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FAMILY ADVOCACY

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This instruction implements AFR 40-3, *Family Advocacy Program (FAP)*. It describes the responsibilities of FAP agencies and staff. It also outlines procedures for administering the FAP. This instruction applies to all military and civilian personnel and their dependents entitled to receive care in a military facility as specified in AFI 41-115, *Medical Programs and Benefits*. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 United States Code 8013. System of Records F168 AF SG B applies. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGPS,

(21 SW) The OPR for this supplement is 21 MDOS/SGOHS (1Lt Karen E. Wiseman). This supplement implements and extends the guidance of Air Force Instruction (AFI) 40-301, *Family Advocacy*, 22 July 1994. The AFI is published word-for-word without editorial review. 21 Space Wing (21SW) supplemental material is indicated in bold face. This supplement describes 21SW procedures for use in conjunction with the basic AFI. This supplement applies to activities supported by the 21st Medical Group, Peterson AFB. This supplement does not apply to U.S. Air Force Reserves or Air National Guard members, unless on active duty. The Peterson Complex Family Advocacy Program (FAP) promotes family health, welfare, and morale by preventing or treating cases of maltreatment and by supporting family members who have special medical or educational needs. (For the purposes of this supplement, the word "complex" includes Peterson Air Force Base, Falcon Air Force Base, Cheyenne Mountain Air Station, Buckley Air National Guard Base, and La Junta Air Station.) Reference: United States Air Force Family Advocacy Program Standards A-2.

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CHAPTER 1

RESPONSIBILITIES

1.1. The Secretary of the Air Force (SAF): Develops FAP policies. Also appoints and oversees the Family Advocacy Command Assistant Team (FACAT) as outlined in DODI 6400.3, *Family Advocacy Command Assistance Team*, February 3, 1989. FACAT responsibilities of the SAF include:

- Designates Air Force nominees for the FACAT and appoints replacements when necessary.
- Ensures Air Force commanders and staff know how to use FACAT to handle child sexual abuse charges that involve non-family members.
- Confirms the Family Advocacy Officer reports every claim of child sexual abuse occurring in local installation commander approved "out-of-home" care settings to HQ AFMOA/SGPS and the MAJCOM/SGPS within 24 hours.
- Ensures the responsible command requests help from the FACAT when appropriate.
- Ensures FACAT members get released from their regular jobs to serve on an investigation team when requested by the Assistant Secretary of Defense.
- Ensures support group commanders appoint a representative to work cooperatively with the FACAT.
- Establishes an installation-level task force to meet with the FACAT and coordinate response activities.

1.2. The Headquarters of the United States Air Force (HQ USAF): HQ USAF agencies and personnel support the FAP as described below:

1.2.1. The Surgeon General (SG):

- Responsible for the FAP.
- Clarifies policy and provides guidance to the FAP.
- Appoints a full-time Family Advocacy Manager who has clinical social worker credentials to manage the FAP.

1.2.2. The Family Advocacy Program Manager:

- Develops annual budgets.
- Coordinates all Air Force programs for special needs and abusing families.
- Provides data as required by the Department of Defense.
- Maintains a central registry of all Air Force maltreatment reports.
- Provides education and training to key personnel.
- Publishes standards providing detailed directions for implementing this instruction.

1.2.3. The Deputy Chief of Staff, Personnel:

- Provides guidance about personnel programs supporting FAP efforts.

- Coordinates Social Actions and Family Support Center activities with FAP programs.
- Coordinates with Department of Defense Dependent Schools (DoDDS) to provide support to the FAP.
- Ensures the Air Force Military Personnel Center enters an "Assignment Limitation Code Q" into the personnel records of sponsors whose family members have special medical or educational needs.

1.2.4. The Air Force Military Personnel Center:

- Sets reassignment and deferment policy for families with special needs or abuse problems.
- Coordinates policies supporting the FAP with the American Red Cross.
- Enters an "Assignment Limitation Code Q" into the personnel records of military members who have dependents with special medical or educational needs when notified of those needs in writing by the Family Advocacy Officer (FAO) or Exceptional Family Member Program Officer at a base.

1.2.5. The Chief of Chaplains: Provides spiritual advice and help to the FAP.

1.2.6. The Judge Advocate General: Provides help to the FAP on legal issues.

1.2.7. The Air Force Office of Special Investigations (AFOSI) detachment on each base:

- Accesses and Indexes the *Defense Clearance and Investigations Index* (DCII) regarding reported family maltreatment incidents.
- Investigates all but minor incidents of family maltreatment.
- Coordinates and monitors child and spouse abuse investigations conducted by civilian agencies.
- Serves on the base Family Advocacy Committee, the Family Maltreatment Case Management Team, and the Child Sexual Maltreatment Response Team.

