

29 MAY 2001



Medical Command

FAMILY ADVOCACY PROGRAM

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OPR: 62 MDOS/SGOH (Capt McCann)
Supersedes 62 AWI 40-2, 31 August 1998

Certified by: 62 MDG/CC (Colonel Hansen)
Pages: 6
Distribution: F

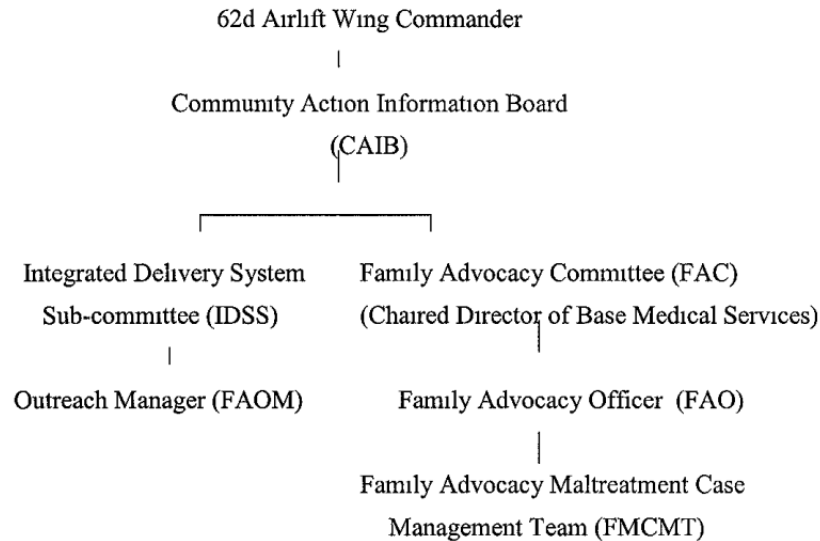
This instruction establishes the McChord AFB *Family Advocacy Program* (FAP). It explains policies and procedures in accordance with (IAW) Air Force Instruction (AFI) 40-301 for identification, protection, treatment and prevention of family maltreatment, and for the assessment, identification and treatment of family members with exceptional needs. It assigns responsibilities and explains procedures for the management of the FAP. This instruction requires the identification of Air Force exceptional family members and mandates reporting of all incidents of family maltreatment by all base organizational units and active-duty members. This instruction applies to all active-duty members and all organizations assigned or attached to McChord AFB.

SUMMARY OF REVISIONS

As referenced in para **2.**, the organizational structure has changed. The CAIB falls under the Wing CC. Deletes EFMPT and OPMT, adds IDSS and FAC to fall under the CAIB. Deletes para **3.1.2.**, in reference to the Exceptional Family Member; para 2.2.7, deletes Exceptional Program Management Team (EFMPT) and Outreach Program Management Team (OPMT) from the sentence; para 3.2.2.2, adds the Family representative and Chaplain representative to the sentence for non-voting members; adds para 3.4, High Risk for Violence Response Team (HRVRT); para **9.2.** replaces OPMT with “The FOAM and Family Advocacy Nurse are responsible for the outreach component of the FAP. The FOAM will serve as a member of the IDSS and is responsible for bringing concerns to the FAP to the IDSS”. Paragraphs 9.2.1. and 9.2.2. were deleted; paragraph 9.3 added responsibilities. **A bar (|) denotes a change since the last edition.**

1. Reference: AFI 40-301 and FAP Standards (Jul 98).

2. Responsibilities: Below is the organizational structure of the McChord AFB FAP.



2.1. The 62d Airlift Wing Commander (62 AW/CC) is responsible:

2.1.1. For the implementation and management of the Base FAP.

2.1.2. Ensure the establishment of the Family Advocacy Committee (FAC), which is a sub-committee of the CAIB, composed of the following members: 62 AW Commander/Vice Commander; Chief of the Medical Staff (Chairperson); Family Advocacy Officer (FAO); Family Support Center Director; Family Advocacy Outreach Manager (FAOM); Staff Judge Advocate; Chief, Military Personnel Flight; 62d Security Forces Squadron Commander; Air Force Office of Special Investigations Commander; Wing Chaplain; and 62d Services Squadron Commander. Specific responsibilities of each FAC member are outlined in AFI 40-301. When appropriate to do so, the FAC may invite other agencies such as representatives from Child Protective Services, Child Development Center, and the Youth Center.

