



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY COMMUNICATIONS-ELECTRONICS COMMAND
BUILDING 6002, ROOM D2250
6585 SURVEILLANCE LOOP
ABERDEEN PROVING GROUND, MARYLAND 21005-1845

AMEL-PT (600-53a)

02 MAY 2022

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Aberdeen Proving Ground (APG) Commander's Ready and Resilient Council (CR2C) Charter

1. Name of Committee: Commander's Ready and Resilient Council (CR2C)
2. Date Established: 17 June 2021. This renewed charter is effective once approved and signed by the APG Senior Commander (SC).
3. References:
 - a. Army Regulation (AR) 600-63 (Army Health Promotion), 14 April 2015
 - b. AR 600-20 (Army Command Policy), 24 July 2020
 - c. Headquarters U.S. Army Materiel Command OPORD, 19-197, (Ready and Resilient (R2) Governance through Community Commander's Ready and Resilient Council (CR2C))
 - d. APG Health Promotion Policy, 17 June 2021
4. Date to be Terminated: Until recinded or replaced.
5. Purpose: Formalize the APG CR2C in accordance with referenced guidance.
6. Mission:
 - a. Function as the SCs executive agency for the recommendation of priorities and the integration, synchronization, implementation, assessment and reporting of all Ready and Resilient (R2) functions aimed at improving unit readiness and the overall quality of life for Soldiers, Civilians, Family members, Retirees, and Contractors where applicable.
 - b. Provide a common operating picture of the issues facing APG, and provide a multi-disciplinary approach to safety, health promotion, resilience building, risk reduction, and suicide prevention programs. The CR2C will identify redundancies and voids in programs and services by evaluating population needs, assessing existing programs, and coordinating targeted interventions.

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7. Scope. The CR2C supports unit readiness and resiliency of installation personnel at the tactical, operational, and strategic levels. The CR2C is the sole mechanism that oversees installation health promotion programs comprised of the following functional areas:

- a. Behavioral health interventions to improve psychological health and reduce self-destructive behaviors.
- b. Social and Family programs that promote and sustain healthy lifestyles, strengthen community action, and encourage proactive public health policies.
- c. Physical programs directed toward achieving optimal physical health and wellness.
- d. Spiritual programs to foster spiritual awareness, enrichment and resiliency.
- e. Health education/promotion processes to raise individual and community awareness.

8. Direction and Control:

a. The installation CR2C is chaired by the SC, facilitated by the Community Readiness and Resilience Integrator (CR2I) and includes representation from all tenant organization Commanders/Directors or designees Installation service providers, and other Federal and Department of Defense Agencies.

b. The CR2C is the SC's strategic platform to elevate and prioritize public health status, targets, and standards, ensure strategic integration of R2, and shift the paradigm from reaction to prevention.

c. The CR2C monitors the requirements established by AR 600-63, Army Health Promotion, and the Enduring Personal Readiness and Resilience OPORD (EPR) ensures resources are clearly aligned to support strategic goals, provides consistency in approach and accountability, and integrates health promotion in both the operational and Garrison environments. The CR2C provides oversight with policy implementation, analyzes current trends, and presents best practices to be shared across the total Army, APG and surrounding community.

d. The CR2C will develop and implement the means to allow commanders and directors to monitor health promotion program goals and objectives for their respective commands and organizations through the utilization of unit Ready and Resilient Teams, Program Status Reports, and Effectiveness Surveys.

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e. The CR2C markets health promotion initiatives to address community needs such as, but not limited to, media awareness campaigns, classes, seminars, workshops, activities, health interventions, policy changes, resource coordination/reorganization, and other initiatives to accomplish required goals. Existing programs may be used to meet these needs.

f. The CR2C will oversee the installation health promotion improvement program through preparation, approval and distribution of a Strategic Plan, using existing measures and metrics where possible, and developing additional measures and metrics as needed.

g. The CR2C promotes and oversees health promotion initiatives to address community needs including a Community Resources Guide, media awareness campaigns, classes, seminars, workshops, activities and health interventions, policy changes, resource coordination/reorganization, and other initiatives to accomplish required goals.

