



# **ARMY FAMILY ACTION PLAN (AFAP)**

**General Officers Steering Committee**

**Summary-February 2015**

**Army Family Action Plan (AFAP)  
General Officer Steering Committee (GOSC) Summary**

General Daniel Allyn, Vice Chief of Staff, Army (VCSA) chaired the 10 Feb 15 AFAP GOSC meeting which reviewed 14 issues. Attendees included senior officials from the Department of Defense (DoD), Department of the Army (DA), Army Staff, Commands, military support organizations, and senior spouses.

**Civilian Personnel Issues**

**Issue 679: Creditable Civil Service Career Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Increase the 30-day creditable civil service career tenure requirement break for all federally employed spouses of service members and Federal employees to 180 days after resignation in conjunction with the relocation of their military or Federal sponsor.

**Final issue status:** Active

**Accomplishments:**

1. The Deputy Assistant Director at Office of Personnel Management (OPM) agreed at a minimum to increase the time limit for the break to 180 days. OPM staff is now investigating whether career conditional status should even exist.
2. Once final determination is made on the continuation of career conditional status or extending the time limit on the break in career conditional status to 180 days then the appropriate public notice will be posted in the Federal Register.
3. Draft regulatory changes are working through OPM channels and the Office of Management and Budget (OMB).
4. G-1 will reinforce to the field that supervisors have the ability to give leave without pay (LWOP) so the spouse can maintain their status.

**Estimated cost:** No cost to the Army to implement.

**Issue discussion:** The Sergeant Major of the Army (SMA) expressed concern that the spouse on LWOP encumbers the position and the organization cannot bring a new person into that position until the LWOP is complete. The VCSA agreed that supervisors should not be forced to make a choice between what is good for the spouse and what is good for the organization given current operating conditions. G-1 countered that an organization could get over-hires but that is not ideal either. Army Materiel Command (AMC) expressed concern regarding worker's compensation role while the spouse is on LWOP.

**VCSA direction:** The VCSA directed G-1 to find a bridging strategy until the OPM guidance is realized. The VCSA also asked G-1 to track how many people have been granted LWOP across the Army. Lastly, the VCSA requested G-1 to investigate the worker's compensation role while the spouse is on LWOP.

**Way ahead:**

1. OPM will publish recommendations and changes in the Federal Register for comment before final adoption.
2. Changes will be published in the Federal Register.

**Issue 689: Sexual Assault Restricted Reporting Option for Department of Army Civilians (DACs)**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Authorize restricted reporting of sexual assault for DACs.

**Final issue status:** Active

**Accomplishments:**

1. G-1 communicates regularly with Office of General Council (OGC), Army Equal Employment Opportunity (EEO) Commission, Criminal Investigation Command, and Office of the Judge Advocate General (OTJAG) to re-address this issue.
2. DoD and Army approved a one year pilot test in U.S. Army Europe in Sep 09 allowing DACs to file sexual assault restricted reports.
3. DoD OGC later opined that offering sexual assault restricted reporting to federal civilian employees creates a liability for the government because it would violate Title VII of the Civil Rights Act and federal EEO laws.
4. DoD Instruction 6495.02, Sexual Assault Prevention and Response Program Procedures, states that civilian employees are eligible only to bring unrestricted reports.

**Estimated cost:** Unknown

**Issue discussion:** The Army National Guard (ARNG) expressed support for this issue OCONUS because Status of Forces Agreements and foreign national laws could negate services applicable to CONUS civilians. The Chief Legislative Liaison encouraged G-1 to garner sister service support for legislative proposal success. The Military District of Washington (MDW) Commander was concerned that that existing sexual assault support services would need to be increased to service DACs if legislation was successful. The Space and Missile Defense Command (SMDC) Commander supported adding this issue to congressional engagement talking points to garner legislative support.

**VCSA direction:** The VCSA directed G-1 to draft a legislative proposal, as he sees a double standard for Soldiers and DACs.

**Way ahead:** Pursue a legislative proposal to authorize Army a legal exception for DAC sexual assault restricted reporting.

## Family Support Issues

### **Issue 625: Transitional Compensation Benefits for Pre-existing Pregnancies**

**Proponent:** Assistant Chief of Staff for Installation Management (ACSIM)

**Issue recommendation:** Authorize Transitional Compensation (TC) benefits for the child of a pregnant abused Family Member from birth through benefit period.

