

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**



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**SEYMOUR JOHNSON AIR FORCE BASE**

**Supplement**

**17 MAY 2007**

**Medical Command**

**FAMILY ADVOCACY**

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**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements DODD 6400.1, *Family Advocacy Program*, 23 August 2004; DODI 6400.3, *Family Advocacy Command Assistance Team*, 3 Feb 89. It describes the responsibilities of Family Advocacy Program (FAP) agencies, FAP staff, and other Air Force personnel who are instrumental to the implementation and operation of the AF FAP. This instruction applies to all military and civilian personnel and their dependents entitled to receive medical care in a military facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*. This instruction requires collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 USC 8013. The Health Insurance and Portability and Accountability Act applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFPD 37-1, Information Management and AFMAN 37-123, Management of Records and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://webrims.amc.af.mil>. AF Family Advocacy Program Standards provide guidance for the detailed operation of the installation FAP. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to AFMSA/SGOF.

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**(SEYMOURJOHNSON)** This directive implements Air Force Policy Directive 40-3, Family Advocacy Program (FAP), AFI 40-301, and the Air Force Family Advocacy Program Standards. This directive is subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and DoDD 6025.18-R. It establishes Seymour Johnson AFB FAP policy and procedures and responsibilities of the

FAP staff and base agencies. The FAP supports the 4th Fighter Wing’s mission readiness by continuously improving Family Advocacy services by identifying, assessing, and treating families experiencing family violence. The FAP provides quality customer service to active duty members and their family members.

**(SEYMOURJOHNSON)** Ensure that all records created as a result of processes in this publication are maintained in accordance with AFMAN 37-123 (to be replaced by AFMAN 33-363), and are disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://afirms.amc.af.mil>. Contact supporting records managers as required.

**SUMMARY OF CHANGES**

This interim change implements DODI 6400.5.*New Parent Support Program* (NPSP) It adds requirements for a focus on parents’ strengths and “methods sensitive to cultural differences”. A bar (|) indicates a revision from the previous edition.

**(SEYMOURJOHNSON)** This change deletes the Special Needs Identification and Assignment Coordination Process (previous OI paragraph **5.4.**); requires Chapel policy on background checks (paragraph **8.3.**); removes the Military Personnel Flight representative from the Family Advocacy Committee (FAC)/Community Action Information Board (CAIB) (previous OI paragraph **3.1.8.**); adds the requirement for the Staff Judge Advocate to establish Memorandums of Understanding (MOUs) with civilian counterparts (paragraph **9.6.**); adds Central Registry Board (CRB) (paragraph 16 -**16.1.9.**) and adds Clinical Case Staffing (paragraph 17 – **17.1.1.**).

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## Chapter 1

### RESPONSIBILITIES

**1.1. The Secretary of the Air Force (SAF).** Maintains overall responsibility for the Air Force Family Advocacy Program (FAP), including policy, budget, personnel, physical resources, and reporting responsibilities. Ensures compliance with Department of Defense (DOD) directives on the prevention and intervention of child and spouse maltreatment to include providing funding and support for monitoring requirements.

**1.2. The Headquarters of the United States Air Force (HQ USAF).** HQ USAF agencies and personnel support the FAP as described below:

1.2.1. The Surgeon General (SG) maintains management responsibility of the FAP. The SG provides policy guidance, supports personnel requirements, and is involved in strategic planning of the FAP.

1.2.1.1. Assigns a clinical social worker as the Air Force Chief, Family Advocacy Program Manager.

1.2.2. The Air Force Chief, Family Advocacy Program Manager:

1.2.2.1. Develops policy for implementing the Air Force Family Advocacy Program and maintains overall responsibility for the AF FAP.

1.2.2.2. Develops and manages the budget for the Air Force FAP.

1.2.2.3. Publishes standards detailing the operations of the Air Force FAP.

1.2.2.4. Maintains a central registry of all Air Force maltreatment incidents.

1.2.2.5. Conducts evaluation of program components and other research that directly contributes to the success of the FAP.

1.2.2.6. In collaboration with the Air Force Inspection Agency (AFIA), monitors the quality of installation FAP services.

1.2.2.7. Provides education, training, and program guidance to all personnel involved in the AF FAP.

1.2.2.8. Provides data to DOD as requested or as required by directive.

1.2.2.9. Provides expert consultation on the AF FAP to DOD, HQ USAF, and other officials. Contributes to the development of DOD FAP policy **Chapter 1** as requested.

1.2.3. The Chief of Chaplains will be a consultant to the Chief, FAP.

1.2.4. The Judge Advocate General will be a consultant to the Chief, FAP.

1.2.5. The Air Force Office of Special Investigations (AFOSI) will be a consultant to the Chief, FAP.

1.2.6. The Chief of Security Forces will be a consultant to the Chief, FAP.

1.2.7. The Director of Services, AF Services Agency, will be a consultant to the Chief, FAP.

1.2.8. The Deputy Chief of Staff, Personnel will be a consultant to the Chief, FAP.

### **1.3. Major Commands.**

#### 1.3.1. Commander of each Major Command (MAJCOM):

1.3.1.1. Ensures that each installation in the command establishes and maintains FAP IAW DOD directives, this instruction, and Air Force FAP Standards.

1.3.1.2. Assigns the Command Surgeon to manage and monitor the FAPs within the command.

#### 1.3.2. The Command Surgeon:

1.3.2.1. Designates a clinical officer as the Major Command Behavioral Health Consultant (MCBHC). This will be a Clinical Social Worker when possible.

1.3.2.2. Resolves program problems resulting from lack of personnel or material resources.

#### 1.3.3. The Major Command Behavioral Health Consultant (MCBHC):

1.3.3.1. Ensures quality of FAP services.

1.3.3.2. Reviews death or high interest cases.

1.3.3.3. Assesses need for and coordinates Staff Assistance Visits (SAV).

1.3.3.4. Serves as consultant to FAOs.

1.3.3.5. Provides consultation to Air Force Medical Support Agency (AFMSA/SGOF) on MAJ-COM issues.

### **1.4. Installation Commander**

1.4.1. Has responsibility for the operations and effectiveness of the installation FAP.

1.4.2. Designates the Medical Treatment Facility (MTF) Commander to administer and monitor the installation FAP.

1.4.3. Establishes an installation Family Advocacy Committee (FAC) and appoints the MTF Commander, or Deputy MTF Commander, as chairperson. The FAC is a sub-committee of the Community Action Information Board (CAIB). The CAIB will ensure all duties and responsibilities are executed. The organization of the FAC will be reflected in the FAP installation directive.

1.4.4. Serves as a member of the FAC or delegates this responsibility to a key member of the senior staff. Reviews FAC minutes quarterly.

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

1.4.6. When applicable, ensures Inter-Service Support Agreements (ISSA) are executed with other Uniformed Service helping agencies to achieve the FAP mission.

1.4.7. Ensures all DOD personnel comply with mandatory reporting requirements and mandatory referral of families for suspected family maltreatment.

1.4.8. Coordinates with local civilian agencies, such as Child Protective Services and Victim Advocacy Services that play a cooperative role in the effective implementation of the FAP. Ensures Memoranda of Understanding (MOU) are executed which outline respective responsibilities. Sample

Victim Advocacy Services Agency, law enforcement and legal MOU provisions are contained in [Attachment 2](#), [Attachment 3](#), [Attachment 4](#).

1.4.9. Ensures FAP facilities are adequate to support appropriate client care, including attention to client and staff safety needs and handicapped accessibility.

1.4.10. Meets with the FAO, at least quarterly, to discuss FAP issues.

1.4.11. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT), ensures full consideration of requests for the Family Advocacy Command Assistance Team (FACAT) assistance on all allegations of multi-victim child sexual maltreatment in DOD-sanctioned activities.

1.4.12. Ensures new squadron Commanders, new First Sergeants, and the Command Chief Master Sergeant receive training on child and spouse maltreatment within 60 days of assuming these positions and annually thereafter.

## **1.5. The Family Advocacy Committee.**

1.5.1. The MTF Commander or Deputy MTF Commander chairs the FAC. FAC chairperson will ensure 2/3rds of voting members are present at each meeting.

1.5.2. The FAC includes these members:

1.5.2.1. Installation Commander (or designee)

1.5.2.2. MTF Commander or Deputy MTF Commander (when chaired by Wing leadership)

1.5.2.3. FAO

1.5.2.4. Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS)

1.5.2.5. Family Support Center (FSC) Director

1.5.2.6. Staff Judge Advocate (or designee)

1.5.2.7. Installation Chief of Security Forces (or designee)

1.5.2.8. AFOSI Detachment Commander (or designee)

1.5.2.9. Wing Chaplain

1.5.2.10. Family Member Support Flight Chief

1.5.2.11. Command Chief Master Sergeant

1.5.2.12. DODEA designated representative (AF bases with DOD schools)

1.5.2.13. The FAC may add other members as appropriate, such as civilian agencies and community service organizations.

1.5.3. The FAC meets at least quarterly. Additional meetings may be held at the call of the Chairperson. The FAC accomplishes the following tasks:

1.5.3.1. Ensures the implementation of the local FAP according to DOD Instructions, Air Force instruction, and Family Advocacy Program Standards.

1.5.3.2. Ensures an installation directive (Supplement to AFI 40-301) is developed to implement the FAP and is reviewed/updated every 2 years.

1.5.3.3. Reviews, approves, and supports the implementation of the FAP Action Plan.

1.5.3.4. Ensures the availability of adequate resources for the effective and efficient implementation of the FAP.

1.5.3.5. Ensures that program evaluation activities meet requirements of AFMSA/SGOF, and DOD FAP guidance.

1.5.3.6. Establishes a cooperative working relationship with all local key agencies involved in addressing prevention of and intervention with maltreatment incidents.

1.5.3.7. Ensures Memoranda of Understanding (MOU) with local child protective services and victim advocacy services agencies are developed, maintained, and reviewed every 2 years IAW DOD directives and AF guidance.

1.5.3.8. Develops installation policies and procedures to ensure mandatory, immediate notification of appropriate agencies in incidents of suspected maltreatment.

1.5.3.9. Develops procedures to ensure the safety of victims of family maltreatment, alleged offenders, other family members, and all other members of the community.

1.5.3.10. Establishes written policies and procedures for local response to allegations of child sexual maltreatment utilizing the CSMRT and ensures that participating installation personnel are trained annually on their roles.

1.5.3.11. Establishes written policies and procedures for notification of the FAP when there is a threat of immediate harm to an individual in the FAP system. Ensures guidelines for utilization of the High Risk for Violence Response Team (HRVRT) are developed and HRVRT members are trained annually on their responsibilities.

1.5.3.12. Ensures written policies and procedures are developed for response to both incidents of death due to maltreatment and incidents of child maltreatment in DOD-sanctioned activities.

1.5.3.13. Ensures policy is developed for resolving conflicts between the prosecution and clinical intervention objectives in family maltreatment cases.

