BY ORDER OF THE COMMANDER
480TH INTELLIGENCE
SURVEILLANCE AND
RECONNAISSANCE WING (ACC)

480TH INTELLIGENCE
SURVEILLANCE, AND
RECONNAISSANCE WING
INSTRUCTION 90-5001

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Special Management

AIRMAN RESILIENCY TEAM (ART)

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This instruction implements Department of the Air Force Instruction (DAFI) 90-5001, *Integrated Resilience* dated 23 July 2024. It establishes responsibilities and procedures to ensure Airman Resiliency Teams (ARTs) are postured to meet the mission requirements of the 480th Intelligence, Surveillance, and Reconnaissance Wing (ISRW). This publication applies to all uniformed members and civilian employees of the 480 ISRW staff offices and subordinate units. Ensure all records generated as a result of processes prescribed in this publication adhere to AFI 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. This instruction may be supplemented at any level but must be routed through the higher headquarters functional OPR for review and coordination before certification and approval. Unless otherwise specified in this instruction, the 480 ISRW/CC is the waiver authority for this instruction. Request waivers through the appropriate chain of command to 480 ISRW/CC, 34 Elm Street, Joint Base Langley-Eustis, VA 23665.

SUMMARY OF CHANGES

This document has been substantially revised and should be reviewed in its entirety.

Chapter 1

HISTORY AND BACKGROUND

1.1. Overview. The ART is a multidisciplinary, cross-functional team of embedded professionals assigned to a line unit with the mission of optimizing resiliency; improving physical, mental and spiritual health; assessing organizational culture; and ultimately improving the performance of unit personnel across all ranks.

1.2. Background. Intelligence, Surveillance, and Reconnaissance (ISR) and Cyber career fields have unique stressors and barriers to care. One of the greatest barriers are the classified workspaces in restricted areas where many ISR and Cyber Airmen work. These Airmen are directly affected by combat operations, either within the combat zone or through various ISR activities that can result in exposure to audio, video, or other signals from the battlefield. They observe, and in some cases directly participate in, military operations that contribute to catastrophic events. Additionally, Airmen may struggle with stress and potential moral injury from remote combat, graphic media exploitation, and kinetic missions. Treatment for Airmen's stress and all other mental health concerns can be complicated by the fact that they are unable to share classified details with traditional medics and chapel staff who lack proper security clearance and Sensitive Compartmented Information (SCI)-level access. The Airmen's clearance itself also creates a barrier to care because of a reluctance to seek help, based on perceived jeopardy to their continued clearance and career by revealing personal stressors. Finally, Airmen traditionally work a shift-work schedule, which can leave them unable to access traditional base support services during their waking hours.

1.2.1. Over the past two decades, the operational tempo for ISR and Cyber assets has grown exponentially. Research studies conducted through the RAND Corporation, 711th Human Performance Wing, and Air Force Research Laboratory found higher rates of emotional exhaustion and clinical distress among ISR and Cyber operators when compared to other segments of Air Force personnel. The researchers' recommendations for dedicated medical, mental health, and chaplain corps personnel embedded into operational units was the impetus for creating Airman Resiliency Teams. Employment of these teams has shown improvements in survey metrics concerning suicide, chronic fatigue, clinical distress, moral injury, substance use levels, and exhaustion.

1.2.2. The embedded support personnel use a whole-person approach to enhance resilience, prevent injury and illness, and facilitate access to the health care system. They also must have the appropriate security clearance to work within and access the operational environment. In addition to primary and secondary prevention efforts, the ART personnel serve as consultants to advise unit commanders on the health, human performance, organizational culture, and resiliency interventions and policies that affect Airmen and their families.

1.2.3. Traditional medical and religious assets are designed to intervene after illness or injury occurs. ARTs operate across the spectrum of care with varying roles, from preventative and proactive training to leadership advisement. The primary focus of the ART is performance optimization, accomplished by addressing the spiritual, mental, social, and physical wellbeing of the ISR and Cyber Airmen they serve.

Table 1.1. Spectrum of Care.

Table 1.2. Comprehensive Airman Fitness Domains and Tenets from DAFI 90-5001.

Fitness Domain	Domain Tenets
Mental	Awareness – Adaptability – Decision Making – Positive Thinking
Physical	Endurance – Recovery – Nutrition – Strength
Social	Communication – Connectedness – Social Support – Teamwork
Spiritual	Belief – Virtues – Values – Fulfillment – Meaning – Purpose

Chapter 2

STRUCTURE AND ORGANIZATION

2.1. Structure. The 480 ISRW ART resides on the Wing Commander's Special Staff and is comprised of the functional managers of each AFSC represented within the ART. Each ISRG has an ART, which is situated on the respective Group Commander's special staff and is comprised of at least one member from each functional community. This ensures direct communication with command staff and eliminates traditional barriers to time-sensitive problem resolution.

2.1.1. Each ART officer reports directly to the unit commander and each enlisted member reports directly to, and is rated by, their corresponding functional ART officer. All positions are line-funded assets and are not MDG or Chapel assets.

2.1.1.1. In instances where a functional officer billet is unfilled and an enlisted billet is staffed, that enlisted member will be assigned to one of the other ART officers for rating purposes.

2.1.1.2. If there are multiple enlisted members in a function of the ART, the senior enlisted member may supervise the junior enlisted member(s) if agreed upon by Group leadership and the Wing ART.

2.1.2. **ART Point-of-Contact (POC).** The unit commander may select an ART member or members as a POC(s); however, communications to and from the commander should reflect the entire team's ideas and intentions. All ART members should maintain visibility with all command teams when possible and appropriate. The ART POC is not a position of leadership; it is intended to streamline communication.

