

**BY ORDER OF THE
COMMANADER, 18TH WING**



AIR FORCE INSTRUCTION 40-301

**KADENA AIR BASE
Supplement**

10 NOVEMBER 2011

Medical Command

FAMILY ADVOCACY PROGRAM

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This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program (FAP)*; AFI 40-301, *Family Advocacy*; and the *Family Advocacy Program Standards*. It establishes the Kadena Air Base (AB) FAP. It explains policies and procedures in accordance with AFI 40-301 for the identification, protection, treatment, and prevention of family/intimate partner maltreatment. It assigns responsibilities and explains procedures for the management of the FAP. This instruction outlines the mandatory reporting requirements of all incidents of family/intimate partner maltreatment by all base organizational units, active duty members, and civilians. Failure to comply with the subject identification and reporting requirements may be punishable under Article 92 of the Uniform Code of Military Justice. This instruction applies to all active-duty personnel and Status of Forces Agreement (SOFA) status members assigned or attached to Kadena AB, and all base partner units. All agencies, departments, or individuals affiliated with Kadena AB will report all identified incidents of suspected or established family maltreatment directly to the Family Advocacy Program, 18th Security Forces Squadron (18 SFS), or Air Force Office of Special Investigations (AFOSI). Additional guidance is found in both AFI 40-301 and the *Family Advocacy Standards* (revised in November 2009). 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 AF Forms 847 from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at https://www.my.af.mil/afrims/afrims/afrims/rds/rds_series.cfm.

SUMMARY OF CHANGES

This document has been converted from a Kadena AB Supplement to a Kadena AB Instruction. Therefore, the format of the information provided in this Instruction has changed but the information and guidelines remain unchanged from the Kadena AB Supplement, January 2010.

1. Responsibilities

1.1. Wing Commander

1.1.1. Responsible for implementing the Wing's Family Advocacy Program (FAP), ensuring program effectiveness, and providing necessary support to sustain the program.

1.1.2. Appoints, in writing, the Vice Wing CC (18 WG/CV) as the Central Registry Board (CRB) Chairperson and the 18th Mission Support Group Commander (18 MSG/CC) as the alternate chairperson.

1.1.2.1. Ensures the Kadena CRB meets at least monthly in order to bring all cases to the CRB within the 60-day deadline.

1.1.2.2. All CRBs are held at the 18 WG/CC Conference Room except when the 18 MSG/CC chairs the meeting. These CRB meetings are held in the 18 MSG/CC Conference Room. Army CRBs are held at the Army Headquarters Conference Room located on Torii Station.

1.1.3. Appoints in writing the Installation Command Chief Master Sergeant as a CRB member.

1.1.4. Establishes Kadena's Family Advocacy Committee (FAC). The FAC is a sub-committee of the Community Action Information Board (CAIB). The CAIB will ensure all duties and responsibilities are executed.

1.1.5. Appoints the following individuals as members of the FAC:

1.1.5.1. 18th Medical Group Commander (18 MDG/CC) as chairperson.

1.1.5.2. 18th Medical Operations Squadron Commander (18 MDOS/CC) as alternate chairperson.

1.1.5.3. Command Chief Master Sergeant.

1.1.6. Promotes and ensures cooperation among installation organizations to build healthy, resilient communities in order to prevent and treat family/intimate partner maltreatment.

1.1.7. Ensures Inter-Service Support Agreements (ISSA) are executed, when necessary, with other uniformed service helping agencies to achieve the FAP mission.

1.1.8. Ensures all Department of Defense (DoD) personnel comply with mandatory reporting requirements and referral of families for suspected family member/intimate partner maltreatment.

1.1.9. Through the FAP, develops procedures to ensure immediate protective care for victims of family/intimate partner maltreatment.

1.1.10. In conjunction with the 18 MDG/CC, ensures FAP is adequate to support appropriate patient care, including attention to safety needs and handicapped accessibility.

1.1.11. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT), ensures full consideration of requests for Family Advocacy Command Assistance Team (FACAT)

assistance on all allegations of multi-victim child sexual maltreatment in DoD-sanctioned activities. (Process is documented in 18 MDOS/SGOWF Operating Instruction 40-7, *Response Teams*.)

