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Medical Command

FAMILY ADVOCACY PROGRAM

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This instruction establishes procedures for establishing and improving services that promote healthy families. It applies to all host and tenant organizations supported by the 43d Medical Group, Pope AFB, NC.

SUMMARY OF REVISIONS

The changes reflect the current language of AFI 40-301. All parties will note the name changes of the Exceptional Family Member Program to Special Needs Identification Process, and incorporate the changes into all future written and oral communications. **Records Disposition:** Documentation created by this publication will be maintained and disposed of in accordance with AFMAN 37-123, *Management of Records*, and AFMAN 37-139, *Records Disposition Schedule*. **A bar (|) indicates revision from the previous edition.**

1. Responsibilities:

- 1.1. The 43d Airlift Wing Commander manages the Pope AFB (PAFB) Family Advocacy Program (FAP) as follows:
 - 1.1.1. Ensures the implementation and management of the base FAP, ensuring program effectiveness and gathering of all necessary support.
 - 1.1.2. Appoints the Commander, 43d Medical Group (MDG) or Deputy Military Treatment Facility (MTF) commander as chairperson, to administer and monitor the installation Family Advocacy Committee (FAC). The FAC is a subcommittee of the Community Action Information Board (CAIB).
 - 1.1.3. Serves as a member of the FAC or delegates this responsibility to key member of the senior staff.

1.1.4. Ensures all incidents of suspected family maltreatment are reported to the Family Advocacy Program. Also ensures cooperation among installation organizations to build healthy, resilient communities in order to prevent further maltreatment.

1.2. Family Advocacy Committee (FAC) Responsibilities.

1.2.1. 43 MDG/CC or Deputy MTF commander; serves as chair of the installation FAC. The 43 MDG/CC may delegate this responsibility to the Chief of the Medical Staff. The FAC will be composed of the Installation Commander (or designee), the Family Advocacy Officer (FAO), Family Advocacy Outreach Manager, Family Support Center Director (43 MSS/DPF), Staff Judge Advocate (or designee) (43 AW/JA), Chief or deputy chief MPF, installation Chief of Security Forces (or designee) (43 SFS/CC), Air Force Office of Special Investigation (AFOSI), Detachment 324, installation Staff Chaplain (43 AW/HC) or designee, and a Youth Services Representative (43 SVS/SVYC). The FAC may invite representatives of local Department of Social Services (DSS) agency and other members at the discretion of the chairperson.

1.2.2. Set policy and procedures for establishing and operating its FAP and will meet quarterly or at the call of the chairperson.

1.2.3. Advocate establishing and improving services that promote healthy families.

1.2.4. Reviews, approves and supports the implementation of the annual plan. Ensures the availability of resources for effective implementation.

1.2.5. Coordinate activities of different organizations and contribute to the FAP and identify resources and service delivery problems.

1.2.6. Monitor training programs for personnel having responsibilities in support of the FAP.

1.2.7. Establish a cooperative working relationship with base and local community agencies.

1.2.8. Ensure that all memoranda of understanding or memoranda of agreement necessary to implement FAP are developed, maintained and reviewed periodically in accordance with Department of Defense (DoD) directives and Air Force (AF) guidance.

1.2.9. Establish the Family Maltreatment Case Management Team (FMCMT), the Child Sexual Maltreatment Response Team (CSMRT), High Risk for Violence Response Team (HRVRT) and the Incident Status Determination Review (ISDR) Process. Ensures personnel are trained annually on their roles and responsibilities of membership.

1.2.10. Monitor the activities of the above management teams, review their policy recommendations and ensure their effectiveness.

2. Program Components:

2.1. Family Maltreatment Program.

2.1.1. Purpose. To identify, report, treat and prevent maltreatment of AF family members.

2.1.2. Family Maltreatment Case Management Team.

2.1.2.1. The Family Advocacy Officer (FAO) is responsible for the management of the FAP and will serve as the chair of the FMCMT.

2.1.2.2. Composition of the FMCMT will be multidisciplinary and determined by the FAC.

Membership must include at least the following or designee: Family Advocacy Treatment Manager (FATM), Staff Judge Advocate (SJA) (43 AW/JA), physician, physician assistant, or nurse practitioner, representation from Security Forces Squadron (SFS) (43 SFS), Air Force Office of Special Investigation (AFOSI) Detachment 324, installation Staff Chaplain (43 AW/HC), Family Support Center Director (43 MSS/DPF) and a Youth Services Representative (43 SVS/SVYC). Each member will be appointed in writing. Any changes will be reflected in the FAC minutes. The FMCMT will meet at the call of the chairperson, but at least monthly.

