



COMDTINST 1754.12
April 3, 1997

COMMANDANT INSTRUCTION 1754.12

Subj: MANAGEMENT OF FAMILY ADVOCACY AND SPECIAL NEEDS CASES

Ref: (a) Family Advocacy Program, COMDTINST 1750.7 (series)
(b) Coast Guard Special Needs Program, COMDTINST 1754.7 (series)

1. PURPOSE. This instruction establishes policy and procedures for managing family advocacy and special needs cases within the Coast Guard. Family advocacy cases include child abuse and neglect, spouse abuse, sibling abuse, parent abuse and elder abuse and neglect. Special needs cases include family members with diagnosed long-term medical, physical, psychological, educational and/or mental conditions. Intended users of this instruction are Integrated Support Command (ISC) commanding officers, Headquarters Support Command (HSC) commanding officer, Work-Life Supervisors, Family Program Administrators (FPA's) and Dependent Resource Coordinators (DRC's).
2. ACTION. Area commanders, commanders of maintenance and logistic commands; commanding officers, Integrated Support Commands (ISC's); Commanding Officer, Headquarters Support Command; Work-Life Supervisors; FPA's; and DRC's shall ensure compliance with the contents of this instruction.
3. DIRECTIVES AFFECTED. None.
4. DISCUSSION.
 - a. Standardizing case management processes and procedures for family advocacy and special needs cases insures the Coast Guard provides quality services for members and families and continuity of those services among Work-Life staffs service-wide. Cases can originate within a Work-Life staff while others transfer in or out whenever the member or family relocate. It is essential the delivery of necessary services is carefully managed by the FPA or DRC no matter where the members and families are located.

April 3, 1997

- b. FPA's, DRC's and Work-Life supervisors are responsible for managing these cases and rely on each other and other Work-Life staffs throughout the Coast Guard to provide accurate information, appropriate follow-up and protection of these members and families. Standards and expectations must be as uniform as possible to eliminate, or at least minimize, wasted time spent on resolving ambiguity in case status and documentation.
 - c. If a family advocacy case is not managed properly, victims are at risk of further abuse. Recidivism occurs. We want to minimize its occurrence through improved case management and command partnership. Family advocacy cases can be, and have been, subpoenaed by courts or states any time. Documentation in these cases must be explicit; proper intervention and follow-up must be ongoing and all victims must be protected. Every state now has mandatory Death Review Committees for family advocacy incidents, further emphasizing the need for the Coast Guard to standardize and properly manage all family advocacy cases.
 - d. Nationally the special needs population has been identified at high risk for family violence. Agencies responsible for providing services are required to respond to these families promptly and consistently. Failure to provide timely identification, enrollment, intervention and ongoing follow-up can result in family members with special needs becoming victims of abuse and neglect, within or outside the family, just as family members without proper protection in family advocacy situations can become a special needs as a result of the abuse. Proper case management and standardization are essential to ensure quality care is provided for these families.
 - e. This internal guidance for Coast Guard personnel is solely intended to promote efficiency and consistency in public service above and beyond the requirements of law or regulation. Any obligations discussed flow only to the Coast Guard. These documents create no independent duties, standards of care, or obligations to the public.
5. POLICY and SCOPE.
- a. Case management is defined as the professional review, assessment, maintenance, and coordination of intervention and prevention services for all family violence incidents and special needs situations, as outlined in references (a) and (b), to protect victims and high-risk groups while ensuring that sound case judgments, decisions and recommendations are made on behalf of Coast Guard personnel and families;
 - b. Maintenance of family advocacy and special needs case records is standardized and all case records shall be maintained in strict accordance with this instruction. Initial case documentation format is contained in enclosure (1);
 - c. Ongoing case dictation is defined as the daily, biweekly, weekly or monthly contacts and progress/status notes written in the case file by the specialists responsible for the management/review of each specific case whenever pertinent information is obtained or.

contact has been made with individuals relevant to the case. The Ongoing-Case Dictation Form, enclosure (2), shall be used;

- d. If an incident of family advocacy has been reported, a family advocacy case cannot be made "at risk" until that incident is determined not substantiated. At-risk cases may be opened only for prevention services and must strictly meet the criteria in enclosure (3);
- e. The Family Advocacy Case Review Committee (FACRC) is an advisory committee only to the FPA; it will be conducted in strict accordance with enclosure (4);
- f. A final family advocacy case status determination of "substantiated" must be made when a review of the facts, behavioral dynamics, and information supporting the occurrence of abuse and/or neglect is greater and/or more likely than not than the information that indicates abuse and/or neglect did not occur;
- g. "Substantiated" family advocacy cases must be initially assigned a level of low risk, moderate risk or high risk, per enclosures (5) and (6), and reviewed every 30 to 60 days;
- h. FPA's shall manage all family advocacy and special needs cases in accordance with references (a) and (b) and collaborate with DRC's in reviewing all special needs cases in accordance with reference (b) and enclosures (1) and (3);
- i. All family advocacy and special needs case information, relevant case notes and documentation shall be properly secured in a locked file cabinet in a locked office to ensure their physical security. Only the FPA, DRC and Work-Life supervisor are permitted access to the secure space and cabinet.
- j. Personnel with a need to know in the official performance of their duties may obtain relevant information from the FPA, DRC and Work-Life supervisor;
- k. Family advocacy and special needs cases shall be closed and transferred in a timely manner in accordance with references (a) and (b), and enclosure (3);
- l. The family advocacy final case status determination is an administrative finding only, to provide for required and necessary human/mental health/medical services. This finding is separate and apart from the final outcome of a criminal investigation;
- m. A rebuttal of the administrative finding from the member shall be considered by the commanding officer or officer in charge before signing Coast Guard Form 5488;
- n. The member can file an appeal via the chain of command to G-WPW within 15 working days from the date the commanding officer or officer in charge signs Coast Guard Form 5488; and
- o. The rebuttal and appeal process for a "substantiated" family advocacy final case status determination, reference (a), 7.b.10., is a rebuttal and appeal of the Coast Guard Family.

April 3, 1997

Advocacy Program administrative finding. The rebuttal and appeal process is not and shall not be used as a rebuttal and appeal of the findings of criminal or Child Protective Service investigations.

6. PROCEDURES.

a. Commandant (G-WPW) shall:

- (1) Initiate and develop policy, procedures, instructions, revision and guidance on family advocacy and special needs case management;
- (2) Provide direct technical oversight to FPA's and DRC's on family advocacy and special needs case management;
- (3) Provide technical guidance, support and recommendations to Work-Life Supervisors.
- (4) Exercise final authority and approval over family advocacy and special needs case decisions when disagreements arise within the reviewing and approval chain of command;
- (5) Coordinate and provide support, assistance and guidance to Coast Guard personnel for all family advocacy and special needs cases;
- (6) Review and assess documentation on all family advocacy and special needs cases provided by FPA's and DRC's to ensure appropriate education, prevention, intervention, and case decisions and judgments have occurred, guidance and support have been provided and case recommendations have been made whenever necessary;
- (7) Maintain a Central Registry on all family advocacy and special needs cases to identify high-risk groups, review, track, coordinate transfers and provide accurate monthly and statistical reports;
- (8) Assign all case numbers to substantiated family advocacy cases; statistical reports;
- (9) Conduct regular Quality Assurance Reviews of the Family Advocacy and Special Needs Programs administration and provide a report in writing of the findings to the respective ISC Commanding Officer, using enclosure (7);
- (10) Establish and maintain a Commandant Case Review Committee for appeals per reference (a), death reviews, any other substantiated family advocacy cases, and special needs cases as circumstances warrant;
- (11) Provide family advocacy and special needs training to FPA's, DRC's, and Work-Life Supervisors at least once per year;

April 3, 1997

- (12) Respond to all Privacy Act and Freedom of Information Act (FOIA) requests regarding family advocacy and special needs cases;
 - (13) Maintain master case records of all substantiated family advocacy and special needs cases Coast Guard-wide; and
 - (14) Maintain family advocacy and special needs case statistics for FPA's and DRC's based on the Child/Spouse Abuse/Neglect Incident Reports, Form CG-5488, and special needs Enrollment Forms, Form CG-5494, FPA's and DRC's submit to G-WPW-2.
- b. MLC Commanders shall ensure compliance with the policy and procedures contained in this instruction.
- c. ISC Commanding Officers and Commanding Officer, Headquarters Support Command shall:
- (1) Implement the policy and procedures described herein;
 - (2) Establish a Family Advocacy Case Review Committee with the FPA as the coordinator and the DRC as a member;
 - (3) Designate FPA(s), in writing, as the case manager(s) of both family advocacy and special needs cases; and
 - (4) Ensure family advocacy and special needs training is provided to CO's XO's, OINC's and XPO's once during their tour of duty in accordance with G-WPW requirements.
- d. Work-Life Supervisors shall:
- (1) Ensure FPA's and DRC's operate within their scope of responsibility as delineated in references (a), (b) and this instruction;
 - (2) Supervise and provide administrative support to FPA's and DRC's and direct all technical and policy questions on family advocacy and special needs to Commandant (G-WPW-2);
 - (3) Use applicable Quality Assurance Review reports provided by Commandant (G-WPW) to rate the performance of the FPA and DRC;
 - (4) Ensure training for members of the FACRC who do not have a demonstrated background in family advocacy or in the dynamics and types of family violence;

