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## HQDA EXORD 201-24 IMPLEMENTATION GUIDANCE FOR INSTALLATION

**Originator:** DA WASHINGTON DC

**TOR:** 05/17/2024 20:08:20

**DTG:** 172011Z May 24

**Prec:** Priority

**DAC:** General

ARLINGTON NATIONAL CEMETERY ARLINGTON VA, ARNG NGB COMOPS ARLINGTON VA, ARNG NGB J3 JOC WASHINGTON DC, ARNGRC ARLINGTON VA, ARNGRC WATCH ARLINGTON VA, CDR 5 ARMY NORTH AOC FT SAM HOUSTON TX, CDR ARMY FUTURES COMMAND AUSTIN TX, CDR ATEC ABERDEEN PROVING GROUND MD, CDR FORSCOM DCS G3 CENTRAL TASKING DIV FT LIBERTY NC, CDR FORSCOM DCS G3 CURRENT OPS FT LIBERTY NC, CDR FORSCOM DCS G3 WATCH OFFICER FT LIBERTY NC, CDR MDW J3 FT MCNAIR DC, CDR MDW JFHQ-NCR FT MCNAIR DC, CDR NETCOM 9THSC FT HUACHUCA AZ, CDR TRADOC CG FT EUSTIS VA, CDR TRADOC DCS G-3-5-7 OPNS CTR FT EUSTIS VA, CDR USAR NORTH FT SAM HOUSTON TX, CDR USARCENT SHAW AFB SC, CDR USAREUR-AF WIESBADEN GE, CDR USASOC COMMAND CENTER FT LIBERTY NC, CDR USASOC FT LIBERTY NC, CDR USASOC FT LIBERTY NC, CDR3RD ARMY USARCENT WATCH OFFICER SHAW AFB SC, CDRAMC REDSTONE ARSENAL AL, CDRFORSCOM FT LIBERTY NC, CDRHRC G3 DCSOPS FT KNOX KY, CDRINSCOM FT BELVOIR VA, CDRINSCOM FT BELVOIR VA, CDRINSCOMIOC FT BELVOIR VA, CDRINSCOMIOC FT BELVOIR VA, CDRMDW WASHINGTON DC, CDRUSACE WASHINGTON DC, CDRUSACIDC FT BELVOIR VA, **To:** CDRUSAEIGHT G3 CUOPS SEOUL KOR, CDRUSAEIGHT SEOUL KOR, CDRUSAMEDCOM FT SAM HOUSTON TX, CDRUSARC G33 READ FT LIBERTY NC, CDRUSARCYBER WATCH OFFICER FT EISENHOWER GA, CDRUSARPAC CG FT SHAFTER HI, CDRUSARPAC FT SHAFTER HI, COMDT USAWC CARLISLE BARRACKS PA, HQ IMCOM FT SAM HOUSTON TX, HQ SDDC CMD GROUP SCOTT AFB IL, HQ SDDC OPS MSG CNTR SCOTT AFB IL, HQ USARSO FT SAM HOUSTON TX, HQ USARSO G3 FT SAM HOUSTON TX, HQDA ARMY STAFF WASHINGTON DC, HQDA CSA WASHINGTON DC, HQDA EXEC OFFICE WASHINGTON DC, HQDA IMCOM OPS DIV WASHINGTON DC, HQDA SEC ARMY WASHINGTON DC, HQDA SECRETARIAT WASHINGTON DC, HQDA SURG GEN WASHINGTON DC, MEDCOM HQ EOC FT SAM HOUSTON TX, NETCOM G3 CURRENT OPS FT HUACHUCA AZ, NGB WASHINGTON DC, SMDC ARSTRAT CG ARLINGTON VA, SMDC ARSTRAT G3 ARLINGTON VA, SUPERINTENDENT USMA WEST POINT NY, SURGEON GEN FALLS CHURCH VA, USAR AROC FT LIBERTY NC, USAR CMD GRP FT LIBERTY NC, USAR DCS G33 OPERATIONS FT LIBERTY NC, USARCENT G3 FWD, USARPAC COMMAND CENTER FT SHAFTER HI

**CC:** HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC, HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC, HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC

HQDA EXORD 201-24 Annex A - PSB-CY FAP Process Map (Final).pdf, HQDA EXORD 201-24 Annex B - PSB-CY Definitions

**Attachments:** (Final).docx, HQDA EXORD 201-24 Annex C - PSB CY Multi-Disciplinary Team Non-Disclosure Agreement (Final).docx, HQDA EXORD 201-24 Annex D - DD3179 Non-Clinical Referral Tool (Final).pdf

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RUIAAAA/CDR FORSCOM DCS G3 CENTRAL TASKING DIV FT LIBERTY NC

RUIAAAA/CDR FORSCOM DCS G3 CURRENT OPS FT LIBERTY NC

RUIAAAA/CDR FORSCOM DCS G3 WATCH OFFICER FT LIBERTY NC

RUIAAAA/CDR MDW J3 FT MCNAIR DC

RUIAAAA/CDR MDW JFHQ-NCR FT MCNAIR DC

RUIAAAA/CDR NETCOM 9THSC FT HUACHUCA AZ

RUIAAAA/CDR TRADOC CG FT EUSTIS VA

RUIAAAA/CDR TRADOC DCS G-3-5-7 OPNS CTR FT EUSTIS VA

RUIAAAA/CDR USAR NORTH FT SAM HOUSTON TX

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RUIAAAA/HQ IMCOM FT SAM HOUSTON TX  
RUIAAAA/HQ SDDC CMD GROUP SCOTT AFB IL  
RUIAAAA/HQ SDDC OPS MSG CNTR SCOTT AFB IL  
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RUEADWD/HQDA SEC ARMY WASHINGTON DC  
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RUEADWD/HQDA SURG GEN WASHINGTON DC  
RUIAAAA/MEDCOM HQ EOC FT SAM HOUSTON TX  
RUIAAAA/NETCOM G3 CURRENT OPS FT HUACHUCA AZ  
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RUIAAAA/SMDC ARSTRAT CG ARLINGTON VA  
RUIAAAA/SMDC ARSTRAT G3 ARLINGTON VA  
RUIAAAA/SUPERINTENDENT USMA WEST POINT NY  
RUIAAAA/SURGEON GEN FALLS CHURCH VA  
RUIAAAA/USAR AROC FT LIBERTY NC  
RUIAAAA/USAR CMD GRP FT LIBERTY NC  
RUIAAAA/USAR DCS G33 OPERATIONS FT LIBERTY NC  
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SUBJ/HQDA EXORD 201-24 IMPLEMENTATION GUIDANCE FOR INSTALLATION  
RESPONSE TO PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH  
(PSB-CY))  
Unclassified//

Subject: (U) HQDA EXORD 201-24 Implementation Guidance for  
Installation Response to Problematic Sexual Behavior in Children and  
Youth (PSB-CY))//

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(U) References:

REF//A/ (U) The Privacy Act Section 552A. Title 5, United States Code (2006)//  
REF//B/ (U) Disposal of Records, Section 3301-3314, Title 44, United States Code (1964)//  
REF//C/ (U) National Defense Authorization Act for Fiscal Year 2019, Public Law 115-232, Section 1089//  
REF//D/ (U) National Defense Authorization Act for Fiscal Year 2017, Public Law 114-328, Section 575//  
REF//E/ (U) Department of Defense Manual 6400.01 Volume 1, 22 July 2019, Family Advocacy Program Standards  
REF//F/ (U) Department of Defense Instruction 6400.01, Family Advocacy Program, 01 May 2019//  
REF//G/ (U) Department of Defense Instruction 6400.10, DOD Coordinated Community Response to Problematic Behavior In Children and Youth, 30 December 2021//  
REF//H/ (U) Department of Defense Instruction 6060.04, Youth Services Policy, 04 December 2019//  
REF//I/ (U) Under Secretary of Defense, Personnel, and Readiness, System of Record (SORN), Docket ID: 2021-OS-0089, Problematic Behavior in Children and Youth, 23 August 2021//  
REF//J/ (U) Army Regulation 608-18, the Army Family Advocacy Program, Rapid Action Revision, 13 September 2011//  
REF//K/ (U) Army Directive 2019-13, Response to Major Juvenile Misconduct and Referral of Civilian Criminal Offenses to Civilian Authorities, 21 March 2019//  
REF//L/ (U) Army Directive 2021-27, Installation Response to Problematic Sexual Behavior in Children and Youths, 7 June 2021//  
REF//M/ (U) Problematic Sexual Behavior in Children and Youth (PSB-CY) Non-Clinical Referral Tool (NCRT) DD FORM 3179//  
REF//N/ (U) Department of Defense Manual 6025.18, 13 March 2019, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) privacy rule in DOD health care programs//  
REF//O/ (U) Department of Defense Instruction 5400.11, Vol. 2, DoD Privacy and Civil Liberties Programs: Breach Preparedness and Response Plan, 06 May 2021//  
REF//P/ (U) DoD 5400.11-R, Department of Defense Privacy Program, 14 May 2007//  
REF//Q/ (U) Army Regulation 360-1, the Army Public Affairs Program, 08 October 2020//  
NARR/ (U) This Execution Order (EXORD) provides implementation guidance for installations response to reports of Problematic Sexual Behavior in Children and Youths (PSB-CY)//

