



Strengthening and Sustaining Army Families

Our Soldiers aren't the only ones feeling the stress. We all feel it: the parents, the spouses, the children, everyone. It's hard when our Soldiers are gone and, most often, it's hard when they return.

Sheila Casey¹

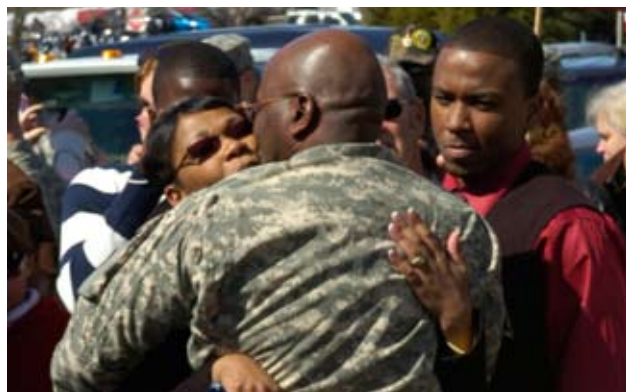
Introduction

The U.S. Army is the strength of the nation and its people are the strength of the Army. The Army's Soldiers, civilians and families faithfully shoulder the load that their nation asks of them. Today, they receive strong deployment-related support, but the demands of more than eight years of continuous war weigh heavily on them. The strain is evident as they experience multiple deployments and extended separations.

Statistics demonstrate that strain. In communities most affected by the pace of deployment, fully one of three school-aged children is at risk for psychosocial problems at any given time. About 30 percent of children will have significantly increased anxiety; children three years of age and older are particularly vulnerable.

In recognition of this very real readiness issue, the Army Family Covenant includes several key tenets that address family health care issues that have emerged with the increased number of deployments and the cycles of the Army Force Generation process.² The covenant declares that the Army is committed to improving family readiness by increasing accessibility to and quality of health care and by ensuring excellence in schools, youth services and child care.

To help fulfill these important commitments, the Army's Surgeon General recently established and funded the Child, Adolescent and Family Behavioral Health Proponency



(CAF-BHP). Its mission is to support and sustain comprehensive and integrated behavioral health care for military children and their families at all Army installations. Strengthening and sustaining Army families, especially in behavioral health, is critical to overall Army readiness.

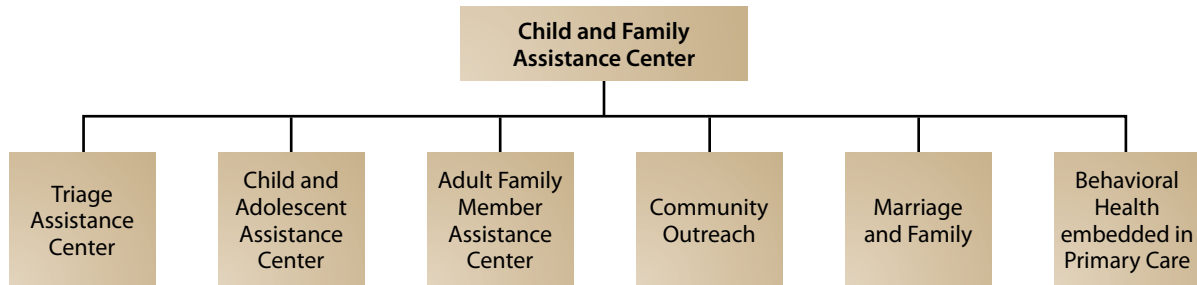
Installation-level Behavioral Health Support for Families

During the past several decades, the Army has established many programs and activities to include behavioral health in support of families. The challenge remains to effectively and efficiently integrate behavioral health capabilities that maximize access to resources in a customer-oriented manner. The CAF-BHP effort is not designed to add to the number of programs that already exist but to capitalize on existing programs and achieve synergy from effective coordination, integration and targeted strengthening of current resources. Two models within CAF-BHP offer a distinct

¹ Sheila Casey, wife of Army Chief of Staff General George W. Casey, Jr., remarks at Military Family Forum, AUSA Annual Meeting and Exposition, 5 October 2009.

² For more information about ARFORGEN, see AUSA Torchbearer National Security Report "2006 and Beyond: What the U.S. Army is Doing" (March 2006), http://www.ausa.org/PDFdocs/TBSecRpt/TBear_March_06_optimized.pdf.

Sample Child and Family Assistance Center*



* CAFACs are tailored to the needs and capabilities of each installation.

Source: The Child, Adolescent and Family Behavioral Health Proponency

improvement to delivery of care by tailoring the effort to the needs of a given installation community.