1.2.8. The Chief of Security Police: Provides guidance to security police at Major Commands (MAJCOMS) on the law enforcement aspects of family maltreatment.

1.3. Major Commands: Personnel supporting the FAP at the Major Command level include the commander of each MAJCOM and the command surgeon.

1.3.1. Commander of each MAJCOM:

- Ensures that each installation in the command sets up and maintains an active and well-equipped FAP.
- Identifies resource and service delivery problems.
- Assigns the Command Surgeon to manage and monitor the command FAP.

1.3.2. The Command Surgeon: Appoints a clinical officer as the major command Family Advocacy Program Manager (MCFAPM). Whenever possible, this will be a senior mental health professional (normally a Clinical Social Work officer).

1.3.2.1. The MCFAPM: Monitors implementation of the FAP and provides technical assistance to each FAP within the MAJCOM.

1.4. The Installation Commander: The installation commander has responsibility for implementing the FAP, ensuring program effectiveness, and gathering all necessary support. The installation commander also:

- Appoints the Director of Base Medical Services (DBMS) to administer and monitor the installation FAP.
- Organizes an installation Family Advocacy Committee chaired by the DBMS or Chief of Hospital/Clinic Services.
- Serves as a member of the FAC or delegates this responsibility to the Support Group Commander.
- Ensures the Exceptional Family Member Program Officer has information about all family members with exceptional medical or educational needs. Also ensures all incidents of suspected family maltreatment are reported to the Family Advocacy Officer and to AFOSI (including requirements in AFI 71-101, *Criminal Investigations*).
- Coordinates with local social service authorities by adopting a formal written memorandum of understanding (MOU) describing procedures for reciprocal reporting of maltreatment allegations. The MOU also outlines procedures for placing victims of family maltreatment in protective custody.
- Periodically reviews with the Staff Judge Advocate, the DBMS, and the FAO the policy for resolving conflicts between the prosecution and clinical treatment objectives in family maltreatment cases.
- Develops procedures to ensure immediate protective care for victims of family maltreatment.

1.5. The Family Advocacy Committee: The FAC at each US Air Force installation meets at least every three months or at the call of the chairperson, and accomplishes these tasks:

- Sets policy and procedures for establishing and operating its FAP based on this instruction and on the FAP Standards.
- Advocates to establish and improve services that promote healthy families.
- Solicits the resources needed to successfully run the FAP.
- Coordinates activities of different organizations that contribute to the FAP and identifies resource and service delivery problems.
- Reviews available data on families to identify at-risk groups requiring prevention services and to detect trends. Uses findings to ensure that responsive programs are implemented.
- Monitors training programs for FAP personnel.
- Establishes a cooperative working relationship with local community agency personnel.
- Develops and maintains a directory of community resources.
- Establishes FAP management teams and a child sexual maltreatment response team (CSMRT).

1.5. (21 SW) FAMILY ADVOCACY COMMITTEE (FAC). The FAC is organized by the Installation Commander and chaired by the Director of Base Medical Services or Chief of Clinic Services. The FAC guides the FAP and solicits support, as needed (USAF FAP Standards A-1).

1.5.1. The FAC includes these members:

- The installation Commander (or designee)
- The FAO
- The Family Advocacy Outreach Manager or Family Advocacy Intervention Specialist
- The Family Support Center Director
- The Staff Judge Advocate (or designee)
- The Chief or Deputy Chief of Personnel
- The installation Chief of Security Police (or designee)
- The AFOSI detachment Commander
- The installation Staff Chaplain
- The Chief of Social Actions
- The Directors of the Child Development Center and Youth Activities.

1.5.1. (21 SW) MEMBERSHIP/FUNCTIONS/RESPONSIBILITIES OF FAC. Additional members can be added at the discretion of the FAC (USAF FAP Standards M-1).

1.5.2. The FAC may invite representatives of local civilian child protection agencies. At bases within the continental United States that have Section VI schools and at overseas locations, the FAC will invite DoDDS to designate a representative. The FAC may add other members at the discretion of the chairperson.

