

Annual Report to the Congressional Defense Committees on the Department of Defense Military Family Readiness Council



Fiscal Year 2013

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TABLE OF CONTENTS

	<u>Page</u>
TABLE OF CONTENTS	i
LIST OF ACRONYMS AND ABBREVIATIONS	ii
EXECUTIVE SUMMARY	1
1. INTRODUCTION	3
2. COUNCIL ACTIVITIES IN FY 2013	3
2-1. Council Activities	3
2-2. Review of Recent Policy Changes	4
2-3. Review of Major Initiatives and Program Evaluation Projects	4
2-4. Review of Public Comments	7
3. COUNCIL RECOMMENDATIONS	9
Appendix A: MEMBERS OF THE DOD MILITARY FAMILY READINESS COUNCIL	11
Appendix B: MAJOR POLICY CHANGES PERTAINING TO MILITARY FAMILY READINESS	12

List of Acronyms and Abbreviations

ABA	Applied Behavior Analysis
CJCS	Chairman of Joint Chiefs of Staff
CEU	Continuing Education Units
CFPB	Consumer Financial Protection Bureau
CFT	Cross Functional Team
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DoDI	Department of Defense Instruction
DSPO	Defense Suicide Prevention Office
ECHO	Extended Care Health Option
EFMP	Exceptional Family Member Program
eSAP	eSponsorship Application and Training
FY	Fiscal Year
I&R	Information and Referral
MCO	Marine Corps Order
NAVADMIN	Naval Administrative Message
NAVMC	Navy Marine Corps
NDAA	National Defense Authorization Act
ODASD (MC&FP)	Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy
OPNAV	Office of the Chief of Naval Operations
OSD	Office of Secretary of Defense
OSN	Office of Community Support for Military Families with Special Needs
P&R	Personnel and Readiness
RAP	Relocation Assistance Program
SARC	Sexual Assault Response Coordinators
SAPR	Sexual Assault Prevention and Response
SECNAV	Secretary of the Navy
SECO	Spouse Education and Career Opportunities
TGPS	Transition Goals, Plans, Success
U.S.C.	United States Code
USDA	United States Department of Agriculture
USD (P&R)	Under Secretary of Defense for Personnel and Readiness

EXECUTIVE SUMMARY

This report is submitted pursuant to section 1781a of title 10, U.S. Code (U.S.C.), which requires the Department of Defense (DoD) Military Family Readiness Council (hereafter called “the Council”) to submit an annual report that provides recommendations and assessments of the adequacy and effectiveness of military family readiness programs and activities.

Fiscal year (FY) 2013 was the most active year for the Council since its inception in 2008. This was a direct result of adding spouses of the Military Services’ Senior Enlisted Advisors and family members of Service members to the Council membership, which was mandated by Congress in FY 2012. In the January 2013 meeting, the Council members expressed their strong interest in meeting more frequently to better understand the issue areas and conduct in-depth reviews. As a result, the Council convened three times during this fiscal year. In May 2013, the Council established a webpage to better inform the public of its past, present, and future activities¹.

The Council was pleased to see that its work resulted in a positive outcome this year. On page 144 of the House Report 113-102, accompanying the National Defense Authorization Act (NDAA) for FY 2014, the House Armed Services Committee cited the Council’s recommendations from the previous fiscal year to urge the Services and the Department to ensure standardization and parity of the Exceptional Family Member program (EFMP) across the Services without minimizing program offerings.

During this fiscal year, the Council received more public comments for its consideration than in previous years. Public comments on the TRICARE benefit coverage change on Applied Behavior Analysis (ABA) for autism spectrum disorders highlighted the ongoing challenges in communication of policy changes and available resources to the public. The Council also had an extensive discussion concerning DoD’s acceptance of public comments regarding the “Study On Health Care And Related Support For Children Of Members Of The Armed Forces,” mandated by section 735 of NDAA FY 2013.²

As a result of the program and policy reviews conducted during FY 2013, the Council recommends the following three action items to the Secretary of Defense.

The FY 2013 Recommendations:

1. Recommend that the Office of the Secretary of Defense Health Affairs Working Group preparing the report to Congress required by section 735 of NDAA FY 2013, consider and review reports submitted by the Children's Hospital Association and the Military Special Needs Network.

¹ The Council webpage is available at <http://www.militaryonesource.mil/those-who-support-mfrc>.

² Section 735 of NDAA FY2013 has also been called “TRICARE for Kids” by some, based on its legislative background.

