

Fact #8: DEPLOYMENTS PLACE A TREMENDOUS STRAIN UPON FAMILIES.

FINDINGS:

- Nearly 1/5 of all Soldiers deployed to OIF reported marital concerns or problems.
- Marital satisfaction declined after deploying to OIF.
- Soldiers generally report dissatisfaction with the FRG and rear detachment.

WHAT LEADERS CAN DO:

- Assess any reported problems in the FRG or rear detachment to ensure timely action.
- Do not allow family problems to go unanswered. Assign at least one of your staff to serve as an ombudsman or expediter of family problems.
- Formally recognize all special family occasions such as births and graduations.

“WHEN A SOLDIER IS AT WAR, HIS/HER MIND SHOULD BE AT PEACE.” Lord Moran, 1945

Fact #9: THE COMBAT ENVIRONMENT IS HARSH AND DEMANDING.

FINDINGS:

- Soldiers' performance progressively deteriorates with less than 8 hours of sleep per day.
- The combat environment (e.g., physical strain, heat, noise, lack of privacy) takes a toll on all Soldiers.
- Soldiers are extremely sensitive to perceived inequalities in the distribution of MWR resources.

WHAT LEADERS CAN DO:

- Ensure adequate rest (>8 hours of sleep), hydration and other force health protections.
- Insist on a fair distribution of MWR resources. Prevent double standards among officers, NCOs and Junior Enlisted Soldiers.
- Be aware of the physical condition and sleep patterns of your Soldiers and insist that physical conditioning is maintained throughout the deployment.

RECOGNIZE THE LIMITS OF YOUR SOLDIERS' FORTITUDE.

Fact #10: COMBAT POSES MORAL AND ETHICAL CHALLENGES.

FINDINGS:

- Combat exposes the reality of death.
- Combat tests the character of Leaders and Soldiers.

WHAT LEADERS CAN DO:

- Reward and recognize Soldiers on a regular basis for their personal sacrifices. Tell them when they done a good job.
- Do not allow harassment or mistreatment of your Soldiers.
- Discuss the moral implications of Soldiers' behavior in combat, and how individual sacrifice contributes to the enduring freedom of fighting for America.

EVERY SOLDIER NEEDS TO COME HOME WITH A WAR STORY THAT HE/SHE CAN LIVE WITH.

“The capacity of Soldiers for absorbing punishment and enduring privations is almost inexhaustible so long as they believe they are getting a square deal, that their commanders are looking out for them, and that their own accomplishments are understood and appreciated.”

GEN Dwight D. Eisenhower, 1944



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This presentation contains a combination of research findings and recommendations, many of which are based on personal observations and experiences. Therefore, the opinions and views expressed here are those of the Land Combat Team, and should not be considered representing the U.S. Army or the Department of Defense. OIF/OEF casualty figures are as of 27 MAR 06. Updated 27 MAR 06.

10 TOUGH FACTS ABOUT COMBAT



AND WHAT LEADERS CAN DO TO MITIGATE RISK AND BUILD RESILIENCE



Facts of Combat:

- Combat is sudden, intense, and life threatening.
- It is the Soldiers' job to kill the enemy.
- Innocent women and children are often killed in combat.
- No Soldier knows how he/she will perform in combat until the moment arrives.
- All Soldiers are affected.

Development of Battlemind:

What is Battlemind?

It is a Soldier's inner strength to face adversity, fear, and hardship during combat with confidence and resolution. It is the will to persevere and win.

Objectives of Battlemind:

To develop those factors (focusing on Leader behaviors) that contribute to the Soldier's will and spirit to fight and win in combat, thereby **reducing combat stress reactions**.

10 Facts and Battlemind Concepts:

Fact # 1: FEAR IN COMBAT IS COMMON.

FINDINGS:

- Over 2/3 of silver star recipients reported increased fear as battle progressed.
- Common symptoms of fear: violent shaking/trembling, losing control of bladder, feeling weak, cold sweats, and vomiting.
- Fear and anxiety are reduced in combat when Soldiers engage in actions derived from training experiences.

WHAT LEADERS CAN DO:

- Drill and train Soldiers in specific actions to take under combat conditions- Tough training is the best preparation.
- Provide Soldiers sufficient physical and mental reset time.
- Admitting and joking about fear will release tension.
- Remember that fear is NOT a mental disorder.

EVEN HEROES FEEL FEAR.

Fact #2: UNIT MEMBERS WILL BE INJURED AND KILLED.

FINDINGS:

- Over 2,600 service members killed and over 17,900 wounded since OIF/OEF began.
- Soldiers were angry when Leaders failed to show they cared about combat experiences, especially those involving injuries or death.

WHAT LEADERS CAN DO:

- Ensure Soldiers don't assume unnecessary risks on missions.
- Conduct leader-led AAR's and/or mental health debriefings led by mental health professionals or chaplains. Soldiers report them to be helpful.
- Conduct memorial services with utmost respect and dignity.
- Talk to Soldiers personally about critical incidences.

EVERY SOLDIER IS ENTITLED TO GO INTO COMBAT WITH THE BEST CHANCE OF SURVIVAL A LEADER CAN PROVIDE.

Fact #3: THERE WILL BE COMMUNICATION AND INFORMATION BREAKDOWN.

