

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 40-301

1 MAY 2002



**45TH SPACE WING
Supplement 1**

15 MARCH 2004

Medical Command

FAMILY ADVOCACY

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at:
<http://www.e-publishing.af.mil>

OPR: AFMOA/SGZF
(Colonel Martha L. Davis)
Supersedes AFI 40-301, 22 July 1994.

Certified by: AFMOA/SGZ
(Brig Gen Gary H. Murray)
Pages: 32
Distribution: F

This instruction implements DoDD 6400.1, *Family Advocacy Program*, 23 June 92; DoDI 6400.2, *Child and Spouse Abuse Report*, 10 July 87; DoDI 6400.3, *Family Advocacy Command Assistance Team*, 3 Feb 89; DoDI 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, 28 Aug 86; DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*, 12 Mar 96; DoDI 1342.14, *Monitoring of the Provision of Related Services to Handicapped Children in DoD Dependent Schools*, 25 Aug 86; and DoD 1010.13-R, *Overseas Assignment of Sponsors Who Have Children With Disabilities Who Are Space Required Students in the DoDDS*, Mar 92. It describes the responsibilities of Family Advocacy Program (FAP) agencies, FAP staff, and other Air Force personnel who are instrumental to the implementation and operation of the AF FAP, including Special Needs Identification and Assignment Coordination Process. This instruction applies to all military and civilian personnel and their dependents entitled to receive medical care in a military facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*. This instruction requires collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 USC 8013. System of records notice F044 AF SG Q applies. Records created as a result of the processes prescribed in this instruction must be maintained and disposed of IAW AFMAN 37-139, *Records Disposition Schedule*. AF Family Advocacy Program Standards provide guidance for the detailed operation of the installation FAP. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to AFMOA/SGZF.

(45SW) The OPR for this supplement is 45 MDOS/SGOHS (Capt Wendyann Wyatt). This supplement implements and extends the guidance of the Air Force Instruction (AFI) 40-301, *Family Advocacy Program (FAP)*, 1 May 2002. The AFI is published word-for-word without editorial review. The 45th Space Wing (45 SW) supplemental material is indicated in bold face. This supplement describes the 45 SW pro-

cedures for use in conjunction with the basic AFI. Upon receipt of this integrated supplement, discard the Air Force basic publication.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This publication substantially revises AFI 40-301, *Family Advocacy Program*, 22 July 94, and must be completely reviewed.

Chapter 1— RESPONSIBILITIES	4
1.1. The Secretary of the Air Force (SAF).	4
1.2. The Headquarters of the United States Air Force (HQ USAF).	4
1.3. Major Commands.	5
1.4. Installation Commander.	6
1.5. The Family Advocacy Committee.	7
1.6. The Medical Treatment Facility Commander (MDG/CC).	9
1.7. The Family Advocacy Officer (FAO).	11
1.8. The Special Needs Coordinator.	12
1.9. Educational and Developmental Intervention Services Director (Assigned where EDIS Clinics are located).	12
1.10. Unit Commanders, First Sergeants, and Supervisors (military or civilian).	13
1.11. The Installation Staff Chaplain.	13
1.12. The Staff Judge Advocate (SJA)	13
1.13. The Installation Chief of Security Forces.	14
1.14. The Installation AFOSI Detachment Commander.	14
1.15. The Commander, Military Personnel Flight (MPF).	15
1.16. The Commander of the Services Squadron.	15
1.17. The Director of the Family Support Center (FSC).	15
1.18. The Public Affairs Office.	16
1.19. Department of Defense Education Activity (DoDEA).	16
1.20. Active Duty Members and Civilian Employees Mandatory Reporting.	16
Chapter 2— PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW	17
2.1. The Family Advocacy Program.	17
2.2. Program Components.	17

AFI40-301_45SWSUP1_I 15 MARCH 2004	3
2.3. Additional Administrative Elements.	17
2.4. Civilian Family Advocacy Staff.	18
Chapter 3— PREVENTION	20
3.1. Policy Statement for FAP Community Prevention	20
3.2. Prevention Program Planning.	20
3.3. Prevention Functions and Services.	20
Chapter 4— MALTREATMENT INTERVENTION	22
4.1. Management Teams.	22
4.2. Intervention.	23
Chapter 5— SPECIAL NEEDS IDENTIFICATION AND ASSIGNMENT COORDINATION PROCESS	25
5.1. Special Needs Identification and Assignment Coordination Process.	25
5.2. Special Needs Coordinator.	25
5.3. The Family Member Relocation Clearance Process (FMRC).	25
Chapter 6— EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES (EDIS)	26
6.1. Provision of Medically Related Services (MRS) and Early Intervention (EI).	26
6.2. Monitoring the Provision of MRS & EI.	26
6.3. Child Find.	26
6.4. Assignment Coordination.	27
Chapter 7— DISPOSITION OF PERSONNEL	28
7.1. Special Duty.	28
7.2. Review of Duty Assignment.	28
7.3. Promotion and Retention of Personnel.	28
7.4. Assignment Availability.	28
Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION (AFI 33-360, Vol I, paragraph A4.10.2.1)	29

Chapter 1

RESPONSIBILITIES

1.1. The Secretary of the Air Force (SAF). Maintains overall responsibility for the Air Force Family Advocacy Program (FAP), including policy, budget, personnel, physical resources, and reporting responsibilities. Ensures compliance with Department of Defense (DoD) directives on the prevention and treatment of child and spouse maltreatment and on the provision of early intervention and medically related services to include providing funding and support for monitoring requirements.

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) maintains management responsibility of the FAP. The SG provides policy guidance, supports personnel requirements, and is involved in strategic planning of the FAP.

1.2.1.1. Assigns a clinical social worker as the Air Force Family Advocacy Program Manager.

1.2.1.2. Assigns a medical officer as the Air Force Special Needs Consultant.

1.2.1.3. Supports the provision and monitoring of early intervention (EI) and medically related services (MRS) IAW DoDI 1342.12, DoDI 1342.14, and 32 CFR, Part 80.

1.2.2. The Air Force Family Advocacy Program Manager:

1.2.2.1. Develops policy for implementing the Air Force Family Advocacy Program, including the identification and assignment coordination for active duty service members who have family members with special needs, and maintains overall responsibility for the AF FAP.

1.2.2.2. Develops and manages the budget for FAP.

1.2.2.3. Publishes standards detailing the operations of the Air Force FAP.

1.2.2.4. Maintains a central registry of all Air Force maltreatment reports.

1.2.2.5. Conducts evaluation of program components and other research that directly contributes to the success of the FAP.

1.2.2.6. In collaboration with the Air Force Inspection Agency (AFIA), monitors the quality of installation FAP services.

1.2.2.7. Provides education, training, and program guidance to all personnel involved in the AF FAP.

1.2.2.8. Provides data to DoD as requested or as required by directive.

1.2.2.9. Provides expert consultation on the AF FAP to DoD, HQ USAF, and other officials. Contributes to the development of DoD FAP policy as requested.

1.2.3. The Air Force Special Needs Consultant

1.2.3.1. Develops policy for identification and assignment coordination for active duty service members who have family members with special needs.

