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MARINE CORPS ORDER 1754.14

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS COMMUNITY COUNSELING PROGRAM (CCP)

Ref: (a) DoD Instruction 6490.06, "Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members," April 21, 2009, as amended
(b) DoD Instruction 1342.22, "Military Family Readiness," July 3, 2012
(c) SECNAVINST 1754.1B
(d) MOU btwn BUMED/MF/HS of 5 Nov 13
(e) MCO 1754.11
(f) MCO 5300.17
(g) MCO 1720.2
(h) DoD Instruction 6495.02, "Sexual Assault Prevention and Response (SAPR) Program Procedures," March 28, 2013, as amended
(i) MCO 1752.5B
(j) SECNAVINST 1754.7A
(k) DoD Instruction 1402.05, "Background Checks on Individuals in DoD Child Care Services Programs," September 11, 2015
(l) MCO 5430.1
(m) MCO 5210.11F
(n) SECNAV M-5210.1
(o) MCO 5580.3
(p) MCO 1754.4B
(q) MCO 1730.6E
(r) MCO 3504.2A
(s) MCO 3040.4
(t) SECNAVINST 5211.5E

Encl: (1) Marine Corps Community Counseling Program Policy

1. Situation. The Community Counseling Program (CCP) is established to provide accessible, high quality, comprehensive non-medical counseling services for Marines, Sailors attached to

Marine Corps units, and their eligible beneficiaries (hereafter referred to as Marines and family members, respectively). This Order establishes policy, assigns responsibilities, and standardizes CCP services across the Marine Corps.

2. Mission. To ensure Marines and family members are provided prevention based education, proper assessment, treatment, and, when indicated, provided referrals to appropriate agencies per references (a) through (d).

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) The CCP enhances Marine Total Fitness by promoting and sustaining the wellness and optimal functioning of Marines and contributes to individual, family, and unit readiness.

(b) CCP services are integrated with other behavioral health services at the installation level and are standardized across the Marine Corps ensuring the provision of high quality non-medical counseling services regardless of Marine Corps installation.

(c) CCP operates from a "no wrong door" approach to improve accessibility to services. Clients who are screened and assessed at the CCP may be referred to other Marine Corps Community Services (MCCS) behavioral health programs, Military Treatment Facility (MTF), or outside agencies when clinically indicated.

(d) CCP prevention and counseling utilize evidence-based and evidence-informed interventions to help ensure the efficacy of the program.

(e) CCP services include screening, assessment, referrals, non-medical counseling, care coordination, and psycho-educational courses focused on strengthening protective factors and mitigating risk factors.

(f) Unit commanders refer Marines who may benefit from CCP services to the CCP and participate in the Marine Intercept Program (MIP).

(g) Marines may self-refer for services.

(h) CCP Counselors are qualified to work with the population served and meet Headquarters Marine Corps (HQMC) credentialing requirements.

(i) The CCP provides services to eligible children and youth as well as adults.

(j) CCP personnel provide behavioral health expertise to support local force preservation initiatives, such as the Force Preservation Council and Sexual Assault Prevention and Response High Risk Response Teams.

(2) Concept of Operations

(a) This Order is used in conjunction with references (a) through (t) to ensure compliance with policies and procedures established by the Commandant of the Marine Corps and higher headquarters.

(b) CCP provides individual, couples, and family non-medical counseling. Non-medical counseling is supportive in nature and addresses general conditions of living, life skills, improving relationships at home and at work, stress management, adjustment issues, marital problems, parenting, and grief and loss.

(c) The CCP uses action-oriented, skill-building evidence-based and evidence-informed techniques which are shown by research to be effective. These techniques target the specific high risk behaviors and build skills to address areas to be strengthened including poor problem solving, ineffective communication, dysfunctional thoughts, poor emotion regulation, and developing positive social networks.

