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Medical

**ANDERSEN AFB
FAMILY ADVOCACY PROGRAM**

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(Capt Darrick D. Cunningham)
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(Colonel John A. Kenney)
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This instruction implements DoDI 6400.1, *Family Advocacy Program*, AFPD 40-3, *Family Advocacy Program* (FAP). It establishes policies and procedures for the organization of the Andersen Air Force Base Family Advocacy Committee (FAC), Family Maltreatment Case Management Team (FMCMT), and Outreach Program and delineates the responsibilities of the various FAC, FMCMT, and Outreach Programs. This instruction also sets forth policies and procedures for the identification of child and spouse maltreatment as well as family members with special medical or educational needs. This instruction applies to all active duty and civilian personnel assigned or attached to Andersen Air Force Base.

Family Advocacy Program: Enhances Air Force (AF) readiness by ensuring that family problems do not hinder the performance of military personnel. The FAP provides proactive services to AF 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.

SUMMARY OF REVISIONS

This instruction substantially revises 36 ABWI 40-301, *Andersen AFB Family Advocacy Program*, 29 March 99, and must be completely reviewed.

1. Reference: The Family Advocacy Committee (FAC) or equivalent committee in cooperation with the Installation Commander, will insure implementation of the local Family Advocacy Program (FAP) IAW DoDI 6400.1, *Family Advocacy Program*; AFPD 40-3, *Family Advocacy Program*; AFI 40-301, *Family Advocacy*; Air Force Family Advocacy Program (AFFAP) Standards dated Oct 2002; Comprehensive Accreditation Manual for Ambulatory Care, Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 36th MDOS/SGOHF Operating Instructions; and Guam Child Protective Services (CPS) Memorandum Of Understanding (MOU), dated 18 April 2001.

2. The Andersen Air Force Base Family Advocacy Committee (AAFBC FAC): The FAC is a cross-functional oversight committee organized to monitor and ensure oversight of the Family Advocacy Program for the Wing Commander and ensure all protocols are followed in accordance with Air Force policy directives.

2.1. FAC Responsibilities:

- 2.1.1. The FAC shall meet at least quarterly and at the call of the chairperson.
- 2.1.2. The FAC sets policy and procedures for establishing and operating the local FAP (IAW AFI 40-301 and FAP Standards).
- 2.1.3. The FAC shall advocate establishing and improving services that promote healthy families.
- 2.1.4. The FAC shall coordinate activities of different organizations that contribute to the FAP and identify resource and service delivery problems.
- 2.1.5. The FAC shall review available data on families to identify at-risk groups requiring prevention services and detect trends.
- 2.1.6. The FAC utilizes these findings to ensure responsive programs are implemented.
- 2.1.7. The FAC monitors training programs for FAP personnel.
- 2.1.8. The FAC establishes a cooperative working relationship with local community agency personnel.
- 2.1.9. The FAC develops and maintains a directory of community resources.
- 2.1.10. The FAC Chairperson appoints members to the FAP teams: Family Maltreatment Case Management Team (FMCMT), Child Sexual Maltreatment Response Team (CSMRT) and High Risk for Violence Response Team (HRVRT).
- 2.1.11. The FAC maintains minutes of FAC meetings that reflect attendance, content of discussions and decisions made. References to individuals or families receiving FAP services will be by incident number rather than by name.
- 2.1.12. The FAC shall adhere to all other responsibilities IAW AFI 40-301 and if further clarification is needed refer to FAP Standard A-6.
- 2.1.13. The FAC develops procedures to ensure the safety of victims of family maltreatment, alleged offenders, and all other members of the community.

2.2. FAC Membership:

- 2.2.1. Installation Commander, Installation Vice Commander, or Mission Support Group Commander
- 2.2.2. Chairperson, MTF Commander or Deputy MTF Commander
- 2.2.3. Family Advocacy Officer (FAO)
- 2.2.4. Family Advocacy Outreach Manager (FAOM)
- 2.2.5. Family Support Center Director or Designee
- 2.2.6. Staff Judge Advocate (SJA) or Designee
- 2.2.7. Chief or Deputy Chief, Military Personnel Flight

- 2.2.8. Security Forces Squadron Commander or Designee
- 2.2.9. Air Force Office of Special Investigations (AFOSI) Commander or Designee
- 2.2.10. Installation Staff Chaplain
- 2.2.11. Family Member Programs Support Flight Chief or Designee
- 2.2.12. Command Chief Master Sergeant
- 2.2.13. DoDEA designated representative.
- 2.2.14. Other members from as civilian agencies and community service organizations as designated.

