

1700
MRQ
22 Mar 07

From: Chairman, Family Readiness Committee
To: Chairman, Marine Corps Community Services (MCCS), Board
of Directors (BOD)

Subj: FAMILY READINESS COMMITTEE MINUTES OF 14 DECEMBER 2006

Ref: (a) Proposed FRC Charter

1. Per the reference, the Family Readiness Committee (FRC) convened at 0830 on 14 December 2006 at the Clubs of Quantico, MCB Quantico, VA.

2. Members Present:

LtGen K. Stalder, II MEF, Chair
Ms. T. McLaughlin, MARFORRES
Ms. K. Faison, MARFORCOM
Ms. E. Simms, MCRC
Mr. K. Lum, MARCORBASESPAC
CAPT D. Kloak, Chaplain of the Marine Corps Rep
CDR W. Tanner, Medical Officer, USMC Rep
Ms. C. Erickson, FAP Subcommittee Chair
Ms. M. Regner, L.I.N.K.S. Subcommittee Chair
LtCol J. Melton, EFMP Subcommittee Chair Rep
SgtMaj R. Himsforth, Senior Enlisted Rep, II MEF
Mr. M. P. Downs, Ex Officio, MR
Mr. M. Swords, Ex Officio, MR
Mr. B. Driver, Recorder

Members Excused:

Spouse, CMC
Spouse, ACMC
Spouse, SGTMAJMARCOR
KVN Subcommittee Chair

Others present:

CDR Harrington, HS
SgtMaj B. Flowers, MR Division
Mr. G. Gordon, MR Division
Ms. T. Hayden, MR Division
Mr. J. Capellini, MR Division
Ms. M. Petrella, MR Division
Mr. B. Barnes, MR Division
Ms. M. Campise, MR Division
Ms. H. McIntosh, MR Division
Mr. J. Clarke, MR Division
Mr. R. Winkelhausen, MR Division
Ms. K. Gates, MR Division
Mr. M. Berger, MR Division
CAPT W. Nash, MR Division

2. Opening Comments. The Chair opened the meeting by introducing himself and thanking the committee members for attending. The Chair stated that based on the recently released Commandant's Planning Guidance, his goal was for the Committee to focus on ensuring MCCS programs had transitioned to a war time footing. Given that guidance, the committee needs to focus on how

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best to help Marines and their families. There are pockets of brilliance that need to be shared as best practices. The purpose of the Committee will be to shed light on issues so that the appropriate agency can address them.

3. FRC Record of Proceedings, 23 March 2006. The minutes were unanimously approved as written.

4. Restructuring the FRC. Mr. Swords briefed the recommendation to restructure the FRC. The MCCS Board of Directors (BOD) and its Committees were established to identify and/or analyze issues that cross installation boundaries. The FRC was established on 16 August 2001 to oversee family readiness policy, planning, and program issues/requirements. Since its inception, FRC agenda items have been informational in nature influenced by FRC discussion. Previous FRC members have expressed concern over the lack of an actionable agenda and the inability to connect to installation program managers and family members. To improve the effectiveness of the committee, MR recommended disestablishing the Family Advocacy and Exceptional Family Member Subcommittees, enabling family readiness installation program managers and operational commanders to address the FRC, and expanding agenda topics beyond MCCS boundaries to address issues from other support agencies with family readiness missions. Family Advocacy and Exceptional Family Member programs and issues will be addressed directly to the FRC for action or information by MR.

Discussion: Discussion ensued regarding the proper committee structure. Mr. Downs stated that the recommended change would be more of an attitude change than a function change. The Chair stated that the committee was not going to be restrained on actions and that if there was an issue that cannot be addressed within the Marine Corps, he would be willing to go to Congress in the appropriate way.

Action: The Chair directed MR to develop a new FRC Charter and submit it to the MCCS BOD for approval. The revised Charter will reflect deletion of the Family Advocacy and Exceptional Family Member Subcommittees. As these Subcommittees will stand down, the membership of the FRC and quorum requirements will also be adjusted.

