



DEPARTMENT OF THE ARMY
US ARMY COMMUNITY AND FAMILY SUPPORT CENTER
4700 KING STREET
ALEXANDRIA VA 22302-44

CFSC-FP-A

S: 15 MAY 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fiscal Year 2003 (FY03) Distribution of the Office of the Secretary of Defense (OSD) Funds and Guidelines for Use of Family Advocacy Program (FAP) Resources

1. Purpose. To state the guidelines for use of FAP resources and provide the allocation of FY03 funds by Major Army Commands (MACOMs) (Encl 1). For FY03 funds will be distributed from Office of Secretary of Defense Comptroller to Department of Defense Dependent Education Agency (DoDDEA) to the MACOMs to the installations. The US Army Community and Family Support Center (CFSC) will provide budget guidance, to include the breakout by installation, in a memorandum to the MACOM Resource Managers and the Installation Management Agency (IMA).
2. History. Congress appropriated funds for the FAP in FY82 and directed the Services to address child abuse and neglect, and spouse abuse. Congress has continued the appropriation annually and maintains an active interest in the provision of FAP services. In FY99, the Chief of Staff, Army, directed that FAP prevention and treatment funds be consolidated under the management of the installation/garrison commander.
3. Budget Requirements. In accordance with this consolidation, the installation FAP Manager (FAPM) and Chief, Social Work Service (C, SWS) must jointly develop and submit a FAP prevention and treatment consolidated budget to the installation/garrison commander for review and approval. Local allocation of Office of the Secretary of Defense (OSD) FAP funds must meet the following criteria:
 - a. Use the DoD FAP Staffing formula as the basis for determining the allocation of funding for prevention and treatment.
 - b. Ensure appropriate distribution of funding between prevention and treatment for effective program delivery.
 - c. Execute FAP funding within one percent of budget.
 - d. Comply with Army Community Service Accreditation requirements.
4. Office of the Secretary of Defense (OSD) Accountability. OSD and Congress require the Army to maintain strict accountability of OSD funds to ensure resources are

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used only for the FAP. Funds are provided for Direct Obligation for Operations and Maintenance of FAP and New Parent Support (NPS). The FAP funds are used to address child and spouse abuse as defined in Department of Defense (DoD) Directive 6400.1, DoD Directive 1030, "Victim and Witness Assistance" and Army Regulation 608-18, Army Family Advocacy Program, 1 Sep 95. These funds will not be used to support activities funded through other programs, such as financial management counseling and the Exceptional Family Member Program. The FAP funds should only be used to support those prevention activities directly related to the prevention of child and spouse abuse and those activities promoting early identification and reporting of suspected child and spouse abuse. Additionally, FAP funds may be used for those parent education programs and activities that address family stressors arising from the military mission: relocation, intermittent single parenting due to deployment, reunion and children's fear of parental involvement in warfare. New Parent Support Plus funds shall only be used to provide supportive services for up to one year to high-risk parents who have children less than one year old. **Funding shall only be used for home visitation and for installations with over 300 live births.**

5. Operations and Maintenance, Army (OMA) Accountability. The Army may use OMA resources for the implementation of the FAP. The Army Management Structure Codes are used to track OMA obligations of FAP funds. These obligations are not reported under the five budget category codes utilized for tracking OSD obligations.

6. Defense Health Program (DHP) Accountability. The Defense Health Program will continue to provide the elements of the FAP now associated with the provision of treatment services within the Medical Treatment Facilities (MTFs). These include, provision of medical care, documentation of treatment needs, delivery of treatment services, CRC oversight and administration, reporting to the Army Central Registry, and credentialing and privileging treatment providers. The MTFs will continue to support OSD funded personnel with MTF assets to include military and Defense Health Program personnel, resources, space and standard office supplies. **These items (DHP personnel, resources, spaces and office supplies) will not be billed to the OSD FAP budget.**

7. Reporting Requirements. The FAP has an annual report requirement that is designed to provide statistical information on FAP services at the installations. The annual prevention report is automated and combined with the Army Community Service

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(ACS) Management Report. The web site for required quarterly updates is <http://trol.redstone.army.mil/acs>. The treatment portion of this report is being automated and instructions for completing this report are available from the FAPM, MEDCOM.