1. (U) Situation. The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 requires the Secretary of Defense to establish policy for responding to any report or other allegation of juvenile-on-juvenile problematic sexual behavior on a military installation that is received by the installation commander, a law enforcement organization, a family advocacy program, a child development center,

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a

military treatment facility, or a department school operating on the installation or otherwise under department administration for the installation and shall be reviewed by the family advocacy program of the installation.

2. (U) Mission. Effective immediately, commands will implement provisions outlined in this EXORD for responding to reports of PSB-CY

occurring on Army installations in order to ensure compliance with the FY19 NDAA and Department of Defense (DoD) and Department of the Army (DA) policies.

3. (U) Execution.

3.A. (U) Intent.

3.A.1. (U) Purpose.

3.A.1.A. (U) This EXORD provides implementation guidance on how the Army will respond to reports of PSB-CY in order to ensure the safety and well-being of children and youth; and address the needs of children, youth, and their families who are affected by PSB-CY.

3.A.1.B. (U) Installations will implement a coordinated community response (CCR) by establishing multidisciplinary teams (MDT) to respond to reports of PSB-CY. MDTs will address safety, risk factors

and recommend treatment, counseling, and an appropriate intervention plan for each PSB-CY report to address the needs of children, youth, and their families that are brought to the attention of the MDT. The

intervention plan will include a parent engagement strategy. Services

offered to involved children and youth are voluntary and require parental consent unless ordered by a court. Sharing information pertaining to services provided to involved children and families must

be in accordance with (IAW) federal, state, and local laws, and DoD and DA policies.

3.A.2. (U) Key Tasks.

3.A.2.A. (U) Subject to the following guidance, commanders will establish installation-specific procedures to respond to reports of PSB-CY.

3.A.2.B. (U) Every report of problematic sexual behavior in children and youth (PSB-CY) occurring on a military installation that is received by the family advocacy program (FAP), the installation commander, a law enforcement organization, a child youth and school services (CYSS) program, a military treatment facility (MTF), or a department of defense (DoD) school operating on the installation or otherwise under DoD administration for the installation will be reported to the family advocacy program manager (FAPM) or installation

reporting point of contact (RPOC) as designated by the installation commander in accordance with (IAW) federal, state, local, and host nation laws and department of defense (DoD) and department of the Army

(DA) policies. The FY19 NDAA and HIPAA must be taken into

consideration when designating someone other than the FAPM as the RPOC.

3.A.2.C. (U) The installation FAPM will report all PSB-CY IAW DOD policy to the Department of the Army CID (DACID) field office within 24 hours and activate an MDT within 3 business days after receiving the report.

3.A.2.D. (U) Within 24 hours of the trauma-informed assessment of any children or youth involved in PSB-CY, FAP will communicate all suspected incidents of child abuse and neglect in military families and homes to the appropriate civilian child welfare service (CWS) agency and appropriate law enforcement agency.