**Final issue status:** Active

**Accomplishments:**

1. Office of the Assistant Chief of Staff for Installation Management (OACSIM) submitted a proposal for the FY13A Unified Legislative and Budgetary cycle to change the definition of "dependent" in the TC statute.
2. The recommendation became an Omnibus 2013 proposal and was sent to OMB for review and interagency coordination.
3. In Jan 13, the FY13 National Defense Authorization Act (NDAA) authorized TC to children carried during pregnancy at the time of the dependent-abuse offense resulting in the separation of the former member. Only children born alive to the eligible spouse or former spouse are eligible.

**Estimated cost:** TC payments are specified by the Dependency and Indemnity Compensation rates. Approximately six Army Families a year would be impacted at an estimated cost of less than \$4K/case/year.

**Way ahead:** Office of the Secretary of Defense (OSD) has an updated policy instrument that Army can use to notify the field. Army-wide guidance is pending.

**Issue 650: Exceptional Family Member Program (EFMP) Enrollment Eligibility for Reserve Component (RC) Soldiers**

**Proponent:** ACSIM

**Issue recommendation:** Authorize RC Soldiers enrollment in the EFMP.

**Final issue status:** Active

**Accomplishments:**

1. OACSIM included authorization for voluntary RC enrollment in revised AR 608-75, EFMP.
2. OTJAG provided legal review of AR 608-75 on 29 Sep 14
3. OGC is determining whether or not Army can use Operations and Maintenance, Army (OMA) dollars to fund respite care which is the primary benefit that Reserve Component Soldiers want.

**Estimated cost:** The ARNG and USAR are bill payers EFMP Respite Care. If three percent of eligible EFMP use respite care, ARNG's annual cost will be ~\$259K and USAR's annual cost will be ~\$274K.

**Issue discussion:** The USAR and ARNG recommended removing voluntary enrollment language and closing the issue if OMA dollars are not authorized for respite care.

**Way ahead:** OGC to decide if OMA dollars are authorized for respite care.

**Issue 688: Resilience Training for Army Children**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Implement Resilience Training for Army children.

**Final issue status:** Active

**Accomplishments:**

1. Secretary of the Army Directive dated 26 Mar 13 provided direction to increase Army Family resilience. Comprehensive Soldier and Family Fitness (CSF2) adapted adult resilience training for teens.
2. CSF2 Teen Curriculum (CSF2-TC) piloted to 730 students during 2013-2014 school year in coordination with Walter Reed Army Institute of Research (WRAIR) to complete a program evaluation.
3. CSF2-TC Letter of Instruction staffed with key stakeholders outlining Senior Commander execution and mandatory instructor background checks in accordance with child safety regulatory guidance.
4. WRAIR completed data collection from pilot sites on 30 May 14 to inform CSF2- statistically significant results found in reducing anxiety and depression for females; for males, statistically significant increases in ratio of positive to negative coping strategies, problem solving, and attention control were found. Main effects (male and female) included reductions in distraction and social withdrawal.

**Estimated cost:** \$1.92 per student in pilots for units with existing MRTs (participant guides only). NG- \$14.16 per teen (includes cost to train 17 new MRTs) + \$0.50 per student printing cost. Total estimated cost @ \$43,980 in 2014-2015 pilots, with economies of scale in the out years (once MRT certified, no additional annual MRT training cost).

**Issue discussion:** The Deputy Assistant Secretary of Defense (Military Community and Family Policy) (DASD (MC&FP)) recommended changing the issue title from "child" to "teen" to better represent the demographic audience. Public Affairs

concurrent. USAR expressed concern with using Yellow Ribbon events exclusively for the RC since those events are typically only for mobilization and demobilization and those events are waning. The SMA sought clarification that Active Duty Master Resiliency Trainers (MRT) would not be used for service delivery. The G-1 and his staff stated that Child and Youth staff and spouse volunteers would be utilized to implement the program at the garrison level. The ACSIM concurred.

**VCSA direction:** The VCSA directed Commanders to ensure proper background checks are conducted for those involved with teen training.