2. Recommend the continued focus on standardization and consistency of the Exceptional Family Member Program (EFMP) policies across all Military Services as Service members transition between installations and transition from Service to civilian life, to include collaboration and continuity with community resources.
3. Recommend that the DoD improve communication about existing services to Service members and families, and further analyze how end-users within the Reserve Component, geographically dispersed, and Active duty Service members and families, who live on and off installations, learn about services available to military members and their families.

DoD is already progressing in these subject areas. In particular, the Office of the Secretary of Defense Health Affairs Working Group is preparing the report to Congress in collaboration with subject matter experts and stakeholders within and outside the Department, including reviewing the aforementioned external reports.

The Council will monitor the Department's efforts and progress in these areas to help formulate the FY 2014 recommendations.

1. INTRODUCTION

The DoD Military Family Readiness Council (hereafter referred to as “the Council”) is a congressionally mandated, non-discretionary Federal Advisory committee sponsored by DoD. The Council was established in November 2008 under the provisions of section 1781a of title 10, U.S.C., and the Federal Advisory Committee Act of 1972. The duties of the Council include the following:

- (1) To review and make recommendations to the Secretary of Defense regarding the policy and plans supporting military family readiness.
- (2) To monitor requirements for the support of military family readiness by DoD.
- (3) To evaluate and assess the effectiveness of the military family readiness programs and activities of DoD.

Section 574 of NDAA FY 2012 changed and expanded the membership of the Council. A notable change made was adding spouses of the Military Services’ Senior Enlisted Advisors and spouses or parents of Service members. The new composition of the Council brought fresh perspectives to Council business and reenergized Council activities. Currently there are 18 members serving on the Council (see Appendix A).

This report to Congress is submitted in accordance with section 1781a of title 10, U.S.C., which requires the Council to submit a report to the Secretary of Defense and Congressional Defense Committees annually, including the following:

- (1) An assessment of the adequacy and effectiveness of the military family readiness programs and activities of DoD during the preceding fiscal year in meeting the needs and requirements of military families.
- (2) Recommendations on actions to be taken to improve the capability of the military family readiness programs and activities of DoD to meet the needs and requirements of military families, including actions relating to the allocation of funding and other resources to and among such programs and activities.

2. COUNCIL ACTIVITIES IN FY 2013

2-1. Council Activities

Meetings: During FY 2013, the Council convened three times: January 22, May 1, and August 5, 2013. All three meetings were held at the Pentagon Conference Center in Washington, D.C. This fiscal year, the Council was able to fully take advantage of its new membership to resolve the persistent scheduling issues experienced in the previous years. The purpose of this forum is to review new information and updates on DoD efforts pertaining to military family readiness from the Services and the Office of the Secretary of Defense (OSD) offices; to discuss issues affecting military family readiness; and to consider possible recommendations from the Council to the Secretary of Defense. In the January 2013 meeting, the Council proposed to convene more than twice a year. The Council members expressed their interest in receiving

more information on specific issues and policy changes in follow-up meetings. This discussion led the Council to convene three times this fiscal year.

Creation of the Council Webpage: In page 134-135 of the Senate Report 111-201, accompanying NDAA FY 2011, the Senate Armed Services Committee encouraged the Council to establish a website in order to “keep military families informed about upcoming Council meetings, to post the outcomes of prior meetings, and to increase transparency of Council activities and reports.” In response to this Senate recommendation, the Council established a webpage housed on the Military One Source website in May 2013 at the following address: <http://www.militaryonesource.mil/those-who-support-mfrc>. This official web page will help the Council better inform the public on its future events as well as provide an online archive of past activities.

2-2. Review of Recent Policy Changes

The Services and OSD Offices reported a total of 20 new or updated policies pertaining to military family readiness in FY 2013 (see Appendix B)³. Some of the Service-level policy updates were changes associated with the recently published DoD Instruction (DoDI) 1342.22, “Military Family Readiness.” This instruction was published in July 2012, and provides policy, responsibilities, and procedures for delivering family readiness services to Service members and their families. DoDI 1342.22 modernizes the Department’s approach to family readiness by establishing a Family Readiness System, which outlines diverse options for accessing a network of integrated services to help families easily find the support they need.

The Council will continue monitoring and reviewing DoD and Service-level policies and regulations on military family readiness through periodic policy updates. When an in-depth review of a policy change is warranted, the Council will request briefings on specific policy issues pertaining to military family readiness in order to better assess the impact on family readiness and make effective and opportune recommendations.