(d) The CCP provides psycho-educational behavioral health disorder preventive services. Preventive services are broadly defined as interventions that occur before the onset of difficulties and include the promotion of health and wellness.

(e) CCP Counselors provide care coordination services for CCP clients who are receiving ancillary services from more than one MCCS behavioral health program.

(f) CCP provides MIP services to Marines who have expressed suicide ideation or have attempted suicide. MIP is addressed in detail in Chapter 3 of enclosure (1) to this Order.

(g) CCP refers clients who have specific concerns related to domestic violence, child abuse, child neglect, substance abuse, or suicidal ideation to the Family Advocacy Program (FAP), Substance Abuse Program (SAP), or MTF as appropriate per references (e), (f), and (g) respectively.

(h) Clients who require ancillary services are referred to those services and the CCP Counselor is responsible for coordinating care. In the event that the CCP Counselor refers a client to SAP or FAP, the CCP becomes the secondary provider and supports the SAP or FAP program as needed.

(i) If a client requests to report sexual assault, the CCP Counselor notifies the Sexual Assault Response Coordinator (SARC) per reference (h). The SARC or the Sexual Assault Prevention and Response Victim Advocate (SAPR VA) explains reporting options and takes the reports, as necessary, per reference (i). While CCP Counselors may provide counseling services to sexual assault victims, CCP Counselors shall not take Restricted or Unrestricted sexual assault reports.

(j) The HQMC approved electronic case management system is utilized to document CCP services and coordinate care among MCCS behavioral health providers.

(k) Key terms applicable to this Order are explained in APPENDIX A to the enclosure.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (M&RA), shall:

(a) Develop, manage, monitor, and coordinate CCP policies.

(b) Coordinate and collaborate efforts and resources among all MCCS activities to promote optimum delivery of services.

(c) Identify fiscal and personnel resources necessary to coordinate and effectively execute CCP throughout the Marine Corps.

(d) Designate a HQMC CCP Manager to act as the Marine Corps subject matter expert on non-medical counseling, provide program oversight and guidance.

(e) Provide or facilitate ongoing training on HQMC approved evidence-based and/or evidence-informed interventions to CCP personnel.

(f) Maintain electronic case management system and provide guidance and technical assistance for access and use.

(g) Research emerging interventions and maintain a list of evidence-informed interventions for use in the CCP.

(h) Execute MIP:

1. Receive Personnel Casualty Reports (PCRs) and Operations Event/Incident Report Serious Incident Reports (OPREP-3 SIRs) and upload incident information into the MIP tracker to establish a MIP case within 24 hours of receipt or the next business day following receipt.

2. Assign the MIP case to the appropriate CCP and notify installation CCP Program Manager or designee via encrypted and digitally signed email should the HQMC approved electronic storage media not be available.

3. Verify that MIP services have been offered.

(i) Collect and provide data as needed for program oversight or as required by higher headquarters.

(j) Coordinate, as appropriate, with applicable Federal and civilian community resources.

(k) Assess the CCP to ensure the applicable requirements of quality assurance, inspections, managers' internal control program, credentialing, and certification are met.

(l) Review this Order annually to ensure that it is necessary, current, and consistent with statutory authority.

(2) Commanding General, Marine Corps Installation Command shall:

(a) Serve as a subordinate command in all matters pertaining to Marine and Family Programs.

(b) Ensure implementation of this Order to support Operating Forces, tenant commands, and activities.

(3) Installation Commanders shall:

(a) Implement CCP in accordance with this Order.

(b) Ensure CCPs are sufficiently funded, staffed, and equipped for effective and efficient operation of the CCP.

(c) Coordinate CCP services with MTF staff, Embedded Preventive Behavioral Health Capability, Military and Family Life Consultants, Chaplains, Operational Stress Control teams, Health Promotion Coordinators, and other relevant entities across the continuum of care.

(d) Ensure CCP services compliment rather than duplicate other MCCS programs and services.