3.A.2.E. (U) Within 24 hours of the trauma-informed assessment of any children or youth involved in PSB-CY, the FAPM will communicate all suspected incidents of co-occurring domestic abuse that involve children to DACID field office and the fap clinical chief (FAPC). For the safety of all children potentially impacted by PSB-CY and any other children living in the home of the child or youth exhibiting PSB-CY, reports to CWS will be made IAW federal, state, local, and host nation laws. If the DACID field office personnel receive the PSB-CY report before the FAPM or the installation RPOC, the DACID field office will immediately notify the installation FAPM and installation RPOC within 24 hours.

3.A.2.F. (U) CYSS will communicate suspected incidents of PSB-CY to parents and guardians of impacted and exhibiting children on the date the incident is identified. The notification must be made consistent with reference A. CYSS will make required notifications to the DACID field office, installation law enforcement, the FAPM, or PSB-CY reporting point of contact, and appropriate CWS agency and appropriate law enforcement agency (IAW) federal, state, local, and host nation laws, and Department of Defense (DOD) and Department of the Army (DA) policies.

3.A.2.G. (U) Multidisciplinary Team (MDT) - The purpose of the MDT is to address safety and risk factors and recommend treatment, counseling, and appropriate intervention plans for each report of PSB-CY; and to address the needs of children, youth, and their families that are brought to the attention of the MDT. The intervention plan will include but is not limited to safety planning, a parent engagement strategy, and appropriate referrals. Services offered to involved children are voluntary and require parental consent unless ordered by a court. Sharing information within the MDT proceedings pertaining to services provided to involved children and families must be IAW federal, state, and local laws, and DoD and DA policies.

3.A.2.H. (U) In some instances, the initial report may require an ad-hoc MDT to address immediate safety, risk, intervention plans, and consultation with members of the CCR stakeholders (i.e., law

enforcement, legal, MTF FAP, CWS, child advocacy centers (CAC), etc.).

The MDT may convene via teleconference, virtually, or a face-to-face meeting to identify and address safety and risk factors and make appropriate referrals as needed to address the needs of children, youth, and families impacted by PSB-CY that are brought to the attention of the MDT. If DACID field office personnel receive the PSB-CY report before the FAPM or the installation RPOC, DACID will immediately notify the installation FAPM, installation RPOC, and installation law enforcement within 24 hours. The MDT will refer children and families to appropriate resources to address their needs.

3.A.2.I. (U) The FAPM will chair, coordinate, and facilitate the MDT meeting. The MDT members will develop an intervention plan to address the needs of the children, youth, and their families that are brought to the attention of the MDT. The intervention plan will include but is not limited to safety planning; parent engagement strategy; referral to the FAP clinical chief (FAPC) for a trauma-informed assessment and evidence-based treatment; and referrals to appropriate

military and civilian resources to address the needs of involved children, youth, and their families. The intervention plan will include recommendations pertaining to referrals and services which are voluntary unless court ordered.

3.A.2.J. (U) The MDT core members will include, at a minimum: FAPM; DACID field office representative; CYSS representative when CYSS is the referral source or if the problematic sexual behavior (PSB) occurred in a CYSS-sponsored setting; and Department of Defense Education Activity (DODEA) when DODEA is the referral source or if the child or youth's PSB occurred in a DODEA-sponsored setting.

3.A.2.K. (U) The expanded MDT members: Depending on the involvement of other Army and civilian entities, the core PSB-CY MDT may be expanded on a case-by-case basis to include representatives from: CYSS, when CYSS is not the referral source or the PSB did not occur in a CYSS-sponsored setting; DODEA, when DODEA is not the referral source and the PSB did not occur in a DODEA-sponsored setting; Staff Judge Advocate representative; FAPC representative; MTF pediatric/family practice representative; CWS representative; child advocacy center (CAC) representative; installation law enforcement representative; and community agencies serving the installation.

3.A.2.L. (U) the MDT members will collectively establish tasks that must be accomplished for each PSB-CY incident and roles and responsibilities for members of the MDT to address the needs of involved children, youth, and their families. This may include making appropriate referrals as needed. The MDT will monitor each PSB-CY report until a recommendation is made to transfer or close IAW the DoD and DA policies.

3.A.2.M. (U) The FAPM will ensure the MDT reviews open PSB-CY cases

IAW DODM 6400.01. risk, safety, and the needs of children, youth, and their families are monitored not less than monthly by the installation FAP in collaboration with the MDT.

