



# DEPARTMENT OF THE AIR FORCE

WASHINGTON DC 20330

Office of the Secretary

16 Apr 10

SAF/IGQ  
1140 Air Force Pentagon  
Washington DC 20330-1140

Mr. Jeremy Hilton  
8304 Epinard Court  
Annandale, VA 22003  
[jlrmhilton@gmail.com](mailto:jlrmhilton@gmail.com)

Dear Mr. Hilton

This is in response to your Freedom of Information Act (FOIA) request dated 2 Mar 10. You requested a copy of an Air Force Inspector General (IG) Investigation regarding Exceptional Family Member Program complaints by a number of Air Force families whose children have special needs. On 9 Apr 10, Ms. Wilson spoke with Mrs. Hilton and she confirmed that you were not interested in receiving any documents that you (the complainant provided) provided to the Investigating Officer.

SAF/IGQ located 40 pages responsive to your request. Nine of the 40 pages are being referred to HAF/IMII (FOIA). These nine pages originated from SAF/MRM; therefore, they must review the pages and make final release determination. Fourteen pages are complainant provided documents. Under the FOIA, the remaining 17 pages are being released to you with redactions. The basis for this decision are exemptions (b) (6). Exemption (b) (6) requires withholding of information that, if released, would constitute a clearly unwarranted invasion of personal privacy.

You may appeal this decision in writing within 60 calendar days from the date of this letter. Your appeal must include the FOIA case number (2010-03205), the reasons for reconsideration, and a copy of this letter. Please address your letter as follows:

Secretary of the Air Force  
THRU: HAF/IMII (FOIA)  
1000 Air Force Pentagon  
Washington DC 20330-1000

Please direct any questions to Ms. Pat Wilson at [patricia.wilson@pentagon.af.mil](mailto:patricia.wilson@pentagon.af.mil) or (703) 588-0524.

RICHARD C. LEATHERMAN, COLONEL, USAF  
Director, Complaints Resolution Directorate

Attachment:  
Releasable records

cc:  
HAF/IMII (FOIA) (10-03205-F)

**REPORT OF INVESTIGATION (ROI): CATEGORY I**  
**2 December 2009 – 12 January 2010**

1. IG Investigator: Major (b)(6) Chief of Intakes, SAF/IGQ
2. Grade and Name of Complainant: Mr. Jeremy Hilton (ACTS # 2009-09299)
3. Authority and Scope:

The Secretary of the Air Force has sole responsibility for the function of The Inspector General of the Air Force (Title 10, United States Code, Section 8014). When directed by the Secretary of the Air Force or the Chief of Staff, The Inspector General of the Air Force has the authority to inquire into and report upon the discipline, efficiency, and economy of the Air Force and performs any other duties prescribed by the Secretary or the Chief of Staff (Title 10, United States Code, Section 8020). Pursuant to AFI 90-301, *Inspector General Complaints Resolution*, authority to investigate IG complaints within the Air Force flows from SAF/IG to IG offices at all organizational levels.

Lieutenant General Marc E. Rogers, The Inspector General of the Air Force, appointed Major (b)(6) on 2 December 2009 to conduct an investigation into Mr. Hilton's allegations. Mr. Hilton filed his complaint with the Department of Defense Inspector General (DoD/IG) Hotline office on 24 September 2009 and the complaint was forwarded to the SAF/IG Office on 13 November 2009. After preliminary analysis, this investigation was conducted from 2 December 2009 to 12 January 2010 at the Office of the Secretary of the Air Force Inspector General Complaints Resolution Directorate (SAF/IGQ), Arlington, Virginia.

**4. Background and Allegations:**

The objective of this investigation was to determine the facts and circumstances bearing on a complaint submitted by Mr. Jeremy Hilton (on behalf of 16 families) alleging serious discrepancies in the Air Force implementation of its instruction related to the support it provides to special needs families and to review all aspects of the facts and circumstances in the management of the Air Force's Exceptional Family Member Program (EFMP).

In accordance with Air Force Instruction 90-301, *Inspector General Complaints Resolution*, paragraph 2.7, SAF/IGQ took receipt of a complaint Mr. Hilton filed with the DoD/IG Hotline on 13 November 2009. The Air Force IG subsequently appointed an Investigating Officer to conduct an investigation addressing the following allegations. The findings and conclusions for each allegation are listed following each allegation. These findings will be forwarded to Headquarters Air Force, Deputy Chief of Staff, Manpower, Personnel and Services (HAF/A1) and to Headquarters Air Force, Surgeon General (HAF/SG) offices for action.