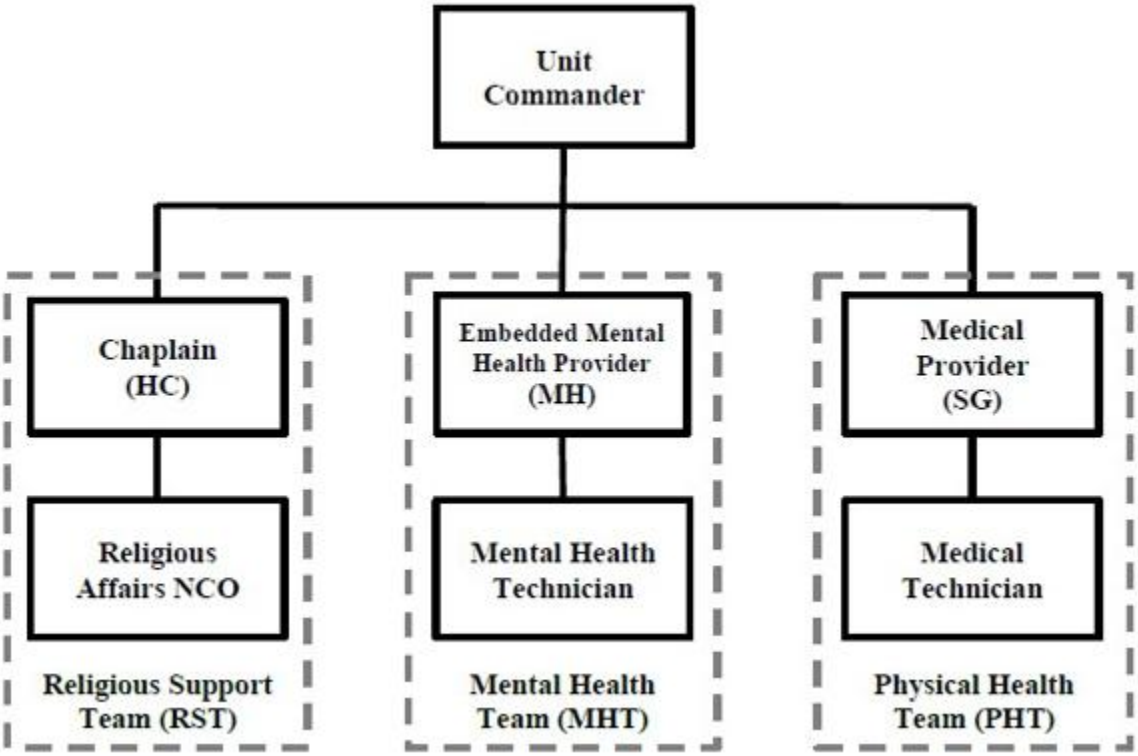
2.1.2.1. A best practice is to have all three ART officers (if all positions are filled) be included on the A-Staff Directors list and receive all relevant communications as A-Staff Directors.

2.1.3. **NCOIC, ART Operations.** Units may, in consultation with the unit ART, select a high performing NCO or exemplary SrA from the intelligence unit to work with the ART in an administrative role. This benefits the unit and Airman by giving the Airman increased breadth of experience. Additionally, this benefits the ART by improving the understanding of operational missions and having assistance with scheduling, coordinating, and completing administrative tasks. The name and detailed responsibilities of this position may be changed depending upon local needs and requirements, but it is imperative the ART selects a high performing Airman should this position be utilized. This person should be supervised by the most appropriate member from the team.

2.1.3.1. A best practice is to hire an Airman for a 12-month period that aligns with one half of their EPB rating period. This best serves the Airman as they will have 6 months in their primary AFSC duties and 6 months in this role outside of their AFSC. A sample job description is available from the Wing ART.

2.1.3.2. This Airman must understand the sensitive and confidential nature of the work of the ART. He/she must complete HIPAA training on Joint Knowledge Online (JKO) to work with the physical health or mental health components of the ART.

Figure 2.1. Structure.



2.2. Organization. There are no traditional Flight Commander or Flight Chief positions within the ARTs. Each ART member, regardless of rank, has an equal voice when determining programming, activities, and implementation of ideas to benefit the unit. This facilitates collaboration within a cross-functional, multidisciplinary team. However, all ART members, regardless of rank or Air Force Specialty Code (AFSC), should enforce leadership principles. Additionally, despite the need for collaborative work, appropriate boundaries of enlisted and officer and supervisor and supervisee interactions should be upheld.

Chapter 3

OPERATIONS

3.1. Services & Eligibility. By using a Biopsychosocial Spiritual Model the team members will collaborate to provide whole-person care to Airmen with contributions from each domain. This recognizes that all domains of Airman care are interrelated and equally important. In addition to providing individualized care, the teams are also expected to provide the following:

3.1.1. **Unit Engagement.** Unit engagement is necessary to build healthy professional relationships and establish credibility with unit members. Additionally, unit engagement provides opportunities to assess spiritual, mental/emotional, social, physical, environmental, cultural, and occupational stressors in the work area. In order to properly advise unit leaders on mitigation strategies, ART members will:

3.1.1.1. Work to understand the climate of each unit, including culture, morale, workload, hours, duties, and specific issues/strengths. ARTs will conduct regular engagement with all unit leadership.

3.1.1.2. Spend time in each duty area, including frequent site visits for shift workers.

3.1.1.3. Participate in unit briefings, classes, and functions such as Wingman Days, training days, and morale events to promote resiliency.

3.1.1.4. ARTs will develop a visitation/support plan for coverage of all Geographically Separated Units (GSUs) attached to their units.

3.1.2. **Leadership Advisement.** The ART informs unit leaders at all echelons on matters pertaining to biopsychosocial spiritual factors, ethical decision-making, moral reasoning, and morale concerns. Additionally, ARTs serve as principal advisors to leadership regarding the domains of Comprehensive Airman Fitness (CAF) (reference DAFI 905001).

3.1.3. **Adaptive Practices.** Each ART has the responsibility to tailor their specific services to the needs of their individual units with guidance from their commander.

3.1.4. **Eligibility for ART Services.** The Physical Health Team (PHT) and Mental Health Team (MHT) providers may care for or treat any TRICARE beneficiary within their scope of care and consistent with local clinic policies. The Religious Support Team (RST), PHT, and MHT may provide non-clinical services (e.g., coaching, education, etc.) to unit members who are not on active-duty orders (civilians, contractors, family members, etc.) on a case-by-case basis. Further information pertaining to eligibility for medical and mental health care can be found in Defense Health Agency (DHA) guidance.

3.1.5. **Availability.** Hours will be tailored to offer services to personnel on as many shifts as practical, within the limits of ART staffing and the needs of the unit. The hours and support needed are expected to fluctuate in association with the demands of the real world and readiness requirements of each unit and mission set.

3.2. Cross Functional Teaming. When cross-functionality works well, these teams accelerate innovation and enhance each member's skills and job satisfaction. The results are innovation and solutions for the toughest problems. Healthy cross-functioning requires understanding, kindness,

dignity, respect, and appreciation for other specialties as well as the ability to consult with and collaborate in the implementation of the mission and vision of the ART.

3.2.1. ARTs will establish a well-defined mission and vision as well as clear and timely goals aligned with each commander's intent. The mission and vision of the Group ARTs should align with the Wing ART mission and vision. As ART members PCS, it is imperative that team mission, vision, and values are reviewed and revised.