2.1.2.3. Responsibilities. The FMCMT will:

2.1.2.4. Ensure preliminary risk, safety and psychosocial assessment of all family maltreatment cases.

2.1.2.5. Set up procedures for ensuring the safety of family maltreatment victims.

2.1.2.6. Review all referrals of family maltreatment, decide case status determinations and develop treatment plans, as appropriate.

2.1.2.7. Document case management team meeting and decisions. Refer to cases by the case number in the minutes.

2.1.2.8. Provide unit commanders with written findings and recommendations regarding case status, participation in treatment, case disposition and next review date, if applicable.

2.1.2.9. Review each open, substantiated case at least quarterly, except child sexual abuse cases, which are reviewed monthly.

2.1.2.10. Refer to the FAC maltreatment cases and issues requiring action beyond the scope of the FMCMT.

2.1.3. Child Sexual Maltreatment Response Team.

2.1.3.1. Purpose. To manage initial response to child sexual maltreatment referrals where prosecution is possible, the alleged victim is in imminent danger of further maltreatment or there is a possibility of multiple victims and to minimize the number of investigative interviews and medical examinations to reduce the emotional trauma of the response process.

2.1.3.2. Composition of the CSMRT will be established by the FAC and will include the FAO (CSMRT Chairperson) or FATM, AFOSI representative and SJA representative. When appropriate, others included will be representatives from other agencies having legal, investigative or child protection responsibilities (e.g., local DSS representative).

2.1.3.3. Responsibilities. The CSMRT will:

2.1.3.3.1. Ensure the CSMRT is activated within 24 hours from the time an initial allegation of child sexual maltreatment is reported.

2.1.3.3.2. Assess the allegation(s) and the risk of further maltreatment of the alleged victim(s).

2.1.3.3.3. Coordinate a course of action and begin implementation within 72 hours.

2.1.3.3.4. Attend to the medical and mental health needs of the victim(s), his or her family and alleged offender including the need of a medical examination and treatment for the victim(s) and the need of a mental health evaluation for the alleged victim(s) and the

alleged offender.

2.1.3.3.5. Develop a strategy for interviewing the victim(s), including who will conduct the interview, what information needs to be gathered from the interview, where to conduct the interview and determine if the interview is to be videotaped or recorded.

2.1.3.3.6. The FAO or designee will be responsible for reporting the CSMRT findings to the FMCMT and appropriate key base personnel.

2.1.4. High Risk for Violence Response Team.

2.1.4.1. Purpose. To create a coordinated community response team in accordance with FAP guidance for potentially dangerous situations where any members of the community are at imminent risk of being harmed by other family members. These individuals include FAP patients or referrals to FAP. The HRVRT is established by the FAC to identify all known high risk and imminently dangerous FAP clients and to plan and implement a course of action to ensure the safety of the potential victims.

2.1.4.2. Composition. HRVRT consists of any agency involved in an effective coordinated community response. In cases involving FAP clients, representatives include the FAO (HRVRT chairperson), FAP staff member working with the family, a mental health provider, member of the SFS, AFOSI and SJA. The service member squadron commander or designee and other local agency representatives may be included in team case management as appropriate.

2.1.4.3. The goal of the HRVRT is to use a coordinated community response to decrease the risk of violence. Potentially dangerous situations include threats to seriously harm family members or FAP staff.

2.1.4.3.1. Upon notification of suspicion of potential threat of harm by an individual, the FAO will activate the HRVRT.

2.1.4.3.2. Efforts will be made by the HRVRT to conduct a comprehensive clinical evaluation to assess whether an individual is at risk for committing violence or harm to self or others where serious personal injury or death may result. Attempt will also be made to assess the identified threatened individual's ability to participate in the safety planning process. While best efforts will be made to complete assessments, this may not be accomplished, as non-military members in the community are not required to comply with recommendations for assessment or treatment interventions.

