

**BY ORDER OF THE COMMANDER  
JOINT BASE ELMENDORF-  
RICHARDSON**

**JOINT BASE ELMENDORF-RICHARDSON  
INSTRUCTION 40-301**

**6 JUNE 2013**

**Medical Command**

**FAMILY ADVOCACY PROGRAM (FAP)**



**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFD 40-3, *Family Advocacy Program*. It establishes procedures and responsibilities for the administration of the Family Advocacy Program at Joint Base Elmendorf-Richardson (JBER). It explains policies and procedures in accordance with AFI 40-301, *Family Advocacy*, for identification, protection, treatment and prevention of family maltreatment and for assessment, identification and treatment of family members with special needs. It assigns responsibilities and explains procedures for the management of the Family Advocacy Program (FAP) and the Special Needs Identification and Assignment Process. This instruction requires the identification of military family members with special medical and/or educational needs, and mandates reporting of all incidents of family maltreatment which occur on or off-base in which active duty personnel or their family members are involved, either as a victim or perpetrator, by all base organizational units and active duty members. This instruction applies to all active duty members assigned to JBER and all organizational units assigned to the base. This publication does not apply to the US Air Force Reserve or Air National Guard unit and members. Compliance with this instruction cannot be waived. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. Route the AF Forms 847 through to appropriate chain of command. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). See **Attachment 1** for Glossary of References and Supporting Information.

**This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 8013, Secretary of the Air Force; Air Force**

**Instruction 40-301, Air Force Family Advocacy Program, and E.O. 9397 (SSN). The applicable Privacy Act SORN(s) F044 AF SG Q, Family Advocacy Program Record (November 18, 2003, 68 FR 65039) is available at <http://privacy.defense.gov/notices/usaf/>.**

### *SUMMARY OF CHANGES*

**This document is substantially revised and must be completely reviewed.** Elmendorf AFB is now combined with Fort Richardson, renaming the entire installation as JBER. Family Advocacy at JBER is now responsible for the care of Army personnel and associated family members. The Army Case Review Committee (CRC) is now the Case Review Board (CRB) and this function will review all Air Force and Army incidents. Members of the Army assigned to the CRB will be equivalent to Air Force members.

#### **1. Policy:**

1.1. This instruction implements Alaska Statute 47, Chapter 17 § 10 thru 290, *Child Protection*, or AS 47.17 § 10-290 addressing mandated reporting, when and to whom report is authorized, content of report, immunity from liability, and penalty for failure to report. Refer to *Uniform Code of Military Justice*, AFI 40-301 *Family Advocacy*, paragraph **1.14**, and the 42 U.S.C. § 5101 et seq and 42 U.S.C. § 5116 et seq, *Child Abuse Prevention and Treatment Act*.

#### **2. Responsibilities:**

##### 2.1. Organizational structure of JBER FAP:

2.1.1. The Installation Commander (673 ABW/CC) is responsible to ensure availability of adequate resources for the effective and efficient implementation of the FAP and establishes the Family Advocacy Committee (FAC).

2.1.2. The 673d Medical Group Commander (673 MDG/CC), or designee, is responsible for managing and monitoring healthcare aspects of the FAP. Serves as chairperson of the FAC.

2.1.3. FAC is responsible for the oversight of all FAP functions including treatment and prevention.

2.1.4. Family Advocacy Officer (FAO) serves as the leader of the multidisciplinary FAP team and manages all aspects of the FAP including staff and services provided under its auspices.

2.1.5. Central Registry Board (CRB) is responsible in deciding which referrals for suspected family maltreatment meet the Department of Defense (DoD)/Air Force (AF) criteria that define family maltreatment, requiring entry into the AF Central Registry data base.

2.1.6. Family Advocacy Prevention Team is responsible for being the community liaison and is the program manager for the base FAP Prevention/Outreach Program.

