



# DoD INSTRUCTION 1342.22

## MILITARY FAMILY READINESS

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**Originating Component:** Office of the Under Secretary of Defense for Personnel and Readiness

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**Approved by:** Virginia S. Penrod, Acting Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directive 5124.02, this issuance:

- Establishes policy, assigns responsibilities, and prescribes procedures and requirements for supporting military family readiness (MFR) through a system that maximizes access to a network of programs and services that promotes MFR, hereinafter referred to in this issuance as the Military Family Readiness System (MFRS).
- Identifies requirements for:
  - MFR services.
  - MFR service providers.
  - Performance Management.
  - Local governance and coordination.
- Establishes the Military Family Readiness Coordinating Committee (MFRCC).

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## **SECTION 1: GENERAL ISSUANCE INFORMATION**

### **1.1. APPLICABILITY.**

This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

### **1.2. POLICY.**

It is DoD policy to:

- a. Provide MFR services through a Military and Family Support Center (MFSC) at installations with 500 or more Service members. Maximize diverse forms of service delivery.
- b. Correlate the type and level of MFR services provided to address the needs resulting from the unique challenges associated with military lifestyle across the domains of MFR. These programs and services must include, but are not limited to:
  - (1) Personal and family life readiness.
  - (2) Financial readiness.
  - (3) Mobilization and deployment.
  - (4) Relocation.
- c. Make access to services voluntary, except when otherwise required by law, DoD regulation, or other policy or command authority.
- d. Provide services to support the personnel and the mission of the DoD. Eligibility is contingent on the status of the sponsor. Eligible patrons include:
  - (1) All Service members, families as defined in the Glossary, and, when authorized by law or the Secretary of Military Department concerned, other designated populations, such as civilian personnel and eligible surviving dependents of the Service member.
  - (2) Where it addresses emergency family assistance (EFA), as covered in Paragraph 4.2.m., applies to DoD personnel, including DoD civilian employees, DoD families, DoD and non-DoD tenants, transient DoD and other U.S. Government personnel, and DoD contract personnel residing or working on DoD installations worldwide.

## **SECTION 2: RESPONSIBILITIES**

### **2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).**

The USD(P&R):

- a. Monitors compliance with this issuance.
- b. Establishes partnerships, pursuant to applicable laws and regulations, with Federal and non-Federal entities to enhance MFR services, as appropriate.
- c. Leverages available resources within and across the MFRS.
- d. Pursuant to Section 1781 of Title 10, United States Code (U.S.C.), maintains the Office of Military Family Readiness Policy, under the Deputy Assistant Secretary of Defense for Military Community and Family Policy (DASD(MC&FP)).

### **2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA), through the Deputy Assistant Secretary of Defense for Military Community and Family Policy:

- a. Provides direct oversight of MFR services through the regular collection and analysis of fiscal, manpower, facility, and needs assessment information from the DoD Components.
- b. Provides dedicated staff to oversee implementation of this issuance.
- c. Ensures implementation of an MFRS performance management strategy in collaboration with the DoD Components.
- d. Initiates, coordinates, and tracks research activities related to MFR, and ensures that such research, needs assessments, program evaluation studies, and promising practices are catalogued and made available to stakeholders.
- e. Integrates and uses research findings to inform policy and programmatic decisions, as applicable.
- f. Provides guidance and technical assistance to the Military Departments in applying research findings to policy and program management.
- g. Develops and implements MFR communication plans to:
  - (1) Promote consistency in messages.

(2) Educate the broader military, Federal, and civilian communities about the relationship between MFR and operational readiness and the MFRS.

(3) Promote referrals by those who have direct contact with Service members and families, including health care providers, school personnel, legal personnel, chaplains, and child care providers, to the MFR services and those provided by the military service organizations (MSOs), as appropriate.

h. Designates a representative to the DoD Emergency Management Steering Group pursuant to DoD Instruction (DoDI) 6055.17.

i. Coordinates with the Deputy Assistant Secretary of Defense for Force Education and Training regarding policy and procedures for financial readiness services offered by the MFRS.

j. Provides centralized and comprehensive data management and analysis for the DoD.

k. Shares lessons learned related to services for application to the expeditionary civilian workforce.

l. Coordinates with the Director of Defense Human Resources Activity regarding transition assistance and deployment support offered in the MFRS.

### **2.3. ASSISTANT SECRETARY OF DEFENSE FOR READINESS.**

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Readiness provides oversight of policy and procedures for financial readiness services offered through the MFRS.

### **2.4. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS.**

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Health Affairs ensures that Military Health System personnel are aware of and engage with relevant MFRS resources to ensure Service members and families are referred, as applicable.

### **2.5. DIRECTOR, DEFENSE HUMAN RESOURCES ACTIVITY.**

Under the authority, direction, and control of the USD(P&R), the Director, Defense Personnel and Family Support Center, with policy direction, from the ASD(M&RA), will provide oversight for transition assistance services through the Military-Civilian Transition Office and deployment support through the Yellow Ribbon Reintegration Program (see DoDI 1342.28).

### **2.6. SECRETARIES OF THE MILITARY DEPARTMENTS.**

The Secretaries of the Military Departments:

a. Establish implementing guidance pursuant to this issuance and forward a copy to the ASD(M&RA) within 180 calendar days of the publication of this issuance. To the extent possible, the Military Departments should encourage use of terminology (e.g., program labels) which is in accordance with this issuance to minimize confusion for end users.

b. Allocate adequate resources to implement the requirements of this issuance, ensuring that MFR services are available to all Service members and families regardless of geographic location or proximity to military installations.

c. Ensure service provider training is available.

d. Provide MFR services using appropriated funds. When operated as a morale, welfare, and recreation program activity, the Secretary of the Military Department concerned may also provide MFR services in full or in part using nonappropriated funds through Uniform Funding and Management practice under the authority provided by Section 2491 of Title 10, U.S. Code, and pursuant to DoDI 1015.10, DoDI 1015.15, and DoDI 4105.67. Use of morale, welfare, and recreation (MWR) utilization support and accountability practice is prohibited.

e. Ensure integration of the Reserve Component (RC) in all aspects of the MFRS. Identify and address needs that are unique to the RC. Work collaboratively with the RC to fill service delivery gaps.

f. Collaborate with the ASD(M&RA) to develop and implement an MFR performance management strategy pursuant to Section 6 of this issuance, including:

(1) Submission of the annual report on MFR programs to the DASD(MC&FP) Office of MFR Policy no later than **January 15**.

(2) Submission of the triennial needs assessments to the DASD(MC&FP) Office of MFR Policy no later than **September 30**.

(3) Accredited or certify MFR programs pursuant to Section 6 of this issuance.

(a) Following certification or accreditation, the specific Military Department, through its Office of Manpower and Reserve Affairs, must submit a request for a DoD memorandum of compliance to the DASD(MC&FP) Office of MFR Policy, acknowledging that an MFR program has achieved accreditation or certification.

(b) This memorandum of compliance must be displayed in public view or retained on file within the facility.

(4) Coordination of periodic site visits to access points in order to evaluate compliance with this issuance.

(5) Participation in research-based program evaluation to inform decisions regarding sustainment, modification, or termination of MFR services.



g. Coordinate programming with the Military Departments and other Federal and non-Federal entities to avoid redundancy and maximize the use of existing resources to the greatest extent possible pursuant to Service level directives or policies.

h. Assist Service members in fulfilling their responsibility to prepare their families for mission-related absence(s).

i. Ensure that local communities, including military families, commanders, medical personnel, chaplains, child and youth services personnel, school personnel, and community-based service providers, as appropriate, are educated about:

(1) The unique cultures of each Military Service.

(2) The rewards and challenges of military service.

(3) The relationship between MFR and operational readiness.

(4) The integrated system of support available to military families for managing the unique challenges of the military life-cycle.

(5) The availability of Military OneSource (MOS), as a Department-wide online resource and call center available 24 hours a day, 365 days a year.

j. Ensure establishment of an MFRCC or equivalent council, pursuant to Section 7 of this issuance.

k. Establish policies and procedures that direct commanders to:

(1) Encourage the use of MFR services by Service members and families to promote mission readiness, MFR, and resiliency.

(2) Leverage the MFRS to help them identify potentially challenging family issues and mitigate the impact of these issues on operational readiness, including:

(a) Consult regularly with MFR program leadership and service providers to keep military families informed of services which address MFR-related challenges.

(b) Stress the importance of prevention, early intervention, and making connections with needed resources and referrals using anti-stigma leadership messaging and communication strategies.

(c) Promote MOS, the Military Health System, and key DoD hotlines and helplines, as supplemental support and points of access within the MFRS.

(d) Refer Service members under their command for financial counseling services within the MFRS when notified of a members' financial difficulty or indebtedness.

(3) Support Total Force joint-Service MFR efforts to maximize DoD and regional cooperation, planning, and information sharing. Capabilities resident at the DoD level, in the

Military Departments and through other Federal, State, and local entities should be used to maximize connections to MFR support and sources of assistance.

(4) Ensure the duty to notify the labor organization at the level of the exclusive recognition of the annual training and mandatory reporting requirements established in Section 5 of this issuance, and the obligation to bargain to the extent required by Chapter 71 of Title 5, U.S.C., over proposals submitted by the exclusive representative are satisfied prior to implementation, as applicable.

## SECTION 3: MFRS

### 3.1. OVERVIEW OF THE MFRS.

The MFRS is comprised of MFR services operated by the DoD and other Federal, State, and community based agencies and organizations. These programs and services may be delivered through face-to-face, telephonic, virtual, or electronic messaging services. The MFRS must emphasize MFR and resilience, including career, social, financial, health, and community well-being.

a. The role of MFRS must be incorporated into military and family readiness organizational goals that support the recruitment, retention, morale, and operational readiness of the military force.

b. MFRS services may include, but are not limited to, MFSCs, RC family programs, MWR programs, medical treatment facilities, faith based programs, child, youth and school programs, sexual violence prevention and response services, suicide prevention services, exceptional family member programs (EFMPs), and family advocacy programs (FAPs).

c. The mission of the MFRS is to help Service members and family members with the challenges of daily living experienced in the unique context of military lifestyle. The MFSCs and RC MFR services perform the critical roles of:

(1) Assisting commanders in preventing, identifying, and addressing MFR-related challenges in order to maintain unit cohesion and operational readiness. MFSCs and RC MFR service providers serve as consultants to commanders in this effort.

(2) Providing easy access to a network of high-quality integrated support services.

(3) Working with external agencies and organizations in support of military families and referring Service members and families to resources.

(4) Providing awareness and outreach services as well as electronic messaging services.

d. The MFRS must:

(1) Be allocated the necessary resources to accomplish its mission.

