

**Department of Defense**  
**Military Family Readiness Council Meeting Minutes**  
**Teleconference**  
**September 22, 2020**  
**10 a.m.-12 p.m.**

**Meeting Attendees:**

**DoD MFRC Council Members:**

Mr. William G. Bushman, Chairman, Performing the Duties of the Deputy Under Secretary of Defense for Personnel and Readiness (P&R)  
LTG Jason T. Evans, Army Headquarters, Deputy Chief of Staff, G-9  
SMA Michael A. Grinston, Sergeant Major of the Army  
RDML Putnam H. Browne, Director, 21st Century Sailor Office  
Ms. Marie C. Balocki, United States Marine Corps (USMC) Headquarters, Director, Marine and Family Programs  
Mr. H.L. Larry, Director, Air Force Services  
Ms. Shannon Rzasadin, Military Family Advisory Network (MFAN)  
Ms. Patty Barron, Association of the United States Army (AUSA)  
CMSgt (ret) Ericka Kelly, Reserve Officers Association (ROA)  
SMMC Troy E. Black, Sergeant Major of the Marine Corps  
Ms. Carolyn Stevens, Director, DoD Office of Military Family Readiness Programs (OMFRP)  
Ms. Evelyn Honea, Spouse of Regular U.S. Navy Member  
Ms. Heather Zane, Spouse of USMC Reserve Member  
Ms. Jill Waters, Spouse of Regular U.S. Army Member

**Advisors:**

Ms. Virginia S. Penrod, Acting Assistant Secretary of Defense for Manpower and Reserve Affairs  
Ms. Anne K. Joiner, Deputy Assistant Secretary of Defense for Military Community and Family Policy (MC&FP)  
Ms. Julie Blanks, Executive Director, Office of the Under Secretary of Defense for P&R  
Mr. Joe Ludovici, Principal Director, MC&FP

**DoD MFRC Support Staff:**

Mr. William Story, Designated Federal Officer (DFO), OMFRP  
Mr. Bill Hampton, Alternate DFO (ADFO), Defense-State Liaison Office (DSLO)  
Mr. Frank Emery, Travel and Logistics, OMFRP  
Ms. Melody McDonald, Human Resource Liaison and Logistics, OMFRP

**Speakers:**

DoD MFRC Council Members

## **Public Submission:**

- Soldier requests help with parents' immigration status

## **Proceedings of the Meeting:**

On Tuesday, September 22, 2020, the Department of Defense Military Family Readiness Council (MFRC) held its third meeting of fiscal year (FY) 2020 via teleconference.

The purpose of this meeting was to discuss and vote on the MFRC's FY2020 recommendations for the Secretary of Defense and to propose focus areas for the MFRC to review in FY2021.

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

## **Call to Order**

The MFRC Designated Federal Officer (DFO), Mr. William Story, welcomed Council members, advisors, and public guests. He initiated roll call, reviewed the agenda, and explained that this is the final MFRC meeting for the fiscal year. The purpose of the meeting was to discuss and select recommendations for the annual report, and to choose focus areas for the meetings in FY2021. Mr. Story confirmed quorum and introduced the MFRC Chairman, Mr. William G. Bushman.

Mr. Bushman welcomed everyone to the meeting. Due to COVID-19, the MFRC is meeting virtually for the third time. Mr. Bushman recognized all MFRC member and support staff efforts. He welcomed several listeners, including Mr. Rahn Bass, spouse of Chief Master Sergeant of the Air Force JoAnne S. Bass; Ms. Vee Penrod, Performing the Duties of the Assistant Secretary of Defense for Manpower and Reserve Affairs; Ms. Kimberley Joiner, Deputy Assistant Secretary of Defense for Military Community and Family Policy; and Mrs. Hollyanne Milley, spouse of General Mark Milley, Chairman of the Joint Chiefs of Staff.

## **Procedural Guidance**

The meeting objective was to review recommendations that the MFRC will forward to Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness. The recommendations constitute the advice that the MFRC provides as an advisory council. The MFRC also decided on the FY2021 focus areas. Mr. Bushman reminded the MFRC that recommendations and desired focus areas must remain within legal and statutory scope to support Service member families.

