



CONNECT
TO CARE

Providers' Training

OPR: AF/A1Z



Session Expectations

In-Person Expectations:

- Come prepared to engage – speak so everyone in the room can hear you
- Respect and support each other
- Put your cell phone on silent
- If you must leave the room at any point, please quietly exit and return as soon as you can

Virtual Expectations:

- Please remain on mute unless you are speaking
- Use the hand raise function if you have a question
- Keep your cameras on

Agenda

Introduction

Connect to Care Approach

- Process Overview
- Determine Presenting Concern
- Selecting a Service Provider

Connect to Care Process

- Methods
- Alternatives
- Following Up

Tracking a Connection to Care

Conclusion



Introduction

Connect to Care Approach Training

Introduction

You will learn how to connect an individual to the appropriate:

- Service provider
- Helping agency
- Office

Training materials and today's resources are available at:
<https://www.jber.jb.mil//Services-Resources/JBER-Connect-Resources/Connect-to-Care/>



Learning Objectives Overview

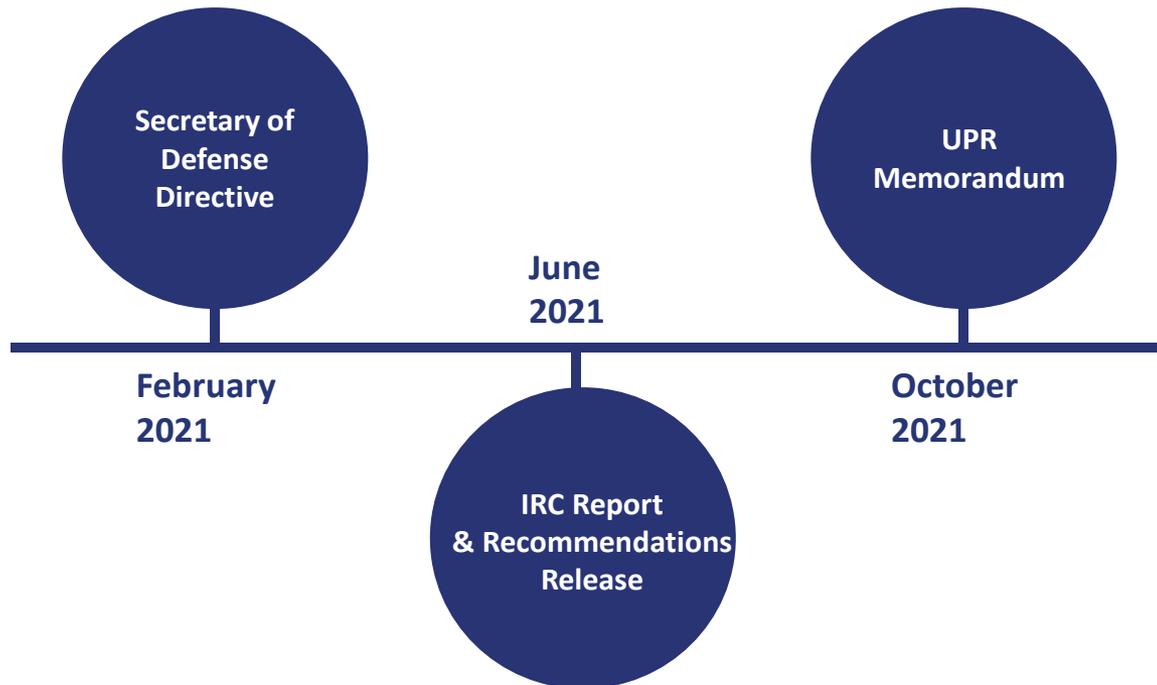
Upon completion of this training, you will understand:

- Importance of connections to care
- Individual's right to privacy
- Conveying reporting requirements to the individual
- Methods to accomplish a connection to care
- How to conduct a connection to care
- Overcoming barriers to providing connections to care