2.1.7. Special Needs Coordinator (SNC) is responsible for the Special needs Identification and Assignment Process.

##### 2.2. Family Advocacy Committee:

2.2.1. The 673 ABW/CC establishes the FAC, which is composed of the 673 ABW/CC (or designee), 673 MDG/CC or Deputy MDG/CC, FAO, Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS), Director, Military and Family Readiness Center (MFRC) (or designee), Staff Judge Advocate (SJA) (or designee), 673d Security Forces Squadron Commander (673 SFS/CC) (or designee), AFOSI/CID Detachment/CC (or designee), Installation Chaplain (or designee), Command Chief Master Sergeant or Wing (Command) Sergeant Major (CSM/SGM), and the Department of Defense Education Activity (DoDEA) designated representative.

2.2.2. Establishes written policy and procedures for the development and implementation of the FAP.

2.2.3. Provides required resources for implementation of the FAP.

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

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

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

2.2.7. Ensures written Memoranda Of Understanding exist between installation and local child protective services and that they are reviewed bi-annually.

2.2.8. Establishes and appoints members of the Central Registry Board (CRB), Child Sexual Maltreatment Response Team (CSMRT), and High Risk for Violence Response Team (HRVRT).

2.2.9. Monitors the activities of the CRB, reviews policy recommendations and ensures effectiveness.

2.2.10. Reviews unusually sensitive cases or those requiring special intervention as recommended by CRB.

2.2.11. Meets quarterly and at the call of the chairperson.

### **3. Family Maltreatment:**

3.1. Base policy is to identify, report, treat, and prevent maltreatment of JBER active duty, family members and civilians.

#### **3.2. Family Maltreatment Reporting:**

3.2.1. All agencies, departments or individuals affiliated with JBER will report all identified incidents of suspected or established family maltreatment cases to FAP. The FAP staff will provide emergent and/or scheduled assessments of family/parent-child systems and couples to determine safety of all its members. Treatment plans and/or referrals will be accomplished as appropriate. The FAP will ensure the appropriate commanders and First Sergeants are notified.

3.2.2. The person or agency who reports child maltreatment to FAP must also report it to local Office of Children Services (OCS).

3.2.3. Military related child care and medical providers will receive annual training regarding the indicators of abuse and neglect, and the procedures for reporting family maltreatment to the FAP and to OCS. The Family Advocacy Outreach Managers (FAOM) will be the point of contact (POC) for this training.

3.3. The 673 MDG Personnel:

3.3.1. The 673 MDG personnel are required to report immediately all known or suspected cases of abuse or neglect to FAP, and to follow established reporting protocols.

3.3.2. In cases of suspected physical/sexual maltreatment, or neglect a provider will evaluate, treat, document and if necessary refer for further evaluation and/or care.

3.3.3. Any interview of a minor child will be conducted, with full coordination of all agencies having a viable interest with the case (for example, OCS, FAP, Security Forces Squadron (SFS), and so forth). This is to minimize the trauma of multiple interviews on the child. Every attempt will be made to obtain all information in one interview with minor children, with all agency representatives who wish to participate, to observe and suggest additional questions, as deemed necessary.

3.3.4. Anchorage Police Department (APD) and/or OCS has jurisdiction on base to determine temporary foster care for the children at immediate risk.

3.3.5. All reports to Family Advocacy made after duty hours may be initially directed to Law Enforcement. Security Forces/Military Police will forward information for disposition either to APD and/or OCS and/or consult with the on-call Mental Health provider. A Mental Health provider is on-call for any consultation or referral to appropriate installation or community agencies. The Mental Health provider will not provide in home evaluations, assessments, or treatment. A Treatment Manager may enter an on-base home to determine whether or not the condition of the home presents an immediate risk to the child's physical well-being during regular duty hours (0730 – 1630, Monday-Friday).

3.4. Air Force Office of Special Investigations (AFOSI) and Criminal Investigations Command (CID). AFOSI/CID has the primary responsibility for coordinating with federal, state, and local law enforcement agencies regarding FAP investigations. AFOSI will not be a "voting" member of the CRB. CID may be a voting member at the CRB.