Mr. Story explained the purpose and guidelines of the DoD MFRC. The MFRC has 18 members. Only members may deliberate and vote. The general public is listen-only. Other participants may speak if called upon by the chairman. Mr. Story provided the MFRC webpage and contact information for the MFRC via email and mail.

Mr. Story explained presentation and voting procedures. Each speaker was allowed two minutes to present the recommendation. After all recommendations were presented, the Members deliberated and consolidated some recommendations. The members then voted on the final recommendations for the annual report. Focus area topics followed a similar procedure.

## **Fiscal Year 2020 Recommendations**

### **Recommendation 1: Withdrawn**

**Title: MFRC Response to Written Submissions – Ms. Patty Barron**

### **Recommendation 2: Endorsed and combined with Recommendations 3 & 4.**

**Title: Expand the Building Healthy Military Communities (BHMC) Pilot -- Ms. Jill Waters**

**Recommendation:** Expand the BHMC Program beyond the pilot states to reach a more encompassing group of remotely stationed soldiers and families.

**Descriptive Paragraph:** There are many instances where a soldier may be stationed away from a military installation. Being a military Service member/family in a civilian setting – especially one where knowledge and support of the military lifestyle is less common – presents challenges beyond that of a typical duty assignment. The BHMC Pilot is working with industry partners and communities at various levels to meet the needs and challenges of those who are remotely stationed. The current BHMC Pilot identified that, currently, many state and local leaders did not have an understanding of military presence in their communities, and if they did, were not aware of a point of contact to form a better partnership.

**Presenter Comments:** The BHMC Pilot works with state and local leaders to bridge the family experience gap. The current program should be expanded to include more areas where families are stationed remotely and away from a military installation. Military family per capita in each area might be useful to decide pilot placement. Pilot locations for consideration could also include areas with military recruitment and Reserve populations.

### **Recommended Courses of Action (COAs):**

- 1.e Invite the Uniformed Services University Consortium for Health and Military Performance, the Defense-State Liaison Office, military Service branches and Military OneSource to expand the Total Force Fitness Portfolio beyond the current pilot states. Additional states may be selected based on the number of military Service and family members per capita, as well as proximity to an active, full service military installation.
- 2.e Promote the presence of military Service members and families within civilian communities using the same platforms that are currently being used in the BHMC Pilot.
- 3.e Educate state and local leaders on the challenges that military Service members and families face, and what they can do to alleviate these to promote readiness and resiliency.

**Recommended Office of Primary Responsibility (OPR) for COAs:**

- 1.a The current Building Healthy Military Communities Pilota
- 2.a Defense-State Liaison Officea

**Recommendation 3: Endorsed and combined with Recommendations 2 & 4.**

**Title: Building Healthy Military Communities** – LTG Jason T. Evans

**Recommendation:** OSD provide a report on the BHMC Pilot including approach, objectives, evaluation methods, results, and lessons learned to determine if it warrants placing additional resources and support; with the goal to move it towards a permanent force multiplier in all states and territories.

**Descriptive Background:** BHMC is a congressionally mandated initiative. The pilot is a multi-year effort, currently in seven states, and part of a larger effort to achieve force resiliency and readiness in all three military components: Active Duty, Reserve, and National Guard. The pilot aims to better understand and address unique readiness and well-being challenges facing geographically dispersed military Service members, their families and the communities in which they live. It also engages Service leadership, DoD Service members, their families, and the community to identify capabilities and gaps by building partnerships at the local, state, and federal levels.

**Presenter Comments:** The BHMC after action report revealed a need to measure outcomes with a wider applicability of the pilot. The proof of the BMHC principle is clear, and there is wider applicability now for geographically dispersed families.