1.6. The DBMS: Assumes responsibility for these areas of FAP activity:

1.6.1. Staffing and training.

- Serves as chair of the installation FAC. The DBMS may delegate this responsibility to the Chief of Hospital and Clinic Services.
- Appoints a clinical social worker to serve as the Exceptional Family Member Program Officer and as the Family Advocacy Officer. Also, designates and trains an alternate to ensure continuity of programs. Other qualified mental health officers may fill these positions if the installation has no social workers available.
- Ensures that the FAP has enough medical resources and practitioners available to run effectively.
- Ensures that medical treatment facility (MTF) instructions and published guidelines exist to help medical personnel in implementing the FAP.
- Establishes a FAP education program to provide training at least once a year to medical, dental, child care and youth center staff; youth activities volunteers; DoDDS staff members;

AFOSI and Security Police personnel; Family Support Center staff; and all FAP committee and management team members.

- Ensures all FAP volunteers receive proper screening, training, and supervision. If volunteers provide services to clients without on-site supervision, they must receive training from the American Red Cross or another organization authorized by the MTF.
- Provides support, in overseas areas, to Department of Defense monitoring teams providing related services to educationally handicapped DoDDS students. Monitors the delivery of those services according to DODI 1342.14, *Monitoring of the Provision of Related Services to Handicapped Children in the DoD Dependents Schools (FM&P)*, 25 August 1986.
- Ensures that all medical personnel notify the Exceptional Family Member Program Officer of family members with exceptional medical or educational needs and the FAO of all suspected incidents of family maltreatment.

1.6.2. Service Delivery.

- Assumes responsibility for managing and monitoring health care aspects of the FAP.
- Furnishes medical guidance to installation FAP information and education programs.
- Ensures that exceptional family members and purported victims of family maltreatment receive medical and dental assessment, required treatment, and referral to base and community agencies when requested by the FAO or physician.
- In cases of sudden or unexplained child deaths, ensures the completion of an appropriate autopsy, notifies the AFOSI and security police; and ensures the referral of the family to the FAO for immediate screening and supportive services.

1.6.3. Program Administration.

- Establishes a Family Advocacy quality improvement program and includes it in the MTF quality improvement program.
- Initiates an agreement with DoDDS and other Military Departments specifying referral, evaluation, and treatment procedures in geographic areas outside the United States where the Air Force is responsible for the provision of Medically Related Services.
- Reviews and signs all medical and dental evidence sent in support of an application for a family advocacy reassignment or deferment. Also reviews all applications to relocate dependent family members, identifying exceptional medical and educational needs. Ensures that applications include complete narrative summaries of medical, dental and educational problems so that HQ AFMPC, MAJCOM/SG, and gaining MTF personnel can make valid decisions.
- Screens AF Form 1466, **Request for Family Member's Medical and Education Clearance, for Travel**, applications to identify medical or special educational needs. Sends the forms and accompanying documentation to the gaining MTF/SG.
- Establishes a procedure to notify the DBMS of all family maltreatment associated deaths that occur on or off the installation.
- Furnishes advice on benefits provided under the Uniformed Services Health Benefits Program.

- Protects the privacy of sensitive information contained in family advocacy records.
- Periodically reviews, with the support group commander, SJA, and FAO policy for resolving discrepancies between a client's legal and clinical treatment needs in family maltreatment cases.

1.7. The Family Advocacy Officer:

- Chairs the FMCMT and ensures timely evaluation of all referrals to FAP.
- Notifies the servicing AFOSI unit and the service member's commander of all suspected incidents of family maltreatment.
- Notifies the local public child protective agency of all child abuse incidents occurring in the United States and where covered by agreement outside the United States.
- Ensures that FAP activities comply with Federal, state, and local laws.
- Maintains family advocacy case records according to HQ AFMOA/SGPS standards.
- When necessary, disposes of or transfers records when a member leaves the military and the family requires continued FAP services.
- Notifies the appropriate civilian agencies when a member leaves the military and the family requires continued FAP services.
- Ensures families receiving services continue to get help if they relocate to other installations, including those served by Army or Navy medical facilities.
- Utilizes AF Form 2524, **Family Advocacy Program**, to provide an informational statement and to clarify services to military families by the maltreatment component of the FAP. Completes AF Form 2526, **Child Maltreatment Cover Sheet**, and AF Form 2527, **Spouse Maltreatment Cover Sheet**, to enhance case management and to track the assistance given to military families.
- Completes family advocacy reports according to HQ AFMOA/SGPS guidelines.
- Establishes procedures for the security of FAP materials and supplies.
- Supervises all assigned FAP civilian staff.
- Obtains legal guidance from the SJA in situations that might have legal ramifications, such as advising clients of their rights.
- Periodically reviews with the support group commander, the DBMS, and SJA the policy for resolving discrepancies between a client's legal and clinical treatment needs in family maltreatment cases.