1.2.3.2. Provides consultation to the Air Force FAP Manager on special needs of Air Force family members.

1.2.3.3. Develops policy and standards for complying with DoD directives on early intervention and medically related services.

1.2.3.4. Coordinates with Air Force Personnel Center (AFPC) on policy related to the assignment of active duty personnel with family members with special medical/educational needs.

1.2.3.5. Provides consultation to Major Command Family Advocacy Program Managers (MCFAPM), Medical Treatment Facility (MTF) Commanders, MTF Special Needs Coordinators, and Family Advocacy Officers (FAO) on Family Member Relocation Clearances (FMRC), Facility Determination Inquiries (FDI), and Educational and Developmental Intervention Services (EDIS).

1.2.3.6. Coordinates with all uniformed services and Department of Defense Education Activity (DoDEA) on the provision and monitoring of early intervention and medically related services.

1.2.3.7. Provides expert consultation on the AF special needs identification and assignment coordination process to DoD, HQ USAF, and other officials. Contributes to the development of DoD policy as requested.

1.2.4. The Deputy Chief of Staff, Personnel:

1.2.4.1. Provides policy guidance on personnel programs that support FAP goals and operations.

1.2.4.2. Coordinates with DoDEA in support of FAP.

1.2.4.3. Establishes reassignment and deferment policy for families with special needs.

1.2.5. The Air Force Personnel Center:

1.2.5.1. Ensures that all in-coming AD members are screened for special needs family members.

1.2.5.2. Ensures the dissemination of the AF Form 1466 (Request For Family Member's Medical and Educational Clearance for Travel) and DD Form 2792 (Medical and Educational Summary) to all AD members when required.

1.2.5.3. Ensures the coordination of Military Personnel Flight (MPF) with the installation MTF for entry of the "Assignment Limitation Code Q" ("Q" Code) into the personnel data system.

1.2.5.4. Coordinates policies supporting FAP with the American Red Cross.

1.2.6. The Chief of Chaplains may appoint a consultant to the Air Force FAP Manager

1.2.7. The Judge Advocate General will be a consultant to the Air Force FAP Manager.

1.2.8. The Air Force Office of Special Investigations (AFOSI) will be a consultant to the Air Force FAP Manager.

1.2.9. The Chief of Security Forces will be a consultant to the Air Force FAP Manager.

1.2.10. The Director of Services, AF Services Agency, will be a consultant to the Air Force FAP Manager.

1.3. Major Commands.

1.3.1. Commander of each Major Command (MAJCOM):

1.3.1.1. Ensures that each installation in the command establishes and maintains a FAP IAW DoD directives, this instruction, and Air Force FAP Standards.

1.3.1.2. Assigns the Command Surgeon to manage and monitor the FAPs within the command.

1.3.1.3. Assigns the Command Surgeon to manage and monitor early intervention and medically related services where they exist.

1.3.2. The Command Surgeon:

1.3.2.1. Designates a clinical officer as the Major Command Family Advocacy Program Manager (MCFAPM). This will be a Clinical Social Worker when possible.

1.3.2.2. Resolves program problems resulting from lack of personnel or material resources.

1.3.2.3. Ensures assignment coordination processes and procedures are in place to meet family members' special medical and/or educational needs.

1.3.2.4. Ensures compliance with DoD monitoring requirements of early intervention or medically related services.

1.3.3. The Major Command Family Advocacy Program Manager (MCFAPM):

1.3.3.1. Ensures quality of FAP services.

1.3.3.2. Reviews death or high interest cases.

1.3.3.3. Serves as expert reviewer for Incident Status Determination Review (ISDR) cases as requested by Air Force Medical Operations Agency/Surgeon General Office (AFMOA/SGZF).

1.3.3.4. Assesses need for and coordinates Staff Assistance Visits (SAV).

1.3.3.5. Provides technical assistance to the installation Special Needs Coordinators and coordinates the implementation and monitoring of EI and MRS.

1.3.3.6. Conducts monitoring visits to installation EDIS programs in coordination with AFMOA/SGZF.

1.3.3.7. Collects and forwards data and reports from installation FAPs and EDIS in the Command as requested by the AF FAP or EDIS Managers.

1.3.3.8. Provides consultation to AFMOA/SGZF on MAJCOM issues.

1.4. Installation Commander.

1.4.1. Has responsibility for the operations and effectiveness of the installation FAP.

1.4.2. Designates the Medical Treatment Facility (MTF) Commander to administer and monitor the installation FAP.

1.4.3. Establishes an installation Family Advocacy Committee (FAC) and appoints the MTF Commander, or Deputy MTF Commander, as chairperson. The FAC is a sub-committee of the Community Action Information Board (CAIB). The CAIB will ensure all duties and responsibilities are executed. The organization of the FAC will be reflected in the installation FAP instruction.

1.4.4. Serves as a member of the FAC or delegates this responsibility to a key member of the senior staff.

1.4.5. Promotes and ensures cooperation among installation organizations to build healthy, resilient communities in order to prevent and treat family maltreatment.

1.4.6. Ensures Inter-Service Support Agreements (ISSA) are executed with other Uniformed Service helping agencies to achieve the FAP mission.

1.4.7. Ensures all DoD personnel comply with mandatory reporting requirements and referral of families for suspected family maltreatment and mandatory referral of sponsors with families with possible special medical and/or educational needs.

1.4.8. Coordinates with local civilian agencies that play a cooperative role in the effective implementation of the FAP. Ensures Memoranda of Understanding (MOU) are executed which document respective responsibilities IAW DoD directives and AF guidance.

1.4.8.1. (Added-45SW) Memorandum of Understanding (MOU): The FAP has a MOU with the Florida Department of Children and Families (DCF) for general notification procedures, after hours reporting of child maltreatment on Patrick AFB, Active Duty (AD) family child maltreatment off Patrick AFB, child removal if necessary and participation in meetings. Responsibility of removal and/or return of children lies with the DCF.

1.4.9. Ensures FAP and EDIS facilities (where located) are adequate to support appropriate patient care, including attention to safety needs and handicapped accessibility.

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

1.4.11. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT) ensures full consideration of requests for the Family Advocacy Command Assistance Team (FACAT) assistance on all allegations of multi-victim child sexual maltreatment in DoD-sanctioned activities.