Background

Timeline





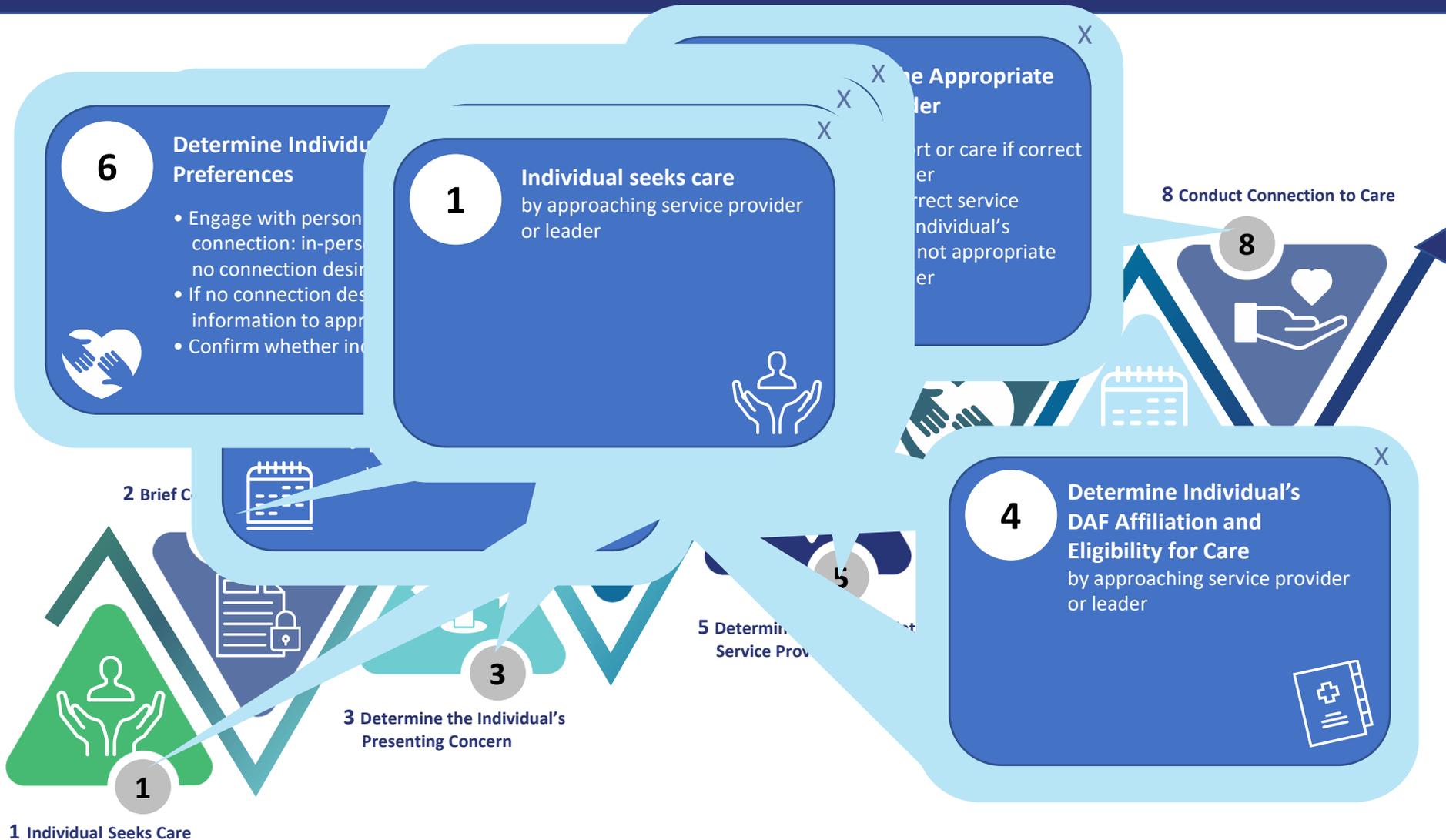
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Discussion Break



Connect to Care Process Overview

Connect to Care Process Overview





Connect to Care Process Overview

Determine Presenting Concern

Determine Presenting Concern

Brief Privacy

Determine Presenting Concern

- Reporting requirement determination



Connect to Care Guidelines

Guidelines help ensure the individual or group can make an informed decision about their care and support.

Providers should be prepared to discuss:

- Maintaining privacy
- Identifying the appropriate service provider
- Connecting to the service provider in manner individual chooses

Connect to Care Guidelines		Complete	N/A
Instructions: Specific actions are required to ensure an individual can make informed decisions about the support or care services they are seeking. The guidelines below are split into four sections representing the different engagement stages with an individual. Perform the listed actions in each section and mark "Complete." If an instruction is not applicable, mark it accordingly before moving to the next section. These guidelines are a reminder of Connect to Care process expectations for a proper referral and handoff and are not a requirement.			
Initial Contact			
When an individual seeking care approached me, I informed them of my reporting requirements for the following situations before they shared their presenting concern: sexual assault, harm to self/others, domestic abuse/violence, child maltreatment, and workplace violence.			
I informed the individual if I can maintain confidentiality or take a restricted report for one or more of the above situations.			
Determine Correct Service Provider			
If I was unable to maintain confidentiality for the individual's presenting concern, I used the mandatory reporting guide to identify other options to maintain confidentiality.			
If the individual sought support or services for a sexual assault, sexual harassment, or family violence, I offered an in-person, virtual, or telephonic connection to the appropriate service provider.			
If I was not the correct service provider for the individual, I referenced the installation service provider matrix and eligibility matrix to identify the appropriate service provider.			
Determine Connection Preference			
After determining the correct service provider, I identified the individual's preferred method of connection following AF/AIZ guidance on conducting the Connect to Care Process.			
Before performing a connection, I explained the pros and cons to conducting the individual's preferred method of connection and how they compare to each other.			
Conduct Connect to Care Process			
After I determined the individual's connection preference, I conducted the connection.			
If the individual chose not to have a connection, I explained they can still seek care from the providers identified for their presenting concern.			
After completing the connection, I documented the connection in the Connect to Care Approach Metrics Excel File.			