3.A.2.N. (U) The FAPM will ensure reports of PSB-CY are entered in the PSB-CY information system (IS) IAW reference I.

3.B. (U) Concept of Operations. Not Used.

3.C. (U) Tasks to Army Staff and Subordinate Units.

3.C.1. (U) HQDA Deputy Chief of Staff (DCS), G-9.

3.C.1.A. (U) Provide oversight for Army wide implementation of policies, procedures, and protocols for responding to reports and ensuring PSB-CY incident are entered in DoD PSB-CY is IAW reference I.

3.C.1.B. (U) Submit requests for OSD funding in support of PSB-CY requirements to the office of the Deputy Assistant Secretary of Defense, Military Community and Family Policy (OASD (MC&FP)) for consideration.

3.C.1.C. (U) Update Reference J by incorporating policy for responding to reports of PSB-CY.

3.C.2. (U) The Office of the Surgeon General (OTSG).

3.C.2.A. (U) Ensure FAP clinical providers and healthcare providers report PSB-CY IAW federal, state, local, and host nation laws, and DoD and DA policies.

3.C.2.B. (U) Ensure that information gathered during FAP clinical assessments and during treatment, counseling, or supportive services may be entered in the PSB-CY IAW References I and N. Clinical information will be disclosed IAW the References A, O, P, N (when applicable), reference L, this EXORD, or a signed release of information.

3.C.2.C. (U) Ensure each FAP clinic has no less than one user of the DoD PSB-CY identified to enter clinical information. The OTSG-authorized submitter will coordinate directly with DoD to provide training documentation and other information required to obtain access to the PSB-CY IS.

3.C.2.D. (U) Ensure each FAP clinic has no less than one staff member trained to use the DD3179 Non-Clinical Referral Tool (NCRT). Training may be accessed at: <https://psbreferraltool.militaryfamilies.psu.edu>

3.C.2.E. (U) Communicate PSB-CY resource and funding requirements to HQDA DCS, G-9 FAP and OTSG.

3.C.2.F. (U) Coordinate training and education for staff on responding

to reports of PSB-CY and treating involved children and youth and their families.

3.C.2.G. (U) Assign clinical staff as required to conduct trauma-informed assessments; evidenced-based treatment; and referrals for children, youth and families impacted by PSB-CY.

3.C.3. (U) Office of the Provost Marshal General (OPMG).

3.C.3.A. (U) Ensure that policies are in place for first response to reports of PSB-CY occurring on military installations IAW federal, state, local, and host nation laws, and DoD and DA policies.

3.C.4. (U) Commander, U.S. Army Training and Doctrine Command (TRADOC).

3.C.4.A. (U) Develop and include PSB-CY curriculum into current FAP functional courses in coordination with HQDA DCS, G-9; U.S. Army Medical Command (MEDCOM); and U.S. Army Installation Management Command (IMCOM).

3.C.4.B. (U) Develop and include PSB-CY curriculum into law enforcement courses and FAP courses conducted at the U.S. Army Military Police school.

3.C.4.C. (U) Communicate PSB-CY resource and funding requirements to the HQDA DCS, G-9 FAP.

3.C.5. (U) Commander, U.S. Army Materiel Command (AMC).

3.C.5.A. (U) Establish installation-specific procedures for responding to reports of PSB-CY IAW federal, state, local, and host nation laws, and DoD and DA policy.

3.C.5.B. (U) Assess and submit funding request to HQDA DCS, G-9 FAP in order to respond to reports of PSB-CY.

3.C.5.C. (U) Ensure staff receive education and training in order to respond to reports of PSB-CY.

3.C.5.D. (U) Ensure each Army Community Service Center has no less than one user of the DoD PSB-CY identified to enter incidents of PSB-CY. AMC/IMCOM serves as authorized submitter for users requiring access to the PSB-CY IS to [osd.mc-alex.ousd-p-r.mbx.mcfp-accountmanagement@mail.mil](mailto:osd.mc-alex.ousd-p-r.mbx.mcfp-accountmanagement@mail.mil). This will be submitted with a DD2875 and training certificates for user requiring access.