(2) Be designed, funded, and managed:

(a) Using results obtained from a performance management strategy, referenced in Section 6 that includes assessment of needs, fiscal support, manpower, program information, accreditation or certification, monitoring, and evaluation of MFR services.

(b) To enable services, staff, and resources to be surged, drawn down, or evolved to respond to the needs of Service members and family members throughout the military lifecycle.

(c) To maximize diverse forms of an integrated service delivery including, but not limited to, face-to-face, web-based and technology capabilities, telephone, social media, referrals, and co-location of services.

(d) To address the varied composition, diversity, and demographics of Service members and families.

(3) Promote military recruitment and retention, and support commanders' ability to maintain a mission-ready force.

(4) Promote interagency collaboration, referrals, and service delivery coordination within and among Federal and non-Federal entities to identify and achieve common MFR goals and improve communication and connections between service providers, Service members and families pursuant to DoDI 1000.15.

(5) Link informal networks (e.g., family, friends, neighbors) and formal networks (e.g., schools, faith based, medical, professionals) to promote a sense of community well-being and to optimize Service member and family readiness, pursuant to this issuance.

(6) Involve key stakeholders (e.g., Service members, family members, service providers, DoD leaders, MSOs) in the development of short-, medium-, and long-term strategies to meet the needs of Service members and families.

(7) Provide responsive, effective, and coordinated assistance and support to Service members and families.

(8) Use national certification program standards and standardized assessment tools to ensure that the services outlined in this issuance are available, accessible, and have the intended impact.

(9) Work collaboratively with public affairs offices to create and implement uniform and comprehensive communication strategies targeted to Service members, families, service providers, MSO, commanders, and communities.

(10) Maximize awareness and outreach and engagement to reach those who are in remote locations, or in need of flexible scheduling. The DoD will use multi-media strategies (e.g., social media channels, web services, virtual events) to deliver support services to enhance military family well-being and prevent life-cycle issues and problems.

(11) Promote MOS and refer Service members and families to both website and call center, for virtual information tools and resources, to include non-medical counseling. MOS can be accessed 24 hours a day, 365 days a year.

### **3.2. EXCEPTION TO POLICY.**

Requests for exceptions to the policy resulting from this Instruction will be coordinated through the Military Department Assistant Secretary for Manpower and Reserve Affairs concerned and

submitted to the DASD(MC&FP) Office of MFR Policy, for approval by the ASD(M&RA). Exceptions to policy will be narrowly scoped to specific factual situations or for limited durations of time.

## SECTION 4: SERVICES

### 4.1. MILITARY FAMILY WELL-BEING.

Service members and families have primary responsibility for their own well-being. Military family well-being, in the context of MFR, is the ability of individuals and families to maintain positive outcomes across the MFR domains. Military family well-being contributes to retention, resilience, readiness, and quality of life. MFR domains are supported through the MFR System and MFR programs and services and include:

#### a. Career.

The satisfaction an individual or family has with their occupation and the military as a career.

#### b. Social.

The ability that individuals and families possess to engage in meaningful relationships with others.

#### c. Financial.

The ability of individuals and families to successfully manage their personal financial responsibilities in support of their wartime responsibilities.

#### d. Health.

The ability for individuals and families to manage their overall physical and mental health.

#### e. Community.

The ability for individuals and families to meaningfully engage in the communities where they live.

### 4.2. AVAILABLE SERVICES.

The following services must be available to Service members and their families. Services may be referred when deemed necessary and appropriate.

#### a. Relocation Assistance.

Pursuant to Section 1056 of Title 10, U.S.C., relocation assistance must be available to Service members who are ordered to make a permanent change of station (PCS) and families of such members who are authorized to move in connection with the PCS.

(1) Services must include, but are not limited to:

(a) Information, education, and referrals related to destination area preparation and settling-in, with emphasis on:

1. Moving costs.
2. Housing options and home-finding assistance.
3. Child care.
4. Services for family members with special needs.
5. Spouse employment opportunities.
6. Schools.
7. Cultural adaptation.
8. Immigration information and referrals.
9. Community orientation and resources (local, regional, Military Departments, and DoD).

(b) Workshops and financial counseling, in coordination with personal finance service providers about financial management, home buying and selling; renting; stress management related to moving; property management; tax implications, and shipment and storage of household goods.

(c) Sponsorship training and support services to facilitate cost-effective and efficient transition to a new community and unit.

(d) Pursuant to DoDI 1315.18, provide information and education about the housing treatment flexibility options available to Service members regarding a move to a new duty station.

(2) Relocation information and resources must be available via a secure, DoD-maintained, computerized information system (CIS) for the Military Departments. If an installation has less than 500 Service members, submitting information for inclusion on the CIS is by direction of the Military Department's MFRS director. For all installations included on the CIS:

(a) Relocation information (e.g., phone, email, links, address, content) must be continuously updated in the CIS by installation relocation assistance service providers or designee.

(b) Relocation information must be certified quarterly in the CIS by the installation relocation assistance service provider or designee.

(c) Relocation assistance service providers must inform military personnel offices about the CIS so they may access information on locations of possible future duty assignments.

**b. Non-Medical Clinical Counseling.**

The MFRS must provide non-medical counseling services, short-term and solution focused for circumstances amenable to brief intervention, including but not limited to stress, anger management, grief and loss, the deployment cycle, parent-child relationships, couples communication, marital issues, and relocations pursuant to DoDI 6490.06.

**c. Personal and Family Life Education.**

Personal and family life education must provide:

(1) Education and enrichment services that focus on increasing resilience, building and maintaining healthy relationships, enhancing protective factors, strengthening interpersonal competencies and problem-solving skills, and mastering respective roles, tasks, and responsibilities throughout the military family life cycle.

(2) Education and information should include, but are not limited to, parenting education, interpersonal, and couples communications.

**d. Financial Readiness.**

The MFRS must provide services for the financial readiness of the force pursuant to Section 992 of Title 10, U.S.C. These services include proactive lifecycle financial education and counseling services that provide Service members and families with the tools and information they need to develop individual strategies to meet financial goals and achieve financial readiness. These services must:

(1) Provide financial readiness, common military training, in accordance with Directive-type Memorandum 19-009.

(2) Provide factual, unbiased financial counseling to Service members and families upon request regardless of Component, type, or location of assignment through personnel qualified to provide factual, unbiased information and assist them with developing skills and strategies to meet financial goals and achieve and maintain financial readiness. Counseling should address, at a minimum, the subject matter identified in Directive-type Memorandum 19-009.

(a) The Military Departments must ensure, at a minimum, one staff member within the installation-based MFSC is designated and trained to serve as a personal financial manager and provide financial literacy education and counseling to the military community in accordance with Section 992 of Title 10, U.S.C.

(b) Staff members must possess a baccalaureate degree from an accredited university or other accredited institution of higher learning or a combination of education and experience which equips them to serve as a personal financial manager. They must obtain and maintain a nationally recognized financial counselor certification pursuant to Military Department implementing guidance.



(3) Provide assistance identifying and resolving potential violations of consumer rights and remedies available in law or policy, including referral to appropriate authorities for reporting and further assistance.

(4) Conduct awareness and outreach with other MFRS programs and services to encourage family member participation in financial readiness services.

**e. Information and Referral (I&R) Services.**

I&R services must provide Service members and families with the full range of support services, information, tools (including on-line), and resources available through the MFRS that meet an identified need. This includes:

(1) Assessing needs and connecting Service members and families to appropriate services across the MFRS.

(2) Making referrals to DoD-operated and community resources.

(3) Meeting regularly with other service providers (e.g., medical, school, child development, chaplains) to share updated information and resources.

(4) Working closely with Service members and families to assess and identify needs and connect them with services through the MFRS.

(5) Identifying Service members and families who may be experiencing trauma or crisis (e.g., domestic abuse, child abuse and neglect, sexual assault, mental health emergencies) to ensure they are connected or referred to the appropriate helping professional or resource.

**f. Deployment Readiness.**

Deployment readiness must provide programs and services to Service members and family members before, during, and after deployment to promote a positive adjustment to deployment, family separation, family reunion, and reintegration. Deployment readiness programs and services may be provided to DoD civilian employees when authorized by law or the Secretary of the Military Department concerned. The Military Departments must:

(1) Provide deployment readiness programs and services for mobilizations, activations, and deployments lasting longer than 30 days and those happening as a unit or individually.

(2) Educate Service members and families about potential deployment-related challenges and the available support programs and services. Ensure that information regarding the long-term needs around reintegration is included as well as the services available to help manage and build skills to assist with future separations and deployments.

(3) Initiate services early in the deployment cycle to ensure Service members and families have adequate time to act on the information and services they receive.

(4) Ensure ongoing awareness and outreach, communication, activities, and events with deploying and deployed units, Service members, and families throughout all phases of deployment to promote prevention and early identification of challenges that may compromise military, personal, or family readiness.

(5) Provide assistance and information, as requested, in developing family care plans pursuant to DoDI 1342.19.

**g. Employment Readiness.**

Employment readiness must provide services that strengthen the education and career opportunities of relocating and transitioning military spouses, and other family members.

(1) Pursuant to Sections 1784 and 1784a of Title 10, U.S.C., education and career opportunity services must include:

(a) Career and educational exploration opportunities to help individuals understand their skills and interests, establish priorities and goals, and develop plans, which will lead to goal attainment.

(b) Information regarding DoD programs designed specifically to assist military spouses in their educational and employment endeavors. These programs should include, but not be limited to:

1. MOS.

2. Spouse Education and Career Opportunities, commonly referred to as “SECO.”

3. The Military Spouse Employment Partnership, commonly referred to as “MSEP.”

4. The My Career Advancement Account, commonly referred to as “MyCAA.”

(c) Education and training to help individuals identify academic, licensing, and credentialing requirements that can help them reach career and employment goals and access financial assistance resources.

(d) Employment readiness assistance to optimize skills such as job search methods, resume writing, interview techniques, and networking.

(e) Employment connections that promote the hiring of individuals through local and national efforts. This includes the utilization of community partnerships, MSOs, Veteran service organizations, online career networks, job fairs, and Federal appointment authorities.

(f) Information regarding the various hiring authorities available to military spouses such as “preference for military spouses for civilian employment” as outlined in Volume 315 of DoDI 1400.25.

(2) At a minimum, one staff member within the installation-based MFSC must be designated to execute employment readiness services for the military community.

(3) When assessing the need for employment services, service providers must identify opportunities to refer relocating and transitioning military spouses, and other family members to services for support, education, information, and resources.