8. Fund Execution.

a. Documentation. The memorandum of agreement (MOA), Inter-service Support Agreement (ISSA) or other governing document between the installation and medical facility will be updated as necessary to reflect funding execution changes.

b. Management. Prevention and treatment funds will be managed by the FAP Manager (FAPM) and the Chief of Social Work Services respectively.

c. Obligation Standard. Monitoring the execution of FAP funds is critical to successful program implementation. The OSD requires execution of eighty percent of the FAP funds by the end of the third quarter. In June all unobligated funds are reviewed for redistribution. Unobligated amounts at the end of the fiscal year usually result in budget decreases the following year. **All MACOMs will report to this office the FY03 distribution of OSD funds to each of their installations NLT 15 May 2003.**

d. Instruction. Installation FAPMs are not authorized to purchase promotional items. All promotional items used to promote awareness during Child Abuse Prevention Month and Domestic Violence Awareness Month are purchased through a central contract by USACFSC FAP and/or the IMA with DA FAPM approval. The FAP funds should be used sparingly for travel. When used, priority should be given to OSD, HQDA and MACOM sponsored family advocacy training.

e. Accounting. All transactions processed will be coded under the account symbol 9700100.6041. The OSD requires fund obligations be reported under 04760000.

f. Reporting. It is extremely important that fund obligations be reported accurately. The enclosed Army FAP Model (Encl 2) contains the definitions and explanations of services and activities appropriate to each budget category code.

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9. Staffing. The DoD FAP must be staffed in accordance with DoD FAP Quality Assurance and Workload Standards to the extent feasible. Please use this information to build the installation FAP budget and to allocate funding resources between prevention and treatment. Positions on the installation's OMA Table of Distribution and Allowances (TDA) should be funded with OMA funds.

10. Funding Sources. The OSD funds do not replace existing OMA funding but provide supplementary funding for required FAP services.

11. Allowable Uses.

a. The OSD FAP funds must be used solely for the FAP in accordance with paragraph 4 above and must follow the Army Family Advocacy Program Model.

b. In general, the costs of foster and respite care are the individual responsibility of the parents whose child or children are placed in foster or respite care. In 1992, Congress authorized the use of appropriated funds for foster care. The OSD or OMA FAP funds may be used in overseas locations to support foster care as part of a child's treatment plan. The CRC will determine whether foster care is required in an open FAP case as part of the treatment plan. The OSD funds may also be used to support respite care when recommended by the FAPM, in consultation with the Chief, SWS as a preventive measure. The installation FAPM will establish program procedures to determine eligibility for foster or respite care and ensure accountability of funds utilized.

c. Volunteers in the FAP are considered ACS volunteers, and reimbursement for expenses is covered under AR 215-1, para. 4-6j.

12. Compliance. Compliance with the above guidance will be monitored through review by the installation, MACOM, and HQDA program managers, audits by the U.S. Army Audit Agency, Major Army Commands, installation site and accreditation visits.

13. This memorandum has been coordinated with the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs (Ms. Linda Sims, 703-693-1909).

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14. The U.S. Army Community and Family Support Center point of contact is LTC Yvonne Tucker-Harris, DSN: 761-7393 or commercial: (703) 681-7393.

