

REPORT TO THE SECRETARY OF DEFENSE AND THE CONGRESSIONAL DEFENSE COMMITTEES

Department of Defense
Military Family Readiness Council
Fiscal Year 2019
Annual Report

August 2020

Submitted by:
Under Secretary of Defense
for Personnel and Readiness

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Department of Defense Military Family Readiness Council Fiscal Year 2019 Annual Report

INTRODUCTION

The Department of Defense (DoD) Military Family Readiness Council (MFRC) provides this report in accordance with 10 U.S.C. § 1781a(e), which requires the MFRC to submit an annual report to the Secretary of Defense and the congressional defense committees concerning military family readiness for the preceding fiscal year.^{1,2}

The mission of the MFRC is to review, evaluate, and monitor military family readiness policies, programs, plans, and initiatives.³ To accomplish this task, the Council members receive briefings from subject matter experts from inside and outside the DoD, review written submissions from the public, and deliberate and vote on topics identified by the MFRC during the previous fiscal year. Based on those briefings, submissions, and deliberations, the Council members submit, present, discuss, and vote on recommendations to forward to the Secretary of Defense as part of the Annual Report. The Council members also propose, discuss, and vote on topics to be reviewed by the MFRC during the next fiscal year.

The Fiscal Year (FY) 2019 Annual Report draws information from the MFRC meeting minutes and transcripts, Council deliberations, and votes by its 18 congressionally-mandated MFRC members. The MFRC includes members of the U.S. Armed Forces (Regular, National Guard, and Reserve), senior enlisted advisors from each of the Military Services, military spouses and/or parents, military family organizations, and the DoD Office of Special Needs within the Office of Military Family Readiness Policy (see Appendix A).

SECTION ONE: COUNCIL MEETINGS

The MFRC convened for three meetings in FY 2019. The MFRC members previously selected two focus areas to guide planning for the FY 2019 meetings: (1) Delivery of Service and Family Member Programs Tailored to Millennials; and (2) Accessions and Medical Record Policies and Procedures: Impact on Military Children Who Received Mental and Behavioral Health Services. The Council invited subject matter experts for each focus area to present background and detailed information on the challenges and efforts to resolve them. DoD program experts also discussed current actions and their plans moving forward.

All MFRC meetings in FY 2019 were open to the public. The MFRC used the Federal Register to announce all meetings. The Federal Register Notice for each meeting contained instructions for the public on how to attend the meetings and also provided instructions for the

¹ 10 U.S.C. § 1781a(e), Department of Defense Military Family Readiness Council.

² The Code of Federal Regulations and the Federal Advisory Committee Act of 1972.

³ 10 U.S.C. § 1781(b), Office of Military Family Readiness Policy.

public to submit written statements via email or mail. The Designated Federal Officer provided all public written submissions to the members for review before each meeting. None of the MFRC meetings in FY 2019 were “town halls” for the public to participate actively in the meeting.

Overview of DoD Military Family Readiness Council Meetings

December 11, 2018: The Council members heard presentations on the first of two focus areas chosen by the MFRC members for FY 2019: “Delivery of Service and Family Member Programs Tailored to Millennials.” Before presentations on the focus area, the Director of the Defense State Liaison Office and the Director of Military Community Support Programs briefed and updated the Council concerning their ongoing work and program activities.

March 19, 2019: The Council members heard presentations on the second focus area for FY 2019: “Accessions and Medical Record Policies and Procedures: Impact on Military Children Who Received Mental and Behavioral Health Services.” Before presentations on the focus area, the Assistant Secretary of Defense for Sustainment spoke to the MFRC about privatized military housing and the DoD’s plans to address systemic health and safety issues.