2-3. Review of Major Initiatives and Program Evaluation Projects

The Council is mandated to evaluate and assess the effectiveness of military family readiness programs and DoD activities in meeting the needs and requirements of military families. The Council received briefings on the following DoD initiatives and program evaluation efforts during the FY2013 meetings:

- The Common Services Task Force for Service Member Support and Family Programs. Mr. Michael Kelly, Office of Deputy Assistant Secretary of Defense for Military Community and Family Policy (ODASD(MC&FP)), Director, Morale, Welfare, and Recreation and Resale Policy, served as the Executive Director of the Common Services Task Force for Service Member Support and Family Programs (hereafter referred to as “the task force”) and provided an update on the task force in the May 2013 meeting. The task force, established by the Acting Under Secretary of

³ Appendix B only includes the policy changes that have been finalized and published during the subject fiscal year.

Defense for Personnel and Readiness in November 2012, looked for opportunities to reduce redundancies and streamline the common support services and overhead functions that typically occur above the installation level. Mr. Kelly also discussed the difference between the Military Compensation and Retirement Modernization Commission and the task force. The Commission will make recommendations on military retirement and compensation, including health care and quality of life programs.

- The Family Readiness Program Evaluation Plan Development. Ms. Judi Dekle, ODASD(MC&FP), briefed the Council on the Family Readiness Program Evaluation Plan Development Project in the May 2013 meeting. Her office commissioned the Pennsylvania State University Clearinghouse for Military Family Readiness to develop evaluation plans for family readiness programs. This is a part of the interagency efforts between DoD and the U.S. Department of Agriculture that allows DoD to take advantage of the Land-Grant University researchers' expertise in program evaluation and other subject areas. The objective of this project is to create evaluation plans for family readiness in selected program areas of the Services, including life skills education, mobilization and deployment, financial readiness, and the New Parent Support Program. All of the evaluation plans would be finalized by December 2013. This is the first step of the program evaluation process in which the Services can replicate the program evaluation for other programs.
- The Army Health Promotion Risk Reduction Portfolio Capabilities Assessment. Mr. David White, the Army Health Promotion Risk Reduction Program Portfolio Manager, briefed the Council on the Portfolio Capabilities Assessment. The mission of this project was to develop an Army Health Promotion Risk Reduction Portfolio fully supported by evidence-based programs providing effectiveness, quality, accountability, and efficiency established through a program evaluation process. Mr. White provided initial findings from the review.
- Standardization of the EFMP program. Dr. Edward Tyner of the DoD Office of Community Support for Families with Special Needs briefed the Council on the current standardization efforts for EFMP services. The ongoing efforts to standardize the EFMP Program included: developing the new DoD Instruction 1315.19, "Exceptional Family Members," as standardized DoD EFMP policy; conducting a multi-year functional analysis of EFMP; and identifying areas of potential improvement and standardization across EFMP processes, policies, and IT systems.
- Access to family support programs for National Guard and Reserve families. Mr. Travis Bartholomew, OSD Office of Reserve Affairs, Family & Employer Programs and Policy, briefed on the mission and initiatives of his office. Their mission to serve over 1.2 million geographically dispersed Guard and Reserve families residing in over 4,000 communities nationwide. The Office of Reserve Affairs supports Guard and Reserve families through multiple initiatives, including the Yellow Ribbon Reintegration Program, Employer Support for the Guard and Reserve, Hero 2 Hired, and individual and family support policies.

- Military OneSource. Ms. Barbara Thompson, ODASD (MC&FP), Director, Office of Family Policy/Children and Youth, briefed on the mission of Military OneSource. Military OneSource offers no-cost, convenient, 24/7/365 access to confidential resources and referral support for Service members and their families in order to improve the quality of their lives and the effectiveness of the military community. Military OneSource provides confidential, non-medical counseling, a social media platform, a website and mobile website, a 24/7/365 call center, specialty consultations, and health and wellness coaching. Military OneSource maintains confidentiality with the exception of cases invoking a “Duty to Warn,” where an individual presents that they be of harm to themselves or others. Eligible users include Active duty members, members of National Guard and Reserve components regardless of activation status, wounded warriors, and their family members. Civilian Expeditionary Workforce and their families are also eligible during training in preparation for deployment and while deployed. Coast Guard members who are activated by the Navy and Civilian Expeditionary Workforce when deployed are also eligible.
- Consumer Financial Protection Bureau (CFPB)’s Office of Servicemember Affairs. In the August 2013 meeting, the Council invited Mrs. Holly Petraeus, Assistant Director of the CFPB’s Office of Servicemember Affairs, to brief on the agency mission and initiatives underway to serve the military community, including retirees and veterans. With funding from the Federal Reserve, the CFPB is an independent Federal agency that serves as a regulator capable of examining, investigating and filing civil charges, when necessary, if an organization is found to have broken one of the 19 different Federal consumer protection laws. The Office of Servicemember Affairs is tasked with educating Service members and their families in financial literacy, collecting and investigating military consumer complaints, and working and partnering with other Federal and state agencies on consumer protection for the military community.
- Personal Financial Readiness of the Military. Ms. Barbara Thompson, ODASD (MC&FP), Director, Office of Family Policy/Children and Youth, briefed DoD’s efforts to prepare military families in financial readiness. On military installations, personal financial managers are available to assist Service members and their families in setting and maintaining financial goals, understanding their relationship to debt, providing information on saving and the Thrift Savings Program, as well as helping enhance their overall financial literacy. Personal financial managers are also required to obtain Continuing Education Units (CEUs) to maintain their certification. MC&FP has been providing a series of webinars that will provide personal finance managers with not only CEUs but also the latest information from the financial management field. The analysis of financial literacy program effectiveness is ongoing.
- Defense Suicide Prevention Office (DSPO). Ms. Jacqueline Garrick, Director of the DoD DSPO, provided a briefing on suicide prevention education for military families in the August 2013 meeting. Established in November 2011, DSPO was created to

