



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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OTSG/MEDCOM Policy Memo 23-005

MCFP

8 FEB 2023

Expires 8 February 2025

MEMORANDUM FOR

Commanders, MEDCOM Major Subordinate Commands
Deputy Chiefs of Staff, OTSG/MEDCOM OneStaff
Directors, OTSG/MEDCOM OneStaff

SUBJECT: MEDCOM Family Readiness Program Policy

1. References:

- a. Title 10, U.S.C., Section 1588, Authority to Accept Certain Voluntary Services.
- b. Department of Defense Instruction (DODI) 1342.22, Military Family Readiness, 5 August 2021.
- c. DODI 1100.21, Voluntary Services in the Department of Defense, 27 March 2019.
- d. DODI 5500.07-R, Joint Ethics Regulation, 30 August 1993, Incorporating Change 7, 17 November 2011.
- e. DODI 5400.17, Official Use of Social Media for Public Affairs Purposes, 12 August 2022.
- f. Army Regulation (AR) 600-20 (Army Command Policy), 24 July 2020.
- g. AR 40-58, Army Recovery Care Program, 12 June 2020.
- h. AR 600-8-101, Personnel Readiness Processing, 6 March 2018.
- i. AR 11-7, Internal Review Program, 29 March 2017.
- j. AR 1-100, The Army Gift Program, 7 February 2019.
- k. AR 1-10, Fund Raising Within the Department of the Army, 19 November 2022.

** This policy supersedes OTSG/MEDCOM Policy Memo 20-068, 6 November 2020, Subject: MEDCOM Family Readiness Program Policy

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

I. AR 608-1, Appendix K. Army Family Action Plan, 19 October 2017.

m. Headquarters, Department of the Army (HQDA) Executive Order (EXORD) 233-19, Army-Wide Implementation of the Soldier and Family Readiness Group (SFRG), 1 April 2019.

n. The Office of The Surgeon General (OTSG)/U.S. Army Medical Command (MEDCOM) Policy Memo 21-014, Social Media Policy, 25 February 2021.

2. Purpose: This policy prescribes the commander responsibility, authority, and procedures for establishing and operating their Family Readiness Program.

3. Background: Our grateful Nation recognizes the challenges military life places upon all those in service to our country. The well-being of our force is paramount to the success of any unit mission; therefore, unit, Soldier and Family Readiness are inextricably linked to mission preparedness. Family Readiness remains nested within Army Medicine's Strategic Vision: Build Readiness – Taking care of people. Our Soldiers and our Families are the foundation of our readiness. Additionally, GEN James McConville, the 40th Chief of Staff, Army, stated: "People are always my #1 priority. Our Army's people are our greatest strength and our most important weapon system. Our people are our Soldiers, Family Members, Department of the Army Civilians, and Soldiers for Life." The Sergeant Major of the Army stated: "People First, that includes Families. After nearly two decades of sustained combat operations, our generation of leaders has learned firsthand that Families are directly tied to readiness." Family Programs/Family Readiness supports The Surgeon General's Line of Effort #2: "Build Readiness".

4. Applicability: This policy applies to all MEDCOM commands.

5. Proponent: The proponent for this policy is MEDCOM Family Programs Division.

6. Policy: This policy prescribes commander responsibilities for the execution of their Family Readiness Program. The Family Readiness Program consists of Soldiers (Active Component, Army National Guard, and United States Army Reserve), Department of the Army (DA) Civilians, and Retirees (regardless of marital status), and Family members. The Family Readiness Program creates predictable programs and services through a service delivery system and network that best meets the need(s) of the command's footprint, regardless of location. This policy outlines diverse options for accessing a network of integrated services to help the total force be prepared to effectively navigate the challenges of daily living experienced in the unique context of military service.

a. Service Members who are concerned about their Families' well-being and support while away from home are unable to focus exclusively on their mission which may lead to accidents, injuries, and potentially mission failure or Soldier death. Our goal is a

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

combat-ready force supported by Families whose quality of life reflects the high standards and pride of the Nation they defend. We achieve that goal by working in partnership with Department of Defense (DOD) personnel and their Families, recognizing their role in the readiness of the Total Force. The support they receive and the success of the global mission are directly related.

b. Commanders, at all levels, are responsible for developing a Family Readiness System (FRS) that maximizes the network of agencies, programs, and services, and individuals in a collaborative manner to promote military Family readiness. This includes incorporating Family readiness into organizational goals related to the recruitment, retention, morale, and operational readiness of the military force. Additionally, commanders will ensure the inclusion of Soldiers and their families while deployed and/or geographically dispersed.

