

BY ORDER OF THE COMMANDER

**GRAND FORKS AIR FORCE BASE
INSTRUCTION 40-101**

1 FEBRUARY 2002

Medical Command

FAMILY ADVOCACY PROGRAM



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: 319 MDOS/SGOHM
(Capt Christopher Cline)

Certified by: 319 MDG/CC (Col Bonnie Mertely)

Supersedes GFAFB1 40-101, 15 November 2000

Pages: 6
Distribution: F

This instruction establishes policy and procedures to identify, to minimize the negative impact of and, where possible, to prevent family maltreatment at Grand Forks AFB. It further requires the identification of all medically or educationally handicapped dependents of Air Force members. It is directed to all base personnel. It establishes procedures to identify, report, assess, and treat families having exceptional medical, educational, or emotional needs, children who are at risk for neglect or maltreatment, and families experiencing domestic violence. This instruction is affected by the Privacy Act of 1974. Each form so affected is required to have a Privacy Act incorporated in the body of the document, or in a separate statement accompanying each document (Privacy Act - Health Care Records, DD Form 2005). Title 10, United States Code, Section 8013 is the authority for establishing and maintaining medical records. Family Advocacy personnel will show, and upon request, give the involved individual a Privacy Act Statement for each form format and form letter used to collect personal data before asking for the information.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This instruction is updated to include new references and current format and clarification of responsibilities of all involved personnel regarding notification of alleged neglect or abuse of a child and interviewing policy.

1. Policy:

1.1. Mission Statement: The Grand Forks AFB Family Advocacy Program (FAP) supports the 319th Air Refueling Wing and 319th Medical Group in its mission to provide "Global Reach". The FAP, a medical program mandated by Congress is designed to prevent and treat child and spouse abuse.

Whenever a suspicion of family maltreatment is reported or a request for information, or counseling on psychosocial issues are received the FAP will provide prevention or maltreatment services in a collaborative partnership with base and community initiatives. The FAP team assists in assessing community needs and designing prevention services in collaboration with the base Integrated Delivery System Subcommittee (IDSS). All beneficiaries of Department of Defense medical care are persons served by this program.

2. Responsibilities:

2.1. Family Advocacy Committee (FAC) is tasked to ensure the implementation of the local FAP IAW DOD Instruction 6400.1, Air Force Policy Directive 40-3, AFI 40-301 and AF Family Advocacy Program Standards. The FAC will meet at least quarterly or on an as needed basis in response to base organizational or family needs. The committee will ensure teamwork, coordination and the appropriate exchange of information occur between base FAP, installation and community agencies.

2.1.1. FAC Membership includes representation from senior leadership and organizational support services. The following positions are to be represented on this committee:

- 2.1.1.1. 319 ARW/CC, Installation Commander or Designee
- 2.1.1.2. 319 MDG/CC, Medical Group Commander, Chairperson
- 2.1.1.3. 319 ARW/HC, Chaplain Services
- 2.1.1.4. 319 ARW/JA, Legal Services
- 2.1.1.5. 319 MDOS/SGOHM, Family Advocacy Officer
- 2.1.1.6. 319 ARW/SA, Social Actions
- 2.1.1.7. 319 MSS/DPM, Support Squadron
- 2.1.1.8. 319 SFS/CC, Security Forces
- 2.1.1.9. 319 MSS/DPF, Family Support Services
- 2.1.1.10. Det 320/CC, AFOSI
- 2.1.1.11. 319 SVS/SVYC, Director of Child Development Center
- 2.1.1.12. 319 MDOS/SGOHM, FAP Staff

2.1.2. Membership of Subordinate Teams

2.1.2.1. Family Maltreatment Case Management Team (FMCMT) - Clinically manages the assessment of and interventions with families having allegations of maltreatment. This base-wide multidisciplinary team is appointed by the FAC Chairperson. The FMCMT will make incident status determinations, develop, review and approve intervention plans and treatment modalities. This team will ensure involved unit commanders are informed of findings, recommendations for intervention and participation in treatment. Membership will include at least the following; FATM, JA, FAO, Physician/**Physician Assistant/Nurse Practitioner**, Security Forces Squadron, AFOSI, Family Support Center, Chaplain and Youth Flight or **Child Development Center Director**.

2.1.2.2. Child Sexual Maltreatment Response Team (CSMRT) – Under the direction of the FAC this team manages the initial response to all child sexual maltreatment allegations. Mem-

bers include representatives from:

2.1.2.2.1. Family Advocacy Officer

2.1.2.2.2. 319 ARW/JA

2.1.2.2.3. Det 320/AFOSI

2.1.2.2.4. **Representative(s) from other agencies having legal, investigative or protection responsibilities, when appropriate.**

2.1.2.3. The High Risk for Violence Response Team (HRVRT) – This team established by the FAC to manage potentially dangerous situations involving FAP clients when a family unit or family member may be in imminent danger. This team offers a coordinated community response to high risk/potentially dangerous lethal spouse maltreatment cases. Team members consist of:

2.1.2.3.1. FAO, chairperson

2.1.2.3.2. FAP staff member working with client

2.1.2.3.3. Squadron Commander/First Sergeant

2.1.2.3.4. 319 SFS/CC

2.1.2.3.5. 319 JA/Representative

2.1.2.3.6. 319 MDOS/SGOMH, Life Skills provider

2.1.2.3.7. Det 320/AFOSI

2.1.2.3.8. **Representative(s) from other agencies having legal, investigative or protective responsibilities as appropriate (e.g., Base Housing, Community Shelter).**

3. Duty to Report:

3.1. All military and DOD personnel are required to report any suspected incident(s) of child abuse/neglect. Additionally, IAW the North Dakota Century Code (NDCC 50-25.1-3), all medical personnel, law enforcement agents, school educators, youth service personnel, family home day care providers and child development staff are mandated to report suspected child abuse/neglect. Failure to do so can result in disciplinary actions. Incidents of suspected spousal violence should be reported to Law Enforcement and referred to the Family Advocacy Office for assessment. Exception to this paragraph include chaplains receiving information through a “penitent clergy-man” relationship or confidential communications in the course of their official chaplain duties, or Judge Advocates receiving information from an established attorney-client relationship. Without an express consent to disclose they are not required to report this information

3.2. FAP Staff: Whenever a report of suspected child maltreatment or family violence is received, the FAP staff will gather information to assess for possible abuse and determine/establish victim safety. Prevention managers of the FAP are available to provide counseling, education and referral to families in pursuit of knowledge to prevent domestic violence.

