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Medical Command



**MANAGEMENT OF THE FAMILY ADVOCACY
PROGRAM (FAP)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 40-3, *Family Advocacy Program*, and AFI 40-301, *Family Advocacy*. It establishes policy and procedures for the administration of the Air Force Family Advocacy Program (FAP) at MacDill Air Force Base. This instruction applies to all military members and civilian personnel and their dependents entitled to receive care in a military facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*. This instruction establishes the responsibilities and procedures to be followed by base personnel and agencies for all allegations of child or spouse maltreatment and to identify family members with exceptional medical or educational needs.

This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain the records prescribed in this instruction is found in 10 U.S.C. 8013 and 10 U.S.C. Chapter 55. Privacy Act statements required by AFI 33-332, *Air Force Privacy Act Program*, is annotated on DD Form 2005, **Privacy Act Statement- Health Care Records**.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

The revision reflects the new High Risk for Violence Response Team (HRVRT) and the replacement of the Outreach Prevention Management Team (OPMT) with the Integrated Delivery System (IDS).

- 1. Reference.** AFI 40-301, Family Advocacy. (All applicable references are listed in this instruction.)
- 2. Policies.** Depending upon the nature of the offense, child and/or spouse maltreatment can lead to judicial or administrative action, which could result in separation from the Air Force.
- 3. Assigned Responsibilities.**

3.1. Installation Commander/Designated Representative:

- 3.1.1. Responsible for implementation and general oversight of the base Family Advocacy Program (FAP).
- 3.1.2. Designates the Commander, 6th Medical Group (6 MDG/CC), as administrator and monitor of the base FAP.
- 3.1.3. Establishes the Family Advocacy Committee (FAC). The FAC will comply with Air Force directives and has policy and resource management responsibilities for the base FAP.

3.2. 6 MDG/CC:

- 3.2.1. As designated by the installation commander, manages and monitors the base FAP.
- 3.2.2. Serves as chairperson for the base FAC. May appoint a designee as chairperson.
- 3.2.3. Establishes protocol for the medical identification, evaluation, and management of suspected child and spouse maltreatment cases.
- 3.2.4. Ensures medical staff are trained to identify child and spouse maltreatment and can manage Family Advocacy cases.
- 3.2.5. Directs medical personnel to notify the Family Advocacy office if cases of suspected child and spouse maltreatment cases or special needs family members are encountered.
- 3.2.6. Appoints a clinical social worker as the element leader of FAP.

3.3. Element leader of FAP:

- 3.3.1. Provides oversight to the FAP.
- 3.3.2. Ensures the FAP provides quality services to the MacDill Air Force Base community.
- 3.3.3. Provides oversight to ensure timely evaluations and appropriate notifications are made to all appropriate agencies.
- 3.3.4. Ensures quality services for families enrolled in the Exceptional Family Member Program (EFMP). Reviews all issues, procedures, and cases requiring multi-disciplinary consultation for special needs family members.
- 3.3.5. Ensures the activation of the Child Sexual Maltreatment Response Team (CSMRT) in all cases of alleged child sexual maltreatment and the HRVRT to manage potentially dangerous situations involving FAP clients or staff.
- 3.3.6. Ensures the FAP participates in the base-wide IDS. FAP prevention activities will be coordinated with installation prevention activities to ensure they are complimentary and make efficient use of installation prevention resources.
- 3.3.7. Chairs the Family Maltreatment Case Management Team (FMCMT).
- 3.3.8. Ensures timely safety assessment of all maltreatment cases and accomplishment of safety plan for each case.
- 3.3.9. Ensures the evaluation of all reported cases of child and spouse maltreatment according to existing Department of Defense (DoD) and Air Force guidance.

3.3.10. Ensures coordination with Air Force Office of Special Investigations (AFOSI) and 6th Security Forces Squadron (6 SFS) in the assessment and evaluation of all applicable cases of maltreatment.

3.4. All 6 MDG personnel:

3.4.1. Notify FAP during duty hours if a patient is suspected to be a victim of maltreatment. After duty hours, 6 SFS and 6th Air Mobility Wing Command Post (6 AMW/CP) will be the points of contact. AFOSI will also be contacted in cases involving a child or adult involved in an incident resulting in serious bodily harm, death of a suspicious nature, or sexual maltreatment (child/adult).

