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CNIC INSTRUCTION 1754.3

From: Commander, Navy Installations Command

Subj: IMPLEMENTATION OF THE DEPLOYED RESILIENCY COUNSELOR PROGRAM

Ref: (a) SECNAVINST 1754.7A
     (b) OPNAVINST 1754.1B
     (c) OPNAVINST 1752.3
     (d) CNICINST 5300.2
     (e) OPNAVINST 1752.2B
     (f) DoD Instruction 1015.15 of 31 Oct 2007
     (g) OPNAVINST 1752.1B
     (h) DoD Instruction 6495.02 of 28 March 2013
     (i) SECNAVINST 1754.1B
     (j) CNO WASHINGTON DC 181228Z Jul 13 (NAVADMIN 181/13)
     (k) CNO WASHINGTON DC 080347Z Mar 14 (NAVADMIN 053/14)

Encl: (1) Deployed Resiliency Counselor Hiring Guidance
     (2) Organization Relationships for Deployed Resiliency Counselors

1. Purpose. To establish implementing guidance for Deployed Resiliency Counselors (DRC). The positions are assigned to aircraft carriers (CVNs) and large deck amphibious ships (LHA/LHDs). The DRCs provide non-medical counseling and play a major role in the Sexual Assault Prevention and Response (SAPR) program in a deployed environment. Although assigned to a ship, DRC services are an extension of the homeport installation Fleet and Family Support Center (FFSC).

2. Background. Reference (a) addresses credentials review and clinical privileging requirements for FFSC clinical providers. Reference (b) establishes Navy policy and responsibilities for the administration and support of the Navy FFSC program. Reference (c) provides the Navy policy on sex offender tracking, assignment and access restrictions. Reference (d) details the hiring process for personnel hired under the Non Appropriated Funds (NAF) system. Reference (e) outlines procedures and responsibilities for the implementation of Family Advocacy
Programs (FAP) within the Navy. Reference (f) prescribes the authority to use the Uniform Funding and Management (UFM) process that enables appropriated funds to be executed as NAF for DRC labor and non-labor support costs. References (g) and (h) outline the implementation procedures and responsibilities for the SAPR program. Reference (i) details FFSC support capabilities. References (j) and (k) direct Commander, Navy Installations Command (CNIC) to develop and implement the DRC concept.

3. Policy. DRCs will meet required standards and conduct operations in accordance with references (a) through (k). Enclosures (1) and (2) provide supplemental hiring guidance and general information for DRCs to assist in their understanding of organizational relationships. Additional DRC guidance is available at: https://g2.cnic.navy.mil/tscnichq/N9/N91/DRC/default.aspx.

4. Actions

   a. Commander, Navy Installations Command shall:

      (1) Plan, program, budget and execute resources to support authorized DRC positions Navy-wide.

      (2) Develop centrally managed processes to support covering authorized costs associated with DRC services.

      (3) Twice a year report progress of DRC initiatives to the chain of command and principal stakeholders.

      (4) Execute Corporate Privileging Authority responsibilities, to include centralized credentials review of DRCs.

      (5) Provide oversight of clinical privileging and clinical risk management/quality assurance processes to the Region Commanders (REGCOMs) or Installation Commanding Officers (COS), per reference (a).

      (6) Provide support to ensure DRCs maintain current credentials including state licensure/certification authorizing independent clinical practice and other required certifications such as Defense Sexual Assault Advocate Certification (D-SAACP).
b. REGCOM shall:

(1) Facilitate processes between ship and home-port installations where DRCs are assigned that integrate the ashore and afloat chain of command, legal, medical, law enforcement, FFSC and command leadership communities.

(2) Twice a year conduct assessments and report DRC initiatives, compliance, and risk management/quality assurance activities to CNIC.

(3) Facilitate and oversee human resource services to ensure recruiting, placement, security and medical requirements are met.

(4) Execute Designated Privileging Authority (DPA) responsibilities.

(5) Provide oversight of installation clinical risk management/quality assurance processes per reference (a).

(6) Ensure DRCs maintain current credentialing, including state licensure/certification authorizing independent clinical practice and other required certifications such as D-SAACP.

(7) Delegate actions 4b(4) through 4b(6) no lower than the O-6/GS-15 level.

c. Installation COs shall:

(1) Provide logistical support (e.g., equipment, workspace, training, human resources) to enable the execution of DRC duties ashore.

(2) Coordinate the utilization of DRCs ashore during ship in port periods.