9. Structures and Processes: APG community health promotion efforts will use the following structures and processes to accomplish the CR2C's mission. Additional structures and processes may become necessary and will be evaluated and integrated as appropriate.

a. APG CR2C Working Groups (WGs): The APG CR2C WGs are comprised of the Behavioral Health and Spirtiuall Resiliency, Family and Social Resiliency, and Physical Health WGs. CR2C members within the WGs are subject matter experts (SMEs) in their specific WG arenas. Unless otherwise directed, members are required to meet monthly to analyze data and trends from the installation and use the analysis to develop initiatives and programs to address the issues. This includes programs procedures, community health education, health risk assessments, and program evaluation efforts. SMEs may be called upon to be present as needed by the CR2C or the Executive Review Committee.

b. APG CR2C Governance Board:

(1) Provides oversight, accountability, coordinates the flow of tasks, appoints WG Chairs, manages due-outs/suspenses, approves WG action plans, prioritizes WG initiatives, and screens all collective information sent to the Senior Commander (SC) on behalf of the board. This board will convene bi-monthly or as needed, prior to and after each CR2C Session, set conditions for future CR2C Sessions and collaborate collectively on recommendations and appointments.

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(2) The CR2C Core Members consist of the SC as chair, United States Army Garrison (USAG) Commander, Kirk Army Health Center Commander, APG tenant representatives, the WG Chairs/Co-Chair and the APG CR2I.

(3) The CR2C-Review Board: Chaired by the APG SC's Chief of Staff and facilitated by the USAG Commander, sets the agenda for the next quarterly CR2C, coordinates the flow of information between the APG CR2C and its WGs, and any other entities that are directed, required, or desired to report to and or coordinate with the APG CR2C. The CR2C-Review Board is a sync meeting for CR2C WG Chairs, and representatives of non-APG business before the APG CR2C.

10. CR2C Membership:

a. The APG SC:

(1) Implements Readiness and Resiliency (R2) policy at the installation/command-level and utilizes the CR2C as the forum to synchronize health promotion, R2 activities, and suicide-prevention efforts.

(2) Establishes and presides over the CR2C according to AR 600-63, Army Health Promotion, 14 April 2015, Chapter 2.

(3) Determines reporting procedures for the CR2C in order to better facilitate the execution of the R2 efforts.

(4) Forms new councils or committees to address specific program areas as needed; or forms ad-hoc task forces to address specific problems. Appoints, designates, and/or assigns council members to lead or serve on subcommittees, councils, WGs, or task forces.

b. The USAG Commander:

(1) Serves as a CR2C member and is the primary provider of installation services and facilities.

(2) Partners with Kirk Army Medical Center Commander and staff implementing health promotion programs to include providing facilities support and staff assistance for unit health promotion events.

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(3) Supervises and monitors compliance with health promotion and resiliency functions for which they have organizational responsibility, to include providing facilities support and staff assistance for health promotion.

(4) Provides SMEs to the CR2C and WGs as required by this charter and as needed. Coordinates with union organizations representing Army Civilians as applicable.

c. The Director of Health Services (Commander APG Medical Treatment Facility):

(1) Principal advisor to the Senior Commander regarding the Army Health Promotion Program.

(2) Partners with CR2I to assist in the development and/or implementation of health promotion and resiliency programs, to include providing facilities support and staff assistance for health promotion.

(3) Provides SMEs to the council as required by this charter and as needed.

(4) Supervises and monitors compliance with health promotion and resilience functions for which they have organizational responsibility and provides guidance for the physical health and resiliency of the population.

(5) Provides program evaluation consultation to assist with quality assurance reviews.

d. The Community Ready and Resilient Integrator (CR2I):

(1) Serves as the CR2C Facilitator and provides SME support to the SC, USAG CDR, and MTF CDR on the CR2C process.

(2) Coordinates the CR2C for the SC. Monitors and advises the SC on the status of the CR2C and WGs.

(3) Integrates CR2C members to include installation, medical, mission personnel, and community stakeholders that serve as SMEs.

(4) Coordinates with SMEs to advise the SC on strategies for effective and efficient health promotion initiatives.

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(5) Leads the CR2C Marketing and Communications plan development and execution with consultation from Public Affairs Office (PAO).

(6) Supports execution of the tenets of AR 600-63 for the SC by conducting ongoing assessments of CR2C activities through the Quarterly Program Status Report, CR2C Requirements and Tasks, and WG action plans. The CR2C process will include the consolidated coordination and synchronization of committees, councils, task forces, WGs, and unit health promotion teams (UHPTs) and include, but not limited to, Safety & Occupational Health, Army & Air Force Exchange/Defense Commissary Agency, Army Family Action Plan, each will provide information to the CR2C upon request. UHPTs are required to submit charters to the CR2I per the CR2C Program Status Report (Standards and Deliverables).

e. The APG CR2C membership:

(1) Attend all council meetings or designate an appropriate representative to attend the CR2C meetings.

