



DEPARTMENT OF THE NAVY  
COMMANDER, NAVY INSTALLATIONS COMMAND  
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CNICINST 1754.1  
N911

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CNIC INSTRUCTION 1754.1

From: Commander, Navy Installations Command

Subj: FLEET AND FAMILY SUPPORT PROGRAM  
ACCREDITATION/CERTIFICATION PROGRAM

Ref: (a) DODI 1342.22, Family Centers, 30 Dec 92  
(b) SECNAVINST 1754.1B  
(c) OPNAVINST 1754.1B

Encl: (1) FFSP Accreditation/Certification Standards  
(2) FFSP Accreditation/Certification Advisory Council  
(AAC) Operating Charter

1. Purpose. To implement the Fleet and Family Support Program (FFSP) Accreditation/Certification Program as required by references (a) through (c) and to provide the standards and procedural guidance to be used.

2. Background. Reference (a) requires a triennial inspection of all Department of Defense (DoD) Family Centers. Reference (b) authorizes Navy to use an accreditation process in lieu of inspection. FFSPs which meet all accreditation standards will be accredited for three years from the certification date. Reference (c) directs Commander, Navy Installations Command (CNIC) to establish and manage the FFSP Accreditation Program. Per DoD guidance, the program is to be referred to as a certification program; however, because of Navy's long history with the accreditation program it will be called FFSP Accreditation/Certification. Navy has used an accreditation process since 1994. In 2002 the standards and process were thoroughly revised with concurrence by FFSP Regional Program Directors to ensure that the process would be applied Navy-wide. In 2008 the standards were extensively reviewed and updated in accordance with revised program instructions.

3. Discussion. This instruction is provided to ensure that the entire regional or installation FFSP, which includes Fleet and Family Support Centers (FFSCs), Family Advocacy Program (FAP) Centers, and Counseling, Advocacy and Prevention Services (CAPS), meets uniform standards for management, delivery of service and performance of functions. The tools in enclosure

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(1) are to provide maximum uniformity and effectiveness in the assessment of FFSPs' performance on these standards. Additional references are available on the CNIC FFSP website ([www.nffsp.org](http://www.nffsp.org)). FFSP activities shall be assessed using the specific standards appropriate to the program being assessed.

4. Scope. This instruction applies to all Navy regions, commands, and installations world-wide which operate FFSPs. Enclosure (1) address the FFSP Accreditation/Certification Program and supplement references (a) through (c) for Navy FFSP Accreditation/Certification Program.

5. Responsibilities

a. CNIC Family Readiness Division (N9) shall:

(1) Plan and budget for adequate financial resources for implementation of the FFSP Accreditation/Certification Program.

(2) Implement and manage the FFSP Accreditation/Certification Program per the guidance provided in enclosures (1) and (2).

(3) Provide logistical support, travel and per diem funds, and schedule accreditation/certification team site visits, training, and advisory council meetings.

(4) Facilitate training of accreditation/certification team members and leaders and provide a quality assurance program that includes evaluation by team members, team leaders, and FFSP staff.

(5) Receive and review team site reports, monitor follow up actions, determine when such actions have been met and confer accreditation/certification status, and provide a Certificate of Accreditation/Certification per established timeframes.

(6) Identify trends and issues from visits indicating training needs or clarification requirements for FFSPs and disseminate them at least annually to Regions.

(7) Prepare and provide an annual report draft to the Accreditation/Certification Advisory Council for review and approval.

(8) Post the Annual Accreditation/Certification Report on the FFSP website.

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b. Regional FFSP Program Directors shall:

(1) Nominate peer reviewers from FFSP for accreditation/certification team membership and training to CNIC (N91), via the chain of command.

(2) Assist CNIC (N91) in the scheduling of FFSP accreditation site visits.

(3) Coordinate and assist sites as needed for pre and post accreditation/certification requirements.

(4) Review sites' interim mid-cycle self-assessment.

