



Emergency Family Assistance

DEFINITION

Military family readiness (MFR) programs responsible for managing and overseeing the Emergency Family Assistance (EFA) response coordinate the delivery of essential services, support, and information to DoD personnel affected by an all-hazards incident virtually and/or through the establishment and oversight of a centralized Emergency Family Assistance Center (EFAC). These services are delivered under difficult environmental conditions that typically result in loss of infrastructure, disruption of operations, and special challenges for communication, record keeping, coordination, and efficiency. Distinct service delivery challenges are associated with an influx and simultaneous deployment of local, regional, state, and federal assistance.

Note: *MFR programs will only be reviewed under Emergency Family Assistance (MIL-EFA) when the MFR program is responsible for management and oversight of the EFA response. When another entity is responsible for coordinating the response, the MFR program will be reviewed under MIL-ASE 3.04, and MIL-EFA will not be assigned.*

Note: *These standards only reflect the responsibilities of the military family readiness program following an all-hazards incident.*

Note: *DoD personnel, hereafter referred to as customers, includes all Active Components, Reserve Components, DoD civilians, DoD families, DoD and non-DoD tenants, transient DoD and US Government Personnel, and DoD contractors living or working on DoD Installations worldwide.*

Note: *Please see [MIL-EFA Reference List](#) for a list of resources that informed the development of these standards.*

Note: *The MIL-EFA standards were revised in August 2017 to reflect current practice. For more information please refer to the [MIL-EFA Update Summary](#).*

Table of Evidence

Self-Study Evidence

- If elements of the standards (e.g. 24-hour information lines) are implemented through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.

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Emergency Family Assistance promotes short and long-term recovery services and aids in the return to a stable environment and mission ready status for DoD personnel following an all-hazards incident.



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- Provide any other information you would like the Peer Review Team to know about the EFA response.
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of MIL-EFA outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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MIL-EFA 1: Preparation and Planning

The MFR program partners with the local civilian and military community to prepare for an all-hazards incident.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the programs'™ practices fully meet the standard and reflect a high level of capacity. All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality and/or overall performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that a programs'™ infrastructure and practices are basically sound but there is room for improvement. The majority of the standard's requirements have been met and the basic framework required by the standard has been implemented. Minor inconsistencies and practices that are not fully developed are noted, however, these do not significantly impact service quality and/or overall performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that significant aspects of the programs'™ observed infrastructure and/or practices require significant improvement. The program has not implemented the basic framework of the standard but instead has in place only part of this framework. Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner. Service quality or program functioning may be compromised. Capacity is at a basic level.

4) Unsatisfactory Implementation and Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all. Observed infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.

Please see [Rating Guidance](#) for additional rating examples.

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- EFA plan (MIL-EFA 1.01, MIL-EFA 1.03)

On-Site Evidence

- Demographic profile of the military community (MIL-EFA 1.01)
- Evidence of participation in emergency management drills, when applicable (MIL-EFA 1.02)
- Evidence of participation in emergency management communication plan (MIL-EFA 1.02)
- EFA training curricula (MIL-EFA 1.02)
- Local level documentation tracking staff completion of EFA training (MIL-EFA 1.02)
- Informational materials provided to customers (MIL-EFA 1.02, MIL-EFA 1.03)

On-Site Activities

- Interview:
 - a. MFR program director
 - b. Relevant staff
- Observe location of electronic copy of the EFA plan (MIL-EFA 1.01)

(FP) MIL-EFA 1.01

The MFR program has a written EFA plan for activating, sustaining, and concluding the EFA response that:

- a. outlines the EFA mission;
- b. functions as part of the emergency management plan;
- c. is adaptable to a wide array of circumstances and flexible enough to meet the evolving needs of customers;
- d. identifies how information will be received, gathered, or disseminated during a disaster;
- e. identifies the lines of communication and working relationship between the EFA response and relevant providers;
- f. includes how notification of the disaster and implementation of the plan will be communicated to relevant parties;
- g. is written in terms of positions and can be carried out without specific individuals;
- h. takes into account the cultural and demographic composition of the local military community including language or communication needs of the population, religious preferences, and any potential conflicts that may arise during an all-hazards incident;
- i. is stored electronically and accessible from outside the impacted area;
- j. incorporates current, incoming, and walk-in volunteers into the response

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- effort, when applicable;
- k. identifies alternate EFAC locations that meet the program's needs including an intake area, private space for discussing confidential information, work spaces for staff, child care, large meeting areas, quiet break rooms, etc.; and
 - l. establishes proper EFAC security measures in coordination with local law enforcement to ensure safety, comfort, and appropriate access.