The complaint centers on the alleged inadequate Air Force support and services to its families with special needs as outlined in Air Force Instruction (AFI) 40-701, *Special Needs Identification and Assignment Coordination (SNIAC)*, dated 8 August 2008.

AFI 40-701, *SNIAC* implements Air Force Policy Directive (AFPD) 40-7, *Special Needs Identification and Assignment Coordination*, 16 March 2007. It describes the responsibilities of Air Force personnel with regard to the SNIAC process, in Military Treatment Facilities (MTFs), the Air Force Personnel Center (AFPC), and in other agencies that are instrumental to the implementation and operation of the Air Force SNIAC process. The SNIAC process encompasses the medical and educational review functions that support accompanied military assignments, the EFMP, and the Department of Defense's Educational and Developmental Intervention Services (EDIS).

AFI 40-701 supports portions of AFI 36-2110, *Assignments*, 20 April 2005, AFI 36-3020, *Family Member Travel*, 10 June 1994, and AFI 36-2102, *Base-Level Relocation Procedures*, 18 September 2006. AFI 40-701 applies to all military and civilian personnel and their family members entitled to receive medical care in MTFs as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, 28 December 2001. It also applies to Department of Defense (DoD) civilian employees seeking information about availability of services overseas for family members with special needs. This directive does not apply to Air National Guard members and traditional Air Force Reserve Component members. Family members of Reserve Component members who are on Active Duty for more than 30 days may be eligible for supportive services upon request, but Reserve Command maintains responsibility for processing accompanied assignments for Reserve Component service members and their family members.

The 16 families listed in the complaint were contacted and each offered an opportunity to submit their personal experiences and interactions with the Air Force EFMP, SNIAC process and their quest for ongoing community support. The Chief Complainant, Mr. Jeremy Hilton (and his wife Major Renae Hilton) was interviewed and electronic mail responses from 11 of the 16 families listed on the complaint were received by the investigating officer as part of the investigation. The families provided their EFMP experiences and consented to release of their information to any agency connected with facilitating positive changes and recommendations to improve the program.

The information gathered from the interviews and exchanges of information from the families, revealed the support provided to Air Force families with special needs has been lacking for years and has been under review by the Air Force for more than a year. A headquarters level Families With Special Needs Integrated Process Team (IPT) was chartered to research the program and make recommendations for improvement. This cross functional team was chaired by SAF/MRM since August 2008 with representatives from AFMOA/SGH, AFMOA/SG3, AFPC/DPAP and AF/A1SA. To complete the investigation for this complaint, the following key members associated with the IPT were interviewed; Ms. (b)(6),(b)(7)(C) (Chairs this ongoing IPT), Lt Col (b)(6),(b)(7)(C) (Program Manager, AF Programs for Families with Special Needs; Educational and Developmental Intervention Services) and Ms. (b)(6),(b)(7)(C) (Chief, Humanitarian/EFMP Assignment Section). This complaint and IPT summary was also discussed with Ms. (b)(6),(b)(7)(C) (Special Assistant to HAF/A1).

The IPT revealed four (4) major findings: (1) No standards (policy) for community support services; (2) No designated staff to coordinate community support services e.g., schools liaison; (3) Lack of adequate respite care services; (4) Current stabilization policy does not address unique needs for longer term assignments for Airmen with exceptional family members. The IPT presented three (3) recommendations for Air Force senior leader approval and implementation; (1) Establish manning at Air Force installations for support services; (2) Allocate funding for respite care services; (3) Revise stabilization policy to permit Airmen with exceptional family members to request longer term assignments (TAB 5).

Through complaint clarification with Mr. Hilton, inputs from 11 of the families listed on the complaint, summary from the IPT and associated interviews, the following allegations were developed and analyzed:

**Allegation #1:**

Currently, Air Force installations do not have a designated Special Needs Coordinator (SNC) trained and experienced in working with special needs families, community support services (on and off base) and whose primary responsibility is to assist families with special medical and educational needs (currently at or being assigned to the installation). **SUBSTANTIATED.**

**Allegation #2:** Currently, installations across the Air Force are not following AFI 40-701, *Special Needs Identification and Assignment Coordination (SNLAC)*, para 1.2.2, Family Member Relocation Clearance (FMRC) by not assisting with access to special education services. **SUBSTANTIATED.**