(5) Review all follow-up requirements and report to CNIC (N91) on compliance progress.

c. FFSP Directors/Site Managers shall:

(1) Ensure the FFSP complies with all standards as a routine business practice.

(2) Ensure the Center and staff are adequately prepared for scheduled accreditation/certification site visits.

(3) Assist with logistics arrangements for the visiting team.

(4) Comply with required follow up actions and ensure that documentation of completion is provided to CNIC (N91) program manager per chain of command procedures and established timelines.

d. FFSP AAC shall:

(1) Be established per guidance in enclosure (2).

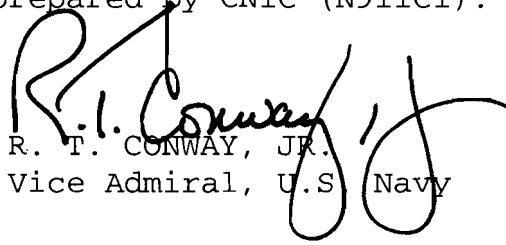
(2) Review the FFSP Accreditation/Certification Program to monitor the application of the program and ensure quality control, identify and review trends noted in the application of standards and procedures, change or create standards/procedures as required by program changes or process improvements, providing programmatic recommendations to CNIC (N91) for action annually.

(3) Receive and adjudicate any process appeals.

(4) Review any FFSPs unable to meet accreditation/certification standards and make recommendations to the appropriate Regional Commander via CNIC (N91) for action.

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(5) Review and approve an Annual Accreditation/  
Certification Program Report prepared by CNIC (N911C1).

  
R. T. CONWAY, JR.  
Vice Admiral, U.S. Navy

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**SEP 22 2008****FLEET & FAMILY SUPPORT PROGRAM (FFSP)  
ACCREDITATION/CERTIFICATION STANDARDS****CAPABILITY 1 - DEPLOYMENT/READINESS**

Includes command consultation and support, information, resource and referral, deployment and mobilization support, ombudsmen support, life skills education, and the new parent support home visitation program.

**STANDARD 1.1 Command/Family Consultation and Support**

FFSP demonstrates that it provides outreach and liaison to ashore and afloat commands through on-going contacts and outreach with the commands and families they serve. Examples include general briefings, meetings, correspondence, feedback from surveys, command outreach program, etc.

**STANDARD 1.2 Information and Referral (I&R) Services**

FFSP demonstrates that it coordinates with other military and community agencies in the collection of accurate information and sharing of resources. Customers are provided accurate I&R services. Minimally includes special needs families, wounded warriors, repatriated family members, non-support (child or spouse), schools, social services, child care, housing, emergency services, health and medical services, ombudsmen and volunteer opportunities.

**STANDARD 1.3 Deployment and Mobilization Support**

FFSP demonstrates that it offers deployment and mobilization support to address deployment-related issues and responds to customer/command-identified needs, i. e., activated reservist support, individual augmentees, command ombudsman, family group support, pre-deployment, deployment, return and reunion, and post deployment. FFSP demonstrates that it works with deploying commands and families to plan and implement programs designed to facilitate smooth deployments and re-entries into family life and local communities following deployments and mobilizations.

Mobilization and deployment assistance is to be available to all mobilizing and deploying individuals and family members whether mobilizing/deploying as a command or group, or individually (reservists, individual augmentees, and geographic bachelors). The materials to be used (program or individual handouts/consultation) and the service delivery method used (group or individual consultation) will be determined by the needs of the client or command requesting the service.

**SEP 22 2008****STANDARD 1.4 Ombudsmen Support**

FFSP supports the Ombudsman Program by assigning a trained staff member to the function as the Ombudsman Coordinator, maintaining a roster of local Ombudsmen including Navy Reserve and Navy Recruiting District Ombudsmen, coordinating standardized Ombudsman Basic and Advanced training, informing commands on the effective use and recognition of Ombudsmen, and by providing logistical/administrative support and consultation for Ombudsmen.