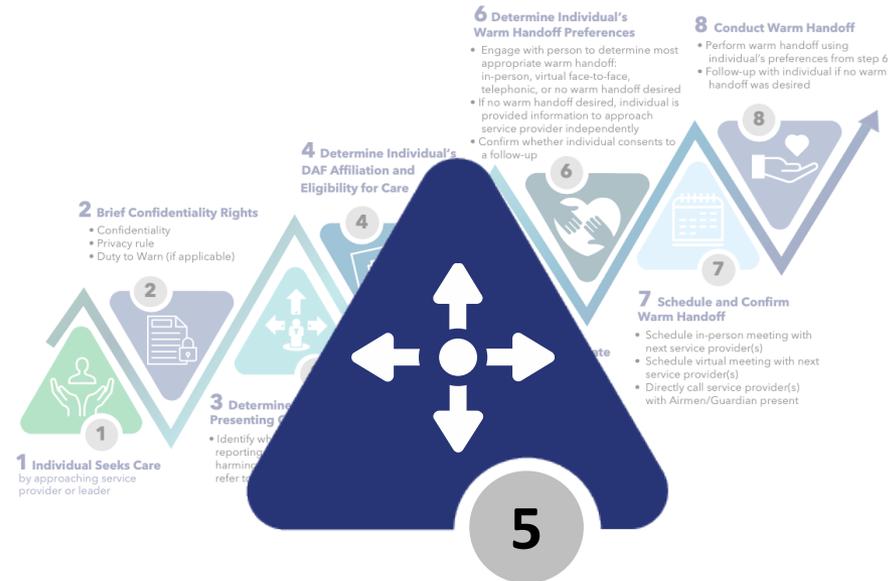
Connect to Care Process Overview

Selecting a Service Provider

Selecting a Service Provider

Determine:

- Eligibility based on DAF affiliation
- Service providers' mandatory reporting requirements
- Appropriate service provider



Determine the Appropriate Service Provider

- Provide support or care if appropriate service provider
- Determine appropriate service provider, including whether you are the appropriate service provider, and the individual's preference

Service Provider Matrix



JBER HELPING AGENCIES

For Emergencies, Dial 911. For Immediate Help, Contact Command Post 24/7 at 907-552-3000
 National Suicide Prevention Lifeline (24/7): 988 or 800-273-8255 Sexual Assault Hotline (24/7): 907-384-7272



Alcohol & Drug Abuse Prevention Program (ADAPT)	Army Substance Abuse Program (ASAP)	Military & Family Readiness Centers (M&FRC)	Behavioral Health Clinic (Army TMC)	Chaplain Corps (JROC)	Equal Employment Opportunity/ Equal Opportunity (EEO/EO)	Family Advocacy Program (FAP)	Civilian Employee Assistance Program (EAP)	Health Promotion	Mental Health Clinic	Military & Family Life Counselor (MFLC)	Military OneSource	Sexual Assault Prevention & Response (SAPR)	Sexual Harassment Assault Prevention & Response (SHARP)	American Red Cross
907-580-2181	907-384-1412 907-384-7366	907-552-4943 907-384-1517	907-384-0405	907-552-5762	907-552-2115	907-580-5858 907-947-0888	907-384-0863 866-580-9078	907-551-2361	907-580-2181	907-384-1534	24/7 Ops 800-342-9647	907-551-2020 907-551-2035	907-384-1945	907-201-1890 877-272-7337

STRESSORS

Alcohol / Drugs	●	●	●	●			●		●	●				
Anger Management				●	●		●		●	●	●			
Anxiousness				●	●		●		●	●	●			
Conflicts (Interpersonal)			●	●	●	●	●		●	●	●			
Discrimination					●	●								
Finances			●				●				●			
Grief / Sadness				●	●		●		●	●	●			
Fitness / Tobacco							●	●			●			
Hostile Work Environment					●	●	●						●	
Marriage / Family			●	●	●	●	●		●	●	●			
Relationships			●	●	●	●	●		●	●	●			
Loneliness / Isolation			●	●	●	●	●		●	●	●			
Sexual Assault					●	●	●		●	●		●	●	
Sexual Harassment					●	●	●		●	●			●	
Sleep / Nutrition				●			●	●	●	●	●			
Stress				●	●		●	●	●	●	●			
Suicidal Thoughts	●			●	●				●	●	●			

Accessing support services is generally considered confidential and each agency will disclose any limits of confidentiality to you prior to initiating services.
 All services are available to military family members with the exception of ADAPT, Behavioral Health, Mental Health and EAP.