1.5.3.14. Ensures written policies and procedures are developed for safety of clients and staff during FAP office appointments and home visits and that FAP staff are trained on these protocols.

1.5.3.15. Maintains minutes of FAC meetings that reflect attendance, topics/issues discussed, and decisions made. Ensures the installation commander receives FAC minutes quarterly for review.

1.5.3.16. Approve nominations for membership on the Family Maltreatment Case Management Team (FMCMT), CSMRT, and the HRVRT.

1.5.4. FAC chairperson will:

1.5.4.1. Ensure that FAC members are trained on their roles and responsibilities at least annually.

1.5.4.2. Approve nomination of a FAC member and alternate to review requests for Incident Status Determination Reviews (ISDR).

**1.6. The Medical Treatment Facility Commander (MDG/CC).** Assumes responsibility for these areas of FAP activity:

1.6.1. Staffing and training:

- 1.6.1.1. Serves as chair of the installation FAC.
- 1.6.1.2. Appoints a clinical social worker to serve as the FAO. Also designates and trains an alternate to ensure continuity of these programs. Other qualified mental health officers may fill these positions if the installation has no Defense Health Program-funded social workers available.
- 1.6.1.3. Provides administrative support for FAP prevention and maltreatment intervention.
- 1.6.1.4. Ensures all FAP management, response, and maltreatment intervention teams are trained annually on their roles and responsibilities and on child and spouse maltreatment dynamics.
- 1.6.1.5. 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 MTF.
- 1.6.2. Service Delivery:
  - 1.6.2.1. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.
  - 1.6.2.2. Ensures policies and procedures are established for effective coordination of services between Life Skills Support Center and Family Advocacy for the continuity of care of FAP clients.
  - 1.6.2.3. Ensures all medical personnel notify the FAP of all suspected incidents of family maltreatment.
  - 1.6.2.4. Where a Family Advocacy Nurse (FAN) is assigned, ensures the New Parent Support Program (NPSP) is managed according to AFMSA/SGOF guidelines. Also makes certain that the TRICARE Service Center or MTF Referral Management Center provides patient names to NPSP when referring obstetric and pediatric patients (3 yrs and younger) off-base.
  - 1.6.2.5. Assumes responsibility for managing and monitoring health care aspects of the FAP.
  - 1.6.2.6. Ensures medical information is accessible to support FAP.
  - 1.6.2.7. Ensures suspected victims of family maltreatment receive medical and dental assessment, required intervention, and referral to base and community agencies when requested by the FAO or physician.
  - 1.6.2.8. 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), referral of the family to the FAP for immediate assessment and supportive services, and notification to MCBHC and AFMSA/SGOF within 24 hours.
  - 1.6.2.9. Ensures development of a comprehensive FAP prevention program.
  - 1.6.2.10. Ensures FAP prevention programs are integrated with other MTF prevention programs and that services are integrated with other installation Integrated Delivery System (IDS) initiatives.
  - 1.6.2.11. Establishes educational programs to provide annual family maltreatment training to personnel in key agencies including medical, dental, child care and youth center, youth activity volunteers, DODEA, AFOSI, SFS, FSC, and all FAP committees and management/response team members.

### 1.6.3. Program Administration:

1.6.3.1. Appoints the FAOM as the FAP representative to the IDS.

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

1.6.3.3. Provides computer hardware, software, and internet access to support AFMSA/SGOF requirements to meet Congressional and DOD data collection mandates.

1.6.3.4. Maintains equipment/systems that are purchased by AFMSA/SGOF for installation FAP use.

1.6.3.5. Provides environmental and security measures in accordance with Air Force Inspection Agency (AFIA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and state and federal guidelines for sensitive information services.

1.6.3.5.1. Ensures that the FAP office has a personnel security duress system and procedures are coordinated with responding agencies.

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

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

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

## 1.7. The Family Advocacy Officer (FAO).

1.7.1. Manages the installation FAP according to AFMSA/SGOF guidance.

1.7.2. Ensures immediate notification to service member's commander and the servicing AFOSI unit of all suspected incidents of family maltreatment.

1.7.3. Chairs the FMCMT, CSMRT, HRVRT, and the NPSP case-staffing. Attends the Central Registry Board (CRB) meetings at locations where the CRB replaced the FMCMT.

1.7.4. Ensures integration of all FAP prevention components.

1.7.5. Ensures timely evaluation of all maltreatment referrals to FAP, including presentation of each referral to the FMCMT or CRB.

1.7.6. Ensures the civilian child protective agency is immediately notified of all child abuse incidents at installations within the U.S. and, where covered by agreement, outside the U.S.

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

1.7.8. Supervises FAP staff.

1.7.9. Must notify AFMSA/SGOF when a civilian position (civil service or contract) becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMSA/SGOF.

1.7.10. Maintains FAP records according to AFMSA/SGOF standards and other AF and DOD guidance.

- 1.7.11. Ensures completion of the FAP Action Plan.
- 1.7.12. Completes FAP reports and submits case data according to AFMSA/SGOF guidance.
- 1.7.13. Establishes procedures for the security of FAP records and resources.
- 1.7.14. Serves as a member of the FAC.
- 1.7.15. Serves as consultant on family maltreatment to installation units and agencies.
- 1.7.16. Serves as consultant on all suspected child maltreatment in DOD-sanctioned activities.
- 1.7.17. Maintains working knowledge of Family Advocacy System of Records (FASOR) and FAP-NET, the AF FAP website at [www.airforcefap.org](http://www.airforcefap.org).
- 1.7.18. Ensures all FAP staff use these automated systems when documenting client contact.
- 1.7.19. Ensures FAP staff provides annual training on child and spouse maltreatment dynamics and protocols to medical personnel, child care workers, OSI, Security Forces, Commanders, First Sergeants and others, as appropriate.
- 1.7.20. Utilizes the following Air Force forms:
  - AF 2524, Family Advocacy Information – Maltreatment Intervention Services
  - AF 2529, New Parent Support Program – Data Summary
  - AF 4274, New Parent Support Program – Case Staffing
  - AF 4275, New Parent Support Program – Contact
  - AF 4276, New Parent Support Program – Family Information
  - AF 4277, New Parent Support Program – How Can We Help?
  - AF 4278, Family Advocacy Informed Consent – Prevention

## **1.8. Unit Commanders, First Sergeants, and Supervisors (military and civilian).**

- 1.8.1. Will have a working knowledge of FAP, including procedures and policies.
- 1.8.2. Unit Commanders, First Sergeants, and Command Chief Master Sergeants will attend training provided by FAP personnel on child and spouse maltreatment dynamics and protocols within 60 days of arrival of assuming these positions and at least annually thereafter.
- 1.8.3. Will report all suspicions of family maltreatment to FAP.
- 1.8.4. Will direct suspected AD family maltreatment offenders to FAP.
- 1.8.5. Will provide information and referral to AD members and eligible beneficiaries on FAP prevention and maltreatment intervention services.

## **1.9. The Wing Chaplain.**

- 1.9.1. Serves as a member of the FAC, encourages chapel organizations to support FAP and provides support ministries as needed.
- 1.9.2. Will nominate a chaplain to serve on the FMCMT, where applicable.

1.9.3. Ensures all chapel staff and volunteers working directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.9.4. Develops effective policy, in coordination with the FAC, for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.

#### **1.10. The Staff Judge Advocate (SJA).**

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

1.10.2. Nominates an attorney to serve on the FMCMT or CRB, CSMRT, and HRVRT.

1.10.3. Provides consultation to the FAC in the development of MOUs and ISSAs.

1.10.4. Provides consultation services to the FAP.

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

1.10.6. Seeks to establish memoranda of understanding (MOU) between the installation legal office and local (city, county) district attorneys in domestic violence cases involving military personnel and their family members assigned to the installation. Sample district attorney MOU provisions are contained in [Attachment 3](#).

#### **1.11. The Installation Chief of Security Forces.**

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

1.11.2. Serves, or nominates a senior member of SFS, as a representative to the FMCMT (or CRB) and HRVRT. SFS representative on the FMCMT (or CRB) serves as liaison between local law enforcement and the installation, securing police reports and other relevant information for the FMCMT (or CRB) process.

1.11.3. Ensures SFS staff responsible for responding to domestic incidents is available to attend annual training provided by FAP staff on the identification and reporting procedures for suspected family maltreatment.

1.11.4. Reports all allegations/suspicious of family maltreatment to the FAP.

1.11.5. Coordinates investigations of child and spouse maltreatment as required.

1.11.6. Provides the FAP timely information (including blotter entries, AF Form 3545, Incident/Complaint Report) concerning all incidents or complaints of family maltreatment.

1.11.7. 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.

1.11.8. Works with local OSI Detachment and SJA to establish memoranda of understanding (MOU) between installation law enforcement units and local (city, county, state) law enforcement agencies in domestic violence cases involving military personnel and their family members. Sample law enforcement agency MOU provisions are contained in [Attachment 4](#).

**1.12. The Installation AFOSI Detachment Commander.**

- 1.12.1. Serves, or designates a senior representative to serve, on the installation FAC, FMCMT (or CRB), CSMRT, and HRVRT.
- 1.12.2. Reports all allegations/suspicious of family maltreatment to the FAP.
- 1.12.3. Searches the Defense Clearance Investigations Index (DCII) and its internal database for historical data pertaining to all reported incidents of child maltreatment, and on serious spouse maltreatment, and provides this information to the FAP.
- 1.12.4. Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.
- 1.12.5. Coordinates and monitors child and spouse maltreatment investigations conducted by civilian agencies when there is a DOD interest.
- 1.12.6. Ensures all agents attend annual training on child and spouse maltreatment dynamics and protocols, provided by Family Advocacy staff.
- 1.12.7. Ensures all staff receive training on the identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.
- 1.12.8. Works with Security Forces and SJA to establish memoranda of understanding (MOU) between installation law enforcement units and local (city, county, state) law enforcement agencies in domestic violence cases involving military personnel and their family members. Sample law enforcement agency MOU provisions are contained in [Attachment 4](#).

**1.13. The Commander, Services Squadron.**

- 1.13.1. Appoints the Family Member Program Flight Chief to serve on the FAC.
- 1.13.2. Nominates the Family Member Support Flight Chief or the Child Development Center (CDC) Director or the Youth Center Director, to serve on the FMCMT, where applicable.
- 1.13.3. Ensures staff and volunteers who work directly with children/youth receive training by FAP staff on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.
- 1.13.4. Ensures staff working with children, ages birth to three years, are aware of the qualifications and the referral procedures for the NPSP.
- 1.13.5. Immediately reports suspected incidents of child maltreatment occurring in a DOD-sanctioned, "out-of-home" care setting, such as child development and youth centers, recreation programs, or family child care homes to the FAP.
- 1.13.6. Develops effective policy, in coordination with the FAC, for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.
- 1.13.7. 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.
- 1.13.8. Ensures family support agencies are aware of family maltreatment education and prevention training through the FAP Outreach program.

