



Medical Command

FAMILY ADVOCACY PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 40-3, *Family Advocacy Program*. It explains policies and procedures for the identification, protection, treatment, and prevention of family maltreatment, and for family members with exceptional needs. It also assigns responsibilities and explains procedures for the management of the family advocacy program (FAP). This instruction mandates reporting ALL incidents of family maltreatment and requires the identification of Air Force exceptional family members by all base organizational units and active duty members. It applies to all active duty members assigned to Elmendorf AFB and all organizational units; however, it does not apply to US Air Force Reserve or Air National Guard units and members.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

1. Assigned Responsibilities. Organizational structure of Elmendorf AFB FAP is as follows:

*SUPPORT COMMANDER

FAMILY ADVOCACY COMMITTEE (FAC)

Outreach Program	Exceptional Family Member	Family Maltreatment
Mgmt Team (OPMT) (FMCMT)	Prog Case Mgmt Team (EFMPCMT)	Case Mgmt Team

Family Advocacy
Outreach Manager

(FAOM)

Exceptional Family Member
Program Officer

(EFMPO)

Family Advocacy Officer

(FAO)

1.1. Support Group Commander:

1.1.1. Responsible for implementation and management of the base FAP.

1.1.2. Establishes the FAC, composed of the 3rd Medical Group Commander (3 MG/CC), FAO, FAOM, Family Support Center Director (FSO), Staff Judge Advocate, Chief of Military Personnel Flight (MPF), Child Development Director, Installation Chaplain, Chief of Social Actions, Security Police Commander, Office of Special Investigation Commander, and Youth Center Director. Specific responsibilities of each FAC member is outlined in AFI 40-301, *Family Advocacy, and Air Force Family Advocacy Standards*. Department of Family and Youth Services (DFYS) representative will be invited to attend.

1.2. FAC:

1.2.1. Establishes written policies and procedures for the development and implementation of the FAP.

1.2.2. Provides the required resources for implementation of the FAP.

1.2.3. Coordinates activities of individual organizations having functional responsibilities in the FAP.

1.2.4. Monitors training programs for personnel having responsibilities in support of the FAP.

1.2.5. Establishes a cooperative working relationship with local community agencies.

1.2.6. Ensures written memorandum of understanding (MOU) exists between installation and local community agencies.

1.2.7. Monitors the activities of the FMCMT and EFMPMT, and reviews their policy recommendations and ensures their effectiveness.

1.2.8. Reviews unusually sensitive cases, or those requiring special intervention, as recommended by the case management teams (CMT).

1.2.9. Meets at the call of the chairperson, by at least quarterly.

2. Program Components:

2.1. Outreach and Prevention:

2.1.1. OPMT directs proactive maltreatment prevention programs. The OPMT is chaired by the FAOM and will meet at the call of the chairperson, or at least quarterly.

2.1.2. OPMT Responsibilities:

2.1.2.1. Establishes liaison with installations and community agencies providing services to

military families.

2.1.2.2. Conducts annual community outreach needs assessment; determines intervention requirements; and develops action plans for outreach programs.

2.1.2.3. With existing base human services agencies, provides prevention services to include community education and life skills training.

2.2. Exceptional Family Member Program:

2.2.1. Every Active Duty Air Force (ADAF) dependent with exceptional medical, educational, or chronic mental health needs has a right to the services required to meet those needs and the Air Force has the responsibility to take the necessary action to assure the provision of those services. In accordance with AFI 40-301 reporting exceptional family members is mandatory.

2.2.2. EFMPCMT:

2.2.2.1. The EFMPO is responsible for the exceptional family member component of the FAP and will serve as chair- person of the EFMPCMT.

2.2.2.2. Members will be appointed by the chairperson.

2.2.2.3. Procedures:

2.2.2.3.1. Meets at the call of the chairperson, but at least quarterly.

2.2.2.3.2. Reviews all exceptional family member program (EFMP) case referrals, ensures appropriate assessment of exceptional needs, and develops and monitors case management plan, as appropriate.

2.2.2.3.3. Ensures AF Form 1818, *Air Force Exceptional Family Member Program (EFMP) Semi-Annual Report*, is completed and submitted in accordance with AFOMS/SGPS directives.

2.2.2.3.4. Documents CMT meetings and decisions, and refers to cases by their numbers in minutes of the FAC meeting.

2.3. Family Maltreatment:

2.3.1. To identify, report, treat, and prevent maltreatment of Air Force family members.

2.3.2. FMCMT:

2.3.2.1. The FAO is responsible for the family maltreatment component of the FAP and will serve as the chairperson of the FMCMT.