**Way ahead:**

1. The issue title will change from "Resilience Training for Army Children" to "Resilience Training for Teen Dependents." All references in the issue for "Army children" will change to "teen dependents."
2. Continue to support CSF2-TC 2014-2015 school year execution in coordination with WRAIR program evaluation at selected sites.
3. Deliver CSF2-TC Controlled Release 2.0 in 3rd quarter FY15 to Senior Commanders for discretionary delivery.
4. Issue Army Directive requiring that MRTs conducting Resilience Training for Teens are identified as positions of significant trust,

### **Soldier Support and Entitlements Issues**

#### **Issue 596: Convicted Sex Offender Registry**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendations:** Establish a searchable sex offender registry and make it available to the military community. Require all convicted sex offenders who are authorized a DoD ID Card to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

**Final issue status:** Active

**Accomplishments:**

1. Army OGC and OTJAG do not support publishing the names of Army sex offenders on installation web pages.
2. DoD Law Enforcement (LE) will identify registered sex offenders (RSOs) matching the National Sex Offender Registry (NSOR) against the DEERS.
3. Army Directive 2013-12, Initiating Separation Proceedings and Prohibiting Overseas Assignments for Soldiers Convicted of Sex Offenses, bars overseas assignments for RSOs and requires Secretarial plenary review of separation actions resulting in retention.
4. Secretary of Army Directive 2013-06, Providing Specified Law Enforcement Information to Commanders of Newly Assigned Soldiers, authorizes access to Soldier criminal history/sex offender registry requirements.
5. Human Resources Command tracks Soldier RSOs by coding them with an assignment eligibility limiting code in compliance with Secretary of the Army Directive 2013-21, Assignments for Soldiers Convicted of Sex Offenses.
6. DoD Instruction 1315.18, Procedures for Military Personnel Assignments and AR 614-30, Overseas Service, prohibits dependents who are RSOs from accompanying Soldiers on OCONUS tours.

**Estimated cost:** Unknown

**Issue discussion:** AMC identified a gap where Soldiers or DACs could bring OCONUS RSO dependents at their own expense. G-1 stated the State Department

is working to inform all nations if a RSO is on an aircraft going to any country overseas.

**Way ahead:**

1. Revise AR 190-45, Law Enforcement Reporting.
2. DoD Directive-Type Memorandum 104-XX, RSOs Identification, Notification, and Monitoring, identifies RSOs to DoD LE via NSOR match against DEERS and reports to local PMOs.

**Issue 669: Return to Active Duty Medical Retention Processing 2 (MRP2) Time Restrictions for Reserve Component (RC) Soldiers**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Extend the RC Soldier MRP2 time restriction from six months to five years of release from Active Duty (REFRAD) date.

**Final issue status:** Active

**Accomplishments:**

1. Deputy Chief of Staff, G-1, Director of Military Personnel Management, is not pursuing a change to the six-month restriction, but is authorizing a case by case waiver.
2. Commanders may submit a written waiver justification to request MRP2 for medical care until the publication of AR 600-XX.
3. Informal staffing of the continuum of care process was completed in Jul 11.
4. Formal staffing for continuum of care process was completed in Feb 12.
5. AR 600-XX will include continuum of care processing.

**Estimated cost:** No cost to the Army to implement.

**Issue discussion:** ARNG and USAR concurred that a policy exception resolves the issue.

**Way ahead:** Publish AR 600-XX.

**Issue 681: Recoupment Warning on Department of the Army (DA) Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist"**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Modify DA Form 5893 "Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist" to warn of the potential recoupment ramifications when receiving concurrent payments of Veterans Affairs disability pay and Army retirement pay for medically retired Veterans.

**Final issue status:** Complete

**Accomplishments:**

1. The warning was added to DA Form 5893 as part of the revision of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.
2. Physical Evaluation Board Liaison Officers now provide Soldiers with recoupment ramifications warning during comprehensive Disability Evaluation System counseling.

**Estimated cost:** No cost to the Army to implement.

**Justification:** Army Publishing Directorate published revised DA Form 5893 with the requested change to Section III D in Sep 14.

**Issue 684: Survivor Investment of Military Death Gratuity and Service Members' Group Life Insurance (SGLI)**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Extend the time period for Survivors to invest Military Death Gratuity and SGLI funds in a Roth Individual Retirement Account (IRA) or Coverdell Education Savings Account (ESA) from 12 months to 36 months.