1.1.12. Ensures the Sexual Assault Response Coordinator (SARC) involves the FAP on all family/intimate partner sexual maltreatment issues reported to them.

1.2. Medical Treatment Facility Commander

1.2.1. Staffing and training:

1.2.1.1. Serves as chair of the installation FAC or appoints a designee.

1.2.1.2. Appoints a licensed clinical social worker to serve as the Family Advocacy Officer (FAO). Designates a trained alternate to ensure continuity of the program. Other credentialed mental health officers may fill these positions if the installation has no social workers available.

1.2.1.3. Provides administrative support for FAP prevention and maltreatment intervention.

1.2.1.4. Ensures all High Risk for Violence Response Team (HRVRT), CSMRT, and FACAT members are trained annually on their roles, responsibilities, and on child/spouse maltreatment dynamics.

1.2.1.4.1. The response teams are activated immediately and manage the initial response to allegations of child sexual maltreatment as well as when there is a threat of immediate and serious harm to family members or FAP staff. The response teams address and assess the level of danger and potential triggers, then develops and implements a course of action to manage the risk of violence.

1.2.1.5. Ensures all FAP volunteers receive proper screening, training, and supervision and have received training from the American Red Cross or another organization authorized by the 18th Medical Group.

1.2.1.6. Serves as reviewer for any Incident Status Determination Review (ISDR) along with the FAO. Recommendations will be presented to the Central Registry Board (CRB) chairperson.

1.2.1.7. Ensures multidisciplinary case staffing between Mental Health, Alcohol and Drug Abuse Prevention and Treatment (ADAPT), and the FAP.

1.2.1.8. Ensures Lester Naval Hospital providers refer eligible (those empanelled to the 18 MDG) families to New Parent Support Program (NPSP) through the Obstetrics (OB) Orientation process.

1.2.1.9. Ensures suspected victims of family maltreatment receive medical and dental assessment, required intervention, and referral to base and community agencies when recommended by the FAO or credentialed provider. When hospitalization of any child is recommended by a credentialed provider but is against the wishes of the child's parents, the provider will notify the 18 MDG/CC and the Staff Judge Advocate (SJA), or representative, prior to hospital admission.

1.2.2. Service Delivery:

1.2.2.1. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.

1.2.2.2. Ensures policies and procedures are established for effective coordination of services between Mental Health and Family Advocacy for the continuity of care of FAP clients.

1.2.2.3. Ensures all medical personnel notify the FAP of all suspected incidents of family/intimate partner maltreatment.

1.2.2.4. When a Family Advocacy Nurse (FAN) is assigned, ensures the New Parent Support Program (NPSP) is managed according to Air Force Medical Operations Agency, Office of the Surgeon General, Family Advocacy Program (AFMOA/SGHW) guidelines.

1.2.2.5. Assumes responsibility for managing and monitoring health care aspects of the FAP.

1.2.2.6. Ensures medical information is accessible to support FAP.

1.2.2.7. In cases of sudden or unexplained child deaths occurring on the installation, ensures the completion of an appropriate autopsy, notification of the AFOSI and Security Forces Squadron (SFS), and referral of the family to the FAP for immediate assessment and supportive services.

1.2.2.8. Ensures FAP prevention programs are integrated with other MTF prevention programs and that services are coordinated with the Integrated Delivery System (IDS) initiatives.

1.2.2.9. Establishes educational programs to provide annual training to personnel in key agencies including medical, dental, child care and youth center, youth activity volunteers, Department of Defense Education Activity (DoDEA), AFOSI, SFS, A&FR, and all FAP committees and management team members.

1.2.2.10. Provides Family Advocacy services to both Air Force and Army service members, dependents, and civilian employees affiliated with the Air Force. Therefore, an Army representative has been invited to attend the FAC. NPSP services are offered to Air Force and Army service members, dependents, and civilian employees affiliated with the Air Force.

1.2.2.11. Presents issues at CAIB and/or Kadena Team Staffing Meeting (KTSM) at least quarterly. The FAO will attend CAIB meetings or the 18 MDOS/CC will attend KTSM meeting and present information on family maltreatment trends, services, and other related issues.