1.5. The Family Advocacy Committee.

1.5.1. The MTF Commander or Deputy MTF Commander chairs the FAC

1.5.2. The FAC includes these members:

1.5.2.1. Installation Commander (or designee).

1.5.2.2. MTF Commander or Deputy MTF Commander

1.5.2.3. FAO

1.5.2.4. Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS)

1.5.2.5. Family Support Center (FSC) Director

1.5.2.6. Staff Judge Advocate (or designee)

1.5.2.7. Chief or Deputy Chief, Military Personnel Flight

1.5.2.8. Installation Chief of Security Forces (or designee)

1.5.2.9. AFOSI Detachment Commander (or designee)

1.5.2.10. Installation Staff Chaplain

1.5.2.11. Family Member Support Flight Chief

1.5.2.12. Senior Enlisted Advisor (SEA)

1.5.2.13. DoDEA designated representative (AF bases with DoD schools)

1.5.2.14. The FAC may add other members such as civilian agencies and community service organizations. .

1.5.3. The FAC meets at least quarterly. Additional meetings may be held at the call of the Chairperson. The FAC accomplishes the following tasks:

1.5.3.1. Ensures the implementation of the local FAP according to DoD and Air Force Family Advocacy Program Standards directives

1.5.3.2. Ensures installation directives are developed to implement the FAP.

1.5.3.3. Reviews, approves, and supports the implementation of the annual FAP Plan.

1.5.3.4. Ensures the availability of adequate resources for the effective and efficient implementation of the FAP.

1.5.3.5. Ensures that program evaluation activities meet requirements of AFMOA/SGZF, and DoD FAP guidance.

1.5.3.6. Establishes a cooperative working relationship with all local key agencies involved in addressing prevention and intervention of maltreatment.

1.5.3.7. Ensures that all Memoranda of Understanding (MOU) necessary to implement the FAP are developed, maintained, and periodically reviewed IAW DoD directives and AF guidance.

1.5.3.8. Develops installation policies and procedures to ensure notification of appropriate agencies in incidents of suspected maltreatment.

1.5.3.9. Develops procedures to ensure the safety of victims of family maltreatment, alleged offenders, other family members, and all other members of the community.

1.5.3.10. Establishes written policies and procedures for local response to allegations of child sexual maltreatment utilizing the CSMRT and ensures that participating installation personnel are trained annually on their roles.

1.5.3.11. Establishes written policies and procedures for notification of the FAP when there is a threat of immediate harm to an individual in the FAP system. Ensures guidelines for utilization of the High Risk for Violence Response Team (HRVRT) are developed and HRVRT members are trained annually on their responsibilities.

1.5.3.12. Ensures written policies and procedures are developed for response to both incidents of death due to maltreatment and incidents of child maltreatment in DoD-sanctioned activities.

1.5.3.13. Ensures policy is developed for resolving conflicts between the prosecution and clinical treatment objectives in family maltreatment cases.

1.5.3.14. Ensures written policies and procedures are developed for FAP office and home visit safety, and FAP staff members are trained on these protocols.

1.5.3.15. Maintains minutes of FAC meetings that reflect attendance content of discussions, and decisions made.

1.5.3.16. Ensures efficient and timely coordination of the FMRC process.

1.5.4. FAC chairperson will:

- 1.5.4.1. Ensure that FAC members are trained on their roles and responsibilities at least annually.
- 1.5.4.2. Approve nominations for membership on the Family Maltreatment Case Management Team (FMCMT), CSMRT, and the HRVRT.
- 1.5.4.2. (45SW) Approve nominations for membership on the Central Registry Board (CRB), Child Sexual Maltreatment Response Team (CSMRT), and the High Risk for Violence Response Team (HRVRT).
- 1.5.4.3. Appoint a FAC member and alternate to review requests for initiation of the ISDR process.

1.6. The Medical Treatment Facility Commander (MDG/CC). Assumes responsibility for these areas of FAP activity:

1.6.1. Staffing and training:

- 1.6.1.1. Serves as chair of the installation FAC.
- 1.6.1.2. Appoints a clinical social worker to serve as the FAO. Also designates and trains an alternate to ensure continuity of these programs. Other qualified mental health officers may fill these positions if the installation has no social workers available.
- 1.6.1.3. Appoints a medical officer as the Special Needs Coordinator.
- 1.6.1.4. Provides administrative support for FAP prevention, maltreatment intervention, EDIS, the FMRC process, and special needs identification.
- 1.6.1.5. Ensures all FAP management teams are trained annually on their roles and responsibilities, and on child and spouse maltreatment dynamics.
- 1.6.1.6. Ensures all FAP volunteers receive proper screening, training, and supervision and have received training from the American Red Cross or another organization authorized by the MTF.
- 1.6.1.7. Appoints a technician (4A, 4C, or 4N), or civilian equivalent, as an FMRC coordinator for the MTF.
- 1.6.1.8. Appoints a primary and secondary medical provider to conduct the medical interview for the FMRC process. Ensures the screening medical providers receive training on their responsibilities.
- 1.6.1.9. Where DoD schools exist, provides staffing for delivery of EDIS, and support to DoD EDIS monitoring teams. Monitors the delivery of EDIS according to DODI 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in DoD Dependent Schools (FM&P), August 25, 1986.

1.6.2. Service Delivery:

- 1.6.2.1. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.
- 1.6.2.2. Ensures policies and procedures are established for effective coordination of services between Mental Health and Family Advocacy for the continuity of care of FAP clients.

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

1.6.2.4. Where a Family Advocacy Nurse (FAN) is assigned, ensures the New Parent Support Program (NPSP) is managed according to AFMOA/SGZF guidelines.

1.6.2.5. Ensures all medical personnel notify the Special Needs Coordinator of sponsors with family members who may have special medical and/or educational needs.

1.6.2.6. Assumes responsibility for managing and monitoring health care aspects of the FAP.

1.6.2.7. Ensures medical information is accessible to support FAP and special needs identification and assignment coordination.

1.6.2.8. Ensures that family members with special needs and suspected victims of family maltreatment receive medical and dental assessment, required treatment, and referral to base and community agencies when requested by the FAO, Special Needs Coordinator, or physician.

1.6.2.9. Ensures seamless, customer-focused delivery of services for the FMRC and FDI functions.

1.6.2.10. Ensures all AD family members (FM) are cleared for outside continental United States (OCONUS) travel, including consecutive OCONUS tours (COT), in-place OCONUS tours (IPCOT), and extension of OCONUS tours. Ensures all FMs with special needs are cleared for continental United States (CONUS) PCS travel.

1.6.2.11. In cases of sudden or unexplained child deaths occurring on the installation, ensures the completion of an appropriate autopsy, notification of the AFOSI and Security Forces Squadron (SFS), and referral of the family to the FAP for immediate assessment and supportive services.

1.6.2.12. Ensures development of a comprehensive FAP prevention program.

1.6.2.13. Ensures FAP prevention programs are integrated with other MTF prevention programs and that services are integrated with other installation Integrated Delivery System (IDS) initiatives.

1.6.2.14. Establishes educational programs to provide annual training to personnel in key agencies including medical, dental, child care and youth center, youth activity volunteers, DoDEA, AFOSI, SFS, FSC, and all FAP committees and management team members.

1.6.3. Program Administration:

1.6.3.1. Appoints the FAOM as the FAP representative to the IDS.

1.6.3.2. Provides office space, equipment and furnishings, operating supplies, utilities, maintenance, and other required resources.

1.6.3.3. Provides computer hardware, software, and internet access to support AFMOA/SGZF, to meet Congressional and DoD-mandated data requirements.

1.6.3.4. Maintains equipment/systems that are purchased by AFMOA/SGZF for installation FAP use.

1.6.3.5. Provides environmental and security measures in accordance with Air Force Inspection Agency (AFIA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and state and federal guidelines for sensitive information services.

