



**MARINE CORPS  
COMMUNITY SERVICES**

# **Clinical Counseling Accreditation Resource Guide**

**MARCH 2003**

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## Foreword

On behalf of the director and staff of the Personal and Family Readiness Division of Marine Corps Community Services, I am pleased to introduce an accreditation program for Marine Corps clinical counseling services. Accreditation is a formal process that an organization undertakes in order to demonstrate that it meets standards for quality established by an accrediting body. This Clinical Counseling Accreditation Resource Guide identifies the standards that we intend to use as benchmarks for counseling services at Marine Corps installations, and it explains the process leading to accreditation.

Accreditation of Marine Corps counseling services is going to return many important benefits. The most important one will be the assurance that Marines, Sailors and their families are receiving consistent and high-quality services regardless of where they are stationed. Another benefit will be the ability of installation program managers to use the accreditation process to implement and manage an ongoing quality improvement program. It will also instill confidence in counseling services by members of the Marine Corps community at all levels, and it will be a source of pride in accomplishment for clinical counseling staff and management. Finally, the accreditation program described in this resource guide will assure Marine Corps compliance with the Secretary of the Navy requirement for an external program review every three years.

Our counseling services activities are already being carried out by committed individuals who pursue the highest quality of professional service delivery. We are sure that Marine Corps clinical providers and supervisors will welcome accreditation as an opportunity to demonstrate the quality of their programs as well as to implement new quality assurance practices and strategies. And as they prepare for the coming challenge that accreditation represents, Prevention and Intervention Program staff at Headquarters will be there to assist at every step of the way until all Marine Corps installation counseling service activities are successfully accredited.

Sincerely,

Jenice Staniford  
Head, Prevention and Intervention Section

## Acknowledgements

Many individuals and organizations have made substantial contributions to this Clinical Counseling Accreditation Resource Guide from its initial conception through final revisions. The Prevention and Intervention Section staff is indebted to members of its working group who met in September 2002 to offer concerns and recommendations for the new accreditation process. Participants from 10 Marine Corps installations shared their ideas and offered valuable perspectives from the field, while giving enthusiastic support to the concept of accreditation for Marine Corps counseling services.

Organizations with significant experience developing quality standards and implementing an accreditation process were also extremely helpful. A special thanks goes to the Navy's Fleet and Family Support Program (FFSP) at the Naval Personnel Command, especially Kit Decker who willingly shared experiences and insights related to the recently-revised FFSP accreditation program. The new draft FFSP *Accreditation Handbook* was an incredibly valuable resource during the process of formulating Marine Corps standards. Another important source of accreditation information was the Council on Accreditation (COA) for Children and Family Services' *Standards and Self Study Manual*, 7<sup>th</sup> ed., as well as members of the COA staff who are experts in developing standards and training peer reviewers. Charles Caputo and Joe Frisino were both gracious to share their knowledge of accreditation and their experiences assisting FFSP with its program.

Finally, all the clinical supervisors and clinical providers at Marine Corps installations who invested their time in carefully reviewing drafts of this document and then making thoughtful and valuable suggestions must not go unappreciated. It is impossible to list all of the individuals who studied this document and gave meaningful input, but those who were especially helpful in proposing best practices and detailing excellent ideas for improvements include Arlene McCormack, MCBH Kaneohe Bay; Chris Coulapides, Camp Pendleton; Jeanne Mossuto, MCRD San Diego; Leslie Slotsky, MCAS New River; LCDR Phil DeGeorgio, Camp Lejeune; Alicia DeGriffith, MCLB Barstow; and Laura Geer, MCCA Cherry Point.

This Clinical Counseling Accreditation Resource Guide reflects the expertise and commitment of many fine professionals at Marine Corps installations and at Headquarters who are dedicated to serving Marines, Sailors and their families. Fortunately, these are the same individuals who will be using this guide as a tool to ensure quality service delivery leading to successful accreditation of all Marine Corps counseling services.

# Table of Contents

<b>Introduction</b>	<b>1</b>
<b>Part One: Background and Philosophy of Accreditation</b>	<b>2</b>
Accreditation in the Private Sector .....	2
Accreditation of Military Human Services Organizations .....	3
Accreditation and Marine Corps Philosophy .....	4
<b>Part Two: Development of Marine Corps Counseling Standards</b>	<b>6</b>
The Process of Creating Standards .....	6
Basic Requirements .....	7
Best Practices .....	7
Supporting Resources .....	8
<b>Part Three: Elements of the Marine Corps Clinical Counseling Accreditation Process</b>	<b>9</b>
On-Site Review Schedule .....	9
Planning for Accreditation .....	10
Self-Study .....	10
On-Site Review .....	11

Accreditation Decision .....	12
Performance Improvement Plans .....	12

## **Part Four: Accreditation Policies and Procedures** **14**

---

Peer Review Teams .....	14
Team Qualifications and Training .....	15
Site Visit Planning and Logistics .....	15
Review Team Roles and Responsibilities .....	16
Review Team Ratings .....	17
Site visit Report .....	17
Installation Follow-Up .....	18
Accreditation Review Board .....	19
Accreditation Decision Process .....	19
Official Accreditation Report .....	20
Standards Review and Revision .....	20

## **Part Five: Accreditation Standards** **21**

---

1.0 Program Administration .....	22
2.0 Confidentiality .....	30
3.0 Administrative Case Records Management .....	33
4.0 Clinical Counseling Practices .....	37
5.0 FAP Case Management.....	42
6.0 Installation FAP .....	48
7.0 Crisis Intervention .....	54

8.0 Quality Assurance ..... 57  
9.0 FAP Education and Training ..... 62

**Forms** **65**

---

Accreditation Standards Rating Form ..... A  
Accreditation Planning Timetable ..... B  
Clinical Counseling Records Review Checklist ..... C  
FAP Records Review Checklist ..... D  
Waiver Request Form ..... E  
Installation Evaluation of On-site Review ..... F



To “make a difference in the lives of our Marines, Sailors, and families by doing the right things the right way,” is the vision of Marine Corps Community Services (MCCS).<sup>1</sup> Clinical counseling is a small but essential component of the MCCS mission. Counseling services are available when Marines, Sailors and their families need professional assistance coping with major life stresses or dealing with interpersonal conflicts, and they are also there to help commands intervene when prevention efforts have failed to alleviate the risk of destructive behavior. These are services that must be held to high standards of professionalism and quality given the potential for harm when counseling services are inadequate. Recent experience shows that when military organizations are not able to intervene successfully to help personnel change violent behavior patterns or to ensure the safety of potential victims, the outcomes can be tragic. This Clinical Counseling Accreditation Resource Guide defines standards and a process to ensure quality and consistency in services for all eligible personnel, regardless of where they are stationed. By developing Marine Corps standards for high quality counseling services, and then measuring installation programs against them, the leadership can be confident that, in this area, it is doing the right things the right way.

<sup>1</sup> From the MCCS Strategic Plan





## PART ONE

# Background and Philosophy of Accreditation

Accreditation is a process of education and improvement for human service organizations that are committed to achieving quality in management and services. By becoming accredited, an organization demonstrates that it meets accepted standards of operation, and that it is worthy of the confidence of its clients and of support by the community in which it is located. Accreditation of human services organizations in the private sector is voluntary, but for military services that have developed an internal accreditation process for its programs, participation is required.

## Accreditation in the Private Sector

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According to the Council on Accreditation (COA) for Children and Family Services, “private accreditation is a uniquely North American solution to the problem of assuring that organizational providers of service, whether in education, health care or social service, meet the recognized standards of their industry.”<sup>2</sup> There are several national organizations that have developed standards representing the best practices in a specific field. These accrediting bodies offer service organizations the opportunity to obtain their certificate of accredi-

tation by undergoing a process of being measured against their standards. Private and public organizations pursue accreditation in order to

- ♦ enhance community confidence in their services
- ♦ obtain an objective evaluation of their performance
- ♦ stimulate internal quality improvement efforts

<sup>2</sup> From the introduction to COA’s *Standards and Self-Study Manual*, 7th edition

- ♦ generate support from funders and other benefactors
- ♦ achieve a number of other program-specific goals

Accrediting bodies like COA accept applications from local private or public organizations that offer the type of services that their standards address. The first step in the accreditation process is a self-evaluation. Organizations are usually required first to initiate practices that reflect the standards then conduct a rigorous self study. After review of the written self study, the accrediting body will schedule an on-site review by a team of specially-trained peers. Site visits normally include

interviews with staff, clients and stakeholders, reviews of client records and pertinent documents, focus groups, and facility inspections. The peer review team seeks to verify compliance with applicable standards and identify the organization's strengths and weaknesses. After review of all the information gathered by the on-site review team, the accrediting body will decide to accredit the organization for a specific number of years or require it to implement a quality improvement plan to correct deficiencies before being accredited. Remedial site visits are often required before an organization with significant deficiencies can be accredited.

## Accreditation of Military Human Services Organizations

Each branch of the military has performance standards for its family support services and procedures for measuring installation programs against the standards. The Navy is the only branch of service that provides clinical counseling and Family Advocacy Program (FAP) case management services outside of its medical establishment. Therefore, it offers the only example of an accreditation process for military clinical counseling services that are not covered in the accreditation of a medical treatment facility by an organization

such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Since the early 1990s, the Bureau of Naval Personnel (Pers-66) has accredited Fleet and Family Service Centers (FFSC), the organization that provides clinical counseling and FAP case management for the Navy. Because of the unique characteristics of military human service programs, Pers-66 chose to develop its own quality standards and evaluate installation FFSCs using its own

resources rather than require FFSCs to be accredited by a national organization like COA. Professionals from FFSCs around the globe volunteer to be trained as peer reviewers. In teams they conduct accreditation site visits according to specific guidelines. Pers-66 requires all of its FFSCs to undergo an accreditation site visit every three years. An official report is sent to the installation command within 30 days of the site visit that details the accreditation decision. FFSCs are accredited when they have demonstrated compliance with all of the standards and corrected any deficiencies identified in the official report.

