



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS, UNITED STATES AIR FORCE
WASHINGTON, DC

13 May 2010

HAF/IMIO (FOIA)
1000 Air Force Pentagon
Washington DC 20330-1000

Mr. Jeremy Hilton
8304 Epinard Ct
Annandale VA 22003


Dear Mr. Hilton

This is our final response to your 18 March 2010 Freedom of Information Act request for copy of SAF/IG case number is 2009-09299.

The attached document provided by SAF/IGQ was reviewed and is being released in its entirety.

Please direct your questions to the undersigned at (703) 693-2736 and refer to Case #2010-03205-F. There are no fees associated with the processing of this request.

Sincerely,


JOHN M. ESPINAL
FOIA Disclosure Officer



DEPARTMENT OF THE AIR FORCE
WASHINGTON DC

OFFICE OF THE ASSISTANT SECRETARY

FEB 13 2009

MEMORANDUM FOR AF/A1 and AF/SG

FROM: SAF/MRM


SUBJECT: Families with Special Needs Integrated Process Team (IPT) Summary

At my request, your staff and mine worked together to assess the status of AF support to our families with special needs. Although Congressional and media have recently focused on families dealing with autism, I asked the team to assess the opportunities for improvement of support to all of our special needs families, regardless of diagnosis.

As we briefed the last Community Action Information Board (CAIB), we have not centrally funded community support services for the unique needs of these families. While the current AF funding constraints were recognized, most of the CAIB members readily acknowledged the need for improvement. We meet requirements regarding identification and assignment coordination for the families on the medical side (by collateral duty coverage), beyond that, we do not provide community support such as central points of contact at each base or adequate respite care.

The IPT reported that frustration is mounting among our families as they hear the drastically different levels of support provided by the other Services, especially the Army and the Marine Corps. It is likely that we will be asked what level of support we are providing during this hearing cycle and we also know that the Obama Administration has indicated an interest in support to military families.

I have attached the IPT summary with recommendations for your review. Let's work together to put quality support in place for these families.


BARBARA J. BARGER
Deputy Assistant Secretary
(Force Management Integration)

Attachment:
SAF/MRM IPT Summary

cc: AF/JA

FAMILIES WITH SPECIAL NEEDS IPT SUMMARY AND RECOMMENDATIONS

Background

AF has a total of 14,057 Airmen identified (for assignment coordination purposes) with one or more family members with a special needs diagnosis; 11,149 enlisted and 2,908 officers. Data is at Atch 1. While effective support of Airmen who have members with special needs requires an approach that integrates a variety of community support services and command consultations, Air Force (AF) has not dedicated resources (aside from identification and assignment coordination), to meet the ongoing needs of this population. There is no existing policy that sets standards of support. As a result there are variant sources and levels of community support for special needs families across the Air Force.

In Sept 08, a SAF/MRM chartered Integrated Process Team (IPT) was launched to design a service delivery plan to better integrate existing resources and deliver timely support to families. The IPT identified the current state of AF special needs support, and validated major findings through a focus group of First Sergeants, affected Airmen and spouses. Major issues and the recommendations are at Atch 2.

Key Points of Discussion

A. Congressional Attention. High interest expressed on Capital Hill. FY08 NDAA stipulated a complete assessment of the availability and adequacy of services for military families dealing with autism including a range of provisions for autistic children (which would also benefit children with other special needs) such as limited stationing options, stabilization policy and centralized support services. In Aug 08, CM Snyder, D-Ark, visited active duty and families with autistic children at Little Rock AFB to inquire about the quality of services provided to them.

B. Response From Affected Families. AF families with special needs are increasingly frustrated at the lack of standardized support services. They question why AF is not providing same level of support as the other Services.

C. AF Priority. The lack of institutionalized support to AF special needs families is incompatible with the AF's number two priority: *Develop Airmen and Take Care of Their Families*. AF image is negatively impacted within AF and externally by inaction on this issue. AF might seek collateral duty as an option to provide the community support responsibilities, however that will likely continue fragmented, uneven support to these families.