- 1.6.3.5.1. Ensures each FAP facility has a personnel security duress system.
- 1.6.3.6. Establishes a Family Advocacy process improvement program, which is included in the MTF quality management program. Where EDIS exists, ensures program review/monitoring requirements are met IAW DoDI 1342.14.
- 1.6.3.7. Protects the privacy of sensitive information contained in Family Advocacy, special needs assignment coordination, and EDIS records.
- 1.6.3.8. Ensures procedures for the quarterly Wing Commander FAP brief are developed with the FAO.
- 1.6.3.9. Oversees the administration of the FMRC/FDI process IAW AFMOA/SGZF guidelines.
- 1.6.3.10. Establishes a procedure to notify the MTF Commander of all family maltreatment-associated deaths that occur on or off the installation.
- 1.6.3.11. Refers clients to the health benefits office to obtain information on TRICARE and the Programs for Persons with Disabilities (PPPWD).
- 1.6.3.12. In geographic areas where the Air Force is responsible for the provision of EDIS, initiates an agreement with DoDEA and other Military Departments specifying referral, evaluation, and service delivery procedures.

1.7. The Family Advocacy Officer (FAO).

- 1.7.1. Manages the installation FAP according to AFMOA/SGZF guidance.
- 1.7.2. Ensures notification to service member's commander and the serving AFOSI unit of all suspected incidents of family maltreatment.
- 1.7.3. Chairs the FMCMT, CSMRT, HRVRT, and the NPSP team case-staffing meeting.
- 1.7.3. (45SW) Chairs the Clinical Case Staffing meeting, CSMRT, HRVRT, and the New Parent Support Program team case staffing meeting.
- 1.7.4. Ensures integration of all FAP prevention components.
- 1.7.5. Ensures timely evaluation of all maltreatment referrals to FAP.
- 1.7.6. Ensures the local public child protective agency is notified of all child abuse incidents at installations within the U.S. and, where covered by agreement, outside the U.S.
- 1.7.7. Ensures FAP services and referral resources are included in the installation IDS information and referral guide.
- 1.7.8. Supervises FAP staff.
- 1.7.9. 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.
- 1.7.10. Maintains FAP records according to AFMOA/SGZF standards and other AF and DoD guidance.
- 1.7.11. Ensures completion of the annual FAP Plan.
- 1.7.12. Completes FAP reports and submits case data according to AFMOA/SGZF guidance.

- 1.7.13. Establishes procedures for the security of FAP records and resources.
- 1.7.14. Serves as a member of the FAC.
- 1.7.14. (45SW) Serves as a member of the Family Advocacy Committee (FAC) and CRB.
- 1.7.15. Serves as consultant on family maltreatment to installation units and agencies.
- 1.7.16. Serves as consultant on all suspected child maltreatment in DoD-sanctioned activities.
- 1.7.17. Maintains working knowledge of the AF FAP website.
- 1.7.18. Utilizes the following Air Force forms:
 - AF 2524, Family Advocacy Information – Maltreatment Intervention Services
 - AF 2529, New Parent Support Program – Data Summary
 - AF 4274, New Parent Support Program – Case Staffing
 - AF 4275, New Parent Support Program - Contact
 - AF 4276, New Parent Support Program – Family Information
 - AF 4277, New Parent Support Program – How Can We Help?
 - AF 4278, Family Advocacy Informed Consent - Prevention

1.8. The Special Needs Coordinator.

- 1.8.1. Establishes procedures for the identification of sponsors with family members with special needs.
- 1.8.2. Oversees FMRC process, coordinating with MTF FMRC coordinator on timely completion of FMRCs and FDIs.
- 1.8.3. 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 36-2100, *Assignments*, Attachment 7, EFMP Assignment/Deferment).
- 1.8.4. Ensures all FAP personnel are familiar with Child Find.
- 1.8.5. Ensures special needs services and referral resources, including EDIS and Child Find, are incorporated in the installation IDS information and referral system.
- 1.8.6. Maintains working knowledge of community and national resources specific to the special needs population.
- 1.8.7. Maintains working knowledge of the DoD and AF special needs websites.
- 1.8.8. Educates medical personnel and base agencies on mandatory identification of sponsors with family members with special needs and referral requirements and procedures.
- 1.8.9. Complies with the collection and reporting of data as required by AFMOA/SGZF.
- 1.8.10. Utilizes AF Form 2523, Exceptional Family Member Program (EFMP), Information Form

1.9. Educational and Developmental Intervention Services Director (Assigned where EDIS Clinics are located).

- 1.9.1. Works cooperatively with DoD Schools to provide EI and MRS evaluations and other services as outlined in DoD and AF Directives, Instructions, and FAP Standards.
- 1.9.2. Ensures compliance with DoDI 1342.12, DoDI 1342.14, DoDI 1010.13, DoD 1010.13R, 32 CFR Part 80, and EDIS standards within FAP.
- 1.9.3. Oversees the provision of EI and MRS.
- 1.9.4. Notifies MCFAPM and AFMOA/SGZF of the unavailability of EI or MRS.
- 1.9.5. Ensures annual Air Force monitoring report requirements are met.
- 1.9.6. Refers clients to Special Needs Coordinator for special needs assessment.
- 1.9.7. Educates and provides liaison to collaborative agencies on Child Find.
- 1.9.8. Ensures EDIS clinic services are included in the IDS information and referral guide.
- 1.9.9. Coordinates with all itinerant locations serviced by the EDIS Program.
- 1.9.10. Establishes liaison with the Special Needs Coordinator at all itinerant locations for which the EDIS Program has responsibility.
- 1.9.11. Submits data IAW AFMOA/SGZF guidance.

1.10. Unit Commanders, First Sergeants, and Supervisors (military or civilian).

- 1.10.1. Will have a working knowledge of FAP, including, procedures and policies.
- 1.10.2. Will refer active duty members to Special Needs Coordinator if there are concerns that special medical and/or educational needs exist for family members.
- 1.10.3. Will report all suspicions of family maltreatment to FAP.
- 1.10.4. Will direct suspected AD family maltreatment offenders to FAP.
- 1.10.5. Will provide information and referral to AD members and eligible beneficiaries on FAP prevention and maltreatment intervention services.
- 1.10.6. (Added-45SW) Squadron commanders or their designee will serve as members of the CRB and will participate in the discussions involving his/her squadron service members.

1.11. The Installation Staff Chaplain.

- 1.11.1. Serves as a member of the FAC, encourages chapel organizations to support FAP and special needs activities and programs, and provides support ministries as needed.
- 1.11.2. May nominate a chaplain to serve on the FMCMT.
- 1.11.2. (45SW) Process not applicable to the CRB.
- 1.11.3. Ensures all staff working directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.12. The Staff Judge Advocate (SJA).

- 1.12.1. Serves, or designates an attorney to serve, on the installation FAC.
- 1.12.2. Nominates an attorney to serve on the FMCMT, CSMRT, and HRVRT.

- 1.12.2. (45SW) Nominates an attorney to serve on the CRB, CSMRT and HRVRT.
- 1.12.3. Provides consultation to the FAC in the development of MOUs and ISSAs.
- 1.12.4. Provides consultation services to the FAP.
- 1.12.5. Provides information about legal rights of family members with special medical and/or educational needs, including support of EDIS programs, where they exist.
- 1.12.6. Coordinates with the FAO to ensure ready availability and effectiveness of Victim Witness Assistance Program, (VWAP) services for qualifying families.