During 2001-2002, the Navy's accreditation process underwent a comprehensive review and revision. Standards were streamlined and revised to reflect only the practices addressed in relevant operating instructions. Pers-66 also implemented new checks and balances to help ensure the accreditation process is fair and peer reviewers are accountable for their assessments and actions. The Navy Fleet and Family Support Program Accreditation Handbook can be viewed on the Pers-66 website, [www.persnet.navy.mil/pers66/accredinfonew.htm](http://www.persnet.navy.mil/pers66/accredinfonew.htm).

## Accreditation and Marine Corps Philosophy

The Marine Corps philosophy of one Corps and one standard approach to personal and family readiness upholds the need for all clinical counseling services to comply with standards of quality in professional practice. According to the Marine Corps Personal Services Manual,

*Our Marines and families must be able to expect and receive the same level of access and availability to these critical support services and programs regardless of where they are stationed throughout the Corps. These programs require top down guidance*

*and command engagement so we can ensure consistency across the Corps.*

Nevertheless, clinical counseling services at Marine Corps installations historically have not been held to a standardized set of practices that represent quality in service delivery. They adhere to the operational policy and guidance issued by Headquarters, but they have been relatively independent in the ways they implement professional clinical practices. The result has been an inconsistency in the type and range of services and philosophy of clinical care from one installation to another.

A recent MCCA-directed functionality assessment, plus a renewed commitment to improve program consistency and availability for all Marines and families, point to the need for an institutionalized process of accountability and quality improvement.

The accreditation standards and processes detailed in this document will bring installation counseling services in line with each other and will help to establish a foundation for quality comparable to that of accredited human service organizations in both the private sector and within the other branches of service.



## PART TWO

# Development of Marine Corps Clinical Counseling Standards

Standards for quality in professional human services delivery should represent widely-held views about organizational practices and procedures that define effective programs. Approaches to creating standards vary, but all accrediting organizations strive to have standards that are unambiguous and attainable by organizations that may differ in size, resources and service goals. Standards are most effective when they can be used by an organization to institutionalize a process of continuous improvement.

## The Process of Creating Standards

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The standards developed by different accrediting organizations vary greatly in their style, detail and in the ways they are organized. Accrediting organizations in the private sector subject standards to extensive vetting and testing before presenting them as the best practices in a given field. These organizations may have developed standards with many layers for a given subject area and a complex weighting system for arriving at a numerical score for the accreditation decision. They also adhere to a process of continuously evaluating and updating standards to stay current with best practices in the field. By contrast, the standards developed for

accreditation of military human services organizations are more likely to reflect existing policy and guidance than continuously-evolving best practices. How to establish standards that represent the highest quality in professional practices without creating new requirements that are not covered in existing policy and guidance is an issue in military accreditation. The concept used in developing Marine Corps standards attempts to deal with this issue by creating a two-part system that holds installation programs to established regulatory requirements but also recognizes them for quality practices beyond the basic requirements.

## Basic Requirements

The forty-two standards in Part Five of this guide reflect regulatory and legal requirements that apply to all Marine Corps counseling and intervention programs, plus other universally-accepted practices for professional counseling. The standards do not encompass all possible requirements for Marine Corps clinical counseling programs. Instead, they represent a selection of key criteria for counseling services that cuts across nine performance categories.

A program that fully meets all of these standards can be considered to fulfill Marine Corps requirements. Installation counseling activities

will be required to meet all of these standards to be accredited.

The Navy standards for Fleet and Family Support Centers and the standards developed by the Council on Accreditation for Children and Family Services for counseling services and program management were used as guideposts in developing proposed Marine Corps standards. The proposed standards were then evaluated by installation Clinical Counseling Supervisors who provided input and feedback.

## Best Practices

Related efforts that demonstrate a level of commitment and quality beyond the basic requirements covered in the standards are presented as “best practices.” The best practices that are listed under most of the standards are recommendations, not requirements. Installation programs that have implemented best practices in addition to meeting all of the standards will be accredited and commended for high quality performance.

Many of the identified best practices are already widely implemented by counseling services activities, but they are not specifically covered in Marine Corps policy documents. Others were suggested by experienced Marine Corps and Navy clinical providers. As the accreditation process is implemented, new best practices will become known, and they will be incorporated into this guide. Over time, many of these best practices will

become Marine Corps policy for clinical counseling services and be incorporated into the required standards. Thus, the Marine Corps accreditation process will be one that promotes continuous

improvement through an ongoing commitment to recognize best practices and incorporate them into Marine Corps policy and standards.

## Supporting Resources

The standards reflect only requirements addressed in official policy documents governing service delivery—primarily DoD 6400.1-M, SECNAVINST 1752.3A, MCO P1700.24B, NAVMC 2930, and others related to issues of privacy, records management, credentials, background checks and ethics. However, there are several additional resources that were consulted in developing the accreditation requirements. These resources should be used by installation staff to form a complete understanding of each standard and best practice.

The most comprehensive resource for a detailed description of counseling services requirements is the ***Clinical Counseling Desk Guide***, published in coordination with this Accreditation Resource Guide. The Desk Guide has been carefully constructed to be a primary reference tool for clinical providers. It gives detailed information on the required policies and procedures for Marine Corps programs and on the practices, protocols and quality assurance methods that are characteristic

of the highest quality of professional counseling services. Most of the standards and best practices are referenced in the Desk Guide, and the requirements necessary to meet standards are explained in greater detail than in this Resource Guide.

Other resources were consulted in developing the standards and should be used for additional or clarifying information. They include:

- ◆ The Case Review Committee Handbook
- ◆ National Association of Social Workers Code of Ethics (or those of other professional counseling associations)
- ◆ MCCS Clinical Counseling Functionality Assessment Benchmarking Study
- ◆ The Second Annual Report of the Defense Task Force on Domestic Violence



## PART THREE

# Elements of the Marine Corps Clinical Counseling Accreditation Process

The Commandant of the Marine Corps (CMC) has assigned oversight responsibility for clinical counseling services at Marine Corps installations to the Prevention and Intervention Section (MRO) of the Personal and Family Readiness Division of Marine Corps Community Services. CMC (MRO) has developed this Clinical Counseling Accreditation Resource Guide as a tool in implementing and managing a comprehensive accreditation process. The first year after its publication will be a period of testing and evaluating accreditation standards as well as the process of accreditation. It will also be a time for installation clinical counseling staff to become familiar with the standards and be working toward full compliance. Once the standards and the process have been refined and approved for full implementation, this document will be revised accordingly, and the accreditation process will officially begin. The sections below describe anticipated elements of the accreditation process after it becomes fully operational in 2004.

### On-Site Review Schedule

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An on-site review by a team of trained peer reviewers is the mechanism for verifying installation counseling services' compliance with the accreditation standards found in Part Five of this document. As the first step in the accreditation process, after the initial testing period, CMC (MRO) will plan and organize on-site reviews and publish a three-year schedule of installation visits

at least six months prior to the first visit scheduled. The schedule will include six reviews per year to ensure that all Marine Corps installations can be visited before the cycle should begin again. Within reason, CMC (MRO) will honor installation requests to be reviewed during a specific time of the year, and it will welcome volunteers to be reviewed early in the first three-year cycle.



## Planning for Accreditation

Counseling services' preparations to become accredited should begin as soon as the schedule is published. The first step for most activities will be to familiarize all personnel and the command with the standards and the accreditation process, then conduct a preliminary assessment using Form A, the Standards Rating Form, located at the back of this guide. The purpose of this initial review will be to discover program weaknesses and discrepancies and initiate corrective actions well before the required self study and accreditation site visit. Form B, the Accreditation Planning Timetable

may be used to manage this and other key milestones leading up to the visit and document actions taken. As soon as possible, standards that do not apply to the counseling services activity should be identified. CMC (MRO) must approve waiver requests prior to the self study and site visit. The Request for Waiver, Form E, should be submitted for each standard that does not apply to the installation at least three months prior to the scheduled visit. The approval or disapproval of the waiver request will be returned in time to be submitted with the self study.

## Self Study

A self study is the first opportunity in the accreditation process for the installation counseling services activity to demonstrate its compliance with the standards and the best practices it has implemented. At least two months before the scheduled on-site review, CMC (MRO) will officially notify the installation command of the upcoming visit, identify the peer reviewers who will be conducting the review, and request a self study to be submitted at least three weeks prior to the visit. The self study will consist of a completed Form A, Standards Rating Form, with a written self-evaluation that addresses all weakness

identified on the form. The self study, plus a profile of the installation describing demographics, proximity to community services and any unique program characteristics, will be given to the peer review team. This information will become the starting point from which the review team begins its evaluation of compliance with standards during the site visit.

The Clinical Supervisor must ensure that the self study is actively managed. A self-study coordinator should develop a plan of action and milestones, assign tasks and manage the process from

beginning to end. All members of the counseling services staff should expect to participate in the self study by:

- ♦ reviewing the standards as a team and identifying obvious strengths and weaknesses
- ♦ gathering, reviewing and revising as necessary all documentation that pertains to each standard
- ♦ implementing corrective actions to

deficiencies identified through the self study

- ♦ developing the self-study report that will be sent to CMC (MRO) prior to the site visit

The self study is perhaps the most important step in the accreditation process. A counseling services staff that has taken the self study seriously by understanding the standards and implementing changes to be in compliance, and by promoting best practices through an ongoing process of self evaluation, will not be taken by surprise during the on-site review.

## On-Site Review

The on-site review is an impartial, external evaluation by a team of peers whose role is to verify compliance with the standards. Team members will assume a supportive role with installation and staff. During the visit, they will answer questions about the standards and acknowledge program strengths and weaknesses as they are identified. However, team members will not discuss accreditation decisions or give advice on how the counseling services activity should go about implementing corrective actions. Team visits will normally last two to three days.

Site review teams will include no fewer than two members, one of which will be the team leader.

Team members will be qualified clinical providers who have been trained as accreditation peer reviewers. During the site visit, the team will conduct activities such as case record reviews, reviews of installation and program documentation, staff and command interviews, facility inspections, observations of program activities and processes, and customer focus groups.