**Allegation #3:**

Currently the Air Force Exceptional Family Member Program lags behind other DoD services in the support it provides to families with special needs to include but not limited to respite care support. **SUBSTANTIATED.**

**Allegation #4:**

Currently the Air Force Exceptional Family Member Program lacks the independent oversight to ensure AFI 40-701 is being followed across the service and that special needs families are getting the continuous support they require. **NOT-SUBSTANTIATED.**

## 5. Findings, Analysis and Conclusions.

### Allegation #1:

Currently, Air Force installations do not have a designated Special Needs Coordinator (SNC) trained and experienced in working with special needs families, community support services (on and off base) and whose primary responsibility is to assist families with special medical and educational needs (currently at or being assigned to the installation). **SUBSTANTIATED.**

### Finding:

Although AFI 40-701 states there will be an SNC at each installation, there is no specification that this will be their primary responsibility. From reviewing the past 5 years of Health Services Inspection (HSI) data on the SNIAC program, it was determined, installations have identified SNCs. However, the families reported the personnel performing the SNC duties are doing so as additional duties and have limited continuity or experience to assist them adequately.

The interview with Ms. (b)(6) centered around the IPT (b)(6) chaired on this very subject. The IPT summary revealed not having a designated SNC at each installation to be an ongoing concern manifested by there not being a community support service function as part of the Air Force EFMP (as it is in every DoD service component except the Air Force). This point is further corroborated by the personal accounts provided by 11 of the families listed in the complaint. These families reported, most bases had no one for them to turn to and the few bases with an SNC were performing the role as an additional duty. Also, the member assigned as SNC frequently changed during the medical clearance processing. These SNCs were often new to the position, the local area and were not trained or experienced with EFMP matters which resulted in little to no community support services or information provided to the families.

The interview with Lt Col (b)(6) (AFI 40-701 POC) revealed AFI 40-701 was intended to be a reference to clarify roles and responsibilities with regard to the identification of sponsors with special needs families and the medical/educational assignment clearance process without connecting the manpower and funding requirements needed to execute the program as written. Furthermore, while outlining the identification and assignment clearance responsibilities, AFI 40-701 highlights the need to have a community support services type function integrated into the Air Force EFMP.

A community support services type function is what the special needs family is expecting from the SNIAC process when in fact, current staffing is insufficient to meet such a demand. According to results of Health Services Inspections (HSI) reports/findings over the past 5 years, the Air Force SNIAC program (Identification Q-Coding in the assignment system and assignment relocation clearance process) is being accomplished across the Air Force with minimal problems.

However, the community support aspect is not being provided in a consistent manner, if at all, across the Air Force because the Air Force EFMP does not have an established community service type function within its program. The SNCs encountered by the families involved with this complaint did not have any established relationships or points of contact for local special needs medical and educational services, support groups or helping organizations. There is no evidence these SNCs used a multi-disciplinary and collaborative approach with other key service providers (i.e. installation youth and child care facilities and officer and enlisted spouses groups) to ensure effective outreach and identification of families of, or organizations for, special needs. The SNC did not act until the sponsor was directed (by their physicians or someone who knew of the mandatory enrollment requirement) to request enrollment in the EFMP.

There is no evidence these SNCs worked with the Family Member Relocation Coordinator (FMRC) and the SGH to ensure all medical and educational authorities that may be involved in the care of the identified needs were consulted for service availability other than what is indicated on the clearance forms (i.e. appointment availability, CDC slots/wait time, housing modifications etc...).

The SNCs did not always provide these families with all required documents or information for them to properly enroll in TRICARE and Extended Health Care Options (EHCO). Furthermore, the families had to rely on insight from other special needs families and support groups to learn of EHCO program details and options, TRICARE rules and limitations, appropriate questions to ask and where to go for additional support (i.e. Military One Source, Military Homefront and Airman Family Readiness Centers, social networking and personal research).

These SNCs did not appear to have coordinated with the installation Integrated Delivery System (IDS) and other interagency forums and did not provide families with information and referrals to base and civilian agencies to enhance the services to their family member with special needs as AFI 40-701 outlines.

There is a gap in support provided to the special needs families by not having an established community support services type function as part of the Air Force EFMP. Absence of this function is the root cause of the added stress to families with special needs as this support is critical to their daily efforts to care for their special needs family member(s). In addition, inconsistent or no community support services can degrade the mission as sponsors' time and focus become preoccupied on ensuring care for their special needs family members in lieu of their duties and responsibilities. Furthermore, if appropriate services are determined not to be sufficient or available once at the new location, the Air Force could incur additional PCS funding cost if relocating the family again is the required solution.