3.2.2. The team should meet at least weekly to coordinate efforts, brainstorm, share taskers, and establish objectives.

3.2.3. In support of Cross Functional Teaming between all ART members the following events will take place:

3.2.3.1. **Annual Global Sync.** The purpose of this sync is to organize, train, and equip all ART members with the tools and skills necessary to execute their primary mission. All ART members are required to attend unless otherwise authorized by the Wing ART. ISRGs are expected to fund travel for their respective teams and inbound ART members.

3.2.3.2. **Monthly Sync.** There will be a monthly virtual sync hosted by the Wing ART. All Group ART members are expected to attend, but all Group RSTs are required to attend.

3.2.3.3. **Site Visits.** The Wing ART will visit each ISR Group, as well as each Air National Guard (ANG) and Air Force Reserve site within the Distributed Common Ground System (DCGS) enterprise, as needed to support the mission.

3.3. Space Utilization. Due to the sensitive and private nature of the support provided by the ARTs, teams will work with unit leadership, civil engineering, and facility managers to ensure that ART office spaces are co-located and each ART discipline has a private office. ART offices should be located in an area that provides accessibility to Airmen on mission. This increases ART familiarization, boosts access to care, and reduces loss of mission hours.

3.3.1. For PHTs intending to clinically evaluate and care for Airmen/unit personnel within an Operational Health Unit (OHU) environment within their unit facility, approval must be established and maintained via a formal MOU/MOA ensuring compliance with safety, privacy, infection control, and applicable DHA and local MTF healthcare facility standards for the approved scope of care. The MTF Facility Manager should be consulted when designing an OHU (if not already established) to ensure compliance with current guidelines and MTF expectations.

3.3.2. **Chaplain Corps Office Requirements.** Commanders will ensure that each RST has a private office suitable for privileged communication that protects confidentiality during counseling and intervention. The offices will be sound dampened and have a door with a vision panel in accordance with DAFI 52-101, *Planning and Organization*.

3.4. Additional Duties. Due to limited manning, ART members will not be assigned additional duties. Enlisted members must not be assigned duties other than those contained in their respective position descriptions in Air Force Enlisted Classification Directory (AFECD), Career Field Education and Training Plan (CFETP), or those defined in this instruction.

3.4.1. ART members may voluntarily accept additional duties as long as the duties do not interfere with their ability to complete primary responsibilities nor cause a conflict of interest

in the performance of their normal duties. In particular, additional duty First Sergeant duties are a conflict of interest.

Chapter 4

PHYSICAL HEALTH TEAM OPERATIONS

4.1. Mission. In addition to the resiliency mission of the ART, the Physical Health Team (PHT) provides comprehensive medical advice and treatment, as applicable, to enhance the physical health and wellness of all unit personnel.

4.1.1. PHTs provide expertise on physical and occupational health-related issues taking place within the unit. As such, consistent and reliable consultation must occur between the PHT and the unit leaders. Unit leaders will be kept aware of all significant events related to mission readiness, member safety, and security concerns. Periodic meetings with Group and Squadron Commanders are necessary to understand each commander's intent and meet the needs of the unit.

4.2. Core Capabilities.

4.2.1. Staff Integration. PHTs participate in unit staff meetings to ensure awareness of changes in operations which may impact unit health and provide commanders awareness on unit health, medical policies, and workplace physical/environmental challenges.

4.2.2. Coaching. PHTs assist members of the unit in optimizing their full potential through individualized coaching sessions tailored to meet the unique needs of each Airman. Focus areas include, but are not limited to: stress mitigation, nutrition, sleep, exercise and fitness, and ergonomics.

4.2.3. Medical Care. Providers will integrate into the local Military Treatment Facility (MTF) as detailed below and provide care to unit personnel as required by mission demands. Technicians will support the PHT Provider and can integrate into the local MTF as desired for skill maintenance or as required for CMRP.

4.3. Program Execution.

4.3.1. All permissions for OHU clinical services will be coordinated with the local Director of Base Medical Services via a formal written MOU/MOA. PHT staff will provide limited scope medical care in the ISR spaces as allowed by the MOU/MOA between each ART and its local, respective MTF.

4.3.1.1. PHTs will not replace the members' Primary Care Managers (PCMs), will not be given an empanelment at the MTF, and are not expected to have a template or to meet traditional productivity metric expectations.

4.3.1.2. PHTs will participate in the Airman Medical Readiness Optimization Board (AMROB) when required as well as assist with MEBs if necessary for the Airmen under their care.

4.3.1.3. Members with conditions that present a clear and significant risk to the mission must be reported to the unit commander and AMROB as soon as possible.

4.3.2. PHT members should be proficient in the Individual Medical Readiness (IMR) requirements and the use of the IMR tracking via the Aeromedical Services Information Management System (ASIMS). They also:

4.3.2.1. Can assist Unit Health Monitors (UHMs) to track IMR of unit members as needed or desired by unit leadership.

4.3.2.2. Will monitor profiles and chief medical concerns of unit members to assess trends and to target prevention efforts.

4.3.2.3. Will assist in the transfer of sister service-generated profiles into Air Force systems/forms if necessary.

4.3.3. PHTs will work with MTF leadership to coordinate and execute mass immunizations within the unit spaces, if allowed by Air Force and local policies and when vaccine supply is available.

4.3.4. **Scope of Practice.** Providers must be credentialed by the nearest MTF and will meet peer-reviewed patient care hours and continuing education requirements IAW all DoD, DHA, DAF, and MTF policies and their state licensure board.

4.3.5. **Medical emergencies within unit locations.** The members of the PHT are expected to respond to medical emergencies if they are present in the facilities and IAW the responder's scope of practice. Emergency services should still be alerted and notified of any emergency to respond accordingly.

4.4. Wing Physical Health Team. The Wing Surgeon and Superintendent, Medical Operations, comprise the Wing Physical Health Team (PHT). This team:

4.4.1. Advises the Wing Commander, Deputy Commander, and Command Chief on the physical health and wellness trends of personnel throughout the Wing, and advises the Wing Chief of Staff and Senior Enlisted Leader (SEL) on the physical health and wellness trends of Wing Staff members.

4.4.2. Provides guidance, mentorship, oversight, and advocacy for all embedded Grouplevel physical health personnel, operations, and resources.

4.4.3. Assesses and provides tailored medical, mental health, and resiliency services to Wing Staff Agency directorates as needed.

4.4.4. Liaises with HAF, NAF, MAJCOM, Integrated Operational Support (IOS) counterparts, AFPC, and functional managers for each AFSC as necessary to ensure adequate manpower, funding, and advocacy for Wing and Group ART assets.

4.4.5. **Wing Surgeon.** The Wing Surgeon:

4.4.5.1. Develops, mentors, leads, and provides functional oversight for all medical professionals embedded in globally distributed ISR Groups, having been appointed as the Senior Embedded Medical Functional by the Wing Commander in accordance with AFMAN 48-149, paragraph 2.13.