Prior to its arrival, the team leader will have coordinated with the installation point of contact to ensure it has adequate working space and equipment, and to develop a schedule for the briefings, interviews with key personnel and focus groups. Before getting started, the review team

will give an in brief to the installation commander or representative and meet with counseling services staff to explain the process. At the end of the visit, the team will review its findings with

program managers and command representatives and identify deficiencies and required actions. The team leader will leave a written summary with installation staff.

## Accreditation Decision

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A multi-disciplinary Accreditation Review Board, appointed by the Director, Marine Corps Community Services, will meet bi-annually to decide the accreditation status of programs that were reviewed during the previous six months. The board will review the peer review team's report and follow-up information provided by the installation commander that challenges any of the team's findings or offers evidence that deficiencies have been corrected. Based on this information,

the board will decide to accredit the installation counseling services activity or require it to take additional action to correct unresolved deficiencies. Installation programs that are accredited will receive a certificate of accreditation, valid for three years. Installation counseling services that have not met all of the standards will be required to implement a performance improvement plan and correct deficiencies in time to be reconsidered at the Accreditation Review Board's next meeting.

## Performance Improvement Plans

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The performance improvement plan is an integral part of the accreditation cycle. It should be implemented by all installation counseling services soon after the site visit to ensure that weaknesses identified by the team and recommendations for improvement are being addressed, regardless of the pending accreditation decision. For those programs that have not met one or more of the

standards, the performance improvement plan is the instrument for tracking corrective actions and demonstrating commitment to meeting the standards.

When the Accreditation Review Board determines that a program must take specific corrective actions before it can be accredited, CMC (MRO)

will provide a timetable for compliance that must be incorporated into the performance improvement plan. Headquarters staff will work collaboratively with the installation counseling services activity on correcting deficiencies and will ensure that other assistance is available, if needed.

As it implements actions to meet the standards, the activity will furnish written documentation as proof. In some cases, a follow-up site visit will be required. As soon as an installation counseling services program has successfully demonstrated compliance with all standards, it will receive a certificate of accreditation. The cycle will then be repeated in three years. The cycle, shown in Figure 1., will then be repeated in three years.

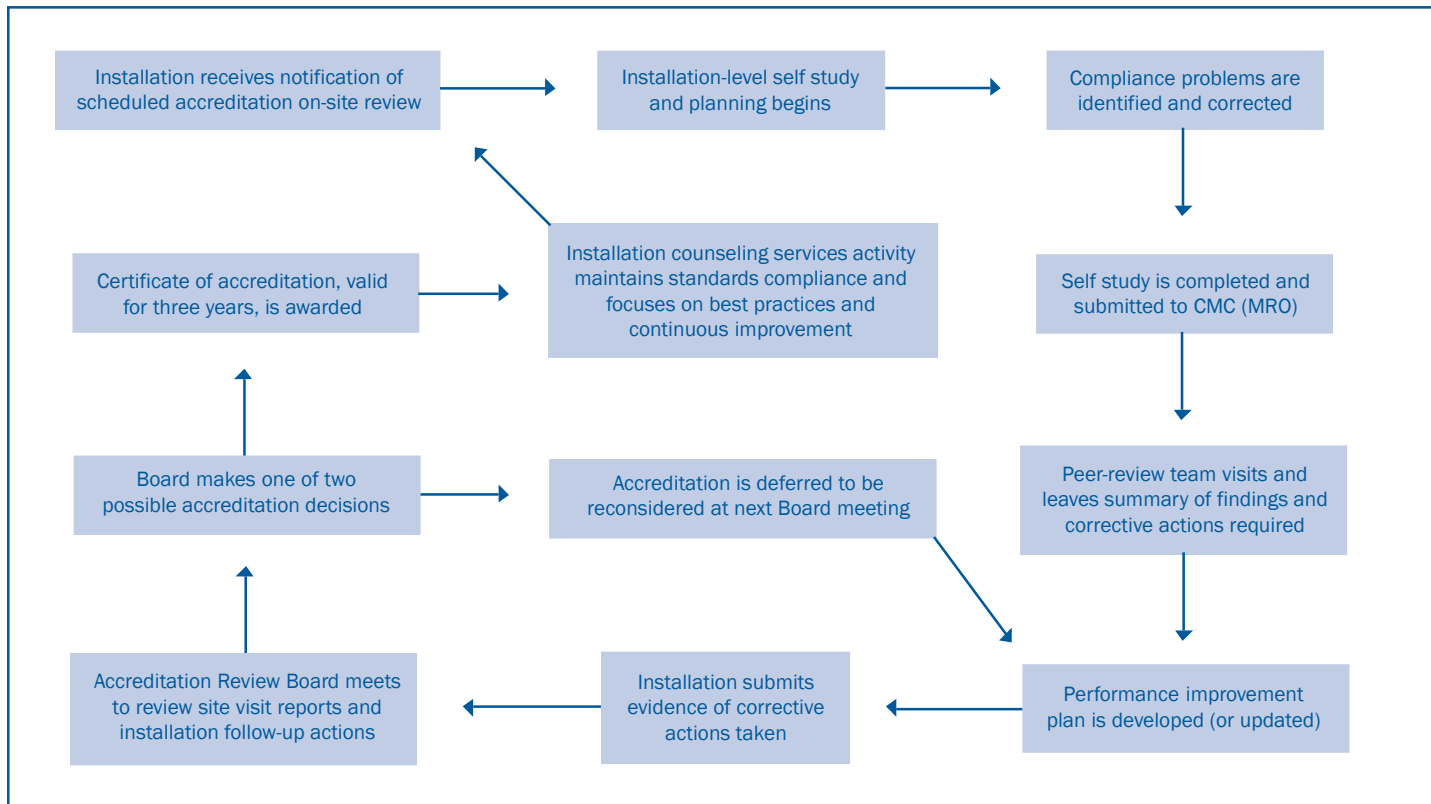


Figure 1. Accreditation Cycle



## PART FOUR

# Policies and Procedures

This section defines the policies and procedures that will guide the accreditation of Marine Corps clinical counseling services from the initial site visit through the accreditation decision and beyond. These policies and procedures reflect the practices of established accrediting organizations adapted to Marine Corps requirements. After the initial period of testing the accreditation process, they will be revised as necessary to accommodate lessons learned through actual experience.

### Peer Review Teams

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Accreditation site visits will be carried out through an agreement with a qualified outside organization, preferably an established national accrediting body such as the Council on Accreditation (COA) for Children and Family Services or the Rehabilitation Accreditation Commission (CARF). This third party organization will train, schedule and monitor peer review teams in coordination with CMC (MRO). Using peer reviewers from outside the Marine Corps family, rather than training installation staff members to review each other, will have many benefits. They will be less likely to

be subject to conflicts of interest at the sites they visit, and they will be able to offer more objectivity in sensitive areas of compliance that could pose problems for reviewers from within the small Marine Corps counseling community. In addition, involving a national accrediting organization will give legitimacy and credibility to the Marine Corps clinical counseling accreditation program as well as the added benefits of vast experience.

## Team Qualifications and Training

CMC (MRO) will require that the organization providing peer reviewers offers only highly-qualified and experienced professionals as team leaders and team members. At a minimum, all peer reviewers will be required to have a graduate degree in a Marine Corps-approved clinical counseling field, a valid state license to practice as an independent provider, and at least three-years experience providing or supervising clinical counseling services, preferably in a military setting. In addition to credentials and clinical experience, team members will be expected to be fully knowledgeable of the Marine Corps standards and be able to apply them without bias. They must also be able to communicate verbally and in writing, have the diplomatic skills needed to discuss sensitive findings in a

supportive and non-judgmental way, and be able to successfully interpret outcomes and required actions for the military leadership. Individuals selected to be team leaders will have prior experience as team members.

The organization providing peer reviewers for on-site reviews of Marine Corps counseling services activities will be required to have a specialized training program in addition to its basic peer-reviewer training. This specialized training, developed in consultation with CMC (MRO), will familiarize prospective team members with the Marine Corps Clinical Counseling Standards and with the unique aspects of providing clinical services in a military environment.

## Site Visit Planning and Logistics

As soon as the site visit is confirmed, the peer review team leader will coordinate directly with the counseling services activity point of contact on developing an itinerary for the 2-3 day visit and on planning for all logistical requirements. The team leader will identify needs for workspace, computers, telephones, and any other requirements.

The team's itinerary for the visit will include

- ♦ an initial meeting with the Personal Services Division Chief and the Counseling Services Supervisor to review the schedule and coordinate last-minute details
- ♦ an accreditation briefing by the team for all counseling services personnel

- ◆ an office call on the installation commander
- ◆ a tour of counseling services facilities
- ◆ one or more customer focus groups
- ◆ blocks of time for staff interviews and clinical records reviews
- ◆ a meeting with program management staff to summarize findings
- ◆ an exit briefing for the installation commander

## Review Team Roles and Responsibilities

The role of the peer review team is to evaluate an installation counseling services activity against the Marine Corps accreditation standards. In conducting the review, the team will use the methods of verifying compliance that are shown for each standard in Part Five of this resource guide. The team will identify program strengths and weaknesses as it carries out review activities and make them known to the clinical supervisor. Minor deficiencies that are corrected immediately will not be included in the peer review team's summary of findings and corrective actions required. At the end of the visit, the team will review the information in its summary with program managers and the chain of command and answer any questions they may have about the findings or the recommended actions. The written summary will be left with the counseling supervisor or other designed installation point of contact. Following

the visit, the review team will collaborate on a formal Site Visit Report for CMC (MRO).

Peer reviewers who conduct accreditation site visits to Marine Corps installations will be expected to adhere to the highest standards of professional and ethical behavior before, during and after the visit. They must hold all information gathered on the visit in strictest confidence. Likewise, they must conduct the review with total objectivity and an attitude of respect toward all persons encountered during the visit, and their findings and written summary must reflect these values. Under no circumstances will team members discuss accreditation or predict the outcome of Accreditation Review Board decisions during the on-site review. Team members will also avoid providing consultation or assistance in correcting deficiencies to the installation counseling activity as part of the site visit.