Related: MIL-CR 1.08

Interpretation: *In regards to element (e), examples of relevant providers include emergency responders; relevant installation- and community-based service providers; other Service component commands; and local, state, and federal emergency management institutions. In regards to element (f), examples of relevant parties include persons affected by the incident; EFA staff, volunteers, and other organizations supporting the emergency response effort; the emergency operations center; and Military Service headquarters. In regards to element (j), examples of how the EFA plan can incorporate walk-in volunteers include maintaining pre-determined position descriptions and protocols that are easily trainable, low-risk, and require only a brief orientation.*

Interpretation: *The required security measures will vary given the location of the EFAC. For example, EFACs located off installation will require a different level of security than those that are located on the installation. Security measures should protect staff and persons served from harm as well as unwanted media exposure.*

Note: *The term Emergency Family Assistance Center (EFAC) refers to any centralized, in-person service delivery location and is intended to be inclusive of the EFACall Service-specific language used and service delivery locations.*

MIL-EFA 1.02

The MFR program ensures preparedness in the event of an all-hazards incident by:

- a. participating in scheduled drills of the emergency management plan that involve the family readiness system and making necessary adjustments to the EFA plan;
- b. regularly training its staff, including statutory volunteers, on the EFA plan; and
- c. participating in the communication plan established by emergency

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management leadership.

Interpretation: *To demonstrate implementation of element (a), the MFR program only needs to participate in drills of the emergency management plan when they occur. Element (a) is NA if no drills that involve the family readiness system are being conducted.*

Research Note: *EFA plans and trainings should take into account patterns of human behavior to address what people are likely to do during an all-hazards incident.*

Research Note: *Volunteers that are familiar with disaster response procedures prior to the event are more effective during response and recovery.*

MIL-EFA 1.03

The program works with customers to ensure they are prepared in the event of an all-hazards incident including educating them on:

- a. the EFA plan; and
- b. how to create an emergency kit and develop an evacuation plan.

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MIL-EFA 2: EFA Operation

The MFR program uses available resources effectively and efficiently to meet the immediate needs of customers following an all-hazards incident.

Rating Indicators

1) Full Implementation, Outstanding Performance

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2) Substantial Implementation, Good Performance

A rating of (2) indicates that a programs'™ infrastructure and practices are basically sound but there is room for improvement. The majority of the standard's requirements have been met and the basic framework required by the standard has been implemented. Minor inconsistencies and practices that are not fully developed are noted, however, these do not significantly impact service quality and/or overall performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that significant aspects of the programs'™ observed infrastructure and/or practices require significant improvement. The program has not implemented the basic framework of the standard but instead has in place only part of this framework. Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner. Service quality or program functioning may be compromised. Capacity is at a basic level.

4) Unsatisfactory Implementation and Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all. Observed infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.

Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

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Emergency Family Assistance promotes short and long-term recovery services and aids in the return to a stable environment and mission ready status for DoD personnel following an all-hazards incident.



Emergency Family Assistance

- Procedures for assessing needs of affected customers (MIL-EFA 2.02)
- Procedures for use of volunteers (MIL-EFA 2.03)
- Procedures and/or criteria for establishing shift rotations (MIL-EFA 2.05)
- Documentation policies and procedures (MIL-EFA 2.06)
- Procedures for handling media requests (MIL-EFA 2.07)
- Description of MFR program supports for staff (MIL-EFA 2.08)

On-Site Evidence

- Position description of the EFAC coordinator (MIL-EFA 2.01)
- Completed after-action report(s) following an all-hazards incident, when available (MIL-EFA 2.02)
- Position description of the volunteer manager, when applicable (MIL-EFA 2.03)
- Documentation/examples of volunteer recognition efforts, when applicable (MIL-EFA 2.03)
- Outline of roles and responsibilities of EFA staff (MIL-EFA 2.04)

On-Site Activities

- Interview:
 - a. MFR program director (MIL-EFA 2.08)
 - b. Relevant staff (MIL-EFA 2.08)

MIL-EFA 2.01

When the MFR program establishes an EFAC, an EFAC coordinator oversees operations of the EFAC.