June 13, 2019: The Council members developed recommendations for the FY 2019 annual report to the Secretary of Defense. They also proposed focus areas for the Council to review during the meetings in FY 2020. Prior to this meeting, the Designated Federal Officer requested the MFRC members to draft and submit recommendations and focus areas for all of the members to consider and vote on at the June 13 meeting. The members deliberated on the draft recommendations and voted to provide eight in the annual report to the Secretary of Defense. The members also deliberated on proposed focus areas and chose two for review at the FY 2020 MFRC meetings.

SECTION TWO: FISCAL YEAR 2019 FOCUS AREAS AND PRESENTATIONS

Focus Area 1: Delivery of Service and Family Member Programs Tailored to Millennials

The MFRC members selected this focus area to examine the millennial cohort and determine the best ways to meet the needs of Service members and families of the millennial generation. The MFRC members received four presentations:

- Effective Digital Communication Strategies to Reach Millennials;
- Installations of the Future: What Today’s Millennials Want on Tomorrow’s Installations;
- The Marine Corps Community Services Innovation Effort; and
- Military Community Outreach and Messaging to Millennials and Families.

During the December 11, 2018 MFRC meeting, a panel of experts briefed the MFRC on the key aspects of the subjects listed above. Ms. Carla K. Coulson, representing the Assistant Chief of Staff (U.S. Army) for Installation Management, facilitated the panel. Ms. Coulson described millennials as those between the ages of 22 and 37 years old, which are a significant majority of the population of those serving in the military. Millennials seek information, communicate, shop, purchase, and have different expectations from earlier generations. Services provided to military members and their families must consider the differences and make changes to accommodate the life styles of millennials along with all generations.

Briefing/Presentation Summaries:

- (1) Effective Digital Communication Strategies to Reach Millennials.** Dr. Katherine Helland and Dr. Paul Rosenfeld of the DoD Office of People Analytics shared information collected from their surveys and data assessments. They described the similarities and differences in technology use between generations. They also showed how current Service members use and access technology, what types of devices they are most likely to use, and how new recruits found and used information, including social media, to inform their decisions to join the military.

Several key points emerged. First, technology use is ubiquitous but specialized. In other words, most Service members regardless of age have broad access and use digital devices to search for information and to connect with friends, family, and interest groups, regardless of age. Yet, social media sites vary based on the people who use them, so any outreach efforts must align with the types of conversations on each site.

Second, the best outreach efforts are a mix of push (services advertisements and notification subscriptions) and pull (websites for targeted information searches) messaging. Push messages reach a wider audience, while pull messaging is targeted to those who have some familiarity with the organization or program.

Third, effective digital outreach engages information seekers and turns them into information providers. Engaging and creative content is more likely to be shared, and organizations achieve greater reach when people who have interacted with them tell their stories. Thus, the human element remains essential to any digital outreach strategy, and the ideal strategy is one where users of specific services talk about the benefits and service they received.

- (2) Installations of the Future: What Millennials Want on Tomorrow's Installations.** Mary-Elizabeth Phillips, Strategic Initiatives Group, Department of the Army Assistant Chief of Staff for Installation Management, noted that the youngest members of the military are now post-millennials. Ms. Phillips talked with a number of post-millennials to determine their preferences for Army military installations (military bases) of the future. She found they are very interested in community-type master planning to make access to work and life easier.

Post-millennials asked for mixed-use spaces with adaptable designs, walkable and healthy communities, access to quality produce, electronic sharing of medical records, frictionless entry to the base and buildings, and secure public access. The sample group also requested universal Wi-Fi, website, network and systems access, and energy efficient technology in facilities and infrastructure. Smart commissaries, “just-walk out” retail technology for sales, and drone delivery services capped the list of preferences. The Council noted that some efforts are underway, while security risks and costs would mean the overall effort might take many years to implement.