## Review Team Ratings

The peer review team will evaluate each standard independently and assign one of the following ratings to each one.

- ◆ **Fully compliant (FC)** indicates that the counseling services activity has met all parts of the standard.
- ◆ **Substantially compliant (SC)** indicates that the activity has met the intent of the standard with some weaknesses that preclude a rating of fully compliant.
- ◆ **Not compliant (NC)** indicates that the activity has failed to meet one or more of the elements in the standard.

For all ratings other than FC on each standard, the review team must provide a detailed written description of weakness and deficiencies along with the corrective actions required to achieve an

FC rating. A rating of SC can be more subjective than the other two ratings and may require the team, in assigning this rating, to use professional judgment in addition to the objective evidence. A careful description of the observable strengths and weakness related to performance compared to the standard, plus the interpretation that led the team to give an SC rating, will be necessary.

The peer review team will use the Standards Rating Form to record its ratings for each standard. This form has space for the team to make comments or identify related best practices (shown with each standard in Part Five) that the counseling services activity has implemented in order to ensure compliance and to promote continuous quality improvement. Teams will be encouraged to look for other best practices being used and recommend them for inclusion in this resource guide.

## Site Visit Report

The review team will provide a formal Site Visit Report to CMC (MRO) within one week after its visit to the installation. The report format is a memorandum from the team leader

that gives the details of the visit including things that did and did not go well. It should also address unanticipated issues that arose, problems encountered, lessons learned, and recommendations for



future on-site reviews. Attachments to the memorandum will include the following:

- ◆ the itinerary for the visit
- ◆ a completed Standards Rating Form
- ◆ a detailed description of the deficiencies that resulted in each NC rating with the required corrective actions
- ◆ an explanation of each SC rating that identifies both strengths and weaknesses noted, the reasons for the rating, and recommendations
- ◆ a listing of best practices that have been implemented in support of specific standards
- ◆ an assessment of overall program strengths and weaknesses including installation/command support

## Installation Follow-Up

Within two weeks after an on-site review, CMC (MRO) will forward a letter to the installation commander that includes as attachments copies of the last five items in the above list. In this letter, CMC (MRO) will advise the commander of the date that the Accreditation Review Board will meet to make accreditation decisions and of procedures for submitting additional information for the board to consider. This additional information may include a summary of installation disagreement with a finding and/or evidence of deficiency corrections since the visit. It will be

explained in the letter that additional information from the command will be provided to the Accreditation Review Board along with the team's report. The installation will also be requested to submit an evaluation of the team and the visit using Form F. This evaluation is part of the checks and balances designed to ensure the accreditation process is objective, unbiased, and supportive of the needs of all involved parties.

## Accreditation Review Board

Members of the Clinical Counseling Accreditation Review Board will be appointed by the Director of Marine Corps Community Services for three-year terms. The board will have no fewer than four members who represent diverse points of view. As a minimum, board members will be appointed

from the CMC staff, installation staff, and if possible, the private sector and the Fleet and Family Support Division at Pers-66. Board members will receive training on the Marine Corps program for accrediting clinical counseling services prior to their first meeting.

## Accreditation Decision Process

The Accreditation Review Board will meet for one day every six months to address pending accreditation decisions. Members will be given Site Visit Reports for the period since the last board meeting, plus installation documentation related to deficiencies corrected since the visit and/or disagreements with review team findings. The board will also revisit accreditation decisions carried over from prior meetings.

The Accreditation Review Board will discuss the material provided before making an accreditation decision. Decisions will be made according to the following guidelines.

- ◆ The program is accredited if the Peer Review Team gave an FC rating on all standards.

- ◆ The program is accredited if the Peer Review Team assigned a SC rating to no more than three standards and all others received FC.
- ◆ The program is accredited if documentation from the installation proves to the board's satisfaction that all deficiencies identified by the team have been corrected since the visit.
- ◆ The program is accredited if the board accepts the installation's position on a disputed finding related to one standard when all other standards were rated FC.

When the board is not able to approve accreditation for a program, it will decide on the corrective actions that it must take and defer the accredita-

tion decision until the next board meeting in six months. It may also recommend follow-up site visits in some cases. A follow-up site visit will focus only on the deficiencies from the initial visit. For counseling services activities that have implemented best practices and demonstrate a strong

commitment to quality improvement in addition to meeting all of the standards, the board will recognize achievements beyond meeting the standards by assigning the additional designations of “with commendation” or “with highest honors.”

## Official Accreditation Report

Within two weeks of the Accreditation Review Board meeting, CMC (MRO) will forward an official accreditation report to the installation commander that summarizes the board’s decision. For programs that were accredited, a certificate valid for three years will be included that shows one of three designations: accredited, accredited with commendation or accredited with highest honors. Installation counseling services activities that were not accredited will be given a list of

deficiencies that must be corrected and timelines for each one. A follow-up visit will be scheduled, if necessary. The installation will be asked to furnish its quality improvement plan incorporating the corrective actions specified by the board and timetable. Programs that were not accredited will be expected to have corrected all deficiencies prior to the next meeting of the Accreditation Review Board.

## Standards Review and Revision

CMC (MRO) will convene a working group of clinical counseling supervisors annually to review the standards and recommend additions, deletions or revisions. As new program requirements and best practices become Marine Corps policy,

existing standards will be revised or new standards may be developed. New standards will be tested for one year before counseling services activities are required to meet them to be accredited.



## PART FIVE

# Accreditation Standards

The accreditation standards for Marine Corps Clinical Counseling Services have been organized into nine subject categories. Each category has three to eight standards, for a total of 42 standards. The numbering system used for the standards identifies the category first and then each standard within the category.

To facilitate use by reviewers, this section is designed with only one standard per page. Each standard is shown with references to relevant policy and guidance, the methods that will be used to verify compliance, and a space to make notes. All applicable policy documents, including Public Laws, Department of Defense Instructions, and Secretary of the Navy Instructions, are listed; however, only the Marine Corps references include the paragraph or appendix where the relevant guidance can be found.

Many of the standards have several elements. To achieve a rating of fully compliant, all parts of the standard must have been met. A counseling services activity can demonstrate a commitment to quality and continuous improvement by implementing best practices in addition to meeting minimum standards. Some best practices are shown with the standards. Others may become recognized through the accreditation process. Installation counseling services activities will be commended for their best practices that have moved the program to a level of quality beyond meeting the standards.

Note: The Family Advocacy Program (FAP) standards in this section do not represent all requirements for a comprehensive installation program to prevent and/or respond to family maltreatment. DOD 6400-1-M identifies over 100 standards that apply to all components of an installation FAP. The FAP-related accreditation standards in this document are intended to address only those FAP responsibilities that the counseling services activity carries out directly or coordinates for the installation commander. Standards in the last category entitled FAP Education and Training will be reviewed only at locations where these services are assigned to the counseling services activity.

## 1.0 Program Administration

1.1 Standard Operating Procedures	
<p>The counseling services activity has internal standard operating procedures (SOP) in place that implement programs consistent with DoD, SECNAV, and Marine Corps policy and guidance. At a minimum, SOPs address</p> <ul style="list-style-type: none"><li>♦ client eligibility</li><li>♦ services offered</li><li>♦ procedures for assessment, referral, clinical treatment, and crisis intervention</li><li>♦ confidentiality practices and release of information</li><li>♦ quality assurance practices</li><li>♦ case records content, organization, maintenance and disposition</li></ul>	
<b>References</b> <ul style="list-style-type: none"><li>♦ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>♦ Review of SOP</li><li>♦ Interviews with staff</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>♦ Program managers schedule SOPs for an annual review and update them as necessary.</li><li>♦ All staff members participate in reviews of procedures and are encouraged to identify best practices that should be incorporated.</li><li>♦ Staff members are encouraged to note in regular staff meetings any additions or changes which merit immediate attention.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 1.0 Program Administration

1.2 Program Resources	
<p>The counseling services activity has the resources necessary to meet established program requirements. Resources include</p> <ul style="list-style-type: none"><li>◆ sufficient professional and administrative personnel to meet FAP staff-to-population ratios established by DoD without exceeding the Marine Corps counselor to caseload ratio of 1:31</li><li>◆ adequate equipment including up-to-date computer hardware/software</li><li>◆ acceptable space for counseling services including individual counseling rooms with handicapped accessibility (or appropriate alternative arrangement for handicapped clients and staff)</li><li>◆ sufficient funding to meet baseline operating requirements</li></ul>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24 Para 5015-5018</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Direct observation</li><li>◆ Interviews with command representatives and staff</li><li>◆ Budget reviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Clinical supervisors are knowledgeable of Marine Corps resource management practices and participate in developing program funding requirements for installation budget submissions.</li><li>◆ The budget for counseling services is executed according to an annual plan.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 1.0 Program Administration

1.3 Data Collection and Reports	
<p>The counseling services activity has a system in place to accurately collect the data necessary to complete required reports, to assess progress toward achieving measures of effectiveness, and to keep command informed of clinical counseling and FAP trends.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Para 1003 and Appendix J</li><li>◆ NAVMC 2930 Appendix L</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of reports submitted</li><li>◆ Direct observation of data collection system</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The organization has implemented an automated data collection system that facilitates data analysis and allows for queries about a wide range of variables.</li><li>◆ An automated system includes back-up procedures (e.g. hard copy log book) to ensure data is secure.</li><li>◆ FAP statistics by unit are consolidated with data tracked by other agencies (e.g. DUIs, positive urine tests) and provided regularly to the installation commander as a trend analysis.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

1.4 Criminal History Background Checks	
<p>Counseling services personnel who routinely provide services to children under the age of 18 have undergone a criminal history background check as required by the Crime Control Act of 1990. Checks include the State Criminal History Repository (SCHR), National Agency Check (NSC/NACI), and an installation records check (IRC). Copies of correspondence verifying the completion of required checks, and results are maintained on site. Clinical providers whose checks are incomplete do not provide services to children except in line of sight of another person whose checks have been completed and who is authorized to provide services to children.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoDINST 1402.5</li><li>◆ DoD 6400.1-M</li><li>◆ NAVMC 2930 Appendix P</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of background check files</li><li>◆ Interviews with clinical providers</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ The activity has a tracking system in place to ensure that background checks are initiated and completed in a timely manner.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>