3.4.2. Refer family members identified as having exceptional medical or educational needs to the EFMP.

3.5. 6 SFS:

3.5.1. Dispatch duty personnel to evaluate the situation when a report is received of child or spouse maltreatment on base or other areas within the jurisdiction of 6 SFS. When required, provide immediate intervention to prevent abuse from occurring or continuing.

3.5.2. Obtain necessary information for reporting suspected or known child or spouse maltreatment and documents such as a desk blotter entry and/or an AF Form 3545, **Incident/Complaint Report**. Provide a copy of AF Form 3545 to the sponsor's unit commander. Incident/complaint reports and desk blotters will be made available to FAP personnel for review and photocopy.

3.5.3. Investigate applicable cases of family maltreatment according to AFI 31-206, *Security Forces Investigations Program*. Notify AFOSI of incidents of serious bodily injury and all incidents of reported child sexual maltreatment. Ensure a photographer is utilized in cases where a victim's injuries should be depicted by photograph in order to complete Security Forces investigations.

3.5.4. Notify the sponsor's unit commander and first sergeant when law enforcement personnel have investigated or intervened in any cases of domestic violence.

3.5.5. Notify the FAP of all suspected incidents of child or spouse maltreatment. After duty hours, the on-call Mental Health provider is available through the 6 MDG Emergency Department or 6 AMW/CP. Unit commanders and first sergeants will be contacted in cases of maltreatment to assist in initial management.

3.5.6. Appoint unit members to serve on the FMCMT and the HRVRT.

3.6. AFOSI:

3.6.1. Indexes appropriate suspected maltreatment cases, opening criminal investigations when appropriate. Ensures a photographer is utilized in cases where a victim's injuries should be depicted by photograph in order to complete AFOSI investigations.

3.6.2. Notifies Security Forces of cases that do not meet AFOSI criteria so they may investigate applicable cases of family maltreatment according to AFI 31-206.

3.6.3. Monitors investigations if civil authorities assume investigation and agree to release their report to Air Force officials.

- 3.6.4. Reviews the Defense Central Index of Investigations (DCII) on family members suspected of child maltreatment, informing the FAP of results. Will also prepare new index of all family members with new FAP cases after cases are substantiated.
- 3.6.5. Serves as a member of the CSMRT. Assists in the development of initial management plan where prosecution is possible, the alleged victim is in imminent danger of further maltreatment, or there is a possibility of multiple victims.
- 3.6.6. Appoints unit members to serve on the FMCMT and the HRVRT.
- 3.6.7. Notifies FAP of all suspected cases of child or spouse maltreatment.
- 3.7. Unit Commander:
- 3.7.1. Responds to the scene in person or designates a representative to assist medical or investigative authority in case management of suspected child or spouse maltreatment cases. Assistance may include arranging alternative housing for sponsor when there is risk of violence to other members of the family.
- 3.7.2. Notifies FAP of all suspected cases of child or spouse maltreatment.
- 3.7.3. Notifies EFMP of all family members identified as having an exceptional medical or educational need.
- 3.7.4. Provides follow-up and treatment recommendation support for child or spouse maltreatment in cases not involving law enforcement intervention. Provides updates and coordinates activities with FAP.
- 3.7.5. Attends or sends designee to FMCMT to discuss active duty members assigned to unit.
- 3.8. Staff Judge Advocate (6 AMW/JA):
- 3.8.1. Coordinates and advises on enforcement of civil laws and the Uniform Code of Military Justice in cases of child and spouse maltreatment.
- 3.8.2. Serves as a member of the CSMRT. Assists in the development of initial management plan where prosecution is possible, the alleged victim is in imminent danger of further maltreatment, or there is a possibility of multiple victims.
- 3.8.3. Appoints unit members to serve on the FMCMT and the HRVRT.
- 3.8.4. Coordinates and advises on enforcement of the Victim and Witness Assistance Program in cases of child and spouse maltreatment.
- 3.9. Family Advocacy Committee (FAC):
- 3.9.1. Provides base level oversight of the FAP.
- 3.9.2. The wing commander (6 AMW/CC) will appoint the FAC and the membership determined by the same in accordance with AFI 40-301.
- 3.9.3. Establishes the membership of the FMCMT. This team meets at the call of the chairperson, or at least monthly, to review all cases of suspected child and spouse maltreatment.
- 3.9.4. Establishes the membership of the Exceptional Family Member Program Team (EFMPT). This team meets at the call of the EFMP officer, functioning as an ad hoc working group to address

issues, procedures, or cases requiring multi-disciplinary consultation for military families with special medical and/or educational needs.