- (3) Marine Corps Community Services Knows Marines.** Ms. Cindy Whitman Lacy described how Marine Corps Community Services uses a developed understanding of the core Marine Corps demographics to shape its services and determine trends to inform its vision of the future. Marine Corps exchanges; family programs; and Morale, Welfare, and Recreation programs are grouped together as part of Marine Corps Manpower and Reserve Affairs. In an effort to determine how best to position Marine Corps exchanges and business-related Morale, Welfare, and Recreation programs for future relevancy, Marine Corps Community Services surveyed and interviewed Marines in several locations to learn what Marines do each day. The outcome led to what they called the Duty Balance Cycle and how to better the needs of Marines. The Duty Balance Cycle includes three key levels of focus in their lives: 1) Work is what fuels the Marines but is also what drains them; 2) Reset is where the Marines recharge with either a quick respite such as a work out or reset by spending time with family and friends to relax or “recharge;” and 3) GSD or “Getting Stuff Done” is where they need to be better Marines.

Marine Corps Community Services coordinated in several ways to improve the lives of Marines by finding solutions to Marines’ needs that helps them “Get Stuff Done.” First, Marine Exchanges developed a Field Day Kit to help the young Marines quickly find and buy everything they need to clean their rooms for inspections. They asked Marines to help identify what items would be useful and acceptable. The results saved the young Marines’ time trying to find their supplies and saved the Sergeant’s time by eliminating the need to accompany and assist them.

Second, Marine Corps Community Services learned that young Marines’ duty schedules are not always compatible with the base food services hours of operation, which made finding healthy meals difficult. The young Marine also often had to choose between either working out or going to the mess hall to eat. To address the need for healthy meals, Marine Corps Community Services set up breakfast stations in the barracks and tested several menus.

Third, Marine Corps Community Services collaborated with the Marine Recruiting Command and a third party to develop and implement a digital app that families can use to convert text messages and selfies to letters within 24 hours and send to recruits while they are in boot camp, encouraging them through the journey. It also created a closed forum for family members to share information and learn what their recruit

would be learning that week. Within a year, it resulted in over 1 million app sessions. Marine Corps Community Services developed these solutions to practical daily problems by putting the Marine at the center of their efforts.

- (4) Military and Community Outreach: Service and Family Member Programs Tailored to Millennials.** Ms. Andrea Cox presented information on the Military OneSource website to the Council. Her office talked with users to verify that the most recent improvements to the Military OneSource website helped Service members and families fill resource gaps to meet their needs. The website changes reflect the changing needs of the younger, more dispersed, more tech-savvy demographic. The development team created a “militaryennial” persona to specifically relate to the junior enlisted. The improved Military OneSource website is increasingly the one-source stop for military members and families.

Focus Area 2: Accessions and Medical Record Policies and Procedures: Impact on Military Children Who Received Mental and Behavioral Health Services

The MFRC members selected this focus area to learn about the impact of the military’s electronic medical records on dependent children who received mental or behavioral health services and then later joined the Armed Forces. The system identified any use of mental or behavioral health services when the dependent medical record merged with their newly-created military member medical record during training. News articles featured former dependents who were discharged from basic training because they received mental or behavioral health services while dependents. To better understand the perspective of military children and families, the MFRC members requested information on the medical standards and accessions policies, the military medical records procedures and policies, and the possible impact on the dependent children of military members who received these services. The members heard presentations on:

- Accessions Policy and Procedures;
- TRICARE Medical Records Policies and Procedures; and
- Future Implications Related to Medical Records.

During the March 19, 2019 meeting, a panel of experts briefed the MFRC members on the key aspects of the subjects listed above. Dr. Mary Keller, Chief Executive Officer for the Military Child Education Coalition and MFRC member, facilitated the panel.

