BY ORDER OF THE COMMANDER
18TH WING (PACAF)

18TH WING INSTRUCTION 40-301

30 AUGUST 1999

Medical

FAMILY ADVOCACY PROGRAM (PA)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 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 at Kadena AB (KAB). 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, *Medical Programs and Benefits*. 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 37-132, *Air Force Privacy Act Program*, are annotated on DD Form 2005, **Privacy Act Statement-Health Care Record (PA)**.

SUMMARY OF REVISIONS

This publication's revisions reflect the new High Risk for Violence Response Team (HRVRT), the emergency temporary care plan, 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 18th Medical Group (MDG) Commander 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. 18 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 is 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. Appoints a clinical social worker as the assistant 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 Kadena AB 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 multidisciplinary 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. The FAP prevention activities will be coordinated with installation prevention activities to ensure they are complimentary and make efficient use of installation prevention resources.

3.4. Assistant Element leader of FAP or designee:

3.4.1. Chairs the Family Maltreatment Case Management Team (FMCMT).

3.4.2. Ensure timely safety assessment of all maltreatment cases and accomplish a safety plan.

3.4.3. Ensures the evaluation of all reported cases of child and spouse maltreatment, according to existing DOD and Air Force guidance.

3.4.4. Ensures coordination with Air Force Office of Special Investigations (AFOSI) and 18th Security Forces Squadron (18 SFS) in the assessment and evaluation of all cases of maltreatment.

3.5. All 18 MDG personnel:

3.5.1. Notifies FAP during duty hours if a patient is suspected to be a victim of maltreatment. After duty hours, the 18 SFS and Acute Care Services will be the points of contact. The 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).

3.5.2. Refer children to Lester US Naval Hospital (USNH) for admission according to the hospital guidelines when a child maltreatment victim is felt to be at risk or if the facts of the case warrant medical observation.

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

3.6. The 18 SFS:

3.6.1. Dispatch on 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 18 SFS. When required, provide immediate intervention to prevent abuse from occurring or continuing.

3.6.2. Obtain necessary information for reporting suspected or known child or spouse maltreatment and documents such as a desk blotter entry and/or a DD Form 1569, **Incident/Complaint Report (PA)**. Provide a copy of DD Form 1569 to the sponsor's unit commander. Incident/complaint reports and desk blotters will be made available to FAP personnel for review and photocopy.

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

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

3.6.5. Notify the FAP of all suspected incidents of child or spouse maltreatment. After duty hours, the on call Mental Health provider is available through Acute Care Services. Unit commanders and first sergeants will be contacted in cases of maltreatment to assist in initial management.

3.7. The AFOSI:

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

3.7.2. 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.

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

3.7.4. 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.

3.7.5. 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.

3.7.6. Notifies FAP of all suspected cases of child or spouse maltreatment.

3.8. Unit commander:

3.8.1. 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 referral to Joint Services Family Shelter for battered spouses and children or arranging alternative housing for sponsor when there is risk for violence to other members of the family.

3.8.2. Notifies FAP of all suspected cases of child or spouse maltreatment.

3.8.3. Notifies EFMP of all family members identified as having an exceptional medical or educational need.

3.8.4. Provides follow-up investigation for child or spouse maltreatment in cases not involving law enforcement intervention. Provides updates and coordinates activities with FAP.

3.8.5. Attends or sends designee to FMCMT to discuss active duty members assigned to unit.

3.9. Staff Judge Advocate:

3.9.1. Coordinates and advises on enforcement of civil laws regarding SOFA and the Uniform Code of Military Justice in cases of child and spouse maltreatment.

3.9.2. 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.

3.9.3. Coordinates and advises on enforcement of the Victim and Witness Assistance Program in cases of child and spouse maltreatment.

3.10. The FAC:

3.10.1. Provides base-level oversight of the FAP.

3.10.2. The wing commander will appoint the FAC and the membership determined by the same IAW AFI 40-301.

3.10.3. 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.

3.10.4. Establishes the membership of the EFMPT. This team meets at the call of the EFMPT officer, functioning as an ad hoc working group to address issues, procedures or cases requiring multidisciplinary consultation for military families with special medical and/or educational needs.

4. Establishes a community response team protocol to manage multiple out-of-home/DoD sanctioned activity child sexual maltreatment referrals and High Risk for Violence situations (**Attachment 1**).

5. Establishes procedures for Emergency Removal of Children and the use of Emergency Temporary Care**:** When the potential for continued maltreatment exists or severity of maltreatment is such that a child's environment could contribute to further injury, illness or imminent danger, steps will be taken immediately to secure the child's safety. Whenever possible, removal of the offender should be considered first. Action must be coordinated between the FAP staff, Staff Judge Advocate, security forces, AFOSI and the individual's commander. The focus should always be on the child's safety and involved parties should be sensitive to the traumatic nature of such actions (**Attachment 2**).

6. Operating Instructions (OI). The Element Leader of FAP, under the guidance of the FAC, will assist all appropriate agencies in the development and implementation of OIs that cover responsibilities beyond the scope of those identified in this base instruction, in relation to EFMP and child/spouse maltreatment.

7. 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.

