

Chapter 28

ROLE OF THE CHIEF OF THE READY AND RESILIENT INTEGRATION BRANCH AT HEADQUARTERS, INSTALLATION MANAGEMENT COMMAND

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Introduction

The physician assistant (PA) assigned as the chief of the Ready and Resilient (R2) Integration (R2I) branch and deputy surgeon at Headquarters, Installation Management Command (HQ IMCOM), provides recommendations to IMCOM staff, the deputy commanding general, and the commanding general, as subject matter expert for all aspects of the Army's strategy for maintaining a ready and resilient force, including sexual harassment/assault response and prevention (SHARP), risk reduction, and suicide prevention programs. To provide a comprehensive awareness of the chief, R2I, role, this chapter will also provide information on the IMCOM and R2/Alcohol Substance Abuse Program (ASAP) Division.

Supervision

The chief of the R2I branch is a branch immaterial (O1A) position aligned under the HQ IMCOM G1 (Personnel) R2/ASAP Division. It is rated by the R2/ASAP division chief and is senior-rated by the HQ IMCOM G1 deputy director.

Roles and Duties

The position requires assisting in the execution of health care policies pertaining to soldiers, families, and civilians at 64 garrisons worldwide. Primary duties include coordinating and contributing health care expertise across the Installation Management Command leadership worldwide to execute a comprehensive plan to communicate and address immediate and enduring R2 programs for soldiers, families, and communities. The position unifies efforts across all services, as well as external civilian agencies, to coordinate multidisciplinary teams to implement Army readiness programs and initiatives. If the incumbent is a clinician, they can also fill the role of the IMCOM deputy surgeon, who advises and acts as a medical liaison between Army service component command surgeons, the US Army Medical Command, Training and Doctrine Command, Office of the Surgeon General, Defense Health Agency, and support staff.

Desired Knowledge, Skills, and Attributes

Knowledge

- Knowledge of Army culture and organizations, systems, policies, and processes.
- Understanding of military medicine and the business of health care.
- Experience with writing and updating policies.
- Good understanding of joint, Army, IMCOM, and Army Medical Command cultures.
- Competence in using Microsoft Office, MilSuite, and SharePoint applications.

Skills

- Strategic thinking.
- Exceptional written and oral communication skills.
- Unwavering military bearing and tact with senior leadership.
- Strong interpersonal skills; consensus-building across a variety of stakeholders and agencies; persuasion/negotiation skills and tactics; team-building.
- Attention to detail and exceptional organizational skills are an absolute must.

- Proficiency in editing military and civilian correspondence and other documents.
- Strong leadership skills; the ability to coach, teach, and mentor civilian employees.

Attributes

- Critical thinking and problem-solving skills.
- Self-starter; able to see a need and begin action in response.
- Systems thinker; able to connect dots and see the big picture.
- Ability to effectively handle pressure, remaining calm and rational.
- Ability to effectively multi-task.
- Willingness to do any task required for mission success.
- Assertive; able to tactfully enforce requirements with senior staff.
- Good at planning; able to anticipate needs and develop options.

Training

Systems training required for managing civilian employees includes the Automated Time and Attendance Production System (ATAAPS) and



Figure 28-1. Lieutenant Colonel Amelia Duran-Stanton engages with a program manager during a scenario-based discussion at the Army Substance Abuse Program Manager Course.

Photo courtesy of Ms. Leslie Sweeney.

Defense Performance Management and Appraisal Program (DPMAP). There is also the opportunity to attend the training conducted by the staff, such as the Suicide Prevention Program Manager, Risk Reduction Program Manager, and Army Substance Abuse Program Manager Courses (Figure 28-1). Table 28-1 lists courses offered by the R2/ASAP Division. When the incumbent is a clinician and fills the role of a deputy surgeon, there are training recommendations that will be outlined in the IMCOM surgeon chapter (Chapter 47).

Key Factors

This position is typically a 2-year tour and is coded for 01A (branch immaterial) lieutenant colonel (O-5) with no additional skill identifier requirement. The position is primarily nonclinical but utilizes clinical regulatory knowledge learned throughout a clinician's career, which enhances the ability to make sound and timely decisions in managing the programs and civilian staff. PAs in the position must maintain their credentials and perform at least 40 hours annually of the clinical duties they are privileged and credentialed for at the local medical treatment facility.

