

Military Family Readiness Council Meeting Minutes
The Pentagon Conference Center, Room B6
Dec. 4, 2017
1-3 p.m.

Meeting Attendees:

Office of the Secretary of Defense:

Mr. Robert Wilkie, Under Secretary of Defense (Personnel and Readiness), Chair
Ms. Stephanie Barna, Acting Assistant Secretary of Defense (Manpower and Reserve Affairs),
Alternate Chair
Ms. Carolyn Stevens, Director, Office of Military Family Readiness Policy

Army:

LTG Gwen Bingham, USA, Assistant Chief of Staff for Installation Management
SGM Rodney Rhoades, representing Sergeant Major of the Army Daniel Dailey

Army National Guard:

MG Kevin McNeely, Director, Manpower and Personnel, National Guard Bureau
Ms. Laura Conley, U.S. Army National Guard Spouse

Marine Corps:

Ms. Marie Balocki, representing BGen Kurt Stein, USMC, Director, Marine and Family
Programs
Ms. Andrea Smith-Green, Spouse of the Sergeant Major of the Marine Corps Ronald Green
Ms. Julie Margolis, Marine Corps Active Duty Spouse

Navy:

RDML Karl Thomas, Director, Twenty-First Century Sailor Office
Ms. Elka Franco-Giordano, Spouse of the Master Chief Petty Officer of the Navy Steve
Giordano
Ms. Leanna McCollum, representing Ms. Jennifer Luscher, Navy Reserve Component Spouse

Air Force:

Lt Col Todd Randolph, representing Brig Gen Kathleen Cook, USAF, Director of Air Force
Services
CMSgt Sonia Lee, representing Chief Master Sergeant of the Air Force Kaleth Wright
Ms. Michelle Padgett, Air Force Active Duty Spouse

Military Family Organizations:

Dr. David Rubin, Children's Hospital Association (By phone)
Ms. Karen Ruedisueli, National Military Family Association
Mr. Jack Ballantyne, representing Dr. Mary Keller, Military Child Education Coalition (By
phone)

Keynote Speakers:

Dr. Katherine Helland, Director, Joint Advertising, Market Research and Studies
Ms. Lee Kelley, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Director of Military OneSource/Non-medical Counseling Program
Dr. Cathy Flynn, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Associate Director for Research
Dr. Kate McGraw, Defense Centers of Excellence, Psychological Health
Dr. Al Ozanian, Assistant Deputy Director for Mental Health Operations, Veterans Health Administration
Dr. John Davison, Chief, Clinical Communities Support, Defense Health Agency (J3)
Dr. Patricia Moseley, Military Child and Family Behavioral Health Senior Policy Analyst, Defense Health Agency
Dr. Chris Ivany, Office of the Army Surgeon General/RAND Corporation Fellow
CAPT Ed Simmer, Deputy Director, TRICARE/Defense Health Agency
Dr. Donato Cuadrado, Department of Defense Education Activity, Community Superintendent of Schools, Puerto Rico

Military Family Readiness Council Designated Federal Officer (DFO):

Dr. Randy Eltringham

MFRC Support Staff:

Mr. Bill Story
Ms. Melody McDonald
Mr. Frank Emery
Ms. Vickie LaFollette
Mr. Eddy Mentzer

Also Present:

Ms. Stephanie Miller, Office of the Deputy Assistant Secretary of Defense (Military Personnel Policy), Director, Military Accession Policy
Dr. Chas Kelker, Chief, Department of Defense Education Activity Operations and Educational Policy
LTC Ray Buckner, Office of the Chairman of the Joint Chiefs of Staff, Personnel and Readiness (J1)
Ms. Tasleen Pantou, National Guard Bureau
Lt Col Tony Schlagel, Office of the Deputy Assistant Secretary of Defense (Reserve Integration)
Ms. Kristen McManus, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Morale, Welfare and Recreation
Dr. Ed Tyner, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Associate Director, Office of Special Needs and Children and Youth Programs
Mr. Marcus Beauregard, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Director, Defense-State Liaison Office
Dr. Kelly Mohondro, Office of the Deputy Assistant Secretary of Defense (Readiness)
Ms. Julie Blanks, Acting Deputy Assistant Secretary of Defense (Military Community and Family Policy)
Mr. Bret Stevens, Office of the Deputy Assistant Secretary of Defense (Warrior Care Policy)
Mr. Ed Chan, Office of the Secretary of Defense, Health Affairs

