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633 AIR BASE WING

AIR FORCE INSTRUCTION 40-301

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Medical Command

FAMILY ADVOCACY PROGRAM

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This supplement implements and extends the guidance of AFI 40-301. It applies to the Air National Guard and the Air Force Reserve, except where noted otherwise. This AFI may be supplemented at any level, but all supplements must be routed to OPR for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through appropriate functional' s chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS).

SUMMARY OF CHANGES

This publication has not been revised. This rewrite of AFI 40-301 Supplement was accomplished to conform with the Family Advocacy Program Standards of November 2009 and the AFI 40-301 of January 2009.

1. Installation Commander (CC).

1.1. The Installation Commander has responsibility for implementing the FAP, ensuring program effectiveness, and gathering all necessary support.

1.2. The mission of Joint Base Langley-Eustis (JBLE) FAP is to promote the health and well-being of military families, so as to maintain the readiness ability of the active duty member.

1.2.1. The JBLE FAP will provide a varied range of services including primary prevention services, secondary prevention services, the New Parent Support Program (NPSP), and assessment and treatment of child and adult partner maltreatment.

1.2.2. The JBLE FAP will work on a collaborative basis with community agencies to assist in providing services to families.

1.3. All military personnel and individuals affiliated with JBLE and its organizations and tenants will report all identified incidents of suspected or known child or adult partner maltreatment to the FAP.

1.4. After-hour reports of child and adult partner maltreatment will be taken by the Langley Mental Health on-call provider through notification by Ft Eustis and Langley Security Forces or the Emergency Department.

2. Family Advocacy Committee (FAC).

2.1. The FAC will be chaired by the 633d Medical Group Commander (633 MDG/CC) and composed of the following members as listed in AFI 40-301: Installation CC or designee, MTF CC or Deputy MTF CC, Family Advocacy Officer (FAO), Family Advocacy Outreach Manager (FAOM), Director, Airmen and Family Readiness Center (A&FRC) or designee, Staff Judge Advocate (SJA) or designee, Security Forces CC or designee, the Air Force Office of Special Investigations Detachment CC (AFOSI) or designee, Wing Chaplain or designee, and the Command Chief Master Sergeant (CCC) or designee.

2.1.1. The FAC may add other members at the discretion of the chairperson. The following members will be added from Ft Eustis: Criminal Investigation Division Detachment Commander CID) (or designee), Command Judge Advocate (CJA) or designee, Director, Army Community Service (ACS) or designee, Provost Marshall (MPI) or designee, and the Installation Chaplain (IC) or designee.

2.2. The FAC will meet once a quarter (Jan, Apr, Jul, Oct) or at the call of the chairperson to accomplish the following tasks.

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

2.2.2. Advocate establishing and improving services that promote healthy families and relationships.
2.2.3. Solicit the resources needed to successfully run the FAP.
2.2.4. Coordinate activities of different organizations that contribute to the FAP and identify
resources and service delivery problems.
2.2.5. Review available data on families to identify at-risk groups requiring prevention services and to detect trends. Use findings to ensure that responsible programs are implemented.

2.2.6. Monitor training programs for FAP personnel.

2.2.7. Establish a cooperative working relationship with local community agency personnel.

2.2.8. Develop and maintain a directory of community resources.

2.2.9. Establish the CRB, CSMRT and the HRVRT.

3. Family Maltreatment.

3.1. The Family Maltreatment component of the FAP provides identification, evaluation, and treatment services through a CRB and Clinical Case Staffing (CCS). This team establishes and monitors family maltreatment program and services.

3.2. The 633d ABW Vice-Commander will chair the CRB and membership will be composed of: the Family Advocacy Officer (FAO), SJA representative, SFS representative, AFOSI Detachment representative, Command Chief Master Sergeant and the incident sponsor's Squadron Commander and First Sergeant.

3.2.1. The following members will be added from Ft Eustis: CJA representative, SFS representative, CID representative, Battalion Commander and Sergeant Major or First Sergeant.

3.2.2. The CRB will meet at least monthly or at the call of the chairperson to accomplish the following tasks.

3.2.3. Review each incident of alleged family maltreatment to determine if maltreatment did occur and the impact of the maltreatment to the family member (victim).

3.2.4. The CCS will provide recommendations to the Commander for treatment services.

3.2.5. Determine the status of all cases.

3.2.6. Ensure the preparation and submission of appropriate forms to report maltreatment according to FAP standards.

3.2.7. Ensure the preparation and submission of required Department of Defense (DoD) forms and reports.

3.2.8. Identify family maltreatment trends, using available data on families.

3.2.9. Identify at-risk groups requiring prevention services.

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

3.2.11. Establish procedures for hospitalizing victims of family maltreatment when no alternatives are available.

3.2.12. Ensure the appropriate procedures are followed in cases of child sexual abuse and in cases with a high risk for violence.

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

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

3.4.1. The 633d ABW/CC, 633 MDG/CC and AFOSI or CID will be notified immediately.

3.4.2. A FAP record will be opened in the name of the deceased. A FAP assessment will be conducted and services will be offered to the family.

3.4.3. If a death occurs in an open FAP maltreatment case, a review of the case will be conducted.

4. Child Sexual Maltreatment Response Team (CSMRT) members.

4.1. The CSMRT is a multidisciplinary team designed to effectively manage the initial response to child sexual maltreatment allegations.