5. Marine Corps Family Team Building (MCFTB) Functionality Assessment (FA). Ms. McIntosh briefed that a MCFTB FA began in October and will culminate the week of 14-18 May 2007. An FA is a highly disciplined and rigorous process that includes documentation and analysis of the program "As Is," an assessment of customer feedback, benchmarking of comparable business partners, and a highly intensive week long session where both headquarters and installation subject matter experts use the analysis to develop a "To-Be" model for the program. The programs that will be included in the FA are the Key Volunteer Network (KVN); Lifestyle Insights, Networking, Knowledge, Skills (L.I.N.K.S.); and Spouses' Learning Series (SLS). FRC members were asked to identify and forward to MR by 30 December 2006 any areas of concern or restructuring requirements for inclusion in the FA.

Discussion: Discussion ensued regarding the ability to assess concerns of Marines and their families. Committee was assured that a good assessment was possible.

6. MCFTB Customer Survey. Mr. Capellini briefed that MR will administer an online survey to gather customer feedback for the MCFTB FA. The survey will measure the effectiveness of MCFTB program operation and services provided through the KVN, L.I.N.K.S., and SLS programs. Program functionality will be

assessed by asking for feedback on the quality of published policies and procedures, sufficiency of resources, and relationship to stakeholders (Marines, families, and Commanders). The target audience for the survey is operational and installation Commanders, Family Readiness Officers, employees and volunteers, and married active duty Marines and spouses. FRC Members were asked to identify and forward to MR by 30 December 2006 any areas of concern or specific data analysis requirements for inclusion in the survey.

Discussion: Discussion ensued regarding ensuring a proper balance of data is collected. SgtMaj Himsworth identified an issue with the low density of NMCI computers in Marine units and requested that alternate locations or methods be considered to complete the survey. He also asked that MR ensure feedback is received from SGTs and below. Mr. Downs agreed that MR will review how the survey instrument will be administered to allow maximum access for targeted groups. The Chair stated that he was willing to take up the issue of requiring more stay behind computers for deployed units.

7. Family Programs on a Wartime Footing. The Commandant of the Marine Corps stated in his Planning Guidance that we must "ensure our family and Single Marine Programs have fully transitioned to a wartime footing... ." The FRC was presented several presentations on how the Marine Corps has shifted family support programs to a wartime footing:

a. Supplemental Programs. Mr. Clarke briefed that in FY06 the Marine Corps received \$10.4 billion dollars of supplemental funding. Currently, the Marine Corps is using supplemental funds to augment family support programs such as sexual assault prevention and response activities, Key Volunteer Network support, various deployment and return and reunion activities, extended child care hours, and Combat/Operational Stress Control programs. Supplemental funds are also used to provide direct support to those families affected by the Global War on Terror through such activities as family travel to the bedside of wounded Marines, emergency respite childcare for spouses of deployed Marines, augmented counseling service capabilities, and transition support for demobilizing Reservists. The Office of the Secretary of Defense (OSD) uses supplemental funds for such programs as Military OneSource, emergency childcare intervention, and various partnerships with national organizations.

Discussion: Discussion ensued regarding how supplemental funds are distributed to commands. Mr. Clarke informed the committee that MR works with the MARFOR and installation comptrollers to elevate and address needs. The Chair stated that the CMC wants to know if we are doing all that we can or should be doing. Chair stated that it is important for the MCCS Board of Directors to know that resources need to be put in the baseline to put programs on a wartime footing. Mr. Winkelhausen stated that based on the CMC guidance, MR is working various taskers to examine requirements, and assess need for increase in baseline funding.

b. Counseling Services. Mr. Barnes briefed that there is confusion regarding "counseling services", and that the perceived problem may be more an issue of integration and appropriate referral, than the size and capacity

of the network. Counseling services are available through Marine and Family Services, Navy Medicine, Chaplains, and TRICARE. In addition to these capabilities, OSD has increased counseling capacity through Military OneSource and makes available a surge counseling capability through a contract with the Managed Health Network (MHN). The Veterans Administration is also available for active duty members requesting counseling services

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related to combat or operational stress. HQMC will be sending representatives out to installations to assess capabilities and identify process improvement opportunities.

Discussion: Discussion ensued regarding the various support programs. The Chair stated that he did not realize there were so many programs available. Mr. Downs stated that the issue is lack of knowledge about the services available until it is needed, which can often be too late. SgtMaj Himsworth stated that information about these programs needs to be distributed through the senior enlisted leadership.

