



DEPARTMENT OF THE ARMY  
OFFICE OF THE VICE CHIEF OF STAFF  
201 ARMY PENTAGON  
WASHINGTON, DC 20310-0201

DEC 15 2009

REPLY TO  
ATTENTION OF:

DACS

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementing Guidance for the Army-Wide Program Assessment in Support of the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention

1. References:

a. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP), 16 April 2009.

b. ALARACT 320/2009 – Fragmentary Order 1 to Army Campaign Plan for Health Promotion, Risk-Reduction, and Suicide Prevention (ACPHP), 20 November 2009.

2. Purpose: The purpose of this document is to outline the requirements, suspenses, method and expectations associated with the program assessment effort in support of the ACPHP.

3. Situation: Across the Army there are potentially over 400 programs and initiatives, both formal at HQDA and local within commands and installations. These programs were created to help alleviate stressors on our Soldiers, Family Members and Department of the Army Civilians. While all of these programs and initiatives are well-intentioned, our Soldiers, Leaders, Family Members, and Civilian employees are overwhelmed with options and information to alleviate stress and manage specific challenges.

4. We also have many programs indirectly tied to the ACPHP that reduce stressors on our Army while others actually induce stressors. Examples include the current housing and leave policies. Many of these programs were created for a different Army and during a different era. They work well in garrison or at home station but do not meet the needs of an Army abroad. I am cognizant that many program reviews are underway within individual Army commands and staff sections. However, we lack a comprehensive and integrated review and assessment of all programs to identify gaps, seams, and appropriate levels of support to reduce stress.

5. Execution: On my behalf, the Army Suicide Prevention Task Force (ASPTF) is leading this program assessment effort. The data collection period runs from release of this implementing guidance to 30 January 2010. There will be no extensions. All commands and staff principals

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are expected to comply. During the month of February 2010, the ASPTF will conduct analysis of the information. No later than 1 March 2010, the ASPTF will produce both a written report and recommendations to me regarding the way-ahead. I encourage you to leverage existing efforts to support this initiative, whenever possible.

6. Concept of Operation:

a. The ASPTF has developed a standardized data collection instrument for reporting information on programs that directly or indirectly may help with reducing stressors within the Army. This document is attached to this message and will be used to report information in a standard format for all programs and initiatives. Each program or initiative is reported on one worksheet. Staff sections and commands should eliminate duplication, and the ASPTF will also review all submissions in an attempt to reconcile any possible redundancies in the data.

b. The scope of items to be reported includes both formal DA programs under the auspices of the Army Staff and local command programs instituted within the ACOMs, ASCCs, DRUs, regions, and installations. "Like" program initiatives will also be included. This effort must include inputs from all components, as the total health of the Army is dependent on all parts both active and reserve. The intent is not to suppress the local commander's prerogatives but rather to help identify possible best practices that could be formalized or expanded for the betterment of the entire Army. We are also attempting to identify some of the causal factors for the proliferation of homegrown programs and what factors are driving the need.

c. The outputs of this effort, while being undertaken primarily to support the ACPHP, will also be shared with other similar efforts within the Army Enterprise Board, ACSIM/IMCOM, MEDCOM, the Army Campaign Plan, and other assessment activities across the total Army.

d. The analysis of this data and recommendations will be conducted by the ASPTF. While this is a transparent process, it is not by design an entirely collaborative one. The recommendations formulated will support decisions made by the senior leadership of the Army on the way-ahead for these programs and initiatives.

7. Coordinating Instructions:

a. All ARSTAF principals, HQDA agencies, ACOMs, ASCCs, and DRUs are directed to review their programs and initiatives and submit information accordingly. All will designate a primary point of contact via email to the assessment coordinator NLT 18 December 2009. Early submission of program information is encouraged.

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b. Suspense for all program worksheets is 1700 EDT on 30 JAN 10. There will be no extensions. This effort is directly tied to the POM formulation timeline. Worksheets should be as complete as possible so as to prevent the need for subsequent follow-up contact.

8. Points of contact:

a. Primary Program Assessment Coordinator: LTC Bob Dixon, [robert.m.dixon@us.army.mil](mailto:robert.m.dixon@us.army.mil), commercial 703-571-3313.

b. Alternate Program Assessment Coordinator: Ms. Donna Nicosia, [donna.nicosia@conus.army.mil](mailto:donna.nicosia@conus.army.mil), commercial 703-571-3455.

c. Army Suicide Prevention TF Executive Officer: LTC Leo Ruth, [leo.ruth@us.army.mil](mailto:leo.ruth@us.army.mil), commercial 703-571-5564.

d. Submission Email for Program Worksheets: [VCSASITFOPS@us.army.mil](mailto:VCSASITFOPS@us.army.mil).