April 3, 1997

- (5) Initial all transfers and closures of substantiated family advocacy and special needs cases;
 - (6) Review the closure and destruction of all unsubstantiated incidents and the transfer, closure and destruction of "at risk" cases;
 - (7) Routinely check family advocacy and special needs cases using enclosure (8) as a guide; and
 - (8) Serve on the Family Advocacy Case Review Committee.
- e. FPA's shall:
- (1) Open cases and manage all allegations; at-risk and substantiated child abuse and neglect, spouse abuse, sibling abuse, parent abuse and elder abuse and neglect incidents in accordance with reference (a), and this instruction;
 - (2) Ensure "at risk" cases are opened only when family violence is not present and preventive services would positively assist the family;
 - (3) Assess all family violence incidents for low, moderate, or high risk when the report is received and every 30 to 60 days thereafter until closure of the case. Guidance is provided in enclosures (5) and (6);
 - (4) Maintain direct communication with all service providers involved in family advocacy cases;
 - (5) Coordinate a Family Advocacy Case Review Committee in accordance with enclosure (4);
 - (6) Maintain case record documentation in accordance with this instruction;
 - (7) Manage all special needs cases in accordance with risk factors and criteria listed in enclosure (3), and document all activity;
 - (8) Review and co-sign Special Needs cases in accordance with enclosure (3) and all Special Needs cases to be closed or transferred;
 - (9) Document in writing and in detail in the family advocacy case records all communication, contacts, investigative results, mental health and medical results, FACRC opinions and any other related information and services provided;
 - (10) Ensure the family advocacy documentation supports the final case status determination;

April 3, 1997

- (11) Assign a risk level for all Special Needs cases in accordance with enclosure (3) and in collaboration with the DRC;
 - (12) Directly manage all special needs cases with the assigned risk levels of 3, 4, 5 with the DRC providing resources whenever necessary;
 - (13) Establish and maintain effective professional working relationships with other Work-Life staffs, CRC, servicing legal office, Headquarters personnel, and all Federal, state and local agencies who provide assistance to the Coast Guard; and
 - (14) Establish and maintain effective collaborative relationships with CO's, XO's, OINC's, XPO's, members and families.
- f. DRC's shall:
- (1) Work in conjunction with FPA's to open and manage Special Needs cases which meet the criteria in reference (b);
 - (2) Maintain case record documentation in accordance with this instruction;
 - (3) Assign risk levels to all special needs cases in accordance with enclosure (3) and in collaboration with the FPA;
 - (4) Close and transfer all case records as necessary and in accordance with reference (b) and enclosure (3) of this instruction;
 - (5) Establish and maintain effective professional working relationships with other Work-Life staff, CRC, servicing legal office, Headquarters personnel, and with all Federal, state and local agencies who provide assistance to the Coast Guard;
 - (6) Establish and maintain effective collaborative relationships with CO's, XO's, OINC's, XPO's, members and families;
 - (7) Ensure special needs training complies with G-WPW-2 requirements as promulgated by G-WPW;
 - (8) Immediately report any family violence patterns and/or dynamics identified in the Special Needs cases to the FPA; and
 - (9) Serve as a member of the Family Advocacy Case Review Committee.

COMDTINST 1754.12

April 3, 1997

7. FORMS. Ongoing Case Dictation Form, CG-5612, Special Needs Closing Form, CG-5613, Family Advocacy Closing Form, CG-5615, Family Advocacy Transfer Form, CG-CG-5616, and Special Needs Transfer Form, CG-5614. Security classification shall not be given to these forms. Forms without the enclosure stamp may be obtained from G-WPW-2. These forms may be reproduced locally.

G. G. PICHE
Director of Personnel Management

- Encl:
- (1) Family Advocacy Case Documentation Format
 - (2) Ongoing Case Dictation Form
 - (3) Procedures for Family Advocacy/Special Needs Cases
 - (4) Family Advocacy Case Review Committee
 - (5) Family Advocacy Risk Assessment Instrument-Child Abuse/Neglect
 - (6) Family Advocacy Risk Assessment Instrument-Spouse Abuse
 - (7) Quality Assurance Review Procedure
 - (8) Work-Life Supervisors Checklist

FAMILY ADVOCACY CASE DOCUMENTATION FORMAT

Case #: _____

Date: _____

IDENTIFYING DATA:

Name of Sponsor: _____ Rate or Rank: _____

Unit: _____ SSN: _____ DOB: _____

Work # of Sponsor: _____ Home # of Sponsor: _____

Address of Sponsor: _____

Name of Offender(s): _____ DOB: _____

Name of Victim(s): _____ DOB: _____

Relationship of Victim to Offender: _____

Other Household Members:

Name: _____ DOB: _____

Relationship to Sponsor: _____

Name: _____ DOB: _____

Relationship to Sponsor: _____

Name of Child's School: _____ Phone #: _____

Address of School: _____

CONTACTS:

Include every contact made chronologically, including supervision with Work-Life Supervisor, conversations with commands, etc., and technical guidance from G-WPW-2 Program Managers. Include any presentation to the Family Advocacy Case Review Committee and other multidisciplinary teams.

COAST GUARD PERSONNEL INVOLVED:

NAME	RANK	POSITION or TITLE	PHONE #
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Enclosure (1) to COMDTINST 1754.12

OTHER PROFESSIONALS INVOLVED:

NAME AGENCY POSITION or TITLE PHONE #

ALLEGATIONS/REASON FOR REFERRAL:

On____(date) at_____(time), the ISC____Family Program Administrator,_____, was contacted by_____. The reporter (Name) was/was not promised confidentiality. The reporter, Name, alleged

FINDINGS AND INVESTIGATIVE RESULTS:

Contact with or regarding child/spouse victim. Give dates, places, how obtained (phone, in person), pertinent information gained. How this relates to dynamics of abuse and/or neglect.

Contact with or regarding parents, spouse, abuser. Give dates, places, how obtained (phone, in person), pertinent information gained, and how related to the dynamics of abuse and/or neglect.

Contact with or regarding siblings and other immediate family members. Give dates, places, how obtained (phone, in person), pertinent information gained, and how related to the dynamics of abuse and/or neglect.

Case-related contact with CO, XO, OINC, XPO, or command representative. Give dates, places, how obtained (phone, in person), pertinent information gained.

Case-related contact with G-WPW-2 Program Managers. Give dates, places, how obtained (phone, in person), pertinent information gained.

Collateral contacts, including the complainant, other professionals, relatives, doctors, police. Give dates, how obtained (phone, in person).

Information and results of CPS investigation, civilian law enforcement, CGI, civil and/or criminal court hearings, orders, actions, and outcomes.

Any social history obtained which seems pertinent to the determination of abuse and/or neglect.

What, if any, support system exists for this family?

Include in the dictation any releases of information you received, from whom, when, etc.

THE DICTATION IN THIS SECTION MUST PROVIDE THE BASIS FOR YOUR FINAL CASE STATUS DETERMINATION OF SUBSTANTIATED.

INITIAL RISK ASSESSMENT:

Refer to Risk Assessment Instrument for guidance.

INTERVENTION BASED ON INITIAL RISK ASSESSMENT:

FAMILY ADVOCACY CASE REVIEW COMMITTEE OPINIONS:

Give dates, place, who was present, and majority and minority opinions. Give date 5488 was sent to command for approval and signature.

COMMAND DECISION:

Date signed 5488 is received from command and whether or not command concurs with recommendations.

CASE STATUS:

The finding in this case of alleged (type of abuse) of (Name) by (Name and Relationship) is substantiated. A review shows the facts, behavioral dynamics and information that support the occurrence of abuse and/or neglect is greater and/or more likely than not than the information that indicates abuse and/or neglect did not occur. The member was advised in writing of his or her right of rebuttal to the commanding officer and the right of appeal to G-WPW-2 on (Date).

SERVICE PLAN:

GOAL #1:

OBJECTIVES FOR ACCOMPLISHMENT OF GOAL #1:

GOAL #2:

OBJECTIVES FOR ACCOMPLISHMENT OF GOAL #2:

THIRTY TO SIXTY DAY RISK ASSESSMENT:

REFER TO RISK ASSESSMENT INSTRUMENT.

INTERVENTION BASED ON 30 TO 60 DAY RISK ASSESSMENT:

SIGNATURE: _____

SPECIAL NEEDS CASE DOCUMENTATION FORMAT

IDENTIFYING DATA:

Date: _____

Name of Sponsor: _____ Rate or Rank: _____

Unit: _____ SSN: _____

Home Address: _____

Telephone#: Member's Unit: _____ Home: _____

Name of Special Needs Dependent #1: _____ DOB: _____

Name of Special Needs Dependent #2: _____ DOB: _____

Name of Special Needs Dependent #3: _____ DOB: _____

Name of Special Needs Dependent #4: _____ DOB: _____

Type of Disability(ies) (state whether dependent(s) with special needs vis spouse or child): _____

Dependent #1: _____

Dependent #2: _____

Dependent #3: _____

Dependent #4: _____

CONTACTS:

Include every contact made chronologically. **Date and sign all entries** including supervision with Work-Life Supervisor; conversations with conunands, members and families; contacts with military and civilian service providers and any technical guidance from G-WPW-2 Program Managers.