**Final issue status:** Active

**Accomplishments:**

1. On 24 May 12, Senator Richard Blumenthal (D-CT) introduced a bill (S.3234) to amend the Internal Revenue Code of 1986 to extend the time period from one to three years for contributing Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA.
2. On 28 Oct 13, Office of the Chief Legislative Liaison (OCLL) confirmed through Senator Blumenthal's member of the Legislative Assembly that the issue has tax implications and cannot be introduced to the House Ways and Means Committee until the Way and Means Committee lifts a moratorium on introducing all tax related legislation.
3. On 1 May 14, OCLL notified G-1 that Representative Aaron Shock (R-IL) introduced H.R. 4559 that would resolve the issue. The legislation was referred to the House Ways and Means Committee.
4. Proposed legislation was not adopted during the 113th Congress.

**Estimated cost:** Unknown

**Issue discussion:** The Chief Legislative Liaison recommended submitting a legislative proposal given the new Congress. The Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs) representative concurred. The DASD (MC&FP) echoed OSD's support for the issue.

**Way ahead:** Prepare a legislative proposal to extend the time period for Survivors to invest Military Death Gratuity and SGLI funds in a Roth IRA and/or Coverdell ESA from 12 months to 36 months.

**Issue 687: Active Duty Enlisted Soldier Compassionate Reassignment Stabilization**

**Proponent:** Deputy Chief of Staff, G-1

**Issue recommendation:** Increase the active duty enlisted Soldier compassionate stabilization from 12 months to 18 months.

**Final issue status:** Complete

**Accomplishments:**

1. Date of compassionate approval by HRC is no longer utilized as the start of a Soldier's stabilization period.
2. Soldier's stabilization period will now begin when the Soldier reports to their new permanent duty station (PDS). The revised start date will allow a twelve month stabilization period at the PDS and will not encompass early report authorized timeframe.

**Estimated cost:** No cost to the Army to implement.

**Justification:** HRC released a military personnel message 30 Oct 14 to clarify compassionate procedures and ensure Soldiers have the full 12 months at the PDS to resolve their compassionate issues.

**Issue 609: Total Army Sponsorship Program (TASP)**

**Proponent:** Installation Management Command G-1

**Issue recommendations:** Standardize and enforce the Army TASP through the Command Inspection Program (CIP). Add TASP to the CIP checklist in AR 600-8-8 Appendix B.

**Final issue status:** Active

**Accomplishments:**

1. Completed the design and development phase of Army Career Tracker (ACT) sponsorship and the government acceptance test.
2. Developed training materials to support new Sponsorship procedures using the ACT system.
3. Executed the ACT Sponsorship Pilot to refine new sponsorship procedures and requirements using an automated system.
4. Incorporated Sponsorship Training into the Army Learning Management System.

**Estimated cost:** Unknown

**Issue discussion:** The SMA stated the tools are in place and now it is a leader issue for success. USAR concurred leader and Soldier involvement is key. FORSCOM identified ACT gaps that the command is seeking to bridge utilizing personal contact versus purely electronic communication. FORSCOM requested a meeting with IMCOM and TRADOC to identify these gaps. TRADOC agreed to meet with IMCOM and FORSCOM to identify ACT gaps. The Inspector General commented that ACT is the facilitator but that personal contact is needed to integrate the Soldier in their new unit. The DASD (MC&FP) recommended the use of E-Sponsorship on Military OneSource as a viable backup or additional resource.

**VCSA direction:** The VCSA directed an IMCOM lead meeting with FORCSCOM, TRADOC, and the RC within within 45 Days (Friday, 27 Mar 15) to refine ACT and its role in sponsorship.

**Way ahead:**

1. Revise AR 600-8-8 to standardize sponsorship procedures and enforce TASP through CIP using the ACT system.
2. Draft DA Pamphlet 600-8-8 to provide guidance and operating instructions.

## Medical and Behavioral Health Issues

### **Issue 614: Comprehensive Behavioral Health (BH) Program for Children**

**Proponent:** The Surgeon General

**Issue recommendations:** Provide unified, comprehensive, timely children's BH services with dedicated providers. Increase, integrate and streamline existing counseling services to provide comprehensive BH services for children of all Soldiers.