1.8. The Exceptional Family Member Program Officer (EFMPO):

- Serves as a member of the installation FAC.
- Coordinates the EFMP Team.
- Ensures that the local EFMP operates in accordance with this Instruction and the FAP standards.
- Supports EFMP efforts to identify, diagnose, provide services to, and relocate clients.

- Works cooperatively with DoDDS schools to provide Medically Related Service evaluations and other services as outlined in Department of Defense Directives and Instructions and FAP Standards.
- Supports Early Intervention programs as outlined in Department of Defense Directives and Instructions and FAP Standards.

1.9. Unit Commanders, First Sergeants and Supervisors (Military or Civilian): The Commander, First Sergeant, or supervisor must be familiar with FAP procedures and policies. Unit Commanders and First Sergeants must refer unit members to FAP if they suspect that family maltreatment has occurred or if the member's dependents have special needs.

1.10. The Chief, Social Actions: Serves as a member of the installation FAC and provides counseling and referral services to individuals whose substance use interferes with family functioning.

1.11. The Installation Staff Chaplain: Serves as a member of the FAC, encourages chapel organizations to participate in programs supporting special FAP activities and projects, and provides support ministries as needed.

1.12. The Staff Judge Advocate:

- Serves (or designates an attorney to serve) as a member of the FAC, Family Maltreatment Case Management Team (FMCMT), and the CSMRT.
- Provides consultation to the FAC in the development of Memorandums of Understanding.
- Provides consultation services to FAP management teams.
- Provides information about legal rights of family members with exceptional medical or educational needs.
- Serves as the OPR for the Air Force Victim/Witness Assistance Program.
- Periodically reviews with the support group commander, DBMS, and FAO policy for resolving potential conflicts between a client's legal and treatment needs in family maltreatment cases.

1.13. The Installation Chief Of Security Police (or Designee):

- Serves as a member of the FAC.
- Investigates all incidents of family maltreatment not investigated by AFOSI. Coordinates investigations of family maltreatment with AFOSI.
- Provides the FAO timely information (including DD Form 1569, **Incident/Complaint Report** or AF Form 3545, **Incident Report**) concerning all incidents or complaints of family.
- Coordinates investigations of family maltreatment with AFOSI.
- Provides the FAO timely information (including DD Form 1569).
- Ensures that law enforcement personnel receive annual training on domestic violence and child maltreatment issues and procedures.

1.14. The Chief of Military Personnel Flight (MPF):

- Serves (or appoints a senior staff member to serve) as a member of the FAC.
- Coordinates all applications for FAP assignments or deferments with the unit commander and DBMS.
- Ensures that newly assigned MPF staff receive FAP training.

1.15. The Chief of Services:

- Appoints the directors of the Child Development Center (CDC) and Youth Activities (YA) to serve on the FAC.
- Ensures staff who work directly with children receive FAP training when hired and on an annual basis thereafter.
- Reports suspected incidents of sexual maltreatment occurring in "out-of-home" care settings, such as child care centers, recreation programs, or family day care, to FAO immediately.
- Creates effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.
- Provides and manages nondiscriminatory recreation activities and club programs, including EFMP group projects, for children with exceptional medical or educational needs and for handicapped children requiring these services.

1.16. The Director of the Family Support Center:

- Serves as a member of the FAC. Also serves or assigns a family support specialist to serve on the Outreach Program Management Team (OPMT), where this committee exists.
- Provides assistance to clients seeking help with family problems that may lead to maltreatment.
- Shares information with the OPMT about other prevention programs and support services.
- Ensures all staff members receive FAP training when hired, and annually thereafter.
- Refers families of children with exceptional medical or educational needs to the EFMPO.
- Report all suspected family maltreatment incidents to the FAO.

1.17. The Public Affairs Office: Distributes FAP news releases to installation newspapers and other news media, after approval by the chairperson of the base FAC. Public Affairs also distributes information about the FAP through other channels.

1.18. Department of Defense Dependent Schools (DoDDS): A DoDDS representative serves on the base FAC at overseas locations and at locations with Continental United States (CONUS) Section VI schools. The school administration ensures that assigned staff receive annual training to help them identify and report special needs children and incidents of child abuse to the EFMPO and FAO. In overseas areas where the Air Force provides MRS, the EFMPO requests help from DoDDS to ensure that MRS services are, in fact, provided. Where Air Force dependent children attend overseas schools not operated by the Department of Defense, the Director of Personnel encourages local school authorities to develop a similar training program and ensures compliance with FAP directives.