COAST GUARD PERSONNEL INVOLVED:

NAME RANK POSITION or TITLE PHONE #

OTHER PROFESSIONALS INVOLVED:

NAME AGENCY POSITION/TITLE PHONE #

LEVELING OF SPECIAL NEEDS CASES:

Assign all cases a level in accordance with enclosure (2) of COMDTINST 1754.7A, Coast Guard Special Needs Program, and enclosure (3) of this instruction. Assign a level to each case when receiving it into each area of responsibility. Whenever reassigning a level, so note in the case documentation. Reevaluate case levels at each staffing and review at least once a year.

THE CASE DICTATION MUST PROVIDE THE BASIS FOR THE LEVEL ASSIGNED EACH CASE.

FINDINGS AND INTERVENTION RESULTS:

Contact with or about child and/or spouse with special needs. Give dates, places, how obtained (phone, in person), pertinent information gained, how related to the special needs situation.

Contact with or about sibling(s) and other immediate family members. Give dates, places, how obtained (phone, in person), pertinent information gained, how related to the special needs situation.

Case-related contact with CO, XO, OINC, XPO, or command representative. Give dates, places, how obtained (phone, in person), pertinent information gained.

Case-related contact with G-WPW-2 Program Managers. Give dates, places, how obtained (phone, in person), pertinent information gained.

Collateral contacts, including other professionals, relatives, doctors, therapists, school personnel. Give dates, how obtained (phone, in person).

Information and results of psychological or educational evaluations, Individual Educational Plan (IEP), medical examinations, residential treatment facility placements, hospitalizations, etc.

Any social history obtained which seems pertinent.

SERVICE PLAN

GOAL #1:

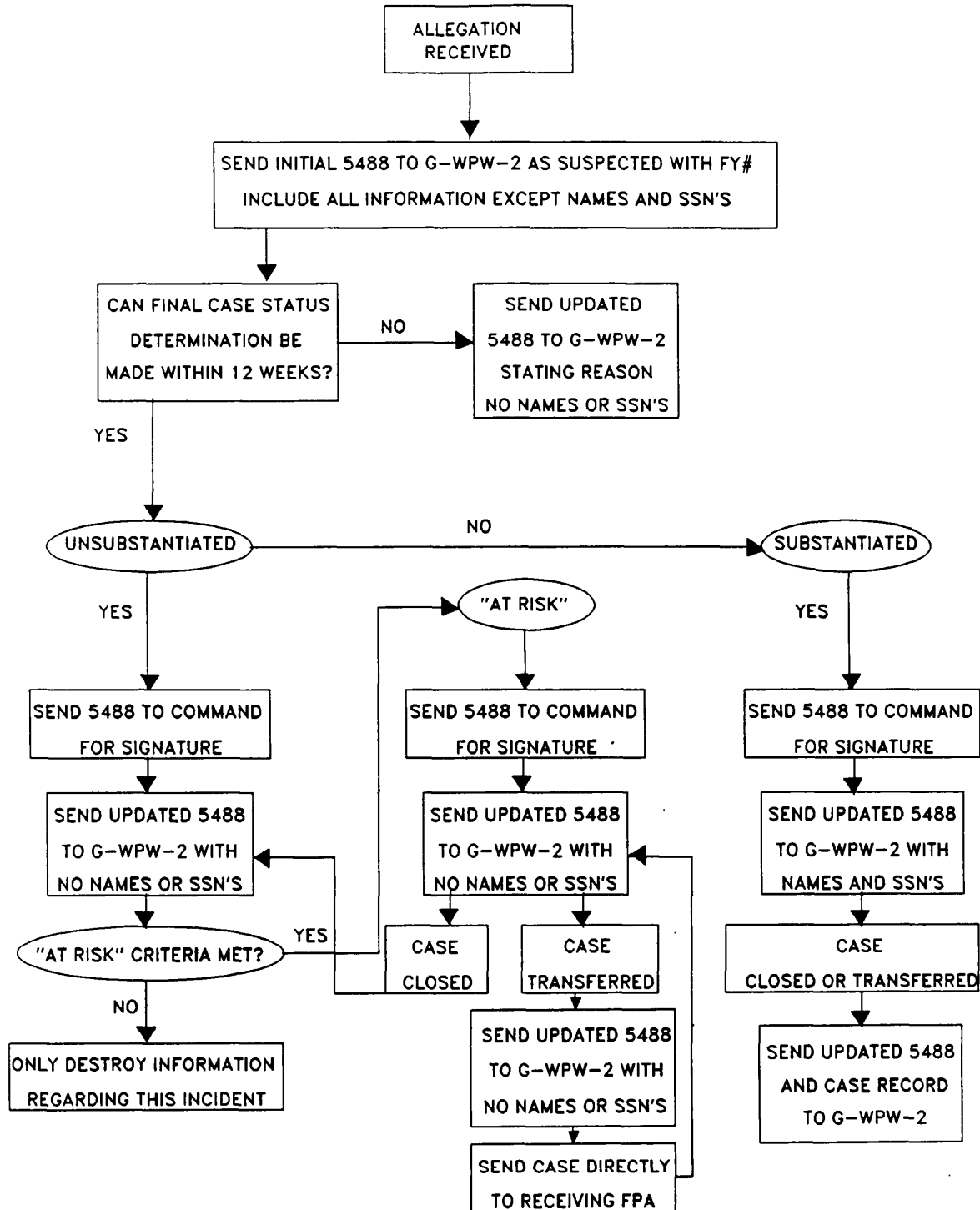
OBJECTIVES FOR ACCOMPLISHMENT OF GOAL #1:

GOAL #2:

OBJECTIVES FOR ACCOMPLISHMENT OF GOAL #2:

SIGNATURE: _____

PROCESS FOR SUBMITTING CHILD/SPOUSE INCIDENT REPORT, CG 5488



PROCEDURES FOR FAMILY ADVOCACY/SPECIAL NEEDS CASES

1. Ensure investigation of all suspected incidents of family violence and open a case record on every substantiated case of family violence, defined in COMDTINST 1750.7B, and every special needs situation, defined in COMDTINST 1754.7A.
2. In any suspected or substantiated case of Family Advocacy involving persons subject to this instruction, FPA's shall assist commands in securing protection and treatment for victim(s) including the following:
 - a. Maintain the safety and well-being of the victim(s) by assisting in removing either the victim or abuser from the abusive situation or environment as quickly as possible and to the extent necessary;
 - b. Immediately notify the proper professional authorities to adequately assess the seriousness of each situation. (This includes, but is not limited to, Child Protective Services, local law enforcement, Coast Guard law enforcement and civilian/military mental health clinicians who possess the proper credentials to assess incidents of Family Advocacy);
 - c. Assess the available civilian or military resources and services needed to meet the individual needs of each case. Arrange treatment for the abuser at the appropriate facilities to the extent the individual's motivation and problems permit;
 - d. Obtain medical care for a physical or sexual abuse victim(s);
 - e. Obtain professional consultation and recommendations from a mental health clinician who possesses the credentials to assess Family Advocacy incidents as to which programs or services are necessary for each violence situation;
 - f. Create a service plan with goals and objectives and monitor the progress of each case; for each violence situation;
 - g. Inform supervisor of FPA and the involved member's commanding officer, of the intervention, prevention, treatment, and follow-up considered necessary;
 - h. Advise commands that all non-fed-reed requests will be processed in strict accordance with MLCLANT and MLC PAC Medical policy and requirements. FPA's shall communicate with MLCLANT or MLC PAC Medical to ensure current policy and requirements are being followed;
 - i. Advise commands that all military protective orders require coordination with MLCLANT and MLC PAC legal policy-and requirements; and

Enclosure (3) to COMDTINST 1754.12

- j. Report verbally and/or in writing to the proper child protective service agency in all cases of suspected or substantiated child abuse, neglect, and sexual abuse.
3. While the Coast Guard has no jurisdiction over civilian child protective service agencies and in a few cases the agency may have no jurisdiction over the Coast Guard family, cooperative relationships shall be established with such agencies. Child Protective Service agencies are required by Public Law 102-586, section 9.(b), codified at 42 U.S.C. 510a, to provide case information pertaining to Coast Guard families to the Coast Guard representative for family violence cases which is the FPA.
4. Obtain, review and analyze facts on each case, over which the Coast Guard has jurisdiction, whether occurring on or off Coast Guard property, of suspected or substantiated family violence.
5. Per reference (b), FPA's and DRC's shall case manage or review all special needs cases in accordance with risk factors and criteria listed below (level III may be case managed in conjunction with the FPA):
 - a. **LEVEL I:** - Family is knowledgeable
 - Services are available and appropriate
 - Services are utilized by family
 - Once a year (unless otherwise requested by DRC's or other W/L staff) FPA's shall staff and review case with DRC's and sign case notes indicating a review has occurred;
 - b. **LEVEL II:** - Family is knowledgeable
 - Services are available and appropriate
 - Family beginning to utilize services
 - Twice a year FPA's shall staff and review cases with DRC's and sign case notes indicating a review has occurred;
 - c. **LEVEL III:** - Family becoming knowledgeable and accepting special need
 - Assessment of needs completed
 - Available services are identified
 - FPA's shall manage the case until services are in place and utilized by the family;
 - d. **LEVEL IV:** - Family cannot/will not accept special need
 - Services are not available or appropriate
 - Family refuses to utilize services
 - FPA's shall manage the case until positive or permanent change occurs; and
 - e. **LEVEL V:** - Family Advocacy and Special Needs case
 - FPA's shall **always** case manage.