**1.14. The Director, Family Support Center (FSC).**

- 1.14.1. Serves as a member of the FAC.
- 1.14.2. Nominates FSC staff member to serve on FMCMT, where applicable.
- 1.14.3. Ensures coordination of referrals and services for FAP clients.
- 1.14.4. Ensures annual training of FSC staff by FAP staff on family maltreatment dynamics and identification and referral procedures for suspected maltreatment.

**1.15. The Public Affairs Office.** 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.

**1.16. Active Duty Members and Civilian Employees Mandatory Reporting.** All active duty members and civilian employees of the Air Force will report all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and domestic abuse and the procedures for reporting family maltreatment to the FAP. Exclusions are limited to chaplains receiving information through a “penitent-clergyman” relationship or confidential communications in the course of their official duties, and Area Defense Counsel (ADC) receiving information from an established attorney-client relationship.

**Chapter 1 (SEYMOURJOHNSON)****SCOPE OF SERVICES:**

1.1. **(SEYMOURJOHNSON)** The FAP primarily provides services to TRICARE beneficiaries assigned to SJAFB. Services are also provided to Army, Navy, Marine and Coast Guard active duty members, reservists, as well as family members residing both in the local area and surrounding counties.

## Chapter 2

### PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW

**2.1. The Family Advocacy Program.** The Air Force FAP is a medical program that enhances Air Force readiness by promoting family and community health and resilience and advocating for nonviolent communities. The FAP helps build and sustain healthy communities by developing, implementing, and evaluating programs and policies designed to prevent and treat child and spouse maltreatment. The FAP provides program management, oversight, expert training, and consultation services to its key customers and maintains, analyzes, and reports data on child and spouse maltreatment. In concert with installation and community agencies, the Air Force FAP provides a continuum of services designed to build community health and resiliency. The FAP facilitates family, community, and mission readiness.

**2.2. Program Components.** The FAP is comprised of three principal components: prevention services, maltreatment intervention, and research and evaluation.

2.2.1. Prevention: The installation FAP prevention team will collaborate with key community leaders, the Integrated Delivery System (IDS) and other helping agencies to provide services that enhance the resilience of Air Force communities and reduce the incidence of family maltreatment. Programs are directed toward community organization and provision of prevention services. FAP prevention services include Outreach, The New Parent Support Program (NPSP), and on a space available basis, Family Advocacy Strength-based Therapy (FAST) Services. FAP Outreach is designed to coordinate and implement primary and secondary prevention services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing the FAP. The NPSP provides nursing services and home-based education and support services to families with children ages' birth to three years, including the prenatal period. **NPSP services focus on parents' strengths and are provided in a manner sensitive to cultural differences.** FAST services offers brief intervention and support to couples and families outside the scope of NPSP.

2.2.2. Maltreatment Intervention: Through the installation FAP, the Air Force provides and/or coordinates identification, assessment, intervention, and case management services to all eligible beneficiaries experiencing problems with family maltreatment. FAP providers will collaborate with community resources and the various management teams.

2.2.3. Research and Evaluation: FAP sponsors system-wide research and evaluation of prevention and intervention services. Research projects are conducted through collaborative partnerships with prominent domestic violence and child maltreatment researchers who understand the unique needs of military families. Projects are selected based on their potential to inform FAP prevention, outreach, and intervention practice. The Central Registry staff maintains a database on maltreatment cases. Statistical reports are generated from data collected from the Central Registry to assess the impact of intervention services.

**2.3. Additional Administrative Elements.** To ensure program effectiveness, the following key features will exist as a part of each installation FAP:

2.3.1. A FAP Installation Directive (Supplement to AFI 40-301) and MTF operating instructions for implementation of the FAP considering local policies and circumstances unique to that area. All first responder agencies and medical personnel should coordinate on these documents, which include cli-

ent-focused processes, directed toward preventing, identifying, assessing, and providing intervention for child and spouse maltreatment.

2.3.2. A FAP Action Plan developed by the FAO and FAP staff, which includes a FAP Marketing Plan. The FAP Action Plan will be approved and monitored by the FAC.

2.3.3. MOUs, developed between FAP and key civilian agencies, such as civilian child protective services and victim advocacy services that increase the safety of service members and their families, and enhance access to community resources.

2.3.4. A duress system and written office safety policy, which include both the FAP office and home-visit environments.

2.3.5. FAP records created for each family involved in family maltreatment, and clinical secondary prevention activities requiring documentation. These records will be maintained IAW FAP Standards.

2.3.6. DOD Confidentiality Policy will be briefed at all training sessions.

2.3.7. Electronic data submitted to AFMSA/SGOF using the Family Advocacy System of Records (FASOR) and FAPNET for NPSP and the Outreach Prevention Automated Log (OPAL).

**2.4. Civilian Family Advocacy Staff.** AFMSA/SGOF uses congressional funds allocated for maltreatment intervention and prevention services to provide civilian staffing for FAP. The staff may be hired through the civilian personnel system or personal services contract. Civilian FAP staff will not provide special needs assignment coordination services, but will offer maltreatment intervention and prevention services to special needs families. All FAP staff are involved in providing maltreatment prevention services.

2.4.1. Civilian Staff: The FAO supervises all civilian Family Advocacy staff. See the AF FAP Standards for the role of each staff member. AFMSA/SGOF manages the authorization and funding of these positions. The resources for these positions come from a special congressional authorization to prevent and treat family maltreatment in the military. The FAO must notify AFMSA/SGOF when a civilian position (civil service or contract) becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMSA/SGOF.

2.4.2. AFMSA/SGOF-funded Civilian Employees: Civilian employees whose positions are funded by AFMSA/SGOF cannot participate in any after-hours "on-call" duties or serve as the FAO, alternate FAO, acting FAO, or Special Needs Coordinator unless specifically authorized by AFMSA/SGOF via a memorandum of understanding between AFMSA/SGOF and the MTF.

2.4.3. Civilian Providers of FAP Clinical Services: The Family Advocacy Treatment Manager (FATM) and the Family Advocacy Intervention Specialist (FAIS) are the only AFMSA-funded civilian staff who are privileged by the MTF to provide independent clinical services. Family Advocacy Nurses (FAN) will maintain a current copy of their state license with the MTF and can practice the full range of FAP nursing services.

2.4.4. Civilian Providers of FAP Outreach Services: All FAP services performed by the FAOM will be nonclinical and of a community organization focus. Therefore, FAOMs will not be allowed to acquire privileges, so as to function solely as key facilitator and coordinator for FAP marketing and community prevention services.

2.4.5. DOD funded victim advocates do not provide clinical services. Advocates may provide support services for victims on or off the installation.

2.4.6. IAW HQ USAF/SG guidance, non-DHP-funded staff will not enter patient activity into the Ambulatory Data System/CHCS.

2.4.7. Limitations on New FAP Civilian Employees: While awaiting the outcome of background checks:

2.4.7.1. Providers seeking regular privileges and awaiting background check results may work with all clients without direct line-of-sight supervision as long as appropriate professional supervision is provided.

2.4.7.2. FAP nurses may work with adult clients without direct line of sight supervision, and with minor clients (under 18 years of age) only when a parent/guardian is present.

2.4.7.3. All other FAP employees will not work with minor clients until completion of a background check.

## Chapter 2 (SEYMOURJOHNSON)

### RESPONSIBILITIES:

#### 2.1. (SEYMOURJOHNSON) Installation Commander:

- 2.1.1. (SEYMOURJOHNSON) Responsible for the operations and effectiveness of the base FAP.
- 2.1.2. (SEYMOURJOHNSON) Designates the Military Treatment Facility (MTF) commander to administer and monitor the base FAP. Appoints the Family Advocacy Outreach Manager (FAOM) as the FAP representative for the Integrated Delivery System (IDS) Committee in order to provide a partnership between FAP prevention and community services.
- 2.1.3. (SEYMOURJOHNSON) Establishes and chairs or appoints the Military Treatment Facility (MTF) commander or a designee as the chairperson of the FAC. The FAC is a subcommittee of the CAIB, which provides oversight for committee membership, defines roles and responsibilities, and makes recommendations for the FAP. The FAC/CAIB Chairperson approves membership in writing.
- 2.1.4. (SEYMOURJOHNSON) Promotes and ensures cooperation among installation organizations to build a healthy, resilient community and to prevent or treat family maltreatment when indicated.
- 2.1.5. (SEYMOURJOHNSON) Ensures all base personnel comply with mandatory reporting requirements and referral of families with suspected family maltreatment.
- 2.1.6. (SEYMOURJOHNSON) Ensures MOUs are executed which document respective responsibilities IAW DoD directives and Air Force guidance.

## Chapter 3

### PREVENTION

**3.1. Policy Statement for FAP Community Prevention :** The unique mission of FAP community prevention is to facilitate the reduction in the number and severity of incidents of family maltreatment, with an overarching goal to build healthy communities. Outreach is the FAP umbrella component that supports all FAP programs and services and is the conduit for FAP prevention and community activity. The function of the Outreach component is structured through key Outreach domains and strategies: Advocacy, Training, Education, Skills Development, Marketing, Resource Finding and Service Linking, Collaboration, and Community Intervention. Through Outreach implementation, these domains and strategies guide FAP prevention from theory to practice and support community competence on maltreatment dynamics, reporting, and prevention. Under the direction of the FAO, the Family Advocacy Outreach Manager (FAOM) leads the prevention team and facilitates and coordinates FAP prevention and community initiatives utilizing this operational structure. The FAP prevention team is comprised of all FAP staff and may be augmented with members from other military and civilian agencies.

3.1.1. All FAP services, activities, and collaborative initiatives support community cohesion and promote advocacy for nonviolent communities. The FAP team focuses prevention program planning, development, implementation, and service delivery on enhancing and building connections among formal and informal civilian and military leadership, agencies, and organizations. The goal of FAP prevention is to decrease behaviors that contribute to family maltreatment and enhance behaviors that foster a healthy lifestyle.

### 3.2. Prevention Program Planning.

3.2.1. In prevention program planning and delivery, the FAP team will collaborate with Life Skills Support, and other MTF clinics and services, the installation Integrated Delivery System (IDS), installation leaders, the Chaplain Service, and key community and military agencies.

3.2.2. Community needs assessments are accomplished in collaboration with the installation IDS. The USAF Community Needs Assessment is a primary instrument, but additional assessments are utilized to further define installation community needs. Findings are incorporated into FAP prevention planning.

3.2.3. The FAP team develops a FAP Action Plan, including a marketing plan, based on the most current assessment of community needs. The FAP Action Plan will be coordinated with the installation IDS.

### 3.3. Prevention Functions and Services.

3.3.1. The FAP prevention team will develop and manage the FAP Prevention Program. The FAOM, as the prevention team leader and the key community liaison for FAP, is responsible for the coordination and facilitation of the FAP Action Plan. While the primary responsibility lies with the FAOM, the FAP staff will take a team approach to the development, planning, and implementation of all prevention services, activities, and initiatives.