3.9.5. Establishes the membership of CSMRT and the HRVRT.

4. Operating Instructions (OI). The Family Advocacy Officer (FAO), under the guidance of the FAC, will assist all appropriate agencies in the development and implementation of operating instructions that cover responsibilities beyond the scope of those identified in this base instruction in relation to EFMP and child/spouse maltreatment.

5. Conclusion. Nothing contained herein shall be construed to take precedence over the FAP standards as determined by the DoD Family Advocacy Program Manager or the Office of the Air Force Surgeon General.

WILLIAM W. HODGES, Colonel, USAF
Commander

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

AFI 31-206, *Security Forces Investigations Program*

AFI 33-332, *Air Force Privacy Act Program*

AFPD 40-3, *Family Advocacy Program*

AFI 40-301, *Family Advocacy*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

Title 10, *United States Code, Chapter 55 and Section 8013*

Abbreviations and Acronyms

AFOSI—Air Force Office of Special Investigations

CSMRT—Child Sexual Maltreatment Response Team

DCII—Defense Central Index of Investigations

DoD—Department of Defense

EFMP—Exceptional Family Member Program

EFMPT—Exceptional Family Member Program Team

FAC—Family Advocacy Committee

FACAT—Family Advocacy Crisis Action Team

FAO—Family Advocacy Officer

FAP—Family Advocacy Program

FMCMT—Family Maltreatment Case Management Team

HRVRT—High Risk for Violence Response Team

IDS—Integrated Delivery System

MHSS—Military Health Services System

OI—Operating Instruction

OPTM—Outreach Prevention Management Team

Attachment 2**COMMUNITY RESPONSE TEAMS**

A2.1. The Family Advocacy Committee (FAC) will ensure that all referrals of child sexual maltreatment, to include out-of-home/DoD-sanctioned activities referrals and high risk for violence situations, are responded to immediately. The Child Sexual Maltreatment Response Team (CSMRT) will manage all child sexual maltreatment referrals and the High Risk for Violence Response Team (HSRVT) will manage all potentially dangerous situations, such as threats to seriously harm family members or FAP staff.

A2.2. The CSMRT composition includes at a minimum (may be modified depending on incident):

A2.2.1. Family Advocacy Officer (FAO) (Assistant Element Leader FAP)

A2.2.2. 6 AMW/JA (Legal Advisor)

A2.2.3. AFOSI (Lead Investigative Agent)

A2.3. The HSRVT composition includes at a minimum (may be modified depending on incident):

A2.3.1. FAO (Assistant Element leader FAP) who will serve as the chairperson

A2.3.2. Family Advocacy Treatment Manager involved with the family

A2.3.3. Squadron Commander of family sponsor

A2.3.4. 6 SFS (Operational Flight Commander)

A2.3.5. 6 AMW/JA (Legal Advisor)

A2.3.6. Mental Health Provider

A2.3.7. AFOSI (Lead Investigative Agent)

A2.4. The primary responsibility of these teams is to develop and implement a plan for the overall management of such referrals or crises. The goal is to minimize the trauma to the victims, their families, the alleged offenders' families, and the community at large, and to ensure a coordinated approach to both the investigation and management of the incidents.

A2.5. Local policies and procedures will reflect the activation of these teams for out-of-home/DoD-sanctioned activity child sexual maltreatment referrals and high risk for violence situations.

A2.6. Following activation of either team, the FAO will call a timely meeting to:

A2.6.1. Ensure development and implementation of the initial plan in a timely fashion.

A2.6.2. Coordinate the ongoing management of the team and other action agencies involved.

A2.6.3. Determine resources needed to manage case versus available local resources.

A2.6.4. Determine whether to request Family Advocacy Crisis Action Team (FACAT) mobilization by 6 AMW/ CC.