(e) Ensure MIP capabilities and services are made known and supported by tenant commanders.

(f) Ensure CCP Counselors are credentialed, per reference (j), by Marine and Family Programs Division (MF).

(g) Assess the needs of the military community and coordinate with MCCS marketing and the installation Public Affairs Office to publicize available services.

(h) Ensure that all CCP staff review and understand the CCP procedural requirements prepared by HQMC, MF and provided at http://thegearlocker.org. Submit recommendations for changes to the procedural requirements to HQMC, MF via the appropriate chain of command.

(i) Develop local Operating Procedures for addressing client behavioral health needs. Operating Procedures shall be in accordance with this Order and the aforementioned CCP procedural requirements. At a minimum, Operating Procedures shall address:

1. Screening.

2. Assessment.

3. Individualized Service Plan Creation and Usage.

4. Referrals.

5. Care coordination.

6. MIP.

7. Clinical Supervision.

8. Confidentiality.

9. Individual, couples, and family counseling.

10. CCP metrics.

11. Critical incident response

12. Program evaluation.

(j) Ensure installation and facility specific personal safety protocols are in place to protect staff and clients to include consideration of safety measures for any staff members providing authorized after-hours services. Ensure staff members review local safety procedures annually.

(k) Provide HQMC, MF data and information requested as necessary to support HQMC, MF quality assurance and quality improvement processes, data surveillance activities, and research and program evaluation activities.

(l) Ensure suspected or alleged incidents of suspected child abuse, domestic abuse, and sexual assault are reported in accordance with references (e), (h), and (i).

(m) Ensure that CCP meets national standards of quality per reference (b).

(n) Designate an individual to provide direct clinical supervision to the installation CCP Counselors, in most cases this will be the installation CCP Clinical Supervisor.

(o) Ensure that CCP case records are maintained and safeguarded per guidelines provided in references (c), (m), and (n).

(p) Ensure that all staff members are trained and using the HQMC approved electronic case management system.

(q) Ensure all CCP staff complete HQMC, MF approved CCP related training provided at http://thegearlocker.org.

(r) Implement the MIP process as detailed in Chapter 3 of enclosure (1) of this Order.

(s) Ensure that all personnel involved in the CCP comply with this Order.

(4) Unit Commanders shall:

(a) Refer Marines to the CCP when appropriate.

(b) Support MIP.

1. Contact the appropriate CCP within 24 hours of submitting an OPREP-3 SIR or PCR as a result of suicide ideation or attempt. Provide CCP Program Manager all information necessary to contact the Marine.

2. Ensure the Marine has the opportunity to decline or accept MIP services.

3. Ensure command participation in the recovery process through active communication with the CCP and by following the MIP process detailed in Chapter 3 of enclosure (1) of this Order.

4. Designate in writing a Marine leader to act as the MIP point-of-contact in the MIP Marine's chain of command, should the commander choose to delegate MIP communication duties. Provide written documentation to the assigned installation CCP Program Manager.

5. Protect the privacy of MIP information in accordance with reference (t) as with any other health information.

4. Administration and Logistics

a. The currency, accuracy, and completeness of publication and distribution of this Order, and changes thereto, are the responsibility of HQMC, MF.

b. Submit recommendations for changes to this Order to HQMC, MF via the appropriate chain of command.

c. Records created as a result of this Order shall be managed per reference (n) to ensure proper maintenance, use, accessibility, and preservation regardless of format or medium.

d. The generation, collection, or distribution of Personally Identifiable Information, and management of privacy sensitive information shall be in accordance with the Privacy Act of 1974, as amended, per reference (t). Any unauthorized review, use, disclosure, or distribution is prohibited.

5. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective on the date signed.

