

MC&FP PSB-CY Information System

*DD Form 2875/System Authorization Access Request Process and
Instructions for Authorized Submitters*

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Section 1: Introduction

Thank you for volunteering to serve as an authorized submitter for the Problematic Sexual Behavior in Children and Youth Information System. You are a critical element in facilitating user access to the information system and the final check in the headquarters' service-level quality assurance process. Facilitating user access to the PSB-CY Information System is divided into three major parts: preparing for user access, securing user access and maintaining user access. Consult the "PSB-CY Information System Authorized Submitters Process Map" for a visual representation of the complete process.

This guide is intended to provide information required for each part, including finalizing a user's DD Form 2875/System Access Authorization Request. If you have questions, contact osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil.

Section 2: Preparing for user access

Given the scope and complexity of initially provisioning users in the PSB-CY Information System, it is important to prepopulate the Military Community and Family Policy account maintenance system with basic user information prior to submitting completed 2875/SAAR packages. To prepare for user access and initiate the 2875/SAAR process, use the "PSB-CY Information System Basic User Information" Excel template provided and submit the following user information to osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil.

- First and last name
- Email address
- Working job title

Submit this information monthly, on a rolling basis for installations, in accordance with the "PSB-CY Information System Ramp-Up Plan" Excel spreadsheet.

Section 3: SAAR process overview

As an authorized submitter, you will receive an email from users, supervisors or other service-designated points of contact requesting user access to the PSB-CY Information System. The email should include the following information, with the naming convention specified in this section: 2875/SAAR; Annual Cyber Awareness Training certificate of completion; personally identifiable information (Privacy Act); and requested user role, with supervisor endorsement. Collectively, these documents form a complete 2875/SAAR package.

- Email subject line: **PSB-CY – User's Name**
- Email attachments:
 - 2875/SAAR document naming convention: **PSB-CY – User's Name – SAAR**

- Annual Cyber Awareness Training certificate naming convention: **PSB-CY – User’s Name – Cyber Cert**
- PII (Privacy Act) Training certificate naming convention: **PSB-CY – User’s Name – PII Cert**
- Included in the body of an email:
 - User statement with their location and job duties related to PSB-CY
 - A forwarded endorsement/agreement by the supervisor of those duties
 - Suggested information system role

Section 4: Common mistakes to avoid

The section identifies some common mistakes that will result in rejection of the 2875/SAAR. Check for these mistakes as you review the 2875/SAAR package:

- **Signing in the wrong section** — PSB-CY Information System users should only complete and sign Part I of the 2875. Users **cannot** sign in any other section, such as for their supervisor, security manager, information owner, etc.
- **Dates not matching** — Ensure that the date in each part matches the date of the respective Common Access Card signature.
- **Not entering the date prior to electronically signing form** — Ensure the date in each part of the form is filled in **before** electronically signing the document. Once a section of the form is electronically signed, no other data can be added in that section.
- **Required training expired/completed more than 12 months prior** — Ensure that the certificates of completion are dated within 12 months of the date of submission of the completed 2875/SAAR package.

Section 5: Securing user access

There are four steps authorized submitters must complete to secure user access to the PSB-CY Information System and finish the 2875/SAAR process:

1. Verify receipt of the documents requested in Section 3. Request any missing documents from the user or service-designated point of contact, per service guidelines. If needed, PII training can be accessed here: <https://public.cyber.mil/training/identifying-and-safeguarding-personally-identifiable-information-pii/>.
2. Check that all required user, supervisor and security manager fields in the 2875/SAAR are filled out, signed and correctly dated. If information or signatures are missing, request that information from the user.
3. Complete Box #18a and Box #21 in Part II (see images and instructions in this section). Review the Overview of User Roles that appears in this section, the user statement of PSB-CY job-related responsibilities with supervisor endorsement and the “PSB-CY Information System User Roles & Locations” document to ensure that each user is assigned the proper role in the information system.
4. Email the entire **2875 package** to osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil. Use the email subject line and file naming convention specified in Section 2. Completed packages can be sent for individual users or in bulk batches.