Eligibility Guide

DAF Affiliation	Service Provider														
	AFR Director of Psychological Health	Air Force Employee Assistance Program	Airman & Family Readiness Center	Alcohol & Drug Abuse Prevention Program	Chaplain Corps	Equal Opportunity	Family Advocacy / Domestic Abuse Victim Advocate	Health Promotions	Legal	Mental Health	Military & Family Life Consultant	Military OneSource 24/7 Operations	Primary Care Behavioral Health	Sexual Assault Prevention & Response	Victims' Counsel
Active Duty Military	◆		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆
Active Duty Dependents			◆		◆		◆	◆	◆		◆	◆	◆	◆ ^o	◆
DAF Civilian Employees		◆	◆			◆		◆						◆	◆ [△]
NAF Civilian Employees		◆	◆			◆								◆	◆ [△]
Reserve Airmen*	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Guard Airmen*	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
U.S. Government Contractors			◆			◆	◆	◆						◆ ^{**}	◆ [△]

*Reserve and Guard Airmen are eligible for services depending on title status

**OCONUS/U.S. Citizen Only

^o To represent 18 and older dependents

[△] Representation for civilian employees (NAF and DAF) and contractors is fact dependent.

Note: Allied Forces refers to service members and individuals from other countries who are stationed at a U.S. military installation. They are eligible for full benefits if they are registered in DEERS. They will either have a DoD ID Card, an Allied Forces Card, or an official letter stating they are eligible for all the benefits due a member of the U.S. military. If they are not registered in DEERS and/or do not have a card or letter, they are still eligible for limited benefits.

Mandatory Reporting Guide

Instructions: This table is a quick reference guide to assist with identifying reporting requirements for service providers given certain presenting concerns. To use the table, identify the reporting requirement for each service provider by locating the point of intersection of the presenting concern column and the service provider row.

Reporting Requirement Definitions:

- ◆ **Mandatory Reporter:** Must report the case to appropriate authorities as outlined in existing policies
- ◆◆ **Confidential Reporter:** Can maintain confidentiality but does not take restricted reports
- ◆★ **Restricted Reporter:** Can take restricted reports and maintain confidentiality

Note: To ensure accurate information is provided, please connect with providers listed to maintain up-to-date knowledge on mandatory reporting requirements.

Service Provider	Presenting Concern					
	Sexual Assault	Domestic Abuse	Child Maltreatment	Domestic Violence	Workplace Violence (bullying, hazing, sexual/other harassment)	Suicidal/Homicidal Ideations
AFR Directors of Psychological Health	◆★	◆◆	◆	◆	◆	◆
ADAPT	◆★	◆	◆	◆	◆	◆
AF EAP	◆◆	◆	◆◆	◆◆	◆◆	◆
A&FRC	*Not Mandatory but Not Privileged	◆	◆	◆	◆	◆
Chaplain	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
EO	◆	◆	◆	◆	◆	◆
FAP	◆★	◆★	◆	◆◆**	◆	◆
Health Promotions	◆	◆	◆	◆	◆	◆
Inspector General	◆◆	◆	◆	◆	◆◆	◆
Legal	◆	◆	◆	◆	◆	◆
Mental Health	◆★	◆◆	◆	◆	◆	◆
MFLC	◆	◆	◆	◆	◆	◆
Mil OneSource	◆	◆	◆	◆	◆	◆
PCBH	◆★	◆	◆	◆	◆	◆
SAPR	◆★	◆	◆	◆◆**	◆	◆
Security Forces / AFOSI	◆	◆	◆	◆	◆	◆
Victims' Counsel (VC)	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆

* Not required to report a sexual assault but information is not privileged in the event of a legal proceeding
 ** SAPR and FAP are encouraged to coordinate during situations of domestic violence

Helping Agency Fact Sheets



Airman & Family Readiness Center

A&FRC | Airman & Family Readiness Center

Mission
Installation Airman and Family Readiness Centers (A&FRC) commanders in identifying, assessing, and minimizing operational readiness threats, and strengthening operational readiness through resilient, ready Airmen, Guardians and their families. Commanders in support of the development and execution of individual, family and community readiness, resilience supported population of the installation.