M. A. BRILAKIS
Deputy Commandant for
Manpower and Reserve Affairs

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Chapter 1

Individual, Couples, and Family Counseling

1. Process. The CCP provides individual, couples, and family counseling for Marines and their family members. CCP counseling services shall follow a standardized process. While services shall be individualized to the client based on the clinical assessment of the client's needs, the process shall include standard steps, decision points, and the utilization of the electronic case management system to document each step. The standard process is described below and depicted in APPENDIX B. Additional information related to counseling children and youth is provided in Chapter 2.

a. Intake. An administrative step in which the client signs into the CCP and is given intake paperwork.

b. Client Consent. Prior to the initial screening and assessment the CCP Counselor shall review the Privacy Act Statement, Limits of Privacy/Confidentiality, and Client Expectations and Responsibilities, making sure the client understands all statements that require client signature.

c. Initial Screening. The CCP Counselor conducts an initial screening using HQMC, MF approved screening tools to determine if MCCS behavioral health services are appropriate.

d. Assessment. The CCP Counselor shall conduct a biopsychosocial assessment. Using information from this assessment, the initial screening and other pertinent information, the counselor determines if the client will be referred for services outside of the CCP, provided services within the CCP, or both.

e. Service Planning/Provision

(1) Individualized Service Plan (ISP) Development. The client and the CCP Counselor shall collaborate to develop an ISP. The ISP contains precipitating symptoms, goals, and measurable objectives to be addressed by the client as well as treatment modalities and a care coordination plan, if applicable.

(2) CCP Services. CCP Counselors shall use evidence-informed techniques to provide the following:

(a) Non-medical individual, couples, and family counseling.

(b) Group counseling.

(c) Facilitation of support groups.

(d) Skill training.

(e) Care coordination.

(f) MIP.

(3) Internal Referrals (within Installation MCCS)

(a) SAP.

(b) FAP.

(c) SAPR.

(d) Non-behavioral health services (such as personal financial counseling and education).

(e) Families who are eligible for the Exceptional Family Member Program (EFMP) may receive CCP services but shall be referred to the installation EFMP if not already enrolled. EFMP eligibility and enrollment requirements are described in reference (p).

(4) External Referrals

(a) MTF.

(b) Unit or installation Chaplains for clients dealing with matters of religion, religious expression, religious freedom, or the sacred, spiritual, or moral aspects of life per reference (q).

(5) All referrals require a "warm hand-off" and appropriate follow-up by CCP staff.

f. Additional Decision Points. The client and the CCP Counselor shall regularly reassess the efficacy of the ISP. This may result in adjustments to the plan.

g. Case Closure. In determining when services are completed, the client and the CCP Counselor determine if identified ISP goals have been met. Appropriate referrals and support contacts will be offered and a discharge plan will be developed, documented, and a copy given to the client. If the client discontinues services prior to completing ISP goals, the case is closed when there has been no contact with the client for 30 days despite at least two counselor attempts to contact the client.

2. Confidentiality. Counseling information is confidential. All CCP records, including those housed in the HQMC, MF approved electronic case management system, are maintained in accordance with references (m) and (n). Confidentiality is essential to program credibility.

a. All suspected breaches of confidentiality shall be reported to the chain of command.

b. Exceptions to confidentiality are stated on the Limits of Confidentiality/Privacy consent form signed by the client at intake and include any situation that falls under "duty-to-warn" as defined in APPENDIX A. In "duty-to-warn" situations, counselors shall notify the command (if the situation involves a Marine) and/or the Provost Marshal's Office immediately. Civilian emergency services are notified, as appropriate.

c. In keeping with Department of Defense (DoD) policy to normalize help seeking behavior, command notification (when warranted under paragraph 2.b. above) shall be limited to the minimum amount of information required to satisfy the purpose of the disclosure. In general, this shall consist of:

(1) The diagnosis; a description of the treatment planned; the prognosis; and implications for the safety of self or others.