**Recommended Courses of Action (COAs):**

- 1.a OSD provide a report on the BHMC Pilot including approach, objectives, evaluation methods, results, and lessons learned to determine impact on force readiness and resilience, and potential for additional resources and support.a
- 2.a Based on pilot results and potential outcomes:a
  - a.a Expand resource initiative and move it towards permanent force multiplier in all states and territories.a
  - b.a Continue data collection and evaluate unrealized outcomes.a
  - c.a Continue to complement and integrate into other DoD and Service readiness efforts.a
  - d.a Increase awareness of military-connected population, and importance of leveraging diverse partnerships.a
  - e.a Continue to engage states on initiatives and partnerships.a
  - f.a Continue to work with OSD to address legislative impediments.a
  - g.a Bi-directional engagement and communication with the Defense State Liaison Office and the Services.a

**Recommended Office of Primary Responsibility for COAs:** OASD Manpower and Reserve Affairs, DHA

#### **Recommendation 4: Endorsed and combined with Recommendations 2 & 3.**

**Title: Report on BHMC Pilot – Mr. H.L. Larry**

**Recommendation:** U.S. Public Health Service provide the MFRC a report by the end of FY2021 that summarizes the abilities of the DoD, the U.S. government, and the private sector to collaborate and address critical issues and optimize Service member readiness and family resiliency.

**Descriptive Background:** CAPT Kimberly Elenberg presented an overview of a congressionally mandated initiative that has been identified as the BHMC to assess and support the Total Force Fitness (TFF) of Service members and their families, both Active Duty and Reserve Component populations. The BHMC Pilot is a collaborative effort between multiple DoD agencies with critical support from federal, state, county, community, and industry partners including state departments of health, the Department of Health and Human Services, the Department of Veterans Affairs, the Centers for Disease Control, the National Association for Chronic Disease Directors, the Robert Wood Johnson Foundation, and others.

**Presenter Comments:** The BHMC Pilot is the type of initiative that benefits all Service members and their families. The after action report indicated this holistic approach provides a better opportunity to approach Service members' and families' needs with a resilience and readiness perspective.

#### **Recommended Courses of Action (COAs) – Council Member's Intent:**

1. Provide the MFRC with a summary of outcomes/recommendations by the end of FY2021 achieved from the BHMC Pilot that has a current expected completion date of Mar 2021.
2. Identify specific, achievable military Service-level improvements to enhance outreach messages for delivery of family readiness services and leverage DoD, state, or county resources through enhanced DoD/civilian connections.

**Recommended Office of Primary Responsibility for COAs:** U.S. Public Health Service

#### **Recommendation 5: Endorsed.**

**Title: Military Child Care in the COVID-19 Environment – SMA Michael A. Grinston**

**Recommendation:** Expand Child Development Center (CDC) capacity to operate under crisis conditions and review cost structure to ensure there is not an increased burden on military families as we navigate the COVID environment.

**Descriptive Background:** The COVID-19 pandemic has had a wide-range of negative consequences for military families. Chief among them are child care and education, which are inextricably linked. With school-aged children forced out of the classroom, and CDCs adopting a policy of accepting children only from parents deemed mission essential, military families suffered both financially and spiritually. This phenomenon had a direct impact on Service

members who are dual military, single parents and Service members with working spouses. In turn, this family readiness struggle has a direct correlation to the Service member's military readiness.

**Presenter Comments:** Mission-essential or wartime personnel do not have child care available on installations. The DoD is researching off-installation models to establish a new model for military child care given current pandemic conditions. As we solve COVID-19, we need to ask if we have the right model for child care during wartime.

**Recommended Courses of Action – Council Member's Intent:**

Invite the Services, other agencies, and stakeholders to engage to develop COAs on cost and capacity.

**Recommended Office of Primary Responsibility for COAs:** HQDA, DCS-G9, AMC

**Recommendation 6: Withdrawn**

**Title: Changes in Dependent Health Care Systems and Implications for Military Readiness**  
– Ms. Barrone

**Recommendation 7: Endorsed and combined with Recommendations 8 & 9.**

**Title: TRICARE Provider Availability** – LTG Evans

**Recommendation:** DHA update, improve, and expand TRICARE Specialty Providers, especially those needed to meet EFMP family member needs when permanently changing of stations (PCS), and when geographically dispersed.