1.5 Standards of Ethical Conduct	
<p>Clinical providers are held to standards of conduct that prohibit them from using their position to solicit personal business or achieve personal gain. Personnel are expected to know and follow the codes of ethics of their respective professions and avoid even the appearance of conflict of interest. Managers ensure that allegations of unethical or unprofessional behavior are reported to proper authorities and are followed up with appropriate action.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ Bedrock Standards of Conduct for Department of Navy Personnel (<a href="http://www.nps.navy.mil/code22/stdscond.htm">www.nps.navy.mil/code22/stdscond.htm</a>)</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of SOP</li><li>◆ Interviews with clinical supervisors and providers</li><li>◆ Review of Training Records</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ Clinical providers receive annual training on standards of conduct.</li><li>◆ Clients referred for treatment by a civilian provider are directed to TRICARE <b>or</b> they are given a list of at least three providers from which to choose.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

1.6 Client Rights and Responsibilities	
<p>Counseling services clients are advised of their rights and responsibilities before receiving services. At a minimum, clients sign and keep a copy of this information, which includes explanations of</p> <ul style="list-style-type: none"><li>◆ clinical services and the goals of counseling</li><li>◆ qualifications of clinical providers</li><li>◆ policies on client confidentiality</li><li>◆ organizational rules and behavioral expectations of the client including policy on missed appointments and cancellations</li><li>◆ information on how to express dissatisfaction with services, lodge complaints, or report unethical behavior</li></ul>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of client rights and responsibilities statement</li><li>◆ Interviews with clinical providers</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ A statement of client rights and responsibilities is posted in the client reception area.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

1.7 Access to Services	
<p>All eligible clients have reasonable access to clinical counseling services. Hours of operation for the counseling services activity are consistent with client needs. Initial intake assessments are provided within five working days of initial request in non-emergency cases. (Clients receive immediate assistance in urgent situations.) A waiting list, if needed, is monitored by the Clinical Supervisor. When clients call for services during non-duty hours, they receive a message with information on hours of operation and instructions for the caller in case it is an emergency.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Focus groups</li><li>◆ Interviews with staff, clients and command</li><li>◆ Clinical records and case log reviews</li><li>◆ Client satisfaction surveys</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The counseling service activity has procedures for clients who are in crisis to speak directly to a clinical provider after hours.</li><li>◆ The counseling service activity periodically solicits client opinions about hours of operation.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

1.8 Productivity Management	
<p>The counseling services activity has established productivity expectations for clinical providers and a system for measuring actual workload against expectations. There is evidence that program management takes action to correct workload imbalances and/or improve poor productivity.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ 2002 Clinical Counseling Functionality Assessment Recommendations</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of activity logs and reports</li><li>◆ Interviews with clinical supervisors and staff</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Clinical providers regularly meet or exceed monthly target of 60% time spent providing direct services to clients.</li><li>◆ Supervisors review productivity data with staff at regular intervals.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 2.0 Confidentiality

2.1 Confidentiality of Communication	
<p>Clinical counseling services are provided in a manner that ensures client confidentiality from intake to case closing. Interviews and counseling sessions are conducted in spaces that ensure privacy. Clinical providers and support personnel authorized to handle case records understand their legal responsibility to protect the confidentiality of information about persons served.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ MCO P1700-24B Para 1006.1 and 5001.12</li><li>◆ NAVMC 2930 Appendix S</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of local policy</li><li>◆ Interviews with staff</li><li>◆ Direct observations</li><li>◆ Review of staff training records</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ Confidentiality training is provided to clinical providers and all support staff during orientation and annually thereafter. Training covers client rights, provider responsibilities to ensure confidentiality, consequences of violations of client confidentiality and exceptions to confidentiality for military personnel.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 2.0 Confidentiality

2.2 Security of Case Records	
<p>The counseling services activity has procedures in place to ensure case records (paper and electronic) are prepared, handled and stored in a manner that protects client confidentiality. Records are kept in a locked filing cabinet in a room that is locked or attended during duty hours and locked after hours. Electronic files are password protected. Only designated personnel have access to records.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930 Appendix Q</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Direct observation</li><li>◆ Case record reviews</li><li>◆ Staff interviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Procedures are in place and followed regarding security of files taken off-site.</li><li>◆ Supervisors conduct unannounced checks of records storage sites, desktops and routing boxes after close of business.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 2.0 Confidentiality

<b>2.3 Limits on Confidentiality</b>	
<p>Staff members advise clients of the limits of confidentiality for military personnel and the circumstances under which they are obligated to disclose information to command and other authorities. Privacy Act statements are explained, signed by the client and witnessed by staff before any information is collected, or annotated if the client refuses to sign. Privacy Act statements are maintained in the clinical record.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ Public Law 104-191</li><li>◆ Privacy Act Notices 1752-1 and 1754-1</li><li>◆ SECNAVINST 5211.5D</li><li>◆ MCO P5211.2B</li><li>◆ MCO P1700.24B Para 1005, 1006 and 5001.12</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Case record reviews</li><li>◆ Staff interviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Disclosures of confidential information to civilian or military authorities in situations where there are exceptions to confidentiality are discussed with and approved by the clinical supervisor and Personal Services Division Head and/or Staff Judge Advocate before the disclosure is made.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 3.0 Administrative Case Records Management

3.1 Establishing Case Records	
<p>A case record is opened for each individual who is provided clinical services beyond simple information and referral. Marital counseling cases are maintained in separate records for husband and wife, and FAP information is maintained in a three-record system for victim, alleged offender and for documentation generated outside of FAP. FAP and general counseling cases are assigned sequential numbers according to a pre-established numbering system for each program.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930 Appendix Q</li><li>◆ DoN Privacy Act Notice NO1752-1</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Case records review</li><li>◆ SOP review</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The activity has a system to ensure records are easily identifiable and retrievable (e.g. color coding).</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC



## 3.0 Administrative Case Records Management

3.2 Case Record Content	
<p>The content and organization of clinical case records are described in the SOP, and records include at minimum</p> <ul style="list-style-type: none"><li>♦ identifying information</li><li>♦ pertinent background information</li><li>♦ intake assessment</li><li>♦ treatment/service plan and goals</li><li>♦ a signed Privacy Act statement</li><li>♦ record of case contacts and case activity notes (signed and dated)</li><li>♦ copies of correspondence</li><li>♦ documentation of referrals and follow-ups</li><li>♦ records of disclosures</li><li>♦ closing summary</li></ul>	
<b>References</b> <ul style="list-style-type: none"><li>♦ NAVMC 2930 Appendix Q</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>♦ Case record review</li><li>♦ SOP review</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>♦ Clinical case records consistently meet criteria for completeness, detail and timeliness identified on the Clinical Counseling Case Record Review Checklist at Appendix B.</li><li>♦ Case activity notes are organized using the SOAP format (Subjective, Objective, Assessment, Plan).</li><li>♦ Case activity notes indicate that each clinical contact addresses a treatment plan objective.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 3.0 Administrative Case Records Management

3.3 FAP Record Content	
<p>In addition to the above case record content, FAP records include a copy of the Child/Spouse Abuse Incident Report, risk assessment findings, Case Review Committee (CRC) documentation, and copies of required notifications.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930 Appendix Q</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Case records review</li><li>◆ SOP review</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ FAP case records consistently meet criteria for completeness, detail and timeliness identified on the FAP Records Review Checklist at Appendix C.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 3.0 Administrative Case Records Management

3.4 Disposition of Closed Case Records	
<p>Closed non-FAP clinical case records are kept in locked storage for two years and then shredded. Closed FAP case records are maintained in locked storage for four years, then transferred to the National Personnel Records Center.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930 Appendix Q</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Inspection of closed cases files</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ A case record tracking system or tickler file is used to ensure timely closure of cases and transfer to inactive files.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 4.0 Clinical Counseling Practices

4.1 Initial Screening	
<p>The counseling services activity has established procedures to evaluate referrals and requests for services. During initial screening of walk-in and phone-in clients, an initial screening worker assesses the situation and makes a determination of the appropriateness of counseling, gathers demographic information and establishes eligibility for services. All information is documented.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of SOP</li><li>◆ Review of clinical records</li><li>◆ Interviews with clinical providers</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The counseling services activity maintains an intake log to document referrals and initial client contacts for use as a point of reference.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 4.0 Clinical Counseling Practices

4.2 General Counseling Clinical Assessments	
<p>Clinical providers conduct assessments using an in-depth clinical interview. Clinical assessments include at least the following:</p> <ul style="list-style-type: none"><li>◆ a statement of presenting problem</li><li>◆ referral source</li><li>◆ relevant history</li><li>◆ clinical impressions</li><li>◆ treatment plan</li></ul>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Clinical record reviews</li><li>◆ Interviews with clinical providers</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ Clinical providers are trained in differential diagnosis and use the criteria in DSM-IV to identify clients who need intervention and treatment beyond the scope of the counseling services activity.</li><li>◆ Treatment plans effectively link proposed interventions to the client's stated goals and desired outcome of treatment.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 4.0 Clinical Counseling Practices

4.3 Varied Treatment Modalities	
<p>The counseling services activity is able to offer a variety of treatment modalities including individual, couple, group and family counseling, appropriately matched to assessed client needs. Clinical providers practice within the limits of their training and expertise.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Para 50013.2</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Clinical Record Reviews</li><li>◆ Interviews with clinical providers</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ The counseling services activity establishes partnerships with other military (Army, Navy, AF, CG) and civilian programs to expand the range and availability of treatment modalities for eligible personnel.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 4.0 Clinical Counseling Practices