(2) Ways the command can support or assist the Marine's treatment.

d. To adhere to confidentiality and professional counseling ethics and standards, CCP Counselors are required to obtain written consent from each client in the following cases:

(1) A CCP Counselor desires to record or have a session observed by a supervisor, other CCP Counselors or student

interns, share the case record with a student intern, or if a third party participates in or observes a counseling session.

(a) At CCPs where video monitoring equipment has been installed as a force protection measure, a notice posted at the entrance should inform all concerned. CCP Counselors should remind clients of the notice but do not need client consent.

(b) Audio recording devices should never be used without consent from client(s).

(2) A facility other than an MTF or Veteran's Affairs requests information regarding the client.

(3) Prior to a CCP Counselor coordinating client care with any provider outside of MCCS behavioral health.

(4) Prior to initiation of counseling services with a child under the age of 18, a parent or legal guardian must provide written consent. CCP Counselors may also ask minors aged 14 to 17 to co-sign consent documents.

(5) Any disclosure of information outside the DoD that is not authorized as an established Routine Use for CCP client records. Routine use is described in reference (t).

3. Special Considerations

a. Violent behavior of any kind is not tolerated in the CCP. In the event that a client acts in an aggressive or combative manner, the overriding rule in all cases is to avoid or minimize physical injury to self or others. Every effort is made to de-escalate any situation that appears to pose the potential for personal harm or injury. The CCP Counselor should avoid any action that exacerbates the situation. In some situations, the most prudent course of action is to engage in verbal dialogue to attempt to de-escalate the situation. In any event that CCP staff perceives a threat of physical injury, the fastest means of escape should be sought, followed by local installation procedures.

b. Incidents involving workplace threats and violence, CCP staff should follow the local installation procedures. Reference (o) pertains.

Chapter 2

Children and Youth Counseling

1. Definition and Scope. The CCP provides comprehensive and integrated services for eligible children and youth that promote the use of strength based preventive and intervention programs to reduce the incidence of emotional and behavioral difficulties. For purposes of CCP, children are considered to be from ages 5-14 and youth ages 14-17. Children and youth are usually referred by an adult who sees the child or youth as having a particular problem to resolve. CCP Counselors see children and youth in individual counseling sessions while the parent or legal guardian is in the waiting area. Upon completion of the session with the child or youth the provider will call the parent or legal guardian into the counseling session when clinically appropriate. The counselor may also have the child or youth wait in the waiting area while he or she meets briefly with the parent or legal guardian. The process of providing children and youth counseling is the same as the process outlined in Chapter 1, with stipulations related to consent, privacy, assessment, ISP development, and special circumstances described below.

2. Client Consent/Parent-Guardian Consent

a. All consent documents must be signed by a parent or legal guardian.

b. Written consent from a parent or legal guardian shall be obtained prior to initiation of services if a child or youth is receiving counseling services. After the CCP Counselor has explained consent in language appropriate to his/her developmental stage, youth over the age of 14, may co-sign the consent form to acknowledge understanding the process.

3. Assessment

a. Assessment is an on-going process, which begins with the first inquiry or referral and continues throughout treatment. Assessment is inclusive of social, emotional, spiritual, and physical needs. If applicable, assessment should include an evaluation of the immediate safety of the child or youth, family member(s), and others.

b. The assessment process shall consist of a face-to-face interview with the child or youth and his/her parents or legal guardian. When working with children and youth, the parents or

legal guardian may be interviewed without the child or youth present to obtain additional information. Other members of the immediate family and school counselors, with appropriate consent, may be interviewed as well to gather information.

c. Children and youth are assessed and screened using age and developmental stage appropriate assessment and screening instruments as provided by HQMC, MF.

4. ISP Development

a. The child or youth, parent or legal guardian, and the CCP Counselor collaborate to develop an ISP. The ISP contains precipitating symptoms, goals, and measurable objectives to be addressed by the child or youth. The ISP requires signature of the youth if 14 years of age or older, the parent or legal guardian, and the CCP Counselor prior to initiation of the ISP.

b. Any referrals are documented in the ISP and discussed with the child or youth and parent or legal guardian.