**Descriptive Background:** Army soldiers must navigate a complex and complicated system of managed care to obtain specialty care for family members, especially those with EFMP family members, when they PCS and for those in geographically dispersed locations. The Army frequently receives complaints that provider network lists are outdated, or providers listed no longer accept TRICARE referrals, causing delays in service delivery or added burdens to obtain services. Limited or lack of specialty care across the enterprise impacts soldier assignment options, which limits soldiers' opportunities and career enhancing assignments. TRICARE Prime in-processing time, combined with access to care standards, creates an initial delay in seeing medical providers. EFMP members that may require specific therapy or medication could wait up to 35 days for care because TRICARE Prime does not offer expedited TRICARE Prime access care standards to EFMP members at a new duty station.

**Presentation Comments:** LTG Evans remarked that a Defense Health Agency (DHA) review of TRICARE provider availability could help assess support for families when they transition from one duty station to another. Standard of care exists, but continuity of specialty care and appointments for Exceptional Family Member Program (EFMP) members are currently delayed up to 30 days. Standards of care vary across installations. TRICARE needs to reduce wait times and facilitate seamless transitions and continuity of care.

**Recommended Courses of Action (COAs) – Council Member’s Intent:**

- 1.a DHA conduct a comprehensive analysis of EFMP family member specialty care requirements in order to fully understand what is needed in the network and at Military Treatment Facilities (MTFs) to meet soldier and family medical needs while simultaneously expanding assignment options for soldiers.a
- 2.a DHA improve EFMP referral process and appointment scheduling with specialty care providers for EFMP family members at time of PCS. Reduce any scheduling lag for recurring appointments (e.g., every 30-days) and/or medication needs of EFMP family members at time of PCS.a
- 3.a DHA conduct an analysis of options to increase and expand TRICARE network capacity to include reimbursement rates and incentives to attract and retain sufficient TRICARE and/or MTF providers to meet EFMP family needs and geographically dispersed populations.a
- 4.a DHA develop a simple user dashboard to allow families to pinpoint available specialty care services at any location. Ensure the dashboard has the ability for families to easily communicate with medical practitioners and make appointments prior to permanent change of station.a
- 5.a DHA provide a report to the MFRC on improvements in specialty care capability matched with EFMP family member needs.a

**Recommended Office of Primary Responsibility for COAs:** Defense Health Agency (DHA)

**Recommendation 8: Endorsed and combined with Recommendations 7 & 9.**

**Title:** Evaluation of Standardized Health Care and Travel Screening Processes – Mr. Larry

**Recommendation:** DHA provide the MFRC a report by the end of FY2021 evaluating projected changes to standardize healthcare/travel screening processes for Service/family members.

**Descriptive Background:**

When he spoke to the MFRC on April 29, 2020, Lt Gen Place presented information illustrating different procedures across a variety of installations for care, to include managing appointments, data management, how to contact pharmacies, etc., and described an ongoing mitigation effort to standardize across the Services. Lt Gen Place also responded to quorum member concerns about varying procedures for travel screening within each military Service and identified this as an area of improvement for standardizing.

**Presentation Comments:** Mr. Larry emphasized the need to standardize procedures. Different procedures across a variety of installations need to be standardized to manage appointments and contact pharmacists. The DHA can report projected changes to standards that are important to standardizing support across the Services.

**Recommended Courses of Action (COAs) – Council Member’s Intent:**

1. Provide the MFRC with an evaluation/assessment by the end of FY2021 that show progress related to standardization of service delivery and identify the efficiency and/or effectiveness of the improvements.
2. Provide the MFRC a report of customer satisfaction of received healthcare services, both pre- and post-standardization changes that indicate Service/family member knowledge of where and how to get services, satisfaction in navigating between on-base MTF services and referrals through Tricare to off-base providers, and timeliness of service by the end of FY2021.

**Recommended Office of Primary Responsibility for COAs: DHA**

**Recommendation 9: Endorsed and combined with Recommendations 7 & 8.**

**Title: Access to Health and Mental Health Appointments** – Ms. Shannon Razsadin

**Recommendation:** A comprehensive review of geo-specific wait times experienced by military families when trying to obtain medical appointments (including behavioral health) and distance families must travel to obtain specialty care.