4.4.5.2. Must be a fully licensed and credentialed physician with a breadth of experience pertaining to operations inside and outside of traditional Military Treatment Facilities (MTFs).

4.4.5.3. Should remain medically and operationally trained as a source of oversight, education, and advice for all occupational positions.

4.4.5.4. Ensures embedded providers are properly vetted and selected for assignment within the Wing.

4.4.5.5. Will spend approximately 20% of a duty week supporting the MTF, to include appointments, required trainings, administrative tasks, and meetings.

4.4.5.5.1. This should include a mix of patients seen in the Operational Health Unit (OHU) and in the clinic of their choosing (and as approved by the SGH). This mix of OHU and traditional clinic time will fluctuate month-to-month as Wing and ART missions require; however, the Wing Surgeon must complete a minimum of 40 hours in traditional clinic time at the MTF yearly for continued credentials per DHA PM 6025.13 Volume 4.

4.4.5.5.2. The Wing Surgeon will document in the Electronic Health Record (EHR) when a member requires a formal referral to the MTF, emergency room, or a community resource for emergency assessment, disposition, or treatment, and will also document in the EHR when any intervention is made in the OHU (medication refills, medical advice, physical exam findings, profiles placed/updated, IMR addressed, etc.).

4.4.5.5.3. Profile and IMR management are expected tasks for all providers who see Active Duty service members but, in general, MEBs are not appropriate for the embedded setting. However, as MEBs and other administrative tasks may be necessary in locations where units are geographically separated and the local MTF does not follow Air Force specified processes, the Wing Surgeon should be educated on these processes and prepared to support any ART provider/medic who must complete these tasks.

4.4.5.5.4. Will establish and maintain a relationship with the host MTF clinics and offices as necessary to complete all required medical/ readiness trainings, will establish and maintain a process for local peer review with the clinic of their choosing, and will coordinate patient care for Wing Airmen when indicated.

4.4.6. **Superintendent, Medical Operations.** The Superintendent:

4.4.6.1. Provides functional oversight and mentorship for all embedded physical health technicians.

4.4.6.2. Ensures all ART medical technician manning requirements are established/updated as needed, vacancies are filled, and job advertisements are loaded to prevent gaps in ART capabilities.

4.4.6.3. Supports the Wing Surgeon and OHU in a paraprofessional role as necessary to ensure appropriate supplies, compliance with MDG standards for clinic room hygiene, compliance with MDG credentialing/training requirements, and in-patient care.

4.4.6.4. Follows local MTF Clinical Staff Support Protocols (CSSPs) and implements them into the PHT as appropriate under the guidance of the PHT Provider. All clinical care will be documented in the EHR per MTF standards.

4.4.6.5. Develops, supports, and maintains appointment availability or walk-in hours as needed to support the Wing Surgeon and Wing mission requirements.

4.4.6.6. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings, coordinate patient care for Wing Airmen when indicated, and to supply the OHU as needed.

4.4.6.7. Maintains, at a minimum, Nationally Registered Emergency Medical Technician (NREMT), Basic Life Support (BLS), and Tactical Combat Casualty Care (TCCC) certifications, and all others as required by local, Air Force and DHA policies and directives.

4.4.6.8. Oversees the PAD program for the Wing building with the support of facilities and the Wing Surgeon as necessary.

4.5. Group Physical Health Team. The Group Surgeon and NCOIC, Operational Medicine, comprise each Group PHT. If a team is composed of multiple medical technicians, the additional technicians function under the title of Aerospace Medical Services Technician (AMST), Operational Medicine. The Group PHT:

4.5.1. Assesses and evaluates the physical health and medical needs of local elements, flights, Squadrons, and the Group as a whole.

4.5.2. Advises the Group Commander, Group SEL, Squadron Commanders, and Squadron SELs on the physical health and wellness of personnel throughout the Group.

4.5.3. Develops and implements interventions, trainings, and events to optimize physical health and wellness at the element, flight, Squadron, or Group level as needed.

4.5.4. Liaises with Wing ART counterparts as necessary to ensure adequate manning to prevent gaps in ART capabilities.

4.5.5. Discusses and approves all possible research or studies desired at the Group level with appropriate Wing ART counterparts prior to implementation.

4.5.6. Includes Wing ART counterparts in all communications with HAF, NAF, MAJCOM, IOS counterparts, AFPC, functional managers, DHA, and any other agencies outside the Wing.

4.5.7. Informs Wing ART counterparts of any prolonged (greater than 2 weeks) TDYs or leave to coordinate plans with Group staff as needed to best mitigate risk of interrupted operations. The Group PHT will work directly with Wing ART counterparts immediately upon any deployment notifications for ART members.

4.5.8. **Group Surgeon.** The Group Surgeon:

4.5.8.1. Must be a fully licensed and credentialed provider with at least three years of independent experience in a traditional MTF.

4.5.8.2. Will spend approximately 20% of a duty week supporting the MTF, to include appointments, required trainings, administrative tasks, and meetings.

4.5.8.2.1. This should include a mix of patients seen in the Operational Health Unit (OHU) and in the clinic of their choosing (and as approved by the local SGH and Wing Surgeon). This mix of OHU and traditional clinic time will fluctuate month-to-month as Group and ART missions require, however the Group Surgeon must complete a minimum of 40 hours in traditional clinic time at the MTF yearly for continued credentials per DHA PM 6025.13 Volume 4.

4.5.8.2.2. The Group Surgeon will document in the Electronic Health Record (EHR) when a member requires a formal referral to the MTF, emergency room, or a community resource for emergency assessment, disposition, or treatment, and will document in the EHR when any intervention is made in the OHU (medication refills, medical advice, physical exam findings, profiles placed/updated, IMR addressed, etc.).

4.5.8.2.3. Profile and IMR management are expected tasks for all providers who see Active Duty service members but, in general, MEBs are not appropriate for the embedded setting. However, MEBs and other administrative tasks may be necessary in locations where units are geographically separated and the local MTF does not follow Air Force specified processes. The Group Surgeon should review the need to accomplish these tasks with the Wing Surgeon, if this is or becomes a requirement at their location.

4.5.8.2.4. The Group Surgeon establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings, to establish and maintain a process for local peer review with the clinic of their choosing and credentialing, and to coordinate patient care for unit Airmen when indicated.

4.5.9. **NCOIC, Operational Medicine and AMST, Operational Medicine.** The NCOIC:

4.5.9.1. Supports the Group Surgeon in a paraprofessional role as necessary to ensure appropriate supplies, compliance with MDG standards for clinic room hygiene, compliance with MDG credentialing/training requirements, and in-patient care.