**Air Force-led joint bases typically use Military and Family Readiness Centers (MFRS).*

Provider Role(s) within Agency
Centralized installation support, assistance, and information sources.

Populations Eligible for Services

- Service members (Active, Guard, Reserve, DoD DoD ID Cardholders)
- Family members include those individuals for whom Air National Guard, and retired) provides medical support
- Gold Star and designated survivor family members

Presenting Concerns for Which We Offer Support

- Deployment planning and support
- Crisis Response education and support (natural and manmade disasters)
- Emergency Family Assistance
- Personal Financial Readiness skills development and support
- Certified Financial Counselors
- Personal and Work Life skills development
- Casualty Assistance
- Long term support to survivors and connection to the Tragedy Assistance Program for Survivors (TAPS)

Confidentiality Considerations

- Duty to Warn:** A&FRC staff must report circumstances in accordance with Nuclear Weapons Personnel and the Family Advocacy Program; and any clear threat to life or limb.

Alcohol & Drug Abuse Prevention Program

ADAPT | Chief, Air Force Alcohol & Drug Abuse Prevention & Treatment Program

Mission
The Alcohol and Drug Abuse Prevention Program (ADAPT) mission is to promote readiness, health, and wellness through the prevention and treatment of substance misuse and abuse; to minimize the negative consequences of substance misuse and abuse, to the individual, family, and organization; to provide comprehensive education and treatment to individuals who experience problems attributed to substance misuse or abuse; and to restore function and return members to unrestricted duty status, or to assist them in their transition to civilian life, as appropriate.

Provider Role Within Agency
Administrative Staff: The ADAPT Program Manager (PM) manages all substance abuse treatment, services, prevention, and staff members. Certified Alcohol and Drug Counselors (CADC) conduct evaluations, education, and individual and group therapy. ADAPT staff coordinates with other base agencies and off-base resources to supplement services.

Populations Eligible for Services

- Active Duty Military
- Reserve Airmen and Air National Guard (Title 10)
- Dependents and retirees (Typically space available or referred to network)
- Civilian employees (IAW AFMAN 44-198)

Presenting Concerns for Which We Offer Support

- Alcohol/Drug misuse

Confidentiality Considerations

- Limits of confidentiality (dependent upon referral source)
- Privacy Act
- Health Insurance Portability and Accountability Act (HIPAA) provisions

Differences in Available Services Between Installations
Varies depending on CONUS vs OCONUS, nature of mission, size of Military Treatment Facility (MTF), residency training facility status, and strength of downtown referral network

Hours of Operation

<p>Open MTF Specific</p> <p>Closed Saturday & Sunday</p>	<p>After Hours Availability After hours on-call everywhere, but face-to-face access only at Emergency Department if large MTF</p>
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A photograph of two military personnel in camouflage uniforms shaking hands, overlaid with a semi-transparent blue filter. The image is positioned in the upper half of the slide.

Case Scenarios 1-2

Case Scenario 1

Miss Jordan Lorenzo

Affiliation: Active Duty Dependent

Presenting Need: Sexual Assault

Person Approached: Squadron Commander

Background: While her father is on temporary duty (TDY) for training, his middle-school aged special needs daughter, Jordan, is sexually assaulted by a group of teenagers on-base. Her mother learns of the assault later that afternoon when Jordan breaks down in tears.

Connect to Care Preference: In-Person connection

Case Scenario 2

SSgt Sheppard

Affiliation: Active Duty Military

Presenting Need: Sexual Harassment in the Workplace

Person Approached: First Sergeant

Background: During a recent TDY mission, SSgt Sheppard was sexually harassed by a Senior Master Sergeant. Since returning, SSgt Sheppard is experiencing anxiety and sleeplessness, and has panic attacks before walking into work.