**STANDARD 1.5 Life Skills Education**

FFSP demonstrates that it provides prevention and enrichment programs designed for individuals, couples, and families. Prevention and enrichment programs provide knowledge, social, and relationship skills, and support throughout the family life cycle by enhancing self-esteem, strengthening interpersonal competencies, and offering education activities to individual and families for their respective roles, tasks, and responsibilities. FFSP shall ensure the availability of educational programs designed to assist individuals and families in meeting the special challenges of military family life and shall include programs that promote personal, family, and community wellness. At a minimum, content of lifeskills education, to include families, should address communication, parenting, relationships, stress management, anger management, suicide prevention and new spouse orientation.

**STANDARD 1.6 New Parent Support Home Visitation Program (NPSHVP)**

New Parent Support Home Visitation Program services are provided by FFSP staff or by referral to other military or civilian programs, when available. The primary service delivery for NPSHVP is home visitation. NPSHVP services include identification, screening, information and referral, assessment, and education for new and expectant parents. Local/regional practice will include services provided, records management and data collection for evaluation of program effectiveness. If a dedicated position is not on staff, the FFSP will provide resource listings of military and civilian agencies that offer new parent support services.

**CAPABILITY 2 - CRISIS RESPONSE**

Includes crisis intervention, disaster and threatcon preparedness, sexual assault victim intervention, clinical counseling, victim advocacy, family advocacy and related education and training.

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**Standard 2.1 Crisis Intervention, Disaster Response, and Threatcon Preparedness**

A. CRISIS INTERVENTION. FFSP demonstrates contingency and crisis intervention planning to respond to individual/personal emergencies (suicide, homicidal clients, sexual assault, loss of life, etc.) to include the following:

1. Information and guidelines for staff to effectively direct clients with individual crises to appropriate services, including after hours availability.

2. A telephone answering machine or forwarding service provides 24-hour coverage of emergency information.

B. DISASTER RESPONSE. FFSP demonstrates plan for ensuring personnel accountability of FFSP staff in the event of a large scale incident, including muster/accountability procedures. FFSP demonstrates ability to respond to Large Scale Incidents (hurricanes, fires, training or wartime accidents, terrorist attacks, repatriation, mobilization, etc.) to include the following:

1. Installation/local FFSP Emergency Response Plan and SOPs established for large scale emergency incidents, including delineation of the roles and responsibilities of the FFSP in relation to other Federal, military and civilian organizations providing assistance (i.e., FEMA, Red Cross, Navy Relief, Navy League, Reserve and National Guard Components, Chaplains).

2. Preparedness briefings/training sessions for military and civilian personnel and their families.

**STANDARD 2.2 Sexual Assault Victim Intervention Program (SAVI)**

The SAVI program is a command responsibility and under the purview of the FFSP. Installation/Regional Commanders designate a Sexual Assault Response Coordinator (SARC) for each installation. A SARC may be responsible for SAVI program management at more than one installation and the SAVI program is reviewed at all installations.

The SARC provides:

- A. General SAVI Program Management
- B. Sexual Assault Case Management
- C. Sexual Assault Awareness and Prevention Education and Response Training,
- D. Victim Advocacy Oversight

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## E. SAVI Data Collection.

*Note: There are no distinctions between what is expected of a full-time versus part-time or collateral duty SARC.*

**STANDARD 2.3 Clinical Counseling**

A. Professional clinical assessment and counseling services are offered at the FFSP and include individual, couple, group and family counseling, are provided per assessed client needs, and are within the scope of care and individual privileges.

Services offered are short-term and solution-focused including assessment, diagnosis and treatment planning as well as the initiation, alteration or termination of a course of clinical care. Treatment plans are problem focused and short term with specific, behavioral, and measurable goals.

B. Clinical Counseling is provided for defined problem areas for situational "problems in living" - and adjustment problem conditions listed as V Codes and Adjustment Disorders in the latest version of the DSM. The primary goal is to assess and deliver short-term, solution-focused, non-medical counseling for service members and family members. Common issues addressed include: relationship conflicts, personal loss, deployments and other military lifestyle stressors. Problem-solving counseling can help manage normal reactions to adverse situations.