1.19. Active Duty Members and Civilian Employees-Mandated Reporting: All active duty members and civilian employees of the Air Force must report all incidents of suspected family maltreatment to the FAO. Nothing in this paragraph requires that chaplains receiving information through a "penitent-clergyman" relationship or confidential communications in the course of their official chaplain duties, or Judge Advocates receiving information from an established attorney-client relationship, without an express consent to disclose, report such information. All military-related child care and medical providers will be trained regarding the indicators of abuse and neglect, and on the procedures for reporting family maltreatment to the FAO.

1.19. (21 SW) AFTER DUTY HOURS MALTREATMENT NOTIFICATION GUIDELINES.

Report after duty hours family maltreatment to Family Advocacy Officer (through the 21st Space Wing Command Post, 556-7358) and to 21st Security Police Squadron, 556-4000. Child maltreatment is also reported to El Paso County Department of Social Services, 475-9593 (USAF FAP Standards M-2).

CHAPTER 2

PROGRAM AND CASE MANAGEMENT

2.1. The Family Advocacy Program. Enhances Air Force readiness by ensuring that family problems do not hinder the performance of military personnel. The Program provides proactive services to Air Force personnel and their families by identifying, measuring, and treating incidents of child and spouse maltreatment, and by identifying and supporting family members with special medical or educational needs.

2.2. Program Components. The FAP offers three principal services: outreach, services to special needs family members through the Exceptional Family Member Program, and family maltreatment intervention. Management teams oversee the outreach and maltreatment components of the FAP in consultation with the installation FAC. The Program is administered through five organizational areas (as specified in DODI 6400.1, *Family Advocacy Program*, 23 June 92): Prevention, Direct Services, Administration, Evaluation, and Training.

2.2.1. Outreach. The FAP offers primary prevention services to all Air Force personnel and secondary prevention services to at-risk groups and families. Family Advocacy Staff provide prevention services at all installations. The installation FAC establishes an Outreach Program Management Team. The Team, chaired by the Family Advocacy Outreach Manager (FAOM) or the Family Advocacy Intervention Specialist (FAIS) (when there is no FAOM), consists of a management team of base and community members who direct proactive maltreatment prevention programs.

2.2.1.1. The OPMT:

- Establishes a working relationship with installation and community agencies that provide services to military families, and shares information with these agencies about available community education and life skills training resources.
- Conducts yearly community outreach needs assessments.
- Determines how to intervene in situations that may provoke family maltreatment or cause handicaps in children.
- Establishes primary maltreatment prevention services.
- Establishes secondary maltreatment prevention services for adults, teens, and children.
- Develops an annual Outreach Program Management (OPM) plan with related action plans.
- Develops appropriate training programs for Commanders and First Sergeants, medical and dental staff, SPs, AFOSI, Family Support Center staff, child and youth center staff, family home day care providers, and other base helpers and volunteers.
- Establishes outreach program files, including forms and reports, following HQ AFMOA/SGPS guidelines.
- Develops a formal evaluation process to monitor outreach programs and resources.

2.2.2. The Exceptional Family Member Program. Please see [Chapter 3](#) for more information about this program.

2.2.3. Family Maltreatment Intervention. The Family Maltreatment component of the FAP provides identification, evaluation, and treatment services through a Family Maltreatment Case Management Team. This Team establishes and monitors family maltreatment programs and services. The FAO chairs the FMCMT under the guidance of the FAC. The FMCMT consists of medical, investigative, and other appropriate base and community agency representatives as determined by the FAC.

2.2.3. (21 SW) MEMBERSHIP/FUNCTIONS/RESPONSIBILITIES OF FAMILY MALTREATMENT CASE MANAGEMENT TEAM (FMCMT). The FMCMT is chaired by the Family Advocacy Officer. Additional members can be added at the discretion of the FAC (USAF FAP Standards M-1).

2.2.3.1. The Family Maltreatment Case Management Team:

- Meets at the call of the FAO, or at least monthly.
- Ensures all reports of suspected family maltreatment are investigated within 24 hours.
- Establishes procedures for the Unit Commander to follow in offering protective services to family members.
- Determines the status of all cases.
- Ensures the preparation and submission of DD Form 2486, **Child/Spouse Abuse Incident Report**, RCS: DD-FM&P(W)1738 and AF Form 2528, **Family Maltreatment Data**, (when applicable) according to FAP Standards on all maltreatment reports.
- Prepares and submits required Department of Defense forms and reports.
- Identifies family maltreatment trends, using available data on families. Also identifies at-risk groups requiring prevention services.
- Reviews all open family maltreatment cases at least once every three months to ensure that the case management plan is current. Also reviews substantiated sexual abuse cases monthly.
- Establishes procedures for hospitalizing victims of family maltreatment when no alternatives are available.
- In cases of child sexual abuse:
 - Ensures the child undergoes as few interviews as possible.
 - Considers using audio or videotaping.
 - Monitors the child's safety.
 - Orders medical examinations of the victim when recommended by medical, legal, or investigative personnel.
 - Prescribes a sexual abuse treatment program for child sexual abuse offenders who are on active duty.
 - Recommends to the Commander reassignment of the abuser when required treatment services are not available in the local area.
 - Reports child or spouse deaths due to maltreatment, ensures accurate and timely (24 hour) reporting to HQ AFMOA/SGPS and the MAJCOM/SG within 24 hours.