1.2.3. Program Administration:

1.2.3.1. Appoints in writing the FAO and the alternate FAO as CRB members.

1.2.3.2. Appoints the Family Advocacy Outreach Manager (FAOM) as the FAP representative to the Kadena Installation Delivery System (IDS) and FAO as the alternate representative. Ensures the FAO or 18 MDOS/CC briefs the 18th Wing Commander (18 WG/CC) at least quarterly at CAIB or KTSM.

1.2.3.3. Provides office space, equipment, furnishings, operating supplies, utilities, maintenance, and other required resources.

1.2.3.4. Provides computer hardware, software, and internet access to support AFMOA/SGOF, to meet Congressional and DoD-mandated data requirements.

1.2.3.5. Maintains equipment/systems that are purchased by AFMOA/SGHW for installation FAP use. All equipment/systems will be included on the 18 MDG equipment inventory accordingly.

1.2.3.6. Provides environmental and security measures in accordance with Air Force Inspection Agency (AFIA), The Joint Commission, and federal guidelines for sensitive information services.

1.2.3.7. Establishes a Family Advocacy process improvement program, which is included in the MTF quality management program.

1.2.3.8. Protects the privacy of sensitive information contained in Family Advocacy.

1.2.3.9. Ensures procedures for the quarterly Wing Commander FAP brief are developed with the FAO.

1.2.3.10. Establishes a procedure to notify the MTF Commander of all family/intimate partner maltreatment-associated deaths that occur on or off the installation.

1.2.3.11. Initiates an agreement with DoDEA and other Military Departments specifying referral, evaluation, and service delivery procedures.

1.3. Family Advocacy Officer (FAO)

1.3.1. Manages the installation FAP according to AFMOA/SGHW guidance.

1.3.2. Ensures notification to all necessary base agencies to coordinate safety and care in cases of suspected maltreatment.

1.3.3. Facilitates the Central Registry Board (CRB) and chairs the Child Sexual Maltreatment Response Team (CSMRT), High Risk for Violence Response Team (HRVRT), the FAP case-staffing meetings for NPSP, and the Outreach and Prevention Management Team (OPMT).

1.3.3.1. Attends CRB meetings chaired by the 18 WG/CV or 18th Mission Support Group Commander (18 MSG/CC). Ensures effective implementation of the CRB process in accordance with 2009 FAP Standards.

1.3.4. Ensures integration of all FAP prevention components.

1.3.5. Ensures timely evaluation of all maltreatment referrals to FAP.

1.3.6. Ensures FAP services and referral resources are included in the installation IDS information and referral guide.

1.3.7. Supervises FAP staff within the guidelines of appointed contract.

1.3.8. Must notify AFMOA/SGHW when a contract position becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMOA/SGHW.

1.3.9. Maintains FAP records according to AFMOA/SGHW standards.

1.3.10. Ensures completion of the bi-annual FAP Action Plan.

1.3.11. Completes FAP reports and submits case data according to AFMOA/SGHW guidance.

1.3.12. Establishes procedures for the security of FAP records and resources.

1.3.13. Serves as a member of the FAC. Raises issues to the FAC to facilitate the overall direction of the program to include policy, manning, resources, public relations, etc.

1.3.14. Serves as consultant on family/intimate partner maltreatment to installation units and agencies.

1.3.15. Serves as consultant on all suspected child maltreatment in DoD-sanctioned activities.

1.3.16. Establishes procedures for restricted and unrestricted domestic violence reporting.

1.3.17. Ensures coordination of AFOSI and 18 SFS in the investigation of all allegations of family maltreatment.

1.4. Unit Commanders, First Sergeants, and Supervisors (military or civilian)

1.4.1. Will have a working knowledge of FAP, including procedures and policies. The FAOM's responsibility is to ensure training is accomplished in accordance with FAP Standards and AFI 40-301.

1.4.2. Will complete the DoD-mandated FAP CC and SNCO training within 90 days of assuming their positions and at least annually thereafter.

1.4.2.1. Will report inability to comply with this training requirement to 18 MDG/CC.

1.4.3. Will report all suspicions of family/intimate partner maltreatment to FAP, including violations of the base age matrix for child supervision guidelines.