Action: The Chair requested that MR work with the various support programs to develop messages that can be electronically distributed to senior leadership to improve program awareness.

c. Personal Financial Management (PFM). Mr. Barnes briefed that personal financial management education enhances effectiveness especially in view of the fact that Marines returning from war zones often have significant amounts of money. This financial education has been inconsistently provided throughout the Marine Corps. Efforts are ongoing to integrate PFM training into return and reunion programs.

Discussion: Discussion ensued regarding the various programs offered by Military OneSource, MCCS, Navy/Marine Corps Relief Society, and other financial institutions.

d. Combat Operational Stress Control (COSC). Capt Nash briefed that beginning with the return of Marines from OIF I, the Marine Corps has been evolving a program to help Marines and their families cope with the stress of deployments. In November 2005, a COSC Coordinator was established at Headquarters Marine Corps (HQMC) as the focal point and integrator for all Marine Corps related COSC issues. Currently, the section is composed of 3 full-time staff with adjunct staff from within the Marine Corps, Navy, the Department of Veterans Affairs (VA) and other agencies. Four COSC Team Committees have been established to address development of doctrine and policy, education and training, research and data management, and programs and intervention. The Marine Operational Stress Surveillance and Training (MOSST) Program was launched to integrate briefs and health assessments for Marines and their families.

Discussion: Discussion ensued regarding staffing for the Operational Stress Control and Response (OSCAR) program. The Chair asked the status of staffing OSCAR teams. CAPT Nash replied that there has been a problem filling Senior NCO and Chaplain billets, but now that the decision has been made to institutionalize the program, a staffing review is underway to develop a solution for fielding the teams.

e. Marine for Life. LtCol Schaffer briefed that the Marine for Life program has played an integral role in ensuring that the Marine Corps fulfills its obligation of "taking care of our own." The Marine for Life program provides transition assistance; injured support; reserve medical entitlements; and certification for Traumatic Injury Protection. To provide this support, the Marine for Life program taps into a network of former Marines and Marine-friendly businesses, organizations, and individuals willing to lend a hand to a Marine who has been recently honorably separated. The Marine for Life - Injured Support program was developed to help tie together the multiple agencies providing assistance to injured Marines, Sailors, and their families. The program also helps medically

separating Service members to bridge the gap between military medical care and the VA by providing individual support through the transition period in combination with OSDs Severely Injured Joint Support Operations Center.

8. Exceptional Family Member Program (EFMP) standardization and Panel on Autism. LtCol Melton briefed that the DOD Military Health System, Improving the Quality of Life for Military Families with Special Needs, Integrated Project Team (IPT), has met numerous times to collaborate and identify resources available to families with special needs. The deliverables to date include a new Parent Toolkit, revision of the DD Form 2792 EFMP Enrollment form, and agreement on a common process for initial identification for EFMP enrollment. Work continues on implementation of DODI 1315.19 (Authorizing Special Needs Family Members Travel Overseas at Government Expense), physician education on enrollment criteria, and development of a common case management and tracking tool. Preliminary results of the GAO study to gauge the impact of the military EFMP population on local community resources have been released. In general, the review found that neither the military nor local communities visited were able to provide data on the specific service needs of the EFMP population or their use of these services. The National Military Family Association/Special Needs/Autism Panel was on the agenda at the General Office Symposium (GOS) in November. The panel discussed issues and concerns with DOD support of military families that have a child with autism. At issue was the inequity in availability of educational and medical services (particularly Applied Behavior Analysis) from State to State and the recent transition from the Program for Persons with Disabilities to the Extended Care Health Option (ECHO). OSD is required to issue a plan (with input from affected families) to implement services pursuant to ECHO. During the GOS Spouse Seminar, it was suggested that the EFMP may not be adequately supporting exceptional family members through advocacy or specific program delivery. Inclusion training for 25 Children, Youth and Teen personnel and 2 EFMP personnel from East coast installations was conducted in September 2006 and the West coast is scheduled for 11-15 December 2006 in San Diego.

Discussion: Discussion ensued regarding the Special Needs/Autism Panel. The Chair asked what the response was to the participants' concerns. LtCol Melton reported that the group was informed there were hundred of separate EFM diagnoses and that the program could not be focused on the needs of one group. Mr. Downs stated that the issue of inequity in services and any needed changes to ECHO will require legislative relief and MR Division will help as possible.