Connect to Care Preference: Virtual Face-to-Face connection



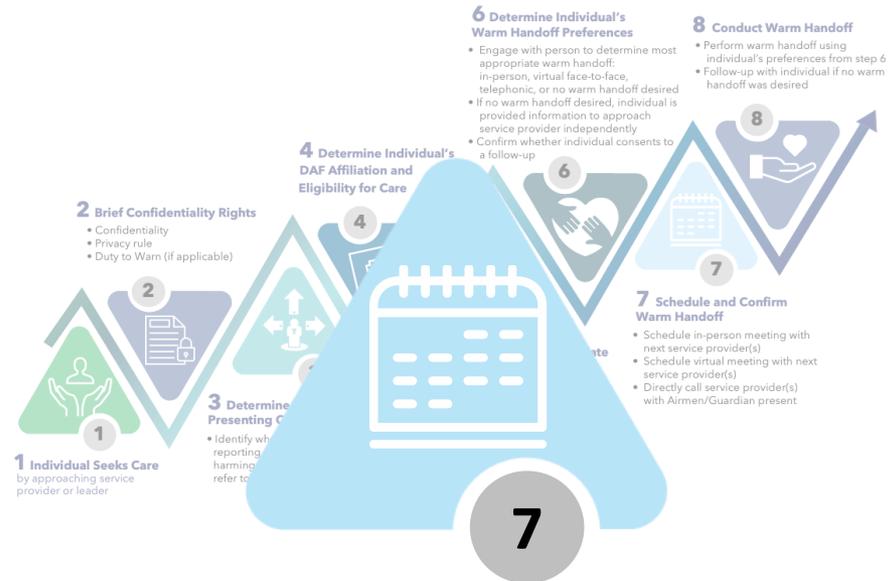
Connect to Care Process

Methods

Methods for Conducting Connections to Care

There are three methods to conducting connections to care:

1. In-person
2. Virtual face-to-face
3. Telephonic

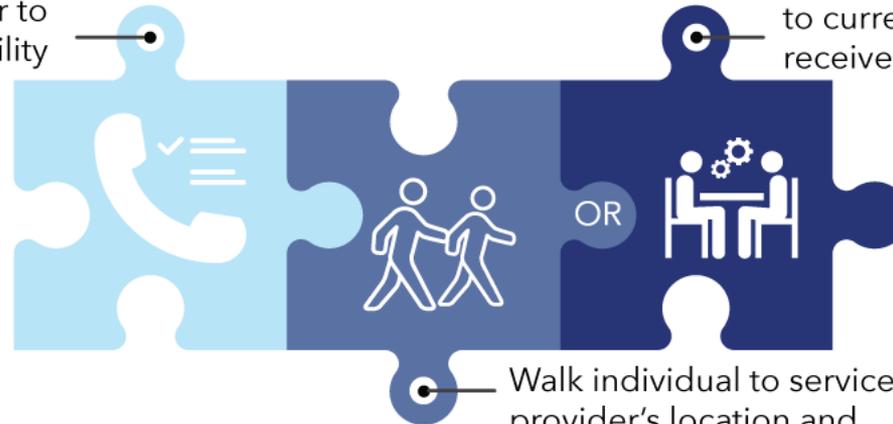


Schedule and Confirm Connection to Care

- Schedule in-person meeting with next service provider(s)
- Schedule virtual meeting with next service provider(s)
- Directly call service provider(s) with Airmen/Guardian present

In-Person Connection to Care

Call agency or
service provider to
confirm availability



Service provider comes
to current location and
receives individual

Walk individual to service
provider's location and
conduct connection

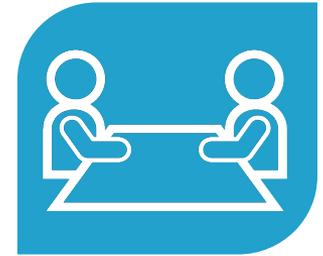
IMPORTANT TO NOTE:

- In-person connections to medical or emergency personnel will always be conducted if an individual intends to harm themselves or someone else
- In-person or virtual connections must be offered as a first option for those who have experienced:
 - Sexual Assault
 - Sexual Harassment
 - Family or Domestic Violence and/or Child Abuse

Virtual Face-to-Face Connection to Care

Steps to a Virtual Face-to-Face:

1. Contact service provider or admin staff to request virtual meeting
2. Send service provider a link to connect on a virtual platform that is accessible by all parties
3. Introduce individual to service provider and complete connection
 - A. Either remain online or leave the call, depending on the individual's preference



Telephonic Connection to Care

Steps to a Telephonic Connection to Care:

1. Make initial call and determine service provider's availability
2. If available, inform service provider you have individual needing of service
 - A. Introduce individual to provider and complete the connection
3. If unavailable, schedule a meeting based on individual's preferred connection to care method





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Connect to Care Process

Alternatives

Email Introduction

Important to ensure individual gets to right provider, even if they do not want a warm handoff

Communicate with individual to determine preference and whether email is an option

Also, important to request consent to follow up

- With consent, follow up as necessary until they can engage with the right agency or provider



Steps to Email Introduction

Determine whether the individual consents to email introduction to service provider...