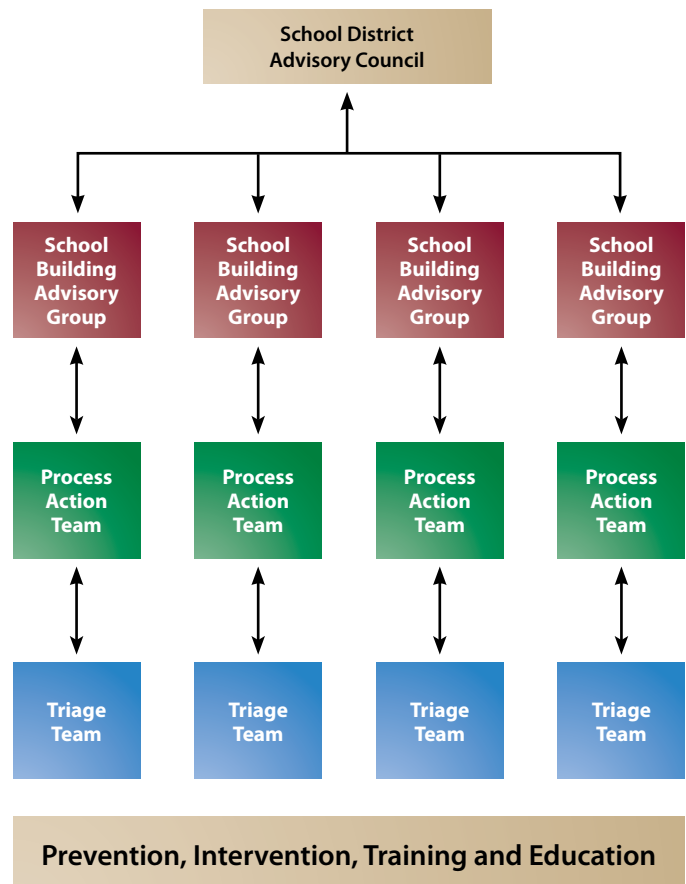
The first model is the Child and Family Assistance Center (CAFAC). This paradigm, based on a comprehensive, integrated behavioral health care delivery system for active duty family members, is designed to coordinate and integrate behavioral health care at the medical treatment facilities and to promote collaboration of resources throughout the Army and civilian communities at each Army post. The goal is to facilitate the coordination of services and improve access, capacity and flexibility in the delivery of care. The CAFAC provides a single point of entry for effective and efficient triage to promote access and efficiency, enhance horizontal integration and facilitate cultural change in the reduction of stigma associated with behavioral health care. At many installations, the CAFAC may become the centerpiece of a larger network of child and family programs that are promulgated by U.S. Army Installation Management Command (IMCOM) through its local activities and/or programs that are developed by unit commanders or Family Readiness Group leaders.

The second model is the School Behavioral Health (SBH) impetus. The SBH is designed to provide a full



continuum of behavioral health services in schools serving military populations. It promotes stigma reduction, resilience, and prevention and intervention programs. Robust SBHs remove barriers to student learning and improve academic success while enhancing strengths and protective factors in families and their Army community. Working with local school

School Behavioral Health Organizational Structure



Source: The Child, Adolescent and Family Behavioral Health Proponency

The Child, Adolescent and Family Behavioral Health Proponency

The Proponency's Tasks

1. In conjunction with appropriate activities within Installation Management and other Army major commands, serve as U.S. Army Medical Command's (MEDCOM's) primary integrating agency to achieve coordination and synergy among programs designed to assist and support the behavioral health of Army children and families.
2. Support coordination and integration of behavioral health activities and programs for children and families through dissemination and incorporation of best practices, development and implementation of appropriate models, and direct assistance to key leaders at Army installations.
3. Develop and disseminate behavioral health best practices drawn from Army and civilian medical research to health care providers throughout the Army.
4. Provide training and coaching opportunities for primary care providers in evaluation and treatment of common behavioral health disorders.
5. Conduct centralized, standardized and objective data collection and analysis to provide for outcome measurement, needs identification and performance improvement.

The Proponency's Strategy

The CAF-BHP has developed five principal strategies to accomplish the assigned tasks, each designed to achieve excellence through a multidisciplinary, collaborative approach:

1. Train Primary Care Managers (PCMs) in the evaluation and management of common mental disorders to better serve the behavioral health needs of the Army community.
2. Assist the coordination of all behavioral health resources within the community, including those of MEDCOM, Installation Management Command (IMCOM) and state and local assets.
3. Create a behavioral health care continuum where in all efforts work hand-in-hand for the betterment of Army children and families.
4. Partner with local, state and national organizations in promoting behavioral health care for Army children and families.
5. Establish standardized evaluations, assessments and accountability through best practices, uniform psychological instruments and outcome measures that will be distributed throughout MEDCOM and continuously updated as practices and methods change.

Source: The Child, Adolescent and Family Behavioral Health Proponency

districts—or, as they are called, local educational agencies (LEAs)—both on and off the installation, this model recognizes the unique circumstances that military children and adolescents face daily.