4.4 Short-Term, Solution-Focused Treatment	
<p>Clinical counseling services are short term and solution focused with specific and measurable goals. The number of sessions does not exceed eight unless approved by supervisor. Clients are accepted for treatment when their problems are situational (e.g. family or work related conflicts, grief and loss, parenting or marital issues and coping with a personal crisis) and appropriate for brief treatment. Treatment of FAP cases, including those identified as low-level/low-risk, is not restricted to the short-term model.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Para 5013.2</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Clinical records review</li><li>◆ SOP review</li><li>◆ Staff interviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Brief treatment methods are consistently covered in clinical supervision and training.</li><li>◆ A system is in place to justify and approve extensions or exceptions to the short-term model.</li><li>◆ Clinical supervisors monitor treatment activities to ensure all clinicians focus on resolution of presenting problem vice personality change.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 4.0 Clinical Counseling Practices

4.5 Referrals	
<p>Clients presenting with emotional/behavioral issues that indicate the need for medical intervention and/or long-term treatment are accurately assessed and referred to appropriate military or civilian resources. Clinical providers are also able to assess non-clinical needs and make appropriate referrals to a range of military and community resources that offer, for example, financial and legal assistance, pastoral services, emergency food/shelter, or educational opportunities.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700-24B Para 5013.1</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Clinical records review</li><li>◆ SOP review</li><li>◆ Staff interviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Clients who are referred for clinical services in the civilian community are given a list of at least three providers/agencies from which to choose.</li><li>◆ A resource file of community services, agencies and private practitioners is maintained and updated quarterly.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC



## 5.0 FAP Case Management

<b>5.1 Intake and Initial Interventions</b>	
<p>Intake and initial interventions in response to a referral to FAP focus on victim safety, and include as a minimum</p> <ul style="list-style-type: none"> <li>◆ gathering complete demographic information including SSN of victim and offender, if possible</li> <li>◆ explaining Privacy Act information and witnessing signatures of alleged victim, alleged offender and/or non-offending parent of the Privacy Act statement.</li> <li>◆ making required notifications to the service member's command, Child Protective Services, and the Provost Marshal's Office, and MCCS, as appropriate</li> <li>◆ conducting a safety assessment to determine the degree of imminent danger and initiating appropriate immediate safety responses such as recommending a Military Protection Order</li> <li>◆ informing victims of their rights and services available to them</li> <li>◆ Checking the Marine Corps Central Registry for history of prior abuse</li> </ul>	
<p><b>References</b></p> <ul style="list-style-type: none"> <li>◆ DoD 6400.1-M</li> <li>◆ SECNAVINST 1752.3A</li> <li>◆ MCO P1700-24B Para 5001</li> <li>◆ NAVMC 2930</li> </ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"> <li>◆ Interviews with clinical providers, intake workers and victim advocates</li> <li>◆ FAP case records reviews</li> </ul>
<p><b>Related Best Practices</b></p>	
<p><b>Notes</b> <span style="margin-left: 100px;"><input type="checkbox"/> FC</span> <span style="margin-left: 50px;"><input type="checkbox"/> SC</span> <span style="margin-left: 50px;"><input type="checkbox"/> NC</span></p>	

## 5.0 FAP Case Management

5.2 Risk-Focused Assessment	
<p>Clinical providers follow a comprehensive set of procedures in conducting risk-focused assessments of cases referred for domestic violence or child abuse. Procedures include the use of a standardized risk-assessment tool to aid in determining the nature, extent and history of abuse, plus the risk of future abuse. Alleged offenders and victims are interviewed separately and are both informed of their rights, of the FAP mission and process including installation Case Review Committee (CRC) determinations.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ MCO P1700.24B Appendices C and D</li><li>◆ NAVMC 2930 Appendix B</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of SOP</li><li>◆ Interviews with clinical providers and victim advocates</li><li>◆ FAP case records reviews</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Risk assessments are incorporated into case summaries presented at CRC meetings.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 5.0 FAP Case Management

5.3 Victim Safety Planning	
<p>Victims of spouse abuse receive intensive safety planning, which addresses immediate and long-term safety concerns. Clinical providers and/or victim advocates coordinate shelter arrangements, legal assistance and other crisis interventions services with the goal of securing the future safety of victims and their children. Clinical providers document in the victim's record that a safety plan was completed.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ MCO P1700.24B Para 5001.3a</li><li>◆ NAVMC 2930 Appendix J</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of SOP</li><li>◆ Review of FAP records</li><li>◆ Interviews with staff</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ Victims are actively involved in developing their safety plans.</li><li>◆ Safety planning tools include checklists with information pertaining to what items the victims should take when leaving the abusive relationship; helpful local and national phone numbers; and information on what to do during an explosive incident, when preparing to leave, with a protective order, in the victims own residence, on the job and in public.</li><li>◆ Safety plans are reviewed and revised with victims on a regular basis.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 5.0 FAP Case Management

5.4 FAP Reporting Requirements and Notifications	
<p>The counseling services activity ensures that FAP reporting requirements are carried out within the timelines established in the SOP and documented in the case record.</p> <ul style="list-style-type: none"><li>◆ Service member's command – all opened cases of child and spouse abuse and all cases (even if not opened) in which an outside agency is involved</li><li>◆ NCIS/CID – all cases of major physical injury or intent of major injury</li><li>◆ CPS – all child abuse allegations</li><li>◆ Installation Commander – all allegations of abuse in a Marine Corps-sponsored facility</li><li>◆ CMC (MRO) – all allegations of institutional child abuse (within 24 hours)</li></ul> <p>The service member's commanding officer is provided written notification of CRC case determinations and recommendations with copies to the alleged offender, victim and non-offending parent in child cases.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ MCO P1700.24B Para 5001</li><li>◆ NAVMC 2930 Appendix I</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of SOP</li><li>◆ Review of FAP records</li><li>◆ Interviews with staff</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ Alleged offender and victim are notified in writing of upcoming CRC consideration.</li><li>◆ The counseling services activity uses a pre-printed checklist or similar procedure to document notifications made and the dates.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 5.0 FAP Case Management

5.5 Victim Support	
<p>A victim advocate is assigned to each reported victim of domestic violence and adult victim of rape and sexual assault to provide support during the crisis and follow-up. If services are accepted by the victim, the advocate</p> <ul style="list-style-type: none"><li>◆ represents the interests of the victim to service providers and command</li><li>◆ provides information on resources available to the victim</li><li>◆ accompanies the victim to court appearance and appointments</li><li>◆ offers emotional encouragement</li></ul> <p>Volunteer victim advocates are recruited and trained to ensure support services are available to victims around the clock.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Para 5001.13</li><li>◆ NAVMC 2930 Appendix G</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Interviews with victim advocates</li><li>◆ Review of contact logs</li><li>◆ Volunteer training records</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The victim advocate regularly coordinates with PMO, ER and shelters to ensure all victims are being referred.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 5.0 FAP Case Management

5.6 Case Progress Monitoring	
<p>Open FAP cases are monitored to ensure CRC recommended interventions have been implemented and victims are safe. Clinical providers make follow-up contacts with clients, command and involved agencies at least quarterly. Cases are presented to the CRC for closure only after the goals of the intervention plan have been met, treatment recommendations for the offender have been successfully completed, or the offender has been incarcerated or separated from service.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ MCO P1700.24B Para 5001</li><li>◆ NAVMC 2930 Appendix I</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ FAP case records review</li></ul>
<p><b>Related Best Practices</b></p>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 6.0 Installation FAP

6.1 FAP Policies and Procedures	
<p>The Installation Commander has implemented a Family Advocacy Program (FAP) as a coordinated community response to</p> <ul style="list-style-type: none"><li>◆ prevent child and spouse abuse</li><li>◆ ensure the safety of victims</li><li>◆ ensure offenders are held accountable for their behavior through administrative or disciplinary action or rehabilitation, where appropriate</li></ul> <p>An installation Standard Operating Procedure (SOP) defines services offered by the FAP, assigns roles and responsibilities, and establishes procedures for reporting incidents of domestic violence, investigating complaints, making assessments, managing cases and records, and protecting victims. SOP includes procedures for responding to incidents of serious injury or death and institutional abuse in accordance with DoD, DoN and USMC guidelines.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoDDir 6400.1</li><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ MCO P1700.24B Para 5001.</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of installation SOP</li><li>◆ Command and staff interviews</li><li>◆ Focus groups</li></ul>
<p><b>Related Best Practices</b></p>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 6.0 Installation FAP

6.2 FAP Manager	
<p>A qualified Family Advocacy Program Manager (FAPM) manages the day-to-day operations of the FAP and acts as the installation's subject matter expert on child and spouse maltreatment. At a minimum, the FAPM manages processes for identification, intervention and treatment in cases of abuse, coordinates actions to ensure the safety of victims, supervises FAP clinical providers, and controls FAP records. The FAPM meets licensure, experience and education requirements for clinical supervisors.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Para 5014.2</li><li>◆ NAVMC 2930 Appendix E</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of position description</li><li>◆ Review of Individual Credential Files</li><li>◆ Interviews with FAPM and command representatives</li></ul>
<p><b>Related Best Practices</b></p>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>



## 6.0 Installation FAP

6.3 Family Advocacy Program Officer	
<p>A Family Advocacy Program Officer (FAPO), appointed by the Installation Commander, oversees operation and accountability of the FAP, ensures a coordinated community response to domestic violence and manages policy-related issues. The FAPO is a senior field grade officer who has access to the commander.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ SECNAVINST 1752.3A</li><li>◆ NAVMC 2930 Appendix C</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Interview with FAPO and FAPM</li><li>◆ Review of appointment letters</li></ul>
<p><b>Related Best Practices</b></p>	
<p><b>Notes</b> <input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC</p>	

## 6.0 Installation FAP

6.4 Family Advocacy Committee	
<p>A Family Advocacy Committee (FAC), chaired by the FAPO, meets at least twice a year as a coordinated community response to plan, monitor and evaluate FAP goals and measures of effectiveness; and to address problems and emerging trends related to FAP. Members have been appointed by the Installation Commander and represent the Staff Judge Advocate, Provost Marshal's Office, Substance Abuse Counseling Center, Medical Treatment Facility, Chaplain of the Marine Corps, and the appropriate criminal investigation unit (NCIS/CID), plus the FAPM. Other representatives of on and off-base agencies are invited to participate in a consulting role.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ NAVMC 2930 Para 2000.d</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ Review of FAC minutes</li><li>◆ Interviews with FAC members</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ A Victim Advocate is appointed to the FAC as the voice of the victim and to provide input on the effectiveness of the coordinated community response from the client's perspective.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 6.0 Installation FAP