C. Local/regional SOP and practice are consistent with Navy instructions and guidance and address services offered and treatment modalities, sessions, terminations, referrals and wait list criteria, crisis intervention procedures, documentation and organization of case records, confidentiality and release of information and required feedback for command-referred clients as specified in the Evidence of Compliance for the standard.

**STANDARD 2.4 Clinical/FAP Record Keeping**

FFSP demonstrates that procedures and practice are in place for the confidential preparation and controlled access, maintenance, storage, temporary removal, and management of clinical/FAP records (paper and electronic).

A. All information/files concerning clinical/FAP clients are locked in designated filing cabinets when unattended.

Electronic files are protected by passwords. Retention and disposal of files is consistent with Navy records management.

B. FAP information is maintained using current Fleet and Family Support Management Information System (FFSMIS) guidance.



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Appropriate documents are scanned into the correct File Folder/Client Record.

**STANDARD 2.5 Credentialing and Clinical Supervision**

All clinical providers have undergone credentials review (or applied for), are privileged as recommended by the Corporate Privileging Authority, and practice is commensurate with their level of qualifications (Tier I, II, or III). Local SOP and practice include the following:

- A. Written plans of supervision are developed for Tier 1 providers that include, at a minimum; scope of care permitted; level and type of supervision provided; name of supervisor; evaluation criteria; frequency of evaluations; and co-signature of all clinical documentation (clinical notes, treatment plans, etc.) by a Tier III privileged provider.
- B. Clinical supervision provided to Tier I clinical providers is documented in the provider's Facility Provider's File (FPF) (IPF).
- C. Independent clinical decisions are made only by Tier II and III privileged providers. Only Tier II and III providers may independently lead a clinical group.
- D. Documentation verifies that clinicians only provide services within the FFSP scope of care for which they are privileged.
- E. Facility Provider Files (FPF) contain all required materials per current Navy guidance including:
  1. Current State licenses/certifications;
  2. Correspondence documenting Credentials Review and Clinical Privileging Committee (CRCPC) review and privileges granted by the Designated Privileging Authority (DPA);
  3. Documentation of clinical supervision (for Tier I providers); and
  4. Clinical care review documentation collected since last Clinical Practitioner Performance Appraisal Report (CPPAR).

*Note: Information of a potentially adverse nature such as results of Critical Incident Review Committee (CIRC), investigations, peer review panels, and adverse privileging actions shall not be maintained at the installation level. (ICFs/IPFs are maintained at CNIC N911.)*

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F. Maintain tracking system to verify compliance with credentials review requirements and staff transition procedures.

G. Clinical workload (including direct and indirect service) is documented to support current competency based upon Tier level.

**STANDARD 2.6 Family Advocacy Program (FAP) Management**

The FAP is responsible for the identification, intervention, and prevention of child and spouse abuse in military families to include Intimate Partners. A local/regional instruction is signed by the responsible commander and practice is consistent with DOD/DON directives. Instruction includes and practice demonstrates:

A. Scope of services offered.

B. Role and responsibilities of the Family Advocacy Officer (FAO), Family Advocacy Representative (FAR), Family Advocacy Committee (FAC), the Case Review Committee (CRC) and other involved agencies.

C. Minimally, the FAC meets quarterly and CRC monthly, both perform required functions and with specified membership.

**STANDARD 2.7 FAP Education and Training**

Family violence education programs are provided.

A. Program topics are per Navy directives and targeted to specific groups or purposes. These include military personnel (installation and tenant commanding officers, executive officers, command POCs, command master chiefs, service members); CRC members; FAC members; FAO; civilians contractors and volunteers who work with children; military law enforcement; legal; medical; chaplains; FAP providers and educators, other first responders; and family members.

B. Secondary prevention programs are provided in-house or by referral to focus on established risk and protective factors (i.e., anger management, parenting skills).