**Allegation #2:** Currently, installations across the Air Force are not following AFI 40-701, *Special Needs Identification and Assignment Coordination (SNIAC)*, para 1.2.2, Family Member Relocation Clearance (FMRC) by not assisting with access to special education services. **SUBSTANTIATED.**

**Findings:**

The goals of the SNIAC FMRC process are to prevent active duty assignment failures due to unavailable resources for family members, to support DoD civilians through the provision of information about services availability OCONUS, and to enhance access to medical and educational resources for all family members through the relocation process. These actions are in place to support mission readiness. Successful execution of this program reduces stress for sponsors, family members and units.

The 11 families to respond expressed that the Air Force SNIAC FMRC process is more of a paperwork process than a support for the families. It does not support special needs families by ensuring adequate educational support services at the gaining location are available and connectivity to a POC that can assist with these matters on an ongoing basis. The FMRCs assigned to process the paperwork demonstrated little knowledge about the educational programs the families required at the gaining location. The FMRCs often stated to the families their job was to process the paperwork and coordinate with the Military Personnel Office to Q-Code them in the assignment system, not to help them find adequate educational services for their children at the new or current location. With no designated case worker for these families (on either end of the assignment process), working educational issues with the school districts alone can be a daunting task. This has the potential to become more stressful to families as they learn other services (Army and Marines) have designated case workers for each special needs family as well as special education attorneys to ensure school districts comply with federal special education laws (See TAB 6). The SNIAC clearance process is designed to ensure medical and educational services are available at the next location as a minimum for assignment approval. More needs to be done to ensure the specific services required are available, initial appointments and slots are available and if not, a POC to resolve related issues or address concerns. The lack of a trained coordinator at every installation to coordinate the appropriate educational services for special needs family members adds tremendous stress to the relocation process.

(b)(6) According to Lt Col (b)(6) (AFI 40-701 Point of Contact), AFI 40-701 was written to clarify roles of the SNIAC process without regard to associated manpower or funding requirements. Lt Col (b)(6) also reported manpower and funding recommendations are in coordination from (b)(6) office to higher levels within the Surgeon General function. In essence, we have an AFI (40-701) that has been published without the staffing and funding resources to fully execute the instruction. This is a significant contributing factor for the lack of educational support services families are getting from FMRC(s). Although AFMOA hosts a website (<https://www.afspecialneeds.af.mil/skins/afsn/home.aspx?mode=user>) with a plethora of training aids for the EFMP program and SNIAC process, the manning to execute is extremely limited. As such, the majority of personnel performing the SNIAC and FMRC functions are doing so as additional duties. In addition, these assignments are constantly being changed to meet higher priority missions of the MTF. Because of this, the training is often ad hoc and at minimal levels to facilitate execution of Q-Coding and assignment clearance processing. There is little to no training with respect to researching MTFs for specific medical and educational services and availability of appointments, local community medical and educational services, support groups and/or helping organizations to assist families as outlined in AFI 40-701.

At present, the Air Force SNIAC process appropriately identifies and reassigns sponsors with special needs family members through Q-Coding in the Air Force personnel system (IAW AFIs 40-701, 36-2110, 36-3020 and 36-2102) and coordinating assignment clearance using the Q-Basing system (coordinating Air Force Forms 2523 and 1466 to gaining bases). The Air Force needs a SNIAC process that does more than coordinate paperwork for assignment clearance. Special needs families require additional support and services. A case worker is required to help ensure requirements are available for each family's special needs and to assist with trouble shooting ongoing matters to include acquiring the appropriate educational services.

The MTFs are complying with AFI 40-701 in executing the SNIAC process. However, there is a disconnect within the interpretations of AFI 40-701. The special needs families view this AFI as the SNIAC process will ensure support services are available at the gaining location to include assisting them more indepth with regards to support services and the assignment clearance process. While the SNIAC staff view this AFI as outlining the services to include identification, Q-Coding and the EFMP assignment clearance process and does not include personal assistance with finding local medical and education services, support groups and appointment availability as the special needs families expect. In this context, SNIAC staff is executing the SNIAC program (Identification and Assignment Coordination) in accordance with AFI 40-701 and the special needs families should expect the Air Force to provide adequate support. This differing interpretation highlights the gap between what is expected by the customers and what is being delivered by the staff and that the EFMP as a whole is not adequately meeting the customers' needs. A community support service type function integrated with the SNIAC could close this gap by providing the families the additional support and linkage to community support services and not add additional workload to the MTF's reduced staffing.