6. Family Advocacy "At Risk" cases must meet these criteria:
 - a. No violence currently occurring in the home;
 - b. Family members are considered vulnerable without preventive services;
 - c. Clear documentation of specific conditions or characteristics which make this family "at risk." The documentation must clearly show the parents lack the skills, knowledge, and/or maturity to handle a particular situation which could include an infant's premature birth to young immature parents; colic accompanied by continuous crying; congenital deficiencies and/or abnormalities, extreme financial distress; substance abuse; or any other condition which interferes with parent-child bonding and nurturing;
 - d. The absent parenting and/or coping skills and/or knowledge, the identified preventive service, and estimated time service will be needed must be written on Form 5488, # 18, when submitting this form to the command for signature and G-WPW-2; and
 - e. The member and spouse must agree to preventive services in writing and clearly understand which services will be provided and the estimated duration.
7. Keep all contents of Family Advocacy and Special Needs case records confidential. Confidential means case information is disseminated only by the most secure methods, i.e. in person or in writing, assuring access only by the person to whom it is directed (do not use e-mail to transfer case information or discuss any Family Advocacy or Special Needs cases or situations.)
8. Maintain all reports in accordance with the Privacy Act Systems Notices, DOT/CG 631 and 641, the Privacy and Freedom of Information Acts Manual, COMDTINST M5260.3 (series), and the Paperwork Management Manual, COMDTINST M5212.12 (series.)
9. The FPA and DRC will approve case information disclosure within these guidelines:
 - a. Disclosure to Coast Guard personnel and employees who have a need and fight to know the information in the record to perform their duties, as determined by the FPA and DRC.
 - b. Disclosure outside the Coast Guard to comply with the routine uses of records published in the Privacy Act Systems Notice. Specifically, this pertains to:
 - (1) Federal, state and local government or private agencies to coordinate family advocacy programs, medical care, mental health treatment, civil or criminal law enforcement and research into the causes and prevention of family domestic violence; and
 - (2) Individuals or organizations providing family support program care under contract to the Federal government.

Enclosure (3) to COMDTINST 1754.12

10. Advise individuals reporting suspected or substantiated child and/or spouse abuse incidents as follows:
 - a. The purpose for which the information is sought and its intended use;
 - b. The fact the information provided, including the identity of the source, may be disclosed to the individual being investigated if he or she so requests and the reporting source does not request confidentiality; and
 - c. The fact the reporting source has the right to ask their identity not be disclosed. Confidentiality of the source will be preserved unless disclosure is required by law or at the discretion of a court. The commanding officer, FPA, investigator, and other affected Coast Guard personnel shall pledge confidentiality to the source and document in the case record that confidentiality was granted.
11. Complete and send Form 5488, Child/Spouse Incident Report Form, in accordance with enclosure (1). Maintain strict confidentiality. Mail the completed form in double envelopes to Commandant (G-WPW-2) when the names and social security numbers appear on the form.
12. Completely fill out Form 5488, except names and social security numbers on suspected, unsubstantiated and at risk forms. Provide all information on substantiated forms.
13. The FPA signs Form 5488, "Suspected". The member's command must sign "Substantiated" and "At Risk" 5488's. It is preferred the member's command sign "Unsubstantiated" 5488s, however, by mutual agreement of the FPA and the command, the FPA may sign "unsubstantiated."
14. If the command requests, recommend administrative or disciplinary actions if the incident warrants. The seriousness of the case, the severity of the victim's injury, and the extent of the treatment necessary for the abuser to prevent repetition, should be factors in this decision.
15. Complete and send the Special Needs Enrollment Form for each diagnosed special needs situation. Maintain strict confidentiality. Mail completed form and documentation in double envelopes to Commandant (G-WPW-2).
16. Case management of a Family Advocacy case shall continue until:
 - a. The victim, abuser and family members have successfully completed all treatment, legal requirements, and obligation and seem inclined to seek help in the future if needed;
 - b. Victim can remain safe without continued case management; inclined to seek help in the future if needed;
 - c. Closing Risk Assessment concludes future abuse is not likely;
 - d. Family relationships are healthy and should continue to improve after closure; inclined to seek help in the future if needed;

- e. There has been no recurrence within one year of the abusive behavior; and
 - f. Child Protective Service has closed the case as resolved, all treatment has been successfully completed, and all law enforcement and court involvement is concluded.
17. Consider participation in the treatment program a failure for any one of the following reasons:
- a. The abuse toward the victim or any other person has recurred;
 - b. Failure to attend treatment; or
 - c. Offender is determined to be unresponsive and treatment is no longer appropriate.
18. Provide commands with documentation of failed treatment which is grounds for command consideration for separation.
19. All ongoing dictation for Family Advocacy and Special Needs cases shall state with whom, where and when contacts occurred and/or information was obtained. All dictation must be signed and dated by the specialist writing the entry. The Ongoing Case Dictation Form, enclosure (2), shall be used to record all ongoing dictation. The Work-Life staff responsible for ongoing dictation in Family Advocacy and Special Needs cases includes the Work-Life supervisor, FPA and DRC, or anyone acting officially on their behalf.
20. Each case folder shall appear as follows:
- a. Appropriate colored label on the folder (green, yellow) GREEN = Special Needs; YELLOW = Family Advocacy
 - (1) Label shall contain: Service member's full name, rank/rate (pay/grade), assigned UNIT, social security number, date received (PMIS format i.e. 92JAN01), case number/type. Case number will be assigned by G-WPW-2 for all substantiated Family Advocacy cases. EXAMPLE: JONES, John T. ET1 CGC BRAMBLE 111-11-1111 REC: 86SEP01 97-01-001F or Case # = 97-01-001S
21. When a member transfers from one unit to another within the same geographic area of FPA or DRC responsibility, the FPA or DRC shall notify the new CO and G-WPW-2.
22. When a member transfers from one geographic area of FPA responsibility to another geographic area of FPA responsibility the losing FPA shall:
- a. Update the case record;

Enclosure (3) to COMDTINST 1754.12

- b. Complete the Family Advocacy and Special Needs Transfer Summary sheets in their entirety including the member's new duty station if known. FPA's will provide summary sheets for special needs case levels 3, 4, and 5, DRC's for the levels I and 2;
 - c. Transfer all case records to the receiving FPA/DRC via G-WPW-2;
 - d. The losing FPA/DRC does not keep copies of the case record;
 - e. The losing FPA/DRC telephones the receiving FPADRC and advises of the situation;
 - f. The receiving FPA/DRC notifies the new command of the transfer; and case levels 3, 4, and 5, DRC's for the levels I and 2;
 - g. G-WPW-2 will forward case record to the receiving FPA/DRC upon receipt from the losing FPA.
23. Once a Family Advocacy case has been closed, the FPA sends the original to G-WPW-2. No copies shall be retained at any location by any person.
24. G-WPW-2 will keep all closed Family Advocacy case records for 5 years from case closure or last action. After 5 years the record will be destroyed, except for child abuse cases which will be destroyed when the victim attains majority.
25. When a service member has separated from the service, the original Family Advocacy or Special Needs case records shall be sent to G-WPW-2. No copies shall be retained at any location by any person.
26. Special Needs cases shall remain open until child reaches 21 years of age, the special need has been permanently resolved, or the member has separated from the service.
27. All Special Needs cases shall be kept by G-WPW-2 after closure. After a 3 year retention, the record will be destroyed.
28. The order of documents in Family Advocacy and Special Needs cases shall be as follows:
- a. Family Advocacy and Special Needs--On the left side of the case file, include the following:
 - (1) Initial documentation and risk assessment (enclosure 1); and
 - (2) Ongoing dated and signed dictation in chronological order;
 - b. Family Advocacy--On the right side of the case file, include the following:
 - (1) Signed releases of information (most recent on top);

- (2) Any copies of court orders, restraining orders, police reports, CPS reports, or any other legal documents (most recent on top);
 - (3) All other correspondence (most recent on top);
 - (4) Any mental health and medical evaluations (most recent on top); and
 - (5) Child/Spouse Abuse Incident Reports (CG-5488)(most recent on top).
- c. Special Needs--On the right side of the case file, include the following:
- (1) Coast Guard Special Needs Enrollment and Assessment Forms, (CG-5494), (most recent on top);
 - (2) Any medical, educational or psychological evaluations (most recent on top);
 - (3) Copies of IEP's, medical or psychological reports and documentation (most recent on top);
 - (4) Any correspondence from service providers (doctors, therapists, psychologists, school personnel, etc.) (most recent on top);
 - (5) Any other correspondence (most recent on top); and
 - (6) Any copies of relevant court orders (most recent on top).