2.1.4.3.3. The SFS, AFOSI and FAP will identify and notify to the HRVRT all known persons who are potentially at high risk for harming others. The SFS, AFOSI and FAP will provide updated information of the organization's involvement as it relates to the HRVRT.

2.1.4.3.4. The SJA representative will provide legal consultation on high-risk-for-violence situations where threats to harm have been made. The SJA representative will provide updated information about UCMJ actions to the HRVRT.

2.1.5. Reporting Procedures. All agencies, departments or individuals affiliated with PAFB will report all incidents of suspected or established family maltreatment directly to the FAP office, SFS or AFOSI. All suspicions of child maltreatment will be reported to the appropriate civilian DSS agency. The base FAO or designee is primarily responsible for coordinating and reporting abuse

and neglect cases to civilian authorities. The FAO or designee serves as the reporting liaison for military and civilian agencies. When the FAO is unavailable (e.g., TDY or on leave) base agencies will contact the PAFB alternate, FAO, FATM or behavioral health provider during duty hours, or the behavioral health on-call provider during non-duty hours.

2.1.6. Family Maltreatment Case Management. The PAFB FAP will manage cases of AF families when the active duty member is assigned to the 43 AW or to PAFB tenant units. In cases of dual military branch families, PAFB FAP will manage the case when the primary offender is assigned to the 43 AW, PAFB.

2.1.7. 43d Medical Group Personnel Responsibilities.

2.1.7.1. When treating a patient involved in an act of family maltreatment makes sure the patient is medically stable, with immediate referral to an appropriate medical center if there is a severe or life-threatening injury.

2.1.7.2. Notify the FAO or designee and the military member's commander or first sergeant of the patient's condition.

2.1.7.3. Contact the Commander, 43 MDG and the FAO, in child maltreatment cases, if the parent refuses to hospitalize the child or take the child to an appropriate medical center for further assessment.

2.1.7.4. Be sensitive to the clues of possible spouse abuse trauma, especially when trauma is unexplained or inconsistent with the nature of the injury, and if spouse maltreatment is suspected.

2.1.7.5. Provide for necessary medical treatment and documentation of the injuries.

2.1.7.6. Notify the Special Needs Coordinator of Air Force family members identified as having exceptional medical or educational needs.

2.1.8. 43d Security Forces Responsibilities.

2.1.8.1. Officers responding to reported incidents of family maltreatment will ensure the safety of the individual involved. The officers responding should consult with the FAO or designee to receive assistance in dealing with abusive or negligent families.

2.1.8.2. The 43d Security Forces Law Enforcement Desk will notify the FAP of all incidents involving suspected cases of maltreatment. A copy of the incident report will be made available to the FAP for inclusion in the FAP record.

2.1.8.3. The law enforcement desk will contact the member's commander or first sergeant.

2.1.9. Air Force Office of Special Investigation Responsibilities.

2.1.9.1. The AFOSI Family Advocacy Program Liaison will notify the FAP of all cases involving suspected or established family maltreatment that come to the attention of the AFOSI.

2.1.9.2. Notify the member's commander or first sergeant.

2.1.9.3. Personnel will notify the FAP when a Defense Criminal Investigation Index (DCII) reveals information regarding previous incidents involving the family in question.

2.1.10. Commanders and First Sergeants Responsibilities.

- 2.1.10.1. Coordinate with the FAP to provide a safe environment for the victim.
- 2.1.10.2. Exercise their authority over the member to provide an initial “cooling off” period if necessary.
- 2.1.10.3. Report all families experiencing family maltreatment to the FAP office to arrange for counseling and referral assistance as required.
- 2.1.10.4. Assess whether immediate contact with the SJA’s office is necessary in a given situation. Coordinate with 43 AW/JA on range of responses by the commander.
- 2.1.10.5. Refer unit member to the Exceptional Family Member Program (EFMP) if the member’s family members have special medical or educational needs.

2.1.11. Community Agencies’ Responsibilities.

- 2.1.11.1. Although the PAFB FAP has no jurisdiction over civilian agencies, community agencies will be encouraged to notify the FAP or appropriate DSS of any incidents of child maltreatment involving military families connected with 43 AW, PAFB that come to their attention.
- 2.1.11.2. The PAFB FAP office will work on a collaborative basis with community agencies to assist in providing necessary service to military families experiencing family maltreatment.