(4) On behalf of the Military Departments and DoD Components, the DoD will serve as a liaison to other Federal departments and agencies for the purpose of developing strong working relationships and partnership initiatives, which facilitate career, education and employment opportunities for Service members and their family.

(5) Pursuant to Section 476(p) of Title 37, U.S.C., provide information on entitlements available for reimbursement of qualifying costs associated with professional licensure of a Service member's spouse when the member is reassigned as a PCS or permanent change of assignment from a duty station in one State to a duty station in another State.

(a) Qualifying relicensing costs include exam and registration fees that are imposed to secure license or certification to engage in the same profession that the spouse of the member engaged in while in the State of the original duty station.

(b) The movement of the Service member's dependents must be authorized at the expense of the United States as part of their reassignment.

(c) Funding will be allocated from the amounts otherwise made available for a fiscal year to provide travel and transportation allowances.

(d) The Services must track the usage of this benefit on an annual basis and report to the Office of the DASD(MC&FP). At a minimum, reporting will include the number of Service members reimbursed and the total amount reimbursed.

#### **h. Exceptional Family Member Program Services.**

Family support services are provided via the EFMP pursuant to DoDI 1315.19.

#### **i. Child Abuse Prevention and Response Services.**

Child abuse prevention and response services are provided via the FAP pursuant to DoDI 6400.01, DoD Manual (DoDM) 6400.01, DoDI 6400.05 and DoDI 6400.06.

#### **j. Domestic Abuse Prevention and Response Services.**

Domestic abuse prevention, victim advocacy, and clinical and non-clinical support services are provided via the FAP pursuant to DoDI 6400.01, DoDM 6400.01, DoDI 6400.06, and DoDI 6400.07.

**k. Problematic Sexual Behavior in Children and Youth (PSB-CY) Response Services.**

PSB-CY response and services are provided via FAP pursuant to DoDI 6400.01 and Volume 1 of DoDM 6400.01. Section 1089 of Public Law 115-232 established the requirement for policy development and the involvement of FAP through a multi-disciplinary model to respond to problematic sexual behavior in children and youth. Volume 1 of DoDI 6400.01 prescribes uniform program standards for all installation FAPs regarding PSB-CY.

**l. MWR Services.**

Provide MWR services pursuant to DoDI 1015.10.

**m. EFA.**

Pursuant to DoDI 6055.17, every DoD installation must develop and maintain a written statement of policy that establishes, implements, and sustains EFA under the authority of the installation emergency management plan.

(1) Where other DoD Components are on an installation hosted by a DoD entity that provides military family support for the tenant organizations, development of a separate EFA plan is not required by such tenant organizations. If the tenant organizations have unique circumstances that are not addressed in the host installation EFA plan, the tenant organization must develop and maintain an appropriate contingency plan that addresses the gaps in the host installation EFA plan.

(2) Where Defense Agencies, DoD Field Activities, and other DoD Components are tenant organizations hosted by non-DoD entities, appropriate contingency plans are required.

(3) At a minimum, EFA plans must include:

(a) A description of the EFA mission.

(b) Pursuant to Joint Publication 3-68, delivery of noncombatant repatriation assistance for DoD and non-DoD civilian employees and DoD family members affected by an authorized or ordered departure from an overseas country will be provided throughout the entire safe haven period.

(c) The EFA response, which may be provided through various delivery modes including, but not limited to, face-to-face, brick and mortar, virtual, telephonic, or the establishment of an emergency family assistance center (EFAC). The EFA response must be the central point for:

1. Delivery of the services, which address the practical and emotional needs of families arising from the incident.

2. Coordination of family assistance services from governmental and non-governmental entities.

3. Continuous, authoritative, family assistance information for Service members, families, service providers, leadership, and other stakeholders.

4. Coordination of services to assist family members with special needs.

5. Coordination of services to minimize risk and respond to families who may experience domestic and intimate partner abuse, and child abuse and neglect.

(d) A concept of operations that describes the general sequence and scope of the EFA response effort, which must include:

1. The sequence of activities for activating, sustaining, and deactivating an EFA response, including criteria for assessing the types of services required based on the type of incident.

2. Organizational responsibilities and plans for coordination among organizations supporting the EFA response effort.

3. Execution of the EFA plan, including plans for synchronization of services across the functional areas in Paragraph 4.2.m.(3)(g) of this issuance.

4. Plans for assessing the need for community support.

5. Integration of the EFA plan as part of the installation emergency management plan.

6. An equipment and materials checklist to activate the EFA response or the establishment of an EFAC.

(e) An organizational structure that outlines the functional responsibilities of the EFAC. The EFAC organizational structure must include:

1. An EFAC staffing structure, including lines of succession and updated contact rosters for key management and staff positions.

2. Documentation (e.g., memorandums of agreement, memorandums of understanding) that defines the lines of communication and working relationships with relevant installations and community-based organizations to include:

a. Emergency responders.

b. Service providers.

c. Other Service component commands.

d. Local, State, and Federal emergency management institutions.

e. Other organizations as deemed necessary by installation leadership.

(f) Responsibilities of the EFAC functional areas and the staff positions that comprise:

1. Management, which includes the EFAC director, a legal advisor, and a casualty and mortuary affairs advisor.

2. Administration, which includes volunteer coordination, documentation, reporting, communication, donation management, and registration functions.

3. Public affairs, which includes communications plans to address Service members and their families as well as the media.

(g) Requirements that address the EFAC operational component, including the types of services to be provided, personnel requirements for such services, and coordination among service providers. At a minimum, plans must address requirements for the provision of:

1. Identification of medical needs and information on available medical services.

2. Coordination with casualty and mortuary affairs.

3. Religious and pastoral care.

4. Psychosocial services, including assessment, non-medical counseling (inclusive of crisis intervention, stress counseling, and debriefs), and referrals to military or community medical providers for persons requiring clinical mental health services.

5. Housing or temporary lodging services.

6. Transportation.

7. Translation and interpreter services.

8. Child and youth services.

9. Legal services.

10. Financial services, including assistance with insurance, entitlements, and benefits.

11. I&R services.

12. Shelter management.

13. Personnel locator assistance.

14. Child abuse and neglect and domestic abuse services.

(h) Measures to provide safety, security, access control, and protection of privacy consistent with:

1. Section 552a of Title 5, U.S.C., also known and referred to in this issuance as the “Privacy Act of 1974.”

2. DoDI 5400.11, DoD 5400.11-R, and the Health Insurance Portability and Accountability Act Privacy Regulations as found in Parts 160, 162, and 164 of Title 45, Code of Federal Regulations and implemented by DoDI 6025.18 and DoDM 6025.18, as applicable.

3. Privacy and security rules with respect to documentation of any medical services provided.

4. Any casualty and mortuary-related information.

(i) Measures to ensure media-neutral life cycle management (i.e., creation, maintenance, use, and disposition) of program records (paper and electronic) pursuant to DoDI 5015.02.

(j) Coordination with installation and unit level MFR personnel, as appropriate.

(k) The administrative and logistics section of the plan must address:

1. Site and Facility.

The plan must list multiple site options for the delivery of EFA in the event of an all-hazards incident. Site options must:

a. Include installation and community-based options.

b. Identify primary and secondary locations.

c. Be accessible, convenient, and secure. Proper security measures, which must be in place throughout the duration of the emergency response, must ensure the safety and comfort of individuals served and be coordinated with local law enforcement efforts.

d. Have adequate space to accommodate an intake area; private areas for the provision of services to families; a briefing room; work centers for EFAC staff; space for the provision of child and youth services; a command center with private meeting space; donation collection area; and space to visually display information for families.

2. Equipment and Technology.

The plan must include equipment and technology requirements, including those that:

a. Enable the operation of a 24 hours a day, 365 days a year I&R telephone system.

b. Support accountability, assessment, communication, and reporting functions.

### 3. Supplies.

The plan must include a supply list and actions for accessing required supplies in the event of an all-hazards incident.

### 4. Transportation.

The plan must include requirements for various types of transportation support.

### 5. Communications.

The plan must include requirements for regular communication with:

- a. Persons affected by the incident.
- b. EFAC staff, volunteers, and other organizations supporting the emergency response effort.
- c. Installation emergency operations center.
- d. Military Service headquarters.

### 6. Procedures.

The plan must include guidelines and procedures for:

- a. Referral of individuals for emergency relief supplies and donations.
- b. Collection and protection of information obtained from individuals served during the EFA response, to include EFAC.
- c. Documentation of EFA activities and preparation of an after-action report as required in Section 6 of this issuance and pursuant to Military Service implementing guidance. Such reports must be appropriately safeguarded, consistent with DoDI 5400.11, and forwarded to the DASD(MC&FP) Office of MFR Policy within 90 days after the conclusion of the incident or as prescribed by the USD(P&R).

(l) Training. Those providing support must be regularly trained on installation EFA plans and procedures. Training must be provided, at a minimum, on an annual basis.

(m) Education. Service members, family members, DoD civilian employees, and contractor personnel and their families must be provided with information on installation emergency response procedures, including location(s) of the EFAC in the event of an incident.

(n) Exercises. Plans must be annually:

- 1. Tested as part of installation emergency management exercises pursuant to DoDI 6055.17.



2. Updated to address recommendations made in response to installation emergency management exercises.

**n. Transition Assistance.**

Transition assistance services that prepare Service members and family members to reenter civilian life are provided pursuant to DoDI 1332.35.

**4.3. SERVICE DELIVERY.**

**a. Principles.**

MFRS delivery models must be configured pursuant to these principles.

(1) Military and civilian personnel with direct oversight of MFR services must facilitate collaboration among service providers. Additionally, they must integrate services provided through access points to assist Service members and family members navigate the MFRS.

(2) Military family readiness service providers and official volunteers may contact military family members with or without the Service member or sponsor's consent when relaying information in support of readiness.

(a) Information which may be relayed without consent may include, but is not limited to, information to support deployment readiness, relocation, and personal financial readiness; and MFR pamphlets, flyers, and other information on resources to connect military families to services that build resilience and readiness and enhance quality of life.

(b) Personal information must be appropriately safeguarded and must not be released without written consent and includes, but is not limited to, individual treatment or client records for non-medical individual and family counseling, the Exceptional Family Member Program, child abuse and neglect, domestic abuse, sexual assault, and substance abuse. Consult with legal counselor or privacy program lead prior to release of information protected by the Privacy Act of 1974, DoDIs 5400.11 and 6025.18, DoDM 6025.18, and Part 2 of Title 42, Code of Federal Regulations, as applicable.

(3) Military family readiness service providers must conduct regular awareness and outreach to command representatives, MFR unit liaisons, Service members and families, and civilian service providers to:

(a) Maximize opportunities to work with the command to regularly share official information (e.g., program and event schedules, points of contact, location, and availability of services) with military families.