5. Privacy/Confidentiality. CCP Counselors shall review with the parent or legal guardian the Limits of Privacy/ Confidentiality and the Client Expectations and Responsibilities. The parent or legal guardian must sign all requisite documents. CCP Counselors make every attempt to explain privacy, confidentiality and its limitations to the child or youth.

6. Special Considerations

a. Counselor Background Checks. Reference (k) applies to all CCP Counselors who provide services to minors.

b. Child Physical/Emotional Abuse or Neglect. Upon receipt of information that leads a CCP Counselor to suspect that a child has been physically, emotionally abused, and/or neglected, the CCP Counselor shall notify FAP and the appropriate civilian department within 24 hours. Prior approval of the clinical supervisor to notify FAP is not required, however, the CCP Counselor shall inform his/her clinical supervisor as soon as possible.

Chapter 3

Care Coordination

1. Definition and Scope

a. Definition. Care coordination is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet client needs through the full continuum of care. Care coordination is proven to improve client outcomes and is a central service provided by the CCP.

b. Scope

(1) The CCP provides care coordination services for Marines and their family members when the CCP is the primary service provider and care coordination is clinically indicated. CCP Counselors incorporate the care plan into the ISP.

(2) Care coordination services include developing a care plan, making referrals to ancillary service providers, both internal and external to MCCS, integrating care, tracking progress to goals set, communicating with other services providers, advocating, transitional care, and follow-up communication.

(3) If the CCP Counselor determines that the client should be referred to external providers such as the MTF for primary services, client care, including care coordination, becomes the responsibility of the primary service provider. Similarly, if the client is referred to the SAP or FAP program, that program becomes the primary provider and care coordination services are not the responsibility of the CCP Counselor.

2. Process

a. The CCP Counselor, either during screening, assessment or during the course of counseling, determines that the client may benefit from ancillary services. The counselor obtains the client's consent to collaborate with other service providers and documents consent.

b. CCP Counselor prepares a care plan with the client and incorporates that care plan into the client's ISP.

c. The CCP Counselor refers the client for ancillary services.

d. As ancillary services are implemented, the CCP Counselor integrates care, collaborates with ancillary service providers, tracks progress to goals, and advocates for the client if there are barriers to service.

e. The CCP Counselor is in contact with the client periodically to check on the client's well-being during the transition away from ancillary services.

f. The CCP Counselor documents all contact with the client in case activity notes.

3. Marine Intercept Program

a. Definition and Scope

(1) MIP is an evidence-informed suicide prevention program through which licensed CCP Counselors provide follow up contact, care coordination, and suicide risk assessment to Marines who have attempted suicide or have suicidal ideations, as defined in reference (g). Assigned CCP Counselors conduct outreach and coordinate care delivery across counselors, locations, and systems of care. If the Marine is receiving case management services from the MTF, MIP services complement rather than duplicate those services. Commanders provide CCP Counselors with all information necessary to contact the Marine and coordinate command referrals with the CCP Counselor.

(2) Reference (r) requires commanders to complete an OPREP-3 SIR for all suicidal ideations, attempts, and suicide deaths. Similarly, reference (s) requires commands to submit a PCR for all suicide attempts verified by competent medical authority (CMA).

(3) OPREP-3 SIRs and PCRs are required for active duty Marines and members of the Reserve Component serving on active duty. Marines in the non-activated Reserve Component who have attempted suicide/expressed suicidal ideation receive follow-up care from their regional Psychological Health Outreach Program. Family members who have suicidal ideations or attempts are not covered by MIP.

(4) Marines attached to the Eastern Recruiting Region

and Western Recruiting Region will be provided MIP services by the CCPs located at Marine Corps Recruit Depot (MCRD) Parris Island, South Carolina, telephone (843) 228-6126, and MCRD San Diego, California, telephone (619) 524-0465, respectively.