9. TRICARE for Medical Retirees. CDR Harrington briefed that many medically retired OIF/OEF veterans are returning home to continue their care and rehabilitation close to family. These retired members receive all medical care for their service connected disability and injuries through the VA, but are still entitled to TRICARE benefits at the retiree rate for the remainder of their healthcare coverage. Current TRICARE policy does not address the needs of this new population as some are unable to enroll in the less expensive TRICARE Prime for Retirees because they do not live in a TRICARE Prime Service Area (PSA). This can add up to significant out of pocket expenses for their healthcare and if married, healthcare of their families. While most retirees are expected to consider this policy when planning for retirement, many of these medically retired veterans need the care of family members to continue their recovery. Currently, a few VA Medical Centers have an agreement with TRICARE that allows them to accept these beneficiaries in non-PSAs at no cost to the retiree. Unfortunately, they do not provide

coverage for the retiree's family. Congressional action will be required to resolve this issue.

10. Modular Child Development Center (CDC) Update. Mr. Berger briefed the status of the Modular CDC initiative. In July 2005, OSD provided funds for site preparation and modular units as an "emergency intervention" for high priority child care requirements. MR worked with commands to determine the greatest need. Camp Pendleton plans to open two 100-child capacity modular facilities to replace the San Luis Rey Center by March 2007. Camp Lejeune plans to open two 74-child capacity modular facilities configured for younger children also in March 2007. One will be located at Midway Park and the other at mainside. Fifty eight children from the Tarawa Terrace Annex and 90 children from the Brewster Center will be relocated to the modular facilities while the Brewster CDC undergoes a six to eight month renovation.

Discussion: Discussion ensued regarding continued funding for the centers. Mr. Downs stated that accepting the funds from OSD created an O&MMC support requirement. MR has secured funding for FY07, the issue is FY08. While MR hasn't been successful, yet, he has confidence that the funds will be made available.

11. KVN Subcommittee. Ms. Gates briefed the ongoing actions and areas of interest of the Subcommittee. The KVN Subcommittee met in April, June, August, October, and December 2006. New Members at Large include Maurine Pruitt and Maggie Keating. At this time, all positions on the Subcommittee are filled. The Subcommittee worked with MR to review the KV Trainers Guide which was released in April 2006 and provided suggestions on the need for additional KV training materials on the importance of operational security, Combat Operational Stress Control capabilities, and mandatory reporting of domestic violence and child abuse which will be considered at the KV Trainers Conference scheduled for 5-9 February 2007. The Subcommittee has continued to make regular contact with representatives from each installation. Specific questions posed to the installations included: how often do you access the MCCS website?; what are you using it for?; how familiar are KVs with the Combat Stress resources?; have you experienced any issues as a result of your FRO/FRSNCO not being trained?; and what do you see as being the average turnover time for FROs, and are you aware that FRO training is now available online? Responses show that the MCCS website is used often by KV Trainers for resources and that KVs are aware of Combat Stress resources, particularly those in deploying units. The questions regarding FROs shows the average FRO turnover time to be 7 months to 1 year, and that FROs who are not properly trained are troubleshooting as they go, which equates to frustration throughout the family readiness program. The FRO online training is a new development, and therefore installations are still in the early phases of marketing it.

Discussion: Discussion ensued regarding FRO training, responsibilities, and assignments. The Chairman stated he understood FRO training and time on station was an important issue for families. II MEF has decided that FRO assignments will be for 12 months and that this might be a good policy Marine Corps wide. Ms. Gates replied that a new IG inspection check list will add emphasis on ensuring proper training.

Action: The Chair requested that MR review current policy to determine if some FRO responsibilities should be consolidated at a higher level and whether a change should be made to establish a FRO assignment length.