3.5. Photographic Evidence:

3.5.1. The 673 SFS/CC will ensure FAP has access to blotters. In cases of apparent physical abuse/neglect, Security Forces (SF) will contact 673d Air Base Wing Public Affairs (673 ABW/ PA) to respond and take pictures of the scene/victim during the course of the investigation. Photos will be taken as soon as possible, or appropriate, before external evidence of injuries subside or to document damage or neglect of physical property. Photographs taken at the scene or of the victim will be processed through 673 ABW/PA and released to the appropriate investigative agency, and photographs taken will also be made available to the Family Advocacy Office through this agency (AFOSI or SFS).

3.5.2. If CID assumes jurisdiction of a case, they will take all photographs of the scene/victim during the course of the investigation. CID will then determine how crime

scene photographs are released to respective agencies. At the end of the investigation the United States Army Crime Records Center will make the determination on what information is to be released.

#### 3.6. Commanders and First Sergeants:

3.6.1. Ensure all families suspected of family maltreatment are reported to the FAP.

3.6.2. Ensure a safe environment for the victim and if necessary, will coordinate with the FAP to do so.

3.6.3. Make plans to ensure no further incidents of abuse take place and help to ensure that the sponsor cooperates in follow-up treatment.

#### 4. Central Registry Board (CRB):

4.1. The purpose of the CRB is to decide which referrals for suspected family maltreatment meet the Air Force criteria that define family maltreatment, requiring entry into the Air Force Central Registry data base.

4.2. The CRB meets at the call of the chairperson, but at least monthly.

4.3. The 673d Air Base Wing Vice Commander (673 ABW/CV) will serve as chairperson of the CRB.

4.4. The FAO is responsible for the family maltreatment component of the FAP and will serve as a member of the CRB.

4.5. Core Air Force CRB members and alternates will be appointed, in writing, and will include: CRB Chairperson, Judge Advocate, Command Chief Master Sergeant, Security Forces Office of Investigation (SFOI) Representative; Office of Special Investigations (OSI); and Family Advocacy Officer (FAO). Squadron representatives are also members: Commanders, or designee, of Active Duty (AD) offender/AD victim (only for his/her squadron's incidents).

4.6. Core Army CRB members and alternates will be appointed in writing and will include: CRB Chairperson, Judge Advocate, Command Sergeant Major, CID, and FAO. Battalion representatives are also members: Commanders or designee, of AD offender/AD victim (only for his/her Battalion's incidents).

#### 5. Clinical Case Staffing (CCS):

5.1. The FAO will chair the CCS.

5.2. **Attendees** of the CCS include all Treatment Managers (TM); Family Advocacy Nurses (FAN); Family Advocacy Outreach Managers (FAOM), and Family Advocacy Program Assistants (FAPA). All members will be present unless on leave, temporary duty (TDY), or excused by the FAO.

5.3. The purpose of the CCS is to clinically consult about the assessment and ongoing case management of interventions with families having allegations of maltreatment. This includes risk assessment and ongoing safety planning.

5.4. Recommendations resulting from the CCS discussions will add value to the intervention course and will be documented in the client's FAP and outpatient record.

5.5. Reviews all open cases at least quarterly. Will review substantiated child sexual maltreatment cases monthly.

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

#### **6. Child Sexual Maltreatment Response Team (CSMRT):**

6.1. The CSMRT will be established by the FAC with the purpose of managing the initial response to all child sexual maltreatment referrals. If there is a possibility of multiple victims, the Family Advocacy Command Assistance Team (FACAT) may need to be requested.

6.2. CSMRT membership includes FAP clinician assigned to the case, FAO, AFOSI/CID, Staff Judge Advocate (SJA), and representatives from other agencies having legal, investigative, or child protection responsibilities to include (OCS) who will also be the primary advocate for child victims.

6.3. CSMRT functions as an ad hoc working group that meets at the call of the FAO. Following notification of alleged sexual maltreatment, the CSMRT will meet as soon as needed, but no later than 72 hours after referral is received.

