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Medical Services

FAMILY ADVOCACY PROGRAM



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This instruction implements AFD 40-3, *Family Advocacy Program*, and references AFI 40-301, *Family Advocacy Program*. It outlines responsibilities for key players in the Family Advocacy Program. The Family Advocacy Program (FAP) supports Air Force readiness by continuously improving family advocacy services such as identifying, assessing, and treating families experiencing family violence and families with exceptional medical or educational needs. FAP programs will strengthen individuals and families by preventing or decreasing maltreatment, decreasing the effects of handicapping conditions, and improving family wellness. It applies to all of 60th Air Mobility Wing and tenant unit personnel assigned to Travis AFB and to other uniformed services personnel supported in the Travis AFB community.

This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by title 10, United States Code, Section 8013, System of Records notice F168 AF SG B, Family Advocacy Program Record, applies.

SUMMARY OF REVISIONS

This document substantially revises TAFB-Instruction 40-101, 1 Feb 01, and must be completely reviewed. The Central Registry Board (CRB) and the Clinical Case Staffing (CCS) replace references to the Child Maltreatment Case Management Team Meeting and the Spouse Maltreatment Case Management Team Meeting.

1. Scope.

1.1. FAP primarily serves Department of Defense active-duty members and family members. As space permits, limited programs are made available to retirees and their dependents.

2. Responsibilities:

2.1. **60th Air Mobility Wing Commander (60 AMW/CC)** : 60 AMW/CC manages the TAFB FAP as follows:

- 2.1.1. Establishes a Family Advocacy Committee (FAC) with membership as designated by AFI 40-301.
- 2.1.2. Appoints the 60 MDG/CC or designee as the chairperson of the FAC.
- 2.1.3. Serves as a member of the FAC or delegates this responsibility to the 60 MSG/CC or 60 MSG/CD.
- 2.1.4. Meets at least quarterly with the Family Advocacy Officer (FAO) to staff trends with high-risk cases.
- 2.1.5. Serves as the chairperson for the CRB or delegates this responsibility to the 60 AMW/CV or 60 MSG/CC.
- 2.1.6. Ensures that all allegations of child and spouse maltreatment are referred to the FAP.

2.2. **60 MSG/CC** :

- 2.2.1. Serves as chairperson of the CRB when delegated by the 60 AMW/CC.
- 2.2.2. Serves as a member of the FAC as delegated by 60 AMW/CC or in turn delegates this responsibility to 60 MSG/CD.

2.3. **60 MDG/CC**:

- 2.3.1. Chairs the FAC.
- 2.3.2. Reviews and approves minutes of the FAC and CRB.
- 2.3.3. Appoints, in writing, medical personnel from the appropriate clinics to the Child Sexual Maltreatment Response Team (CSMRT), High Risk for Violence Response Team (HRVRT), and FAC.

2.4. **FAC**:

- 2.4.1. Ensures the establishment of written procedures for implementing the FAP.
- 2.4.2. Ensures sufficient base support of the FAP.
- 2.4.3. Addresses, resolves, or elevates local program problems or constraints.
- 2.4.4. Monitors the timely completion of all FAP required training.
- 2.4.5. Monitors the establishment of a cooperative working relationship with local community agencies.
- 2.4.6. Ensures all necessary Memoranda of Understanding (MOU) exist between TAFB and local agencies and reviews MOUs bi-annually.
- 2.4.7. Ensures members from respective base agencies are appointed as members to the CSMRT and to the HRVRT. Also ensures the Family Advocacy Outreach Manager (FAOM) is appointed as a member of the installation Integrated Delivery System (IDS).
- 2.4.8. Approves the reviewer and alternate for the Incident Status Determination Review process (ISDR).

2.4.9. Monitors data trends and reviews policy as needed for the following committees and programs: CRB, CSMRT, HRVRT, New Parent Support Program (NPSP), Special Needs Identification and Assignment Coordination (SNIAC) process, and Family Advocacy Outreach Program.