- Refers issues and recommendations to the FAC when the FMCMT cannot resolve them, or for required actions beyond the authority of the FMCMT.

2.3. Sexual Abuse Special Considerations: In child sexual abuse cases, the FAP makes special efforts to protect the alleged victims and to preserve evidence of a possible crime. To accomplish these goals, the base FAC establishes a Child Sexual Maltreatment Response Team.

2.3.1. The Child Sexual Maltreatment Response Team: Consists of the FAO, the AFOSI agent, the JA, and optional representatives from other agencies that have child protection responsibilities. This multidisciplinary team plans investigations of suspected abuse, simultaneously minimizing the number of interviews children undergo while effectively gathering pertinent information. CSMRT members can also be members of the FMCMT. The CSMRT takes coordinated action within 72 hours of any report of child sexual abuse, without waiting for a scheduled meeting. The CSMRT follows published guidelines, including FAP Standards.

2.3.2. Offender Treatment: Due to prohibitions on the treatment of paraphilias, the FAP will not provide treatment to sexual offenders to modify deviant sexual arousal patterns. FAP and MTF personnel **may** provide other services to offenders as long as the services don't focus on the deviant arousal patterns. The FMCMT can identify resources available in the region to treat paraphilic behavior, and must closely coordinate victim and offender treatment to ensure safety of all concerned. Providers must not commit MTF Supplemental Care funds to treat active duty offenders for paraphilia unless specifically authorized to do so by the DBMS.

CHAPTER 3

EXCEPTIONAL FAMILY MEMBER PROGRAM

3.1. The EFMP. Identifies eligible Department of Defense families with exceptional medical or educational needs, helps those families to obtain required services, and ensures those families have access to necessary services if reassigned. The Program helps the family to effectively find and use appropriate medical, social service, and educational programs.

3.2. The EFMP Team. Under the supervision of the EFMPO, the EFMP Team:

- Develops educational programs to reduce handicapping conditions and associated medical and educational needs.
- Develops liaison with agencies, services and medical specialists to provide early identification and referral. Actively supports or develops Child Find programs, as specified in Public Law (PL) 99-457 and Department of Defense Directives and Instructions.
- Ensures that EFMP referral cases receive evaluation.
- Opens EFMP cases and initiates Assignment Limitation Code Q action after identifying exceptional needs. Provides the EFMP member with a copy of AF Form 2523, **Exceptional Family Member Program**, as an informational statement and to clarify services provided to military families. Has member complete AF Form 2525, **Exceptional Family Member Program Cover Sheet**, to enhance case management and to track the assistance given to the family.
- Develops service plans when requested by the family. Uses AF Form 2522, **Family Advocacy Program Intake**, to collect demographic data on all family members.
- Supports the development of programs to meet the needs of families receiving EFMP services.
- Help sponsors obtain medical, dental, and educational diagnostic and prognostic statements required for reassignments, deferments, and other EFMP actions as outlined in AFI 36-2110, *Assignments*.
- Encourages sponsors to keep educational and MRS documentation current in personnel, medical, and educational records.
- Monitors Air Force, Department of Defense, and other Federal and civilian agencies responsible for implementing the FAP.
- Ensures that installation personnel know about the EFMP.
- Reviews EFMP reports to make sure they adhere to FAP Standards.
- Informs parents of children with special medical and educational needs about available financial assistance.
- Identifies trends and at-risk groups requiring prevention services.
- Helps to identify local agencies that can furnish EFMP services.
- Ensures completion of ERMP files and forms including AF Form 1818, **Air Force Exceptional Family Member Program Semiannual Report**, RCS: HAF-SGP(Q)7138. AF Form 1818 will be completed semiannually. A copy is sent to arrive at HQ AFMOA/SGPS no later than 21 April

for the reporting period 1 October to 31 March, and 21 October for the period 1 April to 30 September. One copy is kept in the file and one copy is sent to the applicable MCFAPM if required. This report is designated emergency status code C3. Continue reporting during emergency conditions, delayed precedence. Submit data requirements as prescribed, but they may be delayed to allow the submission of higher precedence reports. Submit by non-electronic means, if possible.