3.3.2. The FAP coordinates with, and supports, the IDS. The FAOM is the IDS representative for FAP.

3.3.3. The FAP team will implement primary and secondary prevention strategies to enhance community capacity and resilience building.

3.3.4. The FAP markets core concepts, key messages, and specific services that advocate for nonviolent communities and address community needs.

3.3.5. The FAN develops and manages the New Parent Support Program (NPSP) with input from FAP staff and IAW AF FAP and DOD guidelines. The FAN is the key facilitator for NPSP services.

3.3.6. The FAP will provide annual education to all Commanders and First Sergeants, base human service agencies, Family Member Support Flight, Health Care Providers, Chaplains, FSC, SJA, AFOSI, SFS, and other key personnel on the dynamics of family maltreatment and identification and referral procedures.

3.3.7. The FAP will educate unit Commanders, First Sergeants, and Command Chief Master Sergeants on child and domestic abuse dynamics and protocols within 60 days of assuming these positions and at least annually thereafter.

3.3.8. In addition to the mandatory education, the FAP team provides information, education, and skills development for the entire military community.

### Chapter 3 (SEYMOURJOHNSON)

#### FAC/CAIB:

#### 3.1. (SEYMOURJOHNSON) FAC/CAIB Membership:

- 3.1.1. (SEYMOURJOHNSON) Installation commander or designee
- 3.1.2. (SEYMOURJOHNSON) MTF commander (MDG/CC) or deputy MTF commander (MDG/CD) (when not chaired by wing leadership).
- 3.1.3. (SEYMOURJOHNSON) Family Advocacy Officer (FAO)
- 3.1.4. (SEYMOURJOHNSON) Family Advocacy Outreach Manager or Family Advocacy Intervention Specialist (FAIS)
- 3.1.5. (SEYMOURJOHNSON) Airmen and Family Readiness Center director (A&FRC)
- 3.1.6. (SEYMOURJOHNSON) Staff Judge Advocate (SJA) (or designee)
- 3.1.7. (SEYMOURJOHNSON) Installation Security Forces commander (or designee)
- 3.1.8. (SEYMOURJOHNSON) Air Force Office of Special Investigation (AFOSI) detachment commander (or designee)
- 3.1.9. (SEYMOURJOHNSON) Installation Staff Chaplain
- 3.1.10. (SEYMOURJOHNSON) Family Member Support Flight chief
- 3.1.11. (SEYMOURJOHNSON) Command Chief Master Sergeant (CCC)
- 3.1.12. (SEYMOURJOHNSON) Other members as nominated by the FAC/CAIB such as community service organizations and civilian agencies.

#### 3.2. (SEYMOURJOHNSON) The FAC/CAIB meets at the call of the chairperson but will meet at a minimum on a quarterly basis.

##### 3.2.1. (SEYMOURJOHNSON) The FAC/CAIB will accomplish the following tasks:

- 3.2.1.1. (SEYMOURJOHNSON) Ensure implementation of the local FAP according to DoD and Air Force FAP standards and directives.
- 3.2.1.2. (SEYMOURJOHNSON) Ensure installation directives are developed to implement the base FAP and are reviewed/updated every two years.
- 3.2.1.3. (SEYMOURJOHNSON) Review, approve, and support implementation of the base annual FAP Plan.
- 3.2.1.4. (SEYMOURJOHNSON) Coordinate availability of adequate resources for implementation of the base FAP.
- 3.2.1.5. (SEYMOURJOHNSON) Establish a working relationship with all key local agencies involved in addressing prevention and intervention of maltreatment.
- 3.2.1.6. (SEYMOURJOHNSON) Ensure MOUs with local child protective services, victim advocacy services agencies, and any local graduate programs for student internships are developed, maintained, and reviewed every two years IAW DoD directives and Air Force guidance.

- 3.2.1.7. **(SEYMOURJOHNSON)** Develop installation policies and procedures to ensure mandatory, immediate notification of appropriate agencies in incidents of suspected maltreatment.
- 3.2.1.8. **(SEYMOURJOHNSON)** Develop procedures to ensure the safety of victims, offender(s), other family members, and members of the community.
- 3.2.1.9. **(SEYMOURJOHNSON)** Establish and approve memberships of the Clinical Case Staffing (CCS), Central Registry Board (CRB), Child Sexual Maltreatment Response Team (CSMRT) and High Risk for Violence Response Team (HRVRT). Ensure members receive annual training on their roles and responsibilities.
- 3.2.1.10. **(SEYMOURJOHNSON)** Ensure written policies and procedures are accomplished for response to death due to maltreatment and child maltreatment in DoD sanctioned facilities/activities.
- 3.2.1.11. **(SEYMOURJOHNSON)** Develop policies and procedures for resolving conflicts between the prosecution and clinical intervention objectives in family maltreatment cases.
- 3.2.1.12. **(SEYMOURJOHNSON)** Ensure written policies and procedures are accomplished for FAP safety during office and home visitation. Ensure FAP staff is trained in such policies and procedures.
- 3.2.1.13. **(SEYMOURJOHNSON)** Ensure FAC/CAIB minutes reflect attendance, discussion, and documentation of decisions.

## Chapter 4

### MALTREATMENT INTERVENTION

#### 4.1. Management Teams.

4.1.1. Family Maltreatment Case Management Team (FMCMT). The FMCMT is a multidisciplinary team that manages the assessment of and interventions with families referred for allegations of maltreatment. The FAC approves the members of the FMCMT who are appointed in writing. The FMCMT is comprised of AF and civilian agencies involved in the assessment/investigation, and/or intervention with families experiencing family maltreatment. The FMCMT operates according to AF FAP guidance and:

4.1.1.1. Trains annually on member roles and responsibilities, and the dynamics of family maltreatment.

4.1.1.2. Meets when necessary but at least monthly.

4.1.1.3. Makes an incident status determination on each allegation of maltreatment and develops, reviews, and approves overall intervention strategies.

4.1.1.4. Ensures involved adult family members receive notification of FMCMT incident status determination and any changes in intervention recommendations.

4.1.1.5. Ensures unit commanders and first sergeants are invited to attend the FMCMT meetings for discussion of cases involving their unit members.

4.1.1.6. Ensures unit commanders are informed of the AD members' incident status determinations, recommendations for interventions, and families' participation in intervention.

4.1.1.7. Reviews each open substantiated case at least quarterly. Child sexual maltreatment cases are reviewed monthly.

4.1.1.8. Makes case closure and transfer decisions.

4.1.1.9. Conducts a review of an incident status determination when directed by the FAC chairperson.

4.1.1.10. Installations may choose to replace the FMCMT with the Central Registry Board (CRB) and Clinical Case Staffing (CCS) with AFMSA/SGOF, WG/CC, and MTF/CC approval.

4.1.2. The CRB separates the clinical function of the FMCMT from the administrative function. The CRB is composed of the Vice Wing Commander, SJA, Squadron Commander, Command.. Chief Master Sergeant, FAO, and representatives from SFS and OSI.

4.1.2.1. The CRB focus is on what happened in the referral incident. Only relevant criteria from the FAP assessment is discussed. The Board determines whether a referral meets the criteria for maltreatment IAW DOD guidelines and requirements for reporting.

4.1.2.2. FAP staff addresses clinical and safety issues during clinical case staffing (CCS). CCS membership includes the FAO, FAN, FATM, FAOM, FAPA, and other MTF personnel who may add value to the clinical discussion; (Pediatrician, Life Skills provider). Any personnel not affiliated with the medical treatment facility may only attend to provide information. They should not be present for discussion of the client's personal health information due to HIPAA.

4.1.3. Child Sexual Maltreatment Response Team (CSMRT) members are appointed by their Commander and approved by the FAC. Membership includes the FAO and representatives from the OSI and SJA. The CSMRT is activated immediately and manages the initial response to allegations of child sexual maltreatment. The goal of this team approach is to minimize the trauma to the victim and family and ensure no one individual or agency makes decisions regarding these incidents independent of the concerns of other involved agencies. The CSMRT:

4.1.3.1. Members must be trained within 90 days of appointment. Training and team activation must be reported and documented in FMCMT and FAC minutes.

4.1.3.2. Reviews the allegation(s)

4.1.3.3. Coordinates a course of action: Determines how organizations will proceed in making required notifications, conducting interviews, scheduling medical exams, arranging for safety of all family members and conducting psycho-social assessments.

4.1.3.4. Ensures victim safety and prevents re-victimization.

4.1.4. High Risk for Violence Response Team (HRVRT) members are approved by the FAC. Membership includes the FAO, FAP clinician working with the family, Sponsor's Squadron Commander, Staff Judge Advocate, SFS Operational Flight Commander (or designated SF representative), Life Skills Support Center Provider, OSI representative, Victim Advocate, and representatives from other agencies having legal, investigative, or protective responsibilities as appropriate. The HRVRT will be activated when there is a threat of immediate and serious harm to family members or FAP staff. The HRVRT:

4.1.4.1. Members must be trained within 90 days of appointment. Training and team activation must be reported to and documented in FMCMT and FAC minutes.

4.1.4.2. Addresses safety issues, potential triggers, and advocates for the client's welfare on a regular basis for each HRVRT case.

4.1.4.3. Develops and implements a management and tracking mechanism for high-risk individuals.

## **4.2. Intervention.**

4.2.1. Each allegation of family maltreatment receives an immediate initial risk assessment followed by intake interviews and assessments with all family members. If maltreatment is substantiated, an intervention plan will be developed with the family. Regardless of incident status, referrals will be made to address any needs identified in the assessment process.

4.2.2. Information and referral to the Victim Witness Assistance Program (VWAP) is provided to victims IAW Chapter 7, AFI 51-201, Administration of Military Justice and local SJA policy.

4.2.3. FAP staff ensures victim advocate services are offered to victims of maltreatment. These services may be in partnership with civilian providers. If the victim is not an eligible beneficiary, the victim is referred to local resources.

4.2.4. Law enforcement, emergency personnel, and unit commands are responsible for managing emergency situations in the home that require securing safety for family members. FAP staff will not accompany authoritative/emergency personnel to situations in which safety has not been secured.

- 4.2.5. Policies, procedures, and intervention and safety plans will be developed to ensure the safety of victims and/or potential victims, alleged offenders, and other family members.
- 4.2.6. Unit commanders, Security Forces, SJA, and other authoritative agencies will be consulted, as required, in making necessary protective interventions.
- 4.2.7. FAP staff evaluates the effectiveness of interventions, programs, and activities at least quarterly.
- 4.2.8. FAP providers ensure a range of services is available to meet the intervention needs of victims, offenders, and family members IAW AF FAP standards.
- 4.2.9. Due to prohibitions on clinical intervention of pedophiliacs, FAP providers (active duty, civil service and/or contract), will not provide clinical intervention to sexual offenders to modify deviant sexual arousal patterns. These clients will be referred for such clinical intervention to specialists in the community. FAP and MTF personnel may provide other services to sex offenders as long as services do not focus on the deviant arousal patterns.
- 4.2.10. Fatality reviews will be conducted on all death cases when family maltreatment is suspected. AFMSA/SGOF is responsible for coordinating the Air Force multidisciplinary **fatality review team**.