Installation Management Command

A three-star-level command currently located at Joint Base San Antonio–Fort Sam Houston, Texas, IMCOM integrates and delivers base support for all assigned installations to enable readiness for a globally responsive Army. IMCOM is committed to providing base operations support in accordance with established standards to accomplish the mission. It is also invested in providing appropriate programs and services at the right time and place for soldiers and their families. IMCOM's tagline is "We are the Army's Home" (Figure 28-2).

Ready and Resilient/Army Substance Abuse Program Division

The HQ IMCOM G1 R2/ASAP Division is comprised of two branches: the Prevention Services Branch and the R2I Branch (Figure 28-3). Each branch has a chief and is aligned with specific programs, discussed in detail below. The division's **vision** is to establish integrated community

Table 28-1. Courses offered by the Ready and Resilient/Alcohol and Substance Abuse Program Division.

Course	Target Audience
Drug Testing Coordinator Recertification Course	Drug testing coordinators
Suicide Prevention Program Managers Course	Suicide prevention program managers
Community Ready and Resilient Integrator Course	Community R2 integrators who are IMCOM employees
Drug Testing Coordinator Full Course	Drug testing coordinators
Prevention Coordinators Course	Prevention branch chiefs and prevention coordinators
Army Substance Abuse Program Manager Course	Army substance abuse managers
Commander's Risk Reduction Dashboard/Risk Reduction Coordinators Course	Risk reduction prevention coordinators
Prime for Life	Prevention coordinators
Employee Assistance Program Coordinator Course	Employee Assistance Program coordinators

IMCOM: Installation Management Command; R2: Ready and Resilient

resources that enhance readiness and resiliency. Its **mission** is to strengthen readiness and support the resilience of the Army's most valuable resource: people. The R2/ASAP Division operates along three lines of effort: to deter, to prevent, and to assist.

- To **deter** risky behaviors involves setting conditions to help individuals to make the right choice. The goal of deterrence is to discourage high-risk behaviors by clearly identifying consequences of negative choices (eg, drug use, drinking and driving, sexual harassment, and assault).
- To **prevent** risky behaviors includes efforts that increase knowledge, skills, or experience as the desired outcome. Educational/motivational programs focus on the adverse effects and consequences of alcohol and other drug abuse. These efforts create and foster conditions that promote mission readiness by preventing high-risk behaviors.



Figure 28-2. Staff of Headquarters, Installation Management Command (IMCOM), left to right: Derek Ferrell (Suicide Prevention/Risk Reduction program manager), Leslie Sweeney (Ready and Resilient integrator), Captain Cynthia Stephenson (aide-de-camp to the IMCOM commanding general), J. Randall Robinson (executive deputy to the IMCOM commanding general), Lieutenant Colonel Amelia Duran-Stanton, Rhonda DeVries (assistant to the IMCOM chief of staff).

Photo courtesy of Installation Management Command Public Affairs Office.

- To **assist** means intervening early to lessen the impact of risky behaviors and to help individuals return to full functioning and full duty.

Prevention Services Branch

This branch provides the following services: drug testing, budget assistance, prevention and education, and employee assistance.

Drug Testing

Drug abuse is inconsistent with Army values and readiness. Drug testing is governed by Army Regulation (AR) 600-85, The Army Substance Abuse Program.¹ Program staff perform the following services:

- Provide professionals at garrisons the tools necessary to deter soldiers from abusing drugs (including illegal drugs, other illicit substances, and prescribed medication).

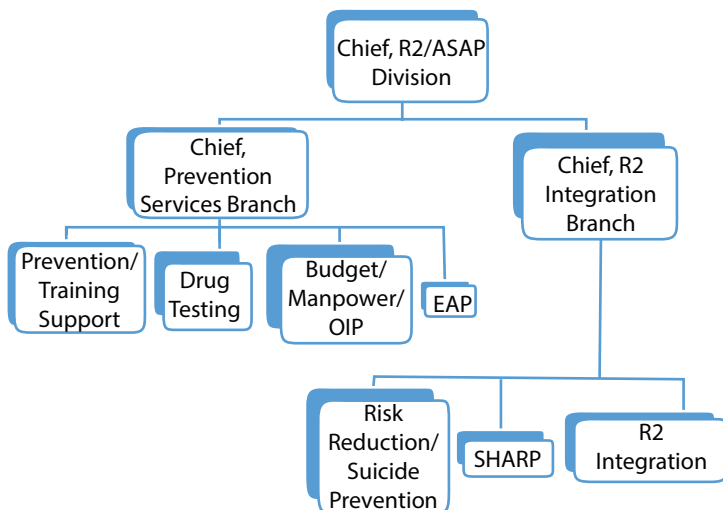


Figure 28-3. Ready and Resilient/Alcohol and Substance Abuse Program (R2/ASAP) Division organizational chart.