4.5.9.2. Follows local MTF Clinical Staff Support Protocols (CSSPs) and implements them into the PHT as appropriate. All clinical care will be documented in the EHR per MTF standards.

4.5.9.3. Develops, supports, and maintains appointment availability or walk-in hours as needed to support the Group Surgeon and Group mission requirements.

4.5.9.4. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings, coordinate patient care for Group Airmen when indicated, and to supply the OHU as needed.

4.5.9.5. Maintains, at a minimum, Nationally Registered Emergency Medical Technician (NREMT), Basic Life Support (BLS), and Tactical Combat Casualty Care (TCCC) certifications, and all others as required by local, Air Force and DHA policies and directives.

Chapter 5

MENTAL HEALTH TEAM OPERATIONS

5.1. Mission. In addition to the resiliency mission of the ART, the 480 ISRW MHT provides leadership advisement, coaching, non-clinical interventions, individualized consultation, and psychoeducation for groups or individuals.

5.1.1. Provides expertise on mental health-related issues taking place within the unit. As such, consistent and reliable consultation must occur between the MHT and the unit leaders. Unit leaders will be kept aware of all significant events related to mission readiness, member safety, and security clearance concerns. Periodic meetings with Group and Squadron Commanders are necessary to understand each commander's intent and meet the needs of the unit.

5.2. Core Capabilities.

5.2.1. **Staff Integration and Organizational Assessment.** The MHT participates in unit staff meetings to ensure awareness of changes in the unit and mission which may impact unit health and to provide awareness to commanders on unit mental and moral health and workplace interpersonal and mental health challenges. MHTs will continuously assess the unit at all levels to determine the most effective and necessary means of enhancing the performance of unit members.

5.2.2. **Coaching.** The MHT assists members of the unit in optimizing their full potential through individualized coaching sessions tailored to meet the unique needs of each Airman. Focus areas include, but are not limited to: stress mitigation, habit change, sleep, relationship challenges, moral injury, and pre-exposure training.

5.2.3. All MHT members will provide advisement to leaders at all echelons regarding the psychological well-being of unit personnel as needed/indicated/desired by leadership.

5.2.4. **Mental Health Care.** MHTs will not provide clinical care outside of the MTF. However, Mental Health Officers will integrate into the local Military Treatment Facility (MTF) as detailed below and can provide care to the unit personnel within the MTF if needed/desired. Technicians will support the MHT Officer and can integrate into the local MTF as desired for skill maintenance or as required for CMRP.

5.3. Program Execution.

5.3.1. The scope of practice for the MHT includes individual and organizational assessments, consultations, psychoeducation, coaching, organizational level conflict resolution/problem solving, development and delivery of group educational trainings, preexposure preparation, and resiliency building events.

5.3.2. Limited Scope Counseling (LSC) is not supported in the ART IAW AFMAN 48-149, *Aerospace Medicine*, paragraph 4.3.4.3.2..

5.3.3. Details on the limits of confidentiality can be found in AFMAN 48-149, paragraph 4.3.3.11. In general, MHTs shall ensure that Airmen understand the limits of confidentiality, particularly in education and coaching sessions or when delivering nonclinical services. Only communications made for the purpose of facilitating diagnosis or treatment of a patient's mental or emotional condition are privileged under Military Rule of Evidence 513.

5.3.4. **Commander Notification Criteria (CNC).** MHT members are expected to assist with all required CNC notifications in order to advise leaders and engage as appropriate.

5.3.4.1. Monthly reports of CNCs that identified suicidal ideations, attempts, or fatalities are due to the Wing Psychologist by the 10th of every month.

5.3.5. For Airmen awaiting a scheduled MHC appointment, the MHT officer or Technician may provide interim support in the form of psychological first aid, psychoeducation, and other non-clinical support.

5.3.6. MHT team members will not take on host base Mental Health Clinic additional duties without approval from their respective commander and coordination with the Wing Psychologist.

5.4. Wing Mental Health Team. The Wing Psychologist and Superintendent, Operational Psychology, comprise the Wing Mental Health Team (MHT). Wing MHT:

5.4.1. Advises the Wing Commander, Deputy Commander, and Command Chief on the mental health and wellness trends of personnel throughout the Wing, and advises the Wing Chief of Staff and Senior Enlisted Leader (SEL) on the mental health and wellness trends of Wing Staff members.

5.4.2. Provides guidance, mentorship, oversight, and advocacy for all embedded Group-level mental health personnel, operations, and resources.

5.4.3. Assesses and provides tailored mental health, coaching, and resiliency services to Wing Staff Agency directorates as needed.

5.4.4. Liaises with HAF, NAF, MAJCOM, Integrated Operational Support (IOS) counterparts, AFPC, and functional managers for each AFSC as necessary to ensure adequate manpower, funding, and advocacy for Wing and Group ART assets.

5.4.5. **Wing Psychologist.** The Wing Pscyhologist:

5.4.5.1. Develops, mentors, leads, and provides functional oversight for all mental health professionals embedded in globally distributed ISR Groups.

5.4.5.2. Must be a fully licensed and credentialed psychologist with a breadth of experience pertaining to operations inside and outside of traditional Military Treatment Facilities (MTFs).

5.4.5.3. Should remain medically and operationally trained as a source of oversight, education, and advice for all occupational positions.

5.4.5.4. Ensures embedded providers are properly vetted and selected for assignment within the Wing.

5.4.5.5. Provides coaching services to Wing personnel as needed and refers members who need more than coaching or who require ongoing care and/ or profiling for their symptoms to Wing Surgeon or MTF MHC or PCM clinics.

5.4.5.6. Will spend no more than 20% of a duty week supporting the MTF Mental Health Clinic (MHC), to include counseling appointments, required trainings, administrative tasks, and meetings. The Wing Psychologist:

5.4.5.6.1. May see unit Airmen within the MHC at his/her discretion and will collaborate with the MHC to ensure any member needing recurrent clinical services is transitioned to care under an MHC provider (i.e., the Wing Psychologist should not provide repeat clinical or therapeutic care to any unit Airmen).

5.4.5.6.2. Will document in the EHR when a member requires a formal referral to the MTF, emergency room, or a community resource for emergency assessment, disposition, or treatment. Documentation can be in the form of a message, IBE, or clinical note as necessary to communicate risk to providers or facilitate a referral.

5.4.5.6.3. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings, to establish and maintain a process for local peer review with the MHC and credentialing, and to coordinate patient care for Wing Airmen when indicated.