4.2. The FAO is responsible for the family maltreatment component of the FAP and will serve as chair of the CSMRT.

4.2.1. Composition of the CSMRT will include the FAO, AFOSI, SJA and representatives from other agencies having legal, investigative or child protection responsibilities, when appropriate.

4.2.2. The following members will be added from Ft Eustis: CID representative and CJA representative.

4.3. The CSMRT will be notified immediately when allegations of child sexual maltreatment occur. If this occurs during non-duty hours, the on-call provider handling the situation should ascertain that the CSMRT (AFOSI or CID and SJA or CJA) have been notified and coordinate with AFOSI or CID on who will be conducting the interview. The on-call provider's purpose is to assess the victim and, if needed, to assess the alleged offender for risk and safety, but not conduct a thorough evaluation or interview of the alleged maltreatment.

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

4.5. The AFOSI or CID will assess the allegation to determine the facts and circumstances of the alleged offense, which will either corroborate or refute the allegation. The AFOSI or CID will ensure the alleged victim is interviewed if there is an investigation. The FAP may assist by providing an interviewer.

4.6. The FAO will be responsible for conducting a thorough safety and risk assessment and providing recommendations regarding care, providing clinical interviews as required, proper notification of base authorities, and ensuring proper documentation of all activities regarding the investigation.

4.7. The SJA will provide victim/witness assistance to non-offending parents regarding procedures and disclosure of information through the Victim Witness Assistance Program, AFI 51-201.

4.8. Appointed team members and their alternates will meet at least annually to clarify roles and responsibilities and provide education regarding child sexual abuse and safety planning.

5. High Risk for Violence Response Team (HRVRT) members.

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

5.1.1. Members of a family unit may be in imminent danger of being harmed by other family members or intimate partner. Family members may include active duty, adult partner, children, stepchildren, ex-spouses, or ex-stepparents.

5.1.2. Staff members may be in imminent danger of being harmed by a Family Advocacy client or former client.

5.2. The goals of the HRVRT are to use and coordinate FAP, Commanders and community response to decrease the risk of violence to family members or FAP personnel.

5.3. The FAO is responsible for the family maltreatment component of the FAP and will serve as chair of the HRVRT.

5.3.1. The composition of HRVRT will include: the FAO, Family Advocacy Clinician working with the family of concern, sponsor's Commander, SFS , Staff Judge Advocate, Mental Health Provider, AFOSI and representatives from other agencies having legal, investigative, or protective responsibilities, as appropriate (e.g., base housing, local police, etc.).

5.3.2. The following members will be added from Ft Eustis: CJA representative, SFS representative, Behavioral Health Provider, and CID representative.

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

5.5. Upon notification of suspicion of potential threat of harm by an individual(s), the FAO will activate the HRVRT. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk. The FAC Chairperson will be notified and invited to attend the HRVRT meeting to oversee and give advice on any items requiring action.

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

5.7. The FAO will report the HRVRT finding, plans, and activities at the next scheduled FAC meeting.

5.8. Appointed team members and their alternates will meet at least annually to clarify roles and responsibilities and provide education regarding family violence and safety planning.

6. The Outreach Program.

6.1. The Family Advocacy Outreach Program will be managed by the FAOM.

6.2. The FAOM will establish a working relationship with the installation and community agencies that provide services for military families.

6.3. Conduct informal assessments by meeting with First Sergeants/Sergeant Majors, Squadron/Battalion Commanders, and other agencies to determine community needs.

6.4. Establish primary and secondary maltreatment prevention services for active duty members and family members.

6.5. Develop a bi-annual Family Advocacy Program Action Plan to outline programs and services for AD and their family members.

6.6. Provide new leader orientation on family maltreatment for all new Squadron/Battalion Commanders and Sergeant Majors/First Sergeants within 90 days of taking command, and annually thereafter.

6.7. Provide annual Family Violence and Prevention Training for all Commanders and First Sgts/Sgt Majors (to include Wing Installation CCs, MSG CCs, CCM, and healthcare providers as defined by DoD), Security Forces, AFOSI, CID, A&FRC, Army Community Service, Child Development Center (CDC), Youth Center, Family Child Care providers, Chapel Staff, Integrated Delivery Systems (IDS), FAC, SARC and other key personnel.

6.8. Document all trainings and collaborations in the Outreach Program Activities Log (OPAL).

7. New Parent Support Program (NPSP).

7.1. The NPSP will be managed by the Family Advocacy Nurse.

7.2. Primary and secondary prevention services will be provided to families with children age 0-3 years old.

7.3. Educational and informational/referral services will be provided to eligible clients.

7.4. Eligible clients who desire NPSP services will be seen during the initial prenatal orientation and shortly after discharge.

7.5. The program will comply with HQ AFMOA/SGHW guidelines regarding data collection and reporting of program activities.

JOHN J. ALLEN, JR., Colonel, USAF
Commander, 633d Air Base Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
AFI 40-301, *Family Advocacy, 30 November 2009*
AFPD 40-3, *Family Advocacy Program, 06 December 2011*
USAF Family Advocacy Program Standards, *Oct 2009*

Prescribed Forms
None

Adopted Forms
AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms
CCS – Clinical Case Staffing
CRB – Central Registry Board
CSMRT – Child Sexual Maltreatment Response Team
FAC – Family Advocacy Committee
FAO – Family Advocacy Officer
FAOM – Family Advocacy Outreach Manager
HRVRT – High Risk for Violence Response Team
NPSP – New Parent Support Program