2.2. Family Advocacy Committee (FAC) which is chaired by the Director of Base Medical Services (DBMS) or designee will:

2.2.1. Establish written policy and procedures for the development and implementation of the FAP.

2.2.2. Provide the required resources for implementation of the FAP.

2.2.3. Coordinate activities of individual organizations having functional responsibilities in the FAP.

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

2.2.5. Establish a cooperative working relationship with local community agencies.

2.2.6. Ensure written Memorandum of Understanding exists between installation and local child protective services and that it is reviewed at least every two years.

2.2.7. Establish and appoint members of the Family Maltreatment Case Management Team (FMCMT).

2.2.8. Monitor the activities of the above Management Teams, review their policy recommendations and ensure their effectiveness.

2.2.9. Review unusually sensitive cases or those requiring special intervention as recommended by the Case Management Teams.

2.2.10. Meet at the call of the chairperson, but at least quarterly.

3. Program Components

3.1. Exceptional Family Member Program.

3.1.1. Purpose. Every active-duty Air Force family member with exceptional medical or educational needs has a right to the services required to meet those needs and the Air Force has a responsibility to make the necessary assignment or other action to ensure the provision of those services.

3.1.2. Reporting Procedures. All active-duty Air Force families who may have a member with an exceptional medical or educational need (minors) will report to the 62d Medical Group, Family Advocacy Office to initiate EFMP action.

3.2. Family Maltreatment Program.

3.2.1. Purpose. The purpose of this program is to prevent, identify, report, and treat maltreatment of Air Force family members.

3.2.2. Family Maltreatment Case Management Team.

3.2.2.1. The FAO is responsible for the family maltreatment component of the FAP and will serve as chairperson of that team.

3.2.2.2. Composition of the FMCMT includes the following voting members: FAO; Chief of Medical Staff; Staff Judge Advocate representative; Child Development Center Director or Youth Director; and the following non-voting members: The Family Advocacy Treatment Managers for each case, Security Forces representative, AFOSI representative, Family Support representative and Chaplain representative. The FMCMT will invite as other participants the Commander and First Sergeant of the discussed members. Due to the unique and valuable services that CPS offers, the FMCMT will invite them to serve as consultants.

3.2.2.3. Responsibilities. The FMCMT:

3.2.2.3.1. Ensures preliminary risk, safety, and psychosocial assessment of all family maltreatment cases.

3.2.2.3.2. Implements procedures for ensuring the safety of family maltreatment victims.

3.2.2.3.3. Reviews all referrals of family maltreatment, makes case status determinations and develops a treatment plan as appropriate.

3.2.2.3.4. Documents case management team meetings and decisions, and refers to cases by the case numbers in the minutes.

3.2.2.3.5. Meets at the call of the chairperson, but at least monthly.

3.2.3. Reporting Procedures. All agencies, departments or individuals affiliated with McChord AFB will report all identified incidents of suspected or established family maltreatment directly to the Family Advocacy Officer and Security Forces or AFOSI. The FAO will report child maltreat-

ment to the appropriate State of Washington Child Protective Service Worker when appropriate to do so.

3.3. Child Sexual Maltreatment Response Team (CSMRT).

3.3.1. The CSMRT is established by the FAC to manage initial response to child sexual maltreatment referrals.

3.3.2. The composition of the CSMRT is a family advocacy clinician, AFOSI, Staff Judge Advocate and when appropriate, Child Protective Services.