Schofield Barracks, Hawaii, served as the pilot site for both the CAFAC and SBH. The Schofield Barracks SBH includes an academy that conducts a week-long seminar to train staff in establishing and operating a SBH with the support and close collaboration of LEAs. The most recent SBH Academy session occurred in March 2010. Fort Campbell, Kentucky, and Fort Meade, Maryland, also have strong SBHs, and two installations in Germany are currently establishing SBHs at their schools.

Based on the outcomes of these programs, current plans are to implement CAFACs and SBHs at the U.S. Army Forces Command (FORSCOM) installations with the highest deployment tempos. Depending upon

availability of funds and staff, full implementation at these installations across the Army could be achieved by Fiscal Year 2016.

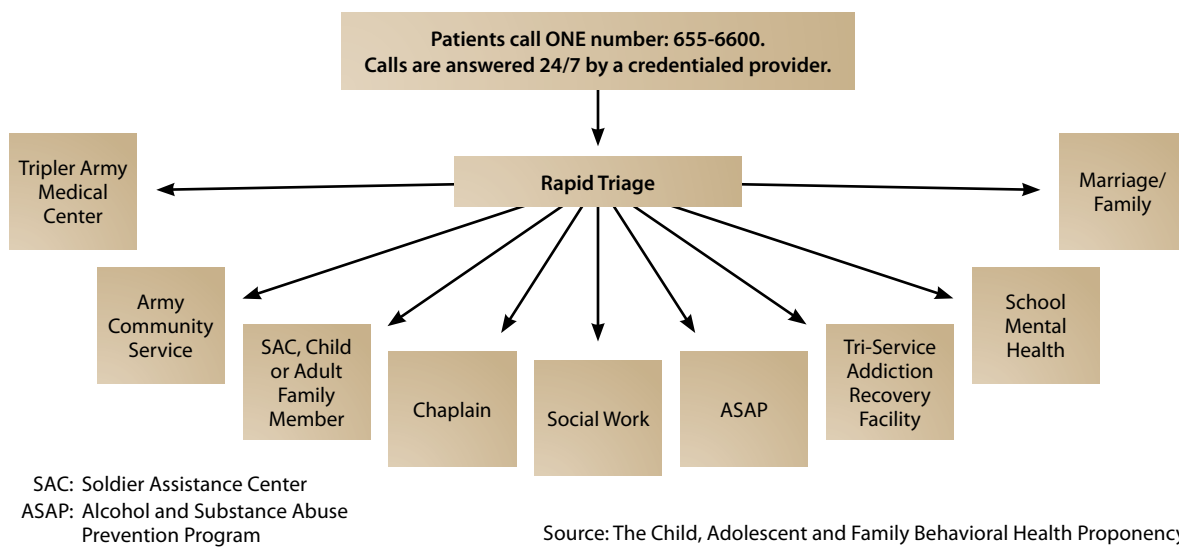
Repository of Knowledge

The CAF-BHP is building a repository of expertise and training support materials for care providers across the Army. Work has begun on the following collection of training and professional reference materials:

- behavioral health training modules to assist in screening, early identification, evaluation and treatment of common behavioral disorders for use by primary care providers;
- identification and promotion of specific evidence-based resilience and treatment programs for military youth;
- a compendium of work accomplished through partnerships with military and civilian subject



Improving Access (Schofield Barracks Model)



matter experts who also serve as trainers and consultants for evidence-based practice; and

- a Web-based repository of knowledge and information regarding systems of care and evidence-based practice in behavioral health highly relevant for military youth.

The CAF-BHP also provides program evaluation assistance to installations with a centralized database and will collect and analyze information relevant to:

- standardized clinical instruments at all installations;
- staffing allocation and caseload information;
- quality assurance measures (e.g., increased access to behavioral health care);
- program outcome measures (e.g., improved school performance);
- program efficacy (e.g., decreased rates of missed appointments); and
- cost effectiveness.

The Way Ahead

The CAF-BHP is an important step toward delivering on the Army leadership's commitment to a healthier sustainable culture for Army families. Through its initiatives, families will have improved access to more integrated behavioral health care. Clinical capacity for children and families will

improve and when fully implemented, the potential exists for improved clinical outcomes and a more resilient and healthy Army community. This pilot initiative shows great promise for potential application throughout the Department of Defense.

Sustaining the quality of the all-volunteer force is a strategic imperative. **The Army is aggressively addressing the causes of stress on individuals resulting from multiple deployments and seeking to build resilience in Soldiers and families that is essential to military readiness.** Support for Soldiers' sons and daughters is essential to sustaining the all-volunteer force. The Army's senior leadership is committed to ensuring the quality of life of those who serve the nation is commensurate with the quality of their service; The CAF-BHP is dedicated to carry out this commitment. Sustaining Army families—especially in the area of behavioral health—requires sustained funding.