1.4.4. Will provide referral information to AD members and eligible beneficiaries on FAP prevention and maltreatment intervention services.

1.4.5. Will direct suspected Active Duty family/intimate partner maltreatment offenders to FAP and highly encourage Active Duty victims and family members to participate in FAP assessment and intervention of family maltreatment.

1.4.6. Will assist the FAO in ensuring adequate safeguards are in place to reduce the chance of further maltreatment. (For example, ordering the sponsor into a hospitality room or dormitory to enforce a command-issued no-contact order or temporarily placing the child(ren) in the care of a trusted adult.)

1.4.7. Unit Commanders, First Sergeants, and Command Chief Master Sergeants will complete CRB training prior to attending a CRB meeting.

1.5. Installation Staff Chaplain

1.5.1. Serves as a member of the FAC, encourages chapel organizations to support FAP and provides support ministries as needed.

1.5.2. Ensures all Chapel staff working directly with children/youth receive an initial background check and annual training on identification and reporting procedures for suspected family/intimate partner maltreatment when hired.

1.5.3. Provides FAP information along with a release of information form to volunteers and applicants seeking employment in order to conduct records check on all child care positions.

1.6. Installation Staff Judge Advocate (SJA)

1.6.1. Serves, or designates an attorney to serve, on the installation FAC.

1.6.2. Nominates an attorney to serve on the Central Registry Board, CSMRT, and HRVRT.

1.6.3. Provides consultation services to the FAP.

1.6.4. Coordinates with the FAO to ensure ready availability and effectiveness of Victim Witness Assistance Program, (VWAP) services for qualifying families.

1.7. Installation SFS/CC

1.7.1. Serves, or designates a senior member to serve on the FAC.

1.7.2. Serves, or nominates a senior member of SFS as a representative to the CRB and HRVRT.

1.7.3. Ensures SFS staff attend annual training provided by FAP staff on the identification/reporting procedures for suspected family/intimate partner maltreatment, to include significant violations of the base age matrix for child supervision guidelines.

1.7.4. Reports all allegations/suspicious of family/intimate partner maltreatment to the FAP during normal duty hours. During after duty hours, reports all such allegations to the on-call Mental Health/Family Advocacy provider.

1.7.5. Upon receipt of a report of family maltreatment, which in the opinion of the Base Defense Operations Center (BDOC) requires immediate intervention to prevent bodily harm or loss of life, dispatch a law enforcement patrol unit. BDOC will immediately notify FAP or the on-call Mental Health provider of the allegation and consults regarding further disposition.

1.7.5.1. If the home environment is determined to be unsafe for the alleged victim(s), the concern will be provided to the FAP or on-call Mental Health provider as well as the Unit Commander and/or First Sergeant.

1.7.6. Ensures incidents of family maltreatment are entered in the Security Forces Blotter and a complete/thorough Incident Report is created as necessary. Provides AFOSI with a copy of all reports for follow-up and indexing the Defense Central Index of Investigations (DCII).

1.7.7. Coordinates investigations of child, spouse, and intimate partner maltreatment with AFOSI.

1.7.8. Provides blotter entries to FAP. Blotters will be sent to the FAO and Family Advocacy Program Assistants (FAPAs) via email.

1.7.9. Supports investigative interviews of alleged criminal offenders in cases occurring in DoD-sanctioned activities, but not rules violations. Additionally, the alleged criminal offense must also come under the jurisdiction of the security forces.

1.7.10. Ensures an alert photographer is utilized to depict visible injuries of victims. Copies of such photos shall be forwarded to FAP staff and included in the FAP record.

1.7.11. Refer to SOFAs and agreed views in lieu of establishment of memoranda of understanding (MOU) between 18 SFS and local law enforcement agencies in domestic violence cases involving military personnel and their family members.

1.8. Installation AFOSI Detachment Commander

1.8.1. Serves, or designates a senior representative to serve, on the installation FAC, CRB, CSMRT, and HRVRT.

1.8.2. Ensures OSI staff receive training on the identification and reporting procedures for suspected family/intimate partner maltreatment when hired, and annually thereafter.

