.

Warrior Transition Program. Warrior Transition is a 75-minute interactive session designed and presented by Navy chaplains to assist Sailors and Marines returning from an operational environment to talk about their experiences as they transition to their home environment. The program facilitates discussion chronologically: "Where I Have Been" (operational environment) to "Where I Am" (what from the operational environment is troubling you) to "Where I Am Going" (preparing emotionally to return home). Chaplains Religious Enrichment Development Operation (CREDO), a spiritual retreat program used by chaplains trained in facilitating group discussion, offers a program that uniquely aids personnel as they discuss combat and deployment issues.

Post-Deployment Successes. The Navy Fleet and Family Support Centers (FFSCs) met all Fleet requests for R/R teams during the OIF/OEF time period. R/R briefs peaked in May 2003 with delivery to 18,000 Service members returning from extended deployments.

The FFSCs set policy to ensure that marital and family counseling services were a priority for returning service members and their families. Requests for those services have remained constant with peak requests for counseling in July 2003, corresponding with the significant returns of Service members.

Post-Deployment Challenges. The FFSCs managed the surge in demand for all deployment-related services, especially R/R; briefs for school counselors and personnel; support to Navy Family Ombudsmen and professional counseling services. This was accomplished within existing staff and budget resources. Further, this was accomplished without decremented provision of on-going FFSC services. However, long-term operational support for the Global War on Terrorism will present resoucing challenges for the FFSCs.

Navy Bureau of Medicine and Surgery. Operational medical support for post-deployment programs involves post-deployment health assessments and follow-up care for deployed sailors. Naval medical personnel assigned to operational forces have had no mandate to collect, record or report data on family services, Morale Welfare and Recreation (MWR), or chaplain programs for briefing families.

AIR FORCE

Some of the Air Force's tailored post-deployment support services include: Return & Reunion CDs and videos, www.afcrossroads.com (Family Readiness/Post-deployment), Family Service Center (FSC) sponsor newsletters, emails, briefings, workshops, support groups, key spouse/volunteer programs, picnics, morale outings, welcome home events, information booths, commercial products and booklets, town hall briefings, and "Hearts Apart" programs. Chaplains sponsor retreats for couples and youth ministry programs, provide individual and family counseling; meals for reunited families to celebrate, tell their stories, and build relationships; and help them develop more realistic expectations of what reunion will be like.

Family Advocacy. Family Advocacy focuses on preventing and responding to family maltreatment. Separation of the member from his or her family for any reason is a monitored risk factor and a major area covered in Family Advocacy interventions. Families with open family maltreatment cases are assessed before, during, and after deployments to assess severity and develop a treatment plan for any maltreatment issues. Family Advocacy partners with the member's commander to collect the information needed to make intervention and deployment decisions. Factors considered include the severity of the maltreatment problem, the active duty offender's need for immediate treatment, needs of the mission, and reunification issues. Family Advocacy clinicians regularly manage safety and risk issues in the context of separation and reunification of family members.

Chaplains. Chaplains are embedded in units to build relationships with Service members before, during, and after deployments. These relationships open doors into the lives of Service members and their families so that chaplains are able to offer their help in times of need.

New Parent Support Program (NPSP). NPSP provides home visitation support to young families expecting a child or with children 1-3 years of age. The NPSP goal is to prevent family maltreatment. The program requires a nurse or social worker to conduct home visits with couples to assess their communication and problem solving skills and provide referral or intervention, as well as support, to young military families. The nurse supports spouses during home visits while the active duty service member is deployed and makes appropriate referrals for additional intervention.

Air Force Suicide Prevention Program. The Suicide Prevention Program heightens community awareness of suicide and its risk factors. It creates a safety net that provides protection and adds support for those in need, (AFPAM 40-160). Suicide prevention then is seen as building healthier more resilient communities. As part of the 11 initiatives that comprise the Air Force Suicide Prevention Program, annual briefings are required for all active duty and whenever possible, civilian personnel (AFI 44-153). These briefings are provided Air Force-wide and metrics are reported to Air Force Surgeon General annually.