Briefing/Presentation Summaries:

- (1) Accessions Policy and Procedures.** Ms. Stephanie Miller, Director, Office of Accessions Policy within the Military Personnel Policy office, explained the accessions policy and process and the purpose of standards for military service. She focused on the medical qualifications and waivers process. Two of DoD’s policies that govern the accession standards are: DoD Instruction 1304.26, “Qualification Standards for Enlistment, Appointment and Induction,” which governs screening for applicants for military service, and DoD Instruction 6130.03, “Medical Standards for

Appointment, Enlistment, and Induction in the Military Services,” which establishes baseline accession medical standards. These standards are implemented and enforced by military entrance processing stations and by the DoD Medical Evaluation Review Board, whose trained professionals are very familiar with these standards for enlistment, appointment, or induction.

Accession standards ensure that applicants are physically and psychologically qualified to meet the operational needs of the Services. Individuals qualified for military service must be capable of performing their military duties in wartime under combat conditions, as well as being available for world-wide duty without any restrictions or delay upon entry into the military. They must be able to tolerate exposure to stressful, dangerous, and harsh environments. They must also be able to operate sensitive equipment and handle classified information with a high degree of trust.

The disqualifying conditions listed in the DoD policies are designed to: (1) ensure that new recruits are able to meet the operational requirements of the services; (2) increase the likelihood of a successful first term of enlistment; and (3) decrease the likelihood of aggravating any pre-existing medical condition or a reoccurrence of a previously-resolved condition.

The DoD uses a screening process to evaluate all applicants and determine whether they meet the physical and psychological standards for military service. All applicants (enlisted and officer) complete the same medical history form (DD Form 2807-2, “Report of Medical Examination”), which requires a self-disclosed complete medical history report and gives authorization to review all existing medical records. Applicants are required to be honest at all times and not self-screen any important documentation of past medical history. *After* accession, military dependent medical electronic records can be consolidated into the new Service member’s medical electronic record. Any newly-discovered information or omissions from the medical history may require additional review; if the Service cannot provide a military medical waiver, then the Service member may be subject to discharge.

The waiver process recognizes that some applicants may have overcome past behavior or medical conditions. The most frequent disqualifying conditions include behavioral health, vision and hearing, orthopedic and lower extremity issues, skin conditions, and Attention Deficit Hyperactivity Disorder. For many of these disqualifying conditions, a waiver may not be necessary if the condition has been stable or not appeared for a sufficient period of time.

An individual’s failure to disclose disqualifying medical conditions may result in a service discharge. The Department seeks to avoid such discharges because it results in a loss of training funds and loss of a spot another recruit may have possibly taken.

In the future, as more medical records become electronic, a more complete medical history of all individuals entering the military will be available, not just the medical history of military dependents. Additional electronic systems will help reduce the reliance on self-disclosure and allow waiver authorities to make more informed decisions or granting of waivers for all applicants.

(2) TRICARE Medical Records Policies and Procedures. Captain Ed Simmer, MD, U.S. Navy, Deputy Director, TRICARE/Defense Health Agency, briefed the MFRC members on military and dependent medical records and why the Department uses electronic health records. Electronic health records improve the quality of care when they are used properly and have a number of benefits when compared to older paper records and files. Some of the particular benefits and advantages of electronic medical records include:

- Grants medical providers immediate access to the patient's full treatment history.
- Provides ease of access from any treatment facility, stateside, or on the battlefield.
- Avoids treatment and prescription errors from illegible notes.
- Lowers risk of losing medical information.
- Enables easy inclusion of lab tests, radiology studies, and other clinical information.
- Allows patients to access and review their own information and medical records.
- Enables information sharing across healthcare information exchanges.

The use of electronic medical records does carry certain risks. To mitigate the risks and maintain the security of medical information, all of TRICARE's support contractors must use Health Insurance Portability and Accountability Act-compliant secure systems. They must have high levels of electronic security safeguards for all protected health information. Support contractors must also strictly limit the release of protected health information for non-medical uses, such as billing or active duty military readiness.