2.2. Family Advocacy Prevention.

2.2.1. Purpose. Enhance mission readiness through the development of child and spouse maltreatment prevention programs and resources for Air Force family members.

2.2.2. Family Advocacy Outreach Program.

2.2.2.1. The Family Advocacy Outreach Program is a community-based program that provides primary and secondary prevention services whose goal is to enhance healthy family functioning reduce family maltreatment and build community resilience. Primary prevention services provide information and training to strengthen all AF families. Types of primary prevention services include informational briefings, couple communication classes, parenting classes, playgroups, special community events and community development projects. All primary prevention services are coordinated through the installation Integrated Delivery System (IDS). Secondary prevention services are designed for individuals and families who are at risk for family violence, which include specialized workshops targeted to groups or individuals deemed at risk, skills development and support groups for vulnerable populations.

2.2.2.2. The Family Advocacy Outreach Manager is the key facilitator for the Family Advocacy Prevention component and will serve as the primary FAP representative on the IDS Committee. As a member of the IDS, the Family Advocacy Outreach Manager will:

- 2.2.2.2.1. Develop collaborative prevention programs and community development projects with other agencies based on the military community’s current needs and ensures their implementation and presentation.

- 2.2.2.2.2. Develop the FAP Prevention Plan yearly based on base-wide needs assessment.

2.2.3. New Parent Support Program (NPSP).

2.2.3.1. The NPSP is a home-based family maltreatment prevention program for military fam-

ilies, tailored to the installation's needs and circumstances.

2.2.3.2. The Family Advocacy Nurse (FAN) develops and manages the NPSP. The primary service modality for the NPSP is home visitation. The focus of FAN nursing practice will be on the prevention of family maltreatment through education, support and guidance in the following areas:

2.2.3.2.1. Maternal, prenatal and postpartum issues.

2.2.3.2.2. Newborn/infant/child behavior, care and growth and development.

2.2.3.2.3. Family health-related behavior and practices.

2.3. Special Needs Identification Process Coordinator (SNC).

2.3.1. Purpose. To establish guidelines to be followed in the identification, assessment, treatment and referral of Air Force family members with exceptional needs assigned to PAFB.

2.3.1.1. Exceptional Need. A medical, psychological or educational condition of a chronic nature, which requires the active management by a medical sub-specialty, or special education personnel.

2.3.2. The SNC is responsible for the Special Needs Process component of the FAP and will serve as a member of the FAC.

2.3.3. Procedures.

2.3.3.1. When the SNC identifies an active duty Air Force family member as having an exceptional need; the sponsor will be administratively enrolled in the Special Needs process.

2.3.3.2. The SNC will assist family members in conducting:

2.3.3.2.1. Exceptional Needs Assessment (ENA)

2.3.3.2.2. Family Member Relocation Clearances (FMRC) on AF Form 1466, **Request for Family Members and Education Clearance for Travel**.

2.3.3.2.3. Facility Determination Inquiries (FDI).

2.3.3.2.4. Special Needs assignment issues.

2.3.3.2.5. Information and Referral services to military and local communities.

WINFIELD W. SCOTT III, Brigadier General, USAF
Commander

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

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

Air Force Family Advocacy Program Standards

Abbreviations and Acronyms

AF—Air Force

AFOSI—Air Force Office of Special Investigations

CAIB—Community Action Information Board

CSMRT—Child Sexual Maltreatment Response Team

DCII—Defense Criminal Investigation Index

DoD—Department of Defense

DSS—Department of Social Services

EFMP—Exceptional Family Member Program

ENA—Exceptional Needs Assessment

FAC—Family Advocacy Committee

FAN—Family Advocacy Nurse

FAO—Family Advocacy Officer

FAP—Family Advocacy Program

FATM—Family Advocacy Treatment Manager

FDI—Facility Determination Inquiries

FMCMT—Family Maltreatment Case Management Team

FMRC—Family Member Relocation Clearances

HRVRT—High Risk for Violence Response Team

IDS—Integrated Delivery System

ISDR—Incident Status Determination Review

PAFB—Pope Air Force Base

MDG—Medical Group

MTF—Medical Treatment Facility

SFS—Security Forces Squadron

SJA—Staff Judge Advocate

NPSP—New Parent Support Program

SNC—Special Needs Identification Process Coordinator