demonstrate “DoD’s strong commitment to reduce suicide in the military and enhance the readiness and resilience of Service members and their families.” Through strategic partnerships with the Department of Veterans Affairs (Military Veteran Crisis Line) and community and faith-based organizations (Partners in Care), DSPO strives to foster cooperation to develop suicide prevention information and resources amongst a network of stakeholders. By focusing on Total Force fitness, DPSO seeks to provide policy guidance that emphasizes and encourages help-seeking behavior, reduces stigma, and builds resilience, while identifying effective suicide prevention training strategies and providing access to quality care.

3-3. Review of Public Comments

As a Federal Advisory Committee to the Secretary of Defense, the Council must hold meetings open to the public. In addition, the public and interested groups are allowed to submit their written statements to the Council for its consideration at any time or in response to the stated agenda. In FY 2013, the Council received substantially more public comments than in previous years.

TRICARE’s Applied Behavior Analysis Coverage: For the August 2013 meeting, the Council received multiple public submissions concerning the TRICARE benefit coverage change on Applied Behavior Analysis (ABA) for autism spectrum disorders. The public submissions expressed concerns over the following four issue areas regarding ABA treatment for Autism Spectrum Disorders:

- The credentialing and supervision requirements of ABA providers.
- Availability of treatment and reimbursement rates.
- Eligibility and screening for ABA treatment.
- Duration of ABA treatment and maximum age requirements.

In response to a large number of public submissions on TRICARE’s policy changes regarding ABA, the Council invited Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management Activity, to the August meeting to brief on this topic. TRICARE provides one of the most generous ABA programs in the United States. Several new elements were introduced to TRICARE ABA coverage. Section 705 of NDAA FY2013 required the Secretary of Defense to conduct a one-year pilot program to expand the scope of services for the treatment of autism spectrum disorder. The ABA pilot started in July 2013 and will end in July 2014. This is an enhancement to current benefits for non-Active duty family members with autism spectrum disorder, who may now access ABA reinforcement services under the ABA pilot from Board-Certified Assistant Behavior Analysts and ABA tutors as long as they are supervised by Board-Certified Behavior Analysts. Non-Active duty family member participants in the ABA pilot have a cost-share of 10 percent, and ABA reinforcement services will be capped at \$36,000 annually. This is consistent with the ECHO Autism Demonstration annual cap.

Dr. Woodson emphasized that these new program elements made no changes for either Active duty family members or non-Active duty family members receiving ABA for treatment of autism spectrum disorders under the TRICARE Basic Program. There was also no change for Active duty family members enrolled in the Extended Care Health Option (ECHO) Autism

Demonstration who are receiving ABA reinforcement services provided by tutors for autism spectrum disorders. Dr. Woodson also emphasized that out-of-pocket costs for Active duty family members would not change, and non-Active duty family members currently receiving ABA services under the TRICARE Basic Program would continue to receive the service without changes. Non-Active duty family members who desire ABA reinforcement services like those available to Active duty families under the ECHO Autism Demonstration, in addition to ABA provided by master's level or above board-certified behavior analysts under the TRICARE Basic Program, can access the services under a new ABA Pilot program, but a 10 percent cost-share is required. Dr. Woodson acknowledged that there were challenges in TRICARE's communication of the ABA policy change to the public and stated that better communication would occur going forward.