SPECIAL NEEDS CLOSING FORM

CASE NAME: _____ RANK or RATE: _____ SSN: _____

UNIT: _____

FPA: _____ DATE SENT TO G-WPW-2: _____

REASON FOR CLOSURE:

_____ MEMBER IS DISCHARGED

_____ MEMBER RETIRED

_____ SPECIAL NEED IS RESOLVED
(Case record must contain verifying documentation)

_____ CHILD IS OVER 21 YEARS OF
AGE AND NO GUARDIANSHIP

PREPARED BY: Dependent Resource Coordinator (Levels 1 and 2 Only)

PREPARED BY: Family Program Administrator(Levels 3, 4, 5)

SIGNATURE: _____ **DATE:** _____

REVIEWED BY: Family Program Administrator(Levels 1 and 2 Only, Sometimes 3)

SIGNATURE: _____ **DATE:** _____

INITIALED BY: WORK-LIFE SUPERVISOR

INITIALS: _____ **DATE:** _____

DATE G-WPW-2 RECEIVED: _____ **SIGNATURE:** _____

DATE CASE CLOSED IN THE CENTRAL REGISTRY: _____

SIGNATURE: _____ **DATE:** _____

FAMILY ADVOCACY CLOSING FORM

Case Name: _____ Rank or Rate: _____ SSN: _____

Unit: _____

FPA: _____ Date Sent to G-WPW-2: _____

Reason for Closure:

____ Member is discharged

____ Member retired

____ Children are over 18 years old
(Child Abuse/Neglect Cases Only)

____ Case closed/resolved

____ Case closed/unresolved (REMARKS) _____

A Closing Risk Assessment has been written in the case record: _____

These following conditions are addressed in the Closing Risk Assessment:

- 1. ____ Victim safety; 2. ____ Likelihood of future abuse; 3. ____ Achievement of service Plan Goals and Objectives; 4. ____ Treatment is completed; and 5. ____ Abuser, victim and family members seem inclined to seek help in the future if needed.

Prepared by: Family Program Administrator

Signature: _____ **Date:** _____

Initialed by: Work-Life Supervisor

Initials: _____ **Date:** _____

Date G-WPW-2 received: _____ **Signature:** _____

Date closed in the Central Registry: _____

Signature: _____ **Date:** _____

FAMILY ADVOCACY TRANSFER FORM

Case Name: _____ Rank or Rate: _____ SSN: _____

Receiving Unit _____

Sending FPA: _____ Date Sent to G-WPW-2 _____

Transfer Risk Assessment:

High Risk _____ Moderate Risk _____ Low Risk _____

Ongoing Plan Based on Transfer Risk Assessment: _____

Prepared by: Family Program Administrator

Signature: _____ Date: _____

Initialed by: Work-Life Supervisor Initials: _____ Date: _____

Date Received by G-WPW-2: _____ Signature: _____

Receiving FPA: _____ Date Sent to Receiving FPA: _____

Signature of Receiving FPA: _____ Date: _____

SPECIAL NEEDS TRANSFER FORM

Case Name: _____ Rank or Rate: _____ SSN: _____

Receiving Unit: _____

Sending FPA: _____ Date Sent to G-WPW-2: _____

Level of Risk at Time of Transfer:

Level 5 _____

Level 4 _____

Level 3 _____

Level 2 _____

Level 1 _____

Ongoing Plan Based on Level of Risk: _____

Prepared by: Dependent Resource Coordinator (Levels 1 and 2 only, sometimes 3)

Prepared by Family Program Administrator (Levels 3, 4, 5)

Signature: _____ Date: _____

Reviewed by: Family Program Administrator (Levels 1 and 2 Only, sometimes 3)

Signature: _____ Date: _____

Initialed by: WORK-LIFE SUPERVISOR Initials: _____ Date: _____

Date G-WPW-2 Received: _____ Signature: _____

Receiving FPA: _____ Date Sent to Receiving FPA: _____

Signature of Receiving FPA: _____ DATE: _____

DEPARTMENT OF TRANSPORTATION, USCG, CG-5614

FAMILY ADVOCACY CASE REVIEW COMMITTEE

1. The Family Advocacy Case Review Committee (FACRC) is a multidisciplinary team coordinated by the Family Program Administrator (FPA) subject to the direction of the ISC Commanding Officer. This committee is advisory only to the FPA.
2. At least four members will have demonstrated expertise in the prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse and neglect and spouse abuse. Members will also have a working knowledge of parent abuse, sibling abuse and elder abuse and neglect. Membership will include these persons:
 - a. Work-Life Supervisor or above in the ISC chain of command;
 - b. FPA (Coordinator; ISC's with two or more FPA's will rotate the coordinating responsibility among them);
 - c. Other ISC FPA's;
 - d. DRC;
 - e. Medical doctor (military or civilian);
 - f. One member who is a psychiatrist, psychologist, registered nurse, social worker, human services professional and/or family violence expert (military or civilian); and
 - g. Coast Guard legal officer or their representative.
3. Membership may include these:
 - a. CO, XO, OINC, XPO or their representative;
 - b. Chief, Personnel or representative;
 - c. Other professionals involved, inside and outside the Coast Guard, on a case by case basis at the FPA's invitation; and
 - d. Coast Guard Investigative Services representative.
4. The committee shall select the Chair.
5. The members present shall review the facts and dynamics of a case and render majority and minority opinions for the FPA's consideration.

Enclosure (4) to COMDTINST 1754.12

6. Never under any circumstances shall a member remain on the FACRC if he or she has a substantiated Family Advocacy case against him or her and/or that member is under investigation for child abuse or neglect and spouse abuse.
7. The Work-Life Supervisor shall screen all members through the Coast Guard Family Advocacy Central Registry.
8. The FPA managing the case will prepare case facts and dynamics summaries for the FACRC. Only the FPA will keep copies of the summaries and file them in the respective case records. No other persons shall retain copies of the case summaries.
9. The alleged perpetrator, other members and/or family members involved in the case may not attend FACRC meetings.
10. No letters will be sent to the member or command on behalf of the FACRC since it is an advisory committee only to the FPA. The FPA will send letters to members and commands.
11. The FACRC shall:
 - a. Provide opinions on "suspected" status and/or "substantiated" cases of child abuse and neglect, spouse abuse, parent abuse, sibling abuse and elder abuse and neglect which the FPA chooses to present for additional input and/or validation;
 - b. Provide the FPA majority and minority opinions based on the facts and dynamics of the case whether or not an incident should be substantiated or unsubstantiated;
 - c. Provide the FPA majority and minority opinions based on the criteria for "at risk" cases contained in enclosure (3), whether or not a family situation should be considered "At Risk" and in need of preventive services;
 - d. Provide the FPA majority and minority opinions regarding a service plan in substantiated and "At Risk" cases; and
 - e. Keep case information discussed in the meetings confidential.
12. The FPA shall:
 - a. Send a letter to the member via the member's chain of command, after it has been cleared with Child Protective Service and/or law enforcement agency that it will not impede their investigation(s), notifying the member of the allegations and Family Advocacy administrative procedures and purpose;

- b. Strongly consider the FACRC opinions and recommend a final case status determination to the command;
- c. Discuss the proposed recommendations to the command with the Work-Life supervisor before sending them to the command;
- d. Strongly consider the FACRC opinions and determine a recommendation for service plans in substantiated and "At Risk" cases to present to the command;
- e. Substantiate cases which Child Protective Service (CPS) has substantiated. If there is substantial disagreement with the CPS determination, the FPA shall work with CPS verbally, in person and/or in writing to attempt resolution. If no resolution is reached, refer the case to G-WPW-2 after engaging the assistance of the Work-Life chain of command;
- f. Within 12 weeks of the initial incident "suspected" date, send a letter to the member's CO or OINC with the FPA's recommendations and CG Form 5488, Child/Spouse Incident Report, prepared for the CO's or OINC's signature. Send letters for group units via the group commander;
- g. Within 5 working days of receiving the signed 5488, send the member a letter via his or her chain of command with the final case status determination and, if "substantiated", the service plan;
- h. Advise the ISC chain of command if a CO or OINC disregards an incident which the FPA recommends should be substantiated; and
- i. Request a final case decision from G-WPW as authorized by reference (a) and this instruction, if necessary.

Enclosure (4) to COMDTINST 1754.12

**Sample letter advising member of alleged abuse and Family Advocacy procedures and purpose
(ISC LETTERHEAD) Office Symbol**

From: Commanding Officer, Integrated Support Command

To: MBR, SSN, USCG, UNIT

Via MBR'S Command

Subj: Family Advocacy Program

Ref: (a) Family Advocacy Program, COMDTINST 1750.7B

1. In reference to our <telephone> <in person> conversation on <date>, this is to confirm allegations of <type of abuse/neglect> have been made regarding <name> <relationship to member>. The Family Program Administrator (FPA) will review and evaluate the facts and dynamics of the situation, with the input of the Family Advocacy Case Review Committee, and make a commendation of "unsubstantiated" or "substantiated" to your command by <date-12 weeks from date of incident>. In accordance with reference (a), a final administrative case status determination of "unsubstantiated" or "substantiated" will be made by your command based on the recommendation of the FPA.
2. The finding made under the Family Advocacy Program is an administrative finding in order to ensure and provide required and necessary services to the active duty Coast Guard member and family. This is not a criminal determination and is separate and apart from a law enforcement determination. However, the Family Advocacy Program does use the facts obtained by investigations as part of the information reviewed in order to make an administrative finding.
3. If the finding is "unsubstantiated", all notes and documents pertaining to the allegations and held by the FPA will be destroyed. If the case is "substantiated", it will be managed by the FPA and closed following successful resolution of the case. The case record will be sent to G-WPW-2 Central Registry where it will be retained for five years. If there are no further incidents of abuse, the record will be destroyed after five years, except for child abuse/neglect cases. Records concerning minor Coast Guard dependents who were victims of child abuse and/or neglect will be retained until the dependent(s) attain(s) majority.
4. In accordance with reference (a), you can submit a written rebuttal to your commanding officer within 15 working days of the completion of the investigation regarding the allegations. IL after considering your rebuttal, your commanding officer determines the allegations are "substantiated", you may appeal the determination to Commandant (G-WPW) by submitting a letter through your chain of command within 15 working days after the command's determination. Entry into the Central Registry will not be delayed pending the appeal. If the appeal determines the case to be "unsubstantiated", the Central Registry entry will be deleted.
5. Please feel free to contact me at any time with your questions, concerns, or additional information, at (XXX) XXX-XXXX.