**STANDARD 2.8 FAP Assessment and Case Management**

Local/regional SOP and practice are consistent with Navy instructions and guidance as noted in the references listed for this standard and addresses assessment and management of alleged child and spouse abuse cases using Navy Risk Model, Families in Need of Service, FFSMIS and OPNAVINST 1752.2A guidance;

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compliance with all notification and procedural requirements of Central Registry, Case Review and DoD, state and federal guidance, victim safety and documentation as specified in the Evidence of Compliance for this standard.

**STANDARD 2.9 FAP Interviews**

FAP interviews are conducted per instruction/policy guidance and address the parameters below. Local/regional SOP and practice address the specific issues listed below.

A. When spouse abuse victims are interviewed, FAP notifies victim of their rights and the services available to them to include restricted and unrestricted reporting options, completes safety assessment, recommends safety measures, and interviews victims and offenders separately as indicated.

B. When alleged offenders are interviewed, FAP receives and documents consent from NCIS prior to interviewing alleged offenders who are under investigation by NCIS, and observes applicable rights of alleged offenders.

C. Policies and procedures for interviewing children i.e., parental consent (except when ordered by the responsible installation commanding officer to protect the health and safety of the child/children) and coordination with CPS and law enforcement, where applicable.

D. In both child and spouse abuse cases, children in the family are assessed and provided intervention services (as indicated by the assessment) and referrals are made to other military/civilian agencies/providers for the assessments/interventions.

**STANDARD 2.10 Victim Advocacy**

A. Whether the FFSP has a FAP Victim Advocate (FVA) position or not, victim advocacy services are provided either by FFSP staff or by referral to other military or civilian programs, when available. Services include: restricted and unrestricted reporting options; safety assessment/planning; information to victims on available benefits and services; referrals to military, and civilian victim assistance services or individual/group support programs.

B. If a FVA position is on staff, the FVA serves as a supportive resource, advocates for the expressed interests of victims, and provides additional specialized services such as transportation for clinical/medical appointments and accompaniment to court proceedings. The FVA documents contacts made, services provided

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and actions taken on the Victim Advocate Contact Note in the client's record.

### **CAPABILITY 3 - CAREER SUPPORT/RETENTION**

Includes relocation and transition assistance, family employment readiness, and personal financial management.

#### **STANDARD 3.1 Relocation Assistance Program (RAP)**

FFSP demonstrates coordination with other CONUS and/or OCONUS base organizations, has an active command established cross-functional team to address the needs and issues of relocating personnel and families, and provides relocation services for outbound and inbound personnel. Outbound and inbound services include the maintenance and distribution of up-to-date Military Installation (MI) Directory information; pre-departure classes/briefings, CONUS and/or OCONUS cultural and community orientation, intercultural relations training as needed, homeport change assistance, and individual assistance for client needs.

#### **STANDARD 3.2 Transition Assistance Management Program (TAMP)**

FFSP demonstrates the availability of the following assistance to transitioning/retiring personnel and family members: career planning, financial management during transition, employment assistance, clinical counseling referrals for the social and emotional issues connected with transition and skill-building classes and workshops.

A. FFSP coordinates TAP Seminar and demonstrates coordination with command career counselors.

B. Information technology is in place at the FFSP and all eligible customers have access, at a minimum to DoD Job Search, America's Career Network and access to web sites such as TurboTAP, Military Homefront, Verification of Military Experience and Training (VMET), and all websites listed on the Pre-Separation Counseling Checklist, DD Form 2648 and DD Form 2648-1.

C. FFSP participates on command cross-functional team to coordinate transition programs and services.

D. FFSP maintains and provides accurate information regarding the following: employment, education, volunteer opportunities, licensing/credentialing requirements, skills identification, job search, and resume preparation.

**SEP 22 2008****STANDARD 3.3 Family Employment Readiness Program (FERP)**

FFSP demonstrates that it provides, or refers family members to, skill building classes and workshops and employment-focused assistance including information and referral to community and national placement services, Internet resources, job fairs, and resource centers. FFSP will ensure that DoD corporate partnerships are marketed to spouses and family members for additional employment opportunities. FFSP maintains and provides accurate and timely information regarding the following: employment, education, volunteer opportunities, and licensing/credentialing requirements for persons seeking employment.