2.3.2.2. Members will be appointed by the chairperson.

2.3.2.3. Procedures:

2.3.2.3.1. Ensures preliminary risk, safety, and bio-psycho-social assessment of all family maltreatment cases.

2.3.2.3.2. Implements procedures ensuring the safety of family maltreatment victims.

2.3.2.3.3. Review all referrals of family maltreatment, makes case status determinations, and develops treatment plans, as appropriate.

2.3.2.3.4. Documents CMT meetings and decisions, and refers to cases by their numbers

in minutes.

2.3.2.3.5. Meets at the call of the chairperson, by at least monthly.

2.3.3. All agencies, departments, or individuals affiliated with Elmendorf AFB will report all identified incidents of suspected or established family maltreatment directly to the FAO, Security Police, or Office of Special Investigation (OSI). The FAO will report child maltreatment to DFYS. Individuals may also report directly to DFYS as per Alaska law.

2.3.3.1. USAF Medical Group Personnel:

2.3.3.1.1. Ensure the patient is medically stable with immediate referral to Security Police and FAO if the injury is severe or life threatening. All cases of suspected child sexual assault must be immediately reported to Air Force Office of Special Investigation (AFOSI)/Security Police and FAO.

2.3.3.1.2. Notify Family Advocacy during regular duty hours. After duty hours, leave a SF 513, *Medical Record - Consultation Sheet*, and medical record in the Family Advocacy box in the emergency room (ER). If child is in imminent danger, DFYS, the Anchorage Police Department, and AFOSI should be contacted by ER personnel after duty hours.

2.3.3.1.3. In child maltreatment, if the parent refuses to hospitalize the child for further assessment, contact the 3 MG/CC, Security Police, FAO, Support Commander, Staff Judge Advocate, and DFYS.

2.3.3.1.4. In spouse maltreatment, Medical Center personnel should be sensitive to the clues of possible spouse abuse trauma, especially when trauma is unexplained and inconsistent with the nature of the injury.

2.3.3.1.5. Medical records will not be given to the sponsor, patient, or parent. Records may be released to AFOSI agents following proper identification.

2.3.3.2. Security Police:

2.3.3.2.1. Security Police officers responding to reported incidents of family maltreatment will ensure the safety of the individual involved.

2.3.3.2.2. Family Advocacy staff will review the police blotter at the Law Enforcement Desk for possible incidents of family maltreatment in order to attain appropriate information. A copy of the finalized incident report will be sent to the FAO for inclusion in the FAP record.

2.3.3.2.3. Security Police officers responding to reported incidents of family maltreatment of dealing with abusive or neglecting families, may consult with the FAO and AFOSI.

2.3.3.2.4. In all cases of maltreatment Security Police will contact the member's commander and first sergeant.

2.3.3.3. AFOSI:

2.3.3.3.1. The Family Advocacy Program liaison AFOSI agent will notify the FAO of all cases suspected or established family maltreatment that comes to the attention of the installation AFOSI Office. In turn, the FAO will notify the AFOSI duty agent immediately upon receipt of information concerning family maltreatment involving serious injury or suspected sexual abuse.

2.3.3.3.2. AFOSI personnel will notify the FAO when a defense criminal investigation index (DCII) check reveals information regarding previous incidents of a similar nature involving the family in question.

2.3.3.3.3. The AFOSI Regional Forensic Consultant is available to provide training, upon request, for medical personnel and child care center personnel to assist them in spotting injuries consistent with child abuse. Request for training should be made, in writing, to the AFOSI Commander.

2.3.3.4. Commanders and First Sergeants:

2.3.3.4.1. Will coordinate with FAO to provide a safe environment for the victim.

2.3.3.4.2. Should exercise their authority over an active duty member to provide an initial “cooling off” period if it’s deemed necessary.

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

2.3.3.4.4. Will assist with the coordinator of the FMCMT recommendations, as necessary.

2.3.3.5. Community Agencies:

2.3.3.5.1. Although the Elmendorf AFB FAP has no jurisdiction over civilian agencies, community agencies will be encouraged to notify the FAO, or the DFYS, of any incidents of child abuse or neglect, involving military families connected with Elmendorf AFB that come to their attention.

2.3.3.5.2. The Elmendorf AFB FAO will work on a collaborative basis with community agencies to assist in providing necessary services to families experiencing family maltreatment.

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Commander