If individual consents:

1. Email service provider while individual is present
2. Follow up with individual to ensure they were able to engage directly with service provider

If individual does not consent:

1. Provide individual with a service provider matrix
2. Follow up with the individual to determine any additional needs

NOTE: If the individual is not able to connect with the next service provider, you can help by identifying any barriers and ways to overcome those barriers

Determine Connection to Care Preference

Engage with individual to determine preference:

- In-person
- Virtual
- Telephone
- No connection desired

Schedule and confirm connection to care

Conduct connection to care

Follow up, as needed



Determine Individual's Connection to Care Preferences

- Leverage the Connect to Care Guidelines to ensure you are getting an individual's preference at the appropriate time



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Role Play Scenario

Role Play Scenario

Ms. Ramon

Affiliation: DAF Civilian Employee

Presenting Need: Power of Attorney

Person Approached: GS-14 (Mr. Dixon)

Background: Ms. Ramon needs power of attorney to make legal and medical decisions for her elderly mother. She wants to know if there is someone she can contact while on base as her evenings are busy caring for her kids and her mother.

Connect to Care Preference: Does not want a connection to care; email contact information



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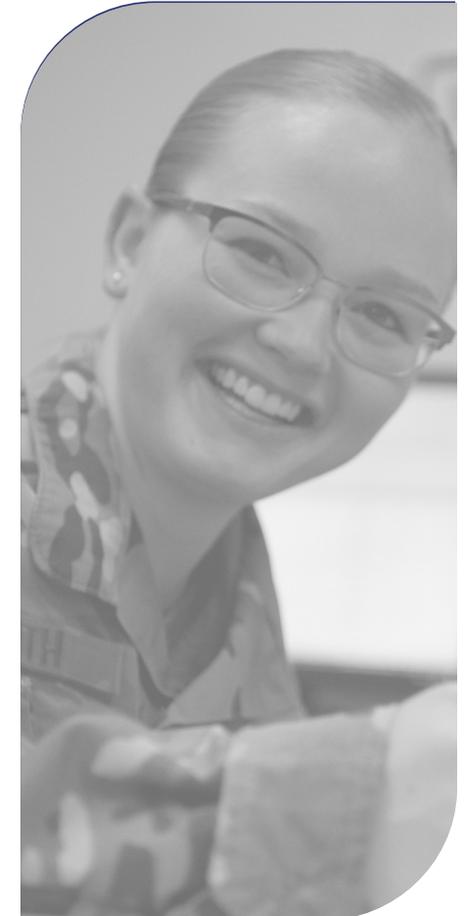
Following Up

Following Up After a Connection to Care

A follow-up with an individual conveys interest and support

- Recommended to be completed within 2-3 days of the connection

You need verbal consent from the individual





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Case Scenarios 3-4

Case Scenario 3

SrA Smith

Affiliation: Active Duty Military

Presenting Need: Financial difficulties, marriage issues and concerns, and is experiencing feelings of sadness

Person Approached: First Sergeant

Background: SrA Smith went to her First Sergeant because she wasn't sure where else to go. SrA Smith describes to her First Sergeant that she is experiencing financial difficulties. As a result, there are issues within her marriage, and she has been feeling down – staying in bed and crying more often.

Connect to Care Preference: No connection to care requested; Follow-up consented

Case Scenario 4

Mrs. Cano

Affiliation: Active Duty Dependent

Presenting Need: New Parent Assistance

Person Approached: First Sergeant

Background: During SSgt Cano's deployment, his First Sergeant periodically checks in on his family; his wife just delivered their first child. During a check-in with the First Sergeant, Mrs. Cano confides she is concerned for her emotional health. She wonders if she is experiencing post-partum depression.

Connect to Care Preference: Telephonic, but not able to get FAP on the phone. Mrs. Cano requests contact information to engage FAP on her own.



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Tracking a Connection to Care

Tracking a Connection to Care

Installation or Base Commander will assign an Action Officer to gather metrics across the installation

The following metrics will be gathered on a monthly basis:

- Frequency of connections to care (i.e., total connections to care conducted)
- Observed trends

You will become familiar with two Tracking Resources:

- Connect to Care Approach Metrics Excel® File
- Connect to Care Referral Form

Connect to Care

Instructions: It is the Department of the Air Force's goal to provide the assistance our community needs as quickly and courteously as possible. Please keep this referral in an easily accessible place and present it to the service provider you've been referred to. We care about you and want to be in the right place, at the right time for all who need assistance.

(Connect to Care Code) _____

Feedback Form: 





Intake Entry (record when individual enters your office)			
Time Stamp	Referral without a connection	Time Stamp	Referral with a connection to care "record Connect to Care code"

Outcome Entry (record before individual leaves your office)					
Referral given without connection	Time Stamp	Referral given with connection	Connect to Care Code Generator	Time Stamp	No Further Action "Individual at correct service provider, no connection required"

Connect to Care Approach Metrics Excel[®] File

There are two scenarios in which you enter data:

When an individual enters your office or approaches them:

1. Record whether individual is a:
 1. Walk-in
 2. Referral with a connection
 3. Referral without a connection
2. If a referral with a connection to care, record the Connect to Care code from the form

Note: Detailed instructions to use the Connect to Care Approach Metrics Excel[®] File are included directly in the File.

