



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 6490.01

DEC 12 2011

J-3B

SUBJECT: Family Advocacy Program (FAP)

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with (IAW) the authority in References (a) through (d) and the Commander, Joint Task Force National Capital Region Medical (JTF CapMed), establishes policy and describes relationships among Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH), and organizations that provide FAP services for beneficiaries who receive health care services in the Joint Operations Area (JOA).

2. APPLICABILITY. This Instruction applies to Joint Task Force National Capital Region Medical (JTF CapMed) and all Joint Medical Treatment Facilities (MTFs) and Centers in the National Capital Region (i.e., FBCH, WRNMMC, and Joint Pathology Center).

3. DEFINITIONS. See Glossary

4. POLICY. It is JTF CapMed policy to commit to providing necessary therapeutic and rehabilitative services to beneficiaries who have experienced trauma, abuse, neglect, or exploitation. The Joint MTF and Center staff will support victims by coordinating the delivery of the full range of therapy and promptly reporting misconduct as specified in law and regulation.

a. IAW DoD Instruction 6400.01 (Reference (e)), JTF CapMed will direct the Joint MTFs and Centers to employ all the elements of the FAP to serve beneficiaries who receive care at the Joint MTFs and Centers. The elements include:

- (1) Preventing spouse abuse and child neglect and abuse;
- (2) Deterring criminal actions through education;

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(3) Providing appropriate clinical, referral, and other services to victims of abuse and neglect;

(4) Identifying, supporting, and educating at-risk families; and

(5) Providing assessment, rehabilitation, and treatment, including comprehensive abuser intervention, to military personnel and ensuring all alleged offenders and their families have access to appropriate case management and treatment services if there is a substantiated case of spouse abuse, child neglect, or child abuse.

b. The Fleet and Family Services Center (FFSC) will be the only provider of FAP services on Naval Support Activity Bethesda (NSA-B).

c. When a FAP case is referred from one FAP provider in the JOA to the FBCH, the referring FAP may request and receive follow-up information regarding all aspects of the report or case.

d. A Primary and Supporting FAP will be established when cases involve dual military personnel. The Primary FAP is the FAP serving the primary offender or the victims if the offender is a civilian and the victim or spouse is an AD Service member.

e. To ensure that clients receive the full range of services, the FBCH FAP staff may request Central Registry background checks, courtesy interviews, and other support from other FAPs in the National Capital Region in accordance with the Memorandum of Understanding (Reference (f)).

f. At the Joint MTFs and Centers, every privileged provider, emergency room, and primary care staff, nurse, medic, and hospital corpsman must receive annual training to prepare them to meet the challenges that FAP presents. Staff must receive ongoing training to help them to assist victims of sexual assault, child neglect, and child and spouse abuse. The training will include identification, diagnosis, and disposition of spouse and child abuse.

5. RESPONSIBILITIES. See Enclosure 2

6. PROCEDURES. See Enclosure 3

7. INFORMATION SHARING

a. When a Joint MTF or Center refers a case to another FAP within the JOA, the referring FAP will provide the gaining FAP:

(1) Summary of the full initial clinical evaluation including medical evaluations and medical photography specifically related to the "incident."

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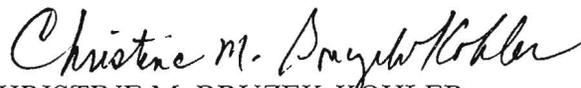
(2) All contact information that has been obtained for individuals involved in the allegation as well as points of contact (POCs).

b. FAP staff may request courtesy interviews and support from other FAPs in the JOA.

c. The MTFs and Centers will complete required notifications IAW regulation, law, and standard operating procedure standards outlined in Reference (b), DoD Instruction 6495.01 (Reference (g)), DoD Instruction 5505.03 (Reference (h)), DoD Instruction 6400.06 (Reference (i)), and Military Rules of Evidence, Rule 503 (Reference (j)).

8. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

9. EFFECTIVE DATE. This Instruction is effective immediately.



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By direction of the Commander

Enclosures:

1. References
2. Responsibilities
3. Procedures

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ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task Force – National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region – Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) DoD Instruction 6400.01, "Family Advocacy Program," August 23, 2004
- (f) Memorandum of Understanding between Commander, Joint Task Force, National Capital Region, Medical, Bethesda, MD and Commanding General, Northern Regional Medical Command and Commandant, Naval District Washington, Washington, DC, and Commanding Officer, Headquarters and Service Battalion, HQMC, Henderson Hall, Arlington, VA and Commander, MCB, Quantico, VA and Commander, 11th Wing, Joint Base Andrews - Washington, MD for the National Capital Area - Joint Service - Family Advocacy Program Memorandum of Understanding
- (g) DoD Instruction 6495.01, "Sexual Assault Prevention and Response (SAPR) Program," October 6, 2005
- (h) DoD Instruction 5505.03, "Initiation of Investigations by Defense Criminal Investigative Organization," March 24, 2011
- (i) DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007
- (j) Military Rules of Evidence, Rule 503, Communications with Clergy
- (k) NSA-B Instruction 1752.1A, "Family Advocacy Program," current version
- (l) Office of the Under Secretary of Defense Memorandum, "Family Advocacy Programs at Joint Installations," June 23, 2009
- (m) DoD Instruction 5505.8, "Defense Criminal Investigative Organizations and Other DoD Law Enforcement Organizations Investigations of Sexual Misconduct," January 24, 2005
- (n) Office of the Chief of Naval Operations Instruction 1752.2B, "Family Advocacy Program," April 25, 2008

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ENCLOSURE 2

RESPONSIBILITIES

1. COMMANDER, JTF CAPMED. The Commander, JTF CapMed shall support policies to ensure development of comprehensive services related to the management of victims of domestic and child abuse.

2. JOINT MTF COMMANDERS AND CENTER DIRECTORS. The Joint MTF Commanders and Center Directors shall:

(1) Either assess or refer such patients who meet criteria for alleged abuse and neglect to an agency that is competent to perform such assessments;

(2) Establish a mechanism to internally report cases of alleged abuse and neglect;

(3) Report cases of possible abuse and neglect to external agencies, IAW with law and regulation;

(4) Comply with the Services' Overseas Screening policies to minimize the risk of assigning families overseas to a location where the community resources do not meet their needs;

(5) Nominate a physician to act as a liaison among the Joint MTFs and Centers, Child Protective Services, and other civilian agencies to ensure the Joint MTF or Center compliance with Federal, military, and local statutes in matters related to child abuse, child sexual abuse, and child neglect occurring in military families who receive care at the Joint MTFs and Centers.

3. COMMANDER, WRNMMC. The Commander, WRNMMC shall:

a. Create a policy that outlines a list of written criteria to assist in identifying those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, intimate partner abuse, and child abuse and neglect.

b. Appoint the senior Active Duty (AD) Social Worker as the FAP liaison.

c. Nominate clinically privileged members for supporting roles as follows:

(1) Co-chair of the Naval District of Washington Family Advocacy Committee (FAC).

(2) Co-chair of the NSA-B FAC; if the installation opts to create one.

d. Publish an Instruction in coordination with the installation Commander NSA-B that provides guidance for FAP assistance and coordination with the Joint MTF or Center.

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e. Develop procedures that:

(1) Ensure the Joint MTF or Center Social Work (SW) Department collaborates with NSA-B FFSC in instances of suspected family violence including development of standardized handoff procedures.

(2) Ensure the establishment of clinical procedures related to crisis intervention.

(3) Recognize FFSC as the only FAP provider on NSA-B IAW NSA-B Instruction 1752.1A (Reference (k)).

(4) Ensure appropriate notification is furnished to FFSC IAW agreements noted in the Office of the Under Secretary of Defense Memorandum (Reference (l)).

f. Complete required notifications IAW regulation, law, and standard operating procedure standards outlined in References (f) and (h) and DoD Instruction 5505.8 (Reference (m)).

g. Ensure a privileged Health Care Provider (HCP) participates in the Case Review Committee (CRC) and assign a Medical Officer to chair the CRC.

h. Coordinate with the Military Services to ensure adherence to appropriate administrative procedures and guidelines when cases of family violence or neglect are determined to be the basis of any separation from the Department of Defense.