Mr. Bobby Winn, Office of the Deputy Assistant Secretary of Defense (Civilian Personnel Policy)
Ms. Stephanie Frye, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs)
Ms. Kathleen Cole, Office of the Assistant Secretary of the Army (Manpower & Reserve Affairs)
Ms. Dawn Goldfein, Spouse of Air Force Chief of Staff Gen David L. Goldfein
Mrs. Holly Dailey, Spouse of Sergeant Major of the Army Daniel Dailey
Mrs. Tonya Wright, Spouse of Chief Master Sergeant of the Air Force Kaleth Wright
Ms. Beth Riffle, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Director, Military Community Outreach
Ms. Laura Kadavy, Spouse of the Chief of Staff of the Army National Guard
Ms. Jennifer Armstrong
Ms. Dana Richardson
Ms. Maria Lloyd
Mr. Michael Godfrey

Public Submissions:

Public submissions received in advance of the Dec. 4, 2017, meeting included the following:

- TRICARE for Kids Coalition letter
- URLs to articles:
 - Board Report Sparks Push to Improve Military Kids' Healthcare
 - Teacher License Reciprocity (Sponsored by the Education Commission of the States)
 - More States are Making It Easier to Transfer Your Teaching License
 - Blog for Education Week Teacher
- 2014 Quick Compass of TRICARE Child Beneficiaries: Utilization of Medicaid Waivered Services
- Medicaid's Role in Treating Children in Military Families
- Medicaid and Military Families with Children with Special Health Care Needs: Accessing Medicaid and Waivered Services
- The Dangers of Living in Base Housing (Slide Deck Presentation)
- Lincoln Military Housing (Camp Pendleton)
- Spouse letters (11) about military housing

Proceedings of the Meeting:

On Monday, Dec. 4, 2017, the first Military Family Readiness Council (MFRC) meeting of fiscal year (FY) 2018 was held in the Pentagon Library and Conference Center (Room B6). The purpose of this meeting was to hear presentations about fundamentals which inform the work of the Council and two FY18 focus areas:

- Post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI); and
- Collaborative partnerships, with a focus on Emergency Preparedness and Response

A full transcript of the meeting and attendance of members and advisers present is available.

The MFRC Designated Federal Officer, Dr. Randy Eltringham, opened the meeting by welcoming Council members, advisors and public guests. She introduced the new Council chair, Mr. Robert L. Wilkie, Under Secretary of Defense for Personnel and Readiness, who then gave his opening remarks.

Mr. Wilkie thanked everyone. He said he has seen military life as a military child, the son of a Service member and a Department of Defense school teacher, and as a Service member. Mr. Wilkie cited the differences in the military of his father's era and the needs of today's military families. He said Ms. Barna and he have discussed putting the Exceptional Family Member Program on the track to the finish line as a top priority. He noted that the message that needs to go to members on Capitol Hill, as well as around the country, is that readiness is holistic — if military families are not happy, the Service members walk. He also said the country must reinvigorate a sense of service among youth by taking DoD recruiting efforts to social media.

Dr. Eltringham thanked Mr. Wilkie for his remarks. She then explained that the Council meets twice during the year to review military family readiness focus areas. During the third meeting, the Council drafts and votes on recommendations that will be forwarded to the Secretary of Defense and the four defense congressional committees. Next, she advised that the Council is available via email at osd.pentagon.ousd-p-r.mbx.family-readiness-council@mail.mil; via the web at www.militaryonesource.mil/service-providers/mfrc; and via mail at Office of Military Family Readiness Policy, Attention: Military Family Readiness Council, 4800 Mark Center Drive, Suite 03G15, Alexandria, VA 22350-2300.

Dr. Eltringham then reviewed an Executive Summary of Written Public Submissions (see page 3 of these meeting minutes) before introducing panel facilitators and guest speakers.

Panel Number One:

Fundamentals Which Inform the Work of the Military Family Readiness Council

Briefing #1:

Understanding America's Youth Who Are Seeking Military Careers

Dr. Katherine Helland briefed the Council on the Joint Advertising, Market Research and Studies (JAMRS) Program – DoD's experts on the recruiting market. She explained that military officials must understand who is joining the military services so they can better understand the market. She explained that there are greater generational differences now than ever before. The JAMRS Program conducts a survey of prior Service members, particularly the Individual Reserve Component. Service members continue to cite quality of life issues as the

main reasons Active Duty members separate into the Reserve Components — too much time away from home, current family responsibilities, and a dislike of the military lifestyle.