Reporting requirement mandated by Section 735 of NDAA FY 2013: Section 735 of NDAA FY 2013 directed the Secretary of Defense to conduct a study on the health care and related support provided to dependent children of members of the Armed forces. This study is ongoing. The Council has received a few public comments relevant to the study.

The public comment submitted by Mr. Jeremy Hilton and Ms. Wendy Kruse expressed their concerns for TRICARE coverage of military families and children and offered suggestions for study and improvement along with a compilation of recommendations entitled, "Military Special Needs Network." Ms. Kara Oakley also sent comments concerning TRICARE coverage for children, recommending collaboration with the Children's Hospital Association to ensure that the unique health needs of military children are met. Her submission included a report entitled, "Recommendations: TRICARE FOR KIDS Section 735 NDAA 2013," prepared by the Children's Hospital Association addressing the unique healthcare issues facing military children and their families.

Other public comments submitted to the Council: In addition to TRICARE's ABA coverage and reporting requirement mandated by Section 735 of NDAA 2013, the Council received other comments from the public bulletized below. The Council values active contribution of the public in the forum and reviews all communication to the Council. Public comments will inform the Council's future reviews and discussion for further action.

- American Military Partner Association submitted their top five needs of Lesbian, Gay, Bisexual, and Transgendered military families, urging the Council to address the issues these families face.
- The Code of Support Foundation submitted an issue paper to the Council concerning the Department's evaluation efforts, noting particularly the lack of data collection that captures the number of suicides and attempts among military spouses and families.
- Ms. Valerie Walker, a military spouse stationed at Fort Eustis, emailed a suggestion that the Department develop an advisory council system to hear family member concerns at the installation level.
- The Association of the United States Army sent the council a summary of their survey on the Interstate Compact for Educational Opportunity for Military Children.

- Military Spouse Juris Doctor Network sent a request that the Department create an agreement with the 50 states to allow military spouses to practice law in whichever state they reside to spare them the expense and effort of having to pass the bar exam for each state.
- Ms. Mellissa Hendrix, an Air Force spouse, expressed her concerns about the Exceptional Family Member Program. She detailed the stress of Permanent Change of Station moves with an autistic son, including concerns about waiting lists for care, reimbursement for therapies, and military personnel assignment policies.

4. COUNCIL RECOMMENDATIONS

The Council was pleased to see that the FY 2012 Council recommendations gained Congressional support pertaining to consistency among EFMP across the Services. In page 144 of House Report 113-102, which accompanied NDAA FY 2014, the House Armed Services Committee urges the Services and the Department to work together to ensure the standardization and parity of the services provided under EFMP without minimizing program offerings to EFMP families. This is a direct reflection of the work of this Council, and the Council would like to extend its appreciation to the public and military families for their interest and support.

Based on the Council's FY2013 reviews on DoD's recent policy changes, program evaluation activities, and public submissions, the Council presented, deliberated, and voted on FY2013 recommendations during the meeting held on Friday, November 22, 2013. In the meeting, the Council members engaged in an extensive discussion on the public submissions concerning the study requirement mandated by section 735 of NDAA FY 2013 (for detailed information about this public submission, please see the previous section.) The Council members also discussed how military families access information about available family support resources and programs and methods of determining military family preferences in how they receive this information. The Council set forth the following three recommendations for the Secretary of Defense to consider. Each recommendation is followed by the current status of DoD's action on the subject.

- 1. Recommend that the Office of the Secretary of Defense Health Affairs Working Group preparing the report to Congress required by section 735 of NDAA FY 2013, consider and review reports submitted by the Children's Hospital Association and the Military Special Needs Network.**

A Working Group was established within the Office of the Secretary of Defense Health Affairs to conduct a study in response to the Section 735 reporting requirement. The Working Group is currently preparing the report in collaboration with subject matter experts and stakeholders within and outside the Department, including reviewing the aforementioned external reports.

- 2. Recommend the continued focus on standardization and consistency of EFMP policies across all Military Services as Service members transition between**

installations and transition from Service to civilian life, to include collaboration and continuity with community resources.

DoD is currently developing an EFMP policy to improve standardization of EFMP services across the Services. In addition to this policy, a multi-phased functional analysis is being conducted to provide an in-depth analysis of the current EFMP policies, business processes, forms, and databases in each Service.

- 3. Recommend that the DoD improve communication of existing services to Service members and families, and further analyze how end-users within the Reserve Component, geographically dispersed, and Active duty Service members and families who live on and off installations learn about services available to military members and their families.**

DoD will continue implementing multiple outreach efforts to improve communication of existing services to Service members and families, using a wide array of delivery methods.