3. COMMANDER, FBCH. The Commander, FBCH shall:

a. Appoint a FAP Officer to implement local FAPs, IAW Reference (f).

b. Create a policy that outlines a list of written criteria to assist in identifying those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, intimate partner abuse, and child abuse and neglect.

c. Establish a FAP CRC, IAW Reference (f), and provide appropriate training to the members.

d. Ensure the development of additional guidelines for assembling complete case information IAW Reference (f).

e. IAW Reference (l), provide FAP services to all military beneficiaries who:

(1) Live or work on or at Fort Belvoir;

(2) Work at the National Geospatial Intelligence Agency;

(3) Work at the Hoffman Building in Alexandria, Virginia;

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- (4) Are Army Recruiters who live within 5 miles of Fort Belvoir;
- (5) Are on AD and live within 5 miles of Fort Belvoir;
- (6) Are members of the United States Marine Corps except for those administratively assigned to Henderson Hall or Marine Corps Base (MCB) Quantico.

(a) United States Marine Corps beneficiaries who reside at Fort Belvoir but are administratively assigned to these Commands who present to a Joint MTF or Center will be provided immediate medical care, crisis response, supportive counseling, and an initial safety assessment and stabilization.

(b) During duty hours, the Joint MTF or Center FAP will contact the appropriate Marine Corps Community Service (MCCS) FAP at (depending on the beneficiary's administrative assignment) who will then become the primary FAP to address the needs of the Marine and family members.

(c) After duty hours, the Joint MTF or Center FAP will be the primary POC for the FBCH Emergency Department (ED) and will address interim disposition of the case in conjunction with the MCCS FAP Victim Advocate (VA) and/or overnight MCCS FAP POC.

(d) The Joint MTF or Center FAP will maintain oversight and responsibility for the case until it is formally transferred to the MCCS FAP the next duty day. After transfer of the case, the Henderson Hall or MCB Quantico MCCS FAP will maintain responsibility for all further actions regarding interventions and final disposition of the case.

f. Ensure SWs have access to the professional and personal development opportunities necessary to provide crisis intervention in cases with a high suspicion for requiring FAP services.

g. Ensure a privileged HCP participates in the CRC and assign a Medical Officer to serve on the CRC.

h. Coordinate with the military Services to ensure that appropriate administrative procedures and guidelines are adhered to when cases of family violence or neglect are determined to be the basis of a separation from the Department of Defense.

4. INTEGRATED CHIEF, DEPARTMENT OF SOCIAL WORK (DSW), WRNMMC AND FBCH. The Integrated Chief, DSW, WRNMMC and FBCH will:

a. Ensure the Joint MTF DSW provides coverage to the ED and collaborates with non-MTF or Center agencies (that deliver FAP Services per regulation) to furnish immediate crisis response, supportive counseling, and an initial safety assessment and stabilization services to beneficiaries who receive FAP services from non-MTF or Center agencies. Additionally, ensure an appropriate handoff in instances of suspected family violence, child neglect, child abuse, threats to injure, or threats to kill or inflict emotional abuse on a partner or family member.

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b. Maintain a list of private and public community agencies that can provide or arrange for assessment and care.

c. Maintain a current list with contact information for the following:

(1) NSA-B FFSC on-call SW and VA;

(2) Headquarters and Service Battalion, Headquarters Marine Corps, Henderson Hall Command POC, and MCCS FAP VA for Military Protective Orders (MPOs) or other administrative procedures to respond to cases of suspected family violence or neglect.

d. Ensure Licensed Clinical Social Workers have access to the professional and personal development opportunities necessary to provide crisis intervention in cases with a high probability for requiring continuing FAP services.

e. Collaborate with WRNMMC DSW and NSA-B FAP to ensure an appropriate response occurs to every episode of suspected physical assault, sexual assault, sexual molestation, domestic abuse, intimate partner violence, and child abuse and neglect to coordinate efforts to ensure delivery of appropriate services in accordance with all applicable laws, regulations, and procedures.

f. Provide required documents within 1 business day to non-MTF or Center FAP providers who have responsibility to provide FAP services for beneficiaries seen in the Joint MTF or Center.

5. INTEGRATED CHIEF, DEPARTMENT OF PEDIATRICS, WRNMMC AND FBCH. The Integrated Chief, Department of Pediatrics, WRNMMC and FBCH will develop local guidelines to ensure that reporting requirements are met and:

a. Commanders have timely access to complete case information when considering appropriate disposition of allegations of child abuse, child sexual abuse, and child neglect.

b. Commanders receive prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child abuse, child neglect, and child sexual abuse).