Briefing #2:

What Service and Family Members are Searching for, Calling for and Talking About

Ms. Lee Kelley explained that Military OneSource's Non-medical Counseling Program seeks to confidentially deal with military life stressors so they do not reach a crisis threshold.

The top three issues and requests for assistance include:

- Spouse education and career opportunities
- Non-medical counseling
- Financial and tax consultation

Service and family members are using Military OneSource Non-medical Counseling Services and the Military Family Life Counseling (MFLC) Program for these top three reasons:

- Relationships
- Stress
- Parent-child communication

The top three searches on Military OneSource for the last three months have been:

- Counseling support
- Child care
- The new DoD Blended Retirement System (BRS)

Military OneSource is also focusing on mobile products, such as the Love Every Day app.

Briefing #3:

What Research Shows About How the DoD Non-medical Counseling Program Meets the Needs of Service and Family Members

Dr. Eltringham noted that the Council wants to start this fiscal year with a better understanding of Service and family member needs.

Dr. Cathy Flynn noted that many sources document trends for the military population and the demographic mix of the Total Force. These are important starting points for MFRC policy and programmatic reviews and Council deliberations.

Dr. Flynn said DoD surveys do a good job identifying the needs of Service and family members as well as measuring the effectiveness of support services provided. For example, following a new RAND survey, researchers talked to participants shortly after their first non-medical counseling session and again three months later. The survey found the majority of participants reported stress reduction. Overall, the findings point to an effective Non-medical Counseling Program, but also point to ways the program can improve.

Mr. Wilkie summarized panel member presentations by noting that the current military support system was built for military draftees so the Council needs to look for new ways to make life easier with changing life circumstances, including greater emphasis on providing support when Service members and their families transition from Active to Reserve Components. Recognizing that the majority of today's force is married, for example, the military should offer families opportunities to stay in a geographic area for a longer period of time so spouses can establish and maintain a satisfying career.

Panel Number Two:

Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) — Addressing Signature Injuries of Current War

Briefing #1:

PTSD and TBI Treatment Progress and Reducing Mental Health Stigma

Dr. Eltringham then invited Ms. Michelle Padgett to the podium to introduce each of the keynote speakers of the PTSD and TBI panel.

Ms. Padgett explained that Service member experiences shape military families. She stated that PTSD and TBI are signature injuries of current war. While they are invisible wounds, the recovery from them does not have to be. Ms. Padgett introduced the first keynote speaker, Dr. Kate McGraw.

Dr. McGraw said that since 2001, the DoD increased resources for health care, increased staff by 42 percent and invested money in PTSD research. She noted that DoD outperforms most civilian systems in mental health treatment. She highlighted a new tool that is now available to help families understand what their Service member may be feeling. The DoD is also introducing the idea that seeking help is a sign of strength. For example, the in Transition

Program automatically assigns a coach to Service members who have sought help in the last year. They must opt out if they choose not to be part of this program. The Defense and Veterans Brain Injury Center is responsible for tracking TBI data and has a program called “Head for the Future” to help reduce the stigma of seeking help.

Briefing #2:

Alternative PTSD and TBI Treatments, Connecting with Mental Health Information and Resources, and Best Practices: Follow-ups in Cases of Suicide

Dr. Al Ozanian noted that 93 percent of Veterans Affairs facilities provide some type of integrated care, but it is very individually based so a preferred treatment might not be offered at all centers. Today’s young people want questions and answers with the click of a finger. With that in mind, the Coaching Into Care initiative gives family members a chance to call in and ask questions such as, “My husband is acting like this, how can I help?” With regard to responses to suicide prevention and response, it is the priority of the Secretary of Veterans Affairs and the DoD to address suicide by taking a precision approach – starting with the identification of those at risk and then addressing the impacts of suicide in cases where a suicide is completed.

It is important to note that there is impact to those who have been providing care and services. And there is even greater impact to the family and children when there is a loss of a loved one. As a result, a memorandum of understanding has been signed with the Tragedy Assistance Program to get information and support initially to the family and then to provide follow-on referrals so they receive continued support as needed.

Briefing #3:

Addressing Military Cultural Competence

Dr. John Davison said RAND conducted a study of military cultural competence and found that only 21 percent of mental health professionals have familiarity with military ranks and stressors. He noted that when providers do not have cultural competence, Service and family members will not seek care, will be misdiagnosed, will drop out, or will only seek care when the need becomes acute. Military cultural awareness is needed by all providers who deal with military Service members and families.