3.3.3. The Team will come together, as soon as possible, telephonically or in person on all child sexual abuse referrals for creative problem solving, joint decision-making, and clarification of roles and responsibilities.

3.4. High Risk for Violence Response Team (HRVRT).

3.4.1. The HRVRT is established by the FAC to manage potentially dangerous situations involving FAP clients.

3.4.2. The composition of the HRVRT will include: FAO (HRVRT Chairperson), FAP staff member working with the family, Squadron Commander, SFS Operational Flight Commander, Staff Judge Advocate, Mental Health Provider, OSI representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate (e.g., Base Housing, Community Shelter).

3.4.3. Upon notification of suspicion of potential threat of harm by an individual, the FAO will activate the HRVRT. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

4. 62d Medical Group (62 MDG) personnel will:

4.1. Ensure the patient is medically stable, with immediate referral to Madigan Army Medical Center (MAMC) if the injury is severe or life threatening.

4.2. Notify the FAO.

4.3. Contact the Commander, 62 MDG and the Family Advocacy Officer, in child maltreatment cases, if the parent refuses to hospitalize the child or take the child to MAMC for further assessment.

4.4. 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.

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

5. Security Forces Responsibilities .

5.1. Security Forces (SF) responding to reported incidents of family maltreatment would ensure the safety of the individual involved. The responding SF personnel may consult with the FAO or receive assistance in dealing with abusive or neglectful families.

5.2. The SF Squadron will notify the FAO if they respond to any incident involving suspected or established cases of maltreatment. A copy of the incident report will be sent to the FAO for inclusion in the FAP record.

5.3. SF will contact the member's commander or first sergeant in cases of family maltreatment.

6. Air Force Office of Special Investigation (AFOSI).

6.1. Family Advocacy Program Liaison will notify the FAO of all cases involving suspected or established family maltreatment that come to the attention of the McChord AFB AFOSI office. In turn, the FAO will notify the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment.

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

6.3. Regional Forensic Consultant, AFOSI Detachment 303 (Travis AFB CA), will provide training upon request for medical personnel and child care center personnel to assist them in spotting injuries consistent with child abuse. Requests for training should be made in writing to AFOSI Detachment 305, McChord AFB.

7. Responsibilities of Commanders and First Sergeants.

7.1. Will consult with the FAO, JA and SFS or AFOSI whenever possible before taking action.

7.2. Will coordinate with the FAO to provide a safe environment for the victim whenever possible before taking action.

7.3. In appropriate cases, when the CC deems it appropriate, make arrangements to separate the offending military member or spouse from the rest of the family, by issuing orders, making billeting arrangements, etc.

7.4. Will report all families experiencing domestic violence to the FAO to help in arranging for therapeutic counseling and referral assistance as required.

8. Community Agencies' responsibilities.

8.1. Although the McChord AFB Family Advocacy Program has no jurisdiction over civilian agencies, community agencies will be encouraged to notify the FAO of any incidents of child abuse or neglect involving military families connected with McChord AFB that come to their attention.

8.2. The McChord Family Advocacy Office will work on a collaborative basis with community agencies to assist in providing necessary service to military families experiencing family maltreatment.

9. Outreach Program.

9.1. Purpose. The program develops child and spouse abuse prevention programs and resources for Air Force family members.

9.2. The FAOM and Family Advocacy Nurse are responsible for the outreach component of the FAP. The FAOM will serve as a member of the IDSS and is responsible for bringing concerns of the FAP to the IDSS.

9.3. Responsibilities. The FAP staff will:

9.3.1. Develop prevention programs based on the military community's current needs and ensure their implementation/presentation.

- 9.3.2. Develop Outreach Prevention Plan yearly based on base-wide need assessment.
- 9.3.3. Program team meetings and decisions of the IDSS will be forwarded to the FAP staff.
- 9.3.4. FAP staff will adhere to identify standards as outlined in individual instructions.

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