

**BY ORDER OF THE COMMANDER
ANDREWS AIR FORCE BASE**



AIR FORCE INSTRUCTION 40-301

ANDREWS AIR FORCE BASE

Supplement

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Medical Command

FAMILY ADVOCACY

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This supplements AFI 40-301, Family Advocacy Program. It establishes the Andrews Air Force Base (AAFB) Family Advocacy Program (FAP). It explains policies and procedures IAW AFI 40-301 for identification, assessment, protection, treatment, and prevention of family maltreatment. It assigns responsibilities and explains procedures for the management of the FAP. This instruction mandates reporting of all known or suspected incidents of family maltreatment by all base active duty members, Air National Guard and Reserve personnel, and Civilians affiliated with Andrews AFB. It outlines mandatory requirements of the Family Advocacy Committee (FAC), the Central Registry Board (CRB), the Clinical Case Staffing (CCS), the Child Sexual Maltreatment Response Team (CSMRT) and the High Risk for Violence Response Team (HRVRT). This instruction applies to all active duty members, Air National Guard and Reserve personnel, and Civilians assigned to Andrews AFB.

SUMMARY OF CHANGES

This revision incorporates the information from AFI 40-301, *Family Advocacy*, 19 JANUARY 2005 Incorporating Change 1, 7 August 2006 into a supplement to AFI 40-301 in accordance with AFI 33-360, *Publications and Forms Management*, paragraph 2.9.1.1. This document is substantially revised and must be completely reviewed.

1.3.3.2. Incidents of family maltreatment that result in death are classified as high interest. These cases will be handled with sensitivity to the family and others involved.

1.4.1. The installation commander has responsibility for implementing the FAP, ensuring program effectiveness, and gathering all necessary support.

1.5.1. The FAC will be chaired by the 779th Medical Group Commander (779 MDG/CC).

1.5.2.13. The FAC may add other members at the discretion of the chairperson.

1.5.3. The FAC will meet once a quarter or at the call of the chairperson to accomplish the following tasks:

1.5.3.1. Set policy and procedures for operating the FAP, based on this instruction and FAP standards.

1.5.3.3. Review available data on families to identify at-risk groups requiring prevention services and to detect trends. Use findings to ensure that responsible programs are implemented.

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

1.5.3.17. **(Added)** Advocate to establish and improve services that promote healthy families.

1.5.3.18. **(Added)** Solicit the resources needed to successfully run the FAP.

1.5.3.19. **(Added)** Develop and maintain a directory of community resources.

1.5.3.20. **(Added)** Establish the CRB, CCS, CSMRT and HRVRT.

1.6.2.8. The 316 WG/CC, 779 MDG/CC and AFOSI will be notified immediately.

1.11.4. The SFS Law Enforcement Desk will notify the FAO or designee of all incidents involving suspected cases of maltreatment. A copy of the incident report will be made available to the FAO for inclusion in the FAP record.

1.11.8. The SFS will coordinate with AFOSI on all maltreatment cases to determine who has investigative jurisdiction.

1.12.2. The AFOSI will notify the FAO or designee of all cases involving suspected or established family maltreatment that come to the attention of 7 FIS, HQ AFOSI, Andrews AFB MD.

1.13.5. When allegations of extra-familial maltreatment occur in DoD sanctioned youth or child care activities, the FAO will coordinate with the Medical Group and Wing Commander for consideration to request the Family Advocacy Command Assistance Team (FACAT).

1.16. All military personnel and individuals affiliated with Andrews AFB and its organizations and tenants will report all identified incidents of suspected or known child or spouse maltreatment to the FAP.

1.16.1. **(Added)** After-hours reports of child and spouse maltreatment will be taken by the Mental Health on-call provider through notification by the Security Forces Squadron (SFS) or the emergency room.

2.1. The mission of the Andrews AFB FAP is to promote the health and well being of military families, so as to maintain the readiness ability of the active duty member.

2.1.1. **(Added)** The Andrews AFB FAP will provide a varied range of services including primary prevention services, secondary prevention services, the New Parent Support Program (NPSP) and assessment and treatment of child and spouse maltreatment.

2.1.2. **(Added)** The Andrews AFB FAP will work on a collaborative basis with base agencies to assist in providing services to families.

4.1.2. The CRB is composed of the host wing Vice Wing Commander, SJA, Squadron Commander/First Sergeant, Command Chief Master Sergeant, FAO, AFOSI and SFS. Only trained and appointed alternates may fill in for the primary representative.