**STANDARD 3.4 Personal Financial Management (PFM)**

FFSP provides support to all elements of the PFM program including education, counseling, information and referral for personnel and family members. PFM will be provided as a collaborative effort between the Command Financial Specialist (CFS) and FFSP PFM personnel and referrals should be made to authorized agencies, i.e., NMCRS, NLSO. A minimum of one FFSP staff person has received CFS training. PFM case records include financial assessments and a recommended plan of action. If designated as a training site, CFS training is provided per instruction.

**CAPABILITY 4 - PROGRAM MANAGEMENT**

Includes administrative and management responsibilities related to personnel, financial, facility, procurement, training, strategic planning, program assessment and evaluation, contract management, marketing, partnerships, management information, and volunteer/retired activities.

**STANDARD 4.1 Personnel Management**

FFSP demonstrates sound personnel management practices, complies with requirements and provides training and practices that ensure staff competency and quality of service.

A. Director/Region activates and follows through with personnel actions.

B. FFSC/Region management monitors workload and work schedules to avoid excess staffing, overtime, and duplication of function. There are on-going re-engineering efforts to achieve efficiencies while maintaining high quality.

C. Records or copies (if held by Region) are maintained at the work site for staff, volunteers and active duty and include

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training records, documentation of licenses, credentials/privileges and background checks (applies to active duty, civilian and contract employees).

D. Background checks for clinical staff and others who routinely work with children under the age of 18 have been initiated/completed. Where checks are incomplete, applicable providers do not provide unsupervised services to children. Management tracks and documents status for all required checks, i.e., Installation Records Check (IRC), State Criminal History Repository (SCHR), National Agency Check (NAC/NACI) and 5-year recheck Defense Criminal Index (DCII) (applies to active duty, civilian and contract employees).

E. Staff receives formal/informal training (either in-house or using other training sources, as appropriate) and guidance in order to perform the duties of their positions i.e., orientation, job-related skills, cross-training, and professional training (applies to active duty, civilian and contract employees).

F. Conflict of Interest: Procedures are in place and monitored to preclude potential conflict of interest by staff and volunteers. This includes unauthorized solicitation by members of outside organizations (applies to active duty, civilian, volunteer and contract employees).

G. Volunteer Program Management: FFSP manages the volunteer program, where volunteers are being used at the FFSP, including recruitment, assignment, supervision, evaluation, recognition, and documentation and reporting of volunteer hours.

H. Retired Activities Office (RAO): When hosted by the FFSC, staff members demonstrate that support services are provided for the Retired Activities Program. This includes access to work spaces, materials and equipment.

I. Intern Program: When an intern program is used, FFSP demonstrates the use of local/regional standard procedures for student interns including selection, orientation, supervision and evaluation processes. Procedures include use of written agreements outlining respective responsibilities of the FFSP, student, and educational institution and a written supervisory plan. A Tier III licensed/privileged provider supervises clinical interns.

**SEP 22 2008****STANDARD 4.2 Financial Management**

FFSP demonstrates sound financial management.

A. FFSP provides input into the local/regional Appropriated Fund (APF) budget process and DoD/CNIC reimbursable funding process and has documentation of related portions of the most recent approved funding controls and reports.

B. FFSP management monitors the status of execution and obligation rates and can articulate current funding status, shortfalls, and subsequent impact. Unfunded, mid-year, and other data-call requirements have been identified and submitted through the chain of command using the appropriate financial resource tool and business rules.

C. Management ensures all purchases are made per Navy/DoD and regional procurement regulations and guidance.

**STANDARD 4.3 Marketing**

An implemented marketing plan includes targeted communication strategies and distribution of both FFSP (local/regional/CNIC N91) or FFSP partner provided advertising and public relations materials to inform commands, military and family members of the availability of FFSP information, programs, services, locations, and hours of operation. An ongoing process is used to periodically review accuracy, marketing effectiveness, and cost-effectiveness of material and distribution.