3. Family Advocacy Program Responsibilities: The duties set forth below are designated in AFI 40-301, paragraph 1.4

3.1. Installation Commander:

- 3.1.1. Establishes an installation Family Advocacy Committee (FAC) chaired by the Medical Treatment Facility Commander (MTF) or designated representative. The FAC is a sub-committee of the Community Action Information Board (CAIB).
- 3.1.2. Designates the Medical Treatment Facility Commander, or Deputy MTF Commander to administer and monitor the installation FAP.
- 3.1.3. Serves as a member of the FAC or delegates this responsibility to the Mission Support Group Commander or Vice Wing Commander.
- 3.1.4. Ensures the Special Needs Coordinator has information about all family members with exceptional medical or educational needs. Ensures all incidents of suspected family maltreatment are reported to the Family Advocacy Office and to AFOSI.
- 3.1.5. 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 outlines procedures for placing victims of family maltreatment in protective custody.
- 3.1.6. Develops procedures to ensure immediate protective care for victims of family maltreatment.

3.2. The Medical Treatment Facility Commander (MDG/CC).

- 3.2.1. Serves, or allows MDG/CD to serve, as the chairperson of the installation FAC.
- 3.2.2. Appoints a clinical social worker to serve as the Family Advocacy Officer and Special Needs Coordinator. The Family Advocacy Officer will train an alternate to ensure continuity of programs.
- 3.2.3. Ensures FAP has enough medical resources and staff available to run effectively.
- 3.2.4. Ensures medical treatment facility (MTF) instructions and guidelines exist to help medical personnel in implementing the FAP.
- 3.2.5. Establishes a FAP education program to provide training at least once a year to medical, dental, family child care providers, Family Child Care (FCC) program staff, youth center staff,

youth activities volunteers, DoDEA staff, AFOSI, Security Forces personnel, Family Support Center staff, and all FAP committee and management team members.

3.2.6. Ensures all FAP volunteers receive proper screening, training, and supervision. They must receive training from the American Red Cross or another organization authorized by the MTF.

3.2.7. Provides support to DoD monitoring teams providing medically related services to educationally or physically challenged DoDEA students. Monitors the delivery of those services according to DoDI 1342.14, *Monitoring of the Provision of Related Services to Physically Challenged Children in the DoD Dependent Schools*, 25 Aug 86.

3.2.8. Assumes responsibility for FAP service delivery and program administration IAW AFI 40-301, paragraphs 1.6.2 and 1.6.3.

3.2.9. Ensures all medical personnel notify the FAP of all suspected incidents of family maltreatment.

3.2.10. Ensures policies and procedures are established for effective coordination of services between Life Skills and Family Advocacy for continuity of care of FAP clients.

3.2.11. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.

3.2.12. Ensures the New Parent Support Program (NPSP) is managed according to AFMOA/SGZF guidelines.

3.2.13. Ensures each FAP facility has a personnel security duress system.

3.2.14. Meets with the FAO, at least quarterly, to staff trends with high-risk FAP cases.

3.3. Family Advocacy Officer (FAO):

3.3.1. Serves as a FAC member.

3.3.2. Chairs the FMCMT and ensures timely evaluation of all referrals to the FAP.

3.3.3. Notifies the servicing AFOSI and the service member's commander of all suspected incidents of family maltreatment.

3.3.4. Notifies Guam Child Protective Services of any allegations of child maltreatment occurring on Guam per MOU.

3.3.5. Ensures that FAP activities comply with federal, state/territory, and local laws.

3.3.6. Maintains FAP case records and disposes of or transfers records when a member leaves the military and the family requires continued FAP services IAW FAP Standard, A-17.

3.3.7. Notifies appropriate civilian agencies when a member leaves the military and the family requires continued FAP services.

3.3.8. Ensures families receiving services continue to receive services if they relocate to other installations, including those served by the Army or Navy medical facilities.

3.3.9. Utilizes appropriate FAP documentation to enhance case management and to track the assistance given to military families IAW FAP Standard, A-17.

3.3.10. Completes all FAP reports IAW HQ AFMOA/SGOF guidelines.

3.3.11. Establishes procedures for the security of FAP materials and supplies.

3.3.12. Supervises all assigned FAP civilian contract staff.

3.3.13. Obtains legal guidance from the SJA, as needed.

3.4. The Special Needs Coordinator:

3.4.1. Establishes procedures for the identification of sponsors of the family members with special needs.

3.4.2. Coordinates with MTF Family Member Relocation Clearance (FMRC) coordinator on timely completion of FMRCs and Facility Determination Inquiries.