APPENDIX A: MEMBERS OF THE DoD MILITARY FAMILY READINESS COUNCIL

Chair: The Under Secretary of Defense (Personnel and Readiness)

Honorable Jessica L. Wright, Acting Under Secretary of Defense (Personnel and Readiness)

Service member representatives from the Army, Navy, Marine Corps, and Air Force

Lieutenant General Michael Ferriter, Assistant Chief of Staff for Installation Management, U.S. Army
Lieutenant General Robert E. Milstead, Deputy Commandant for Manpower and Reserve Affairs, U.S. Marine Corps
Vice Admiral William F. Moran, Chief of Naval Personnel, United States Navy
Lieutenant General Darrell D. Jones, Deputy Chief of Staff for Manpower and Personnel, U.S. Air Force

Representative of the Army National Guard or the Air National Guard

Lieutenant General Stanley E. Clarke III, Director, Air National Guard

Director of the Office of Community Support for Military Families with Special Needs

Mr. Charles E. Milam, Director, Office of Community Support for Families with Special Needs/Principal Director, Office of Deputy Under Secretary of Defense for Military Community and Family Policy

Senior Enlisted Advisors of the Army, Navy, Air Force, and Marine Corps (Two of these members may be selected from among the spouses of the Senior Enlisted Advisors)

Sergeant Major of the Marine Corps Michael P. Barrett, U.S. Marine Corps
Master Chief Petty Officer of the Navy Michael Stevens, U.S. Navy
Mrs. Athena Cody, Spouse of Chief Master Sergeant of the Air Force James A. Cody, United States Air Force
Mrs. Jeanne Chandler, Spouse of Sergeant Major of the Army Raymond F Chandler, United States Army

Spouses or parents of members of the Army, Navy, Marine Corps, and Air Force (Two from Active component and two from the Reserve Component)

Mrs. Christina Vine, Army Spouse
Mrs. Emily Fertitta, USMC Reserve Spouse
Mrs. Jennifer Mancini, Navy Spouse (Resigned in September 2013)
Mrs. Jeanne Benden, Air National Guard Spouse

Representatives of military family organizations

Ms. Kathleen B. Moakler, National Military Family Association
Ms. Sherri L. Brown, American Red Cross
Ms. Noeleen Tillman, Blue Star Families

**APPENDIX B:
MAJOR POLICY CHANGES PERTAINING TO MILITARY FAMILY
READINESS IN FY2013 (October 2012- September 2013)**

Policy Change	Summary
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Policy Change	Summary
A. Military Services	
1. Army	
AR 608-1, Army Community Service(March 2013)	This Army regulation incorporates requirements of Department of Defense Instruction (DoDI) 1342.22, “Military Family Readiness.”
2. Marine Corps	
Sponsorship Program (MCO 1320.11F; October 2012)	To provide policy and procedural guidance for the Marine Corps Sponsorship Program, including a youth sponsorship program. A significant change included in this Order is the establishment of the Unit Sponsorship Coordinator that provides for greater accountability within the Marine Corps Sponsorship Program and the standardization of roles, responsibilities, and procedures.
Information and Referral (I&R) Program (MCO 1754.10, October 2012)	This is a new MCO to establish the program and provide policies and procedures. The mission of the I&R Program is to ease the mind of Marines and their families by helping them navigate through the mobile military lifestyle by providing I&R functions. The program acts as the central connector between military and community resources. I&R positively impacts the readiness and retention of Marine and families by linking individuals with unresolved information needs to the source(s) and/or resource(s) that are best capable of addressing those needs.
Combat Operational Stress Control (MCO 5351.1, February 2013)	The Combat Operation Stress Control program enables a cohesive, ready force and promotes long-term health and well-being among Marines, attached Sailors, and their family members. This program assists commanders, Marines, and attached Sailors in maintaining warfighting capabilities by preventing, identifying, and managing the impacts of combat and operational stress on Marines and Sailors.
Sexual Assault Prevention and Response Program (MCO 1752.5B, March 2013)	Revised to be in line with DoDI 6495.01 and incorporated recommendations from the Defense Task Force on Sexual Assault in the Military Services, the Government Accountability Office, the National Defense Authorization Act, and the Inspector General of the Marine Corps.
Voting Assistance Program (MCO 1742.1B, April 2013)	To publish policy, provide guidance, and assign responsibility for implementation of the Voter Assistance Program and to provide assistance to military personnel, their family members, civilian federal employees, and all qualified voters who have access to such installations offices in the exercising of their voting rights.
Family Care Plans (MCO 1740.13C, April 2013)	The revised policy incorporates the enhancements to the Family Care Plan and establishes specific procedures for the Total Force and applicable DoD Civilian Expeditionary Workforce employees.