**Chapter 4 (SEYMOURJOHNSON)****FAC/CAIB CHAIRPERSON RESPONSIBILITIES:**

- 4.1. **(SEYMOURJOHNSON)** Ensure FAC/CAIB members are trained annually on roles and responsibilities.
- 4.2. **(SEYMOURJOHNSON)** Approve membership for the CCS, CRB, CSMRT, and the HRVRT.
- 4.3. **(SEYMOURJOHNSON)** Approve nomination of a FAC/CAIB member and alternate to review requests of the Incident Status Determination Review (ISDR) Process.

## Chapter 5

### DISPOSITION OF PERSONNEL

**5.1. Special Duty.** FAP involvement, by itself, does not require any duty restriction. For information about how to assign personnel receiving FAP assistance while performing duties requiring either the Sensitive Duty Programs, security clearance, access to classified information, or unescorted entry into restricted areas, refer to AFI 36-2104, Nuclear Weapons Personnel Reliability Program, and AFI 31-501, Personnel Security Program Management.

**5.2. Review of Duty Assignment.** Commanders must review the duty assignment status of all military members whose current duties may make it difficult for them to receive Family Advocacy intervention. Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in FAP intervention, unless precluded under AFI 36-2101, Classifying Military Personnel. If precluded, the commander may assign members under their secondary or tertiary AFSC during the FAP intervention process.

**5.3. Promotion and Retention of Personnel.** A member's involvement in the FAP will not be the sole basis for denying or withholding promotion or retention.

**5.4. Assignment Availability.** Family Maltreatment. Active duty members receiving intervention services for family maltreatment who are sufficiently emotionally, psychologically, and physiologically stable can be assigned to any location that offers appropriate services. If maltreatment occurs in a family with PCS orders, the unit commander will suspend the assignment until evaluations are completed to ensure availability of services at the gaining base. AD members having an open maltreatment record at the time they receive PCS orders for an overseas assignment should be processed as a family with special needs for FAP services from the gaining MTF.

**5.5. Prescribed and Adopted Forms.** The following forms are prescribed:

AF IMT 2524, Family Advocacy Information - Maltreatment Intervention Services

AF IMT 4274, New Parent Support Program - Case Staffing

AF IMT 4275, New Parent Support Program - Contact

AF IMT 4276, New Parent Support Program - Family Information

AF IMT 4277, New Parent Support Program - How Can We Help?

AF IMT 4278, Family Advocacy Informed Consent - Prevention

The following form is adopted:

DD Form 1569, Incident/Complaint Report

**Chapter 5 (SEYMOURJOHNSON)****MDG/CC:**

- 5.1. **(SEYMOURJOHNSON)** MTF commander or designee acts as the FAC/CAIB chairperson when not chaired by wing leadership.
- 5.2. **(SEYMOURJOHNSON)** Appoints clinical social workers as primary and alternate FAOs. Ensures the alternate is adequately trained.
- 5.3. **(SEYMOURJOHNSON)** Provides administrative support regarding prevention and maltreatment intervention. Ensures all FAP management, response, and maltreatment intervention teams receive annual training on roles and responsibilities as well as child and spouse maltreatment dynamics.
- 5.4. **(SEYMOURJOHNSON)** Ensures the MTF publishes guidelines that clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.
- 5.5. **(SEYMOURJOHNSON)** Ensures policies and procedures are established for effective coordination of services between Life Skills Support Center and Family Advocacy for the continuity of care of FAP clients.
- 5.6. **(SEYMOURJOHNSON)** Ensures all medical personnel notify the FAP of all suspected incidents of family maltreatment.
- 5.7. **(SEYMOURJOHNSON)** Ensures the New Parent Support Program (NPSP) is managed according to AFMOA/SGOF guidelines and the TRICARE Service Center or MTF Referral Management Center provides patient names to NPSP when referring obstetric and pediatric patients (three years and younger) off-base.
- 5.8. **(SEYMOURJOHNSON)** Responsible for managing and monitoring healthcare aspects of the FAP.
- 5.9. **(SEYMOURJOHNSON)** Ensures medical information is accessible to support the FAP. Also ensures suspected victims of family maltreatment receive medical and dental assessment, required intervention, and are referred to base and community agencies as requested by the FAO or physician.
- 5.10. **(SEYMOURJOHNSON)** Ensures notification is made to AFOSI and Security Forces Squadron (SFS) in cases of sudden or unexplained child death occurring on the installation and that the family is referred to FAP for immediate assessment and supportive services. Also makes notification to the MAJ-COM Behavioral Health Consultant (MCBHC) and AFMOA/SGOF within 24 hours.
- 5.11. **(SEYMOURJOHNSON)** Ensures education programs are established to provide annual family maltreatment training to personnel in key agencies including medical, dental, child care and youth center, youth activity volunteers, Department of Defense Education Agency, AFOSI, SFS, AFRC and all FAP committee and management/response team members.
- 5.12. **(SEYMOURJOHNSON)** Ensures FAP prevention program is integrated with other MTF prevention programs and services and are integrated with other installation IDS initiatives.
- 5.13. **(SEYMOURJOHNSON)** Appoints the FAO and alternate FAO and FAOM as FAC/CAIB members.
- 5.14. **(SEYMOURJOHNSON)** Supplies office space, furnishes equipment and operating supplies, utilities, maintenance and other required resources to the FAP. Also provides computer hardware, software,

and internet access to support AFMOA/SGOF requirements to meet Congressional and DoD data collection mandates.

5.15. **(SEYMOURJOHNSON)** Maintains equipment and/or systems that are purchased by AFMOA/SGOF for installation FAP use.

5.16. **(SEYMOURJOHNSON)** Provides environmental and security measures in accordance with Air Force Inspection Agency (AFIA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and state and federal guidelines for sensitive information services.

5.16.1. **(SEYMOURJOHNSON)** Ensures the FAP office has a personnel security duress system and procedures are coordinated with responding agencies.

5.17. **(SEYMOURJOHNSON)** Establishes a Family Advocacy process improvement which is included in the MTF quality management program.

5.18. **(SEYMOURJOHNSON)** Ensures procedures for the quarterly wing commander FAP brief are developed with the FAO.

5.19. **(SEYMOURJOHNSON)** Ensures procedures are developed by the FAO to notify the MTF commander of all family maltreatment-associated deaths that occur on or off the installation.

**Chapter 6 (Added-SEYMOURJOHNSON)****FAMILY ADVOCACY OFFICER (FAO):**

- 6.1. **(SEYMOURJOHNSON)** Manages the installation FAP according to AFMOA/SGOF guidance.
- 6.2. **(SEYMOURJOHNSON)** Ensures notification of service member's commander and AFOSI of all suspected incidents of family maltreatment.
- 6.3. **(SEYMOURJOHNSON)** Chairs the CCS, CSMRT, HRVRT, and NPSP case-staffing. Attends the Central Registry Board (CRB) meeting.
- 6.4. **(SEYMOURJOHNSON)** Ensures protection of the victim(s) by the medical staff. The FAO will be notified as soon as possible of the alleged maltreatment incident. Prior to release of a suspected child victim, the FAO and/or Mental Health Clinic on-call provider and Child Protective Service Worker will be notified. Prior to release of an adult victim, safety must be ensured through the unit commander or first sergeant. Other options include placing the offender in the dormitory, billeting, or in a hotel. Children may be placed in temporary foster care at the discretion of Wayne County Department of Social Services personnel.
- 6.5. **(SEYMOURJOHNSON)** Ensures integration of all FAP prevention components.
- 6.6. **(SEYMOURJOHNSON)** Coordinates the implementation of the annual FAP Action Plan in conjunction with the FAOM, Family Advocacy Nurse (FAN), Family Advocacy Treatment Managers (FATMs) and Family Advocacy Program Assistants (FAPAs). Staff members review action plan quarterly and submit changes for review to the action team on a quarterly basis.
- 6.7. **(SEYMOURJOHNSON)** Participates in SJAFB Community Assessment in conjunction with the IDS and contributes to the Base Community Action Plan.
- 6.8. **(SEYMOURJOHNSON)** Ensures timely evaluations of all maltreatment referrals to FAP, including presentation of each referral to the CRB.
- 6.9. **(SEYMOURJOHNSON)** Ensures the local public child protective agency is notified of all child abuse incidents at the installation where covered by agreement.
- 6.10. **(SEYMOURJOHNSON)** Ensures FAP services and referral resources are included in the installation IDS information and referral guide.
- 6.11. **(SEYMOURJOHNSON)** Provides FAP staff supervision.
- 6.12. **(SEYMOURJOHNSON)** Notifies AFMOA/SGOF when a civilian or contract position becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMOA/SGOF. Ensures civilian employees whose position is funded by AFMSA/SGOF does not participate in after-hours "on-call" duties or serves as the FAO, alternate FAO, acting FAO, or Special Needs Coordinator unless specifically authorized by AFMOA/SGOF via an MOU between AFMOA/SGOF and the MTF.
- 6.13. **(SEYMOURJOHNSON)** Maintains FAP records according to AFMOA/SGOF standards and other AF and DoD guidance.
- 6.14. **(SEYMOURJOHNSON)** Ensures completion of the annual FAP Plan.
- 6.15. **(SEYMOURJOHNSON)** Completes FAP reports and submits case data according to AFMOA/SGOF guidance.

- 6.16. **(SEYMOURJOHNSON)** Establishes procedures for the security of FAP records and resources.
- 6.17. **(SEYMOURJOHNSON)** Serves as a member of the FAC/CAIB.
- 6.18. **(SEYMOURJOHNSON)** Serves as a consultant on all suspected child maltreatment in DoD sanctioned activities.
- 6.19. **(SEYMOURJOHNSON)** Will maintain a working knowledge of Family Advocacy System of Records (FASOR) and FAPNET, the AF FAP website at [www.airforcefap.org](http://www.airforcefap.org).
- 6.20. **(SEYMOURJOHNSON)** Ensures all FAP staff use FASOR when documenting client contact.
- 6.21. **(SEYMOURJOHNSON)** Ensures FAP staff provides annual training on child and spouse maltreatment dynamics and protocols to medical personnel, child care workers, OSI, Security Forces, commanders, first sergeants, and other agencies as appropriate.