1.13. The Installation Chief of Security Forces.

- 1.13.1. Serves, or designates a senior member to serve, on the FAC.
- 1.13.2. Serves, or nominates a senior member of SFS, as a representative to the FMCMT and HRVRT.
- 1.13.2. (45SW) Serves, or nominates a senior member of Security Forces, as a representative to the CRB and HRVRT.
- 1.13.3. Ensures SFS staff responsible for responding to domestic incidents are available to attend annual training provided by FAP staff on the identification and reporting procedures for suspected family maltreatment.
- 1.13.4. Reports all allegations/suspicious of family maltreatment to the FAP.
- 1.13.5. Coordinates investigations of child and spouse maltreatment with AFOSI.
- 1.13.6. Provides the FAP timely information (including blotter entries, DD Form 1569, Incident/ Complaint Report) concerning all incidents or complaints of family maltreatment.
- 1.13.7. 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 security forces.

1.14. The Installation AFOSI Detachment Commander.

- 1.14.1. Serves, or designates a senior representative to serve, on the installation FAC, FMCMT, CSMRT, and HRVRT.
- 1.14.1. (45SW) Serves, or designates a senior representative to serve, on the installation FAC, CRB, CSMRT, and HRVRT.
- 1.14.2. Ensures all staff receive training on the identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.
- 1.14.3. Reports all allegations/suspicious of family maltreatment to the FAP.
- 1.14.4. 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.
- 1.14.5. Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.
- 1.14.6. Coordinates and monitors child and spouse maltreatment investigations conducted by civilian agencies.

1.14.7. Ensures all agents receive annual training on child and spouse maltreatment issues and procedures.

1.15. The Commander, Military Personnel Flight (MPF).

1.15.1. Serves or designates the Deputy Chief to serve on the installation FAC.

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

1.15.3. Ensures newly assigned MPF staff in Outbound Assignments receive training on responsibilities for identification and assignment coordination for sponsors with family members with special needs.

1.15.4. Ensures all incoming AD members with family members are screened for special needs.

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

1.15.6. Ensures FMRC has been accomplished prior to issuing Permanent Change of Station (PCS) orders.

1.15.7. Notifies the Special Needs Coordinator of special needs reassignment request results (See AFI 36-2110, *Assignments*, Attachment 7, EFMP Assignment/Deferment).

1.16. The Commander of the Services Squadron.

1.16.1. Appoints the Family Member Program Flight Chief to serve on the FAC.

1.16.2. Nominates the Family Member Support Flight Chief or the Child Development Center (CDC) Director or the Youth Director, to serve on the FMCMT.

1.16.2. (45SW) Process not applicable to the CRB.

1.16.3. Ensures staff who work directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.16.4. Ensures staff working with children, age's birth to three years, are aware of the qualifications and the referral procedures for Child Find and the NPSP.

1.16.5. Immediately reports suspected incidents of child maltreatment occurring in an "out-of-home" care setting, such as child development centers, recreation programs, or family child care homes to the FAP.

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

1.16.7. Provides and manages nondiscriminatory recreation activities and club programs, including special needs group projects, for children with special medical and/or educational needs.

1.16.8. Will consult with SJAG to determine proper jurisdiction and course of action for investigating/resolving situations where a child care provider/youth program staff is suspected of child abuse and/or neglect at a base center or other DoD-sanctioned activity.

1.17. The Director of the Family Support Center (FSC).

1.17.1. Serves as a member of the FAC.

1.17.2. Nominates FSC staff member to serve on FMCMT.

1.17.2. (45SW) Process not applicable to the CRB.

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

1.17.4. Ensures annual training of staff on family maltreatment dynamics and referral procedures for FAP.

1.18. The Public Affairs Office. Distributes FAP news releases to installation newspapers and other news media, after approval by the chairperson of the base FAC. Serves as the point of contact for FAP response to press inquiries.

1.19. Department of Defense Education Activity (DoDEA). A DoD school representative serves on the base FAC at overseas locations and at CONUS locations with Defense Dependents Elementary and Secondary Schools (DDESS). The school administration ensures assigned staff receive annual training to help them identify students with special needs to the Special Needs Coordinator and suspicion of child maltreatment to the FAP. In areas where the Air Force provides EI and MRS, the EDIS team coordinates with DoDEA to identify current and potential MRS/EI needs. The Special Needs Coordinator coordinates with the EDIS program to ensure MRS/EI services are available prior to a family's reassignment.

1.20. Active Duty Members and Civilian Employees Mandatory Reporting.

1.20.1. All active duty members and civilian employees of the Air Force will report all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and the procedures for reporting family maltreatment to the FAP. 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 Counsel (ADC) receiving information from an established attorney-client relationship.

1.20.1.1. (Added-45SW) Maltreatment reporting procedures for installation agencies and individuals: During normal duty hours, allegations of family maltreatment will be referred to the FAP. In addition, when allegations involve children the referring individual/organization will also call the Florida Abuse Hotline at 1-800-962-2873. After duty hours, on Patrick AFB, family maltreatment referrals will be reported to Security Forces who will in turn notify the Life Skills Support Flight on-call provider. The on-call provider will assess and make recommendations relative to safety and will inform the FAP staff of the incident the following duty day. DCF will report to FAP any cases involving AD families at off base locations reporting maltreatment will be IAW the MOU between the 45th Space Wing and DCF.

1.20.2. 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 family members for PCS travel.

Chapter 2

PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW

2.1. The Family Advocacy Program. The Air Force FAP is a medical program that enhances Air Force readiness by promoting family and community health and resilience and advocates for nonviolent communities. The FAP helps build and sustain healthy communities by developing, implementing, and evaluating programs and policies designed to prevent and treat child and spouse maltreatment. The FAP provides program management, oversight, expert training, and consultation services to its key customers and maintains, analyzes, and reports data on child and spouse maltreatment. The FAP identifies and supports family members with special medical and/or educational needs. In concert with installation and community agencies, the Air Force FAP provides a continuum of services designed to build community health and resiliency. The FAP facilitates family, community, and mission readiness.

2.2. Program Components. The FAP is comprised of three principal components: prevention services, maltreatment intervention, and the special needs identification and assignment coordination.

2.2.1. 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. Programs are directed toward community organization and the provision of prevention services. FAP prevention services include Outreach, the New Parent Support Program (NPSP), and on a space-available basis, Secondary Prevention Counseling Services. FAP Outreach is designed to coordinate and implement primary and secondary services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing the FAP. The NPSP provides communication and home-based education and support services to families with children ages' birth to three years, including the prenatal period.

2.2.2. Maltreatment Intervention: Through the installation FAP, the Air Force provides and/or coordinates identification, assessment, 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.