**Descriptive Background:** The ability to find medical care, including behavioral health and specialist appointments, is a perennial challenge for military families. According to the 2019 Military Family Support Programming Survey, conducted by the Military Family Advisory Network (MFAN), nearly one-third of active duty family member respondents rated their abilities to access general health care appointments negatively or very negatively. There is growing concern among military families that this issue will only get worse during the Military Treatment Facility realignment. The Military Family Advisory Network consistently sees military spouses putting their health on the backburner as they secure care for their children, this leads to missed diagnoses and the inability to conduct important screenings. With changes coming to the military health care system, MFAN recommends an in-depth review of wait times for Primary Care Manager (PCM), specialist, and preventative care that is geo-specific. The ability for military dependents to secure appointments can have life-altering impacts.

**Presentation Comments:** Ms. Razsadin said that currently, scheduling behavioral health appointments is difficult during the PCS process. There are long gaps in dental care as well. A comprehensive review of the wait times during the Military Treatment Facility adjustments will help determine how well they are serving military dependents.

**Recommended Courses of Action:** The Department of Defense should work with MTFs, insurers, and providers who accept Tricare, US Family Health Plan (through Tricare Prime), and dental to evaluate the time lapse between when an appointment is requested and when an appointment/preventative screening is available across all types of health care.

**Briefings:**

- Government Accountability Office: Authors of the following study, <https://www.gao.gov/assets/710/707262.pdf>
- Defense Health Agency, personnel responsible for contractor oversight



- e Defense Health Agency, personnel responsible for provider screening/reimbursement rates

**Recommended Office of Primary Responsibility for COAs: TBD**

**Recommendation 10: Endorsed.**

**Title: Military Children and Future Potential Recruits – LTG Evans**

**Recommendation:** DoD continues to look at implications of current policies that affect one of our most valuable resources – military children – as it relates to medical care, records, and current policies on accessions.

**Descriptive Background:** Military children are the largest youth group in the United States to choose military careers. Military children have greater experience and strengths associated with military life and adversity. One out of five military children accesses mental health care, and one of our four military families have a child enrolled in EFMP. There is a known stigma related to accessing care and potential unintended consequences. Many see a need for a culture change to increase mental health care availability and utilization by military children. But what is the impact of encouraging military parents to seek professional support that is later used to determine suitability for military service?

**Presentation Comments:** LTG Evans pointed out that military children have TRICARE profiles and medical histories that are readily accessible when they are accessed into the military. This is different from civilian recruits. The DoD may want to establish a working group to examine the policy implications or current trends that may impact a military child's ability to enlist.

**Recommended Courses of Action (COAs) – Council Member's Intent:**

I.e Request DoD establish an expert working group to review implication of current policies and incorporate current science to inform policy while addressing the following questions:

- a.e Do current policies recognize the unique strengths of military children or do they overly scrutinize those military children who could thrive in military service?
- b.e Do current policies reflect realities associated with increasing diagnosis of mental health and developmental disorders?
- c.e Do current policies reflect an understanding of the longitudinal course of childhood illnesses or their impact on young adult functioning?
- d.e Could current policies using children's medical records to determine fitness-for-duty discourage parents from seeking help for their children?
- e.e Do historical medical records provide reliable information about prior diagnoses and accurately identify individuals who are not capable of effectively serving?

**Recommended Office of Primary Responsibility for COAs: OASD Manpower and Reserve Affairs**

## **MFRC Deliberation and Voting**

Mr. Story opened the line for discussion and comments. Mr. Bushman suggested combining topics 2, 3, 4 and 7, 8, 9, respectively.

A spouse working group could investigate all available support across the DoD. Military families are part of the greater health and fitness of the force. How can we integrate a balance of needs into one conversation? The MFRC can identify base targets, but the main topic is investing families in a military life community. A goal is to connect families with each other and available services. How do we get families invested in their communities and connected to resources? Currently, customer service across military facilities, the exchanges, and housing remains disjointed.

The MFRC discussed adjusting the language of the proposed merged recommendations. Two to three MFRC members can rework the language and send to Mr. Bushman or Mr. Story. Alternatively, Mr. Story can modify the language and submit the merged recommendations back to the authors for approval and then submit to Mr. Bushman.