**Allegation #3:**

Currently the Air Force Exceptional Family Member Program lags behind other DoD services in the support it provides to families with special needs to include but not limited to respite care support. **SUBSTANTIATED.**

**Findings:**

All services with the exception of the Air Force has a dedicated Headquarters EFMP manager and field staff to provide family support services to its special needs families. Respite care services are one of the chief concerns of special needs families. Air Force families receive limited respite support through their health plan and Air Force Aid Society while the Army provides its special needs families with a 40 hours a month, respite care program (using GWOT and O&M funds). Along with their respite care support, the Marines also provide a special education attorney for their special needs families. Currently the Air Force does not have programs in place comparable to the other services to support families with special needs.

**Allegation #4:**

Currently the Air Force Exceptional Family Member Program lacks the independent oversight to ensure AFI 40-701 is being followed across the service and that special needs families are getting the continuous support they require. **NOT-SUBSTANTIATED.**

**Findings:**

Independent oversight is in place and active through the Air Force Inspection Agency (AFIA), Health Services Inspection (HSI). The 2005-2009 SNIAC program inspection results provided by AFIA show seven (7) minor findings for 2005; one (1) minor finding in 2006; two (2) minor findings in 2007; two (2) major findings (failure to maintain contact with families) and one (1) minor finding in 2008; and two (2) minor findings in 2009. This data validates the existence of an independent oversight function of the SNIAC program and that the SNIAC process is meeting Air Force standards. Note: AFIA inspects 25-30 installations per year. Although independent oversight exists, it has been determined through this investigation not thorough enough as it does not capture the effectiveness of the program's ability to adequately support the families. A criterion needs to be established to validate through inspection that the appropriate support is being provided to the families.

### Final Conclusion:

The evidence gathered during this investigation indicates, the Air Force Exceptional Family Member Program is not providing its over 14,000 families with special needs support services comparable to those being provided by other component services within DoD. The current level of support to these families is not consistent with the Air Force's number two priority: Develop Airmen and Take Care of Their Families.

Considering all the Air Force does to support its families in a variety of ways, and despite an IPT chartered to look into this EFMP matter for over a year (and subsequent recommendations provided), the Air Force has yet to designate an EFMP POC at the Headquarters level or at each installation to ensure medical and educational needs are being met for special needs families on a continuing basis. In addition, with knowledge of sister services programs outpacing Air Force EFMP support, there has been no appropriated funding allocated for respite care support comparable to the Army's 40 hours a month respite care program. As services become more joint in operations and basing, not providing comparable support services to families with special needs will become more apparent and less tolerable to affected Air Force families. Airmen should receive the same level of support from the Air Force as a Soldier or Marine receives: whether on the same installation or not. The increased frustration of these families not getting the support they deserve and need can lead to mission degradation through the sponsor's inability to concentrate while performing his or her duties as well as adverse recruiting and retention impacts.

The substantiated allegations in this inquiry are concerns requiring immediate action at senior leadership levels of the Air Force. The Air Force should dedicate and focus resources to create a more comprehensive Exceptional Family Member Program comparable to that of other component services within DoD to be consistent with its number two priority to "Develop Airmen and Take Care of Their Families".

(b)(6)

(b)(6)

Major, USAF

Investigating Officer

#### Attachments:

1. Appointing Authority Approval Letter
2. Recommendations
3. AF Form 102 (Initial AF Complaint)
4. Families With Special Needs IPT Summary
5. Washington Post Article: Military Helps Families Find Care for Special Needs Kids



DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE INSPECTOR GENERAL  
WASHINGTON, DC

Office of the Secretary

REPORT OF INVESTIGATION (ROI) APPROVAL LETTER  
2 December 2009 – 12 January 2010

1. IG Investigator: Major (b)(6) Chief of Intakes, SAF/IGQ
2. Grade and Name of Complainant: Mr. Jeremy Hilton (ACTS # 2009-09299)
3. Authority and Scope:

The Secretary of the Air Force has sole responsibility for the function of The Inspector General of the Air Force (Title 10, United States Code, Section 8014). When directed by the Secretary of the Air Force or the Chief of Staff, The Inspector General of the Air Force (SAF/IG) has the authority to inquire into and report upon the discipline, efficiency, and economy of the Air Force and performs any other duties prescribed by the Secretary or the Chief of Staff (Title 10, United States Code, Section 8020). Pursuant to AFI 90-301, *Inspector General Complaints Resolution*, authority to investigate IG complaints within the Air Force flows from SAF/IG to IG offices at all organizational levels.