**STANDARD 4.4 Facility and Equipment Management**

Management monitors the security and proper maintenance of facilities, grounds, furnishings, equipment and all applicable vehicles and submits work requests and/or other documentation as needed. Space requirements include (to the maximum extent practicable) reception areas, administrative spaces, storage areas, secure areas for sensitive materials, multi-media resource areas, electronic and traditional classrooms and private office spaces for counselors and other staff conducting confidential interviews. Confidential access shall be provided for counseling services at outreach sites, satellite offices or part-time spaces provided by commands. The FFSP complies with local fire and safety regulations and is accessible to staff and clients with disabilities.

**STANDARD 4.5 Contract Management**

The FFSP Director ensures that if FFSP includes local contracts or are provided services by the CNIC HQ administered contract or other contracts, the following applies:

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A. For local contracts, the staff member designated as a Contracting Officer's Representative (COR), Assistant Contracting Officer's Representative (ACOR)/Contract Technical Assistant (CTA) has a letter of appointment from the Contracting Officer and a certificate of training. The COR or CTA demonstrates they monitor and document contract performance. The COR has a process in place for validating and certifying invoices.

B. The HQ administered contract COR is assigned to the procuring contracting activity and the CNIC Functional Representative (FR) is assigned to CNIC N91. The FR is the primary contract coordinator between CNIC Program Managers, FFSP Technical Assistants (TAs), contracting officers, and the contractor. The CNIC FR is responsible for ensuring satisfactory performance and timely delivery within financial constraints of the contract task orders.

1. Technical Assistants (TAs). The Regional FFSP Director is responsible for identifying TAs within their region to assist and support the FR in oversight of the HQ administered contract. All identified TAs shall complete a COR training course (CLC 106 COR with Mission Focus 889). Free COR courses are available on line at <https://learn.dau.mil>. After completion of COR training, the Commanding Officer, or his/her designee, of the requiring activity appoints the TA to assist the FR in executing routine administration and monitoring duties. The appointments must be in writing and must set forth the TA's responsibilities and limitations. Copy of appointment letters along with COR certification will be forwarded to the FR.

2. Duties of a TA include identifying contractor deficiencies to the FR, reviewing deliverables and recommending acceptance/rejection with supporting documentation, identify contractor's noncompliance of reporting requirements, maintain TA file, review and approve contract employees' time and travel logs, assist with preparing reports on contractor's performance, and assist the FR in executing assigned inspections and monitoring duties.

#### **STANDARD 4.6 Quality Assurance (QA)**

The FFSP has a robust quality assurance program and practice.

A. A written QA plan includes procedures for assessing and modifying non-clinical and clinical services and providers. This includes procedures for records audits, customer evaluation



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and feedback, program observation and evaluation, and needs assessments to improve services, short and long term delivery methods, clinical care review, Quality Improvement Plans (QIPs) for clinical providers, and supervision/consultation for all service providers. The QA plan is reviewed/modified at least annually and practice is in accordance with the QA plan. Oversight of QA policies and procedures is an inherently governmental function.

B. Records review is conducted in accordance with requirements for both non-clinical and clinical records and consists of an Administrative Review by Director/ Site Manager or Supervisor for all records. Clinical Care Review is required for all clinical providers and consists of Clinical Record Review by privileged clinical practitioners.

C. Program Evaluation/Needs Assessment consists of both formal and informal needs assessment and customer (clients and command) service feedback which are used to evaluate, revise, develop, and improve programs and service delivery methods and supplements the periodic Navy-wide needs assessment.

**STANDARD 4.7 Data Collection Management and Disposal**

FFSP demonstrates that it has a system in place to routinely collect, update and delete data as necessary. Required data reports are submitted by the required due date(s).