3.C.5.E. (U) Ensure each Army Community Service center has no less than one staff member trained to use the DD 3179 NCRT. Training may be accessed at: <https://psbreferraltool.militaryfamilies.psu.edu>.

3.C.6. (U) Senior Commanders.

3.C.6.A. (U) Establish installation-specific procedures for responding to reports of PSB-CY IAW federal, state, local, and host nation laws, and DoD and DA policies.

3.C.7. (U) Garrison/Installation Commanders.

3.C.7.A. (U) Implement PSB-CY MDTs on installations as part of the CCR to reports of PSB-CY that occur on military installations.

3.C.7.B. (U) In coordination with the FAPM and appropriate tenant unit commanders, appoint, on orders, the members of the MDT.

3.C.7.C. (U) Ensure FAP, CYSS, law enforcement personnel, and personnel who work with children and youth are educated and trained to identify, report, and respond to reports of PSB-CY IAW the FY 19 NDAA, and DoD and DA policy.

3.C.7.D. (U) Submit requests for unfunded requirements to IMCOM FAP who should then forward to the HQDA DCS, G-9 POC.

3.C.7.E. (U) Establish PSB-CY awareness and prevention programs on installations.

3.C.7.F. (U) Ensure that the installation Family Advocacy Committee (FAC) establishes quality assurance procedures to ensure installations respond to reports of PSB-CY IAW DoD and DA policies.

3.C.8. (U) The Installation Family Advocacy Program Manager (FAPM).

3.C.8.A. (U) Serve as the installation RPOC for reports of PSB-CY unless the RPOC is otherwise designated by the installation commander.

3.C.8.B. (U) Develop and implement installation-specific procedures for responding to reports of PSB-CY IAW with federal, state, local, and host nation laws, and DoD and DA policy.

3.C.8.C. (U) In coordination with MDT members, establish installation procedures for the activation of the installation MDT to respond to reports of PSB-CY.

3.C.8.D. (U) Chair installation MDT meetings; serve as the installation POC for activating and coordinating MDT meetings; notify family of safety plan and available resources and refer to FAPC.

3.C.8.E. (U) Report PSB-CY reports to DACID field office within 24 hours.

3.C.8.F. (U) Assist the installation commander in assessing the need for and implementing procedures for requesting deployment of a DoD Family Advocacy Command Assistance Team (FACAT) or DA Family Advocacy Regional Rapid Response Team in multiple-victim PSB-CY reports; serve as the installation coordinator for the FACAT and DA Family Advocacy Regional Rapid Response Team.

3.C.8.G. (U) Ensure policies and resources pertaining to PSB-CY are

publicized to increase awareness and prevent PSB-CY incidents.

3.C.8.H. (U) Serve as the installation POC for conducting or coordinating all PSB-CY briefings and training and ensure that all PSB-CY briefings and training comply with DoD and DA policy.

3.C.8.I. (U) Conduct PSB-CY briefings with commanders and senior NCOS within 90 days following assumption of command.

3.C.8.J. (U) Train CYSS staff, volunteers, and other installation professionals with access to children on how to prevent, identify, report, and respond to PSB-CY incidents.

3.C.8.K. (U) Develop and implement post-wide community PSB-CY education and prevention programs throughout the year and during child abuse prevention month, month of the military child, teen dating violence awareness month, and domestic violence prevention month.

3.C.8.L. (U) Keep the garrison commander and the installation FAC informed of PSB-CY prevention and treatment issues, trends, obstacles, staffing and resourcing needed to execute the PSB-CY mission.

3.C.8.M. (U) ensure all reports of PSB-CY are entered in the PSB-CY is IAW REF I.

3.C.9. (U) Installation FAP Victim Advocates (VA).

3.C.9.A. (U) Provide victim advocacy services to assist parents with addressing the needs of children and youth involved in reports of PSB-CY. VA services should include at a minimum: non-clinical services; trauma-informed 24 hour/seven day a week crisis intervention, safety planning in coordination with the MDT and FAP clinical staff, information and referral to restore health and well-being; ensure to document all victim advocacy services provided PSB-CY incidents in the PSB-CY IS.

3.C.9.B. (U) Inform the FAPM and the installation RPOC of reports of PSB-CY received by the VA within 24 hours; and immediately report child abuse and neglect incidents to the installation RPOC and CWS.