Critical Incident Stress Management (CISM). Teams comprised of multiple helping agencies representatives, respond to a variety of individual and community traumatic stressful events. Training equips teams to serve as key resources to bases during deployments and reunions.

NATIONAL GUARD BUREAU

Family Readiness Programs. During redeployment, the Army's Deployment Cycle Support (DCS) Program includes preparing soldiers and their families for reunion. The standard for the reunion training is the Operation READY Homecoming and Reunion module. The State Family Program Coordinator (SFPC) tailors this module to meet the needs of National Guard (NG) families.

- Prior to redeployment dates, the SFPCs intensify their efforts with family assistance centers (FACs) and unit family readiness groups (FRGs) to prepare waiting families by conducting homecoming and reunion briefings. Reunion briefings are often conducted in coordination with assigned chaplain staffs. Specific reunion programs are aimed at minimizing the turmoil families might experience as they transition together. The SFPC coordinates with Vet Centers, the American Red Cross, TRICARE, Employers Support for the Guard and Reserve (ESGR) and community social workers and mental health counselors to assist with the briefings. Children and youth are included in these sessions with age-appropriate programs and activities. For those family members unable to attend, reunion information is mailed to the family members with follow up phone calls. When more serious adjustment problems are identified, appropriate referrals are made to military and community resources for further support.

- Commanders of deployed soldiers ensure soldiers receive redeployment training prior to leaving the deployment location. Chaplains provide this in the form of reunion training for group or individual support to soldiers to normalize the phases and process of reintegration to the family following redeployment.

- Homecoming briefings are conducted in many states on the day the unit arrives at home station. Topics include transitional health benefits, re-employment rights, veteran benefits, and family reintegration. Several states have conducted or have plans to conduct post-deployment retreats and special programs for the youth. The NG recognizes that family violence and Post Traumatic Stress Disorder may be major issues for redeploying Service members. The SFPCs and family readiness personnel work closely with Vet Centers and many community resources that are available for service and family members.

Chaplain Programs. The Army National Guard chaplain community provides three programs in the post-deployment cycle:

- While the soldiers are still in theater, in coordination with the state family program coordinators and readiness coordinators, the chaplains support the family readiness groups by presenting reunion briefings for family members. This is the same briefing that the soldiers receive from the active duty chaplains.

- A marriage assessment tool is given to each soldier and spouse, to help soldiers identify problem areas that may require follow-up. This tool is given to soldiers both in theater and also after they return to state control after leaving active duty.

- One-day marriage enrichment workshops for Service members and spouses are available to help families deal with issues of communication and conflict resolution. The Army Chief of Chaplain's Building Strong and Ready Families program developed this material. These workshops are designed to be presented within the first few weeks after soldiers leave active duty and are back under the state control. In addition, the Army National Guard chaplains provide suicide prevention and intervention training. Chaplains have an ongoing responsibility to present suicide awareness training and to receive suicide intervention skills training.

Strength Maintenance Programs. The Army National Guard Strength Maintenance Division has developed a national program to help train its next generation of leaders. Leadership Education And Development (LEAD) is used to re-engage military personnel with society following wartime missions. The Army National Guard has developed a Post-Deployment Retention Series of LEAD modules. These modules focus on post-deployment retention issues that face Army National Guard leaders and soldiers in the first five months of training for a unit returning from mobilization/deployment.

- The Post-Deployment Retention Series includes the following LEAD modules:

    - Post-Deployment Issues. Taking Care of Business. This module helps returning soldiers identify urgent readjustment issues, and identify options and resources to deal with them.

    - Post-Deployment Family Life. Readjusting To Being Back Home. This module helps returning soldiers identify, understand, and resolve family-readjustment issues related to post-deployment.

- Post-Deployment Health: Maintaining Your Well-Being. This module helps returned soldiers identify and resolve physical, mental, and attitude issues related to deployment.