EAP: Employee Assistance Program; OIP: Organizational Inspection Program; SHARP: Sexual Harassment/Assault Response and Prevention Program

- Provide information for garrison ASAP staff to facilitate early detection of drug abuse.
- Enable commanders to assess the security, military fitness, and good order and discipline of their units, and to use information obtained to take appropriate disciplinary or other administrative actions.
- Collect data on the prevalence of drug abuse within the Army.
- Track aggregate garrison drug testing collection numbers across IMCOM to ensure compliance with AR 600-85.¹
- Promote the Army Drug-Free Federal Workplace Drug Testing Program as directed by the Executive Order 12564, dated September 15, 1986, and establish the goal of a drug-free federal workplace.²
- Provide certification courses to garrison ASAP staff (namely, drug testing coordinators and drug testing technicians) or any other staff members who carry out drug testing functions to maintain forensically sound drug testing collection points at each garrison.

- Advocate for a workplace that is free from illegal use, possession, or distribution of controlled substances by its civilian workforce and that is safe, healthful, productive, and secure.

Budget Assistance

- Assist garrisons with budget requirements and spend plans.
- Partner with IMCOM G8 (budgeting) in carrying out workforce studies for ASAP coaches and mentors, and assist garrison drug testing coordinators in service delivery.

Prevention Services

- Promote ASAP services using marketing, networking, and consulting strategies.
- Ensure garrisons comply with regulatory requirements and support the Army's priorities.
- Analyze prevention data for trends in service delivery as well as completed alcohol and drug abuse prevention training.
- Provide training and other services to assist organizations in ensuring all military and civilian personnel are provided prevention education training.
- Provide an array of professional development opportunities for ASAP professionals.
- Design and develop community-targeted, group-oriented alcohol and other drug interventions in coordination with the ASAP staff and other installation prevention professionals.

Employee Assistance

- Coach, mentor, and assist the garrison Employee Assistance Program (EAP) coordinators in service delivery.
- Provide working groups to create EAP client satisfaction surveys and other data-gathering resources.
- Provide screening, assessment, short-term counseling (one to four sessions), and referral for problems that may affect work performance.
- Provide guidance, advice, mediation, and prevention education on topics that promote the well-being of civilian employees.
- Services are not limited to worksite-related problems.
- Provide supervisory consultation to supervisors.

- Eligibility for EAP services: Army civilians, civilian and military family members, military retirees, and family members of military retirees.

The Ready and Resilient Integration Branch

The R2I Branch is comprised of four programs: Risk Reduction, Suicide Prevention, Ready and Resilient Integration, and SHARP.

Risk Reduction Program

The Risk Reduction Program uses a database to collect and report on risk factors, using an interface called the Commander's Risk Reduction Toolkit.

- Designed to remove the burden of multiple meetings for commanders and leaders.
- Initially collected data on 20 Army-defined risk factors.
- Currently reports on 14 of those factors to installation commanders and leaders.
- Has flexibility and capability to obtain and report on risk factors not identified by the Army but deemed necessary to installation leadership.
- Collects data on active duty Army personnel only.
- Able to report on geographically dispersed units.

Suicide Prevention

The Army's efforts to prevent suicide are executed in three phases; (1) prevention; (2) intervention (education with "ACE" [Ask, Care, and Escort] and "ACE-SI" [Ask, Care, and Escort—Suicide Intervention] courses); and (3) "post-vention" (follow-up support services and care). The installation's suicide prevention program manager (SPPM) is the subject matter expert for the senior commander and installation leaders on all suicide prevention matters.

- The SPPM is aligned under and works for the ASAP manager in most cases.
- The SPPM provides data and trend analysis and advises and assists the community R2 integrator on all suicide prevention matters pertaining to the Community Ready and Resilient Council (CR2C).

- The SPPM is responsible for tracking all ACE-SI and Applied Suicide Intervention Skills Training trainers.³
- The SPPM is required to submit a monthly report to HQ IMCOM.

The Ready and Resilient Integrator

The HQ IMCOM R2 integrators synchronize and provide support for garrison-level community R2 integrators. The information below provides background information on the R2 Council and integrators at the garrison level.