FINDINGS:

- Soldiers report deployment policies are often inconsistently applied and they don't know the status of wounded Soldiers.
- Soldiers resort to rumors if leaders don't give them facts.

WHAT LEADERS CAN DO:

- Keep your Soldiers informed; telling Soldiers you don't know is better than not telling them anything at all.
- Make sure that your policies and views on all matters are clearly expressed and made known.
- Let every Soldier know the status of wounded evacuees.
- Disseminate news of yours' and other units' successes.

EFFECTIVE COMMUNICATION IS THE RESPONSIBILITY OF THE LEADER.

Fact #4: SOLDIERS FREQUENTLY PERCEIVE FAILURES IN LEADERSHIP.

FINDINGS:

- Good leadership is linked to higher Soldier morale and cohesion and to fewer mental health problems.
- Soldiers report that leaders frequently engage in actions to enhance their own career and personal well-being.
- Soldiers also report that leaders often fail to exhibit clear thinking and reasonable action when under stress.

WHAT LEADERS CAN DO:

- Allow subordinates to seek clarification of orders or policies without responding defensively or considering the Soldier disloyal.
- Remove, reassign or demote subordinates who fail to measure up. You owe this to assure the success and safety of your Soldiers in combat.

COURAGE AND VALOR IN COMBAT AND IN ALL MATTERS ARE THE MEASURE OF SOLDIER AND LEADER PERFORMANCE, NEVER PERSONAL GAIN.

Fact #5: COMBAT IMPACTS EVERY SOLDIER MENTALLY AND EMOTIONALLY.

FINDINGS:

- Combat stress reactions involve any symptom (physical, mental, behavioral) and occur when a Soldier becomes overwhelmed with the stressors of combat.
- Over 95% of Soldiers who receive forward mental health support are returned to duty.
- Treatment in rear areas can lead to evacuation syndrome.

WHAT LEADERS CAN DO :

- Ensure that Soldiers have access to mental health professionals as close to their unit as possible.
- Conduct Buddy-Aid mental health training so Soldiers can assist other Soldiers in coping with the stress of combat.

COMBAT STRESS REACTIONS SHOULD BE VIEWED AS COMBAT INJURIES.

Fact #6: COMBAT OFTEN LEADS TO LASTING ADVERSE MENTAL HEALTH EFFECTS.

FINDINGS:

- PTSD symptoms are common after combat (10-20% of Soldiers) and often lead to excessive alcohol use and aggression.
- Symptoms of PTSD include: feeling tense and angry, nightmares, flashbacks, and inability to express feelings about traumatic events.

WHAT LEADERS CAN DO:

- Don't view PTSD as a disease but rather a fairly common result of combat.
- Ensure that Soldiers get help, as earlier treatment leads to faster recovery.

IT TAKES COURAGE TO ASK FOR MENTAL HEALTH SUPPORT.

Fact #7: SOLDIERS ARE AFRAID TO ADMIT THAT THEY HAVE A MENTAL HEALTH PROBLEM.

FINDINGS:

- Only 25-40% of Soldiers with mental health problems get help because they report numerous stigmatizing beliefs regarding their unit members and leadership.

WHAT LEADERS CAN DO:

- Establish a command climate where leaders acknowledge that Soldiers are under stress and that they might need help.
- Co-locate mental health assets at the battalion aid station/TMC.
- Insist that mental health outreach be provided to each battalion.

ADMITTING TO A MENTAL HEALTH PROBLEM IS NOT A CHARACTER FLAW.

Diagnostic Tools for PTSD

1) Tools to Diagnose PTSD

- a) The Clinician Administered PTSD Scale (CAPS)
- b) Structured Clinical Interview for DSM (SCID).
- c) Anxiety Disorders Interview Schedule-Revised (ADIS),
- d) the Structured Interview for PTSD (SI-PTSD),
- e) PTSD Symptom Scale Interview (PSS-I).
- f) PTSD Checklist (PCL).
- g) Impact of Event Scale-Revised (IES-R)
- h) Los Angeles Symptom Checklist (LASC)
- i) Keane PTSD Scale of the MMPI-2,
- j) Mississippi Scale for Combat Related PTSD
- k) Mississippi Scale for Civilians,
- l) Posttraumatic Diagnostic Scale (PDS),
- m) Penn Inventory for Posttraumatic Stress

Visit the National Center for PTSD for more information on these tools

<http://www.ncptsd.va.gov/ncmain/assessment/>

County of San Diego Health and Human Services Agency (HHS) (HSA) Mental Health Services Policies and Procedures MHS General Administration					
Subject:	Veterans: Eligibility for Mental Health Services			No:	01-02-220 Formerly 01-01-139
Reference:	California Welfare & Institutions Code, § 5600.3	Page:	1	of	3

PURPOSE:

To establish categories of eligibility, in accordance with federal, State, and County regulations, for County and contractor-provided mental health services for individuals who are veterans.