6. COUNSELING AND ADVOCACY SUPERVISOR (CAS), NSA-B FFSC FAP AND FAMILY ADVOCACY OFFICER (FAO), FBCH FAP. The CAS, NSA-B FFSC FAP and the FAO, FBCH FAP, will be responsible for educating JTF CapMed MTF personnel about relevant matters related to family violence, sexual assault issues, and the roles and responsibilities of FFSC personnel working within the MTF including:

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a. Publishing criteria that assists in the identification of patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, intimate partner violence, child abuse and neglect. These criteria are to be distributed and made easily accessible to the Joint MTF and Center staff.

b. Providing annual training to the Joint MTF and Center staff to help them to recognize abuse and neglect and their roles in follow-up.

c. Collaborating with the MCCS FAP to ensure that whenever FAP office staff is unavailable after normal duty hours:

(1) Personnel are available for FAP support involving Marines stationed at Henderson Hall;

(2) There is a representative from their service available to assist FBCH FAP staff with contacting command, case disposition, and safety planning;

(3) The MCCS FAP provides the FBCH FAP staff a working phone number for the designated MCCS FAP after-hours representative.

d. Informing the MTF staff that FFSC FAP social workers, counselors, and crisis intervention staff do not independently initiate, modify, or terminate patient care of beneficiaries while they are physically involved with patients receiving care at the MTF.

7. CHIEF ED WRNMMC. The Chief ED WRNMMC will take the following actions if a beneficiary presents to the WRNMMC ED with complaints or symptoms that raise a suspicion or concern for abuse:

a. Deliver appropriate therapeutic services and provide support to preserve their safety.

b. Immediately notify the FFSC FAP staff that a beneficiary has presented to the ED who may require FAP services.

c. Collaborate with the FFSC to transfer the necessary clinical and forensic documents and ensure that the presenting beneficiary receives prompt compassionate care.

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ENCLOSURE 3PROCEDURES1. REPORTING OF ALLEGATIONS OF SEXUAL ASSAULT, CHILD NEGLECT, AND CHILD OR SPOUSE ABUSE

a. Joint MTF or Center staff must report these allegations to FAP, SARC, Child Protective Services, and/or Adult Protective Services as appropriate for the type of situation; exceptions are: if a Chaplain learns of these allegations through their clergy-penitent relationship.

b. Except for situations noted in paragraph 2.b. of this enclosure, incidents of domestic abuse that are reported or discovered independent of law enforcement will be referred to appropriate local law and garrison enforcement investigative agencies. The victims shall be treated, and evidence should be collected and preserved in accordance with local Joint MTF and Center practices.

c. With the exception of Service-specific required record keeping or restricted, all data will be tracked via systems that are approved by JTF CapMed and compliant with the DoD Information Assurance Certification and Accreditation Process.

2. UNRESTRICTED AND RESTRICTED REPORTING AND PROTECTED CONVERSATIONS

a. Unrestricted. Every Service member that has been victimized by a sexual assault and desires medical treatment, counseling, and an official investigation of his or her allegation should use existing reporting channels (e.g., chain of command, law enforcement, or report the incident to the Sexual Assault Response Coordinator (SARC)). When notified of a reported sexual assault, the SARC will immediately assign a Victim Advocate (VA) IAW Reference (g). Service members may desire to limit disclosure of the assault and decline assistance by a VA. One should still be designated; however, the victim should not be forced to meet with or discuss the incident with the VA.

b. Restricted. Restricted reporting allows a sexual assault victim to confidentially disclose the details of his or her assault to specific individuals and receive therapeutic and counseling services without triggering the investigative process.

(1) Under Reference (g), restricted reporting is only available to AD Service members. Victims of sexual assault or intimate partner violence that need medical and VA services may wish to seek assistance without command or law enforcement involvement.

(2) Office of the Chief of Naval Operations Instruction 1752.2B (Reference (n)), which governs FAP on Naval Installations, limits restricted reporting to adult members of domestic abuse who are eligible for care at a MTF or Center (this includes non-AD spouses and other adult dependents who are eligible for care at MTFs and Centers).