7. Calendar Year Reporting Requirements:

a. Commanders, at all levels, are responsible for the completion of the quarterly Family Readiness Program report. The quarterly report submission is required on the third Friday in January, April, July, and October. The Family Readiness Program report is located within the Family Programs SharePoint site at: <https://mitc.amedd.army.mil/sites/G1/fampro/SitePages/Submit-CMDReports.aspx>. The MEDCOM Family Programs Division may adjust content and frequency of the reports as appropriate.

b. The MEDCOM Chief, Family Programs, provides a quarterly Family Readiness Program report to MEDCOM leadership the last working day of January, April, July, and October.

8. MEDCOM Chief, Family Programs Responsibilities:

a. Serves as the Commanding General's Family Readiness Program Subject Matter Expert to facilitate full implementation and issue resolution of the Family Readiness Program.

b. Provides command-specific Family Readiness policy and regulatory guidance, training, and awareness to all MEDCOM commanders, supporting staff, and senior leader spouses through various means i.e., conferences (tele, video or in-person) and focus groups.

c. Network and collaboration with OTSG, Deputy Chiefs of Staff, G-9, DOD, Department of the Army, Army Commands, and Direct Reporting Units to maintain and disseminate up-to-date information related to Family readiness. This includes but is not limited to: in-person meetings; working groups; event participation; collaborative trainings; regulation and training curriculum reviews.

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

d. Executes the annual Family Readiness Organizational Inspection Program (OIP) process to ensure regulatory/policy compliance throughout the Medical Readiness Commands (MRCs). Family readiness is an inspectable program area at all command levels. The command OIP confirms regulatory/policy compliance on program areas including, but not limited to, document security, solicitation and response to family readiness issues, social media venues and content, and reporting requirements. Commanders will utilize the Family Readiness OIP checklist provided by the HQ, MEDCOM Family Programs Division located on the OIP Homepage SharePoint link: <https://mitc.amedd.army.mil/sites/g1/fampro/SitePages/Home.aspx?RootFolder=%2Fsites%2FG1%2Ffampro%2FShared%20Documents%2FOIP%20Sample%20Documents&FolderCTID=0x012000C54C242142C23849B74547833BF0B0A4&View=%7B0CAEADF6%2D1815%2D4BD8%2D9871%2D7A2C47CAC261%7D>.

9. Commander and Leader Responsibilities:

a. Commanders will ensure that an effective FRS for the total force is in place. Commanders will identify and input fiscal and personnel resource requirements for the Family Readiness Program as part of the command operating budget process. These requirements include, but are not limited to, supplies, equipment, and training. Commanders have the flexibility to tailor their program to meet documented needs and to support local demographics and conditions. This provides commanders the opportunity to exclusively design their programs and establish a delivery system through a variety of venues and platforms.

b. Commanders will utilize the Army Family Action Plan (AFAP) program as their mechanism for all demographics who comprise the Army's global force—Soldiers (Active Army and Reserve Components), retirees, DA Civilians, and Family Members, including survivors, to identify quality of life issues that impact the Total Army Family. The AFAP process prioritizes and assigns lead agencies to issues for resolution. The process monitors issues through a formal process that dictates leadership review, provides guidance/direction, and approval. The AFAP process operates at three distinct levels – garrison/tenant unit, AFAP General Officer Steering Committee Member Commands, and HQDA. Issue submissions that meet AFAP criteria, elevated through the AFAP process for higher-level review, and adopted into the HQDA AFAP by Vice Chief of Staff, Army approval, are assigned to the appropriate Army staff office to be worked toward resolution. The HQ, MEDCOM Family Programs Division provides training, issue development assistance and guidance regarding the AFAP process.

c. Commanders may support their Family Readiness Program administratively by hiring a Family Readiness Support Assistant (FRSA) utilizing the established standardized position description. All hiring actions above authorized levels require submittal of an Unfinanced Requirement (UFR) through MEDCOM G-8. Upon receipt of the UFR, MEDCOM G-8 will staff the action through Manpower and Programming for further adjudication.