Lieutenant General Marc E. Rogers, Secretary of the Air Force, Inspector General appointed Major (b)(6) on 2 December 2009 to conduct an investigation into Mr. Hilton's allegations. Mr. Hilton filed his complaint with the Department of Defense Inspector General (DoD/IG) Hotline office on 24 September 2009 and the complaint was forwarded to the SAF/IG Office on 13 November 2009. After preliminary analysis, this investigation was conducted from 2 December 2009 to 12 January 2010 at the Office of the Secretary of the Air Force Inspector General Complaints Resolution Directorate (SAF/IGQ), Arlington, Virginia.

4. Allegations:

**Allegation #1:**

Currently, Air Force installations do not have a designated Special Needs Coordinator (SNC) trained and experienced in working with special needs families, community support services (on and off base) and whose primary responsibility is to assist families with special medical and educational needs (currently at or being assigned to the installation). **SUBSTANTIATED.**

**Allegation #2:** Currently, installations across the Air Force are not following AFI 40-701, *Special Needs Identification and Assignment Coordination (SNLAC)*, para 1.2.2, Family Member Relocation Clearance (FMRC) by not assisting with access to special education services. **SUBSTANTIATED.**

**Allegation #3:**

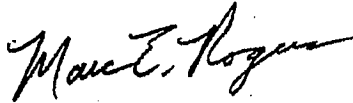
Currently the Air Force Exceptional Family Member Program lags behind other DoD Services in the support it provides to families with special needs to include but not limited to respite care support. **SUBSTANTIATED.**

**Allegation #4:**

Currently the Air Force Exceptional Family Member Program lacks the independent oversight to ensure AFI 40-701 is being followed across the Service and that special needs families are getting the continuous support they require. **NOT-SUBSTANTIATED.**

**5. Appointing Authority Approval/Disapproval:**

I approve the Investigating Officer's findings and conclusions with regard to the alleged complaint by Mr. Jeremy Hilton. I have requested the IO to submit recommendations for each allegation (see TAB 3).



MARC E. ROGERS  
Lieutenant General, USAF  
Inspector General



Office of the Secretary

DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE INSPECTOR GENERAL  
WASHINGTON, DC

REPORT OF INVESTIGATION (ROI) RECOMMENDATIONS  
2 December 2009 – 12 January 2010

1. IG Investigator: Major (b)(6) Chief of Intakes, SAF/IGQ
2. Grade and Name of Complainant: Mr. Jeremy Hilton (ACTS # 2009-09299)
3. Authority and Scope:

The Secretary of the Air Force has sole responsibility for the function of The Inspector General of the Air Force (Title 10, United States Code, Section 8014). When directed by the Secretary of the Air Force or the Chief of Staff, The Inspector General of the Air Force (SAF/IG) has the authority to inquire into and report upon the discipline, efficiency, and economy of the Air Force and performs any other duties prescribed by the Secretary or the Chief of Staff (Title 10, United States Code, Section 8020). Pursuant to AFI 90-301, *Inspector General Complaints Resolution*, authority to investigate IG complaints within the Air Force flows from SAF/IG to IG offices at all organizational levels.

Lieutenant General Marc E. Rogers, Secretary of the Air Force, Inspector General appointed Major (b)(6) on 2 December 2009 to conduct an investigation into Mr. Hilton's allegations. Mr. Hilton filed his complaint with the Department of Defense Inspector General (DoD/IG) Hotline office on 24 September 2009 and the complaint was forwarded to the SAF/IG Office on 13 November 2009. After preliminary analysis, this investigation was conducted from 2 December 2009 to 12 January 2010 at the Office of the Secretary of the Air Force Inspector General Complaints Resolution Directorate (SAF/IGQ), Arlington, Virginia.