5.4.5.6.4. In general, forensic evaluations, Command-Directed Evaluations, sanity boards, and MEBs are not appropriate for the embedded provider to accomplish. However, profile management is an expected task for all providers who see Active Duty service members. Additionally, MEBs and other administrative tasks may be necessary in locations where units are geographically separated, and the local MTF does not follow Air Force specified processes or the local MTF requests assistance. The Wing Psychologist should be educated on these processes and prepared to support any ART provider who must complete these tasks.

5.4.6. **Superintendent, Operational Psychology.** The Superintendent:

5.4.6.1. Must be a fully credentialed 4C071 with credentials approved through the local MTF.

5.4.6.2. Provides functional oversight and mentorship for all embedded mental health technicians.

5.4.6.3. Ensures all ART mental health technician manning requirements are established/updated as needed, vacancies filled, and job advertisements loaded to prevent gaps in ART capabilities.

5.4.6.4. Supports the Wing Psychologist in a paraprofessional role as necessary in coaching services for Wing personnel as well as in regularly detecting and addressing local organizational issues.

5.4.6.5. Develops, supports, and maintains appointment availability or walk-in hours as needed to support the Wing Psychologist and Wing mission requirements.

5.4.6.6. Provides non-clinical coaching and consultation to Wing personnel. Will consult with the Wing Psychologist during or after a request for consultation, immediately after a risk assessment, and before engaging in any organizational-level conflict resolution effort.

5.4.6.6.1. In case of a manning gap of the Wing Psychologist, the mental health technician will consult one of the ISRG mental health officers or a local MHC provider and will only practice within their scope of care.

5.4.6.7. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings and to coordinate patient care for Wing Airmen when indicated.

5.4.6.8. Conducts briefings, psychoeducation, and other sub-clinical interventions as needed.

5.4.6.9. Maintains, at a minimum, BLS and TCCC certifications, as well as all Comprehensive Medical Readiness Program requirements for mental health technicians.

5.5. Group Mental Health Team. The Group psychologist or embedded mental health provider (EMHP) and NCOIC, Operational Psychology, comprise each Group MHT. The Group MHT:

5.5.1. Assesses and evaluates the psychological needs and wellness of local elements, Flights, Squadrons, and the Group as a whole.

5.5.2. Advises the Group Commander, Group SEL, Squadron Commanders, and Squadron SELs on the psychological health and wellness of personnel throughout the Group.

5.5.3. Develops and implements interventions, trainings, and events to optimize psychological health and wellness at the Element, Flight, Squadron and Group level as needed to optimize resiliency, warrior ethos, and readiness and to prevent psychological distress to the greatest extent possible.

5.5.4. Maintains, at a minimum, Basic Life Support (BLS), Tactical Combat Casualty Care (TCCC) certifications, and all others as required for their AFSCs by local, Air Force, and DHA policies and directives.

5.5.5. Liaises with Wing ART counterparts as necessary to ensure adequate manning to prevent gaps in ART capabilities.

5.5.6. Discusses and approves all possible research or studies desired at the Group level with appropriate Wing ART counterparts prior to implementation.

5.5.7. Includes Wing ART counterparts in all communications with HAF, NAF, MAJCOM, IOS counterparts, AFPC, functional managers, DHA, and any other agencies outside the Wing.

5.5.8. Informs Wing ART counterparts of any prolonged (greater than 2 weeks) TDYs or leave to coordinate plans with Group staff as needed to best mitigate risk of interrupted operations, and will work directly with Wing ART counterparts immediately upon any deployment notifications for ART members.

5.5.9. **Group Psychologist/Embedded Mental Health Provider.** The Psychologist:

5.5.9.1. Must be a fully licensed and credentialed provider with at least three years of independent experience in a traditional MTF.

5.5.9.2. Provides coaching services to Group personnel as needed and refers members who need more than coaching or who require ongoing care and/ or profiling for their symptoms to the Group Surgeon or MTF MHC or PCM clinic.

5.5.9.3. Will spend no more than 20% of a duty week supporting the MTF Mental Health Clinic (MHC), to include counseling appointments, required trainings, administrative tasks, and meetings. The Psychologist:

5.5.9.3.1. May see unit Airmen within the MHC at his/her discretion and will collaborate with the MHC to ensure any member needing recurrent clinical services is transitioned to care under an MHC provider (i.e., the Group Psychologist/EMHP should not provide repeat clinical or therapeutic care to any unit Airmen).

5.5.9.3.2. Will document in the EHR when a member requires a formal referral to the MTF, emergency room, or a community resource for emergency assessment, disposition, or MHC for treatment. Documentation can be in the form of a message, IBE, or clinical note as necessary to communicate risk to providers or facilitate a referral.

5.5.9.3.3. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings, to establish and maintain a process for local peer review with the MHC and credentialing, and to coordinate patient care for Group Airmen when indicated.

5.5.9.3.4. Forensic evaluations, Command-Directed Evaluations, sanity boards, and MEBs generally are not appropriate for embedded providers to do. However, profile management is an expected task for all providers who see Active-Duty service members. MEBs and other administrative tasks may be necessary in locations where units are geographically separated and the local MTF does not follow Air Force specified processes or the local MTF requests assistance. Group Psychologist/ EMHP should review the need to accomplish these tasks with the Wing Psychologist if this is or becomes a requirement at their location.

5.5.10. **NCOIC, Operational Psychology.** The NCOIC:

5.5.10.1. Must be a fully credentialed 4C071 with credentials approved through the local MTF.

5.5.10.2. Supports the Group Psychologist/EMHP in a paraprofessional role as necessary in coaching services for Group personnel as well as in regularly detecting and addressing local organizational issues.

5.5.10.3. Develops, supports, and maintains appointment availability or walk-in hours as needed to support the Group Psychologist/EMHP and Group mission requirements.

5.5.10.4. Provides non-clinical coaching and consultation to Wing personnel and will consult with the Group Psychologist/EMHP during or after a request for consultation, immediately after a risk assessment, and before engaging in any organizational-level conflict resolution effort.

5.5.10.4.1. In the case of a manning gap of the Group Psychologist/ EMHP, the mental health technician will consult the ISRW psychologist, one of the other ISRG mental health officers, or a local MHC provider and will only practice within their scope of care.

5.5.10.5. Establishes and maintains a relationship with the host MTF clinics and offices as necessary to complete all required medical/readiness trainings and to coordinate patient care for Group Airmen when indicated.

5.5.10.6. Conducts briefings, psychoeducation, and other sub-clinical interventions as needed.

5.5.10.7. Maintains, at a minimum, BLS and TCCC certifications, as well as all Comprehensive Medical Readiness Program requirements for mental health technicians.