Policy Change	Summary
Relocation Assistance Program (RAP) (MCO 1754.12, September 2013)	This stand-alone Marine Corps Order (MCO) was developed after cancellation of MCO P1700.24B which included Chapter 4, "Mobility Support Capabilities," to support existing RAP. This MCO defines the following three core program elements: (1) Education and training, to include Welcome Aboard Briefs, PCS Move workshops and eSponsorship training; (2) Lending locker service; and (3) Individual relocation planning. DoD has created a standardized eSponsorship Application and Training (eSAT) for all services. All Service members who have been appointed as a unit sponsor are eligible for eSAT. This MCO also defines standard reporting requirements to be developed by Marine and Family Programs Division, Personal and Professional Development Branch, and submitted by installation RAP managers and new IG inspection requirement supported by Functional Area Checklist. A sample letter for use in recovering damaged or missing lending locker items is included. In addition, this order incorporates standard Navy Marine Corps (NAVMC) forms for lending locker agreements, lending locker inventory management, and individual relocation plans.
3. U.S. Navy	
OPNAV INSTRUCTION 1740.6, NAVY SAFE HARBOR (Jan 4, 2013)	This new OPNAV instruction coordinates resources necessary to ensure non-medical resources and support for recovering Service Members and their families. In addition, it implements uniform guidelines, procedures, and standards for the care, management, and transition of recovering Service Members to ensure consistent, high-quality, non-medical care for recovering Service Members and their families.
Member-designated benefits and guidance on benefits Changes (NAVADMIN 024/13, February 12, 2013)	After a careful and comprehensive review of the benefits currently provided to the families of Service members undertaken since the repeal of Don't Ask, Don't Tell, the Secretary of Defense recently announced his decision to extend certain benefits to same-sex partners. This message provides an overview of the timeline for implementation, lists the specific benefits to be authorized, and cancels NAVADMIN 028/12, January 24, 2012, "Member-Designated Benefits."
Updated requirements for Transition Goals, Plans, Success (TGPS) (NAVADMIN 053/13, February 2013)	This is the second in a series of NAVADMINs regarding the changes in the Transition Goals, Plans, Succeed program. This NAVADMIN announces the updated requirements for the Transition Assistance Program (TAP) as mandated by law.
Department of Defense sexual assault advocate certification program Changes (NAVADMIN	This NAVADMIN provides amplifying information on the requirements contained in NDAA FY2012. NDAA FY 2012 requires that on and after 1 October 2013, only members of the armed forces and civilian employees of the Department of

Policy Change	Summary
054/13, February 2013)	Defense (DoD) may be assigned to duty as Sexual Assault Response Coordinators (SARC) and Sexual Assault Prevention and Response (SAPR) Victim Advocates. Additionally, SARCS, SAPR Victim Advocates, or Unit-Level Victim Advocates who provide advocacy and support services to sexual assault victims must be credentialed no later than 1 October 2013.
Training Required to Extend Benefits to Same-Sex Domestic Partners (NAVADMIN 152/13)(June 04, 2013)	This NAVADMIN provides training and policy updates required to extend benefits for same-sex partners. Tailored training designed to ensure Navy is ready to extend benefits to same-sex domestic partners has been developed and is being deployed. Command leadership teams and designated service providers each have their own specific training.
Establishment of Navy's Twenty-First Century Sailor Office (OPNAV N17) (NAVADMIN 153/13) (June 04, 2013)	OPNAV N17 was established as a new directorate responsible for the integration of the Navy's objectives for Sailor Personal and Family Readiness, Physical Readiness, Substance Abuse Prevention, Suicide Prevention, Sexual Assault Prevention and Response, Equal Opportunity, and Hazing Prevention policy. This realigned existing OPNAV N135/N134 resources into N17 reporting directly to OPNAV N1.
New requirements for Transition Goals, Plans, Success (TGPS) (NAVADMIN 334/12, November 2012)	This is the first in a series of NAVADMINs regarding the changes in the Transition Goals, Plans, Succeed (TGPS) program. This NAVADMIN announces new requirements for mandatory Service member participation in, and future enhancements to, the Transition Assistance Program (TAP). TAP is renamed Transition Goals, Plans, Succeed (GPS).
Navy Family Advocacy Program Incident Determination Committee Core Membership Changes (NAVADMIN 134/13, May 2013)	This NAVADMIN promulgates changes which will be incorporated into a future revision of OPNAVINST 1552.2, "Family Advocacy Program." Key changes include: Naval Criminal Investigative Service will no longer participate as a core voting member; and command representatives will no longer participate as a core voting member, but are eligible to cast their vote for command-specific cases.
Department of the Navy 21st Century Sailor and Marine Initiative (SECNAV Instruction 5300.40) (June 27, 2013)	This instruction is to ensure mission capability into the future and states that Sailors, Marines and their families must be equipped to continue meeting both the physical and mental challenges of a military career.
Updated requirements for Transition Goals, Plans, Success (TGPS) Updates (NAVADMIN 187/13, July 2013)	This is the third in a series of NAVADMINs regarding the changes in the Transition Goals, Plans, Succeed (TGPS) program. This NAVADMIN announces the implementation and provides additional information for the Capstone event.