2.2.3. Special Needs Identification and Assignment Coordination Process: All active duty sponsors with family members having special medical and/or educational needs will be identified to the installation Special Needs Coordinator. The installation Special Needs Coordinator will coordinate with local agencies regarding available medical and educational services, facilitate the FMRC and special needs reassignment request, and as staffing allows provide case management services. The Air Force will monitor those EDIS programs managed by the Air Force to ensure compliance with legislative mandates. EDIS programs are clinics that are part of the MTF at locations with DoD schools that provide Early Intervention and/or Medically Related Services.

2.3. Additional Administrative Elements. To ensure program effectiveness, the following key features will exist as a part of each installation FAP:

2.3.1. Installation and MTF instructions which detail client-focused processes, directed toward preventing, identifying, assessing, and providing intervention for child and spouse maltreatment.

2.3.2. MTF instruction, which details client-focused, processes to accomplish the FMRC.

2.3.3. A FAP Annual Plan developed by the FAO and FAP staff, which includes a FAP Prevention Plan and Marketing Plan. The FAP annual plan will be approved and monitored by the FAC.

2.3.4. MOUs, developed between FAP and key civilian agencies, which specify interagency client-focused processes that ensure the safety of service members and their families, and enhance access to community resources.

2.3.5. A duress system and written office safety policy, which include both the FAP office and home-visit environments.

2.3.6. FAP records created for each family involved in family maltreatment, families with special medical and/or educational needs, and clinical secondary prevention activities requiring documentation. These records will be maintained IAW FAP Standards.

2.3.7. Limits of confidentiality advisement.

2.3.8. Electronic data submitted to AFMOA/SGZF using the Family Advocacy Data Automation Program (FADAP), and special needs data management systems.

2.4. Civilian Family Advocacy Staff. AFMOA/SGZF uses congressional funds allocated for maltreatment intervention and prevention services to provide civilian staffing for FAP. The staff may be hired through the civilian personnel system or personal services contract. Civilian FAP staff will not provide special needs assignment coordination services, but will offer maltreatment intervention and prevention services to special needs families. All FAP staff is involved in providing maltreatment prevention services.

2.4.1. Civilian Staff: The FAO supervises all civilian Family Advocacy staff. See the AF FAP Standards for the role of each staff member. AFMOA/SGZF 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 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.

2.4.2. 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.

2.4.3. Civilian Providers of FAP Clinical Services: The Family Advocacy Treatment Manager (FATM) and the Family Advocacy Intervention Specialist (FAIS) are the only AFMOA-funded civilian staff that are privileged by the MTF to provide independent clinical services. Family Advocacy Nurses (FAN) will maintain a current copy of their state license with the MTF and can practice the full range of FAP nursing services.

2.4.4. Civilian Providers of FAP Outreach Services: All FAP services performed by the FAOM will be nonclinical and of a community organization focus. Therefore, FAOMs will not be allowed to acquire privileges, so as to function solely as key facilitator and coordinator for FAP marketing and community prevention services.

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

2.4.6. Limitations on New FAP Civilian Employees: While awaiting the outcome of background checks:

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

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

2.4.6.3. All other FAP employees will not work with minor clients until completion of a background check.

Chapter 3

PREVENTION

3.1. Policy Statement for FAP Community Prevention : The unique mission of FAP community prevention is to facilitate the reduction in the number and severity of incidents of family maltreatment, with an overarching goal to build healthy communities. Outreach is the FAP umbrella component that supports all FAP programs and services and is the conduit for FAP prevention and community activity. The function of the Outreach component is structured through four key Outreach domains: Advocacy, Training, Education, and Skills Development and Marketing; and three key strategies: Resource Finding and Service Linking, Collaboration, and Community Intervention. Through Outreach implementation, these domains and strategies guide FAP prevention from theory to practice and support community competence on maltreatment dynamics, reporting, and prevention. Under the direction of the FAO, the Family Advocacy Outreach Manager (FAOM) leads the prevention team and facilitates and coordinates FAP prevention and community initiatives utilizing this operational structure.

All FAP services, activities, and collaborative initiatives support community cohesion and promote advocacy for nonviolent communities. The FAP team focuses prevention program planning, development, implementation, and service delivery, on enhancing and building community capacity. FAP community service efforts include a focus on building connections among formal and informal civilian and military leadership, agencies, and organizations. The goal of FAP prevention is to decrease behaviors that contribute to family maltreatment and enhance behaviors that foster a healthy lifestyle.

3.2. Prevention Program Planning.

3.2.1. In prevention program planning and delivery, the FAP team will collaborate with mental health, and other MTF clinics and services, the installation Integrated Delivery System (IDS), installation leaders, the Chaplain Service, and key community and military agencies.

3.2.2. Community needs assessments are accomplished in collaboration with the installation IDS. The USAF Community Needs Assessment is a primary instrument, but additional assessments are utilized to further define installation community needs. Findings are incorporated into FAP prevention planning.

3.2.3. The FAP team develops an annual FAP Prevention Plan, including a marketing plan, based on the most current assessment of community needs. The FAP Prevention Plan will be coordinated with the installation IDS.

3.3. Prevention Functions and Services.

3.3.1. The FAP prevention team will develop and manage the FAP Prevention Program. The FAOM, as the prevention team leader and the key community liaison for FAP, is responsible for the coordination and facilitation of the FAP Prevention and Marketing Plan. While the primary responsibility lies with the FAOM, the FAP staff will take a team approach to the development, planning, and implementation of all prevention services, activities, and initiatives.

3.3.2. The FAP coordinates with, and supports, the IDS. The FAOM is the IDS representative for FAP and attends the Community Action Information Board (CAIB) accordingly.

3.3.3. The FAP team will implement primary and secondary prevention strategies to enhance community capacity and resilience building.

3.3.4. The FAP markets core concepts, key messages, and specific services that advocate for nonviolent communities and address community needs.

3.3.5. The FAP team develops and manages the New Parent Support Program (NPSP) IAW AF FAP and DoD guidelines. The FAN is the key facilitator for NPSP services.

3.3.6. The FAP will provide annual education to all Commanders and First Sergeants, base human service agencies, Family Member Support Flight, Medical Providers, Chaplains, FSC, SJA, AFOSI, SFS, and other key personnel on the dynamics of family maltreatment and FAP procedures, including the identification of sponsors of family members with special needs.

3.3.7. In addition to the mandatory training, the FAP team provides information, education, and skills development for the entire installation community.

Chapter 4

MALTREATMENT INTERVENTION

4.1. Management Teams.

4.1.1. Family Maltreatment Case Management Team (FMCMT). The FMCMT is a multidisciplinary team that manages the assessment of and interventions with families referred for allegations of maltreatment. The FAC chairperson approves the members of the FMCMT. The FMCMT is comprised of AF and civilian agencies involved in the assessment/investigation, and/or treatment of families experiencing family maltreatment. The FMCMT operates according to AF FAP guidance and:

4.1.1. (45SW) Central Registry Board: The CRB is a pilot program initiative between the United States Air Force and Stony Brook University. The CRB is designed to replace the Family Maltreatment Case Management Team (FMCMT) as a means for making case status determinations. The purpose of the CRB is to decide which incidents meet the Air Force definitions of family maltreatment for entry into the Air Force Central Registry. The Vice Wing Commander will chair the CRB, or may delegate this role to the Mission Support Group Commander. The chairperson cannot be delegated lower than the Mission Support Group Commander level. CRB membership will include the Chief of Military Justice, Command Chief Master Sergeant (or senior First Sergeant alternate), Security Forces Investigation Representative, and Air Force Office of Special Investigation, Family Advocacy Officer (FAO) and AD victim and/or offender's Squadron Commander(s) or designee (only for his/her cases). The CRB operates according to HQ AFMOA guidelines.