Note: *The term Emergency Family Assistance Center (EFAC) refers to any centralized, in-person service delivery location and is intended to be inclusive of the EFACall Service-specific language used and service delivery locations.*

MIL-EFA 2.02

Upon activation of the EFA plan, the MFR program:

- a. activates its system for tracking customers;
- b. assesses the collective needs of customers to ensure appropriate and sufficient supports and services are made available; and
- c. periodically re-assesses and makes arrangements for additional

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resources as needed.

Interpretation: *Examples of factors to consider during the needs assessment include the type, magnitude and intensity of the incident; spread of onset; duration; the number of people affected; available resources; and the supports being provided by other organizations or institutions.*

Interpretation: *The frequency of re-assessments will vary given the type of incident and its duration. Examples of additional resources include staff, equipment, or supplies including food, water, and shelter.*

Research Note: *The needs of those affected by disaster will change over time. It is important that response efforts reflect changes in need so resources can be directed appropriately.*

MIL-EFA 2.03

A volunteer manager is responsible for effective, streamlined volunteer coordination including:

- a. checking-in, screening, and tracking volunteers;
- b. volunteer training;
- c. matching volunteers with identified needs;
- d. volunteer monitoring and oversight, including the identification of unmet needs; and
- e. recognition efforts that are timely and inclusive.

Interpretation: *Regarding element (e), the definition of timely recognition efforts may include periodic recognition for ongoing service or one-time recognition following service for short-term volunteer work.*

NA *The EFA plan does not include the use of volunteers as part of the EFA response.*

MIL-EFA 2.04

Roles and responsibilities of individuals supporting the EFA response are clearly defined and communicated.

MIL-EFA 2.05

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The MFR program establishes shift rotations to ensure:

- a. needed coverage, including 24/7 coverage when necessary; and
- b. appropriate time off or breaks for staff, including volunteers, to avoid burnout.

(FP) MIL-EFA 2.06

Documentation is protected from unauthorized use, accurate, and formalized to capture:

- a. results of needs assessments and services provided including referrals made;
- b. in-person and telephone contacts and requests;
- c. volunteer information; and
- d. staff availability, emergency contact information, and coverage schedules.

Related: MIL-CR 1.09, MIL-CR 2

MIL-EFA 2.07

The MFR program handles all media requests in accordance with applicable regulations and in partnership with Public Affairs.

(FP) MIL-EFA 2.08

The MFR program supports emergency preparation for staff by:

- a. encouraging them to have their own plans for keeping their families safe in the event of an all-hazards incident;
- b. setting clear expectations for staff during the response including working hours and shift rotations;
- c. ensuring supports are in place to address mental health needs of staff;
- d. ensuring staff has access to shelter and other resources to meet basic needs; and
- e. accommodating family obligations as necessary and where appropriate.

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MIL-EFA 3: Initial Contact

The MFR program's procedures for initial contact:

- a. give priority to urgent needs and individual emergency situations, including early recognition of vulnerable populations;
- b. support timely initiation of services either directly or by connecting customers with an appropriate provider when identified needs exceed the mission or capacity of the MFR program or the EFA response; and
- c. provide for placement on a waiting list if desired and appropriate, given identified needs.

Rating Indicators

1) Full Implementation, Outstanding Performance

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2) Substantial Implementation, Good Performance

A rating of (2) indicates that a programs'™ infrastructure and practices are basically sound but there is room for improvement. The majority of the standard's requirements have been met and the basic framework required by the standard has been implemented. Minor inconsistencies and practices that are not fully developed are noted, however, these do not significantly impact service quality and/or overall performance.

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4) Unsatisfactory Implementation and Performance

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Please see [Rating Guidance](#) for additional rating examples.Â

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Self-Study Evidence

- Procedures for initial contact

On-Site Evidence

- Documentation of service delivery, when available, (e.g. customer files, utilization reports, etc.) as evidence that services are initiated promptly

On-Site Activities

- Interview:
 - a. MFR program director
 - b. Relevant staff

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MIL-EFA 4: EFA Services

The MFR program supports customers affected by an all-hazards incident through a combination of information, referral, and direct service assistance.

Rating Indicators

1) Full Implementation, Outstanding Performance

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Self-Study Evidence

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Emergency Family Assistance promotes short and long-term recovery services and aids in the return to a stable environment and mission ready status for DoD personnel following an all-hazards incident.