    - Post-Deployment Work. Readjusting To The Civilian World. This module helps returned soldiers identify and resolve issues related to readjusting to civilian life, particularly at work and at school.

- Post-Deployment Membership. Thinking About Your Guard Career. This module provides returned soldiers with information and incentives that will encourage soldiers to stay with the Guard after deployment.

Army One Source Program. The Army National Guard participates in the Army One Source Program. As a component of the Chief of Staff of the Army directed Deployment Cycle Support Concept Plan for Operations Iraqi Freedom and Enduring Freedom, Army One Source is a command program that supplements existing family programs. The program is a 24-hour, seven day a week toll free information and referral telephone line and Internet/Web-based service available to active duty soldiers and mobilized National Guard and Reserve soldiers, deployed civilians and their families worldwide. Army One Source provides information ranging from everyday concerns to deployments/reintegration issues and will provide referrals to professional civilian counselors for assistance. The Air Force also provides the same services for the Air National Guard (ANG).

Army Career and Alumni Program. The Army National Guard has recently formed a close working relationship with the Army Career and Alumni Program. The program offers a variety of services and resources during post-deployment for the NG. The services are available for 180 days after release from active duty. Those Army National Guard Soldiers who are located near an Army Career Alumni Program Center may use all the services available to active duty soldiers. NG soldiers may also use on-line access to employment assistance information and job opportunities. The Army Career and Alumni Program Web site provides information on job fairs, links to state and federal job search sites, military related resources, and skill-specific sites. E-mail communication and veterans information is also provided.

STATISTICAL INFORMATION

ARMY

Army Community Services:

Includes data from the US Army Reserve. Army National Guard data is submitted separately through the National Guard Bureau.

	FY02	FY03
Number of Post-Deployment Briefings	485	1212
Number of Service Members Briefed	18,173	67,133
Number of Family Members Briefed	7169	27,955

Other Program Data concerning support to Post-Deployment Programs

- The Defense Enrollment Eligibility Reporting System (DEERS)/Real-Time Automated Personnel Identification Systems (RAPIDS) Portable System Support to the U.S. Army Reserve (USAR) units aids in issuing identification cards at mobilization/family readiness briefings - $48K (includes manpower and shipping equipment)
- USAR Commanding General's letters to 9,500 family members - $3.2K
- USAR Commanding General's letters to 3,400 employers - $1.2K
- 12,000 USAR Deployment Guides mailed to families/distributed at Soldier Readiness Program sites - $99K
- Purchase of print materials such as deployment pamphlets and books (USAR - $330.2K)
- Family Readiness Program Post-Deployment Workshop - $220K August 2003, Salt Lake City, Utah - 170 attendees including commanders, family readiness group leaders and family program staff (includes lodging, transportation, per diem for attendees) $220K for FY03

	FY02	FY03
Total post-deployment program costs:	*$290.5K	$1723.3K

* Program costs are incomplete as not all activities were recorded under the proper accounting code.

Highlighted Successes: Over 89% of redeployed Service members (66,089 individuals) have completed Deployment Cycle Support Phase I.

Challenges:

- Reporting and monitoring a nation-wide program that ensures Deployment Cycle Support Phases II & III completion.
- Develop a plan for over 7,563 Service members who were deployed, but did not complete DCS Program Phase I, II, & III.

Family Advocacy:

	FY02	FY03
Number of Command Briefings	1,493	1,764
Number of Service members Briefed	233,686	195,486
Number of Family Members Briefed	35,584	63,663
Number of Victim Advocacy briefings	3,172	2,972
Number of Foster Homes Approved	88	56
Number of Children Placed in Foster Care	156	116
Number of Transitional Compensation cases	168	183
Disbursement to Victims (TC)	2,550K	2,667K
Total New Parent Support Program funded	3,500K	3,500K
Total FAP costs	38,636K	38,700K

U.S. Army Chaplain Post-Deployment Programs.

Because of decentralized execution by unit ministry teams (UMTs) during post-deployment and reconstitution phases, no statistics exist on numbers of events and participants. The community and family support center family support report keeps statistical data on post-deployment events. The majority of the events in this report are collaborative events conducted with rear detachment and unit chaplains.