Authorized submitter instructions for completing Part II of the 2875

Complete Boxes #18-18b and Box #21 in Part II, shown in **GREEN** in the images below. All fields, including the date in Box #18b, must be completed *prior* to electronically signing the document with the CAC. Ensure that the date in Box #18b matches the date on the CAC signature.

| | | |
|---|--|---|
| 18. INFORMATION OWNER/OPR PHONE NUMBER [REQUIRED] | 18a. INFORMATION OWNER/OPR SIGNATURE [AUTHORIZED SUBMITTER SIGNS WITH CAC] | 18b. DATE (YYYYMMDD) [ENTER TODAY'S DATE] |
|---|--|---|

| |
|--|
| 21. OPTIONAL INFORMATION [To be filled out by: HQ SERVICE AUTHORIZED SUBMITTER] User's Role: User's Service Name: [Note: If role at OSD Level, use "All"] User's Region Name: [Note: If role at OSD or Service Level, use "All"] User's Installation Name: [Note: If role at OSD, Service or Region Level, use "All"] |
|--|

Overview of user roles

This section provides an overview of PSB-CY Information System user roles by organizational level (i.e., installation, region, or HQ service). Some roles are specific to an organizational level — meaning that not every role is available at every level. More detailed user role information is contained in the “PSB-CY Information System User Roles & Locations” Excel spreadsheet.

| Role Name | Role Description | Installation | Region | HQ Service |
|--|--|---------------------|---------------|-------------------|
| Read-Only User | Views incidents, cases and dashboards/reports | X | | |
| Administrator | Data entry role at the installation level that creates, edits and assigns incidents; only views dashboards/reports at Region and HQ levels | X | X | X |
| Case Manager <i>(Clinical and nonclinical)</i> | Creates, edits and assigns incidents and cases; views dashboards/reports | X | | |
| Supervisor <i>(Clinical and nonclinical)</i> | Creates, edits and assigns incidents and cases; transfers cases; views dashboards/reports | X | | |
| Manager <i>(Clinical and nonclinical)</i> | Views cautionary or problematic incidents; views cases and dashboards/reports | | X | X |
| Super User | Creates, edits and assigns incidents and cases; transfers cases; views dashboards/reports | | X | X |

User roles by organizational level

This section provides a list of PSB-CY Information System user roles available at each organizational level. As noted previously, roles vary by organizational level.

| Installation | Region | HQ Service |
|------------------------------|-------------------------|-------------------------|
| FAP administrator | FAP administrator | FAP administrator |
| FAP clinical case manager | FAP clinical manager | FAP clinical manager |
| FAP nonclinical case manager | FAP nonclinical manager | FAP nonclinical manager |
| FAP clinical supervisor | FAP super user | FAP super user |
| FAP nonclinical supervisor | | |
| FAP read-only user | | |

Section 6: What happens next

Once a complete 2875/SAAR package is submitted to MC&FP, the next steps are:

1. If there are any issues with the 2875/SAAR package submission, the authorized submitter will receive a follow-up email from MC&FP. Authorized submitters are responsible for communicating 2875/SAAR package issues to users through the service-specific routing process. Refer users to the list of common mistakes to avoid *prior* to submission to minimize the likelihood of a delay.
2. Once the 2875/SAAR package is accepted, the PSB-CY Information System user will receive a welcome email via the DOD Secure Access File Exchange that includes a link to the information system website, along with startup guidance on how to access the system and identification of the user role that has been assigned.

Section 7: Non-Clinical Referral Tool training

Users responsible for completing or reviewing the Penn State University Non-Clinical Referral Tool as part of the PSB-CY referral process are required to complete the NCRT training *before* inputting information into the information system. The NCRT is designed to assist Family Advocacy Program personnel in determining where a behavior falls along the continuum and if a referred incident warrants engagement of the multidisciplinary team. Encourage users to complete NCRT training based on their information system role. NCRT training is virtual, self-paced and can be accessed here: <https://psbreferraltool.militaryfamilies.psu.edu/>.

Section 8: Information system videos and user guides

Videos and user guides, which describe how to navigate the PSB-CY Information System, are available within the information system platform. Both the videos and guides are presented by topic; not every topic will apply to every information system role. Encourage users to select and review the videos and guides appropriate for their information system role and organizational level.

Section 9: Updating authorized submitters

In order to maintain a smooth user-access process, MC&FP will only accept completed 2875/SAAR packages from authorized submitters. Therefore, it is important to maintain an accurate list of authorized submitters. Send changes to your authorized submitters list, including additions and deletions, to osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil.