(b) Promote awareness of services and encourage proactive engagement by MFR unit liaisons, Service members, family members, and civilian service providers.

(c) Enhance individuals' ability to navigate the various MFRS access points.

- (d) Ensure access to services by remote and isolated Service members and families.
- (4) Service delivery must optimize military-civilian, inter-department, and inter-agency collaboration opportunities to:
  - (a) Augment services, and close service delivery gaps, as appropriate.
  - (b) Provide services to remote and isolated Service members and families.
  - (c) Identify and eliminate duplication of service.
  - (d) Promote timely and appropriate referrals of Service members and families to services.
- (5) Service delivery must accommodate an array of modalities, effectively using technology to improve the capacity of the MFRS to provide Service members and families with easy and rapid access to high-quality information and resources, wherever they reside.
- (6) The MFRS must deliver services in a manner consistent with needs, pursuant to Section 6.

**b. Access Points.**

Access points may include, but are not limited to:

- (1) MFSCs, which must:
  - (a) Be accessible by Service members and families and, pursuant to Service implementing guidance, other populations designated by the Secretary of the Military Department concerned.
  - (b) Comply with Unified Facilities Criteria 4-730-01.
- (2) RC Family Programs must be:
  - (a) Knowledgeable about DoD-operated and community services to link families to services in a timely manner.
  - (b) Accessible by Service members and families regardless of activation status.
- (3) MOS, which must:
  - (a) Augment MFR services provided through the Military Departments and other DoD Components by providing information, referrals, and confidential non-medical counseling services.
  - (b) Be available to Service members and families 24 hours a day, 365 days a year.
  - (c) Be accessible by Service members and families pursuant to DoDI 6490.06.

(4) Military medical treatment facilities which, pursuant to applicable Defense Health Agency implementing guidance, may provide EFMP and FAP medical support and other medical services.

## **SECTION 5: MFR SERVICE PROVIDERS**

### **5.1. QUALIFICATIONS.**

Military Departments must ensure service providers possess the requisite education, training, certifications, qualifications and experience to meet the requirements for the performance of their duties and responsibilities and pursuant to Military Departments and Service implementing guidance.

### **5.2. TRAINING.**

Service providers will receive training, pursuant with Military Service implementing guidance, for the performance of assigned duties and responsibilities.

- a. Ongoing employee training and professional development requirements must be established and monitored to ensure that requirements are met.
- b. Initial and ongoing training must include training about the variety of services and supports available to families across the MFRS.
- c. Additional training requirements should include processes and procedures for assessing the needs of Service members and families who are experiencing a significant life transition (e.g., deployment or move); trauma or crisis (e.g., mental health emergencies, child abuse and neglect, domestic and intimate partner abuse, sexual abuse, PSB-CY) to ensure they are connected with the appropriate helping professional or resource.
- d. Annual training regarding the identification, prevention, and reporting of suspected child abuse and neglect.

### **5.3. SUPERVISION.**

Service providers must receive the supervision and support necessary to effectively perform their duties and responsibilities.

### **5.4. MANDATORY REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT.**

Military family readiness service providers and volunteers must report any suspicion of child abuse and neglect to the appropriate child welfare agency and the appropriate Family Advocacy Program office.

### **5.5. VOLUNTEERS.**

Programs to recognize volunteers for their efforts in support of MFR programs must be encouraged. Volunteers must be utilized pursuant to Section 1588 of Title 10, U.S.C.;

Section 3111 of Title 5, U.S.C.; Part 308 of Title 5, Code of Federal Regulations; and DoDI 1100.21.

#### **5.6. CONTRACTED PERSONNEL.**

Service providers who are contracted to provide MFR services must possess the requisite education, training, certifications, qualifications, and experiences to meet the requirements for the performance of their duties and responsibilities pursuant to Military Departments and Service implementing guidance and the awarded contract.

## SECTION 6: PERFORMANCE MANAGEMENT

A performance management strategy must be in place to address the need for overarching consistency and Service-specificity of MFR programs. The performance management strategy must assess elements of cost, quality, effectiveness, utilization, accessibility, and customer satisfaction. The performance management strategy must include:

### **a. Accreditation or Certification.**

(1) To ensure the requirements for MFR services in Section 4 are met, the Military Departments must meet national standards of quality by:

(a) Achieving accreditation through a national accrediting body with published standards; or

(b) Undergoing an internal certification process utilizing MFR Program certification standards referenced in Section 8.

(2) Based on the integrated service delivery model, the Military Department may have standards that are considered as “non-applicable”; therefore, these standards will not be considered for evaluation.

(3) The DoD MFR Program standards for achieving certification are considered to be the minimum standards. Military Departments have the option to include additional standards to evaluate programs and services. The Military Departments must:

(a) Be accredited or certified not less than once every 4 years.

(b) Request a DoD memorandum of compliance once the Military Department or organization has granted the MFR program certification or accreditation pursuant to Paragraph 2.6.f.(3)(a) of this issuance.

### **b. Assessment of Needs.**

Except where services are mandated by law, the content and delivery of services must be based on documented needs of Service members and families.

(1) Service-wide assessments of needs will be conducted at least every 3 years pursuant to Section 1782 of Title 10 U.S.C. to determine:

(a) The types of services needed and who needs them.

(b) The level at which there is a need (e.g., local, regional, Service-wide, DoD-wide).

(c) Priority order of needs.

(d) How Service members and families are accessing or prefer to access services and information.

(2) The DoD will integrate needs assessment data from viable, research-based sources and share with the Military Departments as well as the Military Family Readiness Council (MFRC).

**c. Monitoring.**

Personnel from the Military Service headquarters, as part of their oversight responsibilities, must periodically visit access points to ensure compliance with this issuance and the certification standards. Personnel from the Office of the Deputy Assistant Secretary of Defense, Military Community and Family Policy, Office of Military Family Readiness Policy may visit access points, in conjunction with the Military Services. These visits may be part of the accreditation and certification process or general oversight responsibilities.

**d. Evaluation.**

The impact of services must be measured through program evaluation that uses process and outcome measures that are linked to specific needs assessment data and measurable performance goals. Evaluations must produce either qualitative or quantitative data that are used to inform decisions regarding sustainment, modification, or termination of MFR services.

**e. Annual Report.**

Pursuant to DoDI 5015.02 and Paragraph 2.6.f.(1) of this issuance, the annual report on MFR programs must be provided annually. Accreditation or certification results and any EFA after action reports must be included in the report.

**f. DoD-Wide Surveys of Military Spouses.**

The Office of the USD(P&R) will conduct DoD-wide scientific surveys of spouses of Service members on military family well-being and the effectiveness of MFR programs pursuant to Section 1782(a) of Title 10, U.S.C.

(1) The surveys will be developed and conducted by the Defense Human Resources Agency, the Office of People Analytics, in conjunction with the Office of the DASD(MC&FP).

(2) The survey of spouses of active duty Service members and the survey of spouses of RC Service members will be conducted in alternating years.

(3) The topics of spouse surveys will include, but are not limited to: well-being of military spouses, relocation, spouse employment and education, well-being of military children, child care, health, life in the military, deployments, reunion and reintegration, and financial well-being. The surveys may also cover other relevant topics to help DoD determine the effectiveness of MFR programs and the needs of military families.

(4) The results of each survey will be briefed to the Office of the DASD(MC&FP), the Military Departments, and the MFRC within 9 months of the completion of each survey.

## SECTION 7: MFRCC

Established according to DoDI 5105.18, an MFRCC serves as a forum for cross-organizational review and resolution of individual, family, installation, or community issues that impact MFR. The MFRCC is not necessary if a committee or council already performs this function or a similar function, or whose function could be expanded to cover the MFRCC's responsibility.

### **a. MFRCC Chair.**

The MFRCC must be chaired by the senior installation commander. Delegation of authority for this responsibility beyond the next highest-ranking commander is withheld.

### **b. MFRCC Membership.**

MFRCC members must include representatives who are military personnel and DoD civilian employees from:

- (1) Leadership with oversight of the service areas in Section 4 of this issuance.
- (2) Psychological health.
- (3) DoD Education Activity (when there is a DoD school operated by DoD Education Activity on the installation or in the community).
- (4) Chaplaincy.
- (5) Sexual assault prevention and response services.
- (6) Medical.
- (7) Other organizations as required by the commander.

### **c. MFRCC Role.**

The MFRCC must:

- (1) Meet minimally on a quarterly basis.
- (2) Recommend changes in policy or procedures related to MFR services outlined in Section 4.
- (3) Review the results of needs assessments and program evaluations to assign appropriate follow-up actions, including making recommendations on the sustainment, modification, and termination of services, as appropriate.
- (4) Promote collaboration among community providers to identify gaps in service, reduce duplication of effort, and develop and implement internal and external



cross-organizational solutions to problems that cannot be resolved by individual organizations or programs.

(5) Collaborate with other DoD components and participate in Federal, State, and local boards or coalitions whose mission is to collaborate in support of Service members and families.

(6) Through the appropriate chain of command and on at least a semi-annual basis, prioritize and forward issues that cannot be resolved to their Service headquarters.

(7) Share best practices related to the resolution of issues with the ASD(M&RA) and the MFRC for dissemination to the other Military Departments, as appropriate.

## **SECTION 8: MFR PROGRAM CERTIFICATION STANDARDS**

### **8.1. GUIDANCE.**

a. The certification standards listed in Tables 1 through 14 of this issuance are the minimum standards that Military Departments are required to incorporate into their respective existing program standards for evaluation purposes. These standards have been assigned numbers to provide a count. Associated numbers hold no significance with the certification process.

b. Military Departments have the option to include additional national and Service-specific standards, as deemed appropriate to evaluate programs and services. Based on the integrated service delivery model, some standards may be deemed non-applicable, and therefore will not be evaluated.

c. Certification standards will be updated during revision to this issuance. The Military Departments must meet national standards for either certification or accreditation every 4 years, at a minimum.

### **8.2. ADMINISTRATION AND MANAGEMENT.**

a. The administration and management standards in Table 1 outline the responsibilities of program leadership to foster a culture of transparency, accountability, and responsiveness to the military community; by providing oversight of operations; and promoting program and operational improvements. The responsibilities set forth in the standards in Table 1 represent the multi-faceted functions that leadership assumes to ensure effective delivery of quality services.

b. Through sound administration and effective management, the program achieves its vision, mission and strategic goals; assures appropriate use of resources for the good of customers; and remains responsive to the needs of the military community.

c. Evaluations of the administrative and management standards in Table 1 may include:

- (1) Feedback from MFSC director and relevant staff.
- (2) Financial record management system.
- (3) Statements of work.
- (4) Policies or operational guidance.
- (5) Meeting minutes.
- (6) Assessment tools.