6.4. The purpose of the initial meeting is to: (1) review the allegation(s); (2) coordinate a course of action; (3) attend to the well-being of the victim(s), his/her family, and alleged offender; (4) minimize the number of investigative interviews and medical examinations to reduce the emotional trauma of the response process; (5) develop a strategy for interviewing the victim(s), including who will conduct the interview and where it will be accomplished; (6) ensure documentation of the meeting is recorded in the FAP record; (7) ensure victim safety and prevent re-victimization and; (8) ensure suicidal/homicidal risk is evaluated for every at-risk family member (including offenders).

#### **7. High Risk for Violence Response Team (HRVRT):**

7.1. The HRVRT will be established by the FAC with the purpose of managing potentially dangerous situations involving FAP clients when either (1) members of a family unit may be in imminent danger of being harmed by other family members; or (2) FAP staff members may be in imminent danger of being harmed by a FAP client or ex-client.

7.2. HRVRT membership includes FAO (as chairperson), FAP clinician assigned to the case, active duty member's Squadron Commander, SFS Representative, SJA, Mental Health Clinic Provider, AFOSI/CID representative, and representatives from other agencies having legal, investigative, or protective responsibilities as appropriate.

7.3. HRVRT functions as an ad hoc working group that meets at the call of the FAO.

7.4. The purpose of the initial meeting will be to assess the level of danger, then develop and implement a course of action to manage the risk of violence. Follow-up meetings will be decided upon by a case-by-case basis.

#### **8. Incident Status Determination Review (ISDR):**

8.1. The ISDR process is established to provide FAP clients with recourse if they disagree with the CRB's decision. This review process enables clients to have the case reviewed if additional information is found and/or CRB procedures were not adequately followed.

8.2. The 673 MDG/CC will serve as the ISDR process reviewer.

8.3. Process:

8.3.1. The individual requests reconsideration of the CRB decision, in writing, to the FAO within 30 days of notification of the CRB results.

8.3.2. FAO and the 673 MDG/CC will review all information pertinent to the case and make recommendations to the CRB Chairperson, who then determines if the case meets review eligibility per current FAP Standards.

8.3.3. If the case meets review eligibility, the FAO ensures the request is included in the next CRB agenda. The 673 MDG/CC will observe the ISDR process.

8.3.4. The FAO will draft a letter to the client, with notification of the ISDR case status determination, and forward it to the CRB Chairperson for review, approval, and signature. A courtesy copy will be forwarded to the sponsor's commander and FAP for entry into the FAP record.

8.3.5. If the CRB chairperson determines the ISDR request does not meet the required criteria, a letter is sent to the client denying the ISDR request, with courtesy copies to the sponsor's commander and FAP.

## **9. Prevention Services:**

9.1. Family Advocacy Prevention Team directs proactive maltreatment prevention programs. The team consists of the Family Advocacy Outreach Manager, New Parent Support Program staff, and Family Advocacy Strength-based Therapy Services staff.

9.2. FAP Prevention Team Responsibilities:

9.2.1. Establishes liaison with installation and community agencies providing social services to military families.

9.2.2. The Prevention program will provide primary and secondary prevention activities driven by assets and needs.

9.2.3. Processes will be established for collaborative planning and development of prevention initiatives in conjunction with other base helping agencies.

## **10. Outreach and Prevention/Joint Installation Prevention Team (JIPT):**

10.1. The JIPT which replaced the former Integrated Delivery System (IDS) has been restructured to include its army counterpart the Installation Prevention Team (IPT).

10.2. The JIPT is a system of collaborative partnerships between the Family , Chapel, Family Member Support Flight, Mental Health, Health and Center (HAWC), Army Community Services (ACS), and FAP. Other base agencies may participate as appropriate, reference JBER-MOU-135 for more details.

10.3. The goal of the JIPT is to promote family readiness. It's an installation-supported planning group designed to increase awareness of primary and secondary prevention programs and to streamline the delivery of services.

10.4. The Family Advocacy Outreach Manager(s) and FAO will be the primary FAP representative on the JIPT. The JIPT chairperson will rotate among the JIPT members bi-

annually as spelled out in JBER-MOU-135. JIPT will meet at the call of the chairperson, but at least quarterly.

