Okinawa Army Commander's Medical Guide

17 Dec 2020

Introduction

This Commander's Guide to healthcare is intended to assist key leaders with navigating the DoD healthcare system in Okinawa and to assist with Soldiers' healthcare and unit readiness.

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The US Army does not have an Army Medical Treatment Facility (MTF) in Okinawa. While Okinawa has Soldiers, Airmen, Sailors and Marines, it is not officially designated a Joint environment. The resources, capabilities and dynamics of a Joint environment are different than when the services are merely co-located. This directly impacts the Military Health Services in the environment. The Soldiers must enroll into Navy Medicine Readiness and Training Command Okinawa (NMRTC) or the Air Force 18th Medical Group Clinic (18th MDG, Kadena Air Base) for their health care needs. The healthcare structure and operations of the NMRTC and 18th MDG are specifically aligned with their respective service mission and regulations. Without an officially designated Joint environment, their higher commands do not consider the Army's presence or regulatory requirements when planning and funding their required missions. The intent of this document is to reduce the confusion for Army personnel in this complicated medical environment. The proponent of this document is the MEDDAC-Japan Commander in cooperation with the NMRTC and 18th MDG Commanders. Questions and recommendations for this guide may be directed to the MEDDAC-Japan DCCS.

Commander's Note:

Commanders need to become familiar with the Army Regulations related medical readiness, profiles, separations, and Medical Boards.

This guide will outline steps for readiness. Soldier Individual Medical Readiness (IMR) is the Soldier's personal responsibility, and unit Readiness is the Commander's responsibility which is the Number 1 Priority for the Army Chief of Staff[1].

[1] Army Chief of Staff Memo 20 Jan 2016. Army Readiness Guidance

Contents:

[2] Air Force's Alcohol and Drug Abuse Treatment and Prevention (ADAPT)
[3] Navy's Substance Abuse Rehabilitation Program (SARP)

General Medical Care for Army Personnel in Okinawa

Once registered at the Okinawa TRICARE service center every Active Duty Soldier and family member on their orders are considered a TRICARE Prime enrollee. Soldiers and Active Duty Family Members (ADFMs) enrolled in TRICARE Prime are assigned to a primary care manager (PCM) in order to maximize continuity of care with one provider or one medical team often referred to as a "Medical Home". Their enrollment is linked to the clinic's appointment lines, TRICARE Online (TOL) and Secure Messaging[4] to maintain the continuity between the patient and their medical team. The patient Portal is one example of TRICARE's continuous efforts to improve healthcare services and knowledge. More information can be obtained at https://www.tricareonline.com. Individuals that receive medical care at any DoD MTF can use the "Blue Button" to see lab results, radiology results, Immunizations, and medications. Prescriptions written at an MTF can be refilled at TOL when active refills are available for that prescription number.

Commander's Note:

The Blue Button is an added capability for the patient. The Patient/Soldier can use this feature to follow-up on their results as well as show evidence to the commander of their compliance with medical readiness as long as they are not coerced to reveal protected health information.

Active Duty Soldiers, Sailors, Marines, and Airmen are entitled to the same medical benefits regardless of the MTF utilized. Additionally, when a Soldier's unit has organic medical assets, Active Duty Soldiers may seek medical care from their unit medical team per the unit's SOP. Receiving medical care at the ADSM's unit doesn't alter their status with their PCM, this option remains open to all Soldiers.

[4] Patient Portal Secure Messaging allows patients to email their PCM care team. Patients have to register at their local MTF or update when they arrive in Okinawa.

Access to the MTFs is prioritized to ADSMs[5]. Generally ADFMs receive the same or very similar access as the Active Duty Soldier. Other eligible beneficiaries may be considered "Space Available," meaning medical care is available as capacity or availability allows at the MTF.

Commander's Note:

The concept of "Sick-Call" changed drastically when the "Medical Home" was adopted. The traditional Sick-Call has a limited role in which the Army has generally relegated to specific units, locations, and conditions. All Medical Homes reserve same day appointments to address acute medical issues. Soldiers can call the appointment line to request a same day appointment. If your Soldier is unable to reserve a needed same day appointment, they should leave a telephone message with their PCM explaining what their needs are, such as a profile, medication refill etc. Some needs can be handled over the phone. If the Soldier is unsure about their symptoms, they can also ask for advice about using the ER.

Army Medicine in Japan

United States Army Medical Activity-Japan (MEDDAC-J) is the only Army MTF in Japan, it is located at Camp Zama on the main island. The BG Crawford F. Sams Army Health Clinic is run by MEDDAC-J and provides care to the local Camp Zama population.

MEDDAC-J also tracks medical readiness for all of US Army Japan. In order to assist with Army related administrative functions as well as readiness, MEDDAC-J has several employees located in Okinawa. MEDDAC-J staff will conduct medical and behavioral health in/out-processing and Newcomer Briefings. The locations and roles are subject to change based on the needs of the local Army population and Army requirements.

Two Nurse Case Managers (NCM) are employed by MEDDAC-J to assist with complex medical and at-risk behavioral health cases to include scheduling appointments, tracking referrals, overseeing BH profiles, initiating medical boards, curtailments, compassionate reassignments and Exceptional Family Member Program (EFMP) enrollments and updates.

NCMs also assist with patient movement that requires evacuation to medical facilities off the island. Transportation arrangements include military air and commercial airlines.

[5] HA POLICY: 11-005; TRICARE Policy for Access to Care, Feb 23, 2011

NCMs maintain communication with Command teams to ensure command and control oversight for Soldiers while in treatment.

A Social Services Assistant (SSA) is employed to assist commands and patients for referrals, assessments and treatment related to substance use disorders (SUD), Command Mental Health evaluations (CDMHE), and Tele Behavioral Health (TBH). This individual will assist patients and commands with the process of obtaining evaluations, including the required paperwork, and following the progress of the Soldier during their evaluation and care. The SSA will assist with educating Soldiers and Commands on accessing behavioral health resources on Okinawa. The SSA serves as the primary POC for all SUDCC referrals to NMRTC SARD or 18TH MDG ADAPT.

1-1 ADA medical personnel have assisted with medical related administrative roles such as profiles and medical readiness documentation. The battalion PA transcribes medical documentation into Army profiles. The availability of the 1-1 ADA medical team to assist is subject to mission requirements and may change unexpectedly. If they are not readily available to assist, Soldiers are encouraged to contact the Army NCM at Torii Station for further assistance.

1-1 SFG medical capabilities include a Battalion Surgeon, Battalion PA, Behavioral Health Provider (Psychologist), SUDCC/BH provider (LCSW), MFLC, and a Physical Therapist (PT). Their mission is limited to the Special Forces unit. Services provided include primary care (sick call) and Soldier Readiness evaluations to include military school physicals, PHA's and PDHRA's. The 1-1 SFG Soldiers can use their medical team for appointments or they can exercise the option to schedule an appointment with their PCM or Mental Health Clinic at Camp Foster by calling the appointment line.

For all other Army units on Okinawa, their assigned PCM will facilitate and coordinate the proper care for the Soldier and ADFM. If there are any concerns with access to care, ensure the Soldier or ADFM contacts the NCM or one of the other Army medical team members for assistance. These Army medical team members can assist with unexpected changes and elevate medical concerns to higher levels quickly. See Appendix A for names, locations and contact information of the personnel described above.

Army Soldiers and their family members who are empaneled under 18th MDG are able to access Tele-Behavioral Health (TBH) for psychiatry appointments provided by Tripler Army Medical Center (TAMC) at Kadena Mental Health Clinic. The patient would need to contact 18th MDG appointment line at 630-4817 Option 1, 2, 1 to be screened first or the patient could walk-in to the Mental Health Clinic, Bldg. 90 from 0730-1530 Monday-Friday. The Air Force MH clinic will assist the patient with scheduling a TBH appointment.

Army Soldiers and their family members who are empaneled under NMRTC are able to access TBH for therapy and psychiatry appointments at Torii Station, Bldg. 216, RM 232. The patient would need to contact the MEDDAC-J NCM at 652-5437 to schedule an appointment with TAMC TBH. It is anticipated that NMRTC Okinawa will also have Telehealth capabilities with TAMC TBH in the near future.

Military Treatment Facilities

18th Medical Group, Kadena Air Base (18th MDG Clinic) is the MTF designated for the 1-1 Air Defense Artillery (1-1 ADA) Soldiers and Family Members. The Active Duty Soldiers of the 1-1 ADA are enrolled to the ADA clinic located on the first floor of the 18th MDG clinic and staffed by the ADA battalion physician assistant (PA). Soldiers assigned to the Army Public Health Activity and the 680th Contracting on Kadena Air Base are also assigned to this clinic.
Additional assistance is provided by the 18th MDG staff as needed. ADFMs are enrolled to 18th MDG primary care teams.

U.S. Navy Medicine Readiness and Training Command Okinawa (NMRTC), on Camp Foster is designated for Soldiers and Family members of all other Army Units[6] primarily operating out of Torii Station Army Garrison.

Healthcare in the Okinawa Community

The host nation TRICARE network that augments military medicine capabilities have limited options compared to the TRICARE network in the United States. The Japanese medical facilities may require a cash payment before and/or after medical care is provided. The TRICARE International SOS (Pacific area) will make these initial payments for TRICARE beneficiaries with a referral and authorization. There may be medical facilities that don't have contracts (agreements) with TRICARE. Therefore, individuals seeking medical care on their own should be prepared to pay the equivalent of several hundred dollars in Yen. Eligible beneficiaries should contact the TRICARE Overseas Program contractor International SOS (Pacific) to coordinate claims payments and reimbursements. More information can be found at http://www.tricare-overseas.com

Medical Readiness: PHA

[6] 10th Area Support Group; 1st Battalion, 1st Special Forces Group (1-1 SFG); 78th Signal Battalion; 333rd Signal; USA NEC-O; 53rd Signal; 835th Transportation; 247th Military Police; CID; 500th Military Intelligence; Dentac

Medical Readiness[7] is the highest priority for the Army. The Periodic Health Assessment (PHA) is the tool used by the DoD to document and track IMR[8]. The PHA is an annual requirement. A Soldier's PHA is considered overdue when the date of the last PHA is more than 15 months. As part of the Medical Readiness Transformation[9], the Army, Navy and Air Force now have the same PHA requirements. While the PHA requirements are the same, the service's use different programs that lack interoperability. Efforts are underway so that all three services will have the capability of completing PHAs for any Active Duty member. The status of the PHA is available to commanders in the MEDPROS's Commanders' Portal.

The PHA involves three sections (phases):

1) **Soldier's Self-Assessment** questionnaire which can be accessed through AKO
2) **Record Reviewer Section** can be completed by a nurse, medic or health care provider.
3) **Healthcare Provider Section** is completed, duty limitations annotated, and profiles are updated as needed.

Medical Readiness: Army Profiles

Army Profiles[10] are completed electronically on which generates a DA Form 3349. This electronic profile (E-profile) consolidates all of a Soldier's profile conditions on one form. The E-profile is reviewed in the Commander's Portal[11] (MEDPROS) and signed to acknowledge and concur. The Commander's portal allows the commander to message the healthcare provider about a profile in order to clarify information such as limitations or deployability. More information for the Commander can be found in the Commander Portal User Guide[12]. Individual Sick Slips (DD Form 689) are used occasionally and are only valid up to 7 days. When capability allows, the E-profile is the preferred documentation method for the Army profiles.