2 Encls

ROBERT L. DECKER
Brigadier General, USA
Commanding

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CF:

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HQDA (ACSIM)

INSTALLATION MANAGEMENT AGENCY

HQDA (DASG)

ASA (M&RA): Attn: Ms. Linda Sims

MACOM RESOURCE MANAGERS

Army Family Advocacy Program
 FY 03 Major Army Command (MACOM) Funding Allocation

MACOM	ALLOCATION (\$K)
Army Materiel Command	\$ 596,000
Eighth U.S. Army *	1,000,000
Forces Command *	10,386,000
Intelligence and Security Command	155,000
Military District of Washington (MDW)*	968,000
Medical Command (MEDCOM) (ACS)	1,451,000
Medical Command (FAST & FASTA)	1,400,000
Training and Doctrine Command *	6,203,000
Family Advocacy Law Enforcement Training (FALET)	995,000
US Army, Europe (USAREUR)*	6,448,000
US Army, Pacific *	1,500,000
US Army Test and Evaluation Command	107,000
US Army Special Operations Command	90,000
US Army South	200,000
US Military Academy	100,000

1. *MACOM allocation includes New Parent Support Program Plus funding.
2. MEDCOM allocation includes \$395,000 for the ISSA with WRAMC.
3. MDW allocation includes \$78,000 for Ft Monmouth.
4. USAREUR allocation includes \$2,400,000 for the OCONUS Social Work Contract.
5. TRADOC allocation includes \$300,000 for US Army Recruiting Command (USAREC) and \$10,000 for Cadet Command.

THE ARMY FAMILY ADVOCACY PROGRAM (FAP) MODEL

1. The Army FAP Model is designed to standardize the FAP so that soldiers and families can receive consistent program services throughout the Army. The five program elements that make up the model (Prevention, Direct Services, Administration, Evaluation and Training) **no longer** correspond to the five budget category codes used to account for Office of the Secretary of Defense (OSD) resources. **The five category accounting codes were suspended in FY99. All accounting transactions will be recorded in only 1 base account 04760000. The expenditure of OSD FAP resources must adhere to the FAP model.**

2. The FAP manager (FAPM) position is located in ACS. Although the FAPM is the installation coordinator for the FAP, all FAP services do not need to be initiated by the ACS/FAPM. Program services may be provided by other military activities or by a civilian agency. A memorandum of agreement (MOA) or other official written document must be on file in ACS to ensure provision of required services to military personnel and their families. For example, if parent education is provided by the installation chaplain and a MOA is on file with the FAPM, this requirement for parent education is met, and resources can be utilized for other required programs.

3. The FAPM must ensure that a comprehensive mix of prevention and treatment services appropriate to the installation demographics and program requirements is available. Emphasis should be given to providing targeted services based on a comprehensive needs assessment that may include surveys, focus groups, and an analysis of local FAP demographic and incidence data.

4. Army FAP Model:

a. FAMILY ADVOCACY PREVENTION ACTIVITIES. Prevention activities are efforts, programs and supportive services provided to positively impact the well-being of children, parents or individuals before abuse or neglect occurs. Efforts shall be targeted on the general military community and upon specific groups that are considered to be "at risk." The FAPM's salary is to be reported under Prevention Activities and, as an essential element of FAP, is considered the first priority for funding. FAPM activities include establishing program goals and objectives, conducting community needs assessments, developing and executing budgets, manpower and space acquisition planning, preparing internal and external program reports, managing records and data, establishing installation MOA or other agreements for service delivery and, preparing, negotiating and managing contracts for FAP services. Salaries for other ACS prevention staff, such as prevention specialists and trainers, are also reported under this category. Additional prevention efforts, defined below, are activities funded under this category.

(1) Community Education Program - Education for community members regarding family violence, the extent and nature of child abuse/neglect and spouse

abuse, reporting procedures, and available services. Military community education involves making FAP services known, accessible and attractive to those who can best use the services to improve their family functioning. The program should promote military community support and encourage early referral. Minimum requirements for the provision of military community education are utilizing local media resources (e.g., bulletins, newspapers, radio, television); presenting to installation and community groups (e.g., spouses groups, parent teacher associations, church groups); participating in all appropriate special military community and unit events (e.g., health fairs, organization days); and conducting program awareness events (e.g., Child Abuse Prevention Month, Month of the Military Child, and Domestic Violence Awareness Month).