**Chapter 7 (Added-SEYMOURJOHNSON)****UNIT COMMANDERS, COMMAND CHIEF MASTER SERGEANT, FIRST SERGEANTS, AND SUPERVISORS (MILITARY OR CIVILIAN):**

- 7.1. **(SEYMOURJOHNSON)** Have knowledge of the FAP including policies and procedures.
- 7.2. **(SEYMOURJOHNSON)** Unit commanders, first sergeants, and the Command Chief Master Sergeant will attend training provided by FAP personnel on child and spouse maltreatment dynamics and protocols within 60 days of arrival of assuming the position and at least annually thereafter.
- 7.3. **(SEYMOURJOHNSON)** Reports all suspected cases of family maltreatment to FAP. Will also direct active duty offenders to FAP.
- 7.4. **(SEYMOURJOHNSON)** Provides information and referrals to active duty members and eligible beneficiaries on FAP prevention and maltreatment intervention services.

**Chapter 8 (Added-SEYMOURJOHNSON)**

**INSTALLATION STAFF CHAPLAIN:**

- 8.1. **(SEYMOURJOHNSON)** Member of the FAC. Will encourage chapel organizations to support FAP and provide support ministries as appropriate.
- 8.2. **(SEYMOURJOHNSON)** Ensures all staff members who work with children/youth receive initial and annual training on identifying and reporting suspected cases of maltreatment.
- 8.3. **(SEYMOURJOHNSON)** Develops a policy, in coordination with the FAC/CAIB, for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.

**Chapter 9 (Added-SEYMOURJOHNSON)****STAFF JUDGE ADVOCATE (SJA):**

- 9.1. **(SEYMOURJOHNSON)** May serve or designate an attorney on the FAC/CAIB.
- 9.2. **(SEYMOURJOHNSON)** Nominates an attorney to serve on the CRB, CSMRT, HRVRT and FAC/CAIB.
- 9.3. **(SEYMOURJOHNSON)** Serves as FAC/CAIB consultant in the development of MOUs.
- 9.4. **(SEYMOURJOHNSON)** Acts as consultant to the Base FAP.
- 9.5. **(SEYMOURJOHNSON)** Coordinates with the FAO to ensure ready availability and effectiveness of Victim Witness Assistance Program (VWAP) to families who qualify.
- 9.6. **(SEYMOURJOHNSON)** Seeks to establish MOU between the installation legal office and local (city, county) district attorneys in domestic violence cases involving military personnel and their family members assigned to the base.

**Chapter 10 (Added-SEYMOURJOHNSON)****INSTALLATION CHIEF OF SECURITY FORCES:**

- 10.1. **(SEYMOURJOHNSON)** Serves or designates a senior member to serve on the CRB, HRVRT and FAC/CAIB. SFS representative on the CRB will serve as liaison between local law enforcement and the installation, securing police reports, and other relevant information for the CRB process.
- 10.2. **(SEYMOURJOHNSON)** Ensures SFS staff responsible for responding to domestic violence receives training provided by FAP staff on identifying and reporting suspected family maltreatment. Also coordinates investigations concerning child and spouse maltreatment with the AFOSI.
- 10.3. **(SEYMOURJOHNSON)** Reports all suspected cases of family maltreatment to FAP.
- 10.4. **(SEYMOURJOHNSON)** Coordinates investigation of child and spouse maltreatment as required.
- 10.5. **(SEYMOURJOHNSON)** Ensures FAP receives timely information (including blotter entries, DD Form 1569, Incidents/Complaint Report) concerning all incidents or complaints alleging family maltreatment.
- 10.6. **(SEYMOURJOHNSON)** Supports investigative interviews of alleged criminal offenders in cases occurring in DoD sanctioned activities

**Chapter 11 (Added-SEYMOURJOHNSON)****INSTALLATION AFOSI DETACHMENT COMMANDER:**

- 11.1. **(SEYMOURJOHNSON)** Serves or designates a senior member to serve on the FAC/CAIB, CRB, CSMRT, and HRVRT.
- 11.2. **(SEYMOURJOHNSON)** Reports all suspected cases of family maltreatment to FAP.
- 11.3. **(SEYMOURJOHNSON)** Ensures staff receives training provided by FAP staff on identifying and reporting suspected family maltreatment.
- 11.4. **(SEYMOURJOHNSON)** Searches the Defense Clearance and Investigation Index (DCII) for historical data pertaining to suspected family maltreatment and provides this information to the FAP.
- 11.5. **(SEYMOURJOHNSON)** Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.
- 11.6. **(SEYMOURJOHNSON)** Coordinates and monitors child and spouse maltreatment investigations conducted by civilian agencies where there is a DoD interest.
- 11.7. **(SEYMOURJOHNSON)** Ensures all agents attend initial and annual training provided by FAP staff on child and spouse maltreatment dynamics and protocols.

**Chapter 12 (Added-SEYMOURJOHNSON)****SERVICES SQUADRON COMMANDER:**

- 12.1. **(SEYMOURJOHNSON)** Appoints the Family Member Support Flight Chief as a member of the FAC/CAIB.
- 12.2. **(SEYMOURJOHNSON)** Ensures all staff members who work with children or youth attend initial and annual training provided by FAP staff on identification and reporting of maltreatment.
- 12.3. **(SEYMOURJOHNSON)** Ensures staff working with children from birth to age three years, are aware of the NPSP.
- 12.4. **(SEYMOURJOHNSON)** Immediately reports suspected incidents of child maltreatment occurring in “out of home” care settings, such as the child development center, recreation programs, or family child care homes to the FAP.
- 12.5. **(SEYMOURJOHNSON)** Develops policies in coordination with the FAC/CAIB, for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.
- 12.6. **(SEYMOURJOHNSON)** Consults with the SJA to determine proper jurisdiction and the course of action for investigating/resolving situations where a child care provider/youth program staff member is suspected of child abuse and/or neglect at a base center or other DoD-sanctioned activity.
- 12.7. **(SEYMOURJOHNSON)** Ensures family support agencies are aware of family maltreatment education and prevention training through the FAP Outreach Program.

**Chapter 13 (Added-SEYMOURJOHNSON)****DIRECTOR OF AIRMEN AND FAMILY READINESS CENTER (A&FRC):**

- 13.1. **(SEYMOURJOHNSON)** Serves as a member on the FAC/CAIB.
- 13.2. **(SEYMOURJOHNSON)** Ensures coordination of referrals and services for FAP clients.
- 13.3. **(SEYMOURJOHNSON)** Ensures all staff is trained annually on identifying and reporting suspected cases of family maltreatment and identification and referral procedures for suspected maltreatment.

**Chapter 14 (Added-SEYMOURJOHNSON)**

**PUBLIC AFFAIRS OFFICE:**

14.1. **(SEYMOURJOHNSON)** Distributes FAP news releases to the installation newspaper and other news media after approval by the FAC/CAIB Chairperson, FAO, and the MDG/CC. Serves as the FAP point of contact in response to press inquiries.

**Chapter 15 (Added-SEYMOURJOHNSON)****ACTIVE DUTY MEMBERS AND CIVILIAN EMPLOYEES:**

15.1. **(SEYMOURJOHNSON)** All active duty members and civilian employees of the Air Force will report all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, domestic abuse, and the procedures for reporting family maltreatment to the FAP. Exclusions are limited to chaplains receiving information through a “penitent-clergyman” relationship or confidential communication in the course of their official duties and Area Defense Counsel (ADC) receiving information from an established attorney-client relationship.

## Chapter 16 (Added-SEYMOURJOHNSON)

### CENTRAL REGISTRY BOARD (CRB):

16.1. **(SEYMOURJOHNSON)** A multidisciplinary team that reviews referrals for suspected family maltreatment. These decisions are known as incident status determinations. The Vice Wing commander will chair the CRB. In his or her absence, the CRB may be chaired by the Mission Support Group commander. The alternate CRB chairperson cannot be delegated lower than the Mission Support Group commander level.

16.1.1. **(SEYMOURJOHNSON)** FAC/CAIB chairperson approves members of the CRB which is made up of Air Force agencies. The CRB operates according to Air Force FAP guidance.

16.1.2. **(SEYMOURJOHNSON)** The CRB meets at the call of the chairperson, but at least monthly, unless there are no new referrals requiring determination.

16.1.3. **(SEYMOURJOHNSON)** Ensures members are trained annually on the roles, responsibilities, and dynamics of family maltreatment.

16.1.4. **(SEYMOURJOHNSON)** If additional information is required, the CRB chairperson may allow a guest to attend. Guests who have information pertaining to a specific incident may be invited to share their information and participate in the discussion of that incident.

16.1.5. **(SEYMOURJOHNSON)** Makes incident status determinations within 60 days of referral. When insufficient information is available to make a determination, the incident will remain in deferred status and will be reviewed monthly until a determination is made.

16.1.6. **(SEYMOURJOHNSON)** Ensures unit commanders of each AD member involved in a maltreatment incident receive a determination letter from the CRB on each incident stating the incident status determination. This determination letter will explain the Incident Status Determination Review (ISDR) process and will serve as the AD member's notification of the incident status determination.

16.1.7. **(SEYMOURJOHNSON)** Ensures the involved spouse receives notification of the incident status determination, as well as the ISDR process.

16.1.8. **(SEYMOURJOHNSON)** The CRB separates the clinical function of the CCS from the administrative function. CRB is composed of the Vice Wing commander, SJA, squadron commanders, Command Chief Master Sergeant, FAO, and representatives from SFS and OSI. No less than 2/3 of the membership must be present to have the CRB meeting.

16.1.9. **(SEYMOURJOHNSON)** The focus of the CRB is what happened in the referral incident. The CRB determines whether a referral meets the criteria for maltreatment IAW DOD guidelines. Only relevant criteria from the FAP assessment are discussed.

**Chapter 17 (Added-SEYMOURJOHNSON)****CLINICAL CASE STAFFING (CCS):**

17.1. **(SEYMOURJOHNSON)** Clinical and safety issues are discussed by FAP staff during CCS. The CCS is composed of the FAO, FAN, FATMs, FOAM, FAPAs and other MTF personnel who may add value to the discussion (Pediatrician, Mental Health Clinic Provider). Personnel not affiliated with the MTF may attend only to provide information and should not be present for discussion of the client's personal health information due to HIPAA.

17.1.1. **(SEYMOURJOHNSON)** Ensures all information reported is tracked through the HIPAA Office.

## Chapter 18 (Added-SEYMOURJOHNSON)

### CHILD SEXUAL MALTREATMENT RESPONSE TEAM (CSMRT):

18.1. **(SEYMOURJOHNSON)** Members are appointed by their commander and approved by the FAC/CAIB. The CSMRT is comprised of the FAO, FAP clinician working with the family, OSI representative, SJA representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate. The lead coordinator will be the FAO and/or FAP clinician. Children suspected of being sexually abused will be referred to the Wayne County Department of Social Services (WCDSS) or other child advocacy agencies by a SJAFB medical provider. The CSMRT is activated to manage the initial response to an allegation of child sexual maltreatment. The goal of this team approach is to minimize trauma to the victim and family by minimizing the number of investigative interviews.

18.1.1. **(SEYMOURJOHNSON)** Members will be trained within 90 days of appointment. Training and team activation will be reported and documented in the FAC/CAIB minutes.