(3) Future Implications Related to Medical Records: The Impact of Using Military Children's Medical Records on the Accessions Process. Colonel Stephen J. Cozza, MD, U.S. Army (retired), and Colonel Eric M. Flake, MD, U.S. Air Force, briefed the MFRC members on the future implications and impacts of using dependents medical records in military accessions. Dr. Cozza and Colonel Flake focused on the health and well-being of military children. They acknowledged the importance of the accession medical standards for screening applicants who are unable to meet the demands of military life. They highlighted the potential challenges associated with the use of military children's medical records in the accession process, addressing specific issues to the Council.

First, military children are interested and primed for military service. The accessions process needs to recognize and consider that military dependents have served along with their Regular, Reserve, or National Guard parents and have already faced many

of the same challenges and sacrifices of Service members. Any potential disqualifying medical condition that deters a dependent from entering military service must not undermine the overall force.

Second, for the past decade, the Military Services and DoD have promoted the idea of strength in being a military child and the resiliency that comes along with that. That often leads military children to seek medical support and services that may involve mental health or behavioral care. The Department significantly increased efforts over the past 15 years to support military children and families, to increase mental health care availability and utilization by military children, and to reduce the stigma associated with using these services. Use of these services has been socialized as a strength rather than weakness or illness. Statistics have shown that about one in five military children have sought or received mental health services, which could impact their eligibility for military service.

There is a national trend of reduced stigma for families and individuals to reach out for special support and services, whether it is to address mental health or support children with developmental needs. Anecdotal information, however, indicates some concern about this trend in the military community. Some military parents apparently are not seeking mental health care for the dependent children out of fear that their children's electronic medical records will be used to make an adverse determination for military suitability.

Third, medical history may be less accurate and reliable because of changes in diagnostic systems over time. Previous diagnoses may not be accurate at the time military dependents are applying for entry into the Services. The medical understanding of disorders changes over time and some original disqualifying diagnoses may have been inaccurate, incorrect, or misunderstood. Thus, invalid medical records may keep quality dependents from entering the military.

Accessions standards must identify those individuals who are not capable of effectively serving, but they should not exclude those who previously had mental health and developmental histories but can now successfully serve. Importantly, care must be taken not to dissuade military parents from seeking treatment for their dependent children, regardless of possible consequences for later military service. Parents need to be encouraged to seek appropriate medical care for their children and not jeopardize their health out of fear that it would prevent future military service.

Additional Presentations to the Council

- (1) Defense State Liaison Office Update.** Mr. Marcus Beauregard, Director, Defense State Liaison Office, provided an update to the MFRC at the December 11, 2018 meeting. The Defense State Liaison Office mission is to harmonize differences in State and Federal laws that impact military families and alleviate barriers and disruptions resulting from military life. The Defense State Liaison Office efforts

have included a wide range of state issues: family law, education, occupational licensure and employment support, consumer protection, voting, health policy, National Guard support, and state judicial systems. The Defense State Liaison Office reviews its list of issues annually and brings the most significant ones to the attention of state government affairs. The Defense State Liaison Office accomplishes its mission through research of potential issues, educating policymakers about the issues, building relationships with them, and providing assistance when requested. The Defense State Liaison Office does not, however, lobby for specific bills. The most significant issue remains spouse licensure transportability which would allow a military spouse to transfer a license in good standing from one state to another. Education issues are also a priority including advance school enrollment when families move and in-state tuition for those dependents enrolling in local colleges and universities.

- (2) Military Community Support Programs Update.** Ms. Lee Kelley, Director, Military Community Support Programs provided an update to the MFRC on December 11, 2018. Ms. Kelley informed the MFRC members about the integration of family program resources into military treatment facilities, particularly partnering the HealthySteps program with the military medical treatment facilities. Parents generally do not miss pediatric appointments for their children and this partnering effort takes advantage of that behavior pattern. Approximately 100 families enrolled in the HealthySteps pilot programs at Naval Medical Center San Diego and Madigan Army Medical Center at Joint Base Lewis-McChord. Ms. Kelley reported that families experiencing deployment separations and permanent change of station moves have particularly benefited from the pilot programs.