Section 10: Tracking user training certificates

Users must have current cyber awareness and privacy training certificates of completion in order to maintain access to the PSB-CY Information System. These certificates are valid for 12 months from the date of completion. Authorized submitters are responsible for tracking these expiration dates and for submitting new certificates of completion, as necessary. Authorized submitters should request view-only access to the MC&FP Personnel Account Maintenance system, where training certificate information and expiration dates are stored, by completing the “PAM 2875 SAAR.” Send the “PAM 2875 SAAR” to osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil.

Section 11: Submitting updated 2875s

As users change job responsibilities or location, authorized submitters must update PSB-CY Information System user access by submitting modified 2875s. Similarly, authorized submitters are responsible for deactivating users who are no longer employed with the service-level Family Advocacy Program.

To change a user’s role or location, click the “Modification” box under the *Type of Request* section on DD Form 2875, and update the role, region and/or installation information in Box #21 to reflect the user’s new role and/or location (see images in this section). To deactivate a user, click the “Deactivate” box under the *Type of Request* section on DD Form 2875. Send the updated DD Form 2875 to osd.mc-alex.ousd-p-r.mbx.mcfp-account-management@mail.mil.

| | |
|--|---|
| UNCLASSIFIED ▼ | |
| SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR) | |
| <small>OMB No. 0704-0630 OMB approval expires: 20250531</small> | |
| <small>The public reporting burden for this collection of information, 0704-0630, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small> | |
| PRIVACY ACT STATEMENT | |
| <small>AUTHORITY: Executive Order 10450; and Public Law 99-474, the Computer Fraud and Abuse Act PRINCIPAL PURPOSE(S): To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form ROUTINE USE(S): None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.</small> | |
| TYPE OF REQUEST | |
| <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID [REQUIRED: CAC ID#] | DATE (YYYYMMDD) [ENTER TODAY'S DATE] |
| SYSTEM NAME (Platform or Applications) MC&FP PSB-CY Database Application | LOCATION (Physical Location of System) DISA |

21. OPTIONAL INFORMATION

User's Role:

User's Service Name:
[Note: If role at OSD Level, use "All"]

User's Region Name:
[Note: If role at OSD or Service Level, use "All"]

User's Installation Name:
[Note: If role at OSD, Service or Region Level, use "All"]

Include a statement such as, "User relocated from installation/region ABC to installation/region XYZ," when applicable.

While DD Form 2875 remains valid for government civilians as long as they maintain the same user role and location, the 2875 for contractors is valid for only one year or until the contract expires, whichever comes first. Contractors must submit new 2875/SAAR packages annually, with the supervisor noting the new contract expiration date in Box #16a (see image below). Authorized submitters can track these expiration dates in the MC&FP Personnel Account Maintenance.

| | | |
|--|--|--|
| PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)</i> | | |
| 13. JUSTIFICATION FOR ACCESS | | |
| The Military Community and Family Policy (MC&FP) Problematic Sexual Behavior in Children and Youth (PSB-CY) database application supports MC&FP's mission to provide policy and program oversight to ensure that military community quality of life programs are designed and executed to support the needs of service members and their families. The PSB-CY application is used to ensure a consistent, standardized response to PSB-CY incidents, in an effort to improve the support services available to service members and their families. The users of the application are justified access based on the needs of the Defense Department. | | |
| 14. TYPE OF ACCESS REQUESTED | | |
| <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED | | |
| 15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED <i>(Specify category)</i> | | |
| <input type="checkbox"/> OTHER | | |
| 16. VERIFICATION OF NEED TO KNOW | | 16a. ACCESS EXPIRATION DATE <i>(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)</i> |
| <input checked="" type="checkbox"/> I certify that this user requires access as requested. | | [Required for contractors; Not required for government] |
| 17. SUPERVISOR'S NAME <i>(Print Name)</i> | 17a. SUPERVISOR'S EMAIL ADDRESS | 17b. PHONE NUMBER |
| [REQUIRED] | [REQUIRED] | [REQUIRED] |
| 17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT | 17d. SUPERVISOR SIGNATURE | 17e. DATE <i>(YYYYMMDD)</i> |
| [REQUIRED] | [SUPERVISOR SIGNS WITH CAC] | [ENTER TODAY'S DATE] |