2.4.10. Approves annually the Family Advocacy Program Action Plan prior to 01 October of each year.

2.4.11. Meets at least quarterly or at the call of the chairperson.

2.5. FAO (Family Advocacy Officer):

2.5.1. Oversees the Family Maltreatment Program:

2.5.1.1. Identifies, reports, treats, and prevents maltreatment of Active Duty members and their families.

2.5.1.2. Ensures preliminary risk, safety, and bio-psychosocial assessment of all family maltreatment cases.

2.5.1.3. Ensures appropriate agencies are notified as soon as possible upon receipt of information concerning family maltreatment.

2.5.2. Serves as the coordinator and a member of the CRB:

2.5.2.1. The FAO ensures the agenda for each meeting is prepared and that all members of the CRB are notified.

2.5.2.2. Ensures the coordination of the location and logistics of the meeting.

2.5.2.3. Prepares all FAP maltreatment referrals and case information for presentation to the CRB in order to facilitate the determination of maltreatment referrals.

2.5.3. Establishes the CSMRT and serves as the Chairperson:

2.5.3.1. The FAO ensures attendance to meetings (in person or telephonic) will include AFOSI, and 60 AMW/JA. Child Protective Service and other appropriate legal and investigative personnel will be invited to attend as appropriate.

2.5.3.2. The FAO activates the CSMRT to manage the initial response to all allegations of child sexual maltreatment. This may include cases involving multiple victims in a DoD-sanctioned activity where the deployment of the DOD Family Advocacy Command Assistance Team (FACAT) may be recommended. The CSMRT will notify the installation commander to request the deployment of the DoD FACAT as appropriate.

2.5.4. Establishes the HRVRT and serves as the Chairperson:

2.5.4.1. The FAO ensures HRVRT membership includes: AFOSI, Staff Judge Advocate, Life Skills Support Center Provider, Family Advocacy Treatment Manager, Sponsor's Squadron Commander, Security Forces Operational Flight Commander and representatives from other agencies having legal, investigative, or protective responsibilities as appropriate.

2.5.4.2. FAO activates the HRVRT upon notification of potential threat of harm involving FAP clients, ex-clients or FAP staff. In the FAO's absence, the Family Advocacy Treatment Clinician will activate the team.

2.5.5. Oversees the Family Advocacy Outreach Program:

2.5.5.1. The Family Advocacy Outreach Manager (FAOM) manages all aspects of the Outreach Program.

2.5.5.2. The FAOM serves as member of the IDS committee.

2.5.5.3. The FAOM acts as a liaison with agencies or programs on or off base. The FAOM coordinates the assessment of community needs and delivery of services with the IDS committee.

2.5.5.4. Ensures an annual Family Advocacy Program Action Plan is developed, outlining prevention goals and objectives for the year.

2.5.5.5. Ensures the outreach program is managed in accordance with FAP standards.

2.5.6. May be appointed by the 60 MDG/CC as the Special Needs Coordinator (SNC) for Special Needs Identification and Coordination Assignment Process (SNIAC):

2.5.6.1. If appointed, SNC will coordinate the Family Member Relocation Process and Special Needs Identification and Coordination Assignment Process.

2.5.6.2. Ensures active duty family members with special medical or educational needs are identified and appropriately coded according to SNIAC guidance.

2.5.7. Oversees the New Parent Support Program (NPSP):

2.5.7.1. The Family Advocacy Nurse (FAN) administers all aspects the NPSP.

2.5.7.2. Provides maltreatment prevention services to expectant parents and those families with young children who are at risk for family maltreatment.

2.5.7.3. Establishes a working relationship with other medical treatment facility staff to enhance marketing and continuity of care issues.

2.5.7.4. Ensures the NPSP is managed in accordance with FAP standards.

2.5.8. Ensures monthly Clinical Case Staffing (CCS) meetings are conducted to review treatment of all FAP maltreatment referrals.

2.5.8.1. All referrals are reviewed for disposition and treatment progress quarterly.

2.5.8.2. A Child Protective Service representative will be invited to discuss child maltreatment referrals and a representative from Safequest Solano will be invited to discuss spouse maltreatment referrals.