5.5.10.8. Conducts briefings, psychoeducation, and other sub-clinical interventions as needed.

Chapter 6

RELIGIOUS SUPPORT TEAM OPERATIONS

6.1. Mission. In addition to the resiliency mission of the ART, Religious Support Teams (RSTs) will serve to execute the Air Force Chaplain Corps mission of providing spiritual care to ensure Airmen and their families have opportunities to exercise their constitutional right to the free exercise of religion. As with all members of the ART, the ART RST mission is executed primarily in an employed-in-place setting.

6.2. Core Capabilities.

6.2.1. **Spiritual Care.** RSTs provide spiritual care primarily through unit visitation and pastoral counseling IAW AFI 52-101*, Planning and Organizing*.

6.2.1.1. All Chaplain Corps personnel offer privileged communication, which is protected communication IAW Military Rule of Evidence 503, Manual for CourtsMartial. Under this rule, "a person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication by the person to a clergyman or to a clergyman's assistant, if such communication is made either as a formal act of religion or as a matter of conscience."

6.2.2. **Staff Integration and Organizational Assessment.** RSTs will advise unit leadership in matters pertaining to religion and the accommodation of practices arising from religious faith, ethical decision making and moral reasoning. Additionally, RST members serve as principal advisors to leadership regarding the spiritual pillar of CAF. RSTs provide the following:

6.2.2.1. Advice regarding the potential mission impact of religion and spirituality at the strategic, operational, and tactical levels.

6.2.2.2. Regular assessments of the religious, spiritual, ethical, and moral health of the unit and opportunities for religious expression.

6.2.2.3. Advice regarding public prayer, memorials, prayer at official functions and meetings, visits by ecclesiastical endorsing agencies, and relations with civilian religious leaders and their communities.

6.2.2.4. Coaching, i.e., assisting members of the unit to optimize their full potential through individualized coaching sessions tailored to meet the unique needs of each Airman. Focus areas include, but are not limited to: stress mitigation, relationship issues, faith and spirituality concerns, and moral injury.

6.3. Program Execution.

6.3.1. Annual Ministry Plan Development and Execution. The AMP is the primary document for effective and efficient employment of available resources, and it prioritizes additional unfunded requirements. Organization-based and commanderdriven, it considers various funding sources, such as Appropriated Funds (APF) and Chapel Tithes and Offerings (CTOF), manpower, facilities, supplies and equipment to carry out the Wing, Group, and subordinate unit's missions. The AMP is useful for planning execution in the upcoming fiscal year. It

serves as a record for the previous year's execution and a starting point for future planning and programming. AMPs are developed IAW DAFI 52-105, Chapter 2.

6.3.1.1. Group RSTs will propose a comprehensive plan for their respective unit that effectively supports ISR personnel and promotes spiritual resiliency. Plans and execution will include plans for unit visitation coverage for day, swing, and night shift personnel.

6.3.1.1.1. To meet the schedule deadlines for Wing AMP approval as outlined in DAFI 52-105, the below cycle should be utilized for each fiscal year:

6.3.1.1.1.1. January 1st— Next fiscal year Group AMP due to the Wing RST for consolidation and addition of Wing ART proposed AMP.

6.3.1.1.1.2. February 1st— Wing AMP due to MAJCOM for Functional Validation Memo.

6.3.1.1.1.3. March 1st — Wing AMP due to Wing CC for approval and signature.

6.3.1.1.1.4. April 1st— Group AMPs due to Group CCs for approval and signature.

6.3.2. All programming associated with Strong Family Structure and/or Integrated Resiliency Programs that have an experience associated/adult learning component (e.g., rafting, ropes course, etc.) must have a legal review. Purchases outside of these parameters do not require a legal review.

6.4. Wing Religious Support Team. The Wing Chaplain and Superintendent, Religious Affairs, form the Senior Religious Support Team (Sr RST). The Sr RST:

6.4.1. Advises the Wing Commander, Deputy Commander, and Command Chief on the spiritual health and wellness trends of personnel throughout the Wing; advises the Wing Chief of Staff and SEL on the spiritual health and wellness trends of Wing Staff members; and advises all necessary leaders on Wing religious accommodations and Wing ethical, moral, and morale issues and needs.

6.4.2. Provides guidance, mentorship, oversight, and advocacy for all embedded Group-level Religious Support Teams (RSTs) to include career field specific training, requirements, progression, RST operations, and RST resources.

6.4.3. Assesses and provides tailored spiritual health and resiliency services to Wing Staff Agency directorates as needed.

6.4.4. Liaises with HAF, NAF, MAJCOM, Integrated Operational Support (IOS) counterparts, AFPC, and functional managers for each AFSC as necessary to ensure adequate manpower, funding, and advocacy for Wing and Group ART assets.

6.4.5. Advises Group RSTs on funding allocation within their Group-level ARTs and coordinates funding allocations with the Wing financial management office as necessary.

6.4.6. **Wing Chaplain.** The Wing Chaplain:

6.4.6.1. Must be a senior chaplain with a breadth of experience pertaining to operations inside and outside of traditional base chapels.

6.4.6.2. Is responsible to the Wing Commander for all Chaplain Corps operations within the Wing.

6.4.6.3. Develops, mentors, leads, provides functional oversight, and is responsible for tracking the readiness and training for all embedded Chaplain Corps personnel assigned to the globally distributed ISRGs.

6.4.6.4. Will review all Chaplain Corps officer performance reports for quality control purposes.

6.4.6.5. Ensures chaplains are properly vetted and selected for assignment within the Wing.

6.4.6.6. Ensures annual needs assessments are accomplished by the Grouplevel RSTs.

6.4.6.7. Develops Wing Annual Ministry Plan (AMP) and resourcing requirements for Wing Commander approval.

6.4.6.8. Reviews Group AMPs and resourcing requirements to validate programs are based on needs assessments and meet Wing Commander's intent.

6.4.6.9. Establishes and maintains a relationship with the host chapel and coordinates Chaplain Corps support with the host installation Wing Chaplain.

6.4.6.10. Coordinates with Senior Agency Staff Chaplain regarding 480 ISRW and Chaplain Corps issues.

6.4.6.11. Provides religious and spiritual support to Wing Staff members as needed.

6.4.7. **Superintendent, Religious Affairs.** The Superintendent:

6.4.7.1. Provides functional oversight and mentorship for all embedded religious affairs Airmen.

6.4.7.2. Synchronizes and tracks 480 ISRW Chaplain Corps operations across all globally distributed ISRGs.

6.4.7.3. Ensures religious affairs manning requirements are established and updated as needed, vacancies filled, and job advertisements loaded to prevent gaps in ART capabilities.