ISC Commanding Officer
or
FPA if given By direction

Copy: Family Advocacy Case Record

Sample letter advising command of recommended finding with service plan when substantiated

(ISC LETTERHEAD)

Office Symbol

From: Commanding Officer, Integrated Support Command

To: CO/OINC, UNIT

Subj: MBR, SSN, USCG, UNIT

Ref: (a) Family Advocacy Program, COMDTINST 1750.7B

1. Enclosure (1), Form 5488, Child/Spouse Abuse Report Form, is forwarded for your signature. A finding of <"unsubstantiated"/"substantiated"> is recommended.
2. <If "substantiated" include a service plan>.
3. <Advise the command as to whether or not the member wants to submit a rebuttal>.
4. Your urgent response is requested, as timeliness is vital for providing services and reaching successful resolution.
5. Please discuss the contents of this letter with the member. Due to the confidentiality required regarding family advocacy records, do not keep any copies of this correspondence.
6. Please feel free to contact me at any time with your questions, concerns, or additional information, at (XXX) XXX-XXXX.

ISC Commanding Officer
or
FPA if given By direction

Encl: (1) Form 5488

Copy: Family Advocacy Case Record

Enclosure (4) to COMDTINST 1754.12

**Sample letter advising member of finding with service plan when substantiated
(ISC LETTERHEAD)**

From: Commanding Officer, Integrated Support Command

To: MBR, SSN, USCG, UNIT

Via: MBR's Command

Subj: Family Advocacy Final Case Sums Determination

Ref: (a) Family Advocacy Program, COMDTINST 1750.7B

1. A Family Advocacy Program finding of <"unsubstantiated"/"substantiated"> has been made.
2. <If "substantiated" include a service plan>.
3. Your continued cooperation is requested, as we work together to reach successful resolution of this situation.
4. Please feel free to contact me at any time with your questions, concerns, or additional information, at (XXX) XXX-XXXX.

ISC Commanding Officer
o r
FPA if given By direction

Copy: Family Advocacy Case Record

FAMILY ADVOCACY RISK ASSESSMENT INSTRUMENT

LEVEL OF RISK ASSESSMENT

CHILD ABUSE AND NEGLECT

1. INCIDENT RELATED: FOCUS IS DEGREE OF HARM TO THE CHILD

NO RISK LOW RISK MODERATE RISK HIGH RISK

Severity ----->

Precipitating Event ----->

Pattern ----->

Abuser's Access ----->

Non-Offending Caretaker's
View of Child ----->

Non-Offending Caretaker's
View of Abuser ----->

Potential for Reoccurrence ----->

Potential Danger ----->

Alcohol/Drug Involvement ----->

2. ABUSER RELATED: FOCUS IS THE ABUSER'S LEVEL OF DENIAL AND WILLINGNESS TO TAKE RESPONSIBILITY

NO RISK LOW RISK MODERATE RISK HIGH RISK

History of Abusive Behavior ----->

History of Untreated/Unresolved
Childhood Victimization ----->

Disabilities: Mental,
Physical, Social, Educational
Emotional, Psychological ----->

Cooperation With CPS,
FPA, Command ----->

Parenting Skills/Knowledge ----->

Alcohol/Drug Abuse ----->

Enclosure (5) to COMDTINST 1754.12

3. CHILD RELATED: FOCUS IS PHYSICAL AND MENTAL VULNERABILITY OF CHILD

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>MODERATE RISK</u>	<u>HIGH RISK</u>
Age of Child	----->			
Developmental Delays	----->			
Disabilities: Mental, Physical, Social, Emotional	----->			
Ability to Seek Help	----->			
Resistance to Abuse/Neglect	----->			
Child's Role in the Family	----->			
Physical, Emotional, Mental Status	----->			
Fear of The Abuser	----->			
Attachment/Bonding With Non-Offending Caretaker	----->			

4. NON-OFFENDING CARETAKER RELATED: FOCUS IS ABILITY AND WILLINGNESS TO PROTECT THE VICTIM AND STOP THE ABUSE/NEGLECT

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>MODERATE RISK</u>	<u>HIGH RISK</u>
Acknowledges and Takes Responsibility	----->			
Demonstrates an Ability to Protect the Child	----->			
History of Abuse/Neglect by Non-Offending Caretaker	----->			
History of Abuse/Neglect to Non-Offending Parent	----->			
Plans to Avoid Future Abuse/Neglect	----->			
Non-Offending Caretaker's Level of Maturity	----->			
Parenting Skills/Knowledge	----->			
Physical, Mental, Emotional Factors	----->			
Current/Past Alcohol/Drug Abuse	----->			

5. FAMILY RELATED: FOCUS IS ABILITY AND WILLINGNESS OF FAMILY TO PROTECT AND PROVIDE A SAFE ENVIRONMENT

NO RISK LOW RISK MODERATE RISK HIGH RISK

- Stability ----->
- Ability to Recognize Problems ----->
- Availability of Resources ----->
- Capacity to Use Resources----->
- Willingness to Use Resources ----->
- Ability to Protect Child ----->
- Willingness to Protect Child ----->

6. OTHER RELATED: FOCUS IS ANY OTHER FACTOR WHICH COULD HAVE A POSITIVE OR NEGATIVE IMPACT

NO RISK LOW RISK MODERATE RISK HIGH RISK

- Behaviors/Characteristics of Those With Access to Child (School/Child Care Personnel, Neighbors, Extended Family, etc.) ----->
- Internal Home Factors (Income, Debts, etc.) ----->
- External Factors (Neighborhood, etc.) ----->
- Legal/Court Issues ----->
- Barriers to Services ----->
- Impact of CPS, CGI, Local Law Enforcement, FPA, Command Intervention ----->
- Physical, Mental, Emotional Factors ----->
- Current/Past Alcohol/Drug Abuse ----->
- Ability to Deal With Stress ----->

FAMILY ADVOCACY RISK ASSESSMENT INSTRUMENTS

LEVEL OF RISK APPLICATION

CHILD ABUSE AND NEGLECT

1. Substantiated cases must be initially assigned a level of Low Risk, Moderate Risk or High Risk. The level of risk shall be reviewed every 30 to 60 days and documented in the case record.
2. After rating all related areas, an overall rating must be assigned based on the likelihood of reoccurrence and the expected level of harm if an incident did occur.
3. LEVELS OF RISK ARE AS FOLLOWS:
 - a. INCIDENT RELATED:
 - (1) LOW RISK - Review of the severity, precipitating event, pattern, abuser's access, non-offending parent's attitude, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the child at risk of minor physical, emotional, sexual mental illness or injury.
 - (2) MODERATE RISK - Review of the severity, precipitating event, pattern, abuser's access, non-offending parent's attitude, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the child at risk of significant physical, emotional, sexual, mental illness or injury.

HIGH RISK - Review of the severity, precipitating event, pattern, abuser's access, non-offending parent's attitude, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the child at risk of serious physical, emotional, sexual, mental illness or injury and/or impairment or loss of bodily functions and/or death.
 - b. ABUSER RELATED:
 - (1) LOW RISK - Review of the abuser's history, disabilities/deficiencies, level of cooperation, parenting skills/knowledge, alcohol/drug abuse, shows the abuser has taken responsibility for the abuse/neglect and is open to intervention/treatment.
 - (2) MODERATE RISK - Review of the abuser's history, disabilities/deficiencies, level of cooperation, parenting skills/knowledge, alcohol/drug abuse, shows the abuser takes responsibility but is in denial and minimizes the situation. The abuser is not resistant to intervention and treatment.
 - (3) HIGH RISK - Review of the abuser's history, disabilities/deficiencies, level of cooperation, parenting skills/knowledge, alcohol/drug abuse, shows the abuser takes minimal or no responsibility and is in denial and minimizes the situation. The abuser is resistant to intervention and treatment.

c. CHILD RELATED:

- (1) LOW RISK - The child is 12-18 years old (16-18 years old in sexual abuse cases). The child demonstrates assertive resistance to the abuse/neglect. Child has no or minor disabilities/developmental delays and services are in place. Child has the ability to seek help and is bonded with the non-offending caretaker. The child's physical, emotional and mental status is strong.
- (2) MODERATE RISK - Children 4-11 years old (11-15 years old in sexual abuse cases) are automatically considered at "moderate risk." The child is resistant to the abuse/neglect. The child has minor to moderate disabilities/developmental delays. Services are beginning to be used. Child may or may not be bonded with the non-offending caretaker. The child's physical, emotional and mental status is moderate to strong.
- (3) HIGH RISK - Children Birth-3 years old (Birth-10 years old in sexual abuse cases) are automatically considered "high risk." The child is not resistant to the abuse/neglect. The child has minor to severe disabilities/developmental delays. There are no or few services in place. Child may or may not be bonded with the non-offending caretaker. The child's physical, emotional and mental status is moderate to weak.