JAMES B. SMITH, Brigadier General, USAF
Commander, 18th Wing

Attachment 1

COMMUNITY RESPONSE TEAM (CRT)

A1.1. The CRT will be established by the FAC to manage out-of-home/DoD-sanctioned activity child sexual maltreatment referrals and high risk for violence situations. The CSMRT will refer all out-of-home/DoD-sanctioned activity child sexual maltreatment referrals to the CRT. The HSRVT will refer all potentially dangerous situations, such as threats to seriously harm family members or FAP staff to the CRT. The CRT will also be activated in the event of a community crisis. The 18 SPTG/CC will be responsible for the CRT.

A1.2. The composition will include: (may be modified depending on need)

A1.2.1. 18 SPTG/CC (Leader)

A1.2.2. 18 MDG/CC

A1.2.3. 18 MDOS/CC (Community Counseling Team (CCT) Leader)

A1.2.4. 18 WG/SJA (Legal Advisor/Liaison Prosecutors Okinawa)

A1.2.5. Element leader FAP

A1.2.6. FAP (Victim Advocacy and Assessment) Assistant Element leader FAP

A1.2.7. AFOSI (Lead Investigative Agent/Liaison Police Okinawa)

A1.2.8. 18 WG/PA (Media response)

A1.2.9. Other appropriate agencies (as deemed appropriate) security forces, DoDEA, tri-service counterparts

A1.3. The primary responsibility of the CRT will be to develop and implement a plan for the overall management of such referrals or crisis. 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.

A1.4. Local policies and procedures will reflect the activation of the CRT for out-of-home/DoD-sanctioned activity child sexual maltreatment referrals and high risk for violence situations.

A1.5. Following activation, the CRT Leader will call a timely meeting:

A1.5.1. Ensure development and implementation of the initial plan in a timely fashion.

A1.5.2. Coordinate the ongoing management of the team and other action agencies involved.

A1.5.3. Determine whether to activate the CCT, which includes:

18 MDOS/CC (Lead)
Chaplain Representative
Family Support Center Representative
18 MDOS/Family Advocacy Program Manager
18 MDOS/Mental Health Representative
Tri-service Family Advocacy Program Managers (FAPMs), if needed other helping agencies as needed at the time.

A1.5.4. Determine resources needed to manage case versus available local resources.

A1.5.5. Determine whether to request Crisis Action Team (CAT) mobilization by the 18 WG/CC.

A1.5.6. Determine whether to request Family Advocacy Crisis Action Team (FACAT) mobilization by 18 WG/CC.

Attachment 2

EMERGENCY TEMPORARY CARE

A2.1. The 18 WG/CC or his designated representative can order emergency temporary placement of dependent children. Dependent children may be placed in temporary care against the wishes of their parents for the minimum time required either returning the family to CONUS or establishing the home as a safe environment.

A2.2. The basis for emergency temporary care of a dependent child or children is as follows:

A2.2.1. A child may be temporarily placed in temporary care without parental consent only when there is imminent danger to the life or health of the child/children and there is no protecting and responsible adult at home;

A2.2.2. Each child in the home will be considered separately for temporary placement; and

A2.2.3. Every other means of providing safe and adequate care for the child must have been exhausted BEFORE emergency temporary care is considered. These include:

A2.2.3.1. Removal of the perpetrator(s) from the home.

A2.2.3.2. Placing the child/children into an alternative care home or the shelter.

A2.2.3.3. Admission of the child into the Medical Treatment Facility (MTF) under medical protective custody.

A2.3. The procedures for emergency temporary care are as follows:

A2.3.1. During normal working hours, the Family Advocacy Provider will contact the 18 MDG Commander who will in turn contact the 18 WG/CC.

A2.3.2. After normal working hours, the on-call Mental Health (MH) provider will contact the 18 MDG/CC who will in turn contact the 18 WG/CC.

A2.3.3. Once the on-call MH provider determines that a request for emergency temporary care is required, an appropriate temporary care home or shelter will be located. The on-call MH provider will have a list of temporary homes that have been approved by the FMCMT.

A2.3.4. The on-call MH provider will await the decision on ordering temporary placement.

A2.3.5. If emergency temporary care is approved, FAP or the on-call MH provider will notify the unit commander and 18 SFS to coordinate removal of the child/children.

A2.4. The following actions must occur upon emergency temporary placement:

A2.4.1. A copy of this enclosure and a written notice of the time, date, and location of the emergency temporary care placement will be given to the parents or guardians of the child/children.

A2.4.2. The provider will prepare a written case summary that outlines the reasons for temporary placement. The case summary may include hearsay and reference other documents such as medical records, investigative reports, FAP case records, or other official records. Additional information may be added at any time.

A2.4.3. A special FMCMT will be convened within 3 working days to review the case to make determination and disposition plan.

Attachment 3

GLOSSARY OF TERMS

A3.1. The CSMRT - Established by the FAC to manage the initial response to child sexual maltreatment referrals. Composition includes: FAP, AFOSI, 18 WG/SJA, and command representatives, when indicated.

A3.2. The CRT Leader (18 SPTG/CC) - Established by the FAC to manage out-of-home/DoD sanctioned activity child sexual maltreatment cases and/or any event or community crisis.

A3.3. The CCT Leader (18 MDOS/CC) - Established by the CRT to coordinate all helping agencies in response to the crisis/incidents.

A3.4. The CAT - Established by the 18 WG/CC to coordinate reporting to higher headquarters, media release, and review CRT activities.

A3.5. The HRVRT - A multidisciplinary team organized to manage potentially dangerous situations involving FAP family members and staff.