**Table 1. MFR Program Standard: Administration and Management**

Number	Standard
1.0	The program has a system for managing funds in accordance with applicable DoD and Service regulations and policies.
2.0	When needed services are secured through contracts and written service agreements, the program monitors the quality of services provided and reports concerns to oversight entities, when appropriate.
3.0	The MFSC partners with a diverse group of military and civilian stakeholders to plan and carry out community capacity building initiatives that improve MFR. The MFSC and its stakeholders conduct periodic assessments of community needs and existing resources.

**8.3. HUMAN RESOURCES.**

a. Human resources standards in Table 2 address practices that contribute to the development of a qualified workforce and the promotion of MFR.

b. Evaluation of human resource standards in Table 2 may include:

- (1) Feedback from the MFSC director, relevant staff, and customers such as interviews, surveys or focus groups.
- (2) Policy and operational guidance.
- (3) Records.
- (4) Training plans.

**Table 2. MFR Program Standard: Human Resources**

Number	Standard
1.0	The MFSC provides an equitable work environment that promotes a high level of staff satisfaction and is supportive of productivity and diversity.
2.0	The program has a mechanism for tracking completion of required background investigations for government employees, contractor personnel, volunteers, and student interns including specialized screenings for individuals who will be working with children and youth, under the age of 18.
3.0	Staff who have regular contact with customers receive training on legal issues that affect service delivery, including: <ul style="list-style-type: none"> <li>o Mandatory reporting and the identification and documentation of suspected child abuse and neglect, as applicable.</li> <li>o Applicable laws requiring disclosure of confidential information for law enforcement purposes, including compliance with a court-order, warrant, or subpoena.</li> <li>o Duty to warn, pursuant to relevant professional standards and as required by law.</li> <li>o The program's policies and procedures on privacy and confidentiality specific to the service delivery model.</li> <li>o The legal rights of customers.</li> </ul>
4.0	Staff receive training, in accordance with Service implementing guidance, on protocols for recognizing and responding to individuals in crisis including: <ul style="list-style-type: none"> <li>o Listening and communication techniques.</li> <li>o Assessing needs in crisis situations, including identifying individuals at risk of doing harm to themselves or others.</li> <li>o Procedures for making referrals or mobilizing emergency responders.</li> <li>o Following up with the individual within 24 hours when appropriate.</li> <li>o Supervisory review of the intervention within 24-hours.</li> </ul>
5.0	Staff protect Personally Identifiable Information consistent with DoDI 5400.11 and DoD 5400.11-R. <ul style="list-style-type: none"> <li>o Document completion of training.</li> <li>o Breaches are reported per DoDI 5400.11, the Department of Defense Breach Response Plan, and other DoD and Executive Branch guidance, including OMB Memorandum M-17-12.</li> </ul>

#### 8.4. ADMINISTRATIVE AND SERVICE ENVIRONMENT.

a. The administrative and service environment standards in Table 3 provide a model for managing risk through practices such as offering accessible facilities, complying with applicable health regulations and codes, maintaining program facilities in a safe and hygienic manner, and preparing for emergencies.

b. Evaluation of the administrative and service standards in Table 3 may include:

- (1) Policy and operational guidance.
- (2) Client records.
- (3) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (4) Resource information.
- (5) General observations.

**Table 3. MFR Program Standard: Administrative and Service Environment**

Number	Standard
1.0	The program ensures its facilities and equipment are properly maintained in a safe, hygienic manner.
2.0	<p>The MFSC maintains an emergency response plan that addresses immediate response to emergencies affecting its facilities.</p> <ul style="list-style-type: none"> <li>o Plans and procedures are established for complying with the installation wide emergency response plan.</li> <li>o Staff training is conducted to implement emergency response plan.</li> <li>o Staff accountability procedures are established when implementing emergency plans.</li> </ul>
3.0	<p>Customers have the right to fair and equitable treatment including:</p> <ul style="list-style-type: none"> <li>o The right to receive services in a non-discriminatory, culturally responsive, and affirming manner.</li> <li>o The consistent enforcement of program rules and expectations.</li> <li>o Equal access when requesting and receiving services.</li> </ul>
4.0	The program designs and adapts its services, as appropriate, to accommodate the visual, auditory, linguistic, and motor abilities of its customers.
5.0	<p>Customers, and a parent or legal guardian when applicable, participate in all service decisions and have the right to:</p> <ul style="list-style-type: none"> <li>o Request a review of the services they have received.</li> <li>o Refuse any service or treatment unless mandated by law, court order, or lawful order of a commander.</li> <li>o Be informed about the consequences of such refusal, which can include military disciplinary procedures.</li> </ul>
6.0	<p>When the program determines, based on consistent and objective criteria, that it would be harmful for a customer to review his or her file, and it has been determined that applicable law permits limiting the customer's access to their record, then:</p> <ul style="list-style-type: none"> <li>o The program director reviews, approves in writing, and enters into the file the reasons for refusal.</li> <li>o Procedures permit a qualified professional to review records on behalf of customers, provided the professional signs a statement that information determined to be harmful will be withheld.</li> </ul>
7.0	The service environment is conducive to effectively providing services to customers, both in-person and remotely, in a private and confidential manner and customers are informed of any limitations to privacy and confidentiality due to service delivery locations.

**Table 3. MFR Program Standard: Administrative and Service Environment, Continued**

Number	Standard
8.0	Access to customer files, both electronic and paper, is consistent, and limited to: <ul style="list-style-type: none"> <li>o Individuals authorized to access specific information on a “need-to-know” basis.</li> <li>o Former clients.</li> <li>o Requests for records of deceased customers.</li> <li>o Auditors and staff from licensing or accrediting bodies consistent with the program’s confidentiality policy.</li> <li>o The customer or a parent or legal guardian.</li> </ul>
9.0	The release form for the disclosure of confidential information includes these elements: <ul style="list-style-type: none"> <li>o The name of the customer whose information will be released.</li> <li>o The signature of the customer whose information will be released, or that of the parent or legal guardian of a person without legal capacity to provide authorization.</li> <li>o The specific information to be released.</li> <li>o The purpose for which the information is to be used.</li> <li>o The date the release takes effect.</li> <li>o The date, event, or condition upon which the consent expires, not to exceed 1 year from when the release takes effect.</li> <li>o The name of the person(s) or organizations(s) that will receive the disclosed information.</li> <li>o The name of the person or organization that is disclosing the confidential information.</li> <li>o A statement that the customer may withdraw their authorization at any time except to the extent that action has already been taken.</li> <li>o Disclosure of information at the request of the individual/subject of the record will be consistent with DoD 5400.11-R, Chapter 4 (C4.1.3.2 and C4.1.4).</li> </ul>

**8.5. EFA.**

a. The EFA response coordinates the delivery of essential services, support, and information to DoD personnel affected by an all-hazards incident virtually or through the establishment and oversight of a centralized EFAC.

b. Evaluation of the EFA standards in Table 4 may include:

- (1) Policy and operational guidance.
- (2) EFA management plan.
- (3) Position descriptions.
- (4) Training and exercise plans.
- (5) Communication plans.
- (6) Feedback from the MFSC director, relevant staff, and customers such as interviews, surveys, or focus groups.
- (7) Resource materials.
- (8) Efforts to determine program effectiveness.

**Table 4. MFR Program Standard: EFA**

<b>Number</b>	<b>Standard</b>
1.0	The program has a written EFA plan for activating, sustaining, and concluding the EFA response.
2.0	Staff are trained on and familiar with the EFA plan and their roles and responsibilities in supporting DoD personnel in the event of an all-hazards incident.
3.0	The EFA response ensures customers have access to information using a variety of formats throughout the EFA response. The EFA response includes access to information on: <ul style="list-style-type: none"> <li>o Stress and coping; managing crises, depression, anxiety, substance use and misuse and seeking help for child abuse and neglect and domestic or intimate partner abuse.</li> <li>o Post-traumatic stress or post-traumatic stress disorder.</li> <li>o Pediatric bereavement.</li> <li>o Behavior and anger management.</li> <li>o Signs and symptoms of mental health issues.</li> </ul>

**8.6. EFMP.**

a. EFMP family support assists military families with special needs. Services include information and referral to local and community based resources and services, informational briefings and workshops, warm handoffs, and ongoing non-clinical case management support to achieve identified goals based on the needs of the family

b. Evaluation of the EFMP standards in Table 5 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Resource information.
- (4) Client records and assessment tools.
- (5) Program curricula.
- (6) Efforts to determine program effectiveness.

**Table 5. MFR Program Standard: EFMP**

<b>Number</b>	<b>Standard</b>
1.0	The EFMP works with prospective customers to identify and assess their needs for service and initiates EFMP family support services and makes, as appropriate, a referral to a provider or program better suited to meet their needs.
2.0	The EFMP delivers family support services that: <ul style="list-style-type: none"> <li>o Are tailored to meet the unique needs of the family.</li> <li>o Provide families with the information and support to access needed supports and services and effectively navigate the service delivery system.</li> <li>o Promote independence and self-determination.</li> </ul>