(5) Marines not co-located on a Marine Corps installation will utilize the following: East of the Mississippi River (minus Wisconsin) are served by the CCP at Marine Corps Base (MCB) Quantico, Virginia, telephone (703) 784-4248 and West of the Mississippi River (plus Wisconsin) are served by the CCP at MCB Camp Pendleton, California, telephone (760) 763-3222.

b. Process

(1) Unit commander of a Marine who expressed a suicidal ideation or attempted suicide completes the OPREP-3 SIR or PCR as appropriate per references (r) and (s).

(2) Unit commander contacts appropriate installation CCP Program Manager within 24 hours of submitting the OPREP-3 SIR or PCR to provide the Marine's contact information. If a CMA was consulted for suicide attempt per reference (s), the unit commander also provides the CMA's name and contact information.

(3) Within 24 hours of notification of an OPREP-3 SIR/PCR concerning a suicidal ideation or attempt, HQMC, MF creates a case in the MIP tracker collaboration tool, located at https://www.manpower.usmc.mil/tracker/mcsr-list.xhtml, and assigns the case to the appropriate CCP. HQMC, MF notifies the appropriate installation CCP.

(4) If the CCP has not been reached by the Marine's command, the CCP contacts the command leadership (Commanding Officer, Executive Officer, Sergeant Major) within 24 hours of notification by HQMC or on the following business day if the incident occurs during the weekend or holiday. The purpose of this contact is to gain the information necessary to contact the Marine via telephone and explain MIP services to the command leadership.

(5) The CCP contacts the Marine within 24 hours of receiving contact information. CCP Counselors offer assistance using evidence-informed practices to express concern for the Marine, address safety concerns by assessing for suicide and updating or completing a safety plan, and coordinate care services. CCP Counselors strongly encourage Marines to accept services. Staying engaged in caring services can prevent future

thoughts and behaviors of suicide, but the acceptance of services is not mandatory. Acceptance/non-acceptance of MIP services is the purview of the Marine.

(6) After the assigned CCP has contacted the Marine, the CCP updates the case file in the MIP tracker and updates command leadership on the Marine's participation status.

(7) If the Marine elects to participate in MIP, the CCP Counselor contacts the Marine and makes subsequent contacts at 3, 7, 14, 30, 60, and 90 days to address safety concerns and service coordination. The CCP Counselor updates command leadership after every contact with the Marine (or as requested by the commander) to ensure appropriate command coordination is in place throughout the process.

(8) Command and CCP participate remain in active communication until services are completed and the MIP case is closed.

Chapter 4

Quality Assurance and Program Evaluation

1. Quality Assurance

a. Installation Quality Assurance Objectives

(1) Assess and monitor the quality of services and compliance with Marine Corps policy and procedural requirements. Identify opportunities for improvement via direct solicitation of consumer feedback, individualized service delivery, and ongoing monitoring of service effectiveness.

(2) Integrate, track, and trend quality assurance information quarterly to identify patterns or processes in need of review.

(3) Identify program weaknesses and improvement opportunities through compliance reviews, data analysis, and customer feedback.

(4) Prepare the program for the HQMC, MF Compliance Review.

(5) Prepare the program for accreditation/certification using national standards.

b. HQMC Quality Assurance Process. Effective Quality Assurance ensures that Marines, and their family members are receiving consistent and high-quality services regardless of duty station. HQMC employs a HQMC, MF Compliance Review that consists of a self-study and site review as well as a national accreditation/certification requirement using nationally recognized standards.

(1) Annual Self Study. As part of the HQMC, MF Compliance Review, each CCP shall complete an annual self-study to demonstrate compliance with program policy, standards, and procedural requirements.

(a) Each CCP will complete the self-study using the procedures and tools outlined in the Behavioral Health Compliance Review Reference Guide.

(b) HQMC, MF shall coordinate with each CCP program manager to determine when self-studies are due.