6.5 Case Review Committee	
<p>A multi-disciplinary Case Review Committee (CRC) meets at least monthly to review reports of suspected abuse, make case determinations, recommend actions, monitor progress and determine case closures. The Installation Commander appoints members in writing, including representatives from the appropriate law enforcement agency, Staff Judge Advocate, Substance Abuse Counseling Center, and the installation command; plus a Medical Treatment Facility physician, nurse practitioner or physician's assistant, and a representative from the victim/offender command. The civilian Child Protective Service (CPS) provides a representative to meetings involving child abuse, and NCIS/CID is represented when child sexual abuse cases are considered. The Victim Advocate and FAP clinical providers attend CRC meetings as non-voting members when cases they are involved with are considered. The CRC makes case determinations in accordance with guidelines found in the CRC Handbook.</p>	
<p><b>References</b></p> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ MCO P1700.24B Para 5001.6</li><li>◆ NAVMC 2930 Para 2000.e and Appendix H</li><li>◆ CRC Handbook</li></ul>	<p><b>Methods of Verification</b></p> <ul style="list-style-type: none"><li>◆ CRC minutes</li><li>◆ Interviews with CRC members</li></ul>
<p><b>Related Best Practices</b></p> <ul style="list-style-type: none"><li>◆ New members receive training prior to their first CRC meeting.</li><li>◆ Command representatives are briefed prior to their first CRC meeting to familiarize them with the process.</li></ul>	
<p><b>Notes</b></p>	<p><input type="checkbox"/> FC      <input type="checkbox"/> SC      <input type="checkbox"/> NC</p>

## 6.0 Installation FAP

6.6 Memorandum of Understanding	
<p>Memoranda of Understanding (MOU) with external organizations, including local child protective services and law enforcement organizations, are in place to ensure cooperation and coordination in response to incidents of family violence. MOU are signed by the Installation Commander and updated as necessary. At a minimum, they address reporting responsibilities, referrals, case management and emergency interventions.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ MCO P1700.24B Para 5001.4</li><li>◆ NAVMC 2930 Appendix F</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of installation MOU</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ MOU are reviewed annually by all parties involved.</li><li>◆ In complex service areas, joint service MOUs are developed to facilitate coordination with, and among the different branches of service.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 7.0 Crisis Intervention

7.1 Crisis Intervention Protocols	
<p>The counseling services activity has protocols for managing and providing crisis intervention services in urgent cases. At a minimum, clinical personnel provide immediate intervention and referral for persons in crisis due to suicidal and homicidal ideation, child abuse, child sexual abuse, sexual assault, and spouse abuse. Commands and/or military police are notified to provide an escort to the appropriate facility when the client poses a risk to self or others.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Written protocols</li><li>◆ Case record reviews</li><li>◆ Review of training records</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Protocols are written in a step-by-step fashion with details on how to handle a variety of scenarios.</li><li>◆ Clinical providers have been trained in assessment of suicide risk and response</li><li>◆ Key support staff receive training in recognizing and responding to walk-in and phone-in clients in crisis.</li><li>◆ The activity has developed procedures for responding to actual or threatened violence against staff.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 7.0 Crisis Intervention

7.2 After-Hours Crisis Intervention	
<p>A victim advocate is on call around the clock to respond to victims of abuse and rape/sexual assault. The victim advocate's cellular phone or pager number has been provided to the Provost Marshal, the medical treatment facility and the local shelter. On-call victim advocates contact victims within two hours of notification or as soon as their safety can be assured. A clinical provider is available for after-hours consultation should the victim advocate need assistance.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Appendix I</li><li>◆ NAVMC 2930 Appendix G</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Interview with victim advocate</li><li>◆ Review of contact logs</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Victim advocates are provided a list of contact numbers to reach clinical providers after hours, updated quarterly.</li><li>◆ Victim advocates maintain a current list of military and community resources including shelters, national hotlines, etc.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 7.0 Crisis Intervention

7.3 Critical Incident Stress Management	
<p>Clinical providers are trained in Critical Incident Stress Management (CISM) and serve on the installation CISM team, which responds in the event of a disaster or accident resulting in serious injury, loss of life, or significant loss of property.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700-24B, Para 5013.3</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Installation SOP</li><li>◆ Personnel training files and interviews</li><li>◆ Incident reports</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ All team members have been trained in CISM.</li><li>◆ The CISM team collaborates on an annual crisis response exercise or drill to test its ability to coordinate timely and appropriate response to different types of crises.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 8.0 Quality Assurance

8.1 Credentials and Privileging	
<p>The credentials of clinical providers have been reviewed by the HQMC Credentials Review Board. Staff members who meet the requirements for licensure and TRICARE independent provider status have been granted privileges consistent with their education and experience. Clinical providers who do not meet the requirements for licensure and/or independent provider status are given 36 months to meet requirements and are separated if they fail to do so. Individual Credentials Files (ICF) and training records contain all required documentation.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ SECNAVINST 1754.7</li><li>◆ MCO P1700.24B Para 5014.4</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of ICFs</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Failures of clinical providers to take actions necessary to achieve or maintain credentials are carefully documented.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC



## 8.0 Quality Assurance

8.2 Clinical Supervision	
<p>Clinical personnel who have not yet met the requirements for independent provider status are closely supervised by a privileged independent provider who has met the minimum four years post-graduate professional experience required of clinical supervisors. Supervisors have developed written plans of supervision for these providers and co-sign all of their clinical documentation. All clinical personnel participate in clinical supervision, peer oversight or consultation consistent with their independent provider status and experience.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700-24B, Para 5014.5b</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Written supervision plans</li><li>◆ Interviews with supervisors and clinical providers</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Clinical supervisors have developed quality improvement plans for clinical providers who have deficiencies in clinical skills or knowledge</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 8.0 Quality Assurance

8.3 Orientation, Training and Professional Development	
<p>Upon appointment, all clinical providers receive an orientation to the Marine Corps mission and to their duties and responsibilities. Clinical providers receive professional development education necessary to maintain credentials and stay current in their field, plus job-related training appropriate for their duties.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Personnel training records</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The counseling services activity uses an orientation checklist that identifies core competencies and timelines for completion of orientation requirements/training.</li><li>◆ Professional training is consistent with employees' individual development plans (IDP).</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 8.0 Quality Assurance

8.4 Records Audits	
<p>Clinical Supervisors and the Family Advocacy Program Manager (FAPM) review a random sampling of open and closed cases of all clinical providers at least biannually. The purpose of the audits is to evaluate the appropriateness of assessments, treatment plans, referrals and termination of treatment and to ensure complete and timely case documentation. Audits are signed and dated in the record and results are documented in provider's ICF.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ NAVMC 2930 Appendix Q</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of ICFs</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ A minimum of four cases per provider are reviewed quarterly.</li><li>◆ Audits are documented on a standardized QA form that has a clinical rating scale and delineates critical elements.</li><li>◆ The requirement for FAP record audits is included in the installation FAP SOP.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 8.0 Quality Assurance

8.5 Client Evaluations	
<p>The counseling services activity has a system for evaluating program effectiveness based on client and command feedback. The system includes an evaluation of counseling services solicited from a random sample of clinical counseling clients and commands at least annually.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ MCO P1700.24B Appendix J</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Review of client evaluations</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ The counseling services activity uses a standardized form to collect customer feedback</li><li>◆ All clients who complete treatment are asked to fill out an evaluation form and return it anonymously.</li><li>◆ A system exists to incorporate results of customer evaluation into strategic plans and updates/revisions of program SOP.</li><li>◆ Client evaluation processes are augmented by periodic needs assessments using survey and focus group methods.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 9.0 FAP Education and Training

9.1 Command Awareness Programs	
<p>Marine Corps units are offered general education to increase the awareness of all personnel about child and spouse abuse and to provide information about reporting requirements and the mandatory response to family violence by commands, the installation and the civilian community.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ NAVMC 2930 Para 2001</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Training schedules, curricula and participant evaluations</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ In support of general awareness education activities, the Installation Commander has provided a public statement that domestic violence will not be tolerated.</li><li>◆ There is coordination between FAP and the Public Affairs Office to provide publicity about family violence year around and not just during the designated awareness weeks.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 9.0 FAP Education and Training

9.2 Training on FAP Roles and Responsibilities	
<p>All installation personnel who have FAP responsibilities as part of the coordinated community response have been trained. They include FAC and CRC members, command FAOs and key personnel, law enforcement and medical personnel, child care providers and chaplains. Unit COs receive training within 45 days of assuming command. In addition to covering specific roles and responsibilities, the training addresses</p> <ul style="list-style-type: none"><li>◆ underlying causes, patterns and dynamics of child and spouse abuse</li><li>◆ risk factors for child and spouse abuse</li><li>◆ identification of child and spouse abuse</li><li>◆ military and civilian reporting requirements</li><li>◆ referral options and procedures</li><li>◆ policies and procedures of the installation FAP</li><li>◆ prevention strategies</li><li>◆ appropriate command and individual responses to abuse</li></ul>	
<b>References</b> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li><li>◆ NAVMC 2930</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Training schedules, curricula and participant evaluations</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Evaluations ask participants to identify changes in perception and attitudes about domestic violence as a result of training.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

## 9.0 FAP Education and Training

9.3 Life Skills Education	
<p>Military personnel and their family members who are at-risk for family violence have access to prevention education programs such as classes on anger management, stress management and effective parenting.</p>	
<b>References</b> <ul style="list-style-type: none"><li>◆ DoD 6400.1-M</li></ul>	<b>Methods of Verification</b> <ul style="list-style-type: none"><li>◆ Class schedules, curricula and participant evaluations</li></ul>
<b>Related Best Practices</b> <ul style="list-style-type: none"><li>◆ Outcome measures have been developed for programs in an effort to assess their effectiveness in preventing future violence.</li></ul>	
<b>Notes</b>	<input type="checkbox"/> FC <input type="checkbox"/> SC <input type="checkbox"/> NC