BACKGROUND:

Federal law has established the Department of Veterans Affairs (USDVA) to provide benefits to veterans of the armed services. In 1996, the U.S. Congress passed the Veterans' Health Care Eligibility Reform Act, which created the Medical Benefits Package, a standardized, enhanced health benefits plan (including mental health services) available to all enrolled veterans. A prior military service record, however, does not automatically render a person eligible for these benefits. Only veterans who have established eligibility through the USDVA and have enrolled may receive them. In recognition of the fact that there are veterans in need of mental health services who are not eligible for care by the USDVA or other federal health care providers, the legislature of the State of California in September 2005 passed AB 599, which amended § 5600.3 of the California Welfare and Institutions Code (WIC). Specifically, veterans who are ineligible for federal services are now listed as part of the target population to receive services under the mental health account of the local mental health trust fund ("realignment"). Also, veterans presenting for services at any county program are to be referred to the county veterans service officer to determine the veteran's eligibility for mental health services provided by the USDVA or other federal health care provider. In order for County and contract provider staff to ensure that all prospective clients, including veterans, receive prompt and appropriate mental health services, it is necessary that guidelines, in accordance with federal, State and County regulations, be established that outline duties and responsibilities in this area.

POLICY:

California veterans in need of mental health services who are not eligible for care by the USDVA or other federal health care provider and who meet the existing eligibility requirements of § 5600.3 of the WIC, shall be provided services to the extent resources are available. Any veteran presenting for services shall be referred to the San Diego County Veterans Service Officer to determine the veteran's eligibility for, and the availability of, mental health services provided by the USDVA or other federal health care provider. It shall be the responsibility of

Approved Date:	Approved:
December 11, 2006	Alfredo Aguirre's Signature on File Director, Mental Health Services/Designee

County of San Diego
Health and Human Services Agency (HHSA)
Mental Health Services
Policies and Procedures

MHS General Administration

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staff to ensure that all veterans who present for mental health services at a San Diego County program are appropriately served, or referred for service, in accordance with this policy as set out in the guidelines below.

PROCEDURE(S):

1. Adult/Older Adult Mental Health Services (A/OAMHS) outpatient staff and County contracted outpatient staff will ask client if he or she is receiving veterans' services/benefits. If the client states that he or she is receiving benefits, or claims to have served in the military, staff will be responsible for completing the following procedure:
 - 1.1. Staff will complete the Request for Verification of Veterans' Eligibility for Counseling and Guidance Services Confidential Fax Form that will contain the following information:
 - 1.1.1. Name of the client
 - 1.1.2. Date of birth
 - 1.1.3. Social Security Number
 - 1.1.4. Date of entry
 - 1.1.5. Date of discharge
 - 1.1.6. Branch of service
 - 1.1.7. Military Serial Number (if different from Social Security Number)
 - 1.1.8. VA Claim Number
 - 1.1.9. Signature of client authorizing A/OAMHS to release information to the Veterans Service Office and the USDVAS for the purpose of identifying or obtaining veterans benefits and to authorize the Veterans Service Office and USDVA to release their findings
 - 1.2. The request form shall be faxed to the Veterans Service Office for verification at (619) 232-3960, or other current fax number.
 - 1.3. If an urgent response is required, the mental health provider shall note this on the request form in the comment section and contact the Veterans Service Office by telephone after faxing the form.
 - 1.4. All individuals who present for emergency mental health services shall be provided appropriate emergency assessment and crisis stabilization services, including processing for inpatient admission, if necessary.

County of San Diego
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- 1.5. If the client meets the eligibility criteria for seriously mentally ill persons and is receiving veterans' benefits but needs mental health services not offered by the USDVA, the client can be offered mental health services.
 - 1.6. If the client meets the eligibility criteria for seriously mentally ill persons and eligibility for veterans' services is pending, the client can be offered mental health services until the veterans' services benefit determination is completed.
 - 1.7. If the client meets the eligibility criteria for seriously mentally ill persons and is receiving veteran's benefits and requires non-emergency services offered by the USDVA, the client is to be encouraged to receive those services from the USDVA but is also eligible to be served by a County provider.
2. The Veterans Service Office will receive the Request for Verification of Veterans Eligibility to Counseling and Guidance Services Confidential Fax Form, will confirm the client's eligibility or ineligibility for veterans' services, and mail or fax findings to the County mental health program or contracted program. The Veterans Service Office also shall:
 - 2.1. Respond to the request for verification within two to three business days upon receipt of the request.
 - 2.2. Make referrals for benefit determination for an individual upon verification of eligibility status for veterans' services, and will assist individuals in obtaining an appointment for evaluation of services, if needed.
 - 2.3. Provide a monthly statistical report of request forms processed from A/OAMHS programs.

ATTACHMENT(S):

Request for Verification of Veterans' Eligibility for Counseling and Guidance Services Confidential Fax Form.

SUNSET DATE:

This policy will be reviewed for continuance on or before November 30, 2009.