1.8.3. Investigates aggravated assaults, sexual assaults, child endangerment and incidents of child sexual abuse in accordance with AFI 71-101, Volume 1, *Criminal Investigations Program*. As described in AFI 71-101, AFOSI investigates aggravated assault or child endangerment

resulting in grievous bodily harm and any assault committed during the commission of another crime investigated by AFOSI.

1.8.4. Reports allegations/suspicions of family/intimate partner maltreatment to the FAP.

1.8.5. As permitted by AFOSI staffing and operational activity, conduct DCII checks and provide results upon request of the FAO.

1.8.6. Coordinates and monitors U.S. Army, Navy, or Marine Corps child and spouse maltreatment investigations that are within AFOSI investigative purview.

1.9. Commander, Force Support Squadron

1.9.1. Appoints the Airman and Family Services Flight Chief to serve on the FAC.

1.9.2. Ensures staff who work directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.9.2.1. Provides release of information forms along with application information to FAP to request background checks on applicants seeking positions working with children and youth.

1.9.3. Ensures staff working with children, ages birth to three years, are aware of the qualifications and the referral procedures for the NPSP.

1.9.4. Immediately reports suspected incidents of child maltreatment occurring in an “out-of-home” care setting, such as child development centers, recreation programs, or family child care homes to the FAP.

1.9.5. Develops effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.

1.9.6. Will consult with SJA to determine proper jurisdiction and course of action for investigating/resolving situations where a child care provider/youth program staff is suspected of child abuse and/or neglect at a base center or other DoD-sanctioned activity.

1.10. Chief, Airman & Family Readiness Section (A&FR)

1.10.1. Serves as a member of the FAC.

1.10.2. Ensures coordination of referrals and services for FAP.

1.10.3. Ensures annual training of staff on family/intimate partner maltreatment dynamics and referral procedures for FAP.

1.11. Public Affairs Office

1.11.1. Distributes FAP news releases to installation newspapers and other news media, after approval by the chairperson of the base FAC. Serves as the point of contact for FAP response to press inquiries.

1.11.2. Arranges for Alert Photo when requested by an investigator or medical authority. Photographer takes digitized photos and provides a compact disk (CD) of all pictures detailing the impact of the maltreatment taking place (i.e. injuries, household condition, etc.).

1.12. Department of Defense Education Activity (DoDEA)

1.12.1. A DoD school representative serves on the base FAC.

1.12.2. The school administration ensures assigned staff receive annual training provided by FAP staff on the identification and reporting procedures for suspected child and family/intimate partner maltreatment, to include significant violations of the base age matrix supervision guidelines.

1.13. Active Duty Members and Civilian Employees/Volunteers Mandatory Reporting

1.13.1. All active duty members and civilian employees/volunteers will report all incidents of suspected family/intimate partner maltreatment to the FAP.

1.13.2. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and the procedures for reporting family/intimate partner maltreatment to the FAP.

1.14. Sexual Assault Response Coordinator (SARC): Involves the FAP on all family/intimate partner sexual maltreatment issues reported to them.

**MATTHEW H. MOLLOY, Brigadier General, USAF
Commander, 18th Wing**

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

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

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

AFI 71-101, Volume 1, *Criminal Investigations Program*, 8 April 2011

Status of Forces Agreement (SOFA), 19 January 1960

USAF October 2009 Family Advocacy Program Standards

18 MDOS/SGOWF Operating Instruction 40-7, *Response Teams*, 23 October 2011

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AB—Air Base

AD—Active Duty

AFIA—Air Force Inspection Agency

AFOSI—Air Force Office of Special Investigations

CAIB—Community Action Information Board

CRB—Central Registry Board

CSMRT—Child Sexual Maltreatment Response Team

DoD—Department of Defense

DoDEA—Department of Defense Education Activity

FACAT—Family Advocacy Command Assistance Team

FAO—Family Advocacy Officer

FAOM—Family Advocacy Outreach Manager

FAP—Family Advocacy Program

HRVRT—High Risk for Violence Response Team

IDS—Integrated Delivery System

ISDR—Incident Status Determination Review

ISSA -

Inter—Service Support Agreements

KTSM—Kadena Team Staffing Meeting

NPSP—New Parent Support Program

SARC—Sexual Assault Response Coordinator

SJA—Staff Judge Advocate

SOFA—Status of Forces Agreement