(3) Ensure DRCs are privileged by the DPA to provide FFSC non-medical counseling prior to providing services aboard ship.

(4) Ensure the DRC receives all required training in accordance with the DRC Training Plan, prior to serving onboard a deployed vessel. Other Navy regulated training may be required when serving onboard.
(5) Ensure quarterly risk management/quality assurance reviews are completed by the FFSC in accordance with reference (a).

(6) Ensure DRCs maintain valid credentials including state licensure/certification authorizing independent clinical practice, D-SAACP and any other required certifications.

d. Commanding Officers of ships assigned DRCs shall:

(1) Provide logistical support (e.g. berthing, equipment, work space, shipboard training, medical services when deployed) to enable the execution of duties when onboard ship.

(2) Coordinate with the homeport Installation CO to ensure DRCs have current D-SAACP certification and are privileged by the REGCOM to provide FFSC non-medical counseling services.

(3) Participate in the hiring and selection of the DRC.

(4) Provide written input to the performance assessments of the DRC’s performance to the Counseling, Advocacy and Prevention (CAP) supervisor to whom the DRC directly reports to ensure accurate evaluation of the DRC in accordance with the annual NAF personnel performance appraisal cycle. When aboard a naval vessel, DRCs are under the administrative supervision of the vessel’s commanding officer. When not aboard a naval vessel, DRCs are under supervision of the CAP supervisor. At all times, DRCs are under the clinical supervision of the CAP supervisor.

(5) Ensure compliance with confidentiality of records and the Privacy Act of 1974, 5 U.S.C 552a per reference (b).

(6) Provide a confidential work space for the DRC to conduct clinical assessments and individual counseling sessions.

e. FFSC Directors shall:

(1) Monitor human resource services to ensure recruiting, placement, security and medical requirements are met.
(2) Conduct installation credentials review and quarterly risk management/quality assurance requirements per reference (a).

(3) Provide quarterly DRC initiatives and performance updates to the REGCOM via the Installation CO.

(4) Monitor the DRCs hiring, training, and credentialing plan to ensure all certifications, security clearances and clinical privileges are completed prior to deployment.

f. Deployed Resiliency Counselors shall:

(1) Provide brief, non-medical counseling to assist service members and their families within the authorized scope of care as privileged.

(2) Maintain all case records and documentation in the Fleet and Family Support Management Information System (FFSMIS), a secure web-based application.

(3) Maintain hard copy documentation only during periods of internet/FFSMIS service interruption. All hard copy files must be retained in a double locked file cabinet or in a password protected electronic file, as per reference (c). Once internet connectivity is restored and data confirmed as entered into FFSMIS, hard copy documents must be immediately destroyed.

(4) Conduct psycho-educational training consistent with training available at FFSCs in accordance with the following sailor resiliency programs: SAPR, FAP, alcohol and drug abuse, suicide prevention initiatives, and other related topics as needed.

(5) Conduct office hours aboard the ship and at the installation FFSC when not deployed as determined by the ship’s CO and coordinated with the FFSC Director.

(6) Ensure familiarity and compliance with references (a) through (k) to include other policies, reporting and training required to fully execute DRC responsibilities aboard ship and ashore at Navy installations.

(7) Provide SAPR and FAP support as described in enclosure (2).
(8) Collaborate and coordinate services and support with the ship’s Medical Office, Behavioral Health, Chaplain and homeport FFSC.

5. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed in accordance with SECNAV M-5210.1.

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DEPLOYED RESILIENCY COUNSELOR HIRING GUIDANCE

1. The Region Family Readiness Office (N91) shall oversee installation recruitment and hiring of DRCs. The Region Support Services Office (N94) Non Appropriated Fund Human Resources (NAF HR) office will coordinate the hiring and pay setting process.

2. DRC selection panel voting members must include but are not limited to: Ship’s Commanding Officer (CO) or Executive Officer (XO), Installation CO or XO, Region or Installation Sexual Assault Response Coordinator (SARC) and a Fleet and Family Support Center (FFSC) supervisory staff member. Additional panel members should include a Senior Medical Officer, a Chaplain, and a Senior Enlisted Leader.

3. The ship’s CO must approve of the recommended candidate selection and assign a point of contact to serve as the shipboard sponsor for the candidate. The sponsor will provide a variety of ship’s information, provide introductions to the crew/leadership and ensure the DRC is provided any ship-specific information.