Emergency Family Assistance

- Description of how information is made available to customers during an all-hazards incident (MIL-EFA 4.01)
- Assessment procedures (MIL-EFA 4.02)
- Assessment tool and/or criteria included in assessment (MIL-EFA 4.02)
- Description of EFA services (MIL-EFA 4.03, MIL-EFA 4.04, MIL-EFA 4.05)

On-Site Evidence

- Documentation of service delivery, when available (e.g. customer files, utilization reports, etc.) (MIL-EFA 4.02)
- List of relevant service providers made available through the EFA response (MIL-EFA 4.03)
- Informational materials provided to customers (MIL-EFA 4.04)

On-Site Activities

- Interview:
 - a. MFR program director (MIL-EFA 4.01, MIL-EFA 4.03, MIL-EFA 4.04, MIL-EFA 4.05)
 - b. Relevant staff (MIL-EFA 4.01, MIL-EFA 4.03, MIL-EFA 4.04, MIL-EFA 4.05)
- Observe access points to information, when available (MIL-EFA 4.01)

(FP) MIL-EFA 4.01

The MFR program ensure customers have access to continuous, authoritative, and factual family assistance information using a variety of formats throughout the EFA response.

Interpretation: *Examples of ways information can be provided include 24-hour information lines, online resources, email, text message, social media, visually displaying information in EFACs, etc.*

Research Note: *During disasters, communication and access to accurate information are critical to providing an effective response.*

MIL-EFA 4.02

MFR program staff are available to conduct culturally responsive assessments with customers to determine:

- a. the customer's emotional status and imminent psychosocial needs;
- b. their strengths and available coping mechanisms;

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- c. immediate and long-term needs; and
- d. the most appropriate and least restrictive service alternative to meet identified needs.

Interpretation: *Refer to the Assessment Matrix - MFR for additional assessment criteria. The elements of the matrix can be tailored according to the needs of specific customers or service design.*

(FP) MIL-EFA 4.03

The MFR program provides access to relevant service providers, either on-site or over the phone, as appropriate including:

- a. legal services;
- b. religious and pastoral services;
- c. medical services to provide identification of medical needs and information on available medical services;
- d. housing or temporary lodging services;
- e. transportation;
- f. psychosocial services including assessment, non-medical counseling, and referrals to military or community medical providers for persons requiring clinical mental health services;
- g. casualty and mortuary assistance;
- h. translation and interpreter services;
- i. child and youth services including child care;
- j. information and referral services;
- k. personnel locator assistance;
- l. shelter management; and
- m. financial services including assistance with insurance, entitlements, and benefits.

Research Note: *Child care is important for staff, including volunteers, families affected by an all-hazards incident, and the children themselves. It allows staff to devote their time to aiding in relief efforts, gives affected families the ability to focus on their family's recovery needs, and contributes to the child's sense of normalcy.*

(FP) MIL-EFA 4.04

The MFR program provides access to information on:

- a. stress and coping;
- b. managing a crisis;

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- c. post-traumatic stress and/or post-traumatic stress disorder (PTSD);
- d. pediatric bereavement;
- e. depression;
- f. anxiety;
- g. substance use and misuse;
- h. anger management;
- i. behavior management
- j. self-care; and
- k. the signs and symptoms of mental health issues.

MIL-EFA 4.05

Upon conclusion of the EFA response, the MFR program shifts its focus to meeting the long-term needs of customers affected by the all-hazards incident through its established services and facilities.

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MIL-EFA 5: Follow-up

Following the conclusion of the EFA response, the MFR program takes steps to support staff, including volunteers, and assess the effectiveness of the response.

Rating Indicators

1) Full Implementation, Outstanding Performance

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Table of Evidence

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Self-Study Evidence

- A description of counseling or debriefing services (MIL-EFA 5.01)
- Procedures for completing an after-action report following an all-hazards incident (MIL-EFA 5.02)
- After-action report form or template (MIL-EFA 5.02)

On-Site Evidence

- See completed after-action report(s) provided in MIL-EFA 2, when available (MIL-EFA 5.02)

On-Site Activities

- Interview:
 - a. MFR program director (MIL-EFA 5.01)
 - b. Relevant staff (MIL-EFA 5.01)

(FP) MIL-EFA 5.01

Staff involved in the EFA response have access to counseling or debriefing services following the conclusion of the EFA response.

MIL-EFA 5.02

Following the conclusion of the EFA response, the MFR program participates in an after-action report that includes an assessment of its response effort, lessons learned, and recommendations for the future, and results are discussed with all staff.

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