AUTHOR/CONTACT ON 11/20/06:

Heidi Shaffer

**VETERANS RESOURCE LIST
JANUARY 2008**

Regional Office (Mission Valley)
AKA: Department of Veterans Affairs
8810 Rio San Diego Drive
San Diego, CA 92108
1-800-827-1000

California Department of Veteran Affairs –
619-400-0069 OR 619-400-0070

American Legion - 619-400-5301

Disabled American Veterans - 619-299-6916

Veterans of Foreign Wars - 619-400-5322

Military Order of Purple Hearts - 619-400-5317

Paralyzed Veterans Association - 619-400-5320

AmVets – 619-400-5304

Blind Veterans Association – 619-400-5306

X-POW – Frank Burger – 619-400-5342

Employment Development Department/VA
619-400-5485

Eagles Wings – 619-234-9464

Aging and Independence Services
800-510-2020

TRICARE - Dependents of Active Duty &
Retired Military Personnel - 619-532-6400

Wellness & Vocational Enrichment Clinic
W.A.V.E Program
4525 Mission Gorge Place
San Diego, CA 92120
619-228-8000

Military Severely Injured Center
24/7 Family Support
888-774-1361

National Cemeteries

Fort Rosecrans – 619-553-2084

Riverside – 951-653-8417

San Diego County

County Veterans Service Office
734 W. Beech St., Suite 200
San Diego, CA 92101
619-531-4545

1830 West Drive. Suite 107
Vista, CA 92083
760-643-2049

Veterans Museum & Memorial Center
2115 Park Boulevard
San Diego, CA 92101
619-239-2300
info@veteranmuseum.or

VA Medical Center
3359 La Jolla Village Drive
San Diego, CA 92161
858-552-8585 OR 800-331 8387

Member Services 858-552-7523

Enrollment & Eligibility Questions 858-552-7523

Appointment Scheduling 858-552-7570

For more information:

www.san-diego.med.va.gov or
www.va.gov

VA San Diego Healthcare System
3350 La Jolla Village Drive
San Diego, CA 92161
858-642-3306 OR 858-642-6358

Outpatient Clinics:

VA Mission Valley Clinic
8810 Rio San Diego Drive
San Diego, CA 92108
619-400-5000

VA Chula Vista Clinic
835 Third Avenue
Chula Vista, CA 91910
619-409-1600

VA Vista Clinic
1840 West Drive
Vista, CA 92083
760-643-2000

VA Escondido Clinic
815 East Pennsylvania Avenue
Escondido, CA 92025
760-466-7020

VA Imperial Valley Clinic
528 G Street
Brawley, CA 92227
760-344-9085

Vocational Rehabilitation & Employment –
619-400-5471

State of California Department of Rehabilitation
916-263-8981

GI Bill – 888-442-4551
Chapter 35 – 888-442-4551

Vet Centers:

San Diego Vet Center
2900 6th Avenue
San Diego, CA 92103
619-294-2040

San Marcos Vet Center
1 Civic Center Drive, Suite 150
San Marcos, CA 92069-2934
760-744-6914
FAX – 760-744-6919

San Diego County Veterans Service Office
734 West Beech Street, Suite 200
San Diego, CA 92101-2441
619-531-4545
FAX: 619-232-3960

San Diego County Veterans Service Office &
Outreach
1830 West Drive, Room 107
Vista, CA 92083
760-643-2049
FAX: 760-643-2056

Chula Vista Veterans Home
700 East Naples Court
Chula Vista, CA 91911
619-482-6010
Admissions – 619-205-1490
State Rep – 619-205-1487

DEFAS – 800-321-1080
Retirement Insurance – 216-522-5955
I.D. Cards – 866-827-5672
Servicemembers' Group Life Insurance –
800-419-1473

Retired Activities Office
Naval Station
619-556-8987

CAL-VET Home Loan, San Diego
619-525-3700

Veterans Village of San Diego
4141 Pacific Hwy
San Diego, CA 92110
619-497-0142

Employment Development Department:

Metro Career Center
3910 University Avenue
San Diego, CA 92105
619-516-2200

South Metro Career Center
4389 Imperial Avenue
San Diego, CA 92114
619-266-4200

South County Career Center
1111 Bay Boulevard
Chula Vista, CA 91911
619-242-1112

North County Coastal Career Center
1949 Avenida Del Oro, Suite 106
Oceanside, CA 92056
760-631-6150

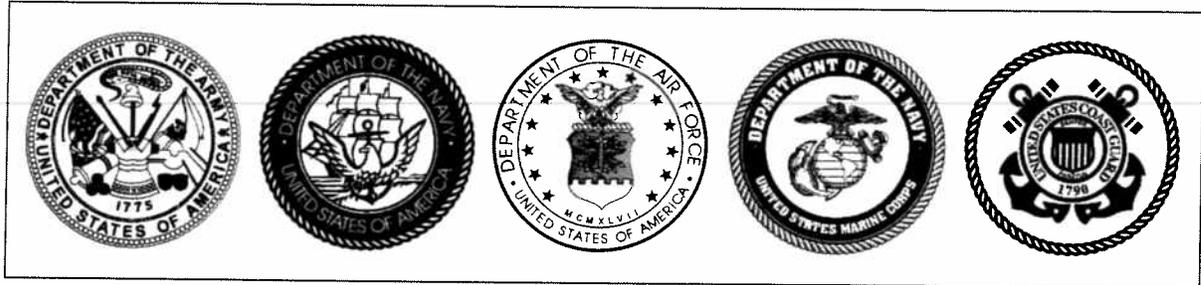
Inland North County Career Center
463 North Midway Drive
Escondido, CA 92027
760-871-1962 (Wednesdays & Fridays)

East County Career Center
924 East Main Street
El Cajon, CA 92021
619-590-3900

Unemployment Insurance
800-300-5616

State Disability Insurance
8977 Activity Road, Bldg. B, Suite 200
San Diego, CA 92126
800-480-3287

GENERAL INFORMATION ON THE MILITARY



GLOSSARY OF GENERAL MILITARY TERMS

Every occupation has its own language and customs. The military is no exception. To make communication easier, the military uses a lot of abbreviations and acronyms. For example, it is easier to say "PPSO" than say "Personal Property Shipping Office." Some of the most frequently used terms are included in this chapter. Each chapter also has a glossary of terms that relate specifically to the topic being discussed, i.e., deployment, homecoming, crisis, and relocation.