3.4.3. Coordinates with the MPF on the Special Needs Screener, initiation and deletion of Q-codes, the FMRC process, and special needs reassignment/deferment requests (See AFI 36-2110, *Assignments*, Attachment 7, EFMP Assignments/Deferment).

3.4.4. Ensures all FAP personnel are familiar with Child Find.

3.4.5. Ensures special needs services and referral resources, including Educational and Developmental Intervention Services and Child Find, are incorporated in the installation Integrated Delivery System information and referral system.

3.4.6. Maintains working knowledge of the DoD and AF special needs websites.

3.4.7. Works cooperatively with DoDEA schools to provide medically related evaluations and other services as outlined in DoD Directives and Instructions and FAP Standards.

3.4.8. Supports Early Intervention Program (EIP) as outlined in DoD directives, instructions and FAP Standards.

3.4.9. Educates medical personnel and base agencies on mandatory identification of sponsors with family members with special needs and referral requirements and procedures.

3.4.10. Complies with the collection and reporting of data required by AFMOA/SGZF.

3.4.11. Utilizes AF Form 2523, Special Needs Identification and Assignment Coordination Information Form.

3.5. Family Advocacy Outreach Manager (FAOM):

3.5.1. Serves as a FAC member.

3.5.2. The FAOM is the key facilitator and team coordinator for developing and implementing the FAP Prevention Plan, marketing the FAP, representing the FAP on the base-wide Integrated Delivery System (IDS), and conducting annual training for installation personnel.

3.5.3. Conduct other duties per FAP Standard, A-24.

3.6. Installation Staff Chaplain:

3.6.1. Serves as a FAC member.

3.6.2. Encourage chapel organizations to participate in programs supporting FAP activities, projects and provides support ministries as needed.

3.6.3. May nominate a chaplain to serve on the FMCMT.

3.6.4. Ensures all staff working directly with chapel children/youth programs receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

3.7. Staff Judge Advocate or Designee:

3.7.1. Serves or designates an attorney to serve as a FAC member.

3.7.2. Provides consultation to the FAC in development of Memorandums of Understandings.

3.7.3. Provides consultation services to FAP management teams.

3.7.4. Provides information about legal rights of family members with special medical and/or educational needs.

3.7.5. Coordinates with FAO to ensure ready availability and effectiveness of the AF Victim/Witness Assistance Programs (VWAP) services for qualifying families.

3.7.6. Periodically reviews policies for resolving potential conflicts between a client's legal rights and treatment needs in family maltreatment cases with the support group commander, MTF/CC, and FAO.

3.8. Installation Chief of Security Forces or Designee:

3.8.1. Serves as a FAC member.

3.8.2. Reports all allegations/suspicious of family maltreatment to the FAP.

3.8.3. Coordinates investigations of family maltreatment with AFOSI.

3.8.4. Provides the FAP timely information (including DD FM 1569, Incident/Complaint Report or AF FM 3545, Incident Report) concerning all incidents or complaints of family maltreatment.

3.8.5. Ensures law enforcement personnel receive annual training on domestic violence and child maltreatment issues and procedures.

3.8.6. Supports investigative interviews of alleged criminal offenders in cases occurring in DoD-sanctioned activities, but not rules violations. Additionally, the alleged criminal offense must also come under the jurisdiction of the AF security forces.

3.9. Chief, Military Personnel Flight (MPF):

3.9.1. Serves or appoints a senior staff member to serve as a FAC member.

3.9.2. Coordinates all applications for special needs reassignments of deferments with the unit commander and the MTF (See AFI 36-2110, *Assignments*, Attachment 7, EFMP Assignment/Deferment).

3.9.3. Ensures MPF staff assigned to Outbound Assignments receive training on responsibilities for identification and assignment coordination for sponsors of family members with special needs.

3.9.4. Updates Assignment Limitation "Code Q" at the request of the Special Needs Coordinator.

3.9.5. Ensures Family Member Relocation Clearance (FMRC) has been accomplished prior to issuing Permanent Change of Station (PCS) orders.

3.10. The Commander, Services Squadron:

3.10.1. Appoints the Family Member Program Flight Chief to serve on the FAC/ FMCMT.

3.10.2. Ensures staff working directly with children receive FAP training (when hired and on an annual basis) on identifications and reporting procedures for suspected family maltreatment.