18.1.2. **(SEYMOURJOHNSON)** The team will review the allegation(s) and coordinate a course of action to determine how each organization will proceed in making required notifications, conducting interviews, scheduling medical exams, arranging for the safety of all family members and conducting psycho-social assessments.

**Chapter 19 (Added-SEYMOURJOHNSON)****HIGH RISK FOR VIOLENCE RESPONSE TEAM (HRVRT):**

19.1. **(SEYMOURJOHNSON)** Membership is approved by the FAC/CAIB chairperson. Activation will occur when there is imminent danger of a family member being harmed by other family members or when staff members are in imminent danger of being harmed by a Family Advocacy client(s) or ex-client(s). Composition of the HRVRT will be the FAO, FAP clinician working with the family, sponsor's commander, SFS Operational Flight commander, SJA, Mental Health Clinic provider, OSI representative, Victim Advocate, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate. The FAO and/or the FAP clinician will be the lead coordinator.

19.1.1. **(SEYMOURJOHNSON)** Members will be trained within 90 days of appointment. Training and team activation will be reported and documented in the FAC/CAIB minutes.

19.1.1.1. **(SEYMOURJOHNSON)** HRVRT members will address safety issues, potential triggers, and advocate for the client's welfare on a regular basis. The team will also develop and implement a management and tracking mechanism for high-risk individuals.

**Chapter 20 (Added-SEYMOURJOHNSON)****ASSIGNMENT AVAILABILITY.**

20.1. **(SEYMOURJOHNSON)** Family Maltreatment: If maltreatment occurs after a family has received PCS orders, the unit commander will suspend the assignment until all evaluations are completed and the gaining base can ensure services are available. Active duty members with open maltreatment records who receive PCS orders for an overseas assignment should be processed as a family with special needs for FAP services from the gaining MTF. An active duty member who receives intervention services for family maltreatment and is stable emotionally, psychologically, and physiologically can be assigned to any location that offers appropriate services.

GEORGE PEACH TAYLOR, JR  
Lt General, USAF, MC, CFS  
Surgeon General

**(SEYMOURJOHNSON)**

STEVEN L. KWAST, Colonel, USAF  
Commander, 4th Fighter Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION  
AFI 33-360, VOL I, PARAGRAPH A4.10.2.1*****References***

*Title 10 United States Code Section 8013*

*AFPD 37-1, Information Management*

*AFI 31-501, Personnel Security Program Management*

*AFI 36-2101, Classifying Military Personnel (Officer and Enlisted)*

*AFI 36-2104, Nuclear Weapons Personnel Reliability Program*

*AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System*

*AFI 51-201, Administration of Military Justice*

*AFI 71-101, Volume 1, Criminal Investigations*

*AFMAN 37-123, Management of Records*

*United States Air Force Family Advocacy Program Standards*

*DODD 6400.1, Family Advocacy Program, 23 August 2004*

*DODI 6400.3, Family Advocacy Command Assistance Team, 3 Feb 89*

*Public Law 101-647, Crime Control Act of 1990, November 29, 1990*

*Public Law 104-191, Health Insurance Portability and Accountability Act of 1996*

***Abbreviations and Acronyms***

**ADAF**—Active Duty Air Force

**ADS**—Ambulatory data system

**AFI**—Air Force instruction

**AFIA**—Air Force Inspection Agency

**AFMSA/SGOF**—Air Force Medical Support Agency, Office of the Surgeon General, Family Advocacy Program

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

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AF/SG**—Air Force Surgeon General

**CCM**—Command Chief Master Sergeant

**CAIB**—Community Action Information Board

**CCS**—Clinical Case Staffing

**CDC**—Child Development Center  
**CONUS**—Continental United States  
**CPS**—Child Protective Services  
**CRB**—Central Registry Board  
**CSMRT**—Child Sexual Maltreatment Response Team  
**DCII**—Defense Clearance and Investigations Index  
**DEERS**—Defense Eligibility Enrollment System  
**DOD**—Department of Defense  
**DODD**—Department of Defense Directive  
**DODI**—Department of Defense Instruction  
**FAC**—Family Advocacy Committee  
**FACAT**—Family Advocacy Command Assistance Team  
**FAIS**—Family Advocacy Intervention Specialist  
**FAN**—Family Advocacy Nurse  
**FAO**—Family Advocacy Officer  
**FAOM**—Family Advocacy Outreach Manager  
**FAP**—Family Advocacy Program  
**FASOR**—Family Advocacy System of Records  
**FAST**—Family Advocacy Strength-based Therapy  
**FATM**—Family Advocacy Treatment Manager  
**FCCH**—Family Child Care Home  
**FMCMT**—Family Maltreatment Case Management Team  
**FSC**—Family Support Center  
**HAWC**—Health and Wellness Center  
**HQ USAF**—Headquarters, United States Air Force  
**HRVRT**—High Risk for Violence Response Team  
**HIS**—Health Services Inspection  
**IAW**—In Accordance With  
**IDS**—Integrated Delivery System  
**ISDR**—Incident Status Determination Review  
**ISSA**—Inter-Service Support Agreement  
**JCAHO**—Joint Commission on Accreditation of Healthcare Organizations

**MAJCOM**—Major Command  
**MCBHC**—Major Command Behavior Health Consultant  
**MOA**—Memorandum of Agreement  
**MOU**—Memorandum of Understanding  
**MPF**—Military Personnel Flight  
**MTF**—Medical Treatment Facility  
**NPSP**—New Parent Support Program  
**OCONUS**—Outside Continental United States  
**OPAL**—Outreach Prevention Automated Log  
**OPR**—Office of Primary Responsibility  
**PCS**—Permanent Change of Station  
**SAF**—Secretary of the Air Force  
**SFS**— Security Forces Squadron  
**SG**—Surgeon General  
**SJA**—Staff Judge Advocate  
**VA**—Victim Advocate  
**VWAP**—Victim Witness Assistance Program

### *Terms*

**FAP Standards**—Specific guidance provided by AFMSA/SGOF to provide detailed directions for implementation of the Family Advocacy Program within the USAF.

**Health Care Provider**—Someone who provides direct health care services to military health system beneficiaries in military medical treatment facilities.

**Intervention**—An activity, process, event, or system that is designed to correct a problem, change a situation or improve a condition. Professional FAP staff plan and develop a broad range of intervention strategies from preventing maltreatment to direct clinical treatment.

**Maltreatment**—A general term encompassing child abuse or neglect and spouse abuse or neglect.

**Maltreatment Clinical Intervention**— Direct clinical services to families identified as experiencing maltreatment. Also called "tertiary prevention" in some references.

**Outreach**—Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as maltreatment intervention).

**Prevention**—Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

**Substantiated**—The status of a child or spouse maltreatment report or incident. This term is a social, rather than legal, definition and means the "preponderance of evidence" in a report or incident indicates the abuse did occur

**Unsubstantiated**—The status of a child or spouse maltreatment incident wherein the "preponderance of the evidence" does **NOT** indicate abuse occurred.

**Victim Advocate**—An employee of the Department of Defense, a civilian working under contract for the Department of Defense, or a local community victim advocate service agency with a formal MOU with an installation, whose role is to provide comprehensive assistance and liaison to and for victims of domestic abuse and sexual assault, and to educate personnel on the installation regarding the most effective responses to domestic abuse on behalf of victims and at-risk family members.

**Victim Advocacy Services**— Services that are offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services shall include, but not necessarily be limited to, responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children both in the civilian and military communities, and providing victims with ongoing support and referrals.

**Attachment 1 (SEYMOURJOHNSON)****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Air Force Policy Directive 40-3, Family Advocacy Program

Air Force Instruction 40-301, Air Force Family Advocacy Program

USAF Family Advocacy Program Standards

DoDD 6025.18-R, Health Information Privacy Regulation

MGI 44-160, Health Insurance Portability and Accountability Act (HIPAA)

**Attachment 2****MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) AND (VICTIM ADVOCACY SERVICES AGENCY)**

1. **PURPOSE:** To establish a written agreement between (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY) defining procedures for the coordination of emergency shelter, safe housing, medical services, support, and referral services for victims of domestic violence who are eligible for military medical treatment.

2. **GENERAL:** This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU provides guidance and documents an agreement for general support between (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY).

3. **RESPONSIBILITIES:**

**A. The (INSTALLATION) agrees to the following provisions:**

(1) When responding to or investigating domestic violence cases or providing medical or other services for domestic violence victims, personnel from Security Forces (SFS), Office of Special Investigations (OSI), Family Advocacy Program (FAP) personnel, and medical treatment facility (MTF) personnel shall provide victims of domestic violence with basic referral information for (VICTIM ADVOCACY SERVICES AGENCY), including telephone/hotline number and a general description of the shelter, support and victim advocacy services offered by that organization.

(2) When a victim of domestic violence determines that he/she would like to seek shelter at (VICTIM ADVOCACY SERVICES AGENCY) or meet with (VICTIM ADVOCACY SERVICES AGENCY) staff regarding other victim advocacy services, transportation to the shelter shall be arranged, when necessary, from the SFS or local law enforcement.

(3) (INSTALLATION) will work with FAP to publicize resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

(4) FAP will provide training to (VICTIM ADVOCACY SERVICES AGENCY) staff, as needed, on the resources available to victims of domestic violence through FAP and through other programs and agencies located on (INSTALLATION).

(5) Access will be provided to (INSTALLATION) for (VICTIM ADVOCACY SERVICES AGENCY) staff providing services to military victims of domestic violence.

**B. (DOMESTIC VIOLENCE SHELTER) agrees to the following provisions:**

(1) When (VICTIM ADVOCACY SERVICES AGENCY) receives a referral from (INSTALLATION) at the request of a victim, or when (VICTIM ADVOCACY SERVICES AGENCY) identifies a victim of domestic violence as an individual eligible for military medical treatment, (VICTIM ADVOCACY SERVICES AGENCY) will provide the same services to that victim as it provides to all other clients, in accordance with the victim's wishes and needs. Services provided by (VICTIM ADVOCACY SERVICES AGENCY) include: [A detailed list of specific services offered by the shelter can be inserted here.]

(2) When (VICTIM ADVOCACY SERVICES AGENCY) receives a referral from (INSTALLATION) or when (VICTIM ADVOCACY SERVICES AGENCY) identifies a victim of domestic

violence as an individual eligible for military medical treatment, (VICTIM ADVOCACY SERVICES AGENCY) staff shall provide that victim with information regarding FAP and other resources available to victims of domestic violence on (INSTALLATION). (VICTIM ADVOCACY SERVICES AGENCY) staff shall also inform victims that they are not excused from work related responsibilities, or, if an active duty member, from duty or from complying with unit recall notification policies while staying at (VICTIM ADVOCACY SERVICES AGENCY).