4.1.1.1. Trains annually on member roles and responsibilities, and the dynamics of family maltreatment.

4.1.1.2. Meets at the call of the FAO, at least monthly.

4.1.1.2. (45SW) Meets at the call of the chairperson, but at least monthly, unless there are no new cases.

4.1.1.3. Makes an incident status determination on each allegation of maltreatment and develops, reviews, and approves intervention plans.

4.1.1.3. (45SW) Decides which incidents meet the Air Force definitions of family maltreatment for entry into the Air Force Central Registry.

4.1.1.4. Ensures involved adult family members receive notification of FMCMT incident status determination and any changes in treatment recommendations.

4.1.1.4. (45SW) Ensures involved adult family members receive notification of CRB results.

4.1.1.5. Ensures unit commanders and first sergeants are invited to attend the FMCMT meetings for discussion of cases involving their unit members.

4.1.1.5. (45SW) Ensures squadron commanders are notified and requested to attend as members of the CRB team when reviewing their squadron member's case.

4.1.1.6. Ensures unit commanders are informed of the AD members' incident status determinations, recommendations for interventions, and families' participation in treatment.

4.1.1.6. (45SW) Ensures squadron commanders are informed of CRB decisions regarding their squadron member.

4.1.1.7. Reviews each open substantiated case at least quarterly. Child sexual maltreatment cases are reviewed monthly.

4.1.1.7. (45SW) Case review process is not applicable to the CRB.

4.1.1.8. Makes case closure and transfer decisions.

4.1.1.8. (45SW) Case closure and transfer decisions are not applicable to the CRB.

4.1.1.9. Conducts a review of an incident status determination when directed by the FAC chairperson.

4.1.2. Child Sexual Maltreatment Response Team (CSMRT). The FAC chair approves the CSMRT membership. The CSMRT manages the initial response to allegations of child sexual maltreatment. Team composition includes the FAO and representatives from the OSI and Legal.

4.1.3. High Risk for Violence Response Team (HRVRT). The FAC chair approves the HRVRT membership. The HRVRT will be activated when there is a threat of immediate harm to an individual in the FAP system. The HRVRT develops and implements a management and tracking mechanism for high-risk individuals.

4.1.4. (Added-45SW) Clinical Case Staffing (CCS) Team: The purpose of the CCS is to clinically consult about the assessment and ongoing case management of interventions with families having allegations of maltreatment. The CCS is designed to replace the treatment recommendation function of the FMCMT. Membership will include the FAO (or alternate FAO) and Family Advocacy Treatment Manager at a minimum. No less than two privileged providers will be in attendance. The CCS will meet at the call of the FAO, but at least monthly, prior to the CRB. Initial case presentation to the CCS will occur within 60 days of referral.

4.1.4.1. (Added-45SW) Initially reviews each new FAP referral within 60 days of receipt of the referral. Reviews each open case at least quarterly. Child sexual maltreatment cases are reviewed monthly.

4.1.4.2. (Added-45SW) Makes case closure and transfer decisions.

4.2. Intervention.

4.2.1. Each allegation of family maltreatment receives an immediate initial risk assessment followed by intake interviews and assessments with all family members. If maltreatment is substantiated, a comprehensive treatment plan will be developed with the family. Regardless of incident status, referrals will be made to address any needs identified in the assessment process.

4.2.1. (45SW) The CCS will staff all new referrals.

4.2.2. Information and referral to the Victim Witness Assistance Program (VWAP) is provided to victims IAW Chapter 7, AFI 51-201, Administration of Military Justice and local SJA policy.

4.2.3. Law enforcement, emergency personnel, and unit commands are responsible for managing emergency situations in the home that require securing safety for family members. FAP staff will not accompany authoritative/emergency personnel to situations in which safety has not been secured.

4.2.4. Policies, procedures, and individualized plans will be developed to ensure the safety of victims and/or potential victims, alleged offenders, and other family members.

4.2.5. Unit commanders, Security Forces, SJA, and other authoritative agencies will be consulted, as required, in making necessary protective interventions.

4.2.6. The effectiveness of interventions is evaluated at least quarterly.

4.2.7. The FAP Team ensures a range of services is available to meet the treatment needs of victims, offenders, and family members IAW AF FAP standards.

Chapter 5

SPECIAL NEEDS IDENTIFICATION AND ASSIGNMENT COORDINATION PROCESS

5.1. Special Needs Identification and Assignment Coordination Process. Identifies active duty service members with family members with special medical and/or educational needs, helps those families to obtain information on required services, and ensures they have access to necessary services if reassigned. The process also assists the MPF in updating the Assignment Limitation “Code Q” that is assigned to the sponsor for the purpose of ensuring service availability upon PCS. Therefore, special needs identification is mandatory for active duty sponsors whose family members meet identification criteria established by the DoD.

5.2. Special Needs Coordinator. Opens special needs assignment coordination records and initiates Assignment Limitation “Code Q” after identifying that a special medical and/or educational need exists. The Special Needs Coordinator provides oversight of the FMRC process. AF Form 1466, Request for Family Member's Medical and Education Clearance for Travel, and DD Form 2792, Addendum B, Special Education/Early Intervention Summary, are processed by the Special Needs Coordinator and FMRC administrative staff. In addition, the coordinator refers active duty service members to the MPF for information on the EFMP assignment or deferment process IAW AFI 36-2110, Attachment 7.

5.3. The Family Member Relocation Clearance Process (FMRC). Process of coordinating whether family members needs can be met at the projected location prior to the sponsor receiving PCS orders. The FMRC will be conducted IAW AFMOA/SGZF FAP Standards and guidance.

Chapter 6

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES (EDIS)

6.1. Provision of Medically Related Services (MRS) and Early Intervention (EI). Medically related and early intervention services are provided to ensure that all children educated in DoD Schools are provided a free, appropriate public education under the provision of DoDI 1342.12 and 32 CFR Part 80. Where DoD Schools exist, EDIS teams within the MTF provide these required services. EDIS is provided by geographic location so that another military service may be providing EDIS support to Air Force families. Only Early Intervention Services are provided in support of Defense Dependent Elementary and Secondary Schools (DDESS) while Early Intervention and Medically Related Services are provided in support of DoDDS.

6.1.1. The following AF Forms and EDIS pamphlets will be used within EDIS.

AIR FORCE FORMS

AF Form 4267, Individualized Family Service Plan Review/Change Form

AF Form 4268, Individualized Family Service Plan (IFSP)

AF Form 4269, Consent for Release or Request of Information

AF Form 4270, Permission to Screen/Evaluate

AF Form 4271, Certificate of Eligibility

AF Form 4272, Educational and Developmental Intervention Notification of Proposed Meeting

PAMPHLETS

EDIS Procedural Safeguards Trifold

EDIS Due Process Procedures for Resolving Disagreements Handout

6.1.2. Data on the number of children being served within EDIS will be submitted IAW AFMOA/SGZF guidance.

6.2. Monitoring the Provision of MRS & EI. AF and installation-level monitoring functions and program reviews will be conducted IAW DoD and AFMOA/SGZF guidance.