D. Status of the other Services

Army, Navy, Marines, and Coast Guard all have dedicated staffing and resources at the Headquarters and at installation level who facilitate assignment coordination and identification services, but there are also dedicated staff for community support services, e.g., school liaison, outreach, support groups, etc., for special needs families. (Atch 3)

ATTACHMENT 1

DATA

HEAVILY IMPACTED BASES

(>175 Airmen w/one or more Airmen with identified exceptional family members)

CONUS Bases

Lackland	534
Langley	446
Scott	358
Wright-Patterson	300
Eglin	289
Hurlburt Field	284
Little Rock	281
Travis	265
Offutt	262
Nellis	257
Tinker	249
Davis-Monthan	247
Randolph	242
Hill	233
Pentagon	210
Andrews	205
Robins	202
Dyess	200
McChord	192
McGuire	192
Shaw	189
Barksdale	187
MacDill	175
Peterson	175

OCONUS Bases

Ramstein	478
Elmendorph	287
Lakenheath	233
Hickam	218
Kadena	197
Osan	182
Aviano	180
Spangdahlem	175

ATTACHMENT 2

FAMILIES WITH SPECIAL NEEDS IPT

ISSUES AND RECOMMENDATIONS

1. Issue: There is no policy or staff designated for advance coordination of full spectrum community support before members with special needs families are assigned to a base. The AF lacks a standard of support across the Department for special needs families.

Specific findings:

A. Assignment coordination policy directs medical and educational authorities to ensure designated locations can meet those specific needs of special needs families, but no staff is designated (required by policy) for coordination with gaining communities on the availability of full spectrum community support for these mobile families.

1. There is a lack of coordination in designated communities with regard to the availability of services such as child-care, housing assistance, accessible sports/recreation and other youth programs, transportation, and appropriate referrals/linkage with non DoD resources.

2. Examples of unintended consequences: a. Manpower or space shortages may arise in child/youth programs after assignments of higher numbers of families with specialized needs to a location (based on educational and medical clearance) without advance coordination with AF/A1S; b. Base housing availability without accommodations for special needs; c. Parents desire to obtain school information/options before summer PCS, but without POC available, individual education plan (IEP) is delayed.

B. Other Services have funded billets to coordinate community services and provide standardized information/referral, advocacy and ongoing support to special needs families.

C. Airmen with stressed and critical skill AFSCs may pose significant mission impediments when they have to deal with special needs issues during duty. Commanders lack a resource for consultation on available and reasonable accommodations for affected Airmen and ways special needs services can enhance mission readiness and retention.

D. There is no central coordination of essential training requirements to support special needs families. Current training levels for key staff is inadequate to assist in early identification of children/youth with autism or other special needs to ensure timely referrals. Medical consultation/liaison with youth programs (which aids identification) varies across AF.

- E. Public schools near AF bases do not have central POCs with whom they can exchange pertinent information for advance planning and support to special needs families.
- F. AF special needs families experience variant quality and quantity of support services based on what they search for and find available upon arrival at each assignment. Growing joint base posture is raising expectations (and frustration) of AF families.
- G. Families plan better before relocation with advance information which helps their ability to network with other families, and manage their expectations.

Recommendation: A dedicated program coordinator is needed at each AF location to establish, centralize and standardize full-spectrum community support, command consultation and training in support of special needs families.

2. Issue: There is a lack of adequate respite care services.

Specific findings:

- A. Respite care is one of the principal concerns of many special needs families.
- B. Current care is limited, partial support provided between health plan, (TRICARE ECHO) and Air Force Aid Society, (AFAS).
- C. Availability is not comparable to the other Services. Army and Navy use GWOT and O&M funds to provide respite care. AF families question the lack of parity to levels of respite care support seen in sister Services.

Recommendation: AF needs to establish funding for recurring respite care.

3. Issue: Members want information on possible assignments earlier in assignment coordination process.

Specific findings:

- A. Sponsors who have family members with special needs must balance career and family needs, and the mobility associated with AF missions can result in career-long stress and uncertainty for the families. Affected Airmen can be more mission focused with as much accurate information regarding upcoming assignments as early as possible. Several focus group members reported adverse effects of late assignment changes.