Policy Change	Summary
4. Air Force	
AFI 36-3009, Airman and Family Readiness Center	This Air Force Instruction provides direction, requirements and guidance to all Air Force Airman & Family Readiness Centers and applies to all Active duty, Air Force Reserve Air National Guard, DOD Civilians, retirees and their family members. This instruction incorporates DoDI 1342.22, “Military Family Readiness,” and DoDI 1342.15, “Educational Advisory Committees and Councils,” and expands and clarifies operational rules and functions for Air Force Major Commands, Forward Operating Agencies, and installations.
5. National Guard Bureau	
Chief National Guard Bureau Instruction 1800.02, National Guard Family Program (31 July 2013)	This instruction implements policy and assigns responsibilities for the National Guard Family Program. This instruction incorporates requirements of DoDI 1342.22, “Military Family Readiness.”
B. Office of Secretary of Defense	
1. Health Affairs	
TRICARE Tobacco Cessation Benefit	<p>Section 713 of NDAA FY2009 required implementation of a smoking cessation program under TRICARE. Within this requirement were several key elements that included:</p> <ul style="list-style-type: none"> • The availability, at no cost to the beneficiary, of pharmaceuticals used for smoking cessation, with a limitation on the availability of such pharmaceuticals to the national mail-order pharmacy program under the TRICARE program if appropriate • Access to a toll-free quit line that is available 24 hours a day, 7 days a week • Smoking cessation counseling • Access to printed and web-based tobacco cessation materials. <p>To fully implement the intent of the NDAA, a regulation change was required to remove the limitation on providing smoking cessation pharmaceuticals. The regulation change was published in the Federal Register on 27 February 2013.</p>
Section 704 of NDAA 2013- expansion of the exceptions use of DoD funds for abortion procedures	Section 704 of NDAA 2013 expands the exceptions for the use of DoD funds to perform abortions to include pregnancies that resulted from rape or incest. A policy change has been issued by the Assistant Secretary of Defense for Health Affairs, dated March 11, 2013 (HA13-011) and the TRICARE Operations Manual has been updated to allow for payment for these procedures. A note by the physician in the patient’s medical treatment record indicating that the pregnancy was the result of rape or incest is necessary for the payment to be approved for TRICARE payment or for the procedure to be performed in a

Policy Change	Summary
	military treatment facility.
Department of Defense Instruction (DoDI) 6495.02 “Sexual Assault and Prevention Response (SAPR) Procedures” (March 28, 2013)	This newly published instruction is a revision to policy published in 2008 and updates policy responsibilities and procedures for the prevention response and care of victims and those accused of sexual assault. The policy defines to whom it is applicable, including military dependents 18 years of age and older who are eligible for treatment in the military health care system and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner; and DoD civilian employees and their family dependents 18 years of age and older when stationed Outside the Contiguous United States. There are detailed enclosures regarding healthcare services, including follow-up care, and medical forensic examinations.
TRICARE Coverage of Applied Behavior Analysis (ABA) for Autism Spectrum Disorders under: the Basic Plan; the ECHO Autism Demonstration; and the ABA Pilot for Non-Active duty Family Members (June 25, 2013)	On June 25, 2013, DoD published revised TRICARE policies on the ABA Pilot for non-Active duty family members for the treatment of autism spectrum disorder to guide standard and appropriate clinical and health plan practices necessary to ensure that appropriate quality care is provided and cost-shared. The ABA Pilot for non-Active duty family members, began on July 25, 2013. The ABA Pilot is authorized by Section 705 of NADD FY 2013 for 12 months and will offer one year of ABA reinforcement under the tiered service delivery model (analogous to the ECHO Autism Demonstration for Active duty family members) to non-Active duty family members for the first time.