HealthySteps also partners with the Family Advocacy Program and the New Parent Support Program, both programs within the Office of Military Family Readiness Policy. The Military Community Support Programs team highlights these and other family resources to medical providers, creating better integration and awareness of military family resources.

- (3) Military Housing Update and the Way Ahead.** The Honorable Robert McMahon, Assistant Secretary of Defense for Sustainment, briefed the MFRC on the status of military housing at the March 19, 2019 meeting. Mr. McMahon focused on the privatized military family housing. Families want a safe, high-quality, and affordable home. Many military families want to live on a military installation because they understand and appreciate the culture and rely on the support network; however, they will not choose to live there if the military cannot provide that home. Ensuring military families have a safe place to live is one of Mr. McMahon's top priorities.

Approximately 30 percent of military families live on military installations and in privatized military housing. The transition to privatization proceeded well, with high occupancy rates. Over time, the Department failed to educate commanders sufficiently about the privatization model and potential issues. The Department

recognized this deficiency and is improving its education efforts, starting with the Secretaries and commanders of the Military Departments.

Efforts are also underway to ensure the housing privatization partners modify their behaviors to meet the needs identified by military families and correct the poor and sometimes egregious conditions in many homes. The Military Services are studying fees paid to the partners and whether a tenant can withhold rent due to substandard housing conditions. The Department and the Military Departments are working to create a bill of rights so every tenant knows the identity of their landlord, the housing and services to which they are entitled, and the tenant's responsibilities.

Written Public Submissions

During FY 2019, the MFRC received 61 written public submissions by mail and email for review and consideration. The Designated Federal Officer included instructions for public written submissions in the Federal Register Notice announcing each MFRC meeting. The Designated Federal Officer provided the submissions to the MFRC members prior to each of the three meetings in FY 2019. The Designated Federal Officer presented the public submissions during the meetings, allowing the MFRC members the opportunity to review and discuss. The list of public written submissions is found in Appendix B.

SECTION THREE: ASSESSMENTS AND RECOMMENDATIONS

Assessments of Military Family Readiness Programs

The MFRC members received and reviewed briefings from three offices supporting military family readiness: Military Community Outreach, Defense State Liaison Office, and Military Community Support Programs. The information presented to the MFRC made clear that these offices and their programs are making practical and positive improvements in military family readiness.

The Military Community Outreach office is responsible for the Military OneSource website. Improvements to the website have smoothed the user experience and helped more Service members and families find the resources they need. Moving forward, current and future modifications to Military OneSource will better serve the changing needs of all military members and their families.

The Defense State Liaison Office tracks and routinely reports on a number of issues important to the daily lives of Service members and their families. Military spouse employment challenges impact family finances, family satisfaction, family readiness, and ultimately, retention. The Defense State Liaison Office focus on military spouse licensure transfer from one state to another will continue to be the office's top priority. The Defense State Liaison Office efforts to obtain and improve advance enrollment in schools when families move will also contribute to smoother moving transitions for families with school-age children.

The Military Community Support Programs office partnered with the military medical treatment facilities at two bases and offered parents the opportunity to enroll in the HealthySteps program pilot. For those families with a military member deployed or moving to another location, the pilot program was particularly successful. Further integration with other family programs, such as the New Parent Support Program, will link additional resources to families in need.

FY 2019 Recommendations for the Secretary of Defense

Pursuant to 10 U.S.C. § 1781a(e) MFRC members developed and considered numerous recommendations for submission to the Secretary of Defense. After presentations and deliberation, the MFRC selected and rank-ordered the top 4 recommendations to report to the Secretary of Defense and the congressional defense committees. The MFRC decided, however, to include in its FY 2019 report all recommendations considered by the MFRC, including those not ranked. After review by the Secretary of Defense, the DoD sponsor of the MFRC, the Under Secretary of Defense for Personnel and Readiness or his/her delegated authority, will evaluate the recommendations and determine what actions will be implemented by the DoD.