Dr. Davison explained that the majority of those experiencing mental health problems present first to non-mental health providers. In response, the DoD and Veterans Affairs developed a free military cultural competence course, offering eight continuing education credits. TRICARE network providers are encouraged to earn the military cultural competence

designation so they can better serve their patients. The 2017 TRICARE contract makes a list of providers with this readiness designation available to the public.

Briefing #4:

Addressing the Needs of Family Members Experiencing Compassion Fatigue

Dr. Patricia Moseley explained that those suffering from compassion fatigue need support services. Military families are experiencing compassion fatigue now and need support now. She explained that compassion fatigue is a strain on individuals who are providing care to loved ones who may be ill or injured. Compassion fatigue affects feelings of well-being, comfort and safety. She said the most important thing caregivers need is to talk with someone who understands their situation and feelings, and can help connect them to available supportive resources. Dr. Moseley noted that DoD has excellent resources provided through Military OneSource, their Non-medical Counseling Program, and TRICARE.

Briefing #5:

Mental Health Needs of Children Impacted by Service-Member PTSD and TBI

Dr. Chris Ivany noted that with the stresses and strains on today's military families, in addition to normal mental health development, one in five military children needs mental health care before they turn 18. He said today's resources are not sufficient and the entire system needs transformation. The Army's mental health care system is currently being transformed and is now nearly twice the size it was six years ago. An interconnected group of clinics is now using the same list of best practices, including:

- Ensuring primary care providers are treating families and not just referring them to specialty care;
- Working closely with school communities and staff who spend many influential hours with children every day; and
- Using telehealth technologies to share resources across the country

Briefing #6:

DoD-specific Responses

CAPT Ed Simmer said one of TRICARE's jobs is to ensure beneficiaries receive high-quality care easily. TRICARE has made a number of changes to the mental health benefit in the past year, including:

- Eliminating limits on treatment
- Expanding access to substance abuse treatment
- Covering medication-assisted treatment
- Reducing certification requirements at treatment centers
- Expanding telehealth benefits

He said they want to make sure there is one integrated system of care for patients, including Service members and families, and while TRICARE is not quite there yet, it is making progress.

Panel Number Three:

Community Collaboratives in Response to Hurricane Maria (DODEA/Puerto Rico)

Dr. Eltringham thanked the panel and noted the importance of integrating military family support with health care systems and providers. She then introduced Dr. Donato Cuadrado to speak about community collaboratives, emphasizing the importance of emergency preparedness and response.

Dr. Cuadrado explained that Hurricane Irma struck Puerto Rico first, quickly followed by Hurricane Maria. After Maria devastated the island, the airport closed for 11 days and relief organizations could not deliver supplies. Winds and flood waters damaged 472,000 homes and most cell phone towers fell, disrupting phone service for residents as well as for relief workers. Ft. Buchanan was fortunate to continue to have cell service. Employees could not get to work and schools could not reopen because people were not allowed on the installation. As a result, all agencies had to collaborate to help each other. The power grid had to be repaired. It took two weeks to clear trees and other debris from around DoD schools. When schools reopened, leaders and counselors met with students and parents who worked together in a coordinated community response to launch and continue the recovery process.

Dr. Cuadrado noted that the DoD Education Activity (DODEA) worked with many partners on and off base in the recovery effort, including:

- Federal Emergency Management Agency (FEMA)
- Puerto Rico National Guard
- U.S. Army Corps of Engineers
- Coast Guard
- Parents

Based on lessons learned, Dr. Cuadrado suggested the following be included in emergency response checklists and kits:

- Chainsaws
- Satellite phones
- Maps identifying where people live so accountability assessments can be conducted
- Water for seven to 10 days

He suggested using resources for different purposes:

- Social media sites can become emergency contact providers
- Diesel fuel for school buses can be used to fuel power generators
- Cafeteria food for children can also be used to feed emergency workers

Dr. Eltringham thanked Dr. Cuadrado for his incredible leadership and for sharing information about resources used during the response to Hurricane Maria. She then introduced Ms. Barna who lead a discussion with MFRC Military Service representatives regarding how the Military Services are prepared for emergencies and conducting family support operations.