(2) Have authority and responsibility to commit their organizational resources to achieve CR2C goals, objectives, and installation priorities.

(3) Resource, supervise, and monitor compliance with health promotion functions for which they have organizational responsibility.

(4) Lead subcommittees, councils, WGs, or task forces appointed by the council.

(5) Will serve for the period that they occupy their current position. Appointments will be made by the CR2C-RB.

Members will consist of the following:

1. APG Senior Commander (Chair) _____
2. Command Sergeant Major, CECOM, APG _____
3. Commander, U.S. Army Garrison (USAG), APG _____
4. Command Sergeant Major, U.S. Army Garrison (USAG), APG _____
5. Commander, KIRK MTF, APG _____
6. Command Sergeant Major, KIRK MTF, APG _____
7. Commander, DENTAC APG _____
8. Command Sergeant Major, DENTAC APG _____

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9. Commander, DEVCOM _____
10. Command Sergeant Major, DEVCOM _____
11. Director, ACC-APG _____
12. Commander, ATEC _____
13. Command Sergeant Major, ATEC _____
14. Commander, CMA _____
15. Command Sergeant Major, CMA _____
16. Commander, DLA-APG _____
17. Command Sergeant Major, DLA-APG _____
18. MDARNG _____
19. PEO ACWA _____
20. PEO-C3T _____
21. PEO IEWS _____
22. JPEO-CBRND _____
23. Commander, APHC _____
24. Command Sergeant Major, APHC _____
25. Commander, USAMRICD _____
26. Command Sergeant Major, USAMRICD _____
27. Commander, 1st AML _____
28. Command Sergeant Major, 1st AML _____
29. Commander, 20th CBRNE _____
30. Command Sergeant Major, 20th CBRNE _____
31. Director, CHRA _____
32. DMPO-APG _____
33. NEC-APG _____
34. USPS-APG _____
35. Commander, 203rd MI Bn _____
36. Command Sergeant Major, 203rd MI Bn _____
37. Commander, 44th MED BDE _____
38. Command Sergeant Major, 44th MED BDE _____
39. Commissary & Post Exchange, APG _____
40. Community Ready and Resilient Integrator (CR2I), APG _____
41. Staff Judge Advocate, APG _____
42. Director, Family Morale, Welfare and Recreation/Director ACS, USAG, APG _____
43. AAFES _____
44. Chaplain, USAG _____
45. Public Affairs Office, APG _____
46. SHARP _____
47. Military Equal Opportunity _____

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12. Administrative Support. This charter is effective upon signature and will be updated as needed by separate correspondence and republished at least annually.

13. Marketing and Communications Plan. The CR2C Marketing and Communications plan will deliver CR2C messaging to primary audiences internal to U.S. Army Garrison and to secondary external audiences such as key local community partners, Police Department, and state and local government.

a. Under SC direction, the CR2I leads the development, implementation, and measurement of the CR2C Marketing and Communications Plan in partnership with the PAO through the utilization of the Program Survey Report and Effectiveness Survey.

b. The CR2I and the PAO report to the CR2C on the measurement of the plan's impact and its progress toward defined outcomes, quarterly.

14. Measurement and Accountability. The identified requirements and deliverables are necessary for the CR2C to complete and are proven to enhance the structure and development of the installation's CR2C. The following deliverables will provide measurement and accountability:

a. SC-led CR2C, Quarterly.

b. CR2C-Review Board, Bi-monthly (if needed).

c. Unit Ready and Resilient Teams, Monthly.

d. Impact Tracker, Quarterly.

e. Installation Data Profile, Annually.

f. CR2C Effectiveness Survey, Annually.

g. CR2C Program Status Report (Strategic Management System), Quarterly.

h. WG Minutes, Monthly.

i. CR2C Charter, Annually (or with change in SC).

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j. Community Resource Guide, Annually.

k. CR2C Strategic Plan, Bi-Annually.

l. WG Action Plans, Annually.

m. Coalition Matrix, Ongoing.

15. Point of contact is Mr. Sean A. Green, CR2I, at 443-861-7908 or sean.a.green3.civ@army.mil.



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Commanding

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