6.4.7.4. Manages resource allocation and builds requirements for the Wing Chaplain Corps mission program.

6.4.7.5. Is responsible for the training and professional development of all Wing Religious Affairs Airmen, and coordinates training opportunities and concerns with NAF and MAJCOM Religious Affairs Functional Managers.

6.4.7.6. Reviews all Group religious affairs Airmen's performance reports for quality control purposes.

6.4.7.7. Evaluates Group-level Chaplain Corps programs to ensure compliance with Wing policies and higher headquarter guidance.

6.4.7.8. Supports the Wing Chaplain as necessary in religious and spiritual support for Wing Staff members.

6.5. Group Religious Support Team. The Group Chaplain and NCOIC, Religious Affairs, form each Group RST. The Group RST:

6.5.1. Assesses and evaluates the spiritual needs and wellness of local elements, flights, Squadrons, and the Group as a whole, and executes and tailors the Chaplain Corps mission to their respective ISRG.

6.5.2. Advises the Group Commander, Group SEL, Squadron Commanders, and Squadron SELs on religious accommodations and unit ethical, moral, and morale issues and needs.

6.5.3. Develops and implements interventions, trainings, and events to optimize spiritual health and wellness at the element, flight, Squadron and Group levels.

6.5.4. Devises methodologies for assessment of unit and unit personnel to create Objectives and Key Results (OKRs) to increase productivity and effectiveness of programming.

6.5.5. Submits reports to Sr RST as requested or required by higher headquarters. Examples include Air Force Chaplain Corps Activity Reporting System (AFCCARS) and internal Monthly Activity Reports (MARs).

6.5.6. Provides input for the Group AMP, and with input from Group leadership, develops plans and funding requirements based upon the needs of their Group.

6.5.7. Notifies Wing Chaplain and any other appropriate Wing ART members of unit deaths, suicides, significant ministry issues, or personnel issues as soon as possible.

6.5.8. Liaises with Wing ART counterparts as necessary to ensure adequate manning to prevent gaps in ART capabilities.

6.5.9. Discusses and approves all possible research or studies desired at the Group level with appropriate Wing ART counterparts prior to implementation.

6.5.10. Includes Wing ART counterparts in all communications with HAF, NAF, MAJCOM, IOS counterparts, functional managers, and any other agencies outside the Wing.

6.5.11. Informs Wing ART counterparts of any prolonged (greater than 2 weeks) TDYs or leave to coordinate plans with Group staff as needed to best mitigate risk of interrupted operations, and will work directly with Wing ART counterparts immediately upon any deployment notifications for ART members.

6.5.12. **Group Chaplain.** The Group Chaplain:

6.5.12.1. Will be a Chaplain with a minimum of three years' experience within traditional Air Force chapel operations.

6.5.12.2. Reports directly to the Group Commander and advises the Group Commander, Group SEL, Squadron Commanders, and Squadron SELs on the spiritual health and wellness of personnel throughout the Group.

6.5.12.3. Additionally, advises all necessary leaders on Group religious accommodations and Group ethical, moral, and morale issues and needs as indicated.

6.5.12.4. Has a their primary duty to conduct embedded industrial-based ministry.

6.5.12.5. Leads the Group RST program and ensures mission accomplishment through adherence to applicable 52-series DAFIs.

6.5.12.6. Informs Wing Chaplain of issues regarding Chaplain Corps operations.

6.5.12.7. Routes any coordination with entities external to the Wing through the Wing Chaplain. This enables the Wing Chaplain to determine if Wing Commander involvement is necessary.

6.5.12.8. Develops a support network with local host Chaplain Corps teams and other helping agencies on the local installation.

6.5.12.9. May support local base religious services if this support does not detract from their primary mission.

6.5.13. **NCOIC, Religious Affairs.** The NCOIC:

6.5.13.1. Supports the Group Chaplain in a paraprofessional role as necessary as well as regularly detects and addresses local organizational issues.

6.5.13.2. Manages the Group RST program and partners with Group Chaplain to develop, manage, control, and evaluate religious and resiliency-based programs to ensure effectiveness.

6.5.13.3. Ensures execution of funding for Chaplain Corps programs are properly justified and aligned with DAFI 52-105, *Chaplain Corps Resourcing*.

6.5.13.4. Conducts crisis intervention counseling with 100% privileged communication (see 10U.S.C. Chapter 47A, Military Rules of Evidence, Rule 503).

KATHRYN E. FITZGERALD, Colonel, USAF
Commander, 480 ISRW

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

10 U.S.C. Chapter 47A, *Military Rules of Evidence,* Rule 503

DAFMAN 10-211, I*ntegrated Operational Support (IOS)*, 22 August 2025

AFI 48-110, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*, 16 February 2018

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DAFI 52-105, *Chaplain Corps Resourcing*, 21 December 2020

DAFI 90-5001, *Integrated Resilience*, 25 January 2019

ETP for Competency and Professional Practice Evaluation Reporting, June 2, 2023

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MEMO Clarification Regarding Current Clinical Competency and an Exception to Policy Concerning Professional Practice Evaluations, July 2024

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFCCARS—Air Force Chaplain Corps Activity Reporting System

AFECD—Air Force Enlisted Classification Directory

AFSC—Air Force Specialty Code

AMST—Aerospace Medical Service Technician

AMP—Annual Ministry Plan

AMROB—Airman Medical Readiness Optimization Board

ANG—Air National Guard

APF—Appropriated Funds

ASIMS—Aeromedical Services Information Management System

BLS—Basic Life Support

CAF—Comprehensive Airman Fitness

CDE—Command Directed Evaluations

CFETP—Career Field Education and Training Plan

CNC—Command Notification Criteria

CSSP—Clinical Staff Support Protocols

CTOF—Chapel Tithes and Offerings

DHA—Defense Health Agency

EHR—Electronic Health Record

EMHP—Embedded Mental Health Provider

GSU—Geographically Separated Unit

HIPAA—Health Insurance Portability and Accountability Act

IMR—Individual Medical Readiness

IOS—Integrated Operational Support

LSC—Limited Scope Counseling

MAR—Monthly Activity Report

MDG—Medical Group

MEB—Medical Evaluation Board

MHC—Mental Health Clinic

MHT—Mental Health Team

MTF—Military Treatment Facility

NREMT—Nationally Registered Emergency Medical Technician

OHU—Operational Health Unit

OKR—Objectives and Key Results

PCM—Primary Care Manager

PHT—Physical Health Team

RST—Religious Support Team

SEL—Senior Enlisted Leader

Sr RST—Senior Religious Support Team

TCCC—Tactical Combat Casualty Care

UHM—Unit Health Monitor

Office Symbols

480 ISRW/ART—Wing Airman Resiliency Team

HC—Religious Support Team

MH—Mental Health Team

SG—Physical Health Team