- **Airdale** – slang for naval aviator; "fly boy."
- **Allotment** – a portion of military pay specifically set aside to be sent automatically to another person or to an institution. The service members determine the actual amount of the allotment.
- **Air Wing** – a group of aircraft assigned together for a particular function.
- **Amphibious** – capable of operating on land and sea.
- **AWOL** - (Absent Without Leave) - to be away from the military without proper authorization.
- **BAQ** – (Basic Allowance for Quarters) - a supplementary allowance given to military personnel for certain housing expenses.
- **Billet** – a specific assignment in a ship or station organization.
- **Bravo Zulu** – a military term for a job well done.
- **Brief** – to instruct people for a specific mission or operation. Debriefing means a verbal report after the operation has been completed.
- **Chain of Command** – the organizational structure within the unit which indicates who works for whom.
- **CHAMPUS** – (Civilian Health and Medical Program of the Uniformed Services) – healthcare service plan replaced by TRICARE in early 1998. Term is still informally used as synonymous with TRICARE.
- **Chit** – a voucher or request form.
- **CO** – (Commanding Officer) – senior person in charge of a command.
- **Commissary** – the grocery store usually on base or post where service members and families can purchase food, beverages, etc., at prices usually lower than in civilian stores.
- **CQ** – an Army duty lasting 24 hours.

GENERAL INFORMATION

- **DEERS** – (Defense Enrollment Eligibility Reporting System) – a database containing information on all active duty, retired, and deceased members of the uniformed services, and their family members or survivors. It's the military sponsor's responsibility to ensure family members are properly enrolled, that all information is accurate, and that any changes are promptly reported.
- **DoD** – (Department of Defense) Army, Navy, Air Force and the Marine Corps are administered by this department.
- **DOT** – (Department of Transportation) – Coast Guard falls under this department rather than DoD. In time of war, the USCG comes under USN and DoD.
- **Duty** – work period, commonly referred to in the Navy as a watch, which usually lasts 24-hours.
- **EFMP** – (Exceptional Family Member Program) – a mandatory enrollment program to identify sponsors with family members who have special medical, psychological, or educational needs. The program is designed to assure service members get assigned to areas where these needs will be met.
- **Exchange** – department store on base where service members and families can purchase household items. They are known as PX (Post Exchange), NEX (Navy Exchange), BX (Base Exchange), and MCX (Marine Corps Exchange). One can shop at any military installation. For example, a Navy family could shop at an Army Post Exchange or commissary.
- **Family member** – a term used for a person receiving all or a portion of necessary financial support from a service member. Authorized dependent family members include spouses, unremarried widows or widowers, unmarried children (including adopted children, stepchildren, and illegitimate children over the age of 18 if incapable of self-support due to a physical or mental incapacity), unmarried children between 18 and 23 who are attending school or college full-time, parents or parents-in-law who are dependent on the service member for more than one-half of their support, and unmarried illegitimate children (if actually dependent upon and acknowledged by the service member).
- **Family Service Center** – a support organization that provides programs and services to improve the quality of life of military personnel and their families. They are also known as Family Support Center, Community Service Center, or Work-Life Center.
- **FAP** – (Family Advocacy Program) – addresses the problems of family neglect, violence, and sexual assault. The program provides education on parenting, anger and stress management training, crisis intervention treatment, and follow-up when violence has occurred.
- **Field Day** – a day devoted to cleaning ship or station, usually Friday. The act of cleaning an office, compartment, or space.
- **FRO** – (Family Readiness Officer) – the designated Marine officer of a command who serves as a liaison between Key Wives and the command.
- **FTX** – (Field Training Exercise) – Army exercises conducted away from the unit.
- **Gator** – an amphibious ship or service member stationed on one.
- **Geedunk** – slang for snacks such as cookies, chips, candy, etc.
- **HBA** – (Health Benefits Advisor) – person attached to a military medical facility that helps answer questions families might have about CHAMPUS or Tricare.
- **ID Cards** – identification cards for active duty, family members, retirees, and reservists that are used to prove eligibility for services rendered by the military.
- **IG** – (Inspector General) – a person who may be able to assist service members and families confidentially resolve problems if the chain of command cannot resolve the problem. An IG also inspects and reports on the unit readiness.
- **JAG** – (Judge Advocate General) – a name given to lawyers in the military.
- **JF** – an Air Force term for security forces.