(2) HQMC, MF Site Review. As part of the HQMC, MF Compliance Review, MF subject matter experts shall perform CCP site reviews to verify the CCP's compliance with Marine Corps policy, standards, and procedural requirements.

(a) A CCP point of contact shall be assigned to coordinate/facilitate the site review according to the procedures outlined in the Behavioral Health Compliance Review Reference Guide.

(b) If further action is required at conclusion of the site review, the CCP will develop and implement the actions according to the procedures and timelines outlined in the Behavioral Health Compliance Review Reference Guide.

(3) Accreditation/Certification Review. CCPs are required to undergo accreditation/certification using national standards per reference (b).

2. Program Evaluation. HQMC, MF may issue written guidance for CCP involvement in HQMC, MF evaluation activities. The data extracted from existing systems by HQMC, MF may support:

a. Evaluating the implementation of CCP activities.

b. Evaluating the outcome of CCP activities.

c. Evaluating the impact of CCP activities.

d. Evaluating the feedback about CCPs from various stakeholder groups.

e. HQMC planning, policy development, and resource allocation.

3. Records Audit/Clinical Record Review

a. Records audits and clinical care (record) reviews are conducted in accordance with reference (j).

b. Proof of the records audits and clinical care reviews must be maintained at the installation CCP.

4. CCP Staff Credentials

a. Requirements. The CCP complies with requirements of references (c), (j), and (k).

b. CCP Counselors. All personnel who conduct or supervise clinical assessments and/or provide clinical services for the CCP shall meet the following minimum education and licensure qualifications:

(1) Education requirements: Master's or Doctoral-level human service and/or mental health professional degree from an accredited university or college.

(2) Tier system requirements:

(a) Tier I: Providers are collecting their supervised hours to be applied toward licensure. Hours must be obtained within a 36 month period.

(b) Tier II: Providers must have two years clinical experience that includes at least 2,000 hours of full time, post masters supervised clinical care, and have a U.S. State or territory license that meets DoD requirements for Tier II clinical services.

(c) Tier III: Providers shall meet Tier II criteria, and have attained two years full time post licensure clinical experience. Tier III providers are eligible to provide clinical supervision and have the ability to function as the sole provider at a location.

(3) All credentialed providers requesting renewal of credentials must complete 16 hours of continuing education annually and maintain their state license in good standing.

(a) CCP Counselors whose state license renewal includes 16 continuing education hours per year are not required to complete any additional continuing education hours.

(b) CCP Counselors licensed in states where fewer than 16 continuing education hours are required annually, must complete additional continuing education hours to equal 16 hours annually.

c. CCP Clinical Supervisor. CCP Clinical Supervisors shall meet the following standards:

(1) Education and Licensure. Compliant with paragraph 4b of this chapter;

(2) Credentialing. Credentialed at the Tier III level in accordance with this Order; and,

(3) Experience. A minimum of four years post-graduate professional experience is required. Two of these years must include documented post-licensure clinical experience in couples/family and children's services or two years post-graduate clinical experience in family/domestic violence, or two years mental health counseling with individuals and families. Experience must also include a minimum of two years of post-licensure experience as a clinical supervisor of professional clinical providers.

d. Credentialing. All personnel who conduct clinical assessments, provide clinical services, and/or supervise clinical care must be credentialed in accordance with this Order and references (c) and (j).

(1) An offer of employment is contingent upon initial credentialing.

(2) Renewal of initial credentials shall be completed after one year of employment, and every two years thereafter.

(3) Credentialing is completed by obtaining the credentialing packet from HQMC, MF, completing all requirements, and returning the packet. The HQMC, MF Credential Review Board (CRB) will determine whether the application for credentials is approved as requested, approved with modifications, or denied. The determination letter for credentialing will be sent to the Installation Commander and the CCP Clinical Supervisor.

(4) The original credential application packet shall be kept