4.1.2.1. The CRB determines the status of all cases.

4.1.2.2. The CRB addresses the administrative function of the maltreatment process and the CCS addresses the clinical function.

4.1.3. The composition of the CSMRT will include a Family Advocacy clinician, AFOSI, SJA, and representatives from other agencies having legal, investigative or child protection responsibilities, when appropriate.

4.1.3.1. Team members must be trained within 90 days of appointment. Appointed team members and their alternates will meet annually to clarify roles and responsibilities and provide education regarding child sexual abuse and safety planning.

4.1.3.2. Review all open family maltreatment cases at least quarterly to ensure that the case management plan is current; substantiated sexual abuse cases will be reviewed monthly.

4.1.3.5. **(Added)** The CSMRT is a multidisciplinary team designed to effectively manage the initial response to child sexual maltreatment allegations.

4.1.3.6. **(Added)** The CSMRT will be notified immediately when allegations of child sexual maltreatment occur. If this occurs during non-duty hours, the on-call provider handling the situation will determine based on level of risk and safety, if the CSMRT should be activated. If activation is required the CSMRT members will be notified and the AFOSI will determine who will conduct the forensic interview(s). The on-call provider's purpose is to assess the victim for risk and safety, but not conduct a thorough evaluation or interview of the alleged maltreatment.

4.1.3.7. **(Added)** Following notification of child sexual maltreatment suspicion, the FAO will initiate the CSMRT meeting. This meeting will occur in a timely manner not to exceed 72 hours. The purpose of the initial meeting will be to review the allegation, coordinate a course of action for the CSMRT and tend to the well being of the victims, their family, and the alleged offender.

4.1.4. The composition of HRVRT will include: the MSG/CC (HRVRT Chairperson), the FAO, the Family Advocacy staff member working with the family of concern, Squadron Commander, SFS Commander (or designee), SJA, Mental Health Provider, AFOSI representative, and representatives from other agencies having legal, investigative, or protective responsibilities, as appropriate (e.g., base housing, local police, etc.).

4.1.4.1. New members to the HRVRT will be trained within 90 days of appointment. Appointed team members and their alternates will meet annually to clarify roles, responsibilities and receive education regarding family violence and safety planning.

4.1.4.2. The HRVRT is a multidisciplinary team designed to effectively manage potentially dangerous situations involving FAP clients when either:

4.1.4.2.1. **(Added)** Members of a family unit may be in imminent danger of being harmed by other family members. Family members may include active duty, spouses, children, stepchildren, ex-spouses, or ex-stepparents.

4.1.4.2.2. **(Added)** Staff members may be in imminent danger of being harmed by a Family Advocacy client or former client.

4.1.4.3. The goals of the HRVRT are to coordinate FAP, Unit/Squadron/Wing command and community response to decrease the risk of violence to family members or FAP personnel.

4.1.4.4. **(Added)** The FAO will be notified immediately when there is a threat of immediate harm to an individual within the FAP system. After duty hours, the on-call Mental Health provider will be notified.

4.1.4.5. **(Added)** Upon notification of suspicion of potential threat of harm by an individual(s), 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.

4.1.4.6. **(Added)** The FAO/HRVRT will involve the threatened individual(s) in the safety planning process.

4.1.4.7. **(Added)** The FAO will ensure that key base leadership (FAO's chain of command/FAC Chairperson) are briefed of HRVRT activation as appropriate.

6. **(Added) The Outreach Program.**

6.1. **(Added) The Family Advocacy Outreach Program will be managed by the FAOM.**

6.2. **(Added)** The FAOM will establish a working relationship with the installation and community agencies that provide services for military families, and will share information with these agencies about available community education and life skill training resources.

6.3. **(Added)** The FAOM will establish primary maltreatment prevention services and secondary prevention services for adults, teens, and children.

6.4. **(Added)** Develop appropriate training programs for commanders and first sergeants, medical and dental staff, SFS, AFOSI, FSC staff, Family Member Support Flight staff, family home day care providers and other base helpers and volunteers.

6.5. **(Added)** Establish Outreach Program files, including forms and reports following HQ AFMOA/SGPS guidelines.

6.6. **(Added)** Develop a formal evaluation process to monitor outreach programs and resources.

7. **(Added) New Parent Support Program (NPSP).**

7.1. **(Added)** The NPSP will be managed by the Family Advocacy Nurse with input from the FAP staff IAW AF FAP standards and DoD guidelines.

7.2. **(Added)** Primary and secondary prevention services will be offered to parents and families with children from age 0 up to 3 years old.

7.3. **(Added)** Educational and informational/referral services will be provided to eligible clients.

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