3.C.9.C. (U) Ensure information regarding resources and support services are provided to parents in coordination with the MDT and FAPC and ensure appropriate civilian liaison community contact efforts are maintained to fill gaps in services that are not provided on the installation.

3.C.9.D. (U) Assist with PSB-CY prevention efforts and conducting briefings.

3.C.10. (U) Installation new parent support program - home visitors.

3.C.10.A. (U) Inform the FAPM and the installation RPOC of reports of PSB-CY within 24 hours, and immediately report child abuse and

neglect incidents to the installation RPOC and CWS.

3.C.10.B.(U) Provide educational information and resources to parents to assist parents of children 0-3 years of age with understanding and addressing the needs of infants and children. information provided to parents should include but not limited to the following: child development/developmental milestones, infant care, and resources.

3.C.11. (U) Installation Child Youth and School Services.

3.C.11.A. (U) Suspected incidents of PSB-CY will be communicated to parents and guardians of impacted and exhibiting children on the date the incident is identified. The notification must be made consistent with reference a. make required notifications to the DACID field office, installation law enforcement, the FAPM, or PSB-CY reporting point of contact, and appropriate CWS agency and appropriate law enforcement agency (IAW) federal, state, local, and host nation laws, and department of defense (DOD) and department of the Army (DA) policies.

3.C.11.B. (U) Ensure that CYSS personnel receive education and training on preventing, identifying, responding, and reporting PSB-CY incidents.

3.C.11.C. (U) Develop installation-specific procedures for responding to reports of PSB-CY IAW federal, state, local, and host nation laws, and DOD and DA policy.

3.C.11.D. (U) Ensure each CYSS center has identified not less than one staff member to obtain and maintain training to use the DD3179 NCRT.

Training may be accessed at: <https://psbreferraltool.militaryfamilies.psu.edu>.

3.C.11.E. (U) When appropriate, consult with the FAP regarding reports of PSB-CY and document consultation with FAP.

3.C.11.F. (U) Ensure personnel participate in MDT as needed.

3.C.12. (U) Installation Directorate of Emergency Services or Installation Law Enforcement.

3.C.12.A. (U) Ensure that policies and procedures are in place for first response to reports of PSB-CY occurring on military installations IAW federal, state, local, and host nation laws, and DoD and DA policies.

3.C.12.B. (U) Ensure immediate safety for all children/youth

involved.

3.C.12.C. (U) Gather key facts and report all PSB-CY occurring on military installations to DACID field offices.

3.C.12.D. (U) Contact Legal Advisor and make required notifications.

3.C.12.E. (U) Notify the FAPM of all reports involving sexual behavior between children/youth.

3.C.12.F. (U) Notify the FAPM and CWS when the incident involves intra-familial children and youth or suspected co-occurring child abuse and neglect by parents or caregivers.

3.C.12.G. (U) Ensure staff receive education and training on responding to reports of PSB-CY.

3.C.13. (U) Installation Public Affairs Office (PAO).

3.C.13.A. (U) Conduct media campaigns to increase community awareness to prevent and respond to PSB-CY incidents and promote the availability of resources (for example counseling, medical, law enforcement, legal, and other assistance).

3.C.13.B. (U) Coordinate the release of all PSB-CY awareness materials with the FAPM.

3.C.13.C. (U) Coordinate with DACID field office, Staff Judge Advocate, FAPM, FAPC, and the MDT prior to the release of information regarding specific cases of PSB-CY.

3.C.13.D. (U) Advise the MDT on public affairs policies and procedures involving child and spouse abuse and PSB-CY including the provisions of Reference Q, the Freedom of Information Act, and the public release of certain investigative reports.

3.C.14. (U) Director, Department of the Army Criminal Investigation Division (DACID)field office.

3.C.14.A. (U) Ensure that policies and procedures are in place for responding to reports of PSB-CY IAW federal, state, local, and host nation laws, and DOD and DA policies.

3.C.14.B. (U) Ensure DACID field office personnel record reports of PSB-CY into the Army Law Enforcement Reporting and Tracking System (ALERTS) or other database IAW federal law and DoD and DA policy.

3.C.14.C. (U) Ensure DACID field office reports PSB-CY incidents to the FAPM within 24 hours.