(2) Command Education Program - Education regarding the FAP to ensure commanders at all levels are aware of prevention programs; the nature of spouse and child abuse; FAP policies and available FAP services; command responsibilities in the areas of identification, reporting, coordination, and rehabilitation; and administrative or judicial options. Installation commanders will receive briefings within 8 weeks of assuming command. All others will receive a briefing within 45 days following assumption of command.

(3) Troop Education Program - Education on an annual basis for all military personnel on prevention programs, the dynamics of spouse and child abuse, the availability of treatment services, and the Army's policies and regulations regarding family violence.

(4) Education for Professionals Program - Education on a semi-annual basis for professional and paraprofessional staff who work with or on behalf of children (e.g., Case Review Committee (CRC) members, Child Development Services (CDS), Youth Services (YS), schools and law enforcement) to ensure an awareness of the seriousness of child abuse and neglect, spouse abuse, the causes and effects of family violence, and the identification and reporting responsibilities.

(5) Parent Education and Support - Services designed to enhance parenting and child management skills. Services are divided into three areas: parent education, new parent support, and support groups. Classes and discussion groups serve as forums for parents to exchange ideas, information, and resources. The program may also reinforce or teach parents basic skills in physical care, supervision and psychological nurturance appropriate to a child's age and developmental stage including families with teenagers, and step and blended families. New Parent Support programs provide health counseling and support for expectant or new parents to enhance parent and infant bonding, increase knowledge of child development, and provide support through role modeling. As a secondary prevention program, home visitors meet with new parents to assist in getting them off to a good start as well as serving as role models and providing information and referral resources. This intensive level of voluntary or mandated home visiting by home visitors provides emotional and tangible support,

personalized skills training, and reinforcement for positive changes in parenting behavior and skills.

(6) Safety Education for Children Program - Education that helps children develop skills to protect themselves against sexual abuse and to report abuse if it occurs. Programs include information for teachers and parents on how to listen to and talk with children about child sexual abuse. These programs will be made available to all children age 6 and above enrolled in a Child Development Services (CDS), Youth Services (YS), School Age Services (SAS), or DoD Elementary and Secondary Schools.

(7) Family Life Education - Education focusing on child development, communication skills, reducing parenting stress, assertiveness training, and strengthening fathers' role in families. The goal is to improve family coping, negotiation, and communication skills. These programs may be delivered by other community agencies and identified in the installation FAP MOA.

(8) Spouse Abuse Prevention Programs - Education, skills building and support programs for soldiers and spouses designed to prevent abuse and break the cycle of domestic violence. Emphasis is on secondary prevention services targeted to those soldiers or spouses determined to be at high risk for the occurrence of domestic violence. Services to high risk families include the provision of support services by victim advocates for spouse abuse victims. Primary prevention services may include "Mentors in Violence" prevention program, premarital sessions and programs targeted to single soldiers, high school students and dating couples.

b. FAMILY ADVOCACY DIRECT SERVICES. Direct services include all identification, diagnosis, treatment, counseling, rehabilitation, follow-up and other services directed toward the victims and perpetrators of abuse and neglect and their families. Direct service activities include services for the victim, perpetrator, and family to protect victims and teach the family alternatives to violent behavior.

(1) Crisis Intervention - Immediate intervention and short-term counseling and support that focus on the resolution of an incident of child abuse/neglect or spouse abuse, protection of the victim, and prevention of further maltreatment through the use of community, medical, and legal resources. A 24-hour point of contact is to be established to receive all reports of child abuse and neglect and spouse abuse.

(2) Case Management - The Case Review Committee (CRC) on each installation must assess, diagnose, manage, and coordinate the multiplicity of military and civilian medical, legal, law enforcement, counseling and community support services required. A case manager must be assigned to coordinate and monitor a treatment plan and keep the commander informed so he/she can support the treatment plan. Other case management functions are to ensure that timely reports are made to the Army Central Registry, the local child protective services authority, or other authority as required.