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- **Key Wives** – a Marine term for wives of Marines of all grades who have volunteered to support families during times when a sponsor is absent or unavailable.
- **Leave** – authorized paid time off.
- **LES** – (Leave and Earnings Statement) – monthly statement to service member which shows monies earned, leave taken, accrued, and allotments authorized, etc.
- **Liberty** – short periods of authorized absence.
- **MP** – (Military Police) - an Army term for security forces.
- **MWR** – (Morale, Welfare, and Recreation) – a department which offers a variety of recreational programs, support services, and entertainment.
- **Navy-Marine Corps Relief Society** – a private organization supported entirely by donations from the Naval/Marine community and friends. Its purpose is to assist members of the Navy and Marine Corps, their dependents, the retired community, and dependents of deceased members in times of urgent or emergency need. The Air Force equivalent is the Air Force Aid Society. The Army equivalent is the Army Emergency Relief Agency.
- **NCO** – (Noncommissioned Officer) – enlisted personnel between the ranks of E4 and E9.
- **Ombudsman** – Ombudsman - spouse of a member of the command who is appointed by the Commanding Officer to serve as official liaison between the command and family members.
- **OOD** – (Officer of the Day) – a duty lasting 24 hours.
- **PAO** – (Public Affairs Office) – staffed by persons who handle public inquiries and press relations for the military.
- **POC** – (Point of Contact) – the designated contact person for a particular project or event.
- **POD** – (Plan of the Day) – schedule of day's routine and need-to-know information published daily aboard ship or at shore commands.
- **PSD** – (Personnel Support Detachment) – Navy unit responsible for issuance of dependent I.D. cards, maintenance of personnel records, dependent status information, and pay records.
- **Rank** – grade or official standing of commissioned and warrant officers.
- **Rate** – grade or official standing of enlisted personnel; identifies pay grade or level of advancement; a rate reflects levels of aptitude, training, experience, knowledge, skill, and responsibility.
- **Rating** – job classification, such as Electronics Technician.
- **SP** – (Shore Patrol) - Navy term for security forces.
- **Sponsor** – the husband, wife, parent, or other guardian who is on active duty in the military.
- **Squadron** – Navy and Air Force term designating individual units within a Wing or Group, which has its own commander.
- **TRICARE** – medical insurance for families (and some former spouses) of active duty, retired, deceased members, and retirees of the uniformed services are covered. All eligible persons must be enrolled in DEERS. Most care from doctors, hospitals, and other providers is covered; however, some care must be pre-approved and there is a co-pay for services. TRICARE Standard option is the equivalent of CHAMPUS.
- **Wing** – Air Force flying units, as well as support squadrons.
- **XO** – (Executive Officer) – the second in command of a ship, aircraft squadron, shore station, unit, etc.

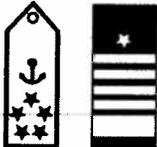
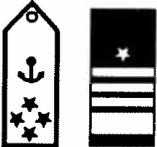
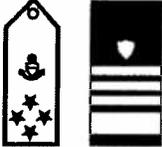
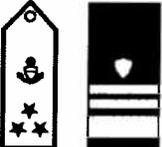
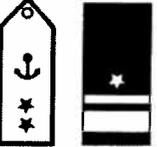
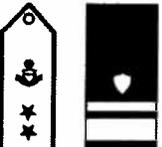
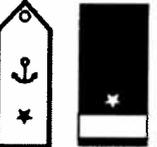
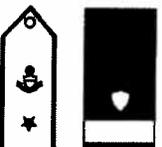
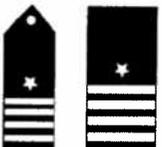
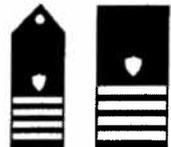
GENERAL INFORMATION

RATE AND RANK

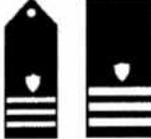
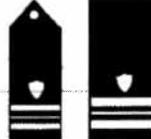
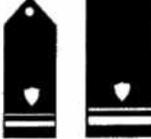
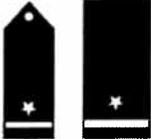
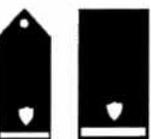
Rate and rank are the classification systems, which identify the official standing and level of advancement of a service member