- Responds quickly to dependent relocation, reassignment, and deferment requests by providing information about the availability of local services.
- Ensures prompt processing of AF Form 1466, and AF Form 1466A, **Request for Family Member Educational Information**.
- Coordinates overseas assignments for Department of Defense civilian employees who have exceptional family members.

3.3. Provision of Medically Related Services (MRS): Educationally handicapped children of military members must be identified. Members of the military who have children with special educational needs cannot receive approval for government travel until their children have their educational and medical service needs determined. Provisions of this paragraph do not apply to children attending schools operated by the Department of Defense within CONUS or to children attending non-DoDDS schools outside the United States when they are not placed in those schools by DoDDS. (See DoDIs 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, August 28, 1986, with Change 1, DoDI 1342.12, *Education of Handicapped Children in DoDDS*, December 17, 1981, and the FAP Standards for more information.)

3.4. Monitoring the Provision of MRS: The Secretary of the Air Force (or designee):

- Provides travel funding and support for monitoring team members from the Air Force.
- Provides technical assistance and logistical support to monitoring teams during monitoring visits to facilities for which the Air Force is responsible.
- Ensures that the monitoring teams' recommendations for which the Air Force has responsibility are implemented unless the Assistant Secretary of Defense for Force Manpower and Personnel directs otherwise.
- Cooperates with monitoring teams, including making all pertinent records available to the teams.
- Monitors facilities under Air Force jurisdiction that provide related medical services, using procedures consistent with DODI 1342.14, enclosure 2, and FAP Standards.

CHAPTER 4

DISPOSITION OF PERSONNEL

4.1. Special Duty: FAP involvement, by itself, does not require any duty restriction. For information about how to assign personnel receiving FAP assistance while performing duties requiring either the Personnel Reliability Program, security clearance, access to classified information, or unescorted entry into restricted areas, refer to AFI 36-2104, *Nuclear Weapons Personnel Reliability*, and AFI 31-501, *Personal Security Program Management*.

4.2. Review of Duty Assignment: Commanders must review the duty assignment status of all military members whose current duties may make it difficult for them to receive family maltreatment or services for special needs family members. Military member considered fit for duty may continue in their primary duty or control AFSC while involved in FAP treatment, unless precluded under AFI 36-2101, *Military Personnel Classification Policy*. If precluded, the commander may assign members under their secondary or tertiary Air Force Specialty Code (AFSC) during the FAP intervention process.

4.3. Promotion and Retention of Personnel: A member's entry into the FAP will not be the sole basis for denying or withholding promotion or retention.

4.4. Assignment Availability:

4.4.1. EFMP Assignments: All Air Force members who want their family members to accompany them to an assignment outside the CONUS, and all Air Force members with Assignment Limitation Code Q who want their family members to go with them to any assignment, participate in a screening process according to AFD 24-1, *Personnel Movement*, AFI 24-101, *Passenger Travel*, and AFI 36-2102, *Preparation of Personnel Selected for Relocation-Base Level Procedures*, to determine if any exceptional medical or educational needs exist. Medical and educational personnel differentiate between exceptional needs of a general medical nature and those that require MRS to enable children to benefit from special education.

4.4.2. Family Maltreatment: Members of the military receiving treatment for family maltreatment who are sufficiently emotionally, psychologically, and physiologically stable can be assigned to any location that offers appropriate services. If maltreatment occurs in a family with Permanent Change of Station (PCS) orders, the unit commander suspends the assignment until evaluations are completed to ensure continuity of care at the gaining base.

CHAPTER 5

CIVILIAN STAFFING

5.1. Civilian Family Advocacy Staff: The FAO hires and supervises civilian family advocacy staff. See the FAP Standards for a list of civilian staff duties and responsibilities. HQ AFMOA/SGPS manages the authorization and funding of these positions. The resources for these positions come from a special congressional authorization to prevent and treat family maltreatment in the military. The local civilian personnel office classifies these positions and provides staffing support.

5.2. HQ AFMOA/SGPS-Funded Civilian Employees: Civilian employees whose positions are funded by HQ AFMOA/SGPS cannot serve as the FAO, alternate FAO, EFMPO, or alternate EFMPO. These personnel cannot participate in mental health "on-call" rosters, as their duties are restricted to child and spouse abuse prevention and intervention.

5.3. Limitations on Civilian Independent Providers of Clinical Services: Only the Family Advocacy Treatment Manager (FATM) and FAIS have status as independent providers of clinical services. Only they may independently start, change, or end treatment or provide any other independent clinical service.