3.10.3. Reports suspected incidents of sexual maltreatment occurring in “out-of-home” care settings, such as CDC, Youth Center, recreational programs, and Family Child Care homes, to the FAO or designee.

3.10.4. Develops effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.

3.10.5. Provides and manages nondiscriminatory recreation activities and club programs, including special needs group projects, for children with exceptional medical or educational needs and for physically challenged children requiring these services.

3.11. Director of the Family Support Center:

3.11.1. Serves as FAC member. Also serves or assigns a family support specialist to serve on FMCMT.

3.11.2. Provides assistance to clients seeking help with family problems that may lead to maltreatment.

3.11.3. Ensures all staff members receive FAP training when hired, and annually thereafter.

3.11.4. Ensures coordination of referrals and services for FAP and special needs families.

3.11.5. Reports all suspected family maltreatment incidents to the FAO.

3.12. **Public Affairs Office:** Distributes FAP news releases to news media after approval by the chairperson of the installation FAC.

3.13. **Department of Defense Educational Activity (DoDEA):** A DoDEA representative serves on the FAC. The school administration ensures all assigned staff receive annual training to help them identify and report special needs children and incidents of child maltreatment to the Special Needs Coordinator and FAO.

3.14. Unit Commanders, First Sergeants and Supervisors (Military or Civilian):

3.14.1. Will be familiar with FAP procedures and policies.

3.14.2. Will refer unit members to FAP if they suspect that family maltreatment has occurred.

3.14.3. Will refer unit members to the Special Needs Coordinator if they suspect the member’s family has special needs.

3.14.4. Will direct suspected AD family maltreatment offenders to FAP.

3.14.5. Will provide information and referral to AD members and eligible beneficiaries on FAP prevention and maltreatment intervention services.

3.15. Active Duty Members and Civilian Employees:

3.15.1. Will report all incidents of suspected family maltreatment to the FAO/FAP.

3.15.2. Exclusions are limited to chaplains receiving information through a “penitent-clergyman” relationship or confidential communications in the course of their official duties, and Area Defense Council (ADC) receiving information from an established attorney-client relationship.

3.15.3. Every active duty member will notify the Special Needs Coordinator when he or she has one or more family members with special medical and/or educational needs. All active duty members will comply with FMRC screening of their family members for PCS travel and/or IPCOT.

3.16. Installation AFOSI Detachment Commander:

3.16.1. Serves, or designates a representative to serve on the installation FAC, FMCMT, CSMRT, and HRVRT.

3.16.2. Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.

3.16.3. Coordinates and monitors child and spouse maltreatment investigations conducted by civilian agencies.

3.16.4. Ensures all staff receive training on the identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

3.16.5. Reports all allegations/suspicions of family maltreatment to the FAP.

3.16.6. Searches the Defense Clearance and Investigations Index (DCII) and its internal database for historical data pertaining to all reported incidents of child maltreatment, and on serious spouse maltreatment, and provides this information to the FAP.

3.17. Command Chief Master Sergeant:

3.17.1. Will serve on, or designates a representative to serve on, the installation FAC.

3.17.2. Will have working knowledge of FAP, including procedures and policies.

3.17.3. Will refer active duty members to the Special Needs Coordinator if there are concerns or if special medical and/or educational needs exist for family members.

3.17.4. Will direct suspected AD family maltreatment offenders to FAP.

3.17.5. Will provide information and referral to AD members and eligible beneficiaries regarding FAP prevention and maltreatment intervention services.

3.18. Civilian Family Advocacy Staff: AFMOA/SGZF uses congressional funds allocated for maltreatment intervention and prevention services to provide civilian staffing for FAP. Civilian FAP staff will not provide special needs assignment coordination services, but will offer maltreatment intervention and prevention services.

3.18.1. Civilian Staff: The FAO supervises all civilian Family Advocacy staff. (See FAP Standards on role of each staff). AFMOA/SGZF manages the authorization and funding of these positions. The FAO must notify AFMOA/SGZF when a civilian position (civil service or contract) becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMOA/SGZF.

3.18.2. AFMOA/SGZF-Funded Civilian Employees: Civilian employees whose positions are funded by AFMOA/SGZF cannot serve as the FAO, alternate FAO, acting FAO, or Special Needs Coordinator. Civilian personnel cannot participate in any after hours "on-call" duties.

3.18.3. Civilian Providers of FAP Clinical Services: The Family Advocacy Treatment Manager (FATM) and the Family Advocacy Intervention Specialist (FIAS) are the only AFMOA-funded civilian staff that are privileged by MTF to provide independent clinical services. The Family

Advocacy Nurse (FAN) will maintain a current copy of his/her state license with the MTF and can practice the full range of FAP nursing services.