(3) Counseling - An information and learning experience provided to the victim, abuser, and family, as appropriate, to help them understand and resolve their problems. FAP counseling stresses offender accountability for his/her own actions, personal growth, and teaches alternatives to the current violent pattern of behavior. Counseling for the victim emphasizes victim safety and concrete support for the victim. It must be coordinated with available military and civilian services systems, such as legal services, financial counseling, job readiness, and other necessary services such as clothing, transportation and food. The counseling provided to soldiers who are abusers is mandatory and must be closely coordinated with the unit commander. Counseling for children and spouses may include survivors groups and programs for children who witness violence.

(4) Foster Care - A voluntary or court mandated program for abused or neglected children that provides 24-hour care and supportive services in a family or residential facility for children who cannot be cared for by their own family and need substitute care. Assessments for foster care must be jointly conducted and approved by the FAPM and the Chief, SWS. The CRC may also make referrals for foster care placements.

(5) Respite Care - A child care program which provides care to children in families who need temporary relief from the pressures of constant child care responsibilities. This may include services to families with children who have special needs. It may also include child care for parents who are participating in counseling or activities that are part of a family advocacy treatment plan or as part of a preventive strategy in accordance with AR 608-18.

(6) Shelter - A 24-hour residential facility, refuge or temporary accommodation which provides a safe, temporary place to stay with emotional and material support to victims of spouse abuse and their children.

(7) Hotline - A twenty-four hour information line that responds to callers experiencing emotional, personal, and family crises. If a hotline exists within the community, the FAPM may establish a MOA with the community organization to extend services to military families.

(8) Support Groups - Persons with similar life experiences (problems) who share concerns and information in an effort to provide mutual help and support to one another. Examples are Parents Anonymous, Parents United, Parents Without Partners, support groups for women, survivors groups, etc.

(9) Homemaker Services - Provision of assistance, support, and relief for parents who may be unable or unwilling to fulfill their parenting responsibilities because of illness or other incapacity. The service is provided to those families who have been identified as suspected or substantiated child abuse/neglect cases with appropriate referrals for services by the CRC. A homemaker may be placed in a home on an hourly

or weekly basis to assist with housekeeping and child care while demonstrating coping skills and providing support for parents and children.

c. FAMILY ADVOCACY ADMINISTRATION. Administration activities are all services, logistical support, and equipment necessary to ensure the effective and efficient operation of the FAP. Clerical aspects include typing, filing, copying, collating, and other administrative support for the staff and the CRC (e.g., CRC clerks, ACS FAP secretary, ACS FAP clerical/administrative assistants).

d. FAMILY ADVOCACY EVALUATION. Evaluation encompasses needs assessments, outcome measures, incidence data analysis, research and other similar tools and services utilized by and for the FAP to measure program effectiveness. Evaluation activities include Central Registry functions, staff time spent designing instruments and record keeping methods, preparing statistics and program output data. Major command and installation resources and staff time spent monitoring and evaluating ongoing program efforts are also included. All research projects must be approved by USACFSC FAP prior to initiation.

e. FAMILY ADVOCACY TRAINING. Training encompasses all educational and/or instructional measures, supplies or equipment used to prepare or maintain the skills of personnel working in the FAP. Training activities include the cost of workshops and conferences for staff and contracts for staff training at the installation, e.g., intervention skills, identifying and reporting child abuse and neglect, and family counseling

f. DoD QUALITY ASSURANCE STANDARDS. Installation FAPMs must ensure that all FAP services comply with Family Advocacy Quality Assurance Standards. The FAPMs must complete the self- assessment or study guide and demonstrate compliance every three years during on-site staff visits by USACFSC and the MACOMS. This requirement has been incorporated into the ACS Accreditation process currently being implemented.