B. The current capabilities provide more opportunities for individualized assignment and career planning to officers than enlisted members (based on numbers alone). The majority of AF special needs families are enlisted. Families can plan and adjust better with advance information on which sites will likely be able to accommodate both their families' special needs and career field requirements over time. Due to changes in capabilities (based on POC rotations) and career field demands, this long-term view (career planning) is not currently provided in a standard fashion.

C. Presently, the provision of specific information about a location's medical and educational capabilities as related to individual needs is only possible within the Medical Treatment Facility (MTF) system, due to the need to protect medical information and the need to determine if DoD standards of care can be met at a specific time. These considerations are handled for each family within 6 months of Permanent Change of Station (PCS) by AF/SG.

Recommendation: Short term: Develop and promote use of a new or existing accessible portal of pertinent information to enhance the assignment process for Airmen with special needs families. Longer term: Airmen and families need assignment points of contact with whom to discuss their long term career concerns. Assignment POCs can be trained to consult with new support POCs on accommodations for special needs families while balancing mission requirements.

4. Issue: The AF lacks a broad communication strategy to provide needed information to special needs families, leaders and support agencies.

Specific Findings:

- A. The communication strategy should be designed to help reduce fear of career impact and reduce stigma associated with a diagnosis of special needs.
- B. The strategy should encompass themes and messages that align with the AF's number two priority: *Develop Airmen and Take Care of Their Families*.
- C. Current policies permit deferment of TDY/PCS where family special needs require the presence of the service member. Not all service members or unit leaders are well versed in these provisions or on how to request special considerations.
- D. As part of the communication strategy, clarification is required that enrollment in Exceptional Family Member Program (EFMP) does not exempt members from worldwide qualifications and deployment expectations.

Recommendation: Families with Special Needs IPT develop and propose a communication strategy and plan for AF approval.

5. Issue: AF currently does not have a standardized stabilization policy with regard to families with special needs other than the initial 12-month deferment when reassigned or deferred under EFMP criteria.

Specific Findings:

- A. Some types of special needs are adversely impacted by frequent change and relocation. Conversely, longer term assignments for Airmen with special needs family members can enhance their readiness and retention.
- B. IAW Nov 2006 CSAF initiative, the time on station required for a CONUS to CONUS PCS was raised from three to four years for the majority of the active duty force. NDAA requires, and the sister Services are implementing similar stabilization policies that will permit some families to remain in one location for not less than four years. However it does not impact selection for an overseas assignment as the most eligible non-volunteer.
- C. To implement a longer term stabilization policy for Airmen with special needs family members, a paradigm shift will be needed from the current expectation for frequent relocations in order to advance careers. Criteria will be required regarding eligibility for the stabilization plan, goals of the stabilization, and whether it will include some unaccompanied tours for the sponsor so the family may remain in one place.

Recommendation: Long Term: Consider establishment of provision in stabilization policy to permit longer period stabilization requests for Airmen who have special needs family members on a case by case basis.

ATTACHMENT 3

OTHER SERVICES

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

Army:

Each installation - EFMP Manager designated in Army Community Service in addition to the POC for Assignment Coordination & Identification functions in the MTF;
HQ Program Manager

Navy:

Each major Navy location - dedicated EFMP Manager;
HQ Program Manager

Marine Corps:

Currently at 16 locations:

16 new civil service managers

39.5 new contract personnel (case workers, admin, TEO's)

3 previously existing GS employees

HQ - Program Manager, 3 assignment screeners

2 medical liaison officers (medical determination for priority housing and stabilization)

1 Advocate (deals with grants, systemic issues, etc.)

Coast Guard:

19 dedicated EFMP civilian managers

Field personnel are presently GS-11, (in the process of upgrade to GS-12.)

HQ Program Manager



U.S. AIR FORCE

Service Comparison

	Installation EFMP Manager	HQ Program Manager	MTF OPR	Dedicated staff for community support services
Army	YES	YES	YES	YES
Navy	YES	YES	YES	YES
Marine Corps	YES	YES	YES	YES
Coast Guard	YES	YES	NO	YES
Air Force	NO	NO	YES	NO

* Assignment & identification
only (SG)

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