d. NON-OFFENDING CARETAKER RELATED:

- (1) LOW RISK - The non-offending caretaker has no denial, takes responsibility for the protection of the child, and has a plan to deal effectively with the situation. The non-offending caretaker is also mature, mentally/physically/emotionally able and willing to assume this responsibility.
- (2) MODERATE RISK - The ability and/or willingness of the non-offending caretaker is weak, minimal and/or questionable. Non-offending caretaker has a history of untreatable/unresolved abuse. Non-offending caretaker could have a physical/mental/emotional problem which would inhibit his/her ability to deal effectively with the situation.
- (3) HIGH RISK - The ability and/or willingness of the non-offending caretaker is minimal and/or questionable. Non-offending caretaker has a history of untreated/unresolved abuse and is in partial or total denial. Non-offending caretaker could have a physical/mental/emotional problem which would inhibit his/her ability to deal effectively with the situation. Non-offending caretaker has no plan for the future and does not follow through on recommendations for services.

e. FAMILY RELATED:

- (1) LOW RISK - The family unit is basically stable and problems among other family members are minimal. Family members are supportive of the victim and the non-offending caretaker. There is a demonstrated willingness and ability to protect the victim.
- (2) MODERATE RISK - The family unit is lacking in stability due to unrelated problems of other family members. Family members are supportive to the victim and non-offending caretaker to the degree they can be considering they are also focused on their issues. The ability and willingness to protect is diminished.
- (3) HIGH RISK - The family unit is totally or split in denial of the incident of abuse/neglect. The members are partially or not at all supportive of the victim and non-offending caretaker. The willingness and ability to protect is minimal because of the denial.

f. OTHER RELATED:

- (1) LOW RISK - School, neighborhood, extended family etc., are supportive and willing to assist the family. There are no major financial problems, legal, and/or court issues. Family is open to CPS, FPA, mental health resources and other services. There is an ability to deal with stress with help and there are no drug/alcohol problems or they are being dealt with effectively. Barriers to services are minimal and there are no physical, mental, emotional factors of concern.
- (2) MODERATE RISK - School, neighborhood, extended family etc., are supportive and may or may not be able to assist the family. There could be financial problems, legal, and court issues. Family is either resistant to CPS, FPA, mental health resources, and other services or do not follow through. Coping skills are weak and there could be an untreated alcohol/drug problem. Barriers to services are minimal to serious and there are physical, mental, emotional factors of concern.
- (3) HIGH RISK - School, neighborhood, extended family etc., may or may not be supportive and able to assist the family. There could be financial problems, legal, and court issues. Family is resistant to CPS, FPA, mental health resources, and other services. Coping skills are weak and there could be an untreated alcohol/drug problem, Barriers to services are minimal to serious and there are physical, mental, emotional factors of concern.

FAMILY ADVOCACY RISK ASSESSMENT INSTRUMENT

LEVEL OF RISK ASSESSMENT - SPOUSE ABUSE

1. INCIDENT RELATED: FOCUS IS DEGREE OF HARM TO THE SPOUSE

NO RISK LOW RISK MODERATE RISK HIGH RISK

- Severity ----->
- Precipitating Event ----->
- Pattern ----->
- Abuser's Access ----->
- Abuser's View of Incident ----->
- Victim's View of Incident ----->
- Involvement of Children ----->
- Potential for Reoccurrence ----->
- Potential Danger ----->
- Alcohol/Drug Involvement ----->
- Weapons Involved ----->

2. ABUSER RELATED: FOCUS IS THE ABUSER'S LEVEL OF DENIAL AND WILLINGNESS TO TAKE RESPONSIBILITY

NO RISK LOW RISK MODERATE RISK HIGH RISK

- History of Abusive Behavior ----->
- History of Untreated/Unresolved Childhood Victimization ----->
- Disability: Mental, Physical, Social, Educational, Emotional, Psychological ----->
- Cooperative With FPA, Command Intervention ----->
- Communication Skills/Knowledge ----->
- Alcohol/Drug Abuse ----->
- Anger/Control Behavior ----->
- History of Psychiatric Disorder ----->
- Threats of Suicide ----->
- Level of Remorse ----->
- Other Violence Offenses ----->
- Violence Involving Pets ----->

Enclosure (6) to COMDTINST 1754.12

3. VICTIM RELATED: FOCUS IS PHYSICAL AND MENTAL SAFETY OF THE SPOUSE

NO RISK LOW RISK MODERATE RISK HIGH RISK

- Prior History of Childhood Victimization ----->
- Prior History of Adult Victimization ----->
- Disabilities: Mental Physical, Social, Emotional ----->
- Ability to Seek Help ----->
- Resistance to Abuse/Neglect Ability and Willingness to Follow Safety Plan ----->
- Fear of The Abuser ----->
- Level of Control of Finances, Transportation, etc. ----->

4. FAMILY RELATED: FOCUS IS A SAFE ENVIRONMENT FOR THE CHILD (CHILDREN)

NO RISK LOW RISK MODERATE RISK HIGH RISK

- Stability ----->
- Involvement of the Child ----->
- Availability of Resources ----->
- Capacity to Use Resources Willingness to Use ----->
- Resources ----->
- Ability to Protect Child Willingness to Protect ----->
- Child ----->
- Effect on Child ----->

5. OTHER RELATED: FOCUS IS ANY OTHER FACTOR WHICH COULD HAVE A POSITIVE OR NEGATIVE IMPACT

NO RISK LOW RISK MODERATE RISK HIGH RISK

Behavior/Characteristics of Those With Access to Victim (Co-workers, Neighbors, Extended Family, etc.) ----->

Internal Home Factors (Income, Debts, etc.) ----->

External Factors (Neighborhood, etc.) ----->

Legal/Court Issues ----->

Barriers to Services ----->

Impact of, CGI, Local Law Enforcement, FPA, Command Intervention ----->

Physical, Mental, Emotional Factors ----->

Current/Past Alcohol/Drug Abuse ----->

Ability to Deal With Stress ----->

FAMILY ADVOCACY RISK ASSESSMENT INSTRUMENT
LEVEL OF RISK APPLICATION
SPOUSE ABUSE

1. Substantiated cases must be initially assigned a level of Low Risk, Moderate Risk or High Risk. The level of Risk shall be reviewed every 30 to 60 days and documented in the case record.
2. After rating all related areas, an overall rating must be assigned based on the likelihood of reoccurrence and the expected level of harm if an incident did occur.
3. LEVELS OF RISK ARE AS FOLLOWS:
 - a. INCIDENT RELATED:
 - (1) LOW RISK - Review of the severity, precipitating event, pattern, abuser's access, abuser's/victim's view of incident, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the spouse at risk of minor physical, emotional, sexual, mental illness or injury.
 - (2) MODERATE RISK - Review of the severity, precipitating event, pattern, abuser's access, abuser's/victim's view of incident, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the spouse at risk of significant physical, emotional, sexual, mental illness or injury.
 - (3) HIGH RISK - Review of the severity, precipitating event, pattern, abuser's access, abuser's/victim's view of incident, potential for reoccurrence, potential danger and alcohol/drug involvement, shows the act(s) of omission or commission places the spouse at risk of serious physical, emotional, sexual, mental illness or injury and/or impairment or loss of bodily functions and/or death.
 - b. ABUSER RELATED.
 - (1) LOW RISK - Review of the abuser's history, disabilities/psychiatric disorder, level of cooperation, communication skills/knowledge, alcohol/drug abuse, anger/control behavior shows the abuser has taken responsibility for the abuse/neglect and is open to intervention/treatment.
 - (2) MODERATE RISK - Review of the abuser's history, disabilities/psychiatric disorder, level of cooperation, communication skills/knowledge, alcohol/drug abuse, anger/control behavior shows the abuser takes responsibility but is in denial and minimizes the situation. The abuser is not resistant to intervention and treatment.
 - (3) HIGH RISK- Review of the abuser's history, disabilities/psychiatric disorder, level of cooperation, communication skills/knowledge, alcohol/drug abuse, anger/control behavior shows the abuser takes minimal or no responsibility and is in denial and minimizes the situation. The abuser is resistant to intervention and treatment

c. VICTIM RELATED:

- (1) LOW RISK - The victim displays very little or no denial and demonstrates assertive resistance to the abuse/neglect. Victim displays an ability and willingness to follow a safety plan. Victim has some control of finances, transportation, etc. The victim's physical, emotional and mental status is strong.
- (2) MODERATE RISK - The victim displays some denial and demonstrates some resistance to the abuse/neglect. Victim is lacking an ability and willingness to follow a safety plan. Victim has some control of finances, transportation, etc. The victim's physical, emotional and mental status is moderate to strong.
- (3) HIGH RISK - The victim displays denial and demonstrates no or very little resistance to the abuse/neglect. Victim is lacking an ability and willingness to follow a safety plan. Victim has no or very little control of finances, transportation, etc. The victim's physical, emotional and mental status is moderate to weak.

d. FAMILY RELATED:

- (1) LOW RISK - The family unit is basically stable and problems among other family members are minimal. There are no children or there has been no exposure of violence to children. There is a demonstrated willingness and ability to protect the children.
- (2) MODERATE RISK - The family unit is unstable. If there are children, they have been minimally to moderately exposed to the violence. There is very little focus on a safe environment for the children. The willingness and ability to protect the children is diminished.
- (3) HIGH RISK - The family unit is totally or split in denial of the incident of violence. If there are children, they have been moderately to severely exposed to the violence. There is no or very little focus on a safe environment for the children. The willingness and ability to protect the children is diminished to nonexistent.

e. OTHER RELATED:

- (1) LOW RISK - Victim has strong to moderate support system outside of the home. There are no major Financial problems, legal, and/or court issues. Family is open to FPA, mental health resources and other services. There is an ability to deal with stress with help and there are no drug/alcohol problems or they are being dealt with effectively. Barriers to services are minimal and there are no physical, mental, emotional factors of concern.
- (2) MODERATE RISK - Victim has moderate to weak support system outside of the home. There could be financial problems, legal, and court issues. Family is either resistant to FPA, mental health resources, and other services or do not follow through. Coping skills are weak and there could be an untreated alcohol/drug problem. Barriers to services are minimal to serious and there could be physical, mental, emotional factors of concern.
- (3) HIGH RISK - Victim has weak or no support system outside the home. Victim is isolated the majority of the time. There could be financial problems, legal, and court issues. Family is resistant to FPA, mental health resources, and other services. Coping skills are weak and there could be an untreated alcohol/drug problem. Barriers to services are minimal to serious and there could be physical, mental, emotional factors of concern.

QUALITY ASSURANCE REVIEW PROCEDURE

1. The Quality Assurance Review of the Family Advocacy and Special Needs Programs will measure compliance with all requirements of references (a) and (b) and this instruction. The review will be consist of the following:
 - a. Appropriateness of the methods of intervention and ongoing services used by the FPA and DRC:
 - (1) Timely reporting and notification to Command ____; CPS ____; Commandant (G-WPW) ____; Law Enforcement ____;
 - (2) Protective orders obtained when circumstances warranted ____;
 - (3) Referral to medical/mental health/educational providers effectively respond to the maltreatment issues and/or special needs situations ____;
 - b. FPA and DRC case intervention/ongoing management includes assertive coordination of military issues and civilian services ____; maintenance of the case record with written case recordings and supportative rationale and documentatin ____; Completed Coast Guard Form(s) 5488 ____; Completed Coast Guard Form(s) 5494; Initial Risk Assessment ____; Risk Assessment every 30 to 60 days ____; Safety plan ____; CRC opinions ____;
 - c. Family Advocacy Case Review Committee has been established ____; Consist of the required membership ____; Frequency of meetings ____; Signed pledges of confidentiality ____; Case summaries are contained in the case record and no other place ____;
 - d. Constructive critique of the independent professional judgment of the FPA and DRC. Case action/decisions reflect an objective and non-judgmental approach which allows for maximum fact finding and exploration of alternative explanations. Case details are extremely important and the process of obtaining details is strictly monitored;
 - e. Family Advocacy case records/documentation maintained by the FPA clearly reflects the allegations ____; Investigative actions and results ____; Related information ____; Whether or not the allegations were determined substantiated or not substantiated withing 12 weeks from the date of the report ____; Whether or not the documentation firmly supports the finding ____; Command and member notification of allegations, rebuttal and appeal process ____; Rebuttals and appeals are processed in a timely manner ____;
 - f. Victims, who are now special needs as a direct result of the abuse or neglect, have been enrolled in the Special Needs Program according to reference (b) ____;
 - g. Training, proactive intervention and identification, on the Family Advocacy and Special Needs Programs is provided;
 - h. Special Needs case records have been reviewed and cosigned by the FPA in accordance with this instruction;
 - i. Special Needs case records contain assignment by the FPA and DRC ____; Case documentation clearly reflects the specific special need ____; Enrollment form and supportive documentation ____; Documented resources/programs required and/or receiving ____; contacts made with member, family, and resource personnel ____; annual review ____;
 - j. Special Needs case records with risk levels of III, IV, V are managed solely by the FPA ____; (Level III may be managed by the DRC in collaboration with the FPA);

Enclosure (7) to COMDTINST 1754.12

- k. Case records and FPA and DRC work spaces insures confidentially and security per references (a) and (b) ____;
 - l. Humanitarian Assignments - Involvement by the FPA or DRC as requested by the command or member;
 - m. Training - Any training beyond that which is required relative to the prevention and reduction of family advocacy;
 - n. Effectiveness of the FPA's and DRC's relationships anc collaborations with CO's, OINC's, members and families
 - o. Effectiveness of professional collaboration with other Work-Life staff, FACRC, Headquarters personnel, and with all federal, state and local agencies who provide assistance to the Coast Guard; and
 - p. The quality and frequency of Family Advocacy and Special Needs training provided to units, families and the chain of command.
2. An in-brief and out-brief will be conducted with the Work-Life Supervisor and ISC Commanding Officer.
 3. Upon the on-site completion of the Quality Assurance Review, each case will be reviewed with the FPA and DRC and the findings of the review will be discussed in detail.
 4. A letter report with the findings will be prepared and sent to the ISC Commanding Officer.

WORK-LIFE SUPERVISORS' CHECKLIST

WHAT TO LOOK FOR IN A FAMILY ADVOCACY CASE RECORD

1. Copy of Child/Spouse Abuse Incident Report(s), Form 5488, updated whenever there is a change in case status, new allegation transfer or closure.
2. Standardized Family Advocacy documentation format completed correctly. Initial risk assessment has been properly recorded. There is an updated risk assessment every 30 to 60 days.
3. On-going specific documentation in case notes identifying all contacts (family, member and civilian/military agencies) by telephone, face-to-face or written. Frequency of documentation necessary will vary as to status of case, i.e., serious may be daily until services are in place and/or determination is made progressing to several times a week, moderate may be several times a month, etc.
4. Each entry in the case must be dated and signed by the FPA.
5. Case documentation must include non-judgmental written assessments and statements which denote only factual events without personal opinions, thoughts and/or feelings.
6. Other documentation which should be included in a Family Advocacy case record may include: CRC recommendations to the FPA; psychological evaluations; medical information; letters from local Child Protective Services; investigative reports; letters from commands; or anything else relevant to the case.
7. When cases are closed or transferred, the standardized Family Advocacy Closing or Transfer Summary Sheet must be filled out with the proper information, dated and signed by the FPA and initialed by the Work-Life Supervisor.
8. No case record documentation may be copied and released locally. The case record must stay in the possession of the FPA at all times. If CGI or a command has need to review the record, it must be done in the presence of the FPA. If CGI needs a copy of anything in the family advocacy case record, they must request the information in writing and that part may be copied and given to them.

WHAT TO LOOK FOR IN A SPECIAL NEEDS CASE RECORD

1. Copy of Coast Guard Special Needs Enrollment and Assessment Form(s) (updated every two years or sooner if warranted). There should be one Completed form for every family member with special needs.
2. For every enrollment form in the record, there must be supportive documentation, i.e., medical, educational and/or psychological. This information shall also be updated at least every 2 years, or whenever there has been a significant change in the special needs condition. (Note: Repeated attempts to acquire documentation are noted in the file if documentation is absent.)
3. Standardized Special Needs documentation format completed correctly.
4. On-going specific documentation in case notes identifying all contacts (family, member and civilian/military agencies) by telephone, face-to-face or written. Frequency of documentation necessary will vary as to status of case, i.e., serious may be daily until services are in place or problem has become manageable progressing then to several times a week, moderate may be several times a month, and maintenance may be once or twice per year. **At a minimum, there should be case note documentation and contact with the member or family recorded in each special needs case once a year.**
5. Each Special Needs case shall be assigned a level in accordance with appropriate risk factors and criteria by agreement of both the DRC and FPA and that level recorded in the case documentation. Whenever the level increases or decreases, a notation must be made in the record. All cases with an assigned level of 4 or 5 shall be case managed exclusively by the FPA. Level 3 may be managed by the DRC in conjunction with the FPA.
6. Each entry in the case must be dated and signed by the DRC, whenever the assigned level is 1, 2 or 3, in accordance with criteria of the level assigned. Level 3 cases may be signed by the DRC if done in conjunction with the FPA.

Enclosure (8) to COMDTINST 1754.12

7. Case documentation must include non-judgmental written assessments and statements which denote only factual events without personal opinions, thoughts and/or feelings.
8. Other documentation which should be included in a Special Needs case record may include: psychological evaluations; medical information; educational evaluations; letters from agencies providing services; letters from commands; or any other documents relevant to the case.
9. When cases are closed or transferred, the standardized Special Needs Closing or Transfer Summary Sheet must be filled out with the proper information, dated and signed by the DRC or FPA and initialed by the Work-Life Supervisor before sending to Headquarters.
10. No case record documentation may be copied and released locally. The case record must stay in the possession of the FPA or DRC at all times. If CGI or a command has need to review the record, it must be done in the presence of the FPA or DRC. The FPA shall maintain possession of all level 4 and 5 special needs cases. If CGI needs a copy of anything in the special needs case record, they must request the information in writing and that part may be copied and given to them.