The complete list of considered recommendations is shown below. Additional details for each recommendation can be found in the June 13, 2019 DoD MFRC meeting minutes (note that the MFRC considered some of the recommendations presented at the meeting to be similar and combined them during the committee discussion period).

- (1) Support child and youth programs by ensuring childcare is funded and resourced to meet the growing childcare demand.
 - Ensure staff are brought onboard and background checks are completed within prescribed timelines and revitalize the Family Child Care program to meet the increasing childcare demand.
 - Invite the Services to discuss and determine ways to meet the childcare demands on post at the following touchpoints: Service-level Headquarters; Manpower and Reserve Affairs; Installation Child and Youth Programs; Support Agencies.
- (2) Support the efforts of the Defense State Liaison Office to continue its work with State legislators, State officials, representatives from occupation-affiliated organizations, and military spouses to expand and improve license portability for military spouses. Support the Defense State Liaison Office effort to resolve the top ten military lifestyle issues and veteran employment protections.
- (3) Review Military Services' housing satisfaction surveys and independent research (e.g., Military Family Advisory Network) to reconcile the readiness and well-being concerns raised by military tenants with the reports and claims of privatized housing companies.
- (4) Determine and understand potential unintended consequences related to the electronic merging of dependent and military service medical records. Specifically, address

whether this merging could have a chilling effect on military families, thereby exacerbating stigma and increasing reluctance among parents and health professionals to seek appropriate treatment for dependent children out of fear it could unfairly jeopardize future military service.

- Require the Services to report on the policies and processes related to accessions and the evaluation of military dependent (minor) medical records when a former military dependent enters military service.
- Ensure that DoD and the Services' policies and accession standards are congruent with current health policy, recruiting, and operational environments.

(Unranked) The DoD and the Military Departments should join forces and continue to research, analyze, develop, and employ innovative and effective ways to deliver family programs tailored to current and future generation of Service members and their families. Specifically, they should:

- Expand "Marine Corps Community Services Knows Marines" qualitative/exploratory research to include young millennial and Generation Z Marine Corps families, with the objective of identifying potential gaps in military family support.
- Develop Joint Knowledge Online learning modules for family services and child and youth support personnel to help facilitate their understanding and comprehension of effective strategies for communicating with millennials and future generations of Service members.

(Unranked) The DoD Office of Special Needs should continue to work with the Military Services to enhance and improve the Exceptional Family Member Program and standardize its services.

(Unranked) Continue to use community collaboratives to improve Service member and military family access to a broad range of military family readiness resources, services, and needed expertise.

(Unranked) Actively promote the use of congressional legislation (37 U.S.C. § 476(p)), which provides spouse licensure reimbursement for permanent change of station moves.

Focus Areas to be reviewed in FY 2020

The MFRC members selected two focus area topics review in FY 2020:

(1) Changes in Dependent Health Care Systems and Implications for Military Family Readiness

- The MFRC should focus on understanding and monitoring the implications, over time, of the changes in dependent health care and implications for readiness and retention.

(2) Community Collaborations and Partnerships

- The MFRC should address the imperative for DoD to institute better/more transparent data sharing agreements and processes that involve and engage with reputable non-profit organizations and academic institutions and, in collaboration, design privacy-protected vehicles for timely exchange of information and ideas.

CONCLUSION

The DoD MFRC continues to consider and contribute to military family readiness by providing a public forum for reviewing and assessing matters that impact military family readiness and well-being. The diverse MFRC membership brings a broad range of military family perspectives from each of the Military Services, stateside, and overseas families, and the Regular, Reserve, and National Guard components. Further, the MFRC receives ready support from the DoD and the Military Departments. The public is invited to attend and submit comments. The offices with the expertise provide detailed briefings to the MFRC members with information about programs, policies, and ongoing efforts to support military family readiness. The resulting suggestions provided by the Council will contribute to the overall readiness, health, and well-being of military families world-wide.