E-profile is an online program specific to the Army. Active Duty and Civilian providers from Air Force and Navy are authorized to use the system, but use of the system by other services is voluntary and sporadic. As long as the provider documents the diagnosis, limitations and duration of the limitations in the Electronic Medical Record, a profile can be generated for the Soldier in E-profile by a surrogate Army provider.

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[7] See Appendix B for definitions related to Medical Readiness Categories
[8] DoDI 6200.06 Periodic Health Assessment Program
[9] FRAGO 5 to HQDA EXORD 037-16 Personnel and Medical Readiness Transformation Training
[10] Currently Army Retention Standards and Profiling information are found in AR 40-501.
[11] All users must complete the JKO Course Number, DHA-US062: Personnel Readiness Transformation, and self-register at https://authentication.mods.army.mil/MCP/Home/Login?ReturnUrl=%2fMCP%2fHome
[12] A copy of the Command Portal User Guide PDF is located on https://www.milsuite.mil/book/docs/DOC-378226

Assistance is available by the Army NCMs or a representative from the 1-1 ADA medical team. If a profile is transcribed for another medical provider, the commander may still use the commander's portal, but the message will not reach the treating medical provider. Extra steps are required to reach the treating physician. NCMs can assist with getting commanders' questions answered.

Profiles are supposed to be written for a duration that includes the recovery period for the profiling condition. The recent changes in the profiling system may not be fully disseminated so commanders are encouraged to exercise caution and verify when concerns for injury are identified for their Soldier. The new profiling regulations direct providers to use laymen terms in communication to reduce medical jargon that may not be widely understood and to protect privacy as much as possible. Finally, a record APFT can be conducted on a temporary profile as long as it doesn't violate the limitations in the profile. Commanders are encouraged to verify limitations and intended APFT events as providers from other services may not be aware of the Army's regulations when they are initially providing instructions for limitations.

Commander's Note:

Commanders should be familiar with their Soldiers' medical conditions in order to accurately determine if they are deployable. The Commander's portal is vital to accurate record keeping.

See Appendix C for more information for medical providers regarding Army profiles including information specific to 18th MDG Clinic Provider.

See Appendix D for an example of the blank DA 3349 Form used by E-profile. The demographic data populates automatically. The example offers non-Army providers an example of the content they may need to address in their medical documentation to communicate effectively with Army leaders.

Medical Readiness: MEDPROS

The commander's MEDPROS determination of deployable personnel will automatically feed into the commander's unit status report (USR) in the Defense Readiness Reporting System-Army. The Medical Readiness Classes (MRCs) and Deployment Limiting (DL) codes are defined below.

1) MRC 1: Fully medically ready and deployable. Current Profiles are $\leq$ 7 days in length.
2) MRC 2: Soldiers are partially medically ready and deployable. Includes Soldiers with profiles 8-14 days in length. Includes Soldiers whose vision or hearing is classified as class 4.

3) MRC 3: Soldiers who are not medically ready and considered non-deployable.

Code	Description of Deployment Limiting Code
DL1	Temporary profile greater than 14 days
DL 2	Dental Readiness Class 3
DL 3	Pregnancy
DL 4	Permanent profile indicating MOS Administrative Retention Review (MAR2) needed
DL 5	Permanent profile indicating Medical Evaluation Board (MEB) needed
DL 6	Permanent profile indicating non-duty-related action is needed
DL 7	Permanent profiles with a deployment / assignment restriction code (F, V or X)

Commanders will determine in the Commander's Portal whether a Soldier with DL code 1 or 2 is deployable after reviewing the Soldier's physical profile.

4) MRC 4: This class of Soldiers is not medically ready and will default to non-deployable unless a commander determines in the Commander's Portal that a Soldier is deployable. Commanders are required to resolve any medical deficiencies before a Soldier's deployment. This category includes Soldiers that may simply need to update their PHA.

Emergency Care and Afterhours Care

The NMRTC operates a 24 hour emergency room at Camp Foster. The Army Garrison at Torii Station maintains an MOU with NMRTC to provide emergency medical transport services to NMRTC

a. If a patient is feeling suicidal, homicidal, or is in crisis, they can call 911 or 098-934-5911 from cell or report directly to NMRTC Emergency Department.
b. Crisis hotline is available 24/7, 1-800-273-TALK (8255)

Behavioral Health and Substance Use Disorder Clinical Care

Behavioral Health[13] programs and clinics are generally run in a similar fashion across all three DoD services. Substance Use Disorders is a mental health diagnosis, but treatment is often conducted in specialized programs. The Army, Air Force and Navy have separate programs for substance use disorders which include treatment, education and preventative programming. The clinical decision making process and treatment options for substance use disorders are the same regardless of service and are promulgated by the American Society of Addictions Medicine (ASAM),[14] the

[13] The Army replaced the label "Mental Health" with "Behavioral Health." For the purposes of this document, the terms are synonymous. The use of "Mental Health" in this document is to keep the wording consistent with the terminology of the Air Force and Navy when it applies.
[14] DoDI 1010.04; See Appendix E

Diagnostic and Statistical Manual, 5th edition (DSM 5), and Department of Defense/Veteran Affairs Clinical Practice Guideline for Substance Use Disorders.[15]

The Army Substance Abuse Program (ASAP) has undergone several transformations in the last 10 years. In October 2016 the Secretary of the Army separated the commander's administrative role, known as ASAP, from the medical role identified as Substance Use Disorder Clinical Care (SUDCC).[16] While the terms are frequently used interchangeably, there are distinct differences in their purpose and function. ASAP is a commander's program that emphasizes readiness and personal responsibility. The standards that delineate punitive and corrective actions in regards to substance use are contained within the ASAP policies. The decision regarding separation or retention for substance abuse rests with the Soldier's chain of command. The commander's role in substance abuse prevention, drug and alcohol testing, early identification of problems, rehabilitation, and administrative or judicial actions is essential to the overall success of the program and maintaining good order and discipline within the unit.

Commander's Note:

The Army's Substance Use Disorder Policy has changed several times in the last decade. The Army's SUDCC SSA on Torii Station can assist with coordinating consultation with Army medical providers that can help commander's understand the Army Regulations. They can review the care given by the Air Force or Navy and make recommendations based on the Army Regulations.

The Army's Installation Management Command (IMCOM), the local Army Garrison, retains responsibility and policy oversight of ASAP drug deterrence and testing programs, prevention functions (i.e. Alcohol and Drug Abuse Prevention Training or ADAPT), and the ASAP training curriculum.[17] MEDCOM was assigned the responsibility of evaluation and treatment for substance use disorders.

The Army MEDCOM policies regarding SUD have evolved during the transformation of the program. The diagnosis is treated as a Behavioral Health disorder. Treatment for the disorder and treatment failures are determined by the Behavioral Health provider, not by the completion of a defined program. The determination of successful treatment, treatment failures, and non-compliance with treatment are clinical assessments that determine the options for the commander. Commanders should refer to Army Regulations to determine eligibility for retention or separation. In such cases where Army Regulations may not be clearly applied, the option for continued treatment may be considered as long as the Soldier is able to return to a deployable status within 365 days.

[15] https://www.healthquality.va.gov/guidelines/mh/sud/
[16] AR 600-85 28 November 2016, Chapter 1 (1-7), page 1
[17] FRAGO 1 OPORD 16-33, Page 2

The following two sections describe the Air Force and the Navy Substance Use Disorder (SUD) evaluation and treatment programs. There are subtle differences between the three services. Please reference the section that corresponds to the location the Soldier will receive their care. In accordance with the Secretary of the Army's Army Substance Abuse Program Report, MEDCOM has final authority regarding decisions that impact a Soldier's health and rehabilitation when there are conflicting opinions between the Commander and the healthcare provider on the best course of treatment for Soldiers (IAW DA EXORD 191-16), SUDCC is not a part of the Commander's ASAP, but is clinical treatment with a Behavioral Health provider.[18]

SUD Programs and staff don't provide intervention services or assessments for patients who are inebriated or otherwise under the influence of a substance. SUD is not considered a medical emergency, it is a medically related behavioral health diagnosis/condition treated in an outpatient or inpatient setting, not the Emergency Department. Individuals who are under the influence (drunk, high) should have a medical evaluation when there are concerns for health and safety. Chronic heavy drinkers and substance users are at risk for withdrawal symptoms such as vomiting and seizures. When somebody is under the influence of alcohol or other substances, altered mental status are common. However, if head trauma is suspected, a medical assessment should be performed. Likewise, a patient suspected of poly-substance use or ingestion (alcohol + drugs or medications) which may occur with an attempted suicide or other high risk behaviors is also a situation that warrants further medical evaluation. If the risk assessment is low for the individual, it is appropriate to monitor the individual in a safe non-clinical environment.

Substance Use Disorder Clinical Care: 18th MDG Clinic

The Air Force's Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and Drug Demand Reduction (DDR) programs are the equivalent to the Army's SUDCC and ASAP programs[19]. The Air Force directs Airmen to seek help early through self-identification which is consistent with Army policies. An assessment with the 18th MDG ADAPT will determine the appropriate clinical course of action (e.g. no diagnosis/education only; or diagnosis/ASAM level of treatment). All Soldiers being referred to ADAPT must meet with the Army Social Services Assistant prior to their assessment with ADAPT. This is to ensure any governing Army and SUDCC policies are thoroughly explained to the Soldier.

Individuals who have a substance related misconduct in the Air Force are command referred for an assessment within seven days of the incident, or next duty-day for driving under the influence specifically. A supervisor must be present to the

[18] MEDCOM OPORD 16-33 Fragmentary Order 3
[19] Air Force Instruction 44-121, published 8 July 2014

appointment with the member to complete a supervisor interview, and the time/date of the appointment will be coordinated through the First Sergeant who has the responsibility of notifying the member, supervisor and the commander.

The self-identified or medical referred ADSM or dependent that warrants treatment are held to the same standards as others entering substance use disorder treatment. In cases of self-referral or medical referral, if the individual is not diagnosed with a SUD, then the ADSM's chain of command will not be notified. In cases where a self-referral or medical-referral meets criteria for a SUD (Level I-III), the command team is notified to arrange for a comprehensive treatment planning. The notification is non-punitive, but is necessary to arrange for appropriate treatment.

Within 14 days of the initial assessment, a meeting will be held with the Treatment Team which includes the Commander and/or First Sergeant and supervisor. The Soldier's leadership is involved at program entry, termination, and any time there are significant treatment transitions or difficulties with the patient (e.g. relapse, poor engagement with treatment, 2 no-shows, graduation into aftercare). ADAPT staff must brief the unit leadership quarterly, at a minimum. The treatment is not considered completed until the patient has completed treatment and continuing care (aftercare).

Substance Use Disorder Clinical Care: NMRTC Okinawa

The Navy's unified Navy Alcohol and Drug Abuse Prevention (NADAP) was implemented in 2009. The Navy's treatment program is the Substance Abuse Rehabilitation Program (SARP).[20] The program utilizes the Alcohol and Drug Management Information and Tracking System (ADMITS) to maintain a computer database to document alcohol prevention education, command/self-referrals, alcohol-related incidents, screenings and treatment.