**Table 5. MFR Program Standard: EFMP, Continued**

Number	Standard
3.0	<p>The EFMP provides family support services and information using an array of service modalities, as appropriate to the needs of the customer, including:</p> <ul style="list-style-type: none"> <li>o Educational classes and workshops, including opportunities for distance learning.</li> <li>o Briefings.</li> <li>o Access to supportive peer networks.</li> <li>o Public or social media venues, when available.</li> <li>o Self-directed information gathering such as access to online resources, informational databases and on-site computers.</li> <li>o Appropriate referrals to formal and informal services and supports.</li> <li>o Individual support and assistance.</li> </ul>
4.0	<p>The program's procedures for initial contact will include:</p> <ul style="list-style-type: none"> <li>o The initiation of services or the appropriate referral in a timely manner.</li> <li>o Criteria for determining when a prospective customer's needs or requests cannot be met by EFMP family support and the process for making an appropriate referral.</li> <li>o Criteria for determining the level and type of EFMP family support that is needed or requested, including when an assessment and services plan is appropriate.</li> </ul>
5.0	<p>Prospective customers who contact the program receive information necessary to make an informed decision about using the program's services including:</p> <ul style="list-style-type: none"> <li>o What services are available.</li> <li>o How the program can support the achievement of desired outcomes.</li> <li>o The benefits, risks, alternatives, and consequences of planned services.</li> </ul>
6.0	<p>Customers seeking ongoing support have the opportunity to participate in an individualized, strengths-based, culturally-responsive assessment that:</p> <ul style="list-style-type: none"> <li>o Is conducted using the standardized DD Form.</li> <li>o Identifies family strengths, needs, and goals.</li> <li>o Serves as the basis for developing the services plan.</li> </ul>
7.0	<p>Customers seeking ongoing support have the opportunity to develop and implement an assessment-based services plan that promotes independence and self-determination, and includes, as applicable:</p> <ul style="list-style-type: none"> <li>o The customer's stated goals, desired outcomes, and timeframes for achieving them.</li> <li>o Agreed upon services and supports to be provided, and by whom.</li> <li>o Documentation of the customer's participation, including children when appropriate, in developing the plan.</li> </ul>
8.0	<p>The EFMP Family Support:</p> <ul style="list-style-type: none"> <li>o Directly provides, refers, or otherwise connects families to needed or requested services, support, and information as identified in the services plan or otherwise requested.</li> <li>o Maintains, or has access to, an up-to-date file of reliable civilian and military supports and services, and information on how to access them.</li> </ul>
9.0	<p>When ongoing family support is being provided, staff and a supervisor, or a service or peer team, review the case at least quarterly to assess:</p> <ul style="list-style-type: none"> <li>o Service plan implementation, when applicable.</li> <li>o The need for a services plan, when desired by the customer, if one has not already been developed.</li> <li>o The customer's progress toward achieving goals and desired outcomes.</li> <li>o The continued applicability of agreed upon service goals.</li> </ul>
10.0	<p>When ongoing family support is being provided and the family plans to relocate, separate or retire, customers and program staff work together to prepare for the discontinuation of local EFMP family support services and provide a warm handoff to needed supports and services at the new location. This includes:</p> <ul style="list-style-type: none"> <li>o Developing a plan for discontinuation that identifies needed services and resources and contacts for obtaining these services.</li> <li>o Notifying any collaborating family support and social services providers, as needed and in accordance with applicable privacy and confidentiality laws.</li> </ul>

## 8.7. FAP.

a. FAP services include a continuum of clinical and non-clinical support services for individuals and families at risk, or who have experienced, domestic or intimate partner abuse, child abuse or neglect, and problematic sexual behavior in children and youth. Services include secondary prevention programs for new parents through the New Parent Support Program; victim advocacy and safety planning; child-focused advocacy for parents; and clinical assessment treatment for victims of abuse, and individuals who use violence in their interpersonal relationships, as well as children and families involved in referrals of PSB-CY.

b. Evaluation of the FAP standards in Table 6 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Educational curricula.
- (4) Memorandums of compliance.
- (5) Client records.
- (6) Resource materials.
- (7) Assessment tools.
- (8) Needs assessment tools.
- (9) Efforts to determine program effectiveness.

**Table 6. MFR Program Standard: FAP**

Number	Standard
1.0	New Parent Support Program home visitors take a strengths based, family centered developmental approach to educate parents on protective factors that support child development and reduce risk for child abuse and neglect including: <ul style="list-style-type: none"> <li>o Parental resilience.</li> <li>o Child growth and development, including physical, cognitive, and social development.</li> <li>o Environmental safety and injury prevention.</li> <li>o Meeting children's health and emotional needs.</li> <li>o Age-appropriate behavioral expectations and safe and effective discipline for children.</li> </ul>
2.0	A well-publicized, 24-hour access line is available to receive reports of suspected child abuse and neglect.
3.0	The program ensures 24-hour access to services for domestic abuse victims directly or through a community telephone network or emergency response center that: <ul style="list-style-type: none"> <li>o Employs trained individuals.</li> <li>o Returns calls within timeframes set by DoD or Service policy.</li> <li>o Has procedures that address how phone calls are returned without increasing risk to victims.</li> </ul>



**Table 6. MFR Program Standard: FAP, Continued**

Number	Standard
4.0	<p>Program staff:</p> <ul style="list-style-type: none"> <li>o Meets the minimum personnel qualifications for their respective roles in accordance with DoD policy.</li> <li>o Follows all reporting requirements as required by law and in accordance with DoD and Service policy.</li> <li>o Informs domestic abuse victims of their reporting options, as appropriate, and request documentation of their selection on DD Form 2967, “Domestic Abuse Victim Reporting Option Statement.”</li> <li>o Informs victims of the risks and benefits of each reporting option by ensuring such information is readily available and clearly detailed in writing.</li> <li>o Consults their supervisor and legal counsel as needed when determining when a report must be made to law enforcement without the victim’s consent (when an unrestricted report is necessary based on an assessment of risk to the victim or another person).</li> </ul>
5.0	<p>Upon initial contact, alleged abusers are informed of:</p> <ul style="list-style-type: none"> <li>o The allegations being reviewed.</li> <li>o The process that will be followed to respond to the report.</li> </ul>
6.0	<p>The program follows-up with victims of child abuse and domestic abuse according to guidelines:</p> <ul style="list-style-type: none"> <li>o For every child abuse victim determined to be in imminent danger, FAP attempts a response the same day the report is received.</li> <li>o For every domestic abuse victim determined to be in imminent danger, FAP contacts and offers services to the victim the same day the report is received.</li> <li>o In all other cases, children and domestic abuse victims are contacted in accordance with timeframes established by DoD or Service policy.</li> </ul>
7.0	<p>The assessment process for family advocacy referrals minimizes duplication of effort, thereby reducing trauma to the FAP client.</p>
8.0	<p>When an assessment reveals the need for specialized or intensive services beyond the scope of the FAP, such as a co-occurring behavioral health issue:</p> <ul style="list-style-type: none"> <li>o A referral and assistance connecting to services is provided.</li> <li>o Ongoing collaboration and coordinated service planning occurs to the greatest extent possible and appropriate given identified needs and service goals with regard to the safety of the person seeking services.</li> </ul>
9.0	<p>The program promotes the physical, psychological, and emotional safety of person seeking FAP services by:</p> <ul style="list-style-type: none"> <li>o Screening victims, as well as any persons seeking services for histories involving violence or other trauma.</li> <li>o Monitoring the service population for emerging physical, psychological, and emotional safety needs.</li> <li>o Making changes to the service environment or procedures as necessary to respond to the safety needs of customers.</li> </ul>
10.0	<p>Contact with FAP client is attempted at least monthly, or more frequently as appropriate to:</p> <ul style="list-style-type: none"> <li>o Meet the needs of the FAP client.</li> <li>o Establish effective working relationships.</li> <li>o Assess safety and well-being.</li> <li>o Monitor service delivery including confirmation that services were initiated, that they continue to meet the needs of the FAP client, and that they are responsive to complaints or problems that develop regarding service delivery.</li> <li>o Assess measures that support the achievement of agreed upon goals.</li> </ul>
11.0	<p>The program evaluates the need to keep each domestic or child abuse and neglect case open at least quarterly and uses criteria that consider safety and risk factors to determine when to close a case.</p>
12.0	<p>Clinical staff working on child abuse and neglect, domestic or intimate partner abuse cases receive training, in accordance with Service implementing guidance, on:</p> <ul style="list-style-type: none"> <li>o Recognizing and addressing barriers to victims of domestic or intimate partner abuse in accessing services, establishing safety plans and escaping abuse.</li> <li>o Trauma-informed clinical treatment specifically designed to address risk and protective factors and dynamics associated with child abuse and neglect and domestic or intimate partner abuse.</li> <li>o Treatment modalities that may assist the abuser (whether alleged or adjudicated) in ending his or her abusive behavior.</li> <li>o Identifying and responding to mitigate the effects of exposure to domestic or intimate partner abuse on children.</li> </ul>

**Table 6. MFR Program Standard: FAP, Continued**

<b>Number</b>	<b>Standard</b>
13.0	<p>Any report or other allegations of PSB-CY that is received by the FAP, the installation commander, a law enforcement organization, a child development center, an MFT, or a DoD school operating on the installation or otherwise under DoD administration for the installation FAP.</p> <ul style="list-style-type: none"> <li>o FAP personnel conducting reviews have appropriate training and meet minimum qualifications in accordance with DoD and Service level policy.</li> <li>o FAP chairs and installation Multi-Disciplinary Team for PSB-CY designated to respond to reports of PSB-CY using a trauma informed-informed, coordinated community response model.</li> <li>o The installation Multi-Disciplinary Team coordinates with the installation FAP to monitor ongoing risk and safety factors at least monthly and communicates any increased levels of risk to appropriate agencies for action.</li> <li>o The installation FAP has developed a parent engagement strategy that is trauma-informed and developmentally aligned, and provides parents with the education on normative sexual behavior, information on additional resources and helping agencies.</li> </ul>
14.0	<p>An installation Incident Determination Committee (IDC) reviews reports of child abuse and unrestricted reports of domestic abuse.</p> <ul style="list-style-type: none"> <li>o The IDC uses established criteria, known as the decision tree algorithm to determine whether the reports meet the criteria for entry into the Service FAP central registry of child abuse and domestic abuse incidents.</li> <li>o All IDC members have received training on their roles and responsibilities before participating in the IDC.</li> <li>o All FAP clinical assessments and intervention or treatment plans for persons in incidents of child abuse or domestic abuse are reviewed in the clinical case staff meeting.</li> <li>o Counseling or treatment progress and the results of the latest risk assessment are reviewed periodically in the CCSM in accordance with DoDI 6400.01.</li> </ul>
15.0	<p>The Family Advocacy Committee implements, coordinates and advises on policy addressing child abuse and neglect and domestic abuse. The Family Advocacy Committee:</p> <ul style="list-style-type: none"> <li>o Employs a multi-disciplinary approach to developing and managing the installation's coordinated community response and risk management plan for incidents of child abuse and neglect and domestic abuse.</li> <li>o Establishes a risk management plan based on an evidence-informed review of the risk and protective factors contributing to the perpetration and prevention of child abuse and neglect and domestic abuse.</li> <li>o Establishes or shows efforts to establish Memorandum of Understanding with essential external agencies or resources, (e.g. Child Protective Services, Domestic Violence shelters).</li> </ul>

## **8.8. FINANCIAL READINESS PROGRAM.**

a. Financial readiness programs provide financial literacy training and education, personal financial counseling, and I&R services to assist members in developing skills and strategies to fulfill their financial obligations, meet financial goals, and maintain their financial and mission readiness.

b. Evaluation of the Financial Readiness Program standards in Table 7 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Educational curricula.
- (4) Assessment tools.
- (5) Client records.

- (6) Training plans.
- (7) Resource materials.
- (8) Efforts to determine program effectiveness.