Members voted to combine recommendations 2, 3, 4 and 7, 8, 9, respectively, to standardize MFRC efforts. MFRC members rank-ordered the BHMC Pilot as Recommendation No. 1 and TRICARE standardization as Recommendation No. 2. Mr. Story will consolidate the language for Recommendation 1 to review with Ms. Waters, LTG Evans, and Mr. Larry. Ms. Razsadin will consolidate the language on Recommendation 2 with LTG Evans and Mr. Larry.

The remaining recommendations (numbers 5 and 10) about military child care (5) and military children and potential future recruits (10) will also go forward.

### **Fiscal Year 2021 MFRC Focus Areas**

#### **1. Diversity and Inclusion – CMSgt (ret) Ericka Kelly (Withdrawn)**

There is a new DoD FACA committee, the Defense Advisory Committee on Diversity and Inclusion, convening that is dedicated specifically to study and make recommendations to the Secretary of Defense on matters and policies relating to improving racial/ethnic diversity, inclusion, and equal opportunity within the DoD (Federal Register Notice link below).

<https://www.federalregister.gov/documents/2020/08/31/2020-19038/charter-establishment-of-department-of-defense-federal-advisory-committee>

#### **2. Impact of COVID-19 on Military Child Education – Ms. Barron**

There are 1.65 million military school-age children impacted by COVID-19. Many lost an opportunity for face-to-face interaction during the past spring semester. Many families experienced PCS transitions over the summer. Different types of processes exist in their new locations, which can be frustrating and confusing. Additional concerns exist for female military Service members and military parents. If a school-age child needs remote home education with a

single parent or dual-military parents, how can the DoD help support them? Good resources for supporting education are available on Military OneSource and the expansion of tutor.com. Is there any way to have a briefing on combining all resource tools and best practices into one platform like Military OneSource? What is the future of tutor.com as a resource? Can there be a stipend for at-home education expenses? Parents need support.

### **3. Child care for Geographically Dispersed Service Members and Their Families – LTG Evans**

DoD Education Activity (DoDEA) has the responsibility of planning and coordinating pre-K through grade 12 in 160 schools. For military-affiliated children not attending those schools, how do we advocate for them? The MFRC needs to review DoDEA roles and responsibilities, particularly as it pertains to DoDEA. If a child does not attend a DoDEA school, responsibilities fall to the Services. The MFRC needs to advocate for all military school-age children.

### **4. Lack of Progress on Implementation of Recommendations Offered by the National Academy of Sciences Report: “Strengthening the Military Family Readiness System for a Changing American Society” – Ms. Barron**

The National Academy of Sciences (NAS) provided their report to the DoD two years ago. The modern military family is complicated. Not every family member knows about or has access to the DoD funded programs and resources. The emotional support that families provide to their Service member is very important. Families should be whomever the Service member identifies as such. How do we support those families and provide them DoD services? Legislative and funding changes may need to occur. A briefing on the progress implementing the NAS report would be welcome and illuminating.

### **5. Impact of COVID-19 on Military Child Care – Ms. Barron**

COVID-19 quickly and dramatically changed the military child care landscape. Child care centers that military families relied on closed and will not open again, or they will have lower staff numbers to meet the Centers for Disease Control and Prevention (CDC) guidelines for COVID-19 operations. Female family members bear the brunt of home child care. What child care options are currently available and what do families need? Perhaps a child care stipend is possible or fee assistance for nannies and au pairs. The Executive Officer Dr. Lynette M. Fraga from Child Care Aware® of America can provide the MFRC an overview and help the DoD leverage what is available through legislation or state rules and regulations.

### **6. Education of Military-Affiliated Children – LTG Evans**

Similar to Focus Area Topic 2, geographically dispersed families experience education gaps. A pilot in Maryland assisted community child care centers in becoming certified as education centers. The DoD can expand the Maryland model to provide capacity to geographically dispersed areas that become certified to teach.