- **Community R2 Councils** integrate and synchronize the Army's multiple efforts and programs designed to improve readiness and resilience.⁴ The process integrates garrison, medical, and mission efforts in support of the synchronization of health promotion, risk reduction, and suicide prevention programs. At the installation level, the council is chaired by the senior commander. It includes the garrison commander, medical treatment facility commander, brigade commanders, tenant unit representation, and appropriate subject matter experts across the installation. AR 600-63⁵ specifies the objectives of the health promotion program to enhance the quality of life, resiliency, and wellness for all soldiers, family members, civilians, and retirees and to optimize and coordinate organizational efficiencies related to health promotion.^{4,5}
- **Community R2 integrators** are responsible for coordinating, planning, organizing, and implementing comprehensive health promotion and well-being processes based on initiatives to enhance readiness and resilience for the total Army.⁴ The Suicide Prevention Task Force, the Installation Prevention Team, and five other workgroups support the resiliency pillars that support the senior commander's priorities. Community R2 integrators are also responsible for the Community Resource Guide, an app-based resource that provides information for all the local communities.

Sexual Harassment/Assault Response and Prevention Program

The IMCOM HQ SHARP program manager standardizes processes with multiple organizational alignments at the garrison level, coordinating

with over 50 other program managers to support the senior mission commander (there is no cookie-cutter approach). They provide guidance on policy, track client caseloads, manage training, and collate required annual reports.

Some sexual assault response coordinators/victim advocates (SARCs/VAs) fall under different chains of command depending on the installation. Based on experience, the IMCOM SHARP Manager recommends including the garrison commander or deputy/command sergeant major in the rating scheme. The garrison SHARP office manages about 80% installation cases and about 20% garrison cases.

- Per Army Directive 2018-23, only face-to-face SHARP refresher training is mandatory (the online version is not required, but still available to use).⁶
- SHARP personnel must be certified or recertified every 2 years, and have background checks every 3 years.
- The Army G1 SHARP Program Improvement Forum is a national forum where senior SHARP personnel discuss policies and procedures for the program. Breakout workshops are conducted to brainstorm issues and challenges.
- SHARP staff participate in a National Organization for Victim Assistance (NOVA) annual training event. NOVA is a DOD-endorsed credentialing program.⁷

Lessons Learned

These lessons learned may help PAs assigned to IMCOM as well as in other assignments. The PA should:

- gain an understanding of the IMCOM leadership vision and mission, and how the organization fits into the bigger scheme of the Army as a large organization;
- maintain a network of liaisons established from previous organizations, and gain new ones;
- manage competing priorities and seek guidance when necessary;
- attend, and get credit for, all the courses conducted by the R2/ASAP team as early as possible (these courses may lead to future opportunities);

- manage their calendar wisely and ensure internal team members have access to it;
- know the functions of the IMCOM directorates in garrisons worldwide;
- learn how to write civilian evaluations before coming to IMCOM, and hone skills while at IMCOM;
- manage regulatory guidance updates and be familiar with both previous and current policies;
- create a continuity mechanism to share experience and lessons learned with the next team; and
- empower subordinates in creating standard operating procedures.

Tips for Success

Along with lessons learned, these tips for success will enable PAs to maximize the opportunity afforded to them at IMCOM. The PA should:

- maintain ties with the medical community (it is a value-added network of professionals that IMCOM will benefit from);
- maintain a routine battle rhythm but be prepared for ad hoc meetings and events;
- collaborate locally with civilian entities in all R2-related programs;
- maintain clinical credentials and privileges;
- manage leave wisely and ensure the team does the same;
- stay humble and learn from everyone they contact (the IMCOM team is a highly functional group of professionals, and each individual will add value to the PA's experience at IMCOM and beyond);
- seek opportunities to improve personal health and fitness, and fit them into their schedule routinely;
- continue to be involved in the Army Medical Specialist (SP) Corps and the Medical Center of Excellence by taking every opportunity as schedule permits to meet with SP Corps leaders who are stationed or on temporary duty at Joint Base San Antonio (JBSA);
- remain flexible and keep the team informed of any schedule or event changes as needed; and
- take full advantage of local courses at JBSA as schedule permits.

Conclusion

An assignment with IMCOM is a unique and broadening experience that will provide PAs an opportunity to build on their previous skills and also to develop new ones. A unique leadership experience that requires management of multiple, high-visibility programs and portfolios, this position will enable PAs to develop and display their strengths in clinical, administrative, management, and leadership abilities.

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