**Final issue status:** Active

**Accomplishments:**

1. United States Army Medical Command (MEDCOM) published Operation Order 14-44 in Mar 14, to implement the Child and Family Behavioral Health System (CAFBHS) enterprise-wide.
2. The Child and Family Behavioral Health Office completed CAFBHS orientation briefings for Military Treatment Facility Psychological Health Directors for Regional Medical Commands (RMCs) in Apr 14.
3. CAFBHS Primary Care Manager (PCM) and BH Lead Training completed in two RMCs as of Sep 14.
4. RMCs are conducting a gap analysis, re-missioning existing Child and Family personnel, and initiating a request for personnel action for new hiring.
5. CAFBHS Regional Prototype (P-CAFBHS) sites have been identified for implementation with RMCs.
6. School Behavioral Health is operational in 46 schools on eight installations with planned expansion to 107 schools and an additional 10 installations.

**Estimated cost:** \$58M after implementation is completed in FY17.

**VCSA direction:** The VCSA directed the Office of the Surgeon General (OTSG) to lay out their child BH integration efforts with community partners particularly at some larger Army installations. The VCSA is particularly interested in ensuring coordination with the nonprofit organization "Give an Hour."

**Way ahead:**

1. Phased CAFBHS implementation.
2. Conduct gap analysis, remission, and hire staff.
3. Establish Regional P-CAFBHS sites.
4. Train PCMs and BH providers on CAFBHS model, screening, early identification, and treatment of common BH disorders in military children and adolescents.
5. Establish regional teleconsultation centers to support PCM providers.
6. Initiate community outreach at large installations to support Army Families.

### **Issue 641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries**

**Proponent:** The Surgeon General

**Issue recommendation:** Authorize and implement a comprehensive strategy to optimize function and manage pain including but not limited to alternative therapy and patient/provider education for all MHS beneficiaries.

**Final issue status:** Active

**Accomplishments:**

1. The FY10 NDAA directed a comprehensive pain management strategy.
2. The Comprehensive Pain Management Campaign Plan directed implementation of the Pain Management Task Force with recommendations for holistic, multidisciplinary, and multimodal pain management.
3. MEDCOM efforts lead DoD Health Executive Council Pain Working Group and ongoing Tri-Service Veterans Affairs pain initiatives. Tri-Service Charter signed in May 14.
4. MEDCOM established an Interdisciplinary Pain Management Center network and tiered pain management teams to include pain champions in medical homes.
5. MEDCOM established pain management tele-mentoring hubs in RMCs.

**Estimated cost:** \$32M annually for the Army. Defense Health Program wedge for pain inserted in the FY16-20 Program Objective Memorandum.

**Issue discussion:** The Defense Health Agency stated that E-prescribing facilitates communication between military treatment facility pharmacies and the off post network providers to have a holistic view on what a Soldier has been prescribed.

**VCSA direction:** The VCSA directed OTSG to look at the transparency of information exchange with civilian healthcare providers to ensure the military healthcare system knows what is being prescribed by civilian providers.

**Way ahead:** Review the transparency of information exchange between military and civilian healthcare providers to ensure the military healthcare system knows what is being prescribed by civilian providers.

### **Issue 665: Formal Standardized Training for Designated Caregivers of Wounded Warriors**

**Proponent:** The Surgeon General

**Issue recommendation:** Implement formal standardized, face-to-face training for designated Wounded Warrior caregivers on self-care, stress reduction, burnout and prevention of abuse/neglect.

**Final issue status:** Active

**Accomplishments:**

1. Army Medical Department Center and School (AMEDDC&S) trained Nurse Case Managers (NCMs) on the VA/Easter Seals Caregiver handbook. AMEDDC&S provided the training to approximately 500 NCMs.
2. Warrior Transition Command (WTC) developed a Care for the Caregiver Training Program that replaced the AMEDDC&S Caregiver Program.
3. WTC implemented a Care for the Caregiver training tool in the Medical Operational Data System to track the number of Families trained. Survey released in 1<sup>st</sup> QTR FY15.
4. WTC participates in peer to peer support. The initiative uses Military Family Life Consultants, to conduct peer-to-peer support forums at designated installations. The initiative is available at 11 sites. Roll out will be completed by 2<sup>nd</sup> QTR FY15.

**Estimated cost:** Funded with existing resources.

**Issue discussion:** The MDW Commander requested Military 101 courses for caregivers. The DASD (MC&FP) highlighted the OSD provided military caregiver training in the Military Families Learning Network. The web based training is archived and off the shelf so a caregiver can use it as time and schedules permit. USAR requested to be included in Military 101 courses information dissemination.