12. L.I.N.K.S. Subcommittee. Ms. Gates briefed the ongoing actions and areas of interest of the Subcommittee. The Subcommittee met in May, July, September, and October 2006. New Members at Large include Tammy Burgess, Lisa Castleberry, Gina Narvaez, and Barbara Hawkins. There is currently one Member at Large vacancy. The Subcommittee worked with MR to provide input on the revision of the L.I.N.K.S. Desktop Guide and session evaluation form, and revitalization of the MARFORRES L.I.N.K.S. team. Fourteen participants took part in the Team Leader/On Installation Trainer Conference which was held 19-22 September 2006. The training covered topics such as team member roles and responsibilities, recurring tasks, program planning, volunteer management, and presentation tips, tools, and techniques. An incorporated social event was a way to express the Marine Corps appreciation to the volunteers of the L.I.N.K.S. program. This year's event, titled "Moonlight and Monuments" featured a guided tour of various Washington D.C. monuments, and a follow-on dessert hosted by Mrs. Gail Kramlich. The Subcommittee has continued to make contact with representatives from each installation. Specific questions that they have addressed include: on average, how many hours does the Team Leader volunteer per week?; where is the recent L.I.N.K.S. commercial being utilized at your location?; and what are some challenges that you have experienced in utilizing the commercial at your location? Responses showed Team Leaders volunteering an average of 15-20 hours per week; the commercial is being used at such locations as pre-deployment briefs, base theaters, and websites. At the time the questions were posed, the commercial was relatively new, and many teams were still pursuing opportunities for utilization. The Subcommittee received a question regarding the eligibility of retiree spouses to serve as Mentors to L.I.N.K.S. teams. Current policy does address the issue. After discussion, the Subcommittee responded that it is ultimately the decision of the installation MCFTB Director to ensure the team is healthy and that all positions should be filled with the most qualified applicant. Another question dealt with the effects of increased FRO attendance at L.I.N.K.S. sessions. Current policy requires all FROs to attend a session and there is currently a backlog of FROs who need to attend. The Subcommittee reviewed the pros and cons of having FROs attend sessions with spouses and attending FRO only sessions. The Subcommittee asked MR to query the installation L.I.N.K.S. teams to determine how FROs are accommodated. Responses will be presented at the next L.I.N.K.S. Subcommittee meeting scheduled for 3 January 2007.

Discussion: Discussion ensued regarding the questions the committee received from the installations and the various pros and cons of each. The Chair stated that he agreed with the Subcommittee's position and felt retiree spouses should be allowed to volunteer. Ms. Regner stated that FROs attending L.I.N.K.S. sessions with spouses interferes with the spouse-to-spouse bonding that occurs. No definitive position was reached.

13. Government Accountability Office (GAO) Audit: Traumatic Brain Injury (TBI) and other Severe injuries. GAO has notified the DOD Inspector General of an initiative to review "Traumatic Brain Injury and Other Severe Injuries." HQMC Health Services (HS) has been designated the primary action office for this review with M&RA's Marine for Life - Injured Support and Combat Operational Stress Control programs providing points of contact for situational awareness and engagement as appropriate. Key objectives of the audit are: 1) How does Veterans Affairs ensure that veterans who have experienced a mild TBI are identified and treated when they seek care at VA medical facilities and what obstacles are involved in their identification?; 2) How does the VA provide needed education and support for families caring for veterans with TBI?; 3) How is the DOD working with the VA to move TBI patients to VA care and what are the factors affecting the timing of transfer

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from DOD to VA care?; 4) How are VA and DOD collaborating to deal with newly injured service members, especially those with more serious injuries who are the least likely to return to active duty?

Discussion: Discussion ensued regarding the audit. The Chair stated that he is concerned that TBI is a growing problem. Mr. Downs stated that like post traumatic stress disorder, TBI is a medical issue and MR will be following the audit and do our best to see that Marines are getting the treatment they deserve.

14. Closing remarks. The Chairman asked for closing comments. With no comments offered, he stated that the Marine Corps needs to give much more credit to the professionals and volunteers who take care of our Marines and their families. His job as FRC chair will be to remind his counterparts of the great things that MCCS is doing. The Chair requested that MR develop an agenda for the next committee meeting that takes into account ongoing actions with the goal of developing a recommendation that can be forwarded to the MCCS BOD on what it will take to ensure MCCS programs remain on a wartime footing. He closed the meeting by thanking the volunteer members of the Committee for their time and effort. With no further business, the meeting adjourned at 1130.

/s/

K. J. STALDER
Chairman
Family Readiness Committee

B. J. DRIVER
Recorder