Command referrals, self-referrals, and medical referrals will have a screening conducted by SARP. Prior to a screening by SARP, the command must complete a DAPA screening package and OPNAV 5350/7 created from the ADMITS Web site. Due to this requirement, Soldiers' Commands must be notified and eliminates their anonymity. This notification is non-punitive and required for collaborative information from the Soldier's leadership. The SARP must receive the following information:[21]

1) A statement or reason for referral (for non-incident) or Drug and Alcohol Abuse Report (DAAR, for an alcohol-related incident).
2) ADSMs health and service records/Clinical Package

[20] BUMED Instruction 5353.4B, 7/6/2015
[21] OPNAV Instruction 5350.4D (N135), 6/4/2009

3) DAPA screening package

Commander's Note:

Clinical decision making process is enhanced by historical information to include a supervisor's input. The supervisor's description of the Soldier and past performance is invaluable to understanding a baseline, predicting outcomes, and matching the Soldier to the appropriate treatment outcome. Completing this information prior to the Soldier's visit makes the best use of a clinician's time, especially when their services are in high demand.

At the screening, the medical officer or Licensed Independent Provider (LIP) at SARP will determine the presence and potential severity of a substance use disorder, and recommend a corresponding level of intervention or treatment. Upon completion of the screening, the command is provided a written summary that will contain treatment recommendations and a statement of the member's amenability to treatment. The summary does not contain recommendations for discipline, retention, or separation from service.

At the completion of early intervention or treatment, SARP[22] will provide an End of Treatment Memorandum to the Army SUDCC Social Services Assistant, which will include a diagnosis, prognosis, aftercare plan, and Fitness for Duty determination. The Social Services Assistant will notify the Soldier's Commanding Officer and provide a copy of the Treatment Memorandum.

In the Navy's policy, any ADSM who is involved in an alcohol-related incident at any time during the SARP treatment process, including while in aftercare, will be re-screened, and may be considered a "Treatment Failure". ADSMs screened as a Treatment Failure from SARP may be administratively separated from service by their command (this is different than the Air Force Policy), and SARP will provide the screening summary noting if an ADSM is considered a treatment failure per AR 600-85. Only those Service Members who have not received treatment for the first time will be offered treatment as they process out of the Navy, if applicable.

Army Body Composition Program

The Army Body Composition Program (ABCP) is described in AR 600-9. A profile for a musculoskeletal injury is generally not considered an exemption from the ABCP.
NMRTC Nutrition Clinic- 315-646-7319

[22] See Appendix G.1 for a diagram outlining the steps involved for evaluation with the Navy SARP.

EFMP

The Army's Exceptional Family Member Program (EFMP) is outlined by the Army Regulation 608-75. EFMP paperwork and documentation requirements are the same for all three services. The DD 2792 can be completed by a provider from any service/MTF. The PCM completes the packet, but depending on the medical needs of the individual, a specialist may be the most appropriate provider to have complete the medical information.

Although the paperwork requirements are the same, the EFMP administrative operations are different for each service. Army personnel should have their documents forwarded or dropped off with the Army NCMs. These Army NCMs function as a liaison with Army EFMP office in Hawaii who will enter the information for enrollments, updates and overseas screenings into the Army's EFMP system ("PERNET" or Personnel Network).

In order to have EFMP updates made, it is recommended to discuss the update requirements with the NCM first in order to have the appropriate paperwork completed, such as the consent. Then an appointment can be scheduled with the PCM for a review of the current medical status. The EFMP packet is complete when the patient (or parent) concurs with the medical and/or school information entered in the packet (DD 2792) and signs the form.

Commander's Note:

EFMP is designed to keep Soldier's from being assigned to locations that lack the appropriate medical resources for their ADFM's medical or educational needs. Deliberately omitting information or misleading the medical provider is punishable by UCMJ. Commanders should advise their Soldier's to comply. Commanders may call the NCM to clarify concerns on their Soldier's behalf.

For individuals trying to PCS to Okinawa, the Navy and Air Force are the final EFMP approving authorities based on the Sponsor's enrollment location. The Army personnel follows the local policies of the Navy and Air Force for EFMP approvals and denials. The decisions on pending assignments to Okinawa are sent to the Regional Health Command-Pacific who relays the decision to Human Resources Command (HRC) for further processing.

Protected Health Information

The "Military Command Exception" in reference to individual's Protected Health Information (PHI) permits the use and disclosure of health information that would otherwise be prohibited by the Health Insurance Portability and Accountability Act

(HIPAA) Privacy Rule[23]. Health organizations and health care providers may disclose the PHI of ADSMs for authorized activities to appropriate military command authorities. The "exception" does not require the disclosure of PHI to commanders, it only permits the disclosure. If a PHI disclosure is made, then only the minimum amount of information necessary should be provided. The exception **does not** permit a Commander's direct access to an ADSM's electronic medical record, unless otherwise authorized by the ADSM. The appropriate military command authority includes commanders who exercise authority over an ADSM or another person designated by a commander.

Authorized activities for which PHI disclosure to a commander may occur (the list is not comprehensive):

1) Determining the member's fitness for duty
2) Fitness to perform a particular assignment (deployment)
3) Carrying out another activity essential for the military mission

The Privacy Act of 1974 requires commanders and other authorized officials receiving PHI to protect the information in accordance with the Privacy Act to ensure it is only provided to personnel with an official need to know.

Mental Health and/or Substance Use Disorders related to a Soldier have further privacy stipulations, 42 USC §290dd-2. There are additional protections to dispel stigma around ADSMs seeking mental health care or voluntary substance use disorder clinical care[24]. DoD healthcare providers shall not notify an ADSM's commander when the member obtains mental health care and/or substance misuse educations services—unless one of the below conditions or circumstances apply. If one of the following conditions apply, then disclosure is required.

1) Harm to self. There is a serious risk of self-harm by the ADSM.
2) Harm to others. There is a serious risk of harm to others. This includes any

Commander's Note:

Knowing these regulations will empower commander's to know which information they are entitled to. They may refer to these guidelines to inform a clinic or provider of the information you are entitled to in order to carry out your responsibility as a commander. MEDDAC-J staff can assist with questions. Medical information is closely protected and only released on a need to know basis with the minimal necessary information.

[23] 45 CFR 164.512(k)(1) Military command exception provision of the HIPAA Privacy Rule. Also see https://health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/HIPAA-Compliance-within-the-MHS/Military-Command-Exception

[24] DoDI 6490.08 was issued to balance patient confidentiality rights with the commander's need to make informed operational and risk management decisions. If one of the circumstances or conditions applies above, DoDI makes disclosure to the commander permitted AND required.

disclosures concerning child abuse or domestic violence.

3) Harm to mission. There is a serious risk of harm to a specific military mission.
4) Special personnel. The member is in the Personnel Reliability Program or has mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.
5) Inpatient care. The member is admitted or discharged from any inpatient mental health or substance use treatment facility.
6) Acute medical conditions interfering with duty. The ADSM is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the ADSM's ability to perform assigned duties.
7) Substance use treatment program. The member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program for the treatment of substance use disorder.
8) Command-directed mental health evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation.
9) Other special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a covered entity.

Soldier Reassignments and Returning Family Members CONUS

Soldiers can be reassigned/returned to CONUS for medical reasons when the medical condition is not a Medical Board condition. A curtailment is usually processed for the Soldier through the S-1 (personnel) office.

When ADFMs have a medical condition that can't be treated locally, the family can typically pursue a Compassionate Reassignment or an Early Return of Dependents. Both situations are a function of the unit S-1 (personnel) office. The Compassionate Reassignment for medical conditions requires a brief memorandum from a provider explaining why the reassignment is necessary. The Army NCM's can assist with the medical requirements related to a Compassionate Reassignment.

Appendices

A. Key Personnel and Contact

B. Medical Readiness Definitions / Codes

C. Behavioral Health Profiles from 18th MDG

D. Blank E-Profile Form

E. ASAM Levels of Care

F. Behavioral Healthcare options on Kadena Air Base and 18th MDG

G. Air Force ADAPT Algorithm

H. Behavioral Healthcare options at NMRTC Okinawa, Camp Foster

H1. NMRTC Okinawa Flowchart for Inpatient Mental Health

H2. Navy SARD Algorithm

I. Kadena Family Advocacy Program

J. U.S. Army Garrison Units

K. Glossary of Terms and Acronyms

L. Community Resources for U.S. Army Okinawa

Appendix A:
Key Personnel and Contact Information

18th Medical Group, Kadena Air Force Base
http://www.airforcemedicine.af.mil/MTF/Kadena/

Patient Contact Representatives

U.S. Naval Hospital-Okinawa
http://www.med.navy.mil/sites/nmw/Commands/Pages/USNH%20Okinawa.aspx

Patient Contact Representatives

Army Nurse Case Manager
Sabina Bosompem, RN, BSN, MSHA
Torii Station
Bldg. 216, Rm 239
DSN: 315-652-4462
DSN from Cell: 098-961-7777 then 652-4462
Email: sabina.bosompem.civ@mail.mil

Medical Readiness OIC
Candace Ash, FNP-BC
Torii Station
Bldg. 216, Rm 241
DSN: 315-652-4423
DSN from Cell: 098-961-7777 then 652-4423
Email: candace.ash.civ@mail.mil

Exceptional Family Member Program (EFMP)
Kazuya Higa (Mr.), RN
Torii Station
Bldg. 216, Rm 235
DSN: 315-652-5352
DSN from Cell: 098-961-7777 then 652-5352
Email: kazuya.higa.ln@mail.mil

Army SUDCC (Previously ASAP) Care Coordinator (Social Service Assistant)
Keala Koshimizu
Torii Station Bldg.: 216 Room: 228
Email: keala.k.koshimizu.civ@mail.mil
Work Cell Phone Number: 070-2495-3198 (Primary number)
DSN Phone Number: (315) 652-4840
DSN from Cell: 098-961-7777 then 652-4840

MEDDAC-Japan, Camp Zama (BG Crawford F. Sams AHC)

Command Suite (Commander, DCCS, DCN, DCA)
DSN Phone Number: 263-4546
Commercial Phone Number: 011-81-46407-4546

MEDPROS: https://medpros.mods.army.mil/

Patient Portal Secure Messaging

https://app.mil.relayhealth.com/
Once registered for Secure messaging, the patient can email the PCM team to inquire about an appointment, diagnostic results, medication refills, etc.