**Table 7. MFR Program Standard: Financial Counseling Program**

<b>Number</b>	<b>Standard</b>
1.0	Customers seeking financial counseling participate in an individualized assessment during the counseling session that is culturally responsive and includes, as appropriate: <ul style="list-style-type: none"> <li>o An evaluation of the customer's request for service and their stated goals.</li> <li>o A review of relevant documentation provided by the customer pertaining to the need for service.</li> <li>o An evaluation of income, expenses, assets, liabilities, and debt-to-income ratio as appropriate.</li> <li>o Determination of the need for related service referrals.</li> </ul>
2.0	An assessment-based financial plan is completed, as appropriate, with the customer that: <ul style="list-style-type: none"> <li>o Is tailored to the goals, interests, and needs of the customer.</li> <li>o Considers factors associated with significant life events.</li> <li>o Focuses on timely resolution of the needs presented.</li> <li>o Considers the urgency of the problem and the amount of counseling or assistance needed to achieve appropriate results.</li> <li>o Is provided to the customer with a copy maintained in the customer's file, if applicable.</li> </ul>
3.0	The Financial Readiness Program offers information on money-management including information about: <ul style="list-style-type: none"> <li>o Budgeting.</li> <li>o Maintaining adequate financial records.</li> <li>o Making financially responsible consumer decisions and purchases.</li> <li>o Savings, including saving for emergencies, periodic expenses, and long-term goals.</li> <li>o Banking, credit management, and debt management.</li> </ul>
4.0	The Financial Readiness Program offers information on financial management topics including: <ul style="list-style-type: none"> <li>o Investing.</li> <li>o Tax considerations.</li> <li>o Insurance needs.</li> <li>o Financing education goals.</li> <li>o Preparing for transition or retirement.</li> <li>o How to evaluate and select assistance with in-depth financial planning needs.</li> <li>o Retirement planning, including the Blended Retirement System, lump sum, TSP, and Survivor Benefit Plan.</li> <li>o Major purchases.</li> </ul>
5.0	The Financial Readiness Program offers I&Rs on these legal affairs topics: <ul style="list-style-type: none"> <li>o Estate planning.</li> <li>o Powers of attorney, wills and trusts.</li> <li>o Predatory lending and practices prohibited pursuant to Chapter 50 of Title 50, U.S.C., also known as the "Servicemembers Civil Relief Act," and Section 987 of Title 10, U.S.C., also known as the "Military Lending Act."</li> <li>o Contract execution and dispute resolution, to include sales, credit, and housing.</li> </ul>

## **8.9. RELOCATION ASSISTANCE PROGRAM.**

- a. The program provides customers with services and support throughout the relocation process.
- b. Evaluation of the Relocation Assistance Program standards in Table 8 may include:
  - (1) Policy and operational guidance.

(2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.

(3) Program curricula.

(4) Resource materials.

(5) Training plans.

(6) Certification reports.

(7) Efforts to determine program effectiveness.

**Table 8. MFR Program Standard: Relocation Assistance Program**

Number	Standard
1.0	<p>The program provides access to relocation information on a variety of moving related topics, either directly or by referral, as appropriate to customer needs:</p> <ul style="list-style-type: none"> <li>o Sponsorship opportunities at the new location.</li> <li>o Moving costs and entitlements.</li> <li>o Housing options and assistance.</li> <li>o Child care; support for family members with special needs.</li> <li>o Supports for new or single parents; support for foreign born spouses.</li> <li>o Local health care providers; area schools and educational support services.</li> <li>o Spouse employment and volunteer opportunities.</li> <li>o Cultural and community orientation, overseas orientation, and intercultural relations training for overseas locations.</li> <li>o Relocation stress management.</li> <li>o Installation check-in and check-out procedures.</li> </ul>
2.0	The program supports the sponsorship program by training designated sponsors.

## **8.10. DEPLOYMENT ASSISTANCE PROGRAM.**

a. The program provides all mobilizing, activating, and deploying Service members and family members with services and support during all phases of deployment.

b. Evaluation of the Deployment Assistance Program standards in Table 9 may include:

(1) Policy and operational guidance.

(2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.

(3) Program curricula.

(4) Resource materials.

(5) Training plans.

(6) For Guard and Reserve, Yellow Ribbon Reintegration.

- (7) Efforts to determine program effectiveness.

**Table 9. MFR Program Standard: Deployment Assistance Program**

Number	Standard
1.0	<p>The program provides information regarding these topics, either directly or by referral, as appropriate, to the customer's needs and the phase of deployment:</p> <ul style="list-style-type: none"> <li>o Changes in roles and responsibilities.</li> <li>o Communication maintenance issues and technology for staying in touch.</li> <li>o Stress and anger management strategies; coping strategies.</li> <li>o Suicide prevention and behavioral health screenings, intervention, and treatment.</li> <li>o Medical and dental benefits; legal assistance.</li> <li>o Personal security or safety.</li> <li>o Practical suggestions for reducing loneliness and isolation.</li> <li>o Available services and supports and how to access them.</li> <li>o Reintegration.</li> <li>o Interpersonal skills in marriage and parenting.</li> <li>o Financial management before, during, and after deployment.</li> </ul>
2.0	<p>There is ongoing outreach, communication, activities, and events with deploying and deployed units, Service members, and the families of deployed individuals throughout all phases of deployment.</p>

### 8.11. TRANSITION ASSISTANCE PROGRAM.

a. The program coordinates access to an array of workshops, assessments, services, and supports to prepare separating Service members and their families for the transition from active duty to civilian life.

b. Evaluation of the Transition Assistance Program standards in Table 10 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Client records.
- (4) Program reports.
- (5) Program curricula.
- (6) Resource materials.
- (7) Memorandum of agreement.
- (8) Training plans.
- (9) Efforts to determine program effectiveness.

**Table 10. MFR Program Standard: Transition Assistance Program**

<b>Number</b>	<b>Standard</b>
1.0	The program provides pre-separation counseling to eligible Service members to: <ul style="list-style-type: none"> <li>o Complete initial counseling and self-assessment.</li> <li>o Complete their Pre-separation Counseling Checklist.</li> <li>o Develop an individual transition plan with Pathway Tiers identified.</li> </ul>
2.0	The program documents pre-separation counseling using Department of Defense (DD) Form 2648 and completed forms are: <ul style="list-style-type: none"> <li>o Signed by the customer and his or her counselor.</li> <li>o Customer provided a copy.</li> <li>o Documents warm hand-over, as appropriate.</li> <li>o Documents tier for selected pathway.</li> <li>o Documents Capstone, with a Commander's signature.</li> <li>o Updated to reflect progress.</li> <li>o Filed in accordance with DoD or Service policy guidelines.</li> </ul>
3.0	The program provides customers with information on transition related services, including: <ul style="list-style-type: none"> <li>o Relocation assistance.</li> <li>o Financial counseling or assistance.</li> <li>o Employment assistance including career coaching and planning, resume writing, interview preparedness, and job search strategies.</li> <li>o Providing statement of benefit for which the member may be entitled.</li> <li>o Military and civilian social service resources.</li> <li>o Non-medical individual and family counseling.</li> </ul>

**8.12. EMPLOYMENT ASSISTANCE PROGRAM.**

- a. The program works with customers to identify and achieve their education and career goals.
- b. Evaluation of the Employment Assistance Program standards in Table 11 may include:
  - (1) Policy and operational guidance.
  - (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
  - (3) Client records.
  - (4) Program curricula.
  - (5) Assessment tools.
  - (6) Resource materials.
  - (7) Efforts to determine program effectiveness.

**Table 11. MFR Program Standard: Employment Assistance Program**

<b>Number</b>	<b>Standard</b>
1.0	The program provides the customer with relevant labor market information, including current job listings with salary levels and opportunities for advancement, to assist them in exploring career opportunities that will meet their career goals and financial needs.
2.0	The program informs the civilian community of the benefits of hiring separating Service members and military family members and promotes awareness among employers of their unique challenges and needs.
3.0	The program provides information on these educational programs, as appropriate to the needs of the customer: <ul style="list-style-type: none"> <li>o Degree or certificate programs, both in-person and virtual.</li> <li>o Steps towards professional licensure.</li> <li>o Skilled trade or apprenticeship classes.</li> <li>o English as a Second Language courses.</li> <li>o General Educational Development or high school courses.</li> </ul>
4.0	The program supports the customer's search for employment by helping him or her develop a job search strategy and improve job search skills including: <ul style="list-style-type: none"> <li>o Resume writing and how to complete an application.</li> <li>o Interview and negotiation techniques.</li> <li>o How to locate and successfully use job, employer, and market research.</li> <li>o Marketing oneself.</li> <li>o Networking.</li> <li>o Accessing online resources.</li> </ul>

**8.13. PERSONAL AND FAMILY LIFE EDUCATION.**

a. The program provides education, enrichment, and prevention services to military families, Service members, and couples to help them build and maintain healthy relationships; strengthen interpersonal competencies, problem solving skills, and help-seeking behaviors; and master respective roles, tasks, and responsibilities throughout the family life cycle.

b. Evaluation of the Personal and Family Life Education Program standards in Table 12 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Program curricula.
- (4) Client records.
- (5) Program evaluation results.
- (6) Resource materials.
- (7) Efforts to determine program effectiveness.

**Table 12. MFR Program Standard: Personal and Family Life Education**

<b>Number</b>	<b>Standard</b>
1.0	The program conducts a local needs assessment and offers educational, enrichment, or prevention services that address the needs and preferences of its customers.
2.0	The program's prevention activities: <ul style="list-style-type: none"> <li>o Identify and reduce risk factors; identify and enhance protective factors.</li> <li>o Are tailored to the needs, characters, and environmental context of the target audience.</li> <li>o Are offered at a frequency and duration appropriate to the type of intervention.</li> </ul>

**8.14. NON-MEDICAL INDIVIDUAL AND FAMILY COUNSELING.**

a. Non-medical individual and family counseling is short-term and solution-focused counseling to individuals, couples, families and groups. Emphasis is on helping customers cope with the stresses of daily living and adapt to the military lifestyle through personal growth, positive development, and improved individual and family functioning.

b. Evaluation of the Non-Medical Individual and Family Counseling Program standards in Table 13 may include:

- (1) Policy and operational guidance.
- (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
- (3) Program curricula.
- (4) Client records.
- (5) Resource materials.
- (6) Assessment tools.
- (7) Efforts to determine program effectiveness.

