

# ***Headquarters U.S. Air Force***

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*Integrity - Service - Excellence*

## **Central Registry Board CRB**



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# *Background*

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- **Prior to 2005**
  - **Family Maltreatment Case Management & Treatment Board**
    - **Limitations**
      - **Lack of consistency across bases**
      - **Extraneous information presented**
      - **Board composition**
  - **AF FAP Concerns regarding Family Maltreatment Definitions**
    - **Need for Consistency**
    - **Processes/decisions are inherently unjust unless committee is consistent**
      - **Unfair to AF Families**
      - **Undermines AF credibility about response to abuse/neglect**



# *Background*

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- **Definitions developed by University of NY at Stony Brook and AF family maltreatment experts:**
  - **Input from Civilian and AF spouse and child maltreatment experts – definitions used by all 50 States and D.C. were reviewed**
  - **Review of civilian and military definitions/conceptualizations**
  - **Creation, field testing, and refinement of definitions**
- **Tested on Four AF Bases in 2002**
- **CRB tested at 12 bases**
- **40 bases launched June 05 through June 06**



# ***CRB Roll-Out***

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- **First Phase**
  - **New Definitions**
    - **Standardization**
    - **Decreased subjectivity**
    - **More buy-in from command**
- **Second Phase**
  - **CRB Launch**
    - **New board membership**
      - **Only members with relevant case information**
      - **Chaired by Vice Commander**
    - **Focus only on meeting criteria or not**
      - **Treatment planning occurs in clinical setting**



# *Implementation Challenges*

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- **Leadership buy-in**
  - **Time investment**
    - **Some bases need two meeting per month**
    - **Scheduling difficulty**
  - **New way of thinking about Family Advocacy**
    - **More involvement**
  
- **New presentation requirements for Family Advocacy team**
  - **Treatment managers aren't present, FAO needs to fully know cases**
  - **Treatment managers had to learn new way to assess & document**
    - **Had to document pain levels, location in rooms, fear reactions and levels**



# *Implementation Challenges*

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- **Keeping team from moving into treatment recommendations**
- **Other agencies not being able to attend – felt slighted and FAP still needed to work with them**
- **Command had to come to trust process**
  - **This took a few to several months**



# *Challenges a Decade Later...*

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- **Transient leadership – always re-training**
- **Treatment Manager reluctance to only give information pertaining to act and impact – trained to write document everything**
- **Chair wanting to do it his/her way regardless of training**
  - **Going into more depth or having full assessment read**
  - **Redirecting leaders to stick to the to the allegations**
- **Legal getting too ‘legalistic’**
  - **i.e. pushing “minimum force” as ‘no force’**



# ***Benefits Beyond Better Reliability***

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- **Commander involvement**
- **Better CRB attendance**
- **Team members less likely to try to “sway” team’s vote**
- **Consistent process between bases**
  - **More buy in from command – they knew the process and so they felt it was fair**
- **Less subjectivity**
- **Less emotionality**





# ***CRB Membership***

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- **Chairperson ~ Vice Wing Commander**
  - **Sets expectation that members will attend each CRB**
  - **Ensures each CRB member (except OSI) offers a vote**
  - **Ensures all CRB members and alternates are trained/prepared**
  
- **Members:**
  - **Staff Judge Advocate Representative (Attorney)**
  - **Security Forces Representative**
  - **Command Chief Master Sergeant**
  - **Family Advocacy Officer (FAO)**
  - **Office of Special Investigations Agent (as needed)**
  - **Unit Representative (Sq CC/First Sergeant)**



# *Training*

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- **Training for CRB Roll-Out**
  - **Bases assigned either telephonic or in-person assistance**
    - **Similar outcomes – slightly better with telephonic assist**
- **On-Going Training**
  - **CRB Bootcamp for all new Family Advocacy Officers**
    - **Mandated within 6 months of taking over program**
    - **1 day didactics, 1 day with AF Family Advocacy leadership, 1 day practicing (mock board)**
  - **Computer-based training with post-test**
    - **Definitions and process**
    - **Required for all new CRB members including First Sergeants and Commanders**



# ***CRB Bootcamp***

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- **CRB computer based trainers**
- **Working with Vice Wing Commander (Chair)**
  - **Chair's role**
  - **Training the Chair**
- **CRB Preparation**
  - **Working with Administrative Assistants**
    - **Letters to commanders, active duty and partner**
    - **Web-based training and tracking**
    - **Setting up meetings, agenda, etc**



# ***CRB Bootcamp***

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- **FAO Role on CRB**
  - **Source of clinical assessment information**
  - **Behavior health and family maltreatment expert**
  - **Educator/advisor on CRB process**
  - **Coach on definitions**
  - **CRB Takes Team Work—FAO takes the lead**
  - **FAO supports each Core CRB Member to prep for the CRB**
  - **FAO informs CC/CCF...no surprises at CRB**
- **Understanding the Definitions**
- **Mock CRB**



# *Process*

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## ■ Preparation

### ■ Family Advocacy

#### ■ Documentation prepared by case managers for the FAO to use in CRB

- provides account of incident from each person

- Highlight where the stories diverge

- Provide information about impact to victim

- **Credibility:** any historical information to help CRB members determine credibility

### ■ Command

- Must be prepared to discuss incident

### ■ Law Enforcement

- All relevant reports



# Process

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- **Central Registry Board**
  - **Must have 2/3 quorum**
  - **Command is only present for their case(s)**
  - **Each case should generally only take between 5-10 minutes**
- **Run-down of a case**
  - **Chair discusses confidentiality and introduces case**
  - **FAO presents referral information**
    - **Identifies type of victim, type of maltreatment and alleged offender/victim(s)**
  - **Chair solicits incident summary from command and actions to date**
  - **Other members provide relevant input regarding criteria**



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## ■ Run-down of a case (continued)

- FAO provides relevant information from interviews and any medical documentation
- Questions/clarification for CRB members
- Family Advocacy Program Assistant initiates Web Based Decision Template (Act & Impact)
- Chair uses Decision Tree to guide voting process
- Team votes on the Act
  - If case meets criteria for the Act, chair moves to Impact
  - If case meets criteria for Impact, chair moves to exclusions
  - If case does not meet criteria for any exclusions, case “meets criteria” for the Central Registry
- Referrals that have multiple victims or types of abuse go through the voting process for each case separately



# *Quality Assurance*

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- **When CRB was launched, bases were monitored for 6 CRBs to assure fidelity of program**
  - **To determine if CRB vote was consistent with AFMOA**
  - **To provide feedback to FAO & CRB chair on effectiveness of CRB and provide recommendations to improve process**
- **For continued monitoring, Family Advocacy Program Assistants complete surveys after every CRB and send to FAP headquarters**
  - **This records time spent per case & CRB attendance**
- **FAP headquarters also monitor substantiation rates per base to compare against AF averages and will offer assistance to Wg/CVs &/or FAO when suggested**