4. Recommendations:

Allegation #1:

Currently, Air Force installations do not have a designated Special Needs Coordinator (SNC) trained and experienced in working with special needs families, community support services (on and off base) and whose primary responsibility is to assist families with special medical and educational needs (currently at or being assigned to the installation). **SUBSTANTIATED.**

Recommendation:

Air Force senior leaders appropriate funds and manpower to establish a headquarters and installation level Special Needs Coordinators to integrate a community support services type of function into it's EFMP (similar to that of the Army) to bridge the gap between identification and assignment coordination processes and the variety of community support services required for special needs families.

**Allegation #2:** Currently, installations across the Air Force are not following AFI 40-701, *Special Needs Identification and Assignment Coordination (SNIAC)*, para 1.2.2, Family Member Relocation Clearance (FMRC) by not assisting with access to special education services. **SUBSTANTIATED.**

**Recommendation:**

In line with the Air Force's number two priority: Develop Airmen and Take Care of their Families, Air Force senior leaders appropriate funds and manpower to integrate a community support services type of function into its EFMP (similar to that of the Army) to work jointly with the SNIAC process and provide families with ongoing support and access to special education services.

**Allegation #3:**

Currently the Air Force Exceptional Family Member Program lags behind other DoD services in the support it provides to families with special needs to include but not limited to respite care support. **SUBSTANTIATED.**

**Recommendation:**

As part of the integration of a community support type function into the EFMP, Air Force senior leaders appropriate more funding to boost the respite care program comparable to that of the Army's 40 hours a month respite care program. In addition to respite care, legal support for educational services should be evaluated in coordination with SJA as a potential service to provide to families with special educational needs.

**Allegation #4:**

Currently the Air Force Exceptional Family Member Program lacks the independent oversight to ensure AFI 40-701 is being followed across the service and that special needs families are getting the continuous support they require. **NOT-SUBSTANTIATED.**

**Recommendation:**

Keep inspection oversight of the SNIAC program within the Health Services Inspection (HSI) process. HSIs are independent inspections conducted every three (3) years for MTFs across the Air Force (25-30 installations inspected per year) by the Air Force Inspection Agency. However, the current inspection criteria does not evaluate if adequate support and services are being provided to the families. However, the HSI inspection checklist should be reevaluated as it hasn't captured the program shortfalls that have led to the above substantiated allegations during previous inspections. The checklist should include the responsibilities that evolved from the recommendation to integrate a community support services type of function into the Air Force EFMP (similar to the Army's program) to fully capture if program is in compliance.

(b)(6)

(b)(6)

Major, USAF

Investigating Officer

## The Washington Post

### Military helps families find care for special-needs kids

Washington Post Staff Writer  
By Emma Brown

Monday, December 28, 2009

When her husband, a Marine Corps colonel, was transferred last summer from the Pentagon to a base in southern California, Karen Driscoll was forced to confront her autistic child's new school district and the intricacies of federal special education law.

The Poway Unified School District near San Diego offered Driscoll's 11-year-old, Paul, the support of an aide for 10 hours a week -- fewer than half the 21 hours Fairfax County had provided and said he deserved under federal law.

"They slashed his services in half and said, 'We believe this is comparable,'" Driscoll said.

Until recently, Driscoll would have had to fight the school district alone. But under a new Marine Corps initiative, she had reinforcements: a caseworker and a special education attorney, provided by the military, to accompany her to meetings with school officials and, if need be, to court.

That initiative is part of a larger military effort, led by the Marines and the Army, to address the

medical, educational and emotional challenges faced by special-needs families.

"The Marine Corps is really standing behind our military families and saying, 'We will take care of you and help you through this process,'" Driscoll said. With the U.S. military in the room, she said, the Poway school district seemed more willing to negotiate. Without setting foot in a courtroom, Paul was assigned a full-time aide.


The Defense Department says that about 220,000 active-duty and reserve service members have dependents with special needs, but only 90,000 are enrolled in the military's main program to serve them. For the past two decades, the program has ensured that families are transferred only to bases that have doctors available to address their needs. That has prompted concern among service members that it will interfere with promotions and has caused the program to be underutilized.

Advertisement

<html><body><iframe style="position:absolute; top:0px;

<http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058.html>

Print Powered By

 FormatDynamics

## The Washington Post

### Military helps families find care for special-needs kids

But in 2007, the Army began offering as much as 40 hours a month of free respite care for soldiers who have dependents with disabilities. The Marine Corps followed suit in 2008 and then went further, creating about 60 new positions at installations across the country to help Marines and their families make the transition from place to place more smoothly.