**Table 13. MFR Program Standard: Non-Medical Individual and Family Counseling**

<b>Number</b>	<b>Standard</b>
1.0	The program's procedures for initial contact: <ul style="list-style-type: none"> <li>o Support timely initiation of services or an appropriate referral.</li> <li>o Address criteria for determining when a more intensive service is necessary.</li> <li>o Give priority to urgent needs or prospective customers at greatest risk.</li> </ul>
2.0	Customers participate in an individualized, strengths-based, culturally responsive needs assessment that: <ul style="list-style-type: none"> <li>o Is conducted using a standardized assessment tool that is appropriate to the request or need for service.</li> <li>o Serves as the basis for developing the services plan.</li> </ul>
3.0	Customers fully participate in the development of a services plan that includes: <ul style="list-style-type: none"> <li>o Unmet service and support needs; strengths, risks, and protective factors.</li> <li>o The customer's stated goals, desired outcomes, and timeframes for achieving them.</li> <li>o Agreed upon services and supports to be provided, and by whom.</li> <li>o Possibilities for maintaining and strengthening informal social networks.</li> <li>o Documentation of the customer's participation, including children when appropriate, in developing the plan.</li> </ul>



**Table 13. MFR Program Standard: Non-Medical Individual and Family Counseling, Continued**

Number	Standard
4.0	The program promotes the physical, psychological, and emotional safety of customers by: <ul style="list-style-type: none"> <li>o Screening customers for histories involving violence or other trauma.</li> <li>o Monitoring the service population for emerging physical, psychological, and emotional safety needs.</li> <li>o Making changes to the service environment or procedures as necessary to respond to the safety needs of customers.</li> </ul>
5.0	When a customer screens positive as a trauma survivor, or a victim of child abuse and neglect, domestic abuse, or sexual abuse, the program makes the appropriate referral to clinical and non-clinical service providers on the installation. If the customer is a military dependent under the age of 18 and discloses they have experienced abuse or neglect, the program makes a mandatory report to the installation Family Advocacy Program. The program provides for: <ul style="list-style-type: none"> <li>o A protection plan, as needed.</li> <li>o Trauma-informed treatment.</li> </ul>
6.0	Case closing is a planned, orderly process, and counselors provide an opportunity for customers to develop a plan for obtaining follow-up services when desired.

**8.15. VOLUNTEER MANAGEMENT.**

- a. Volunteer management includes efforts to recruit, match, train, track, recognize, and support volunteers.
- b. Evaluation of volunteer management standards in Table 14 may include:
  - (1) Policy and operational guidance.
  - (2) Feedback from MFSC director, relevant staff and customers such as interviews, surveys or focus groups.
  - (3) Volunteer records.
  - (4) Educational and marketing curricula or materials.
  - (5) Volunteer position descriptions.
  - (6) Completed background checks (as applicable).
  - (7) Efforts to determine program effectiveness.

**Table 14. MFR Program Standard: Volunteer Management**

Number	Standard
1.0	Each volunteer assignment for statutory volunteer positions includes: <ul style="list-style-type: none"> <li>o Duties.</li> <li>o Time commitment.</li> <li>o Responsibilities and prohibited activities.</li> <li>o Required skill sets, credentials, or trainings.</li> <li>o Lines of supervision and the process for providing ongoing feedback on performance.</li> </ul>

**Table 14. MFR Program Standard: Volunteer Management, Continued**

<b>Number</b>	<b>Standard</b>
2.0	Volunteer management efforts makes it easy for individuals to get involved and provides a welcoming environment for prospective volunteers including: <ul style="list-style-type: none"> <li>o Establishing a formal process for responding to inquiries that engages volunteers promptly and efficiently.</li> <li>o Making accommodations and providing diverse volunteer assignments that assist individuals with disabilities in becoming involved.</li> </ul>
3.0	Volunteer management efforts include a mechanism for tracking completion of required background investigations for volunteers including specialized screenings for individuals who will be working with children and youth without a parent or legal guardian present.
4.0	Volunteers receive the necessary orientation, training, and supervision to effectively fulfill their responsibilities.

## GLOSSARY

### G.1. ACRONYMS.

ACRONYM	MEANING
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CIS	computerized information system
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
DD	Department of Defense (form)
DoDI	DoD instruction
DoDM	DoD manual
EFA	emergency family assistance
EFAC	emergency family assistance center
EFMP	exceptional family member program
FAP	family advocacy program
I&R	information and referral
IDC	Incident Determination Committee
MFR	military family readiness
MFRC	Military Family Readiness Council
MFRCC	Military Family Readiness Coordinating Committee
MFRS	Military Family Readiness System
MFSC	Military and Family Support Center
MOS	Military OneSource
MSO	military service organization
MWR	morale, welfare, and recreation
PCS	permanent change of station
PSB-CY	problematic sexual behavior in children and youth
RC	Reserve Component
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

**G.2. DEFINITIONS.**

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

<b>TERM</b>	<b>DEFINITION</b>
<b>access point</b>	A vehicle through which Service members and their families can access MFR information, services and referrals.
<b>accredited</b>	Verification that MFR services have been assessed by a national accrediting body and meet the standards of quality established by that body.
<b>all-hazards</b>	Any incident, natural or manmade, including those defined in DoDI 6055.17, that warrants action to protect the life, property, health, and safety of military members, families, and civilians at risk, and minimize any disruptions of installation operations.
<b>annual report on MFR programs</b>	This reports documents the delivery of MFR services by the Military Departments over the course of a single fiscal year.
<b>awareness and outreach</b>	Efforts which involves contact with leadership, Service members, families, civilians to provide them with information, awareness of programs and services, encourage use of services, and connect them to resources. Efforts may take place within or outside the MFR access points and may be a part of the larger MFRS efforts.
<b>Blended Retirement System</b>	The military retirement system as enacted by Public Law 114-92 and effective January 1, 2018.
<b>certified</b>	Verification that MFR services have been internally assessed by the organization providing such services and meet the standards of quality established by a national accrediting body.
<b>child abuse</b>	Defined in DoDI 6400.01.
<b>commanders</b>	Individuals with leadership responsibilities at all levels across the Military Departments.
<b>dependent</b>	Defined in Volume 2 of DoDM 1000.13.
<b>deployment</b>	Defined in the DoD Dictionary of Military and Associated Terms.
<b>domestic abuse</b>	Defined in DoDI 6400.06.
<b>electronic messaging services</b>	Defined in DoDI 8170.01.

<b>TERM</b>	<b>DEFINITION</b>
<b>eligible</b>	An individual who meets the requirements of Section 2192a of Title 10, U.S.C.
<b>emergency family assistance</b>	Provides and promotes short and long term recovery and return to a stable environment and mission ready status following an all hazards event and the delivery of non-combatant repatriation assistance for civilian and family members affected by an authorized or ordered departure from an overseas country throughout the entire safe haven period.
<b>expeditionary civilian</b>	A civilian employee who provides essential capabilities while forward deployed away from their normal duty station to OCONUS locations that are designated as combat zones or contingency operations, or while assigned to locations designated as emergencies or Federal disasters to provide emergency response, humanitarian or disaster relief, restoration of order, drug interdiction, stability or security cooperation, or comparable missions.
<b>family member with special needs</b>	A family member with special medical or educational needs who meets the criteria established in DoDI 1315.19.
<b>financial readiness</b>	The state in which successful management of personal financial responsibility supports a Service member's ability to perform their wartime responsibilities.
<b>formal network</b>	A network that reflects the policies and systems operating under military or civilian authority as instruments of socialization and support.
<b>individual transition plan</b>	An OSD standardized document that is created, evolved, and is maintained by the Service member that provides the framework to perform detailed assessments of their personal and professional preparedness to achieve realistic career goals after separation from active duty.
<b>informal network</b>	The associations, interactions, exchanges, and connections that people and families make in everyday life, including group associations and less organized networks of personal and collective relationships.

<b>TERM</b>	<b>DEFINITION</b>
<b>installation</b>	A military base, camp, post, station, yard, enclave, center, facility, homeport facility for any ship, or other activity under the jurisdiction of the DoD, including leased space that is controlled by, or primarily supports, DoD missions.
<b>intimate partner</b>	Refer to Enclosure 2 of DoDI 6400.06.
<b>MFR</b>	The state of being prepared within the unique context of military service, to effectively navigate the challenges of daily living and military transitions. Ready individuals and families are knowledgeable about the potential challenges they may face; equipped with the skills to competently function in the face of such challenges; aware of the supportive resources available to them; and able to incorporate the skills and supports to achieve and maintain family well-being.
<b>MFR unit liaison</b>	An official command-sponsored individual, who provides liaison between Service members and their families and the command, promoting a culture of mutual support and communication.
<b>MFRS</b>	A system comprised of programs and services operated by the DoD and other Federal, State and community-based agencies and organizations to enhance MFR and military family resilience and promote military family well-being.
<b>MFRS director</b>	The individual at the local level who is responsible for the management of the MFRS.
<b>military community</b>	Service members, military families, military leadership, and military and civilian MFR service providers.
<b>military family</b>	A group composed of one Service member and spouse; Service member, spouse and such Service member's families; two married Service members; or two married Service members and such Service members' families. To the extent authorized by law and pursuant to Service implementing guidance, the term may also include other nondependent family members of a Service member.
<b>military family resilience</b>	The ability of individuals and families to withstand, recover from, and grow in the face of stressors and changing demands of military life to maintain positive outcomes across the domains of career, social, financial, health, and community engagement.

<b>TERM</b>	<b>DEFINITION</b>
<b>military family well-being</b>	The ability of individuals and families to maintain positive outcomes across the domains of career, social, financial, health, and community engagement.
<b>Military OneSource</b>	DoD's solution to connecting Service members and families to quality of life programs and services.
<b>mobilization and deployment readiness</b>	The state of being prepared for the challenges of mobilization and deployment, to cope with changes in operational tempo, to address personal and family emergencies and stress in the absence of a deployed family member and to access appropriate services and support in the event of military service-related injury, illness, or death.
<b>non-clinical case management</b>	The provision of I&R to families and individuals to assist them in making informed decisions and navigating the resources they need to improve their quality of life. This may include I&R for medical, educational, social, community, legal, and financial services. This does not involve coordination and follow-up of medical treatments.
<b>non-medical counseling</b>	Defined in DoDI 6490.06.
<b>operational readiness</b>	Defined in the DoD Dictionary of Military and Associated Terms.
<b>outreach</b>	Systematic efforts to make contact with leadership, members of the military and civilian communities outside of established MFR access points.
<b>personal and family life readiness</b>	The state of being prepared to cope with the stressors of daily living and manage the competing demands of work life and personal and family life.
<b>problematic sexual behavior in children and youth</b>	Defined in DoDI 6400.01.
<b>sense of community</b>	The degree to which Service members and their families feel positively attached to the military as an organization and view the military community as a source of support and connection to others.
<b>Service member</b>	Any member of a Military Service in the Active Component or RC.
<b>surviving dependent</b>	Defined in Volume 2 of DoDM 1000.13.

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