ARMED FORCES COMPARABLE RANKS AND ABBREVIATIONS					
	ARMY	NAVY & COAST GUARD	AIR FORCE	MARINE CORPS	
COMMISSIONED OFFICERS					
O-10	General (GEN)	Admiral (ADM)	General (GEN)	General (GEN)	
O-9	Lieutenant General (LTG)	Vice Admiral (VADM)	Lieutenant General (LtGen)	Lieutenant General (LtGen)	
O-8	Major General (MG)	Rear Admiral (RADM)	Major General (MajGen)	Major General (MajGen)	
O-7	Brigadier General (BG)	Brigadier General (Bgen)	Brigadier General (BrigGen)		
O-6	Colonel (COL)	Captain (CAPT)	Colonel (COL)	Colonel (Col)	
O-5	Lieutenant Colonel (LTC)	Commander (CDR)	Lieutenant Colonel (LtCol)	Lieutenant Colonel (LtCol)	
O-4	Major (MAJ)	Lieutenant Commander (LCDR)	Major (MAJ)	Major (MAJ)	
O-3	Captain (CPT)	Lieutenant (LT)	Captain (Capt)	Captain (Capt)	
O-2	First Lieutenant (1LT)	Lieutenant Junior Grade (LTJG)	First Lieutenant (1stLt)	First Lieutenant (1stLt)	
O-1	Second Lieutenant (2LT)	Ensign (ENS)	Second Lieutenant (2ndLt)	Second Lieutenant (2ndLt)	
WARRANT OFFICERS					
W-4	Chief Warrant Officer (CW4)	Chief Warrant Officer (CWO-4)		Chief Warrant Officer (CWO-4)	
W-3	Chief Warrant Officer (CW3)	Chief Warrant Officer (CWO-3)		Chief Warrant Officer (CWO-3)	
W-2	Chief Warrant Officer (CW2)	Chief Warrant Officer (CWO-2)		Chief Warrant Officer (CWO-2)	
W-1	Warrant Officer (WO1)			Warrant Officer (WO)	
ENLISTED PERSONNEL					
E-9	Command Sergeant Major (CSM)	Master Chief Petty Officer (MCPO)	Chief Master Sergeant (CMSgt)	Sergeant Major (SgtMaj)	
E-9	Sergeant Major (SGM)			Master Gunnery Sgt. (MgySgt)	
E-8	First Sergeant (1SG)	Senior Chief Petty Officer (SCPO)	Senior Master Sergeant (SMSgt)	First Sergeant (1stSgt)	
E-8	Master Sergeant (MSG)			Master Sergeant (MSgt)	
E-7	Sergeant First Class (SFC)	Chief Petty Officer (CPO)	Master Sergeant (MSgt)	Gunner Sergeant (GySgt)	
E-6	Staff Sergeant (SSG)	Petty Officer First Class (PO1)	Technical Sergeant (TSgt)	Staff Sergeant (SSgt)	
E-5	Sergeant (SGT)	Petty Officer Second Class (PO2)	Staff Sergeant (SSgt)	Sergeant (Sgt)	
E-4	Corporal (CPL)	Petty Officer Third Class (PO3)	Sergeant (Sgt)	Corporal (Cpl)	
E-4	Specialist 4 (SP4)		Senior Airman (SrA)		
E-3	Private First Class (PFC)	Seaman (Seaman)	Airman First Class (A1C)	Lance Corporal (LCpl)	
E-2	Private (PV2)	Seaman Apprentice (SA)	Airman (Amn)	Private First Class (PFC)	
E-1	Private (PV1)	Seaman Recruit (SR)	Airman Basic (AB)	Private (Pvt)	

GENERAL INFORMATION

ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
As proscribed by the General of the Armies	None	None	None	None
 General of the Army	 Fleet Admiral	 General of the Air Force	None	None
 General	 Admiral	 General	 General	 Admiral
 Lieutenant General	 Vice Admiral	 Lieutenant General	 Lieutenant General	 Vice Admiral
 Major General	 Rear Admiral (Upper)	 Major General	 Major General	 Rear Admiral
 Brigadier General	 Rear Admiral (Lower)	 Brigadier General	 Brigadier General	 Commodore
 Colonel	 Captain	 Colonel	 Colonel	 Captain

GENERAL INFORMATION

ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
 LT Colonel (Silver)	 Commander	 LT Colonel (Silver)	 LT Colonel (Silver)	 Commander
 Major (Gold)	 LT Commander	 Major (Gold)	 Major (Gold)	 LT Commander
 Captain (Silver)	 Lieutenant	 Captain (Silver)	 Captain (Silver)	 Lieutenant
 1st Lieutenant (Silver)	 Lieutenant Junior Grade	 1st Lieutenant (Silver)	 1st Lieutenant (Silver)	 Lieutenant Junior Grade
 2nd Lieutenant (Gold)	 Ensign	 2nd Lieutenant (Gold)	 2nd Lieutenant (Gold)	 Ensign
 Chief Warrant Officer (CW-3)	 Chief Warrant Officer (W-3)	None	 Chief Warrant Officer (W-3)	 Chief Warrant Officer (W-3)
 Chief Warrant Officer (CW-4)	 Chief Warrant Officer (W-4)	None	 Chief Warrant Officer (W-4)	 Chief Warrant Officer (W-4)
 Warrant Officer (WO-1)	 Chief Warrant Officer (W-2)	None	 Chief Warrant Officer (W-1)	 Chief Warrant Officer (W-2)
 Chief Warrant Officer (CW-2)			 Chief Warrant Officer (W-2)	

GENERAL INFORMATION

ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
 Staff SGT Major Comm. SGT Major Spec. 9	 Master Chief PO	 Command Chief Master SGT	 SGT Major Master Gunnery SGT	 Master Chief PO
 First SGT Master SGT Spec. 8	 Senior Chief PO	 Senior Master SGT	 1st SGT Master SGT	 Senior Chief PO
 SGT 1st Class Spec. 7	 Chief PO	 Master SGT	 Gunnery SGT	 Chief PO
 Staff SGT Spec. 6	 PO 1st Class	 Technical SGT	 Staff SGT	 PO 1st Class
 SGT Spec. 5	 PO 2nd Class	 Staff SGT	 SGT	 PO 2nd Class
 Corporal Spec. 4	 PO 3rd Class	 Senior Airman	 Corporal	 PO 3rd Class
 Private 1st Class	 Seaman	 Airman 1st Class	 Lance Corporal	 Seaman
 Private	 Seaman Apprentice	 Airman	 Private 1st Class	 Seaman Apprentice
 Private	 Seaman Recruit	 Airman Basic	 Private	 Seaman Recruit