6.3. Child Find. The ongoing process that seeks and identifies children who are eligible to receive special education and related services. Child Find activities include the dissemination of information to the public as well as screening, referral, and identification procedures. The EDIS program director has the responsibility to ensure implementation of Child Find activities where EDIS exists. It is important that children of military members who have special education needs are identified. Military members who have children with special needs cannot receive approval for government travel until their educational and medical service needs have been determined and addressed.

6.4. Assignment Coordination. All family member children who are eligible to attend DoDDS must have an educational clearance as part of the FMRC process. Required educational services are coordinated with the Pacific and Europe Special Education Area Coordinators by the installation processing the FDI.

Chapter 7

DISPOSITION OF PERSONNEL

7.1. 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 Sensitive Duty Programs, security clearance, access to classified information, or unescorted entry into restricted areas, refer to AFI 36-2104, Nuclear Weapons Personnel Reliability Program, and AFI 31-501, Personnel Security Program Management.

7.2. 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 Advocacy intervention services or services for family members with special needs. Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in FAP treatment, unless precluded under AFI 36-2101, Classifying Military Personnel. If precluded, the commander may assign members under their secondary or tertiary AFSC during the FAP intervention process.

7.3. Promotion and Retention of Personnel. A member's involvement in the FAP will not be the sole basis for denying or withholding promotion or retention.

7.4. Assignment Availability.

7.4.1. Family Member Relocation Clearances. All AD 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 Movement; and AFI 36-2102, Base Level Relocation Procedures, to determine if any special medical and/or educational needs exist that require a Facility Determination Inquiry is accomplished.

7.4.2. Family Maltreatment. Active duty members receiving intervention services 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 PCS orders, the unit commander will suspend the assignment until evaluations are completed to ensure availability of services at the gaining base.

PAUL K. CARLTON, Lt General, USAF, MC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION
(AFI 33-360, VOL I, PARAGRAPH A4.10.2.1)*****References***

Title 10 United States Code Section 8013

AFI 24-101, Passenger Movement

AFI 31-501, Personnel Security Program Management

AFI 36-2101, Classifying Military Personnel

AFI 36-2102, Base-Level Relocation Procedures

AFI 36-2104, Nuclear Weapons Personnel Reliability Program

AFI 36-2110, Assignments

AFI 36-3020, Family Members Travel

AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System

AFI 51-201, Administration of Military Justice

AFI 71-101, Criminal Investigations

AFPD 24-1, Personnel Movement

United States Air Force Family Advocacy Program Standards

DODD 6400.1, Family Advocacy Program, 23 June 92

DODI 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States, 28 Aug 86

DOD 1010.13-R, Overseas Assignment of Sponsors Who Have Children With Disabilities Who Are Space-Required Students in the DoDDS, Mar 92

DODI 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas, 12 Mar 96

DODI 1342.14, Monitoring the Provision of Related Services to Handicapped Children in DoD Dependent Schools, 25 Aug 86

DODI 6400.3, Family Advocacy Command Assistance Team, 3 Feb 89

Public Law 99-457, Education of the Handicapped Act, October 8, 1986, as amended

Public Law 101-647, Crime Control Act of 1990, November 29, 1990

Abbreviations and Acronyms

ACC—Air Combat Command

ADAF—Active Duty Air Force

AD HOC—Called when needed

ADS—Ambulatory Data System

AETC—Air Education Training Command

AFA—Air Force Academy

AFI—Air Force Instruction

AFIA—Air Force Inspection Agency

AFMAN—Air Force Manual

AFMOA/SGZF—Air Force Medical Operations Agency, Office of the Surgeon General, Family Advocacy Program

AFOSI—Air Force Office of Special Investigations

AFPC—Air Force Personnel Center

AFPD—Air Force Policy Directive

AFSC—Air Force Specialty Code

AF/SG—Air Force Surgeon General

CAIB—Community Action Information Board

CDC—Child Development Center

CONUS—Continental United States

COT—Consecutive OCONUS Tour

CPS—Child Protective Services

CSMRT—Child Sexual Maltreatment Response Team

DCII—Defense Clearance and Investigations Index

DDESS—Defense Department Elementary and Secondary Schools

DEERS—Defense Eligibility Enrollment System

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDEA—Department of Defense Education Activity

DoDI—Department of Defense Instruction

DP—Deputy Chief of Staff, Personnel

DHP—Direct Health Program

EDIS—Educational and Developmental Intervention Services

EIS—Early Intervention Services

FAC—Family Advocacy Committee

FACAT—Family Advocacy Command Assistance Team

FADA—Family Advocacy Data Automation Program

FAIS—Family Advocacy Intervention Specialist
FAN—Family Advocacy Nurse
FAO—Family Advocacy Officer
FAOM—Family Advocacy Outreach Manager
FAP—Family Advocacy Program
FAST—Family Advocacy Staff Training
FATM—Family Advocacy Treatment Manager
FCCH—Family Child Care Home
FDI—Facility Determination Inquiry
FMCMT—Family Maltreatment Case Management Team
FMRC—Family Member Relocation Clearance
FSC—Family Support Center
HAWC—Health and Wellness Center
HQ USAF—Headquarters, United States Air Force
HRVRT—High Risk for Violence Response Team
HSI—Health Services Inspection
IAW—In Accordance With
IDEA—Individuals with Disabilities Education Act
IDS—Integrated Delivery System
IEP—Individualized Educational Program
IPCOT—In-place Consecutive Overseas Tour
ISDR—Incident Status Determination Review
ISSA—Inter-Service Support Agreement
JCAHO—Joint Commission on Accreditation of Healthcare Organizations
MAJCOM—Major Command
MCFAPM—Major Command Family Advocacy Program Manager
MOA—Memorandum of Agreement
MOU—Memoranda of Understanding
MPF—Military Personnel Flight
MRS—Medically Related Services
MTF—Medical Treatment Facility
NPSP—New Parent Support Program

OCONUS—Outside Continental United States

OPR—Office of Primary Responsibility

PCS—Permanent Change of Station

PPWD—Programs for Persons With Disabilities

PL—Public Law

Q-CODE—Assignment Limitation Code-Q

SAF—Secretary of the Air Force

SEA—Senior Enlisted Advisor

SFS—Security Forces Squadron

SG—Surgeon General

SJA—Staff Judge Advocate

SNPMIS—Special Needs Program Management Information System

TDY—Temporary Duty

VWAP—Victim Witness Assistance Program

Terms

Child Find—The ongoing process that seeks and identifies children who are eligible to receive special education and related services.

FAP Standards—Specific guidance provided by AFMOA/SGZF 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).

Special Needs Coordinator—Medical officer appointed to manage identification and assignment coordination for active duty service members with family members with special needs.

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

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

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