3.C.14.D. (U) Ensure staff receive education and training on responding to reports of PSB-CY.

3.C.14.E. (U) Ensure that DACID special agents participate in MDT meetings.

3.D. (U) Coordinating Instructions.

3.D.1. (U) A CCR will be used to respond to reports of PSB-CY by activating MDTs and offering treatment and providing appropriate referrals. The CCR will enable installations to support children, youth, and families impacted by PSB-CY and address safety, risk, and needs. The CCR will involve coordinating services that are accessible and tailored to meet the individual and unique needs of children, youth, and families regarding culture, development, and special needs throughout all aspects of the CCR.

3.D.2. (U) The FAP's role is to support affected children, youth, and families by offering clinical services, safety planning, child-focused support for parents of impacted children, treatment planning and coordination of care, trauma-informed services, case management, and evidence-based clinical treatment. Supporting affected children, youth, and families and safety planning is a joint effort of ACS FAP, MTF FAP, the MDT, and the CCR stakeholders.

3.D.3. (U) The FAPM or installation RPOC, as designated by installation commander, will receive reports of PSB-CY.

3.D.4. (U) Each installation commander will establish and activate MDTs and publish MDT procedures to enhance collaboration regarding investigation and resolution of PSB-CY reports. MDTs will identify risk factors, address the safety factors, and recommend treatment, counseling, and appropriate interventions strategies to address the needs of involved children, youth, and their families that are brought to the attention of the MDT. This includes but is not limited to safety planning, developing intervention plans, and parent engagement strategies.

3.D.5. (U) PSB-CY reports will be monitored by the MDT from the time that the initial PSB-CY report is made until the case is transferred or closed.

3.D.6. (U) Staff responsible for responding to and/or reporting PSB-CY will receive education and training on preventing, identifying, reporting, and responding to reports of PSB-CY.

3.D.7. (U) Training for FAP personnel will include competencies required to prevent, identify, respond, and treat children and youth exhibiting or impacted by PSB-CY, and their families. Training will include the following: PSB-CY definition & dynamics; MDT - roles, responsibilities, and protocols; parent engagement; case management; trauma-focused assessments and treatment; investigation, trauma, and treatment; laws; child advocacy centers; prevention and resources.

3.D.8. (U) Mandatory training for FAP staff will include at a minimum:  
National Child Traumatic Stress Network (NCTSN) foundational knowledge; NCTSN PSB-CY course; U.S. Army Military Police School PSB-CY MDT Course (for applicable FAP clinical staff); Penn State Non-Clinical Referral Tool Training; Trauma-Informed Cognitive Behavior

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Therapy (approved by DoD and DA FAP); and any additional required training recommended by the DoD or DA.

3.D.9. (U) Training for Commanders, Senior NCOS, Command, troops, and the military community will include at a minimum: PSB-CY definition & dynamics, MDT, command roles and responsibilities, prevention, and resources.

3.D.10. (U) Mandatory training for installation CYSS staff will include at a minimum: PENN state non-clinical referral tool; virtual lab school and PSB-CY prevention; and reporting, identifying, and reporting procedures.

4. (U) Sustainment

4.A.1.(U) Use of OSD FAP funding is authorized for requirements directly associated with this EXORD. The use of OMA funds through MDEP QACS is authorized.

5. (U) Command and Signal

5.A. (U) Point of Contact (POCS). Primary HQDA, DCS, G-9 POC for this execution order Dr. Carmen Leggett, comm:703-571-4362, email: carmen.h.leggett.civ@Army.mil or Tanya Juarez, comm: 571-256-8677, email: tanya.m.juarez.civ@Army.mil

6. (U) The expiration date of this message is 30 April 2025, unless officially rescinded or superseded.

Official:

Kevin Vereen  
Lieutenant General,  
U.S. Army Deputy Chief of Staff, G-9

Attachments:

ANNEX A - Army Problematic Sexual Behavior in Children and Youth (PSB-CY) Process map  
ANNEX B - PSB-CY definitions  
ANNEX C - Multidisciplinary PSB-CY team Non-Disclosure Agreement  
ANNEX D - DD3179 Non-Clinical Referral Tool

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