DRAFT
MEMORANDUM OF AGREEMENT

Parties

This Memorandum of Agreement (“MOA”) is made by and between the County of San Diego Adult Mental Health Services and County of San Diego Aging & Independence Services Veterans Service Office in order to fulfill provisions of the State of California Assembly Bill 599 which mandates that California veterans in need of mental health services who are not eligible for care by the United States Department of Veterans Affairs or other federal health care provider as determined by the County Veterans Service Office, will be eligible to receive County mental health services if they meet the criteria for serious mentally ill persons. Those who have eligibility to veterans’ services benefits but refuses those services, or whose eligibility determination is pending, will also be eligible to receive County mental health services if they meet the criteria for serious mentally ill persons. The parties to this MOA may be referred to herein collectively as the “parties” or individually as a “party.”

Recitals

Adult Mental Health Services outpatient staff and contracted outpatient staff shall submit a request to determine client eligibility to veterans’ services to Aging & Independence Services Veterans Services Office for each client that claims he or she has veteran’s status.

Aging and Independence Services Veterans Service Office shall receive the request and notify County mental health staff of client eligibility to veterans’ services.

THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises set forth below, and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto agree as follows:

1. **Administration of MOA:** Each party identifies the following individual to serve as the authorized administrative representative for that party. Any party may change its administrative representative by notifying the other party in writing of such change. Any such change will become effective upon the receipt of such notice by the other party to this MOA. Notice of the authorized representative should be sent to each party as follows:

<u>Mental Health Services Administration</u>	<u>Aging & Independence Services</u>
Alfredo Aguirre, Acting Director Adult Mental Health Services Mental Health Services Administration	Pamela B. Smith, East Regional Manager Aging & Independence Services

2. Parties’ Responsibilities

- 2.1. **Adult Mental Health Services:** County Adult Mental Health Services outpatient staff and County contracted outpatient staff will ask client if he or she is receiving veterans’ services benefits. If the client states he or she is receiving benefits or claims to have served in the military, the staff will be responsible for performing the following procedure:

- A. The staff will complete Request for Verification of Veterans Eligibility to Counseling and Guidance Services Fax Form that will contain the information below:
 - 1. Name of the client
 - 2. Social Security Number
 - 3. Client claim to be a veteran
 - 4. Date of entry and discharge
 - 5. Branch of Service
 - 6. Signature of client authorizing the Mental Health Services to release information to the Veterans Service Office and the Veterans Administration for the purpose of identifying or obtaining veterans benefits and to authorize the Veterans Service Office and Veterans Administration to release their findings.
- B. The form shall be faxed to the Veterans Service Office for verification at (619) 232-3960.
- C. The veteran's office will respond to the Request for Verification of Veterans Eligibility to Counseling and Guidance Services Fax Form within two to three business days upon receipt of the Fax Request. If an urgent response is required the Mental Health Provider shall note on the Request Form in Comment Section and contact the office by telephone after faxing the Request Form.
- D. If the client meets the eligibility criteria for seriously mentally ill persons and is receiving veterans' benefits but is refusing veterans services the client can be offered Mental Health Services.
- E. If the client meets the eligibility criteria for seriously mentally ill persons and eligibility to veterans' services is pending, the client can be offered Mental Health Services.
- F. Veterans Service Office of AIS will make referrals for benefit determination for an individual upon verification of eligibility status for Veteran Services. The Veterans Office will also assist individual in getting an appointment set up for evaluation of services if needed.
- G. Veterans Service Office of AIS will provide a monthly statistical report of Request Verifications of Veterans Eligibility to Counseling and Guidance Services processed from Mental Health Services programs.

2.2 **Aging and Independence Services, Veteran Service Office:** The Veterans Service Office will receive the" Request for Verification of Veterans Eligibility to Counseling and Guidance Services Fax Form "confirming client's eligibility or ineligibility to veterans' services and mail or fax findings to the County mental health program or contracted program.

3. **Governing Law:** This MOA shall be governed, interpreted, construed and enforced in accordance with the laws of the State of California.

4. **Third Party Beneficiaries Excluded:** This MOA is intended solely for the benefit of the County and **[[Other Party]]**. Any benefit to any third party is incidental and does not confer on any third party to this MOA any rights whatsoever regarding the performance of this MOA. Any attempt to enforce provisions of this MOA by third parties is specifically prohibited.
5. **Amendments to MOA:** Any party may propose amendments to this MOA by providing written notice of such amendments to the other party. This MOA may only be amended by a written amendment signed by each party's administrative.
6. **Full Agreement:** This MOA represents the full and entire agreement between the parties and supercedes any prior written or oral agreements that may have existed.
7. **Scope of MOA:** This MOA only applies to the program described herein and does not set forth any additional current or future obligations or agreements between the parties, except that the parties may by written amendment amend the scope of this MOA.
8. **Term:** This MOA shall become effective on the date all of the parties have signed this MOA and be in force until written notification is received by both parties.

Dated: _____

County of San Diego,
Health & Human Services Agency

By: _____

Dated: _____

County of San Diego
Health & Human Services Agency

By: _____