Encls

1. Program Assessment Tool Directions
2. Program Assessment Tool



PETER W. CHIARELLI  
GEN, USA  
Vice Chief of Staff Army

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U.S. Army Space and Missile Defense Command/Army Strategic Command

Eighth Army

U.S. Army Network Enterprise Technology Command/9<sup>th</sup> Signal Command (Army)

U.S. Army Medical Command

U.S. Army Intelligence and Security Command

U.S. Army Criminal Investigation Command

U.S. Army Corps of Engineers

U.S. Army Military District of Washington

U.S. Army Test and Evaluation Command

U.S. Army Reserve Command

U.S. Army Installation Management Command

Superintendent, U.S. Military Academy

Director, U.S. Army Acquisition Support Center

U.S. Army Accessions Command

## ENCLOSURE 1 Program Assessment Tool Directions

### 1. General Instructions:

- a. This spreadsheet will be used to automatically populate a database. It is absolutely critical that columns or rows are not inserted, as the integrity of the cells must be maintained.
- b. The program assessment tool workbook contains three tabs (or worksheets) – Program Input, Reference Table, and Example. The Program Input worksheet is the base document for submitting information on each program. The Reference Table can be used to identify each Management Decision Execution Package (MDEP) for each program. The Example spreadsheet is a document that displays the correct way to complete this form.
- c. Complete one worksheet per program. There are two options for saving program data:
  - i. Save each worksheet as a separate file. Save each with a unique file name.
  - ii. Save data as a single workbook with separate worksheets within it. Follow these steps BEFORE entering the data. Right click on the “program input” tab near the bottom left corner. Select “move or copy”. Check the small white box in the bottom left corner of the dialogue box that states “create a copy”. A second worksheet will automatically be created and titled “program input (2)”. Repeat these steps as many times as necessary. Save upon completion of each worksheet.
- d. On the worksheets, enter information in the blue and orange boxes ONLY. The blue fields are plain text fields. Be thorough but to the point. It is more important to be clear and concise; do not try to fill the box.
- e. The orange boxes contain pull-down menus. DO NOT delete the “reference tab” in the workbook or all pull-down menus will be lost. For these fields, select from the standardized pull-down menu items.
- f. For all entries for which there is no information, leave the cell blank or select the “unknown” option from the pull-down menu.

### 2. Specific Directions for Each Cell:

- a. Column B, Row 2 (B2): Name of Program. Type the complete name of the program and put the acronym in parenthesis at the end. (Example: Army Substance Abuse Program, ASAP)
- b. B3: If this is a local/command/garrison/JFHQ/RSC/Installation-specific (aka “homegrown”) program, provide the details as appropriate. Otherwise leave blank.
- c. B4-C4-D4-E4: POC Contact information. Provide full name so the name can be found in the Global Address List.

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d. B5: If the program has an HQDA proponent, enter as appropriate. Example: HQDA G1, HQDA G-3/5/7, ASA M&RA, ACSIM, OTSG.

e. B6: Administrator. Who executes the program at the lowest level? For example, a medical program is probably executed at a Medical Treatment Facility. Another program may be administered by the unit commander.

f. B7: Program Evaluation Group. Select from one of the six pull-down options. This should be available from the program resource manager.

g. B8: MDEP. Select from one of the six pull-down options. Use the Reference Table to identify the four-letter code and the corresponding name of the MDEP. The Reference Table is located within the Reference Tab at the bottom of the workbook. See the program resource manager for this information.

h. B9: Army Program Element (APE). Some programs receive funding from more than one source. List all APEs, as required. See the program resource manager for this information.

i. B10: Other Funding. If your program or initiative is not funded through an APE, make a comment here. For example, state the funding source, such as OHA, Overseas Contingency Ops funding, etc.

j. B11: Program Authority. Enter the controlling authority (e.g., AR, NDAA, DA Directive, public law, code of federal regulation, or other document) that establishes/directs the program. For local initiatives/programs, enter "Command Policy Letter" or other entry.

k. B12: Institutional Documentation. Enter the documentation that directs how the program will be administered at the point of execution. For example the Garrison Risk Reduction Program may be executed through the Community Health Promotion Council Charter, local SOP, policy letter, etc.

l. B13: Target Customer Base. Select from the pull-down menu options.