5.4. Productivity Accountability: Because of the nature of FAP cases and duties, AFMOA/SGPS-funded civilian FAP staff do not need to comply with Medical Treatment Facility mental health workload factors (e.g., Position Requirement Integrated Specialty Model - PRISM). Any patient count generated by them, however, may be credited to the MTF.

5.5. Limitations on New Civilian Employees: Until new civilian employees successfully complete a background screening according to PL 101-647, *Crime Control Act of 1990*, they work only with minor clients (less than 18 years of age) under direct "line-of-sight" supervision by a military officer or civilian whose background screening has been successfully completed.

ALEXANDER M. SLOAN, Lt General, USAF, MC
Surgeon General

ATTACHMENT 1**GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS*****References***

10 United States Code 8013

AFI 24-101, Passenger Travel (formerly AFR 75-9)

AFI 31-501, Personal Security Program Management (formerly AFR 205-32)

AFI 36-2101, Military Personnel Classification Policy (formerly AFR 35-1)

AFI 36-2102, Preparation of Personnel Selected for Relocation-Base Level Procedures (formerly AFR 35-17)

AFI 36-2104, Nuclear Weapons Personnel Reliability Program (formerly AFR 35-99)

AFI 36-2110, Assignments (formerly AFRs 36-20, 39-11, 35-28)

AFI 41-115, Medical Programs and Benefits (formerly AFR 168-4, 168-2)

AFI 71-101, Criminal Investigations

AFPD 24-1, Personnel Movement

AFPD 40-3, Family Advocacy Program

DODI 1010.13, Provision of Medically Related Services To Children Receiving and Eligible to Receive Special Education in DoD Dependent Schools Outside the United States, and Change 1

DODI 1342.12, Education of Handicapped Children In DoDDS

DODI 1342.14, Monitoring the Provision of Related Services to Handicapped Children in DoDDS

DODD 6400.1, Family Advocacy Program

DODI 6400.3, Family Advocacy Command Assistance Team

PL 99-457, Education of the Handicapped Act, As amended

PL 101-647, Crime Control Act of 1990

Abbreviations and Acronyms

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFOSI—Air Force Office of Special Investigations

AFPD—Air Force Policy Directive

AFSC—Air Force Specialty Code

CDC—Child Development Center

CONUS—Continental United States

CSMRT—Child Sexual Maltreatment Response Team

DBMS—Director, Base Medical Services
DCII—Defense Central Investigative Index
DoDDS—Department of Defense Dependents Schools
DoDI—Department of Defense Instruction
EFMP—Exceptional Family Member Program
EFMPO—Exceptional Family Member Program Officer
FAC—Family Advocacy Committee
FACAT—Family Advocacy Command Assistance Team
FAIS—Family Advocacy Intervention Specialist
FAO—Family Advocacy Officer
FAOM—Family Advocacy Outreach Manager
FAP—Family Advocacy Program
FATM—Family Advocacy Treatment Manager
FMCMT—Family Maltreatment Case Management Team
FSC—Family Support Center
HAF—Headquarters Air Force
HQ USAF—The Headquarters of the United States Air Force
MAJCOM—Major Command
MCFAPM—Major Command Family Advocacy Program Manager
MOU—Memorandum of Understanding
MPF—Military Personnel Flight
MRS—Medically Related Services
MTF—Medical Treatment Facility
OPM—Outreach Program Management
OPM—Outreach Program Management
OPMT—Outreach Program Management Team
OPR—Office of Primary Responsibility
PCS—Permanent Change of Station
PL—Public Law
PRISM—Position Requirement Integrated Specialty Model
Q-CODE—Assignment Limitation Code Q
RCS—Report Control Symbol

SAF—Secretary of the Air Force

SG—Surgeon General

SJA—Staff Judge Advocate

YA—Youth Activities

Terms

FAP Standards—Specific guidance provided by HQ AFMOA/SGPS to provide detailed directions for implementation of the Family Advocacy Program within the USAF.

Maltreatment—A general term encompassing child abuse or neglect and spouse abuse or neglect.

Outreach—Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as "treatment").

Prevention—Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

Treatment—Direct services to families identified as experiencing maltreatment. Also called "tertiary prevention" in some references.

Substantiated—The status of a child or spouse maltreatment report or "case." This term is a social, rather than legal, definition and means the "preponderance of evidence" in a report or case indicates the abuse did occur.

Unsubstantiated—The status of a child or spouse maltreatment case wherein the "preponderance of the evidence" does **NOT** indicate abuse occurred.