**STANDARD 4.8 Privacy Act Provisions**

All information collected will be collected in accordance with Privacy Act provisions and corresponding system notices. The FFSP must engage in proper and authorized collection of personal information. Prior to client disclosure of private information, provisions are explained to clients. Forms are signed by clients, and witnessed by service providers. In extenuating situations when a signature is not available (i.e., when a client refuses to sign) the refusal is documented on the form. When a client is initially interviewed on the telephone, Privacy Act provisions are explained verbally and documented. The reason for the lack of signature is documented. Privacy Act provisions should be explained to child clients in understandable terms. A custodial parent is required to sign/co-sign for minor children.

A. Personal Reliability Program (PRP) clients are identified on the Privacy Act Form and FFSP demonstrates compliance with PRP reporting requirements.

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B. Disclosures are made on disclosure form for persons outside DoD and documented in the record per the Privacy Act.

**STANDARD 4.9 Community Partnerships**

FFSP will establish and maintain a close, cooperative, and collaborative relationship with existing community resources (military and civilian), i.e., family readiness alliances, emergency management, community committees and boards, veterans service organizations, social services agencies, and schools.

A. The purpose is to facilitate a coordinated response to both complex and ongoing military and family issues.

B. FFSP will conduct local community capacity surveys, at least triennially or when major changes occur, to evaluate the availability and accessibility of other military and civilian community programs.

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**FLEET & FAMILY SUPPORT PROGRAM (FFSP)  
ACCREDITATION/CERTIFICATION  
ADVISORY COUNCIL (AAC) OPERATING CHARTER**

1. Purpose.

a. The FFSP AAC is established to provide an effective method of obtaining chain of command input and recommendations to assist in the on-going accreditation/certification of FFSP, which meets the SECNAVINST requirement for triennial program reviews.

b. The AAC functions as a program advisory source by making recommendations to CNIC (N91) Program Manager concerning accreditation/certification standards and the effective implementation of the accreditation/certification process. The AAC acts only in an advisory capacity and does not engage in the management and operation of the FFSP Accreditation/Certification Program.

2. Membership and Organization.

a. In an effort to ensure the AAC membership represents the interests of Navy, representatives are appointed as follows:

(1) Permanent Membership

(a) CNIC (N91) Program Manager

(b) One Representative from each of the Navy Regions

(c) One representative from OPNAV (N135)  
(representing policy and client stakeholders)

b. The priority for selection of representatives should be knowledge, expertise, and on-going involvement with the FFSP Accreditation/Certification Program.

c. A Chairperson will be elected and serve for a two-year term.

3. Responsibilities.

a. AAC's responsibilities include:

(1) Review all formal appeals.

(2) Review all denials and make recommendations as appropriate.

(3) Review all statistics to determine trends (number of accreditation/certification reviews, actions required, denials and other data regarding accreditation/certification findings).

(4) Review aggregate evaluation results (team members, team leaders, CNIC (N91) feedback and actions taken).

(5) Review standards and handbook information.

(6) Review process issues (especially based on aggregate evaluation trends).

(7) Review calendar, schedule of site visits, team member/leader selection and assignments.

(8) Make recommendations to CNIC (N91) on recommended changes (administration, policy, team selection, site selection or process).

b. The Chairperson presides at all Accreditation/Certification Advisory Council meetings and is responsible for ensuring the council meets as needed, at least annually.

c. CNIC (N91) Program Manager is responsible for advising all representatives of the meeting time and date. The Chairperson and CNIC (N91) Program Manager will develop the agenda based on input solicited from council members. CNIC Accreditation/Certification Program Analyst (N911C1) is responsible for ensuring council members are provided the information to be discussed in sufficient time for members to evaluate the material and provide effective feedback as well as providing minutes of the meeting.

d. The Chairperson is responsible for reviewing the meeting minutes and forwarding the minutes to CNIC (N91) for approval. CNIC Accreditation/Certification Program Analyst (N911C1) is responsible for distribution to council members and Program Manager (N91).

4. Effective Date. The AAC was chartered in FY 2004.