# Forms



# Marine Corps Clinical Counseling Accreditation Standards Rating Form

Installation \_\_\_\_\_

Type of Review:  Self Study  On-site Review

Certified by: Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Standards	FC	SC	NC	Comments
<b>1.0 Program Administration</b>				
1.1 Standard Operating Procedures				
1.2 Program Resources				
1.3 Data Collection and Reports				
1.4 Criminal History Background Checks				
1.5 Standards of Ethical Conduct				
1.6 Client Rights and Responsibilities				
1.7 Access to Services				
1.8 Productivity Management				
<b>2.0 Confidentiality</b>				
2.1 Confidentiality of Communication				
2.2 Security of Case Records				
2.3 Limits on Confidentiality				

Note: FC = Fully compliant with standard  
 SC = Substantially compliant with standard  
 NC = Not compliant with standard



Standards	FC	SC	NC	Comments
<b>3.0 Administrative Case Records Management</b>				
3.1 Establishing Case Records				
3.2 Case Record Content				
3.3 FAP Record Content				
<b>4.0 Clinical Counseling Practices</b>				
4.1 Initial Screening				
4.2 Clinical Assessments				
4.3 Varied Treatment Modalities				
4.4 Short-Term, Solution-Focused Treatment				
4.5 Referrals				
<b>5.0 FAP Case Management</b>				
5.1 Intake and Initial Interventions				
5.2 Risk-Focused Assessment				
5.3 Victim Safety Planning				
5.4 FAP Reporting Requirements and Notifications				
5.5 Victim Support				
5.6 Case Progress Monitoring				
<b>6.0 Installation FAP</b>				
6.1 Policies and Procedures				

Standards	FC	SC	NC	Comments
6.2 Family Advocacy Program Manager				
6.3 Family Advocacy Program Officer				
6.4 Family Advocacy Committee				
6.5 Case Review Committee				
6.6. Memoranda of Understanding				
<b>7.0 Crisis Intervention</b>				
7.1 Crisis Intervention Protocols				
7.2 After-Hours Crisis Intervention				
7.3 Critical Incident Stress Management				
<b>8.0 Quality Assurance</b>				
8.1 Credentials and Privileging				
8.2 Clinical Supervision				
8.3 Orientation, Training, Professional Development				
8.4 Records Audits				
8.5 Customer Evaluation				
<b>9.0 FAP Education and Training</b>				
9.1 Command Awareness Programs				
9.2 Training on FAP Roles and Responsibilities				
9.3 Life Skills Education				

## Accreditation Planning Timetable

Timeframe	Recommended Actions	Remarks
Following publication of 3-year schedule of accreditation site visits by CMC (MRO)	Begin to develop Plan of Action and Milestones for installation site visit and identify standards that require action.	
Six months before site visit	Complete an assessment of current compliance with each standard and report status to command with planned corrective actions.	
Four months before site visit	Conduct a comprehensive records review using records review checklists and develop plan to correct weaknesses in record keeping.	
Three months before site visit	Submit waiver requests. Initiate regularly scheduled meetings to review progress on corrective actions and plan for site visit.	
Following receipt of official letter announcing visit and identifying team members	Develop proposed schedule for the visit and contact team leader to coordinate plans and logistical requirements.	
One month before site visit	Complete Self Study and forward it and supporting documentation and submit as directed in CMC (MRO) instructions.	
Two weeks before site visit	Designate workspace for the team and gather documentation identified as methods of verification for each standard.	
One week before site visit	Conduct facilities inspection and coordinate/confirm all logistic requirements, itinerary and visit agenda with team leader.	

# Clinical Counseling Case Record Review Checklist

Case Number \_\_\_\_\_

Clinical Provider \_\_\_\_\_

Reviewer \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Content of Client Record		Yes	No	NA
<b>Intake and Assessment</b>				
Date of initial contact is noted.				
Demographic information is documented.				
Client meets eligibility criteria.				
Reason for requesting services is documented.				
Source of referral and reason is indicated, if applicable.				
Assessment is tailored to individual need and only relevant information is collected.				
Indications of child and spouse abuse, suicidal/homicidal ideation, substance abuse and psychosis are accurately assessed, and generate appropriate crisis response protocol.				
The decision to treat or refer is appropriate based on intake and assessment.				
<b>Confidentiality and Informed Consent</b>				
Privacy Act statement is signed and witnessed.				
A disclosure form identifying releases of information is in the record				
Consent forms for release of information, signed by the client, are consistent with the disclosure form.				
Signed consent to treat children is obtained from parents, as required.				
<b>Treatment Plan</b>				
Treatment plan is in the record.				
Treatment plan indicates participation of the person served.				

<b>Content of Client Record (cont.)</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Treatment plan is based on findings of the assessment and specifies services to be provided and by whom.			
Treatment goals are included in the plan and focus on client strengths and timely resolution of issues.			
Modifications to the treatment plan based on changes in client needs, circumstances or requests for service are documented.			
<b>Case Notes</b>			
Case notes indicate that treatment is short term and problem focused (or as directed by CRC for FAP cases).			
Case notes address progress toward meeting goals and objectives in the treatment plan.			
Case notes indicate coordination with medical, command and other service providers.			
Separate entries are made for each client and collateral contact.			
Case notes written and signed by a non-privileged provider are co-signed by a clinical supervisor.			
<b>Termination of Treatment</b>			
Closing summary is completed with referral or recommendations for future services, as appropriate.			
If termination was unplanned, follow-up is documented.			
The case was closed within 30 days of last contact (or extenuating circumstances are documented).			
<b>General</b>			
All documentation is signed and dated.			
Hand written entries are legible.			
Assessment, treatment plan and case notes are completed within 5 days of client contact, except for emergency situations which are documented within 24 hours.			
If the client requests release or review of record, the record is forwarded to the SJA for release and documented IAW the Privacy Act.			
Mandatory reporting per the Privacy Act is documented.			

# Family Advocacy Program Case Record Review Checklist

Reviewer \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Type of Case: FAP \_\_\_\_\_ Low Level/Low Risk \_\_\_\_\_

Case Number \_\_\_\_\_ Clinical Provider \_\_\_\_\_

Content of Client Record	Yes	No	NA
<b>Initial Interventions</b>			
Incident report was completed within one working day of receipt of report			
Demographics information is complete			
A safety assessment was completed and documented within 2 working days of initial contact			
If an imminent-danger situation, victim was assisted with safety planning			
All safety response actions are identified			
Detailed information regarding the allegation was obtained and documented			
Required notifications to command, CPS, NCIS, CMC(MRO), etc., are appropriate to case circumstances and documented			
Central Registry check is documented			
FAP information was provided to those interviewed			
Privacy Act provisions were explained and Privacy Act statements signed and witnessed			
<b>Assessment and Case Determination</b>			
A risk-focused assessment using a reliable risk/lethality assessment tool was completed prior to CRC presentation and findings documented			
Risk assessment is updated quarterly and for subsequent incidents			
Safety planning with victim is documented			
The low-level/low-risk eligibility form is used to assess and document interventions in cases that may not be referred to the CRC for review			
Copies of written notification to alleged victim and alleged offender of CRC consideration, sent NLT 7 days before the meeting, are in the record			

Content of Client Record	Yes	No	NA
<b>Assessment and Case Determination (cont)</b>			
Copies of written notification informing the command of CRC meetings are in the record			
Initial CRC presentation and determination/recommendations was made within 90 days of receipt of report			
Documentation of CRC presentation includes all available information regarding the allegations as well as safety factors and relevant risk factors			
Written notifications of CRC determination/recommendations, including Statement of Rights, sent to command <b>with copies to</b> alleged victim, alleged offender, and/or non-offending parent within 10 days after CRC			
Form 2486 was completed within 10 days of CRC			
<b>Case Management and Closure</b>			
Initiation of CRC-recommended interventions and treatment is documented			
Follow-up contacts were made with clients, command and involved agencies/providers at least quarterly			
Quarterly progress reports and completion reports of educational and counseling programs are documented			
Progress reports, case activity notes and other documentation indicate that interventions are directly related to risk factors			
Quarterly reviews by CRC are documented			
The case was presented for closure only after intervention objectives were met and after consultation with involved commands, agencies and providers			
<b>General</b>			
All entries are written legibly or typed			
Entries and forms are signed and dated			
The record indicates that victim, offender and <b>documentation generated outside FAP</b> have separate files and <b>information</b> is entered into the appropriate file			
The record is labeled with name, SSN, case number and cross-referenced case numbers, as appropriate			
Signed consent forms and related disclosures are documented			



# Waiver Request Form

**Instructions:** The requirement to meet a standard that does not apply to the counseling services activity or cannot be met for a valid reason will be waived by CMC (MRO). This form must be completed on each standard for which a waiver is requested and submitted to CMC (MRO) for approval at least three months prior to the scheduled site visit. A copy of the approved request must then be included with the self study that is provided to the peer review team before their visit.

Installation: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone Number and Email: \_\_\_\_\_

Standard Number and Title: \_\_\_\_\_

Reason for Waiver Request:

Clinical Supervisor \_\_\_\_\_ Installation Commander \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

## CMC (MRO) Decision

Date \_\_\_\_\_  Approved  Disapproved

Signature \_\_\_\_\_

# Installation Evaluation of On-Site Review

Installation \_\_\_\_\_ Date of Visit \_\_\_\_\_

Evaluation completed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

The team leader was efficient and responsive in coordinating with installation personnel on planning and logistics for the visit. Yes  No

The team adhered to the site visit itinerary and conducted on-site review activities as planned in coordination with installation staff.

The team was prepared for all of its peer-review responsibilities and carried them out in a professional manner.

Team members were knowledgeable of Marine Corp accreditation standards and able to explain and clarify requirements.

Team members interacted with installation personnel in a supportive and respectful way.

Team members demonstrated objectivity and flexibility in evaluating compliance with standards.

The team leader was clear and unambiguous in summarizing the findings of the visit and provided a comprehensive written summary.

Please provide an explanation for any negative answers or any additional comments below:

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