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

d. MRC commanders may, as an option, support their Family Readiness Program by hiring a Family Program Specialist, utilizing the established standardized position description. All hiring actions above authorized levels require submittal of an UFR through MEDCOM G-8. Upon receipt of the UFR, MEDCOM G-8 will staff the action through Manpower and Programming for further adjudication.

e. Commanders are responsible for developing a Standard Operating Procedure (SOP) that will include up-to-date alert rosters, reporting requirements and Soldier Family Readiness Group (SFRG) processes and communication procedures. The SOP may include additional information such as outlines of communication networks (including social media), frequency of communication, and control measures for informal funds, audits, and fundraising approval procedures.

f. Commanders will continue to encourage use of social media and approve content posted on all media sites. Commanders may delegate the Command Family Readiness Representative to oversee SFRG social media sites. In order to receive updated information/events occurring within MEDCOM and outside organizations, it is recommended that commanders link MEDCOM Family Readiness Facebook page on their unit's Facebook page.

g. Commanders may utilize MS Teams Forms to create surveys and polls. MS Teams Forms allows commanders to visualize data in seconds with real-time charts and automatically generated reports. This real-time data can easily be exported to Excel for a customized, in-depth analysis. To develop a MS Teams Forms survey or poll, go to <https://webmail.apps.mil/mail>.

10. SFRG Structure:

a. The SFRG is a unit Commander's program formed in accordance with (IAW) AR 600-20 and AR 608-1. The SFRG is a command sponsored organization. Its members include assigned Soldiers (married and single), DA Civilians, volunteers, and their Families (immediate and extended, wherever they may be located). The inclusion of these individuals is automatic, but participation is voluntary. Commanders are required to sustain their SFRG year-round. Commanders will consider SFRG requirements when planning their yearly budget. Commanders will shift SFRG's focus away from social activities and fundraising to a high functioning command information structure that communicates, informs, and connects unit personnel, their Family Members, and volunteers to a network of on-post and vetted off-post resources.

b. The SFRG Chain of Command is responsible for the execution of SFRG and will consist, at a minimum, of Unit Commanders, Rear Detachment Commanders or equivalent, Fund Custodians (Primary and Alternate) and a Command Family Readiness Representative (formally known as Family Readiness Liaisons and/or Family Readiness Officers). Commanders will appoint, in writing, the Fund Custodians and a Command Family Readiness Representative.

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

c. The Command Family Readiness Representative may be a Rear Detachment Commander or equivalent or a non-commissioned officer in the grade of Sergeant and above with 12-18 months unit retainability. Baseline responsibilities include assisting commanders with SFRG rosters, establishing and executing the communication plan/strategies IAW commander's objectives, keeping commander abreast of known Soldier and Family issues, establishing chain of command/chain of concern for SFRG members, and supporting Better Opportunities for Single Soldiers. Commanders may assign additional responsibilities as needed. Duties will be capable functions in conjunction with the Soldier's normal Military Occupational Specialty and key responsibilities. Commanders may have more than one Command Family Readiness Representative, if needed to ensure mission success.

d. The primary and alternate fund custodians may be a Soldier and/or volunteer but may not be the unit commander, First Sergeant, contractor, or the Command Family Readiness Representative(s).

e. The SFRG is a commander's program; therefore, the commander is ultimately responsible and therefore is the SFRG Leader, removing the previous Volunteer Leader position. Commanders will continue to recruit volunteers as needed to support the SFRG mission IAW AR 608-1; however, volunteers will not hold leader-type positions.

f. The SFRG is an element of the overall Family Readiness Program and is no longer an inspectable area within the OIP process; however, commanders may request a review of their SFRG program at any time to confirm EXORD 233-19 and future regulatory/policy guidance compliance. Documented as a Staff Assistance Visit item, inspectors will provide commanders an EXSUM of their review for their files and may assist commanders with follow-up reviews and get well plans as requested.

11. Commanders will ensure all individuals within their Family Readiness Program receive and complete training relevant to their roles and responsibilities. Training requirements to meet local needs may include pre-job training to learn technical skills and on-the-job training. Additional training and/or resource materials are available through a variety of venues including, but not limited to, MEDCOM Family Programs Division, local Garrison Army Community Service Centers, and online sites such as Military OneSource.

MCFP

SUBJECT: MEDCOM Family Readiness Program Policy

12. The MEDCOM POCs for this policy are the U.S. Army Medical Command Family Programs Division, Ms. Patricia Centeno, email: patricia.a.centeno.civ@health.mil or Ms. Tammy Glascoe, email: tammy.d.glascoe.civ@health.mil.

FOR THE COMMANDER:

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