When an individual leaves you or your office:

1. Record whether individual requires:
 1. No further action (i.e., care or support is provided at current location)
 2. A referral without a connection
 3. A referral with a connection
2. If referral with a connection to care, copy the two-letter identifier and code on Connect to Care Referral form
3. Provide form to individual

Connect to Care Referral Form

Provide individual with Referral Form, which includes Connect to Care code and QR code

- Referral Form must be provided before individual leaves office or meeting

QR code provides access to individual feedback form

- Contains questions regarding individual's experience
- Entries are anonymous



Connect to Care

Instructions: It is the Department of the Air Force's goal to provide the assistance our community needs as quickly and courteously as possible. Please keep this referral in an easily accessible place and present it to the service provider you've been referred to. We care about you and want to be in the right place, at the right time for all who need assistance.

(Connect to Care Code) _____

Feedback Form: 



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Using Connect to Care Approach Metrics Excel[®] File



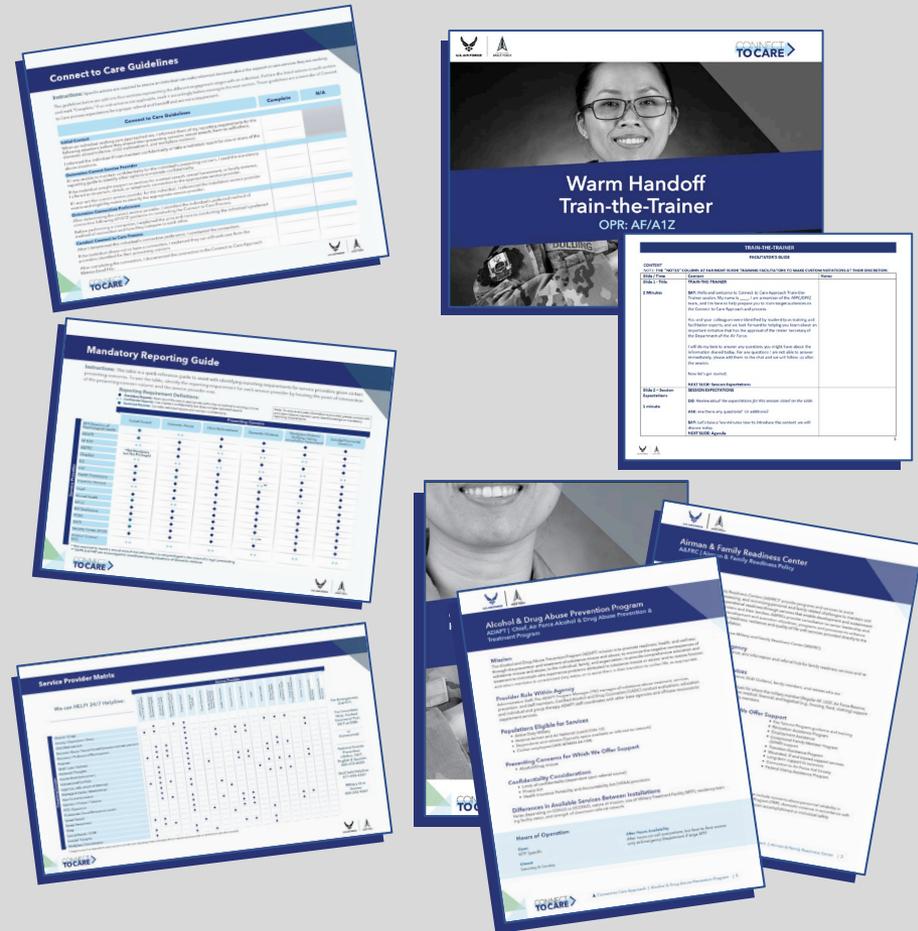
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Conclusion

Conclusion

We covered these key points today:

- A connection to care is a *person-to-person* referral to appropriate services and care
- The Connect to Care Approach Toolkit contains several resources to guide your selection of a service provider or agency during a connection to care, including a Service Provider Matrix, Eligibility Guide, and Helping Agency Fact Sheets
- In-person or virtual connections should be offered for individuals seeking care and/or support for sexual assault, sexual harassment, and family or domestic violence and/or child abuse
- An individual or group of people cannot be forced to accept a connection to care. Request consent to follow-up to ensure they got connected to the service provider



Conclusion, cont'd

All Connect to Care Approach Toolkit Resources discussed today can be found at...

<https://www.jber.jb.mil//Services-Resources/JBER-Connect-Resources/Connect-to-Care/>

Thank you for your time and participation!