Discussion:

- **Army**
LTG Bingham said the Army’s G34 Protection Directorate is the point of contact proponent for the Army Emergency Management Program. “Ready Army” is their proactive community awareness campaign and the Army’s website, which disseminates key information. For personnel accountability, the Army uses the Army Disaster Personnel Accountability and Assessment System (ADPAAS). An Emergency Family Assistance Center (EFAC) is the one-stop shop for families to get information, comfort, and support. An EFAC was activated during Hurricane Irma. EFAC services include medical triage, religious care, transportation, translation services, legal services, and more. A web-based system is also available for families who live off the installation. Everything done inside the installation is done in collaboration with partners outside the gates.
- **Navy**
RDML Thomas shared that Navy officials had a wake-up call during Hurricane Katrina when they realized there was not an effective personnel accountability system. Since then, their Navy Family Accountability and Assessment System (NFAAS) has matured to include an app for Sailors to check in on their phones and computers. The app also provides emergency preparedness checklists, which RDML Thomas feels should be updated as a result of today’s briefings. Like the Army, Navy installation commanders have developed strong working relationships with community partners on and off base. They offer a wide range of support services, including case management, through their Fleet and Family Service Centers. Finally,

their www.ready.navy.mil website provides important emergency preparedness and response information.

- **Marines**

Ms. Balocki stated that Ready Marine Corps and the Marine accountability system are web-based and like the other military services, depend on the quality of the data they contain. The Marine Corps has approached disaster preparedness in two additional ways: with an online and face-to-face course. In FY17, they offered 137 courses and had 3,500 participants who left with tangible ideas about how they could return to their communities and improve emergency preparedness and response.

- **Air Force**

Lt Col Randolph said the Air Force uses their Airmen and Family Readiness Centers and EFACs as their family support hubs during disaster and emergency situations. They are also able to reach out to families with needs assessments and helpful information, which improve preparedness and connections to key resources and support services. He said there is good participation in keeping the Air Force Personnel Accountability and Assessment System (AFPAAS) running, particularly when interest is raised as a result of news reports which predict strong storms.

- **National Guard**

MG McNeely noted that families of many activated guardsmen are also affected by disasters. They oftentimes have a double impact -- dealing with the effects of disasters on their own property and lives, and having their Service member deployed -- possibly to other states and countries -- in response to any number of federal, state and local scenarios. Last year, 37 states activated their Army and Air National Guards, for a total of 40,000 Service members being deployed across the US in response to wildfires in western states, and destruction in the south resulting from high winds and flooding related to Hurricanes Harvey, Irma and Maria. Full-time National Guard State Family Program Directors established EFACs as needed and used the Army and Air Force personnel accountability systems for family outreach purposes. One of the National Guard's goals is to ensure federally activated guardsmen deployed overseas with the DoD receive timely status update information about their families back home during disaster situations.

- **DODEA**

Dr. Cuadrado added that it would be helpful for DODEA to develop emergency preparedness checklists for children to learn about and take home to encourage their parents to be better prepared for the type of disasters that are most likely to strike certain geographic areas. He also stated that DoD Military and Family Life

Counselors (MFLCs) who work in DoD schools and other command and community settings are a very helpful asset during relief operations.

Ms. Barna asked if there were additional comments about disaster preparedness. Dr. Cuadrado said that because so many families evacuated back to the states, his office included a phone number so individuals could give a status update on family members who remained in Puerto Rico. The Coast Guard also set up phone lines for Service members to use to call family members in the states. Finally, the base commander opened the commissary to everyone, regardless of CAC-card status.

Dr. Eltringham then recognized senior leadership spouses in attendance and encouraged them to take today's information back to their military spouse communities. She also noted that the March 6 meeting would focus on child and youth well-being and spouse licensure, and the June 6 meeting would include the development and selection of FY18 recommendations for the Secretary of Defense.

Ms. Padgett suggested including information technology officers from the services in future meetings regarding quality of life services.

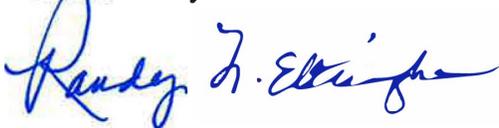
Dr. Eltringham then reminded Council members to submit any questions to her that they have for guest speakers and she would seek responses for them and for the record.

Closing remarks:

The meeting adjourned at 3 p.m.

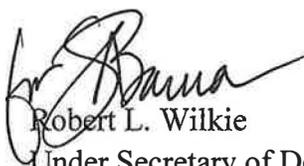
Next meeting: The council will meet again on March 6, 2018, from 1300 to 1500, in the Pentagon Library & Conference Center, Room B6.

Submitted by:



Randy N. Eltringham, EdD
Designated Federal Officer
Military Family Readiness Council

Certified by:



Robert L. Wilkie
Under Secretary of Defense for Personnel
and Readiness