(3) If the MTF or Center staff contacts law enforcement prior to FAP and/or our VA discussing reporting options with the victim then the victim will lose the ability to choose the restricted reporting option.

(4) FAP must still be notified for all cases of intimate partner violence, and the SARC must be notified of sexual assault cases. FAP and the SARC, respectively, will discuss the option of restricted and unrestricted reporting as indicated by Instruction. Command and law enforcement notification will not occur in these cases unless and until such time that FAP or the SARC determine the situation does not meet criteria for a restricted report.

c. Protected Conversations with Chaplains. Current policy allows a Service member to also report assaults to a chaplain. A report to a chaplain is not a restricted report under the policy; rather, it is a privileged communication that may be protected under Reference (g).

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

AD	Active Duty
CAS	Counseling and Advocacy Supervisor
CRC	Case Review Committee
ED	Emergency Department
FAC	Family Assistance Center
FAP	Family Advocacy Program
FBCH	Fort Belvoir Community Hospital
FFSC	Fleet and Family Services Center
HCP	Health Care Provider
IAW	in accordance with
IT	information technology
JOA	Joint Operations Area
JTF CAPMED	Joint Task Force National Capital Region Medical
MCCS	Marine Corps Community Service
MPO	Military Protective Order
MTF	Medical Treatment Facility
NSA-B	Naval Support Activity Bethesda
SARC	Sexual Assault Response Coordinator
SW	social work
VA	Victim Advocate
WRNMMC	Walter Reed National Military Medical Center

PART II. DEFINITIONS

CRC. A multi-disciplinary team of professionals responsible for reviewing and determining the status of each incident and monitoring the progress of the cases. The CRC is a local multidisciplinary organization made up of clinicians, administrators, and military officers who are responsible to the Commanding Officer to review the available case material and make a case status determination of “substantiated,” “suspected/pending,” “unsubstantiated-unresolved,” or “unsubstantiated-did not occur.”

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eligible beneficiary. An eligible beneficiary is legally entitled to receive health care services delivered by TRICARE. This is determined by the Services and reported to the Defense Enrollment Eligibility Reporting System. Eligible beneficiaries must have their status recorded in the Defense Enrollment Eligibility Reporting System. TRICARE beneficiaries can be divided into two main categories:

Sponsors

Family members

A sponsor refers to the person who is serving or who has served on active duty or in the National Guard or Reserves. These are usually:

AD Service members

National Guard/Reserve members

Retired Service members.

FAP. A DoD program administered by the Services. The FAP is dedicated to the prevention, education, prompt reporting, investigation, intervention, and treatment of spouse and child abuse.

HCP. An individual or an institution that provides preventive, curative, promotional, or rehabilitative health care services in a systematic way to individuals, families, or communities. In its most common use an individual health care provider may be a health care professional, an allied health professional, a community health worker, or another person trained and knowledgeable in medicine, nursing or other allied health professions, or public/community health.

MPO. An administrative document that is used to control a situation and protect a victim. Before a Commander issues an MPO, the Command should consult a Judge Advocate or legal advisor. Commanders shall issue an MPO when it is necessary to safeguard victims, quell disturbances, and maintain discipline. This administrative procedure affords victims opportunities to pursue remedies through the military, civilian courts, and agencies. MPOs shall relate to matters involving the alleged abuse and may include, but are not limited to orders to:

Stay away from specific people;

Stay out of and away from designated areas or places, i.e., military housing, the family home, schools, place of employment, and day-care centers.

Leave a public place if the victim and offender find themselves in the same location or facility (normally the military person is required to leave).

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Refrain from contacting, harassing, stalking, or touching certain named persons. This can include restrictions of phone conversations, third-party communications, and orders to remain outside a geographical location.

NSA-B. The base organization that hosts various healthcare, research, and educational tenants; tenants include:

The National Naval Medical Center and future home of the WRNMMC.

The Uniformed Services University.

The Armed Forces Radiobiology Research Institute.

JTF CapMed.

Various other tenant commands.

Service member. A member of the uniformed military Services who is currently serving on Active Duty or assigned to the reserves.

social worker. A member of a professional or academic discipline performing research or delivering services focused on improving the quality of life and to the development of individuals and communities.