APPENDIX A

Department of Defense Military Family Readiness Council FY 2019 Members

Chairman: Under Secretary of Defense for Personnel and Readiness

The Honorable James N. Stewart,
Assistant Secretary of Defense for Manpower and Reserve Affairs,
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Department of Defense Office of Military Family Readiness Policy

Ms. Carolyn S. Stevens,
Director

Service Member Representatives for Army, Navy, Air Force and Marine Corps

Lieutenant General Gwendolyn Bingham,
Assistant Chief of Staff for Installation Management, U.S. Army
Rear Admiral (Lower Half) Philip E. Sobeck,
Director, 21st Century Sailor Office
Mr. Horace Larry,
Director, Air Force Services, U.S. Air Force
Ms. Marie Balocki,
Director, Marine and Family Programs, U.S. Marine Corps

Representative of the Army National Guard or the Air National Guard

Brigadier General Jessica Meyeraan, Air National Guard,
Vice Director, J-1, National Guard Bureau
Major General Dawne Deskins, Air National Guard,
Director, J-1, National Guard Bureau (replaced Brigadier General Jessica Meyeraan)

Senior Enlisted Advisors of the Army, Navy, Marine Corps and Air Force

Sergeant Major of the Army Daniel Dailey
Master Chief Petty Officer of the Navy Russell L. Smith
Chief Master Sergeant of the Air Force Kaleth O. Wright
Ms. Andrea Greene, Spouse of Sergeant Major of the Marine Corps Ronald L. Greene
Sergeant Major of the Marine Corps Ronald L. Greene (replaced Ms. Andrea Greene)

Spouses or Parents of Members of the Army, Navy, Marine Corps and Air Force

Ms. Laura Conley, U.S. Army Spouse
Ms. Jennifer Luscher, U.S. Navy Reserve Spouse
Ms. Evelyn Honea, U.S. Navy Spouse (replaced Ms. Jennifer Luscher)
Ms. Heather Zane, U.S. Marine Corps Reserve Spouse
Ms. Jill La Fave, U.S. Air Force Reserve Spouse

Representatives of Military Family Organizations

Dr. Mary Keller, Military Child Education Coalition
Dr. David Rubin, M.D., Children's Hospital Association
Ms. Karen Ruedisueli, National Military Family Alliance

APPENDIX B

Public Written Submissions List for FY 2019

For December 11, 2018 DoD MFRC meeting:

Cell phone for deployed military (1)
Military housing health & safety issues (1)
Military housing health & safety issues Military Lending Act (1)
National Children's Alliance (1)
Outreach to Millennials (1)
TV show inquiry (1)
Accessions & access to military dependent medical records (2)
Letter to DoD IG concerning EFMP (3)
PCS moves and claims process (3)
Miscellaneous (5)

For March 19, 2019 DoD MFRC meeting:

Army Family Readiness Initiatives Fact Sheet (1)
Service or product suggestions (2)
Medical or healthcare issues (5)
Military housing health and safety issues (7)

For June 13, 2019 DoD MFRC meeting:

Business solicitation (1)
EFMP funding (1)
Email reference non-functional website (1)
Key spouse comments and recommendations for several family programs (1)
Mental health professional statement of issues affecting military families (1)
Military students with special needs (1)
Query if MFRC live-stream available (1)
Request for 13 June 2019 meeting agenda (1)
Request for OPM to add a Military Spouse clause to the 5 CFR 531 (1)
Request if Council had any State-specific Policy Recommendations (1)
Survivor Benefit Plan – Dependency and Indemnity Compensation Offset (1)
Sharing personal experiences (2)
EFMP Respite Care (3)
Emails military housing issues (3)
Emails concerning family member EFMP enrollment (4)
Requests for Documents or Written Public Submission (4)