3.18.4. Civilian Providers of FAP Outreach Services: All FAP services performed by the Family Advocacy Outreach Manager will be non-clinical and of community organization focus. Therefore, FOAMs will not be allowed to acquire privileges so as to function solely as key facilitator and coordinator for FAP marketing and community prevention services.

3.18.5. Civilian FAP staff will comply with the HQ USAF/SG guidance on entering patient activity into the Ambulatory Data System (ADS).

3.18.6. Limitation on New FAP Civilian Employees: While awaiting the outcome of background checks:

3.18.6.1. Providers with provisional privileges may work with all clients without direct line-of-sight supervision as long as appropriate professional supervision is provided.

3.18.6.2. FAP nurses may work with adult clients without direct line supervision, and with minor clients (under 18 years of age) only when a parent/guardian is present.

4. Family Advocacy Program (FAP) and Case Management:

4.1. Prevention: The installation FAP prevention team will collaborate with key community leaders, the Integrated Delivery System (IDS), and other helping agencies to provide services that enhance the resilience of Air Force communities and reduce the incidence of family maltreatment. FAP prevention services include Outreach, the New Parent Support Program (NPSP), and on a space-available basis, Secondary Prevention Counseling Services.

4.2. Special Needs Identification and Assignment Coordination Process: Identifies eligible DoD families with exceptional medical or educational needs, helps those families obtain required services and ensures those families have access to necessary services if reassigned. Assists the family to effectively find and use appropriate medical, social service, and educational programs.

4.3. Family Maltreatment Intervention: Through the installation FAP, the Air Force provides and/or coordinates identification, evaluation treatment, and case management services to all eligible beneficiaries experiencing problems with family maltreatment. FAP providers will collaborate with community resources and the various management teams. The Family Maltreatment Case Management Team (FMCMT) establishes and monitors family maltreatment programs and services.

4.3.1. The FMCMT consists of medical, investigative and other appropriate base and community agency representatives as determined by the FAC. The FAO is FMCMT Chairperson.

4.3.2. Policies and procedures IAW AFI 40-301, Chapter 4, Section 4.1., FAP Standards M-1 through M-23 and 36 MDOS/SGOHF OIs 41-1, 41-2, 41-5 and 42-1 through 42-10 and Guam CPS MOU.

4.3.3. Special Procedures for Child Sexual Abuse Cases:

4.3.3.1. Special efforts will be made to protect the alleged victims and to preserve evidence of a possible crime.

4.3.3.2. Upon receiving a report of any child sexual abuse allegation, the Child Sexual Maltreatment Response Team (CSMRT) will be activated by the FAO and or designee, usually the

FAP Treatment Manager (FATM) or in their absence, the assigned Mental Health Provider. Policies and/or procedures will be followed IAW AFI 40-301, Chapter 4, Section 4.1.2., FAP Standards M-2, M-3, M-12 through M-18 and M-21; 36 MDOS/SGOHF OIs 42.6, 42.8, 42.9 and Guam CPS MOU.

4.3.3.3. Special Procedures for FAP clients and/or Mental Health Flight (MHF) staff in potential danger: Upon notification that any FAP client and/or MHF staff are in potential danger of physical harm by a FAP client or ex-client, the High Risk for Violence Response Team (HRVRT) will be activated and procedures will be followed IAW FAP Standard M-3; 36 MDOS/SGOHF OIs 42-5, 42-7 and Guam CPS MOU (when children/adolescent are potential victims).

4.3.3.4. Special Procedures for Child Maltreatment Incidents Occurring in DoD Sanctioned Activities: Upon notification of allegations of child maltreatment, including child sexual abuse have occurred in any DoD sanctioned activities, procedures will be followed IAW FAP Standards M-10 through M-18 and M-21, 36 MDOS/SGOHF OIs 42-1 through 42-9 and Guam CPS MOU.

4.3.3.5. Special Procedures for Maltreatment Incidents Resulting in Death: When the FAP is notified of any death in which family maltreatment is suspected procedures will be followed IAW AFI 40-301, Chapter 4, Section 2.2.3.1, FAP Standard M-21; 36 MDOS/SGOHF OI 42-1-0 and Guam CPS MOU (in child/adolescent deaths).

JOSEPH F. MUDD, JR., Colonel, USAF
Commander, 36th Air Base Wing