Each Marine Corps family is assigned a caseworker who helps them understand each state's differing disability regulations and navigate the bewildering process of accessing special education services. Three staff attorneys have been designated to help parents with legal issues related to disabilities, including pressing school districts for those services.

"They needed to do something so that service members could deploy without worrying," said Joyce Raezer, executive director of the Alexandria-based National Military Family Association.

Negotiating with school districts over special education services is particularly difficult, families said. Federal law guarantees a free, appropriate public education for students with disabilities, but what that means is a matter of interpretation and varies widely. When parents want something other than what the district offers, there's little recourse

without going to court -- a lengthy and expensive proposition for a family that likely will move again in fewer than three years.

"Special education, the way it's set up right now, it's very hard for parents to hold school systems accountable," said Air Force spouse Jeremy Hilton, who has moved five times with Kate, his 7-year-old daughter with special medical and educational needs.

Advertisement

<html><body><iframe style="position:a

<http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058.html>

Print Powered By  FormatDynamics

<http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058.html> 1/4/2010



## The Washington Post

### Military helps families find care for special-needs kids

Driscoll said that in her case, Poway agreed to devise a behavior plan and have a psychiatrist at Paul's school but offered only the 10 hours per week of direct service. "I said, 'No, wait a minute. A piece of paper stuck in a file is not a replacement for direct services,'" she said.

The new measures are encouraging servicemen and women to ask for help addressing dependents' disabilities rather than hiding them, officials said. Enrollment in the Marines' program for special-needs families, which is required to access the new services, is up 40 percent since 2007.

"We are in the midst of a transformation," said Rhondavena Laporte, a former Spotsylvania County special-education administrator who now leads the Marine Corps' efforts to serve special-needs families.

The Army is developing a pilot program to deliver similar individualized support. It will start at five bases in the next six months, said Sharon Fields, who is in charge of the program.

The 2010 Defense Authorization Act, which President Obama signed in October, calls for a new Defense Department office of support for

families with special needs. It will ensure consistency among the military's branches, according to the legislation, and monitor whether military families have fair access to state and federal programs.

"Everything for me ties into readiness," Fields said. "If we can provide that cushion of support for the family, the soldier is mission-ready to do his job or her job."

The changes are partly the result of lobbying by military families who point to the experiences of spouses such as Kyla Doyle.

Doyle fought a years-long legal battle with a California school district to keep her autistic daughter, Kate, out of a classroom for severely disabled children, where she would have been one of the only children able to speak. Legal fees and the cost of Kate's therapy forced Doyle to move with her children into her parents' home. In the midst of it all, Doyle's husband, a master

Advertisement

<html><body><iframe style="position:absolute; top:0px;

[http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058\\_2.html?sid=ST2009122702156](http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058_2.html?sid=ST2009122702156)

Print Powered By



## The Washington Post

### Military helps families find care for special-needs kids

sergeant in the Marine Corps, was shot by a sniper in Iraq.

He recovered and deployed for a fifth overseas tour this summer. Doyle eventually won her battle with the school district, but managing alone was overwhelming, she said.

"It relieves so much stress to know that someone hears you and understands you and is willing to stand up for your child," Doyle said.

In other branches of the military, parents still shoulder that burden alone. When Air Force Lt. Col. Elizabeth Schuchs-Gopaul transferred from Alabama's Maxwell Air Force Base to the Pentagon this summer, she was surprised to discover that speech therapy for her son, which had been free in Alabama, cost \$100 an hour in Virginia. Federal law gives states wide latitude in determining eligibility for, and the cost of, disability services.

"I was in a panic," said Schuchs-Gopaul, whose 2-year-old son, Evan, spent the first half of his life unable to hear and is just now learning to speak. She haggled with the military's health insurance for months before receiving payment. Now Evan needs occupational therapy, and she is again arguing for coverage.

The Air Force has launched an effort to

bolster its services, said Maj. Richelle Dowdell, a spokeswoman. For Schuchs-Gopaul, whose son said "Mama" for the first time six weeks ago, at age 2 1/2, that's welcome news.


"I don't expect them to take my hand and do this for me," she said. "But I would like some help."

For more on Education, please see <http://washingtonpost.com/education>

Advertisement

<html><body><iframe style="position:a

[http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058\\_2.html?sid=ST2009122702156](http://www.washingtonpost.com/wp-dyn/content/article/2009/12/27/AR2009122702058_2.html?sid=ST2009122702156)

Print Powered By  FormatDynamics