**7. Assess Department-Wide Service Delivery Pivots in Relation to a National Pandemic/Emergency – Mr. Larry**

The national emergency and pandemic have highlighted the need for DoD to examine and tailor the traditional methods of delivering care, solutions, and programs. Adjustments began before the national crisis, but must continue. How can the DoD deliver care across the Services? How can the DoD sustain and modify program adjustments to a virtual or hybrid model? The DoD needs continual assessment with quantitative analysis to lessen the impact of future emergencies.

**8. Family Support Services in the COVID-19 Environment – RDML Putnam H. Browne**

The Services are working closely with MC&FP to provide family support center services. RDML Browne recommends the Services educate and inform the MFRC on Service-specific virtual services to develop to support family members in the COVID-19 environment, and provide data on whether the services have increased or decreased.

**9. How is COVID-19 Affecting Military Families? What Steps Have the Services Taken to Mitigate and Address the Effects? – LTG Evans**

LTG Evans noted that Mr. Larry and RDML Browne articulated similar focus areas. The Services are capturing lessons learned and best practices. In response, the DoD should list them for tracking purposes. Such an approach will facilitate future disaster preparedness.

**10. Military Housing Privatization Problems – Ms. Barron**

The MFRC needs an update on the Tenant Bill of Rights to identify challenges. Mr. Story will schedule a 10-15 minute update from the Assistant Secretary of Defense/Sustainment office at one of the FY2021 MFRC meetings.

**11. Defense-State Liaison Office (DSLO) Progress Report – LTG Evans (Withdrawn)**

Mr. Story will schedule a 10-15 minute update from the DSLO office for one of the FY2021 MFRC meetings.

**12. Spouse Education and Employment Opportunities – LTG Evans**

A DSLO update of engagement activities with the states, particularly those that have licensure laws and reciprocity, would be beneficial. Spouses need employment to continue their professions.

**13. Limited TRICARE Network in Geographically Dispersed Communities – LTG Evans**

Along with the previous recommendations discussed, the DoD should continue to focus on improving the TRICARE network, particularly in verifying that reimbursement rates are commensurate with provided care.

**14. Basic Allowance for Housing (BAH) in Metropolitan Areas – Geographically Dispersed**  
– LTG Evans

The yearly survey needs increased focus on metropolitan areas' BAH rates for military families that live away from installation support. The BAH needs to match the standard of living in those areas.

**15. Military Family Food Insecurity – Ms. Razsadin**

The Military Family Advisory Network (MFAN) conducted a pre-COVID-19 survey of food banks and found one in eight military family respondents experienced food insecurity. The MFRC can ask for briefings from the USDA, DHA, MC&FP (MWR) and DoDEA about food insecurity among military families to assess food insecurity experienced by military families.

**16. PCS Out-of-Pocket Expenses Have Skyrocketed During COVID-19 – Ms. Barron**

Out-of-pocket expenses have increased during COVID-19, which can lead to food insecurity. The MFAN reported pre-COVID-19 that families spend on average \$5,000 out of pocket during a PCS move. PCS spending has increased due to quarantine requirements and sanitization measures. OCONUS families have to ship pets at a later time due to COVID-19, which counts as an out-of-pocket expense as well. The MFRC needs an update on how the military is addressing PCS during COVID-19, and what the DoD does and does not reimburse, how quickly, and if there is any way that families can recuperate any of those out-of-pocket expenses?

**17. Supporting Military Families Through PCS Transitions in EFMP Families With Grade School Children – Ms. Waters**

A point of contact or liaison can help families find providers and therapies to avoid gaps in services for EFMP members to maintain care continuity. They could also assist PCS grade school transitions. Briefings from DoDEA and the EFMP would inform the MFRC on the support to EFMP families available during PCS transitions.

**MFRC Deliberation and Voting**

Mr. Story opened the line for discussion and comments on the focus area presentations. Mr. Bushman observed an opportunity to consolidate the items addressing COVID-19, child care, and geographically dispersed families. Topic consolidation can include sub-categories to address more nuanced issues. For example, COVID-19 could have sub-topics addressing affected family program services such as PCS moves, housing, and child education.

An updated category could include the Tenant Bill of Rights and spouse educational opportunities. Ms. Evelyn Honea suggested the MFRC ask for an update on the Secretary of Defense efforts concerning day care. And because Reserve military children are going through many changes in their lives, CMSgt (ret) Kelly recommended the MFRC include a Reserve advisor for briefings or advisor updates to the MFRC. Mr. Bushman agreed.