**(3)** (VICTIM ADVOCACY SERVICES AGENCY) staff will work with FAP to train base staff, including, but not limited to, personnel from the SFS, OSI, FAP and MTF, on resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

#### **4. PRIVACY INTERESTS**

**A.** The (VICTIM ADVOCACY SERVICES AGENCY) shall not disclose the victim's identity and/or specifics about the victim's circumstances to (INSTALLATION) personnel, including, but not limited to, FAP staff, SFS, or OSI without the written consent of the victim, unless otherwise required to do so by state or federal law. A victim must sign a authorization for the release of information prior to the exchange of any information regarding that victim. Once the "Release of Information" form has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

**B.** The victim's identify and/or specifics about the victims circumstances shall not be disclosed by (INSTALLATION) personnel, including, but not limited to, FAP staff, SFS, or OSI to the (VICTIM ADVOCACY SERVICES AGENCY) without the written consent of the victim, unless otherwise required to do so by state or federal law. A victim must sign a "Release of Information Form" prior to the exchange of any information regarding that victim. Once the "Release of Information" form has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

**C.** Copies of original signed "Release of Information" forms shall be kept on file with the initiating organization and a copy will be transmitted to the receiving party.

**D.** (VICTIM ADVOCACY SERVICES AGENCY) shall provide non-identifying statistical information to (INSTALLATION) regarding the victims to whom it provides services on a (PERIODIC) basis.

#### **5. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:**

**A.** This MOU shall be reviewed bi-annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with sixty (60) days notice to the other party.

**B.** Effective execution of this agreement can be achieved only through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY) shall meet, as necessary and appropriate, to share information regarding individual cases after having received signed "Release of Information" forms from the victims and to generally discuss and review quality of services provided to victims.

**Attachment 3****MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) SJA AND  
(COUNTY/CITY) DISTRICT ATTORNEY'S OFFICE**

**1. PURPOSE:** To establish written procedures concerning the exchange of information, case investigation and prosecution, and coordination of efforts and assets between the (INSTALLATION) SJA and the (COUNTY/CITY) District Attorney (DA) in domestic violence cases involving active duty military personnel assigned to the (INSTALLATION) and their family members.

**2. GENERAL:** This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) SJA and the (COUNTY/CITY) DA. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. See *United States v. Caceres*, 440 U.S. 741 (1979)

A. [Insert paragraph here defining jurisdiction for both the (INSTALLATION) SJA and (COUNTY/CITY) DA.]

**3. RESPONSIBILITIES:****A. The (COUNTY/CITY) DA agrees to perform the following actions:**

(1) When the victim in a domestic violence incident has been identified as an active duty service member or a family member of one, the (COUNTY/CITY) DA shall provide the victim with basic information, acquired from the Installation SJA (below), about (INSTALLATION) resources available to domestic violence victims.

(2) When investigating or prosecuting domestic violence cases, the (COUNTY/CITY) DA shall determine whether the alleged offender is an active duty Service member assigned to (INSTALLATION). If the alleged offender is an active duty member assigned to (INSTALLATION), the DA shall contact the (INSTALLATION) SJA to inform the SJA of the pending investigation or prosecution. Upon request, the DA shall forward copies of relevant police reports, civil protection orders, and any orders specifying pre-trial conditions to the SJA.

(3) When investigating a domestic violence case involving an active duty Service member assigned to (INSTALLATION) who is alleged to be the offender, the DA shall consult with the SJA with respect to prosecution of the individual under the appropriate state law or under the Uniform Code of Military Justice (UCMJ).

(4) During the course of the DA's investigation or prosecution of a crime of domestic violence allegedly committed by an active duty Service member assigned to (INSTALLATION), the DA shall keep the SJA informed of the status of the case through regular contacts. The DA shall notify the SJA specifically of any changes in confinement status or pre-trial release conditions.

(5) When, after consultation, the SJA and the DA have determined that the alleged offender will be subject to procedures under the UCMJ, the DA shall cooperate during the investigation and disciplinary action to the greatest extent possible by sharing information and facilitating the interviewing of witnesses.

(6) As new attorney's begin working in the (COUNTY/CITY) DA, their immediate supervisor will provide them with copies of this MOU and basic instructions for executing the provisions of this MOU.

**B. The (INSTALLATION) SJA agrees to perform the following actions:**

(1) The (INSTALLATION) SJA shall provide the (COUNTY/CITY) DA with basic information, in the form of quick reference cards or brochures, about installation resources available to domestic violence victims.

(2) When investigating a domestic violence case involving an active duty member assigned to (INSTALLATION) who is alleged to be the offender, the SJA shall, in cases where the state has jurisdiction, consult with the local DA to determine whether the individual will be prosecuted under the appropriate state law or whether the command will pursue disciplinary action under the UCMJ.

(3) Upon request, the SJA shall forward copies of relevant police incident reports and military protection orders to the DA.

(4) When, after consultation, the DA and the SJA have decided that the alleged offender will be prosecuted under state law, the SJA shall cooperate during the investigation and prosecution to the greatest extent possible by sharing information and facilitating the interviewing of witnesses.

(5) As new personnel begin duty with the (INSTALLATION) SJA, their immediate supervisor will provide them with copies of this MOU and basic information on executing the provisions of this MOU.

**4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:**

A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement within sixty (60) days notice to the other party.

B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that communication will be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) SJA and from the (COUNTY/CITY) DA's office shall meet, as necessary and appropriate, to discuss open-cases involving active duty Service members and to review and revise provisions of this MOU.

**Attachment 4****MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) INSTALLATION  
LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR STATE)  
LAW ENFORCEMENT AGENCY**

**1. PURPOSE:** To establish written procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction and coordination of efforts and assets between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency in domestic violence cases involving active duty military personnel and their family members.

**2. GENERAL:** This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. See *United States v. Caceres*, 440 U.S. 741 (1979).

A. [Insert paragraph here defining response and investigation jurisdiction for the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency.]

**3. RESPONSIBILITIES:**

A. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:

(1) When responding to or investigating domestic violence cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency will ascertain whether the alleged offender is an active duty Service member. If the alleged offender is an active duty Service member, the responding officer(s) will note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement" and the designated Records personnel will ensure the copy is forwarded.

(2) When responding to or investigating domestic violence cases, the (CITY, COUNTY OR STATE) Law Enforcement Agency will ascertain whether the victim is an active duty Service member. If the victim is an active duty Service member, the responding officer(s) will seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's commander. If the victim so consents, the responding officer(s) will note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel will ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report.

(3) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO) issued by a court of competent jurisdiction, the responding officer(s) will ascertain whether the alleged offender is an active duty Service member. If the alleged offender is an active Service member, the responding officer(s) will note on top of the CPO "Copy to the (INSTALLATION) Installation law Enforcement Office" and the desig-

nated Records personnel will ensure the copy is forwarded. [This paragraph may not be necessary if the installation has an MOU with the local court specifying that the court will forward copies of such CPOs to the installation.]

(4) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO), the responding officer(s) will ascertain whether the victim is an active duty Service member. If the victim is an active duty Service member, the responding officer(s) will seek the victim's consent to forward a copy of the CPO to the (INSTALLATION) Installation Law Enforcement Office. If the victim so consents, the responding officer(s) will note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel will ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not request that a copy of the CPO be forwarded to the Installation Law Enforcement Office.

(5) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall designate an employee from Records who will be directly responsible for forwarded copies of incident/investigation reports and CPOs to the (INSTALLATION) Installation Law Enforcement Office when directed to do so by notations at the top of the reports or CPOs. The employee shall also be responsible for receiving and processing military protection orders (MPOs) forwarded from the (INSTALLATION) Installation Law Enforcement Office.

(6) When the (CITY, COUNTY, or STATE) Law Enforcement Agency becomes aware of a violation of a term or provision of an MPO, the responding officer(s) shall notify the designated representative from the (INSTALLATION) Installation Law Enforcement Office of the violation.

(7) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall provide the (INSTALLATION) Installation Law Enforcement Office with an area for Installation Law Enforcement investigators to conduct interviews of active duty Service member and their family members who are involved in domestic violence incidents.

(8) The (CITY, COUNTY, or STATE) Law Enforcement Agency will, When appropriate, conduct joint investigations with the (INSTALLATION) Installation Law Enforcement Office if incidents of Domestic violence involve active duty Service members and their family members.

(9) When the victim in a domestic violence incident has been identified as an active duty Service member or a family member of one, the (CITY, COUNTY, or STATE) Law Enforcement Agency responding officer(s) shall provide the victim with basic information, acquired from the Installation Law Enforcement Office (below), about installation resources available to domestic violence victims.

(10) As new law enforcement officers begin duty with the (CITY, COUNTY, or STATE) Law Enforcement Agency, their immediate Supervisor will provide them with copies of this MOU and basic Instructions for effectuating the provisions of this MOU.

**B.** The (INSTALLATION) Installation Law Enforcement Office agrees to perform the following actions:

(1) The (INSTALLATION) Installation Law Enforcement Office shall designate an individual to act as liaison to the (CITY, COUNTY, or STATE) Law Enforcement Agency and to receive copies of incident/investigation reports stemming from an incident occurring off of the installation and CPOs involving active duty Service members and their family members.

(2) Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the installation or a CPO involving an active duty Service member and his/her family member, the (INSTALLATION) Installation Law Enforcement Office shall immediately notify the Service member's Command.

(3) When the (INSTALLATION) Installation Law Enforcement Office receives a copy of an MPO from a Service member's Command, and if that Service member is living off of the installation, the (INSTALLATION) Installation Law Enforcement office shall forward a copy of the MPO to the (CITY, COUNTY, or STATE) Law Enforcement Agency with jurisdiction over the area in which the Service member resides.

(4) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Police Department with an area for Police Department officers or investigators to conduct interviews of active duty Service members and their family members who are involved in domestic violence incidents.

(5) The (INSTALLATION) Installation Law Enforcement Office will, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of domestic violence involve active duty Service members and their family members.

(6) The (INSTALLATION) Installation Law Enforcement Office will assist the (CITY, COUNTY, or STATE) Law Enforcement Agency when investigating cases that occurred off base by providing information such as medical records, Service records, and incident/investigation reports from incidents occurring under the jurisdiction of the Installation Law Enforcement Office in accordance with the provisions of the Privacy Act, 5 USC 552a.

(7) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Law Enforcement Agency with basic information, in the form of quick reference cards or brochures, about installation resources available to domestic violence victims.

(8) [Insert a paragraph here stating proper installation procedure for responding to domestic violence incidents occurring on the installation involving civilian alleged offenders.]

(9) As new personnel begin duty with the (INSTALLATION) Installation Law Enforcement Office, their immediate supervisor will provide them with copies of this MOU and basic instructions on effectuating the provisions of this MOU.

#### **4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:**

A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with sixty (60) days notice to the other party.

B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) Installation Law Enforcement Office and from the (CITY, COUNTY, or STATE) Law Enforcement Agency shall meet, as necessary and appropriate, to discuss open cases involving active duty Service members and to share information regarding reciprocal investigations.