TRICARE Overseas Program contractor International SOS

https://tricare.mil/ContactUs/CallUs/OverseasResources/Pacific

Location	Commercial Phone	DSN Phone
US Naval Hospital, Okinawa	012-098-3990	877-678-1288 toll-free (DSN not available)
18th Medical Group, Kadena	011-81-611-730-4310	(315) 630-4310

APPENDIX B:
DEFINITIONS OF MEDICAL READINESS CODES

Medical Readiness Classification

MRC	Short Definition	Medical Definition	Commander Deployability Personnel Determination
MRC 1	Medically ready / deployable	**MRC 1** Meets all medical readiness requirements and Dental Readiness Class 1 or 2 – Temp profile ≤ 7 days	Not Required
MRC 2	Partially medically ready / deployable	**MRC 2** *Soldier is deficient in one of the following:* – Temp profile > 8 days but ≤ 14 days – Hearing Readiness Class 4 (current within 13 months) – Vision Readiness Class 4 (current within 15 months) – DNA (drawn/on file with DoD Repository) – HIV (drawn/validated with DoD Repository) – Immunizations current or valid exception (Routine Adult Immunization Profile) – HepA, HepB, Tdap, MMR, Polio, Varicella (Influenza-seasonal) – Individual medical equipment (1MI, 2 pair eye glasses, MCEP-I, MWT, and hearing aid with batteries if required	Not Required
MRC 3	Not medically ready / nondeployable and commander determines deployability for: – Temp profile > 14 days (DL 1) – Dental Readiness Class 3 (DL 2)	**MRC 3** *Soldier is deficient in one of the following:* DL 1 – Temp profile > 14 days DL 2 – Dental Readiness Class 3 DL 3 – Pregnancy DL 4 – Permanent profile indicating a MAR2 action is needed DL 5 – Permanent profile indicating a MEB action is needed DL 6 – Permanent profile indicating a non-duty- related action is needed DL 7 – Permanent profiles with a deployment /assignment restriction code (F, V, or X)	Deployment-Limiting (DL) Condition 1/2: Soldier is not medically ready / nondeployable and commander determines deployability. DL 3/4/5/6/7: Soldier is not medically ready / nondeployable. Unit commander cannot make a deployability determination for routine readiness reporting. When assigned a mission, deployability will be in accordance with combatant command policies.
MRC 4	Not medically ready / nondeployable and commander determines deployability (default nondeployable)	**MRC 4** *Status is unknown.* *Soldier is deficient in one of the following:* – Periodic Health Assessment (current within 15 months) – Dental Readiness Class 4 (current within 15 months)	Soldier is not medically ready / nondeployable and commander determines deployability.

Definitions:
HepA = Hepatitis A MAR2 = MOS Administrative Retention Review MMR = Measles, mumps, and rubella

HepB = Hepatitis B MCEP-I = Military Combat Eye Protection Inserts MWT = Medical warning tags
HIV = Human immunodeficiency virus MI = Mask inserts Tdap = Tetanus, diphtheria, and acellular pertussis

Appendix C:

General Comments from MEDCOM regarding Army Profiles:

Samples of Appropriate and Inappropriate Functional Limitations

Profiling comments often have specific duty limitation recommendations. Providers should provide rationale for limitations whenever possible. Appropriate examples are as follows:

- "Requires eight consecutive hours for sleep in every 24 hour period"
- "No combat, no live or simulated fire training or exposure"
- "Service Member (SM) should not be exposed to stimuli suggestive of combat experiences (i.e., no simulator training, no ranges, no simulated mortars, no patrol lanes, no IED training, etc.)."
- "No weapons/ammunition"
- "No alcohol"
- "Quarters" – this should be used sparingly for BH conditions, rarely exceed one day, and almost never exceed three days.
- "No limitations"
- "SM should have access to all BH appointments"
- For cases referred to Medical Evaluation Board (MEB): "SM has been referred to the MEB process. No deployments to an austere environment; PCS, TDY or ETS until final fitness for duty has been determined. This SM should not be issued an individually assigned military weapon, or attend any live fire drills or ranges. SM should remain stationed near an MTF where definitive psychiatric care is available."

Overly restrictive profiles hinder a Commander's ability to keep a Soldier engaged in some occupational function within the unit and could exacerbate isolation from helpful peer support. Providers will generally avoid commenting on specific duties and should avoid using the following phrases:

- "No 24 hour duty"
- "No rotating shifts"
- "No formations"
- "No uniforms"
- Providers will not set work/duty times, i.e., "SM can only work from 9-5" or "cannot present to work until 1000 hours"

Medication Stabilization suggested comments:

This Soldier has no BH symptoms or side effects from treatment that limit medical readiness, however, due to deployment disqualification rules about specific BH diagnoses, treatments, and/or psychotropic medications, he/she requires a waiver from the appropriate combatant command surgeon before he/she can deploy during the duration of this profile. The Soldier should have access to all medication management appointments to ensure medical readiness.

The Soldier should be allotted eight hours of uninterrupted sleep per 24 hour period. Use of alcohol while taking psychotropic or CNSD medications is discouraged. Please contact the profiling provider at XXX-XXX-XXXX to discuss the following potential duty limiting side effects of this medication (those with an "x") or if the Soldier displays concerning changes in mood, behavior, irritability, or safety.

Potential side effects:
[ ] This medication has few or rare side effects, there is no current recommended restriction to duty.
[ ] The medication may cause daytime drowsiness and consideration for limiting operation of heavy machinery during morning hours should be avoided. It is expected that this side effect, if present, will diminish over time.
[ ] The Soldier is not to participate in live fire exercises or participate at the range while taking this medication or until command receives verification of suitability by the profiling provider.
[ ] The medication has a potential for abuse if not used correctly or as prescribed, notify the profiling officer immediately if there is a sudden deterioration of performance or fluctuating behavior.

Behavioral Health Profiles from 18th MDG

When Army profiles are necessary due to Behavioral Health symptoms or medication side-effects, recommendations will be given to the ADSM's 18th MDG Clinic PCM (1-1 ADA BN provider) who will enter them into the Army MODS E-Profile System. Behavioral Health providers will provide adequate information for a complete profile. Examples of required information for the Behavioral Health providers are provided below. Applicable modifications to the following examples shall be made.

Behavioral Health Profiles from NMRTC Okinawa

When Army profiles are necessary due to Behavioral Health symptoms or medication side-effects, recommendations will be given to the MEDDAC-J NCM who will ensure an Army provider enters them into the Army MODS E-Profile System. The Army NCM will notify both the Soldier and their Commander when a Behavioral Health profile is initiated and any duty limitations. Behavioral Health providers will provide adequate information for a complete profile. Examples of required information for the Behavioral Health providers are provided below. Applicable modifications to the following examples shall be made.

For profiles when treatment includes therapy alone:

The Soldier is non-deployable due to decreased mission capability from a BH condition. The Soldier should have access to all Behavioral Health appointments. No alcohol use. Alcohol use can worsen BH conditions. Notify the profiling officer immediately if there is a sudden

deterioration of performance or fluctuating behavior. Ensure the opportunity for eight consecutive hours of sleep every 24 hour period for the duration of the profile to maximize recovery. Treatment is expected to occur **(enter frequency)** for **(X)** months with the potential to return to deployable status within **(X)** months. This Soldier should not be issued an individually assigned military weapon, handle ammunition, attend any live fire drills, ranges, or participate in combat simulation events during profile period. Develop housing plan, as appropriate, to ensure that the Soldier does not have immediate access to weapons during profile period. The Soldier may perform all other MOS related tasks.

For profiles when medication with potential side effects is prescribed:

The Soldier is non-deployable due to decreased mission capability from a BH condition and medication prescription with significant side effect potential. The Soldier should have access to all Behavioral Health appointments. No alcohol use. Alcohol use can worsen BH conditions and interfere with medication(s). Notify the profiling officer immediately if there is a sudden deterioration of performance or fluctuating behavior. Ensure the opportunity for eight consecutive hours of sleep every 24 hour period for the duration of the profile to maximize recovery. Treatment is expected to occur **(enter frequency)** for **(X)** months with the potential to return to deployable status within **(X)** months. This Soldier should not be issued an individually assigned military weapon, handle ammunition, attend any live fire drills, ranges, or participate in combat simulation events during profile period. Develop housing plan, as appropriate, to ensure Soldier does not have immediate access to weapons during profile period. The Soldier may perform all other MOS related tasks. This medication may cause daytime drowsiness - operation of heavy machinery or driving of military vehicles should not occur for the next **(X)** weeks.

Permanent profiles for a Behavioral Health condition that requires a Medical Evaluation Board:

The Soldier is currently in MEB process. No access to weapons/ammunition. The Soldier should have access to all Behavioral Health appointments. No alcohol use. Alcohol can worsen BH conditions and interfere with medication(s). Ensure the opportunity for eight consecutive hours of sleep every 24 hour period for the duration of the profile to maximize recovery. Notify the profiling officer immediately if there is a sudden deterioration of performance or fluctuating behavior. No deployments to an austere environment. No PCS, TDY, or ETS until final fitness for duty determination. This Soldier should not be issued an individually assigned military weapon, attend any live fire drills, ranges, or participate in combat simulation events. Develop housing plan, as appropriate, to ensure the Soldier does not have immediate access to weapons at this time. The Soldier should remain stationed near a Medical Facility where definitive behavioral health care is available.

Appendix: D
Example of E-Profile Form

PHYSICAL PROFILE RECORD

For use of this form, see AR 40-XX; the proponent agency for this form is the Office of the Surgeon General

SECTION 1: SOLDIER INFORMATION

1.NAME (Last, First, Middle Initial)	2.RANK	3.DoD ID NUMBER	4.COMPONENT	5.CURORG	6.UIC

7.UNIT,ORG,STATION,ZIP CODE OR APO, MAJOR COMMAND	8.AOC/MOS/SQI/JOB/TITLE

SECTION 2: PERMANENT PROFILE

9.REASON FOR PROFILE (In Lay Terminology)	10. P	U	L	H	E	S	11. PROFILE CODES			12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE
COMBINED PULHES												

SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:

15.REASON FOR PROFILE (In Lay Terminology)	16. SEVERITY	17. MECHANISM OF INJURY	18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER

22. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST:	23. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? YES [ ] NO [ ]
12 MONTHS: 0 24 MONTHS: 0 DATE: __	IF "NO", ANTICIPATED APFT AVAILABILITY DATE _____

SECTION 4: FUNCTIONAL ACTIVITIES

24. A SOLDIER MUST BE REFERRED TO THE DISABILITY EVALUATION SYSTEM (DES) IF THERE IS AT LEAST ONE PERMANENT (P) "3" IN THE PULHES AND LIMITATION(S) NOTED IN THE FUNCTIONAL ACTIVITES. TEMPORARY (T) LIMITATIONS DO NOT CAUSE REFERRAL TO DES.

INDICATE THOSE ACTIVITIES THAT THE SOLDIER CANNOT PERFORM BY PLACING AN "N" IN THE APPRPROPRIATE COLUMN(S).	P	T
a. Physically and/or mentally able to carry and fire individual assigned weapon?		
b. Ride in a military vehicle wearing usual protective gear without worsening condition?		
c. Wear helmet, body armor, and load bearing equipment (LBE) without worsening condition?		
d. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?		
e. Move greater than 40 lbs (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards?		
f. Live and function, without restrictions in any geographic or climatic area without worsening condition?		

25. ADDITIONAL PHYSICAL RESTRICTIONS (CHECK IF APPLICABLE)

[ ] a. LIFTING/CARRYING RESTRICTION: MAXIMUM WEIGHT RESTRICTION: Permanent: ___ lbs. Temporary: ___ lbs.

[ ] b. STANDING LIMITATION: Permanent: ___ min Temporary: ___ min

[ ] c. MARCHING WITH STANDARD FIELD GEAR: Permanent: Time: ___ min / Distance: _____ mi | Temporary: Time: ___ min / Distance: ___ mi

26. MEDICAL/ADMINISTRATIVE BOARD STATUS: Not Applicable

SECTION 5: MEDICAL INSTRUCTIONS TO UNIT COMMANDER (Permanent restrictions listed in bold type)

27. ***Soldier and Leaders must follow the most restrictive medical instructions describing capabilities and limitations.***

SECTION 6: ARMY PHYSICAL FITNESS TEST (See FM 7-22)

	P		T			P		T		
28. APFT EVENT	YES	NO	YES	NO	29. ALTERNATE APFT (Only if Soldier is unable to do APFT 2 mile run)	YES	NO	YES		NO
2 MILE RUN	[X]	[ ]	[ ]	[ ]	APFT WALK	[ ]	[ ]	[ ]		[ ]
SIT-UPS	[X]	[ ]	[ ]	[ ]	APFT SWIM	[ ]	[ ]	[ ]		[ ]
PUSH-UPS	[X]	[ ]	[ ]	[ ]	APFT BIKE	[ ]	[ ]	[ ]		[ ]

SECTION 7: PHYSICAL READINESS TRAINING CAPABILITIES
(See FM 7 - 22; Activities related to permanent conditions are in bold type)

30. ***Soldier and Leaders must follow the most restrictive PRT guidance describing capabilities and limitations.***

SECTION 8: UNIT COMMANDER

31. COMMANDING OFFICER:	32. DATE:
DA FORM DA 3349-SG, _____ 2016	PREVIOUS EDITIONS ARE OBSOLETE

Appendix E
ASAM Levels of Care

1. Levels of Care. Treatment programs shall adhere to the principals of a continuum of care model outlined in current edition of *The American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders*. For convenience of describing different points of the continuum, ASAM has divided the continuum into sectors of five general levels of service.

a. Early Intervention. Level 0.5 is a program intended for individuals whose problems and risk factors appear to be related to substance use and who do not meet the diagnostic criteria for substance related disorders. Early intervention services are designed to explore and address problems or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of inappropriate substance use. The early intervention program may be a structured course with a set length and curriculum. The length of this program should be sufficient to accommodate the individual's ability to comprehend and use the information to avoid further substance use problems.

b. Outpatient. Level I program encompasses organized nonresidential services, which may be provided in a wide variety of settings. Addiction treatment personnel provide evaluation and treatment services to individuals diagnosed with substance related disorders. This level is for individuals diagnosed with a substance use disorder and who are able to meet treatment goals as outpatients with 9 hours of contact or less a week. Environmental and employment considerations may require that individuals who clinically need this level will receive treatment that is "condensed" or "front-loaded." For example, for any active duty patients, mission requirements will influence whether treatment will occur more often than 9 hours a week for the first 1 to 2 weeks. In such cases, the individual will be considered to be receiving outpatient treatment, as this matches his or her clinical level of functioning.

c. Intensive Outpatient. Level II program provides a structured day or evening program to individuals diagnosed with substance use disorders whose level of functioning requires more intense intervention than outpatient but does not require 24 hour supervision. As a general guideline, frequency of contact is usually in blocks of 4 or more hours, 3-5 times per week, up to a full day program. In this level, patients receive essential education and treatment components while being allowed to apply their newly acquired skills within "real world" environments. Programs have the capacity to arrange for medical and psychological consultation, and 24-hour crisis services (via hospital emergency departments). As a patient meets individual treatment goals, it is expected, where possible, the individual will move into a less intense intervention, i.e., outpatient services.

d. Clinically Monitored/Residential. Level III program is for patients who need a safe and stable living environment to develop sufficient recovery skills. They have been diagnosed with a substance use disorder and have been assessed using patient placement dimensions as requiring a structured 24 hour program. This program will be staffed 24 hours a day by designated treatment personnel. Although medical services need to be readily available they

are not required onsite. As a patient progress through treatment, where possible they will transition to a nonresidential program. Length of stay in a residential program is variable, depending on individual needs and response to treatment, but will generally not exceed 5 weeks.

e. Medically Managed. Level of care is an inpatient treatment for individuals requiring medical services for detoxification or other medical complications. When required, this level of service will be coordinated through MTF medical services.

f. Continuing Care. Patients diagnosed with Substance Use Disorder should be referred to Continuing Care services in the vicinity of their command. In most cases Continuing Care services will be available for 1 year following formal treatment but may vary based on the needs of the patient. Services shall include weekly group therapy sessions, quarterly patient reviews, self-help meeting participation, and on-going ASAM assessments.

Appendix F:

Behavioral Health Care and Family Advocacy options available at 18th MDG Kadena Air Base

Air Force Behavioral Health Business Rules are NDAA requirements, AFI, AFMS policy, or data driven. Providers have appointments available to book from 0730-1600 (due to clinic closing 1630 and most appointments lasting 30-60 minutes). During screening procedures all patient's based on their presentation may be offered services from the following options.

Primary Care Behavioral Health (PCBH)
With PCBH, you are seen directly in the Family Practice Clinic by Behavioral Health Consultants (BHC). The BHC is a mental health provider with specialty training to work as a member of the primary care team to help patients manage symptoms associated with chronic medical conditions (e.g., insomnia, tension headaches, diabetes), implement behavioral change programs (e.g., smoking cessation, weight loss), and treat emotional or behavioral problems (e.g., relationship difficulties, stress, bereavement, depression, anxiety). If you request, or the BHC thinks you would benefit from specialty mental health services, the BHC can provide a referral to the Kadena Mental Health Clinic[25].
Ask your PCM, visit the receptionist's desk in the primary care clinic, or call the 18th MDG appointment line to schedule an appointment with a BHC.
18th MDG Appointment Line: 630-4817 Option 1, 1, 1

Kadena Mental Health Clinic (MHC)
- The Kadena MHC offers individual and group psychotherapies, medication management, and psychological assessment services to all active duty military members and their dependents empaneled to 18th MDG.
- When space is available, the Kadena MHC clinic also offers services to DoD and DoDDS civilians and their dependents and retired military members and their dependents.
- Referrals to Kadena MHC are available through self-referral or your PCM and must be approved by a MHC provider.

Please contact the clinic by phone in person as we are unable to discuss any information through email and we are not registered in MiCare.
Kadena (Mon-Fri 0730-1630): 634-3272, 098-960-4817 (Ext 1, then Ext 2, then Ext 1)

[25] As with all health care providers, communications with the BHC may not be entirely confidential. Although every effort will be made to protect your privacy, BHCs have the same reporting obligations as all providers when information related to detrimental mission impact is disclosed by an active duty patient.

WALK-IN (Mon-Fri 030-1530): Building 90, Kadena AB

Chaplain Services
Kadena Chaplain Services offer spiritual guidance and direction, and individual and couples counseling. Kadena offers several options for counseling but chaplains are the only resource that is completely confidential. Under no Circumstances will a chaplain disclose any information revealed in confidential counseling without the client's consent. PHONE: 315-634-1288 www.kadenachapel.org

FOCUS (Families Over Coming Under Stress)
FOCUS offers training designed to strengthen couples and families in readiness for tomorrow. It builds on current strengths and teaches practical skills related to the challenges of military life, including stress, injury and other transitions. During FOCUS, families and couples practice perspective-taking and become closer by developing a shared understanding of their experience. FOCUS training is confidential, free and offers services at family friendly hours. FOCUS services are also available via the virtual TeleFOCUS program, allowing families and couples to meet with a FOCUS Provider through video teleconference. Families and couples can use TeleFOCUS when remote from our local site or for those sessions that are difficult to make. With five offices in Okinawa, FOCUS can be reached via: PHONE: 645-6077 EMAIL: Okinawa@focusproject.org

Military & Family Life Counselors (MFLC)
MFLC counselors offer confidential[26] short term, solution-focused counseling to address issues such as improving relationships at home and work, stress management, readjustment following a deployment, marital problems, parenting, grief and loss, and more. It is not intended to address such issues as active suicidal or homicidal thoughts, sexual assault, child abuse, domestic violence, alcohol and substance abuse, or mental health conditions such as depression and anxiety.
Kadena: 634-3915, Cell Phone: 090-8518-0939 or 080-3929-2486
Torii: 315-652-4174, Cell Phone: 080-6498-7120 or toriimflc@gmail.com
Foster: 623-3035, Cell Phone: 080-4083-4766 or 080-4143-3803

Therapy, Support, and Education Groups – Family Advocacy Program (FAP)
FAP offers numerous therapy groups, support groups, and education groups targeted to individuals, couples, and families on a variety of issues. Groups include Men's Anger Management Group, Women's Anger Management Group, Men's Relationship/Divorce Group, Parenting with Love and Logic, 1-2-3 Magic (parenting), Surviving Adolescence, Kids in the Middle, New Parent Support Program, Health Wealthy & Wise, and Fortifying

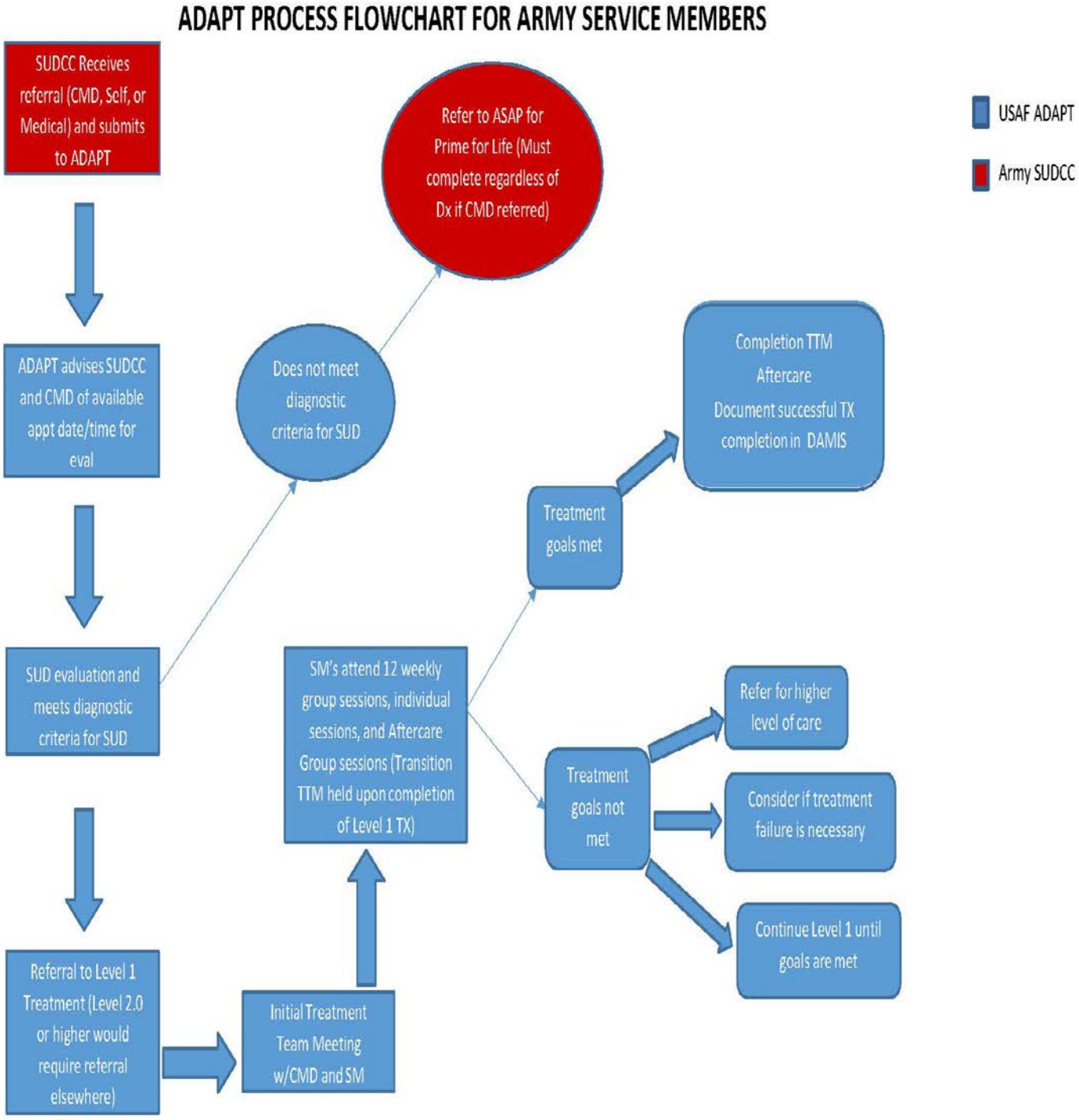
[26] The only exceptions to confidentiality are legal and military requirements to report child abuse, spouse abuse, elder abuse, threats of harm to self or others and any present or future illegal activity.

Your Marriage. Call FAP for more information regarding days/times. PHONE: 634-0433 or 098-961-0433

Kadena Mental Health Clinic

Kadena Mental Health Clinic psychological testing is approved under the direction of the psychological testing POC, a clinical psychologist. Referrals are made by any medical/ mental health provider. Psychological testing is interpreted by the appropriately credentialed provider and experienced provider. The psychologist reviews the request and determines which tests are indicated to be administered in order to answer referral questions.

Appendix F1:


ADAPT PROCESS FLOWCHART FOR ARMY SERVICE MEMBERS
USAF ADAPT
Army SUDCC
SUDCC Receives referral (CMD, Self, or Medical) and submits to ADAPT
ADAPT advises SUDCC and CMD of available appt date/time for eval
SUD evaluation and meets diagnostic criteria for SUD
Referral to Level 1 Treatment (Level 2.0 or higher would require referral elsewhere)
Initial Treatment Team Meeting w/CMD and SM
SM's attend 12 weekly group sessions, individual sessions, and Aftercare Group sessions (Transition TTM held upon completion of Level 1 TX)
Does not meet diagnostic criteria for SUD
Refer to ASAP for Prime for Life (Must complete regardless of Dx if CMD referred)
Treatment goals met
Completion TTM Aftercare Document successful TX completion in DAMIS
Treatment goals not met
Refer for higher level of care
Consider if treatment failure is necessary
Continue Level 1 until goals are met

Appendix F2:

Kadena Family Advocacy Program

The Department of Defense is committed to addressing and ending domestic abuse. The Family Advocacy Program works to prevent abuse by offering programs to put a stop to domestic abuse before it starts. When abuse does occur, the FAP works to ensure the safety of victims and helps military families overcome the effects of violence and change destructive behavior patterns. FAP staff members are trained to respond to incidents of abuse and neglect, support victims, and offer prevention and treatment. The following information will give you a better understanding of the FAP and how it supports families and the military mission.

The DoD is specific about what it considers domestic abuse and child abuse, and under what circumstances the FAP will get involved. It defines domestic abuse as violence or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty directed toward a current or former spouse, a person with whom the abuser has a child, or a current or former intimate partner with whom the abuser shares or has shared a common domicile. Child abuse and neglect are defined as injury, maltreatment, or neglect to a child that harms or threatens the child's welfare. The FAP will get involved when one of the parties is a military member or, in some cases, a DoD civilian serving at an overseas installation.

For the FAP to be involved in reports of child abuse, alleged victims must be under age eighteen or incapable of self-support due to physical or mental incapacity, and in the legal care of a service member or military family member. The FAP will also intervene when a dependent military child is alleged to be the victim of abuse and neglect while in the care of a DoD-sanctioned family child care provider or installation facility such as a Child Development Center, school, or youth program.

Commander's Note:

The Army Garrison team is working with the Air Force FAP team. Domestic violence and child abuse reports may be placed with the Army's FAPM. The phone is manned 24 hours every day of the week.

Cell: 090-6861-8042

Kadena AB FAP & Unit Commanders

AFI 40-301 Family Advocacy provides guidance on the management of the Air Force installation FAPs, to include roles and responsibilities of unit commanders. The FAP is led by an MTF/CC appointed Family Advocacy Officer who oversees both prevention and maltreatment services.

Unit commanders shall report all suspicions of child maltreatment immediately to the FAP office responsible to serve the unit. Commanders shall refer any incident of domestic abuse reported or

discovered independent of law enforcement to military law enforcement or the appropriate criminal investigative organization for possible investigation in accordance with DoD Instruction 5505.03, "Initiation of Investigations by Military Criminal Investigative Organizations."

Following all allegations of maltreatment, DoD mandates that military installations track and determine case status. The Central Registry Board (CRB) Board is the Air Force Incident Determination Committee (IDC) that is chaired by Installation Vice Commander. Unit commanders provide input to the CRB regarding allegations involving their members and for "met criteria" cases the unit commander directs the active component alleged offender to complete all the FAP treatment. Prior to participating in a CRB meeting, unit commanders will complete CRB training. Unit commanders are to complete initial and annual mandated FAP trainings per AR 608-18 to ensure they are aware of the nature of family violence and resource and reporting options.

Prevention programs

The FAP works to prevent domestic abuse and child abuse and neglect by providing education and awareness programs for all members of the military community:

- **Classes, workshops, and seminars.** Couples communication, anger management, stress management, effective parenting, and conflict resolution are just a few of the educational programs available to help military families learn how to build positive relationships. The FAP also provides educational programs to leadership and to service members during unit training.

- **New Parent Support Program.** Active duty service members and spouses who have or are expecting a baby may participate in the NPSP. The program offers home visitation, parenting education, and other services to help young families provide a safe and nurturing environment for their children.

- **Counseling.** Sometimes counseling is the best way for individuals and couples to understand and change attitudes, impulses, and patterns of interacting that contribute to hurtful and potentially violent behavior. One-on-one support helps parents develop positive parenting techniques, manage anger, and learn communication skills.

- **Public awareness campaigns.** The FAP works to help communities learn to recognize domestic and child abuse, where and how to report it, and how victims can get help.

When an allegation of abuse or neglect is reported, FAP professionals meet individually with suspected victims, offenders, and other family members to gather information about the allegation and the family's history. This information, along with other evidence, is used to develop recommendations for follow-up action. An important part of the program is

collaboration among FAP staff, military units, law enforcement, medical and legal personnel, Family Support Centers, chaplains, and civilian agencies. This coordinated community effort is essential to prevent and respond to abusive behavior in military families.

Because abuse can take many forms and varies considerably in degree of severity, the FAP relies on a multi-disciplinary committee to evaluate reported cases and a clinical case review team to recommend a program of treatment for victims and abusers. Members of the multi-disciplinary team represent different fields, including law enforcement, health care, social services, counseling, legal services, and civilian child protective services. When allegations of abuse involve a service member, a representative from his or her command is invited to participate in the multi-disciplinary team review (CRB). When treatment is recommended for the service member, it becomes the responsibility of the command to enforce compliance with the treatment plan. Cases that meet criteria for abuse are reviewed on a regular schedule until requirements of the program of treatment have been met and victims are deemed safe from further abuse.

Victim advocates

The FAP takes action to protect victims from further abuse and help them heal. Victim advocates are available through the Air Force and Army to support victims by providing the following services:

- **Confidentiality with a restrictive reporting option.** To encourage early identification of domestic abuse and help victims get the care they need while they decide what to do next, the military offers a restrictive reporting option for reporting abuse. With this option, victims can get assistance from a FAP victim advocate and receive medical care without it automatically resulting in an abuse investigation or notification to the service member's command. Because victim safety is a priority, victims at imminent risk of serious harm or cases involving child abuse are not eligible for restricted reporting.

- **Help finding shelter and other support.** A victim advocate may help the victim locate shelter or other safe place to stay, find legal services, refer the victim to counseling, help find child care, or help the victim find services in the local civilian community.

- **Help getting a Military Protective Order.** An MPO is issued by a military commander and may order the service member to surrender his or her weapons custody card or stay away from the family home. Commanders can tailor their orders to meet the specific needs of the victim. It is important to remember that neither a restraining order nor an MPO will prevent the abuser from returning home or entering the victim's workplace, but it does make it illegal for him or her to do so.

- **Counseling services.** Clinical counselors offer counseling services and, if appropriate, can help the victim find counseling.

- **Intervention with civilian agencies on behalf of victims.** Such agencies may include civilian courts, schools, and social services agencies.

- **Help preparing a safety plan.** Abuse victims need to know in advance what to do before, during, and after a domestic abuse crisis. Safety plans cover things like where to go for shelter, how to find financial and emotional support, a contingency plan for child care, and what to have ready to take with you if you have to leave home.

The FAP also offers abusers opportunities for rehabilitation. FAP treatment helps abusers recognize and stop their destructive behavior and begin to develop healthy family relationships.

How involvement with the FAP may affect a military career

The DoD and military Services take the position that family-member abuse will not be tolerated. In addition to the pain it causes the family, it also diminishes military performance, impacts readiness and is contrary to military values. But abuse reported to the FAP will not automatically ruin a service member's career. The first priority for the FAP and commands is to make sure victims are safe and protected from further abuse. The chain of command typically supports service members who stop abusive behavior, follow treatment recommendations, and work to achieve more positive family relationships.

With FAP intervention and treatment, many service members gain new insights into their professional and personal lives and are able to make the changes necessary for successful military service. Of course, the more extreme the violence, the more likely it is that an offender's military career will be affected. And failing to stop abusive behavior, refusing to comply with treatment plans, or causing serious injury to a family member may result in administrative discharge or court martial.

Appendix G:

Behavioral Health Care options available at NMRTC Okinawa, Camp Foster

Primary Care
Individuals seeking mental health services at NMRTC should contact their primary care provider as they may be able to assist with medication management and/or referrals for mental health services.

NMRTC Okinawa Mental Health Clinic (MHC)
- NMRTC Okinawa's MHC offers individual and group psychotherapies, medication management, and psychological assessment services to all active duty military members and their dependents empaneled to NMRTC.
- Referrals to NMRTC MHC are available through walk-in triage for acute concerns or your PCM and must be approved by a MHC provider.

NMRTC Okinawa Resources, (**Camp Foster):**
- Appointment Line 646-WELL (9355), Option 5

Option 1 for **Outpatient MH**
Option 2 for **Child and Adolescent MH**
Option 3 for **Substance Abuse Rehabilitation Department (SARD)**

- **Outpatient Mental Health 4th Floor Front Desk:** (315)646-1916/1914 or 098-971-935 (Option 5, Option 1, Option 2)
- **Outpatient Mental Health 3rd Floor Front Desk: (**315)646-1915/1914 or 098-971-935 (Option 5, Option 1, Option 1)
- **Child Adolescent Mental Health Front Desk:** (315)646-1917
- **SARD Front Desk Bldg. 972:** (315) 646-1919/1918
- **NMRTC Inpatient Mental Health Front Desk 24/7:** (315) 646-7790 or 098-971-7790
- **Reaching NMRTC from State Side:** (+81)98-971-9355
- **Calling DSN from Japanese Cell Phone:** 098-398-1111 after dial tone dial DSN (ex 646-1916)

Appendix G.1:

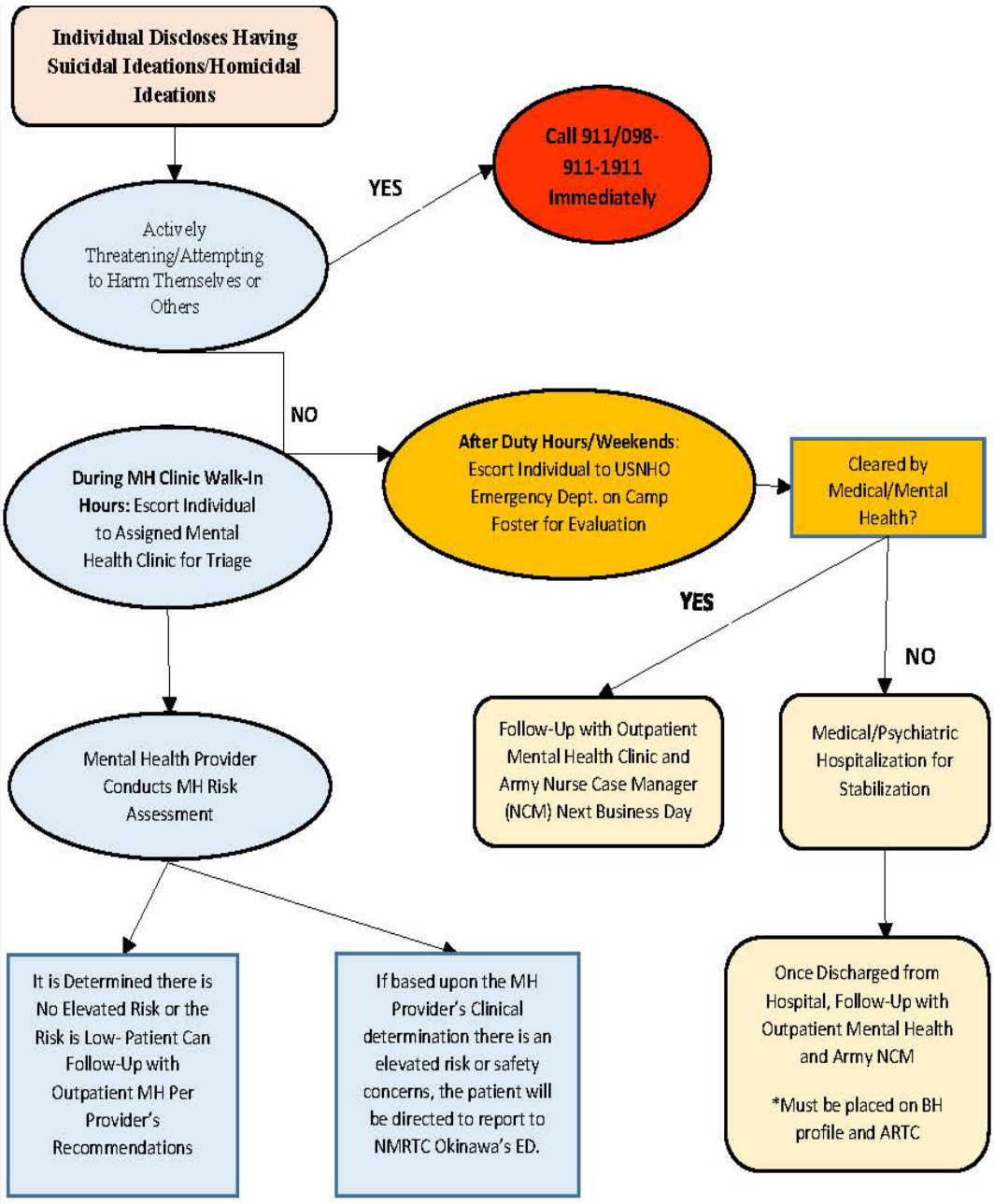
U.S. NMRTC Okinawa: Flowchart for Inpatient Mental Health

Process for Accessing Behavioral Health Services on Okinawa for Patients with Suicidal or Homicidal Ideations

Naval Medical Readiness and Training Command Okinawa (NMRTC) Mental Health Clinic (4th Floor) Walk-In Triage Hours Mon-Fri 0730-1600

18th Medical Group Kadena Air Base Bldg. 90 Walk-In Triage Hours Mon-Fri 0730-1530

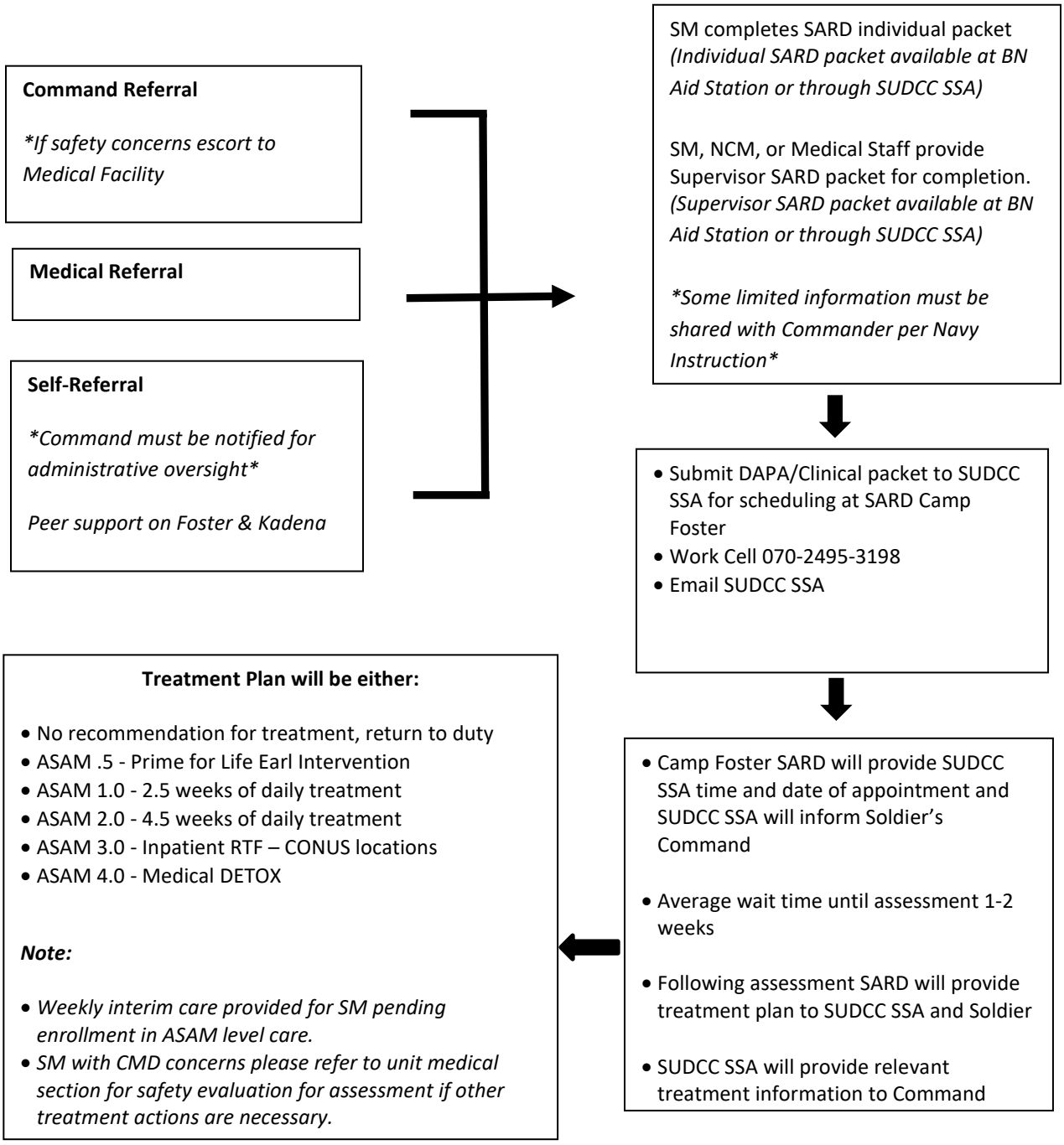
*****IF AN INDIVIDUAL'S SAFETY IS OF CONCERN AND THE MENTAL HEALTH CLINICS ARE CLOSED, IMMEDIATELY CONTACT 911/098-911-1911 or REPORT TO NMRTC's EMERGENCY DEPARTMENT*****



ALL Army Service Members who are Admitted to Inpatient Psychiatry/Seen at NMRTC's ED for SI/HI will have a Follow-Up Appointment with Outpatient MH Provider and Army NCM for At-Risk Management (i.e. BH profile)

Appendix G.2:

Navy SARD Flow Diagram



Appendix H
US Army Garrison Units in Okinawa

U.S. ARMY OKINAWA COMMAND CONTACTS

	TITLE	RANK	DSN	CELL
	US Army Garrison-Okinawa	LTC	315-652-5615	080-2738-2295
	SUDCC Social Services Assistant (SSA)	Civ	315-652-4840	070-2495-3198
	Family Advocacy Program Manager	Civ	315-652-4196	None
	Army Victim Advocate	Civ	None	090-6861-8042
10th RSG Headquarters and Headquarters Company (HHC)				
	Company Senior Enlisted	1SG	315-652-4086	090-6861-8041
	Company Commander	CPT	315-652-4918	090-6859-2509
	Brigade Executive Officer	LTC	315-652-4944	080-2702-0772
	Brigade Command Sergeant Major	CSM	315-652-4713	090-9787-1590
	Brigade Commander	COL	315-652-4434	090-1947-9445
1 - 1 ADA Headquarters and Headquarters Battalion (HHB)				
	Company First Sergeant	1SG	315-634-9647	090-6861-8292
	Company Commander	CPT	315-634-9652	080-2737-5439
	Battalion Executive Officer	MAJ	315-634-3613	080-2704-7352
	Battalion Command Sergeant Major	CSM	315-634-3634	090-6861-8152
	Battalion Commander	LTC	315-632-0361	090-6861-7838
1 - 1 ADA A Battery				
	Battery First Sergeant	1SG	315-634-9669	090-6861-8295

	Battery Commander	CPT	315-634-9645	090-6861-8280
1 - 1 ADA B Battery				
	Battery First Sergeant	1SG	315-634-9507	090-6861-8295
	Battery Commander	CPT	315-634-9675	090-6861-7833
1 - 1 ADA C Battery				
	Battery First Sergeant	1SG	315-634-9504	090-6861-8239
	Battery Commander	CPT	315-634-9688	090-6861-8143
1 - 1 ADA D Battery				
	Battery First Sergeant	1SG	315-634-9690	090-6861-8234
	Battery Commander	CPT	315-634-9608	090-6861-7832
1 - 1 ADA E Company				
	Battery First Sergeant	1SG	315-634-2692	090-6861-8243
	Battery Commander	CPT	315-634-2691	090-6861-8345
1 / 1 Special Forces Group (Airborne) Battalion				
	Battalion Executive Officer	MAJ	315-652-4425	080-9850-8774
	Battalion Command Sergeant Major	CSM	315-652-4749	080-2702-0339
	Battalion Commander	LTC	315-652-4670	080-2702-0338
1 / 1 Special Forces Group Headquarters Support Company				
	Company First Sergeant	1SG	315-652-4764	080-3919-5542
	Company Commander	CPT	315-652-5124	080-2702-0346
1 / 1 Special Forces Group Forward Support Company (FSC)				
-	Company First Sergeant	1SG	315-652-5626	080-8368-3308
	Company Commander	CPT	315-652-4048	080-8368-3307
1 / 1 Special Forces Group (Airborne) A Company				

	Company Sergeant Major	SGM	315-652-4735/4155	080-2702-0348
	Company Commander	MAJ	315-652-4923/4155	080-2072-0349
1 / 1 Special Forces Group (Airborne) B Company				
	Company Sergeant Major	SGM	315-652-4391	080-2702-0352
	Company Commander	MAJ	315-652-4757	080-2702-0342
1 / 1 Special Forces Group (Airborne) C Company				
	Company Sergeant Major	SGM	315-652-5240	080-2702-0411
	Company Commander	MAJ	315-652-4373	080-2702-0341
78th Signal Battalion				
	Battalion Command Sergeant Major	CSM	Okinawa 315-652-2936 Zama 315-262-4507	070-4504-6965
	Battalion Executive Officer	MAJ	315-641-3011	
	Battalion Commander	LTC	Okinawa 315-652-3868 Zama 315-262-3100	070-7540-8115
78th Signal Headquarters & Headquarters Detachment (HHD)				
	Company First Sergeant	SFC	315-262-5626	090-3790-9133
	Company Commander	CPT	315-262-3893	090-8054-7187
USA SA O DSCS (333rd Signal)				
	Company First Sergeant	1SG	315-641-2147	090-6859-2582
	Company Commander	CPT	315-641-2146	090-6859-2581
	Battalion Senior Enlisted	SSG	315-626-5964	N/A
	Battalion Executive Officer	MAJ		
	Battalion Commander	LTC	Okinawa 315-641-3868 Zama 315-262-3100	090-6859-2578
USA NEC - O				
	Company First Sergeant	1SG	315-652-4448	080-6859-2581
	Company Commander	CPT	315-645-6746	090-6859-2580
53rd Signal Company				

	Company First Sergeant	1SG	315-641-2490	090-6859-2596
	Company Commander	CPT	315-641-2896	090-6859-2599
835th Transportation Battalion				
	Battalion Senior Enlisted	SGM	315-648-7171	090-6859-2557
	Battalion Commander	LTC	315-648-7729	090-6859-2561
	Battalion Executive Officer	2LT	315-641-1547	080-2700-8840
247th Military Police				
	Company Senior Enlisted	SFC	315-652-5731/ 652-4715 ds /	090-6859-2544
	Provost Marshall	CPT	315-652-5431	
	Company Commander	CPT	315-652-5730	090-6859-2545
Criminal Investigation Division				
	Company Senior Enlisted	SFC	315-652-4079	080-4679-8097
	Company Commander	CW3	315-652-4485	090-3790-9086
500th Military Intelligence				
	Company Senior Enlisted	SFC	315-652-4315	080-6483-3954
	Company Commander	CW2	315-652-4315	090-6185-5473
Dentac				
	Company Senior Enlisted	SSG	315-652-4130	
	Company Commander	MAJ	315-652-4339	
PHA Vet Services				
	Company Senior Enlisted	SFC	315-634-5203	090-6859-2594
	Company Commander	LTC		
	Branch OIC	MAJ	315-634-6032	

Appendix I

Glossary of Terms and Acronyms

18th MDG = 18th Medical Group (Air Force Medical Clinic), Kadena Air Force Base, Okinawa

ADA = 1-1 Air Defense Artillery

ADAPT = Alcohol and Drug Abuse Prevention and Treatment, Air Force Program

ADFMs = Active Duty Family Members

ADSMs = Active Duty Service Members

ADMITS = Alcohol and Drug Management Information and Tracking System the Navy

ASAM = American Society of Addictions Medicine

ASAP = Army Substance Abuse Program is a commander's program that focuses on education, prevention, and risk reduction. ASAP is also involved with unit drug testing.

DAAR = Drug and Alcohol Abuse Reports. Used by the Navy to track alcohol-related incidents.

DAPA = Drug and Alcohol Program Advisors. The Navy has DAPAs assigned to subordinate commands that monitor substance abuse prevention programs. A DAPA must be an E7 or above. The DAPA is the Navy commander's primary advisor for alcohol and drug matters and reports directly to the commanding officer, XO or OIC.

DHA = Defense Health Agency, Per the NDAA 2017, DHA will assume healthcare responsibilities and manage MTFs run by the Army, Navy and Air Force beginning 1 October 2018. Full implementation may take longer.

DL = Deployment Limiting codes / conditions; Used to clarify the Army's MRC 3 category.

EFMP = Exceptional Family Member Program

FAP = Family Advocacy Program

HIPAA = Health Insurance Portability and Accountability Act

IMCOM = Installation Management Command

IMPACT = An intensive goal-oriented early intervention (Level 0.5) designed for individuals who incur an alcohol-related incident. Also, individuals identified as being "at risk" are referred to this focused, early intervention, educationally based program. Aimed at increasing the personal awareness of individuals.

IMR = Individual Medical Readiness

LIP = Licensed Independent Provider such as a Clinical Social Worker, Clinical Psychologist or Nurse Practitioner

MEB = Medical Evaluation Board. Army Regulation 40-501 addresses medical conditions that require a medical board.

MEDCOM = The Army's Medical Command that manages healthcare in the Army

MHS = Military Health System

MRC = Medical Readiness Classification

MTF = Medical Treatment Facility. The acronym applies to all Army, Navy and Air Force free standing hospitals and clinics.

NADAP = Navy Alcohol and Drug Abuse Prevention

NDAA = National Defense Authorization Act

NCM = Nurse Case Manager

PCM = Primary Care Manager. A PCM refers to any licensed independent healthcare provider that is privileged to deliver routine, basic healthcare. Examples include a Family Practitioner (FP), Internal Medicine physician (Internist), Pediatrician (for 18 years and younger), General Medical Officer (GMO), Physician Assistant (PA), or Nurse Practitioner (Sometimes written as FNP = Family Nurse Practitioner).

PHA = Periodic Health Assessment. Also referred to as the Annual Periodic Health Assessment

PHI = Protected Health Information

SARP = Substance Abuse Rehabilitation Program, Navy program

SSA = Social Services Assistant

TOL = TRICARE Online https://tricareonline.com

NMRTC= Navy Medicine Readiness and Training Command Okinawa located at Camp Foster

Appendix J:

Community Resources for United States Army Okinawa

**In the event of an emergency call PMO:
911 or 098-911-1911

Community Resources for United States Army Okinawa

Kadena Mental Health Clinic
634-3272/ M-F, 0730-1630
Kadena Bldg. 90
Walk in hours M-F 0730-1530

*Crisis, individual, couple, family and group counseling services dealing with stress, communication, adjustment, relationships, and grief and loss.

U.S. Naval Hospital Outpatient Mental Health:
646-1916/1915 Camp Foster

*Mental health care, including acute evals, inpatient mental health care, OP medication and therapy, as well as routine Fitness for Duty evaluations and Special Duty assessments.

U.S. Naval Hospital Emergency Room
646-7311/7754 (Camp Foster)

*For emergent medical or mental health care services including suicidal risk or attempts 24/7/365.

Domestic Abuse Victim Advocate
090-6861-8042 on call 24/7

*Provides emergency and follow-up support service to adult victims of domestic abuse.

Family Advocacy Program (FAP)
652-HELP (4357) M-F, 0730-1630, Army Community Service
Bldg, 236; Room 121

***Prevention Services:** briefs and education on stress, anger management, communication skills, healthy dating, parenting, community services overview, deployment and reunion. **New Parent Support Program**: parenting education, support, home visits, and play groups. **Victim Advocate and/or Family Advocacy Programs:** domestic violence assistance, family advocacy, counseling.

FOCUS (focusproject.org)
645-6077 or 098-970-6077
okinawa@focusproject.org
Services are available on most bases in Okinawa

*Resiliency training for couples and families, family skill development for children and parents, or skill development for couple's communication.

Sexual Harassment Assault Response and Prevention (SHARP)
DSN: 652-4331, 090-6861-8447

*Please utilize SHARP as a first contact if immediate safety or contact your unit SARC.

Military & Family Life Counselors (MFLC)
080-6498-7120
Toriimflc@gmail.com

*Supports service members, their families and survivors with non-medical confidential counseling worldwide.

Alcohol and Substance Abuse Program
652-4149 / 652-4187 / 652-4173
Torii Station Bldg. 216 2nd Floor

*Suicide, alcohol and substance abuse prevention education, Employee Assistance Program (EAP), outreach, drug testing, UPL training, command resources and trends analysis.

Alcohol Drug Abuse Prevention and Treatment (ADAPT)
634-3272 or 630-4817 Option 2
Kadena Bldg. 90

*Education, substance abuse or misuse assessment and or treatment.

Chaplain
DSN: 315-652-4454
Cell: 080-1544-4497

*Chaplains are embedded in all military units for all confidential, spiritual, humanistic supportive care, and assistance with humanitarian reassignments.

Substance Use Disorder Clinical Care (SUDCC)
DSN: 315-652-4840
Cell: 070-2495-3198
Torii Station Bldg 216 Rm 228

*Liaison for all Army substance abuse referrals to ADAPT or SARD, education, case management for SUDCC

Navy Substance Abuse Rehabilitation Department (SARD)
646-1919/1918
USNHO, Bldg 972 1st Floor

**Substance abuse or misuse assessment, treatment, referral and Continuing Care."

Additional Resources:

- **Army Community Services:** DSN 644-HELP(4357), 098-962-4357, Provides information and referral, family advocacy, relocation readiness, deployment readiness, Exceptional Family Member Program, employment readiness, Army Volunteer Corps and financial readiness
- **Military OneSource:** DSN 1-800-342-9667 militaryonesource.mil, counseling, support, and resource information.
- **DSTRESS Line:** DSN 645-7734, Local 098-970-7734, dstressline.com (anonymous counseling services available via phone or online chat)
- **Suicide Crisis Hotline:** 1-800-273-TALK (suicide/crisis hotline) For anyone needing to talk 24/7.
- **Alcoholics Anonymous:** 12stepokinawa.com 12 Step recovery resources for the Okinawa Japan area