Mr. Bushman motioned to consolidate focus areas 2, 6, and 17 as “Education for Military-Affiliated Children.” Combining 7, 8, and 9 will address COVID-19 concerns. Finally, 3 and 5 can encompass child care. LTG Evans seconded the motion. The motion passed.

Mr. Bushman opened deliberation to pick two focus areas. Mr. Larry motioned to consider adding an additional MFRC meeting to the annual calendar to accommodate three focus areas. The motion for an additional meeting passed, contingent on MFRC sponsor approval.

Mr. Bushman recommended the MFRC select two focus areas with a third as a contingency, pending approval for adding a fourth meeting to the calendar. An additional meeting would have the same requirements for quorum. Mr. Story clarified that if a MFRC member is unable to attend a meeting a substitute can attend. Substitutes do not have speaking roles and cannot vote.

The MFRC moved and seconded the motion to vote on rank-ordering the consolidated focus areas. Mr. Story tallied the votes and Mr. Bushman confirmed that COVID-19 is Focus Area 1, followed by child education as Focus Area 2. Child care as Focus Area 3 is contingent upon the sponsor’s approval of an additional meeting added to the MFRC schedule.

### **FY2020 Recommendations List**

#### **Building Healthy Military Communities (Recommendations 2, 3, and 4 combined)**

Expand the Building Healthy Military Communities (BHMC) Program beyond the pilot states into a permanent force multiplier that reaches and encompasses all of the remotely stationed military members and families, and provide a detailed report that supports the expansion.

#### **Military Family Health Care Access (Recommendations 7, 8, and 9 combined)**

Assess, streamline, and improve access to health care and behavioral health care for military families, with special attention to Exceptional Family Member Program (EFMP) families and care gaps that are created by permanent changes in station (PCS).

#### **Military Child Care in the COVID-19 Environment (Recommendation 5)**

Expand Child Development Center (CDC) capacity to operate under crisis conditions and review cost structure to ensure there is not an increased burden on military families as we navigate the COVID environment.

#### **Military Children and Future Potential Recruits (Recommendation 10)**

DoD should continue to look at implications of current policies that affect decisions of one of our most valuable resources – military children – as it relates to medical care, records, and current policies on accessions.

### **FY2021 Focus Area List**

#### **Focus Area 1: Impact of COVID-19 (Focus Areas 7, 8, & 9 combined)**

COVID-19 and the Impacts on Military Family Readiness: 1) Determine the impact of COVID-19 on military families’ well being and readiness. 2) Assess the military family support services

and delivery during the national pandemic. 3) Assess the effectiveness of the Services' efforts to address and mitigate any adverse effects and discuss best practices.

**Focus Area 2: Education for Military -Affiliated Children** (Focus Areas 2, 6, & 17 combined)  
Assess DoD military child education and the dual challenges of meeting the educational needs of military-affiliated children who do not attend DoDEA schools, while simultaneously coping with the COVID-19 impact on all military children's education.

**Focus Area 3: Military Child Care** (Focus Areas 3 & 5 combined)  
Examine and evaluate military child care for geographically separated Service members and their families, and the impact of COVID-19 on both military child care availability and off-installation child care options.

### **Closing Remarks**

Mr. Bushman closed the meeting by thanking the MFRC team. The topics addressed spoke directly to warfighter readiness and are of strategic importance. MFRC members are to stand by for Mr. Story's email regarding the MFRC schedule for FY2021.

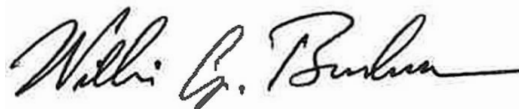
The meeting adjourned at 11:56 a.m.

### **Next Meeting:**

The next MFRC meeting will be remote access call-in. The date is to be determined.

Submitted by William Story, Designated Federal Officer

Certified by



William G. Bushman  
Chairman  
Performing the Duties of the Deputy Under  
Secretary of Defense for Personnel and  
Readiness