Reserve Component Deployment Cycle Support (DCS) Involvement. U.S. Army Reserve Command (USARC) has trained 212 reserve UMTs in a standardized marriage education program to support marriage education / enrichment events following demobilization. They have conducted 10 enrichment events throughout the United States. USARC remains committed to fund these reconstitution phase marriage education events in FY04. The National Guard currently has no formal program involvement past demobilization.

MARINE CORPS

Note: There was no formal requirement to track implementation of the Commandant's guidance in All Marine Corps message 032/03, Return and Reunion programs for Marines; thus, it is believed that the FY03 numbers are under-reported.

	FY02	FY03
Number of Post-Deployment Briefings	602	1,489
Number of Service Members Briefed	42,367	89,452
Number of Family Members Briefed	3,148	15,455

Other Program Data

Referrals	7,409 (March 2003 to Present)
MCCS Website Hits (Return and Reunion)	38,475 (March 2003 to Present)
MCCS One Source Inquiries	10,739 (March and April 2003
MARFORRES Website	12,500 over normal rate (March-May 2003)

Total Program Costs: *$1,582,772

*FY03, MCCS Wartime Supplemental Costs

NAVY

Clinical Counseling Services focusing on mobilization and deployment issues were provided to active duty members (regular and activated Reserves), adult family members (regular and activated Reserves), and children (regular and activated Reserves). "Clinical Counseling" sessions included a variety of topics relating to mobilization and deployment. Briefs that were on specific topics are separated out from "clinical counseling."

	FY02	FY03
Number of Active Duty Members receiving Clinical Counseling and related services		
Clinical Counseling	1341	1755
Post-Deployment Briefs	880	2621
Return and Reunion Briefs	28,703	49,377
Crisis Incident Stress Management / Debriefings	1075	136
Stress Management Briefs	10,340	12,401
Number of Active Duty Adult Family Members receiving Clinical Counseling and related services		
Clinical Counseling	466	1395
Number of Children receiving Clinical Counseling		
Clinical Counseling	159	247
Number of Reservists receiving Clinical Counseling and related services		
Clinical Counseling	5	13
Demobilization Briefs	1183	2533
Number of Reserve Family Members receiving Clinical Counseling	3	9

Navy Bureau of Medicine and Surgery

Aggregate data for FY03. FY02 data not available.

	FY02	FY03
Number of Service Members Post-Deployment Health Assessment Briefed	0	20,098

AIR FORCE

Family Support Center Post-Deployment Statistics

	FY 02	FY 03
Number of Post-Deployment Briefings	2,991	4,706
Number of Service Members Briefed	52,112	58,167
Number of Family Members Briefed	19,462	27,037

Other Program Data concerning support to Post-Deployment Programs

Total Program Costs	$201,448	$338,657

The Chaplain Service does not track Post-deployment briefing data at this time. Mental Health data is not currently available.

FAP assessed 9,752 alleged incidents of family maltreatment in FY02 and 9,663 in FY03. Post-deployment briefings data is not tracked by the Family Advocacy Program at this time.

NATIONAL GUARD BUREAU

The ARNG is unable to provide accurate statistics on the number of family members who have received post-deployment briefings, post-deployment training, or post-deployment materials at this time.

The NG is currently tracking numbers of family members who are receiving assistance from the FACs and the status of the service member. A very large number of soldiers who have been deployed in support of the Global War on Terrorism have not returned from active duty or have been extended.

The NG is developing an extended report to capture the concerns of members and families, number of pre-deployment and post-deployment briefings, and the individual contacts. The first report is due January 1, 2004 for December 2003 data.

Other Program Data:

- Operating costs for the ARNG Family Assistance Center; $30M for FY04
- Training cost for Building Strong Ready Families; $190K for FY04
- Training cost for Applied Suicide Intervention Skills Training; $200K for FY04
- Leadership Education and Development Modules; $300K for FY04

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