2.6. **Air Force Office of Special Investigations (AFOSI).**

2.6.1. Notifies FAP staff of all cases involving suspected or established family maltreatment that come to the attention of their office. In turn, the FAP staff notifies AFOSI as soon as possible upon receipt of information concerning family maltreatment.

2.6.2. Serves as a member of the CRB, HRVRT and CSMRT. Actively participates in meetings and required annual trainings.

2.7. **60 Security Forces Squadron (SFS) :**

2.7.1. Notifies the sponsor's commander or first sergeant of incidents of maltreatment.

2.7.2. Provides an immediate response to maltreatment incidences in progress.

2.7.3. Notifies the FAP staff of all incidents involving suspected or established family maltreatment.

2.7.4. Serves as a member of the CRB and HRVRT. Ensures any relevant police reports are provided to the CRB to facilitate incident determinations.

2.8. 60 Staff Judge Advocate (SJA):

2.8.1. Serves as member of the CRB, CSMRT and HRVRT.

2.8.2. Consults on the development of MOUs or other legal documents as requested.

2.8.3. Advises commanders on military directives and actions.

2.8.4. Recommends appropriate discipline for personnel involved in family maltreatment to commanders.

2.9. 60 Services Squadron (SVS).

2.9.1. Coordinates with FAP to insure all personnel are trained initially, and annually thereafter, in signs of child and spouse maltreatment.

2.9.2. Promptly report any allegations of child or spouse maltreatment to the FAP for assessment.

2.10. 60 Medical Group Personnel :

2.10.1. Provides initial medical evaluations and treatment of patients involved in a family maltreatment incident.

2.10.2. Notifies FAP staff (or the on-call Mental Health Provider after duty hours) immediately of any allegation of child or spouse maltreatment.

2.10.3. Ensure staff is trained on the identification of child and spouse maltreatment.

2.10.4. Ensure staff is aware of after hour notification procedures.

2.10.5. As last resort provide hospitalization as shelter for child maltreatment victims.

2.10.6. Ensure Medical Legal consultation as needed by the FAP.

2.11. Commanders and First Sergeants will:

2.11.1. Ensure a safe environment for an alleged victim of maltreatment upon notification of a new allegation.

2.11.2. Serve as a member of the CRB when an allegation of maltreatment is received involving a member of the commander's unit.

2.11.3. Mandate participation in FAP treatment as appropriate.

2.11.4. Report all allegations of family maltreatment to FAP staff.

2.11.5. Refer all families to FAP for preventative services as appropriate prior to an incident of maltreatment.

2.12. Other Community Agencies:

2.12.1. Although the TAFB FAP has no jurisdiction over civilian agencies, community social service agency personnel will be encouraged to notify the FAP staff of any incidents of child abuse or neglect involving military families connected with TAFB that come to their attention.

2.12.2. FAP staff collaborates with community agencies to provide necessary services to families experiencing family maltreatment.

2.12.3. FAP will establish an MOU with Child Protective Services (CPS) and Safequest Solano.

2.12.4. A CPS and Safequest representative will be invited to attend the CCS meeting to facilitate coordination of services.

ALLARD R. CARNEY, Col, USAF
Director, Wing Staff

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFMAN 37-139, *Records Disposition Schedule*

AFI 40-301, *Air Force Family Advocacy Program*

AFI 44-154, *Suicide Prevention, Education, and Community Training*

AFI 51-201, *Administration of Military Justice*

MDGI 44-1, *Family Advocacy Program*

MDGI 44-22, *Social Work Services*

Family Advocacy Program Standards, Rev. 2002

California Penal Code sections: 11160 (domestic violence or other assaultive or abusive conduct)

California Penal Code sections: 11164 through 11174.3 (child physical and emotional abuse reporting instructions)

California Welfare and Institutions Code sections: 15600-15659 (maternal substance abuse, elder or dependent adult abuse)