3.3. Law Enforcement: All SFS personnel are key members of the installation response to incidents of suspected child and spouse maltreatment. Law Enforcement will notify by telephone contact,

e-mail, blotter entry or hard copy information on reports of suspected domestic violence to the Family Advocacy Office for disposition.

3.4. Judge Advocate: Staff of the Judge Advocate's office will remain available to assist in consulting with the Family Advocacy Office.

3.5. Office of Special Investigations: Detachment agents will be available to consult advise and refer as needed. **If OSI is the initial investigative agency on scene, they will notify the Family Advocacy Office or on-call provider by telephone immediately of the alleged maltreatment.**

3.6. Medical Group: The 319 Medical Group will provide medical care, consultation and treatment in support of the Family Advocacy Program.

4. PROCEDURES:

4.1. Normal Duty Hours: All reports of suspected child maltreatment or family violence will be accepted by the Family Advocacy Office. The FAP staff is required to provide emergent and/or scheduled assessments of family/parent-child systems and couples to determine safety of all its members. Treatment plans and or referral will be accomplished as appropriate.

4.2. The FAO will inform all involved Commanders and First Sergeants of a member's involvement in the FAP.

4.3. High Interest Cases: Special attention will be given to all suspected child maltreatment incidents occurring in DOD sanctioned activities, including Twinning Middle School, Eilson Grade School, Youth Center and Child Development Center. Incidents resulting in major injury, death or child sexual abuse will be coordinated with the base/community agency responsible for the investigation. The FAO may be a POC for coordinating involved services.

4.4. After Duty Hours: All reports to Family Advocacy made after duty hours may be initially directed to Law Enforcement. Security Forces will forward information for disposition either to Grand Forks Sheriffs office or Grand Forks County Social Services and/or consult with the on-call Life Skills officer. A Life Skills provider is on-call for any consultation or referral to appropriate installation or community agencies. This reflects the approved Jan 02 Memorandum of Understanding with Grand Forks County Social Services, Child Protection Services. The Life Skills on-call provider will not provide in home evaluations, assessments or treatment. **A treatment manager or Life Skills on-call provider may enter an on base home to determine whether or not the condition of the home presents an immediate risk to the child's physical well being.**

4.5. Child Placement: Grand Forks Sheriffs Department and/or County Social Service have jurisdiction on base to determine temporary foster care for children at immediate risk.

4.6. Photographs - In cases of apparent physical abuse/neglect, photographs will be taken to support evidence. Photos will be taken as soon as possible before external evidence of injuries subsides or to document damage or neglect o physical property. The Base Photo Lab/Alert Photographer can be contacted through Security Forces or Office of Special Investigations. Any photographs taken will also be made available to the Family Advocacy Office.

4.7. Medical Evaluation and Treatment: In cases of suspected physical/sexual maltreatment, or neglect when appropriate a physician will evaluate, treat, document and if necessary refer for further evaluation and/or care. **The FAP will make special efforts to protect the alleged victim and to pre-**

serve evidence of a possible crime. The Medical Group commander and Chief of the Medical Staff will provide guidance on all cases.

4.8. Any interview of a minor child will be conducted jointly with full coordination of agencies having a viable interest with the case, i.e., Child Protective Services, AFOSI, SFS, Grand Forks County Sheriff's Office, and Family Advocacy.) This is to minimize the trauma of multiple interviews on the child while effectively gathering pertinent information. Every attempt will be made to obtain all information in one interview of the minor child, with all agency representatives who wish to participate, to observe and suggest additional questions as deemed necessary. The most experienced interviewer will be used to interview the child.

5. Exceptional Family Member Program.

5.1. Special Needs Family Members: Part of the Family Advocacy Program which addresses, manages and advocates for the special needs of all DOD family members.

5.2. Identification: All family members having an exceptional need requiring ongoing or periodic specialized assessment and/or services will be referred to the FAP.

5.3. Exceptional Family Member Program Officer (EFMPO). In all cases the EFMPO will make final eligibility determination after consultation with the appropriate sub-specialist. EFMP enrollment is mandatory for active duty sponsors whose family members meet enrollment criteria.

5.4. Relocation Clearance Process (AF Form 1466): All family members traveling overseas for an accompanied tour with ADAF sponsor will have a Family Member Relocation Clearance (FMRC). Family Members with special needs (q coded EFMP enrollees) will have a FMRC for PCS travel to stateside as well as overseas locators. This process is administratively managed and coordinated by the 319th Medical Group Family Advocacy Office.

MARSHALL K. SABOL, Colonel, USA
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI37-131, *Air Force Freedom of Information Act Program*

AFI 37-132, *Air Force Privacy Act Program*

AFI 40-301, *Family Advocacy Program (FAP) and Policy Directives*

AFI 42-210, *Patient Administration Functions*

Air Force FAP Program Standards, July 1998

Memorandum of Understanding dated Jan 2002

MDGI 44-010, Sexual Assault, 15 May 1999

North Dakota Century Code 50-25.1 (Guidelines of Supervision)