4. The final hiring action will be contingent upon the selectees’ ability to:
   a. Obtain successful adjudication to receive a “Secret” security clearance. NAF HR will coordinate completion of Questionnaire for National Security Positions, Standard Form 86 (SF 86) with the selectee and region/installation Security Manager. The selectee may be granted an interim security clearance and be allowed to begin employment based on a favorable local background check while awaiting final SF 86 adjudication.
   b. Complete and pass a medical examination in conjunction with the candidate’s primary provider and ship’s senior medical officer.
   c. Complete the designated Optional Form (OF) 178, Certificate of Medical Examination requirements. The selectee shall return the OF 178 to NAF HR to verify completeness and will forward to the ship’s Medical Officer for final determination.
   d. Complete FFSC credentials review and clinical privileging requirements.

5. Credentialing, Quality Review Process and Certifications:

Enclosure (1)
a. DRCs must maintain current, valid and unrestricted licensure or certification issued by a U.S. State or Territory authorizing independent clinical practice in the fields of Social Work, Psychology, or Marriage and Family Therapy.

b. DRCs are required to complete CNIC Credentials Review and Clinical Privileging forms and forward them to the Designated Privileging Authority (DPA) point of contact. Before providing FFSC non-medical counseling services aboard the ship, the DRC must be privileged by the Region Commander to provide FFSC non-medical counseling services.

c. DRCs will participate in FFSC risk management activities to include quarterly quality assurance review of records.

d. DRCs must complete Defense Sexual Assault Advocate Certification (D-SAACP) training and certification prior to deployment.

e. The Counseling Advocacy and Prevention Supervisor will:

   (1) Complete all performance evaluations in accordance with reference (d).

   (2) Provide professional guidance and direction to the DRC. Maintain, at minimum, monthly contact to assess progress with the DRC on objectives.

   (3) Minimally, consult with the DRC’s designated shipboard reporting senior officer quarterly to discuss the DRC’s performance.

   (4) Conduct quarterly administrative and clinical care reviews of DRC clinical services per reference (a) to include region or local established procedures.

   (5) Discuss DRC performance during clinical supervision.
ORGANIZATION RELATIONSHIPS FOR DEPLOYED RESILIENCY COUNSELORS

1. Deployed Resiliency Program (DRC) and Family Advocacy Program (FAP) Relationship During Deployment.

   a. DRCs shall:

      (1) Act as a liaison to the homeport FAP. The DRC must report all “restricted” and “unrestricted” incidents of domestic abuse to the homeport FAP in accordance with reference (e).

      (2) Coordinate with the homeport FAP in developing/executing a safety plan, conducting clinical interviews and assessments with deployed Service Members involved in a case.

      (3) Provide assistance with treatment services recommended at the Clinical Case Staffing Meeting (CCSM).

2. DRC and SARC Relationship During Deployment.

   a. DRCs shall:

      (1) Serve as a liaison to the homeport installation Sexual Assault Response Coordinator (SARC). DRCs will be fully trained to conduct SARC functions. However, the responsibility for sexual assault case management and data entry into Defense Sexual Assault Incident Database (DSAID) will reside with the homeport SARC.

      (2) Be fully trained as a Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA) and serve as a SAPR VA when necessary. Other than when extenuating circumstances warrant, DRCs will not serve as both SAPR VA and clinical counselor for the same case.

      (3) Coordinate with the installation SARC to ensure the CO is notified within 24 hours of “restricted” and “unrestricted” reports. Ensure DRCs have full awareness and visibility of all afloat unit sexual assault incidents, regardless of their role in the provision of clinical care or advocacy services. To ensure case continuity, it is important that there is continuous and effective coordination between the DRC, SARC, and Unit Victim Advocate (UVA). DRCs must be prepared to keep their COs informed of all sexual assault cases.

      (4) Protect the anonymity of victims who make “restricted” reports. Presentations and briefings to the CO on “restricted” reports are limited to non-identifying information.

Enclosure (2)
(5) Provide an immediate victim response, needs assessment, referrals and system coordination when allegations of sexual assault occur.

(6) Receive “restricted” reports and assist the victim with the completion of the Victim Reporting Preference Statement (DD Form 2910), per reference (b).

(7) Ensure the victim is assigned to a SAPR VA or UVA and receives appropriate medical care.

(8) Provide SAPR and SAPR VA/UVA training as needed, to include SAPR VA certification training utilizing the CNIC Defense Sexual Assault Advocate Certification (D-SAACP) approved curricula.

(9) Provide a warm hand-off to the homeport SARC as thoroughly and expeditiously as possible while continuing to provide the SAPR support directed in this enclosure.