**11. Exceptional Family Member Program Medical (EFMP-M):**

11.1. The Special Needs Coordinator (SNC) is responsible for the Special Needs Identification and Assignment Process for Air Force Members only.

11.2. During the course of the active duty member's reassignment process, the availability of the required special need services will be verified by the projected gaining base. If the family member travel is denied, the sponsor will be referred to the Military Personnel Flight to obtain guidance for initiating special assignment consideration.

11.3. All eligible families who may have a family member with a special medical or educational need will report to the 673 MDG, Admission and Disposition Office to initiate special needs evaluation and to initiate any necessary actions if a special service is required.

11.4. SNC Responsibilities:

11.4.1. Ensure prompt processing of AF Form 1466, *Request for Overseas Medical Clearance*; AF Form 1466DO, *Request for Family Member Dental Information*; and DD 2792 *Family Member Medical and Education Clearance*, forms.

11.4.2. Respond quickly to family member relocation, reassignment, and deferment requests by providing information about the availability of local services.

11.4.3. Assist sponsors in obtaining medical, dental, and educational diagnostic and prognostic statements required for reassignments, deferments per AFI 36-2110, *Assignments*.

**12. Information Collections.** No information collections are required by this publication.

BRIAN P. DUFFY, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCE AND SUPPORTING INFORMATION*****References***

AFMAN 33-363, *Management of Records*, 1 March 2008.

AFI 36-2110, *Assignments*, 22 September 2009.

AFPD 40-3, *Family Advocacy Program*, 10 March 2005.

AFI 40-301, *Family Advocacy*, 30 November 2009.

JBER-MOU-135, 13 October 2012.

**Adopted Forms**

AF Form 847, *Functional Recommendation for Change of Publication*.

AF Form 1466, *Request for Overseas Medical Clearance*.

AF Form 1466DO, *Request for Family Member Dental Information*.

DD 2792 *Family Member Medical and Education Clearance*.

***Abbreviations and Acronyms***

**AD**—Active Duty.

**AF**—Air Force.

**AFOSI**—Air Force Office of Special Investigations.

**AFRIMS**—Air Force Office of Special Investigations.

**APD**—Anchorage Police Department.

**ACS**—Army Community Services.

**CAIB**—Community Action and Information Board.

**CCS**—Clinical Case Staffing.

**CHPC**—Community Health Council.

**CID**—Criminal Investigations Command

**CRB**—Central Registry Board.

**CRC**—Case Review Committee.

**CSMRT**—Child Sexual Maltreatment Response Team.

**DAVA**—Domestic Abuse Victim Advocate.

**DoD**— Department of Defense.

**EFMP**—M – Exceptional Family Member Program Medical.

**FAC**—Family Advocacy Committee.

**FACAT**—Family Advocacy Command Assistance Team.

**FAN**—Family Advocacy Nurses.  
**FAO**—Family Advocacy Officer.  
**FAOM**—Family Advocacy Outreach Managers.  
**FAP**—Family Advocacy Program.  
**FAPA**—Family Advocacy Program Assistants.  
**HAWC**—Health and Wellness Center.  
**HRVRT**—High Risk for Violence Response Team.  
**IDS**—Integrated Delivery System.  
**IPT**—Installation Prevention Team.  
**ISDR**—Incident Status Determination Review.  
**JBER**—Joint Base Elmendorf Richardson.  
**JIPT**—Joint Installation Prevention Team.  
**MPF**—Military Personnel Flight.  
**OCS**—Office of Children Services.  
**OPR**—Office of Primary Responsibility.  
**OSI**—Office of Special Investigations.  
**POC**—Point of Contact.  
**RDS**—Records Disposition Schedule.  
**SF**—Security Forces.  
**SFOI**—Security Forces Investigation.  
**SFS**—Security Forces Squadron.  
**SJA**—Staff Judge Advocate.  
**SNC**—Special Needs Coordinator.  
**TDY**—Temporary Duty.  
**TM**—Treatment Managers.