m. B14: Annual Program Cost. Enter the TOTAL amount of money (from all sources combined) that supports this program, in \$K.

n. B16: Answer the question. What is (are) the goal(s) of the program and what need does it fill?

o. B17: Primary Function. Select the appropriate option (assess, educate/train, intervene, or treat) from the pull-down menu. "Assess" means the primary purpose of the program is to determine certain characteristics in individuals, units, or populations. "Educate/train" means the primary purpose is to inform or prepare individuals to apply the principles/goals of the program. "Intervene" means the primary purpose of the program is to provide the capability to rapidly reduce or inhibit negative outcomes or behaviors. "Treat" means the primary purpose is to

## ENCLOSURE 1 Program Assessment Tool Directions

provide long-term or sustained effort to reduce or eliminate a negative outcome or the propensity to engage in high-risk or other negative behaviors.

p. B18: Secondary Function. Select the most important secondary purpose, if applicable. This question as well as the question above are asked to help identify the general ratio of programs across the Army in the four categories listed in B17 above.

q. B19: Method of Delivery. Select the appropriate option from the pull-down menu. What is the primary/typical method of program delivery?

r. B20: Method of Marketing. Select the appropriate option from the pull-down menu. What is the primary/typical method used to inform customers about the program/initiative?

s. B21: Expeditionary Components. Comment on what, if any, portions of the program/initiative are extended or can be extended to deployed locations.

t. B22, C22, D22, E22: Relevant Fitness Domain(s). Select the most relevant domain(s) of fitness that are supported by this program. Using the seven definitions below, choose the appropriate domain.

i. Social: peer support/relationships, leadership support/relationships, economic relationships, unit cohesion, quality of unit leadership.

ii. Emotional: attitudes, beliefs, expectations, mindfulness, awareness, intention, insights, emotional flexibility, emotional choice, positivity.

iii. Spiritual: purpose/meaning, exceptional experiences, agency and responsibility, virtues such as gratitude, hope, forgiveness, altruism, compassion, love, respect, optimism, self-awareness, reflection, introspection, spiritual/religious practices, compassion fatigue.

iv. Family: family relationships, family responsibility, family growth, family bonding.

v. Behavioral: occupational/environmental factors, tobacco use, alcohol use, drug and supplement use, sleep, sexuality, and food behaviors.

vi. Nutritional: diet composition and balance, fluid management, micro-nutrient balance, dietary and food supplements.

vii. Medical: immunizations, drug prophylaxis, risk factors, pain management, alternative health practices.

u. B25, C25, D25, E25: Enter, by category, the known or estimated number of individuals who use the program annually.

v. B27, C27, E27: Enter the total number of authorized and total number of filled military positions. In E27, select the appropriate authorizing document from the pull-down menu.

## ENCLOSURE 1 Program Assessment Tool Directions

w. B28, C28, E28: Same as above for Department of the Army Civilians. In E28, select the appropriate authorizing document from the pull-down menu.

x. B29, C29, E29: Same as above for contractors. In E29, select the appropriate authorizing document from the pull-down menu. Typically, this will be “other” for contractors.

y. B32 - B38: These cells refer to program effectiveness and are explained below.

z. B32: Is the program achieving its goals? This cell requires a yes/no answer. Refer to item B16 to identify the goals that were stated.

aa. B33: What is the program’s impact? What effect does the program have?

bb. B34: How is the impact assessed? How is it determined that the program is having an impact?

cc. B35: How often is the program impact assessed? Annually, monthly, quarterly, weekly, daily, etc?

dd. B37: Who determines compliance? What agency/command/staff section determines compliance with the program? Examples include command IG, special inspection activity, etc.

ee. B38: At what interval is compliance with the program reviewed? Annually, monthly, quarterly, weekly, daily, etc?

ff. B39: Who receives the results? Identify the agency to which compliance is reported.

gg. B40: Enter challenges/gaps/seams/issues in this cell. Make additional recommendations here. A candid response will assist in identifying issues within Army programs.

**3. Submitting Data.** Upon completion, submit the excel document(s) to [VCSASITFOPS@us.army.mil](mailto:VCSASITFOPS@us.army.mil) on or before 1700EDT on 30 JAN 10. No exceptions will be granted.