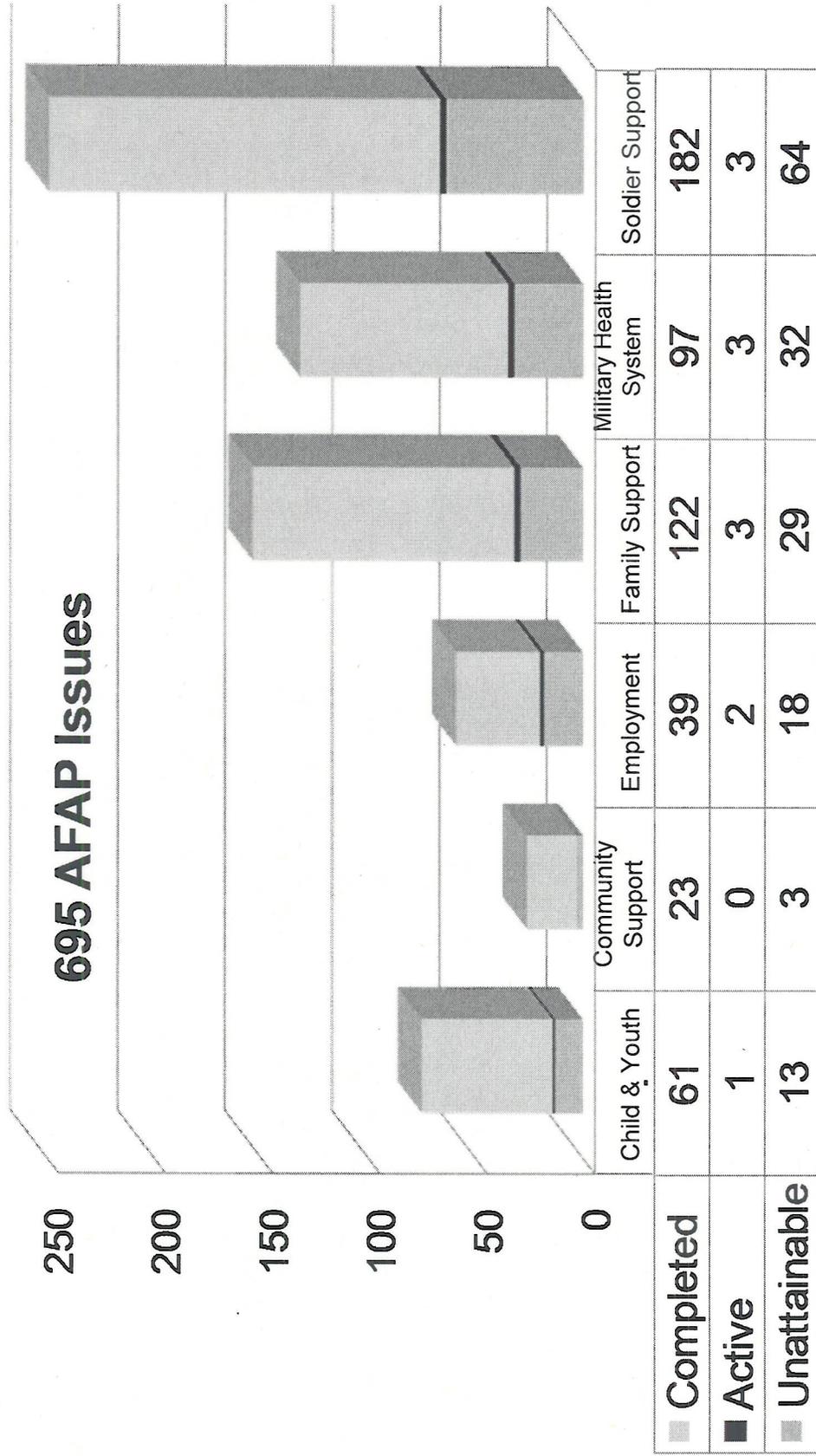
**VCSA direction:** The VCSA directed ACSIM to share existing military life and readiness training such as Army Family Team Building with WTC and the RC.

**Way ahead:** Success will be defined by caregiver knowledge and satisfaction.

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# HQDA AFAP Issue Statistics (1983-2015)



128 Legislative changes  
 186 Policy changes (DoD & Army)  
 210 Improved programs or services