### 4. Points of Contact:

- a. Primary Program Assessment Coordinator: LTC Bob Dixon, [robert.m.dixon@us.army.mil](mailto:robert.m.dixon@us.army.mil), commercial 703-571-3313.
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**ACPHP Program Assessment Tool (PAT)**

ENCLOSURE 2

<b>PROGRAM DEMOGRAPHICS</b>			
Name of Program:	enter name		
<i>If local/command/region program</i>	enter location/command here		
Primary POC	enter primary poc	enter POC email	enter comm phone#
Policy Proponent:	enter policy proponent		enter DSN phone #
Administrator:	enter program administrator		
\$ PEG	PEGs		
\$ MDEP	MDEP		
\$ APE	enter APE code	additional APE	additional APE
\$ Other	enter comments		
Program Authority	enter governing policy		
Institutional Documentation:	enter comments		
Target Customer Base:	Customer	Customer	Customer
Annual Program Cost (\$K)	enter annual program cost		
<b>PROGRAM DESCRIPTORS</b>			
Intended Program Effect:	enter intended effect		
Primary Function	SPECTRUM		
Secondary Function	SPECTRUM		
Method of Delivery	Delivery Method		
Method of Marketing	Marketing		
Expeditionary Component (s)	enter comments or NA		
Relevant Fitness Domain (s)	Domains of Fitness	Domains of Fitness	Domains of Fitness
	Active Duty Soldiers	USAR Soldiers	ARNG Soldiers
	enter #	enter #	enter #
Annual Program Utilization	# Authorized	# Filled	Document Type
PROGRAM PERSONNEL			
Military Personnel	enter #	enter #	AUTH DOC TYPE
Civilian Personnel FTE	enter #	enter #	AUTH DOC TYPE
Contractor CME	enter #	enter #	AUTH DOC TYPE
<b>PROGRAM EFFECTIVENESS</b>			
Is this program achieving its goals?	enter comments		
What is its impact?	enter comments		
How is this assessed?	enter comments		
How often is this assessed?	enter comments		
<b>PROGRAM COMPLIANCE</b>			
Who determines compliance?	enter comments		
How and at what interval?	enter comments		
Who are results reported to?	enter comments		
Known challenges/gaps/seams?	enter comments		

CAUTION: Specific cells are linked to database application -- do not insert rows, insert columns or move user entry cells!!

PROGRAM DEMOGRAPHICS		(NOTIONAL EXAMPLE ONLY)		(NOTIONAL EXAMPLE ONLY)		(NOTIONAL EXAMPLE ONLY)					
Name of Program:	Inhalant Abuse Reduction Program (IARP)										
If local/command/region program	NA										
Primary POC	LTC Bill Shatzer HQDA G1	bill.shatzer@us.army.mil		703-555-5555	312-222-5555						
Policy Proponent:	Local Garrison Commander										
Administrator:	Manning (MM) VCND										
\$ MDEP	21 5 2065 20-C-934 131G96BG ASFM S99999										
\$ APE	N/A										
\$ Other	AR 600-85										
Program Authority	Installation CHPC Charter										
Institutional Documentation:	Active Component	Army Civilians	Customer	Army National Guard	Family Members						
Target Customer Base:	Active Component										
Annual Program Cost (\$K)	\$524K										
<b>PROGRAM DESCRIPTORS</b>											
Intended Program Effect:	Reduction of inhalant abuse across the total Army										
Primary Function	Educate/Train										
Secondary Function	Assess										
Method of Delivery	Classroom										
Method of Marketing	Chain of Command										
Expeditionary Component (s)	This program is only used in garrison										
Relevant Fitness Domain (s)	Physical	Social	Unknown	Unknown	Unknown	Unknown					
<b>PROGRAM PERSONNEL</b>											
Annual Program Utilization	Active Duty Soldiers	24,000	USAR Soldiers	200	ARRNG Soldiers	4000	Family Members	350	DA Civilians	28	
Military Personnel	# Authorized	0	# Filled	0	Document Type						
Civilian Personnel FTE	45	22	AUTH DOC TYPE								
Contractor CME	14	14	TDA Other								
<b>PROGRAM EFFECTIVENESS</b>											
Is this program achieving its goals?	Yes	Inhalant use Army-wide reduced by 15% in FY09									
What is its impact?	Reporting by Installation CHPC to IMCOM and analysis by G1 ACSAP										
How is this assessed?	Quarterly										
<b>PROGRAM COMPLIANCE</b>											
Who determines compliance?	G1										
How and at what interval?	Annually										
Who are results reported to?	IMCOM										
Known challenges/gaps/seams?	Program										
(NOTIONAL EXAMPLE ONLY)		(NOTIONAL EXAMPLE ONLY)		(NOTIONAL EXAMPLE ONLY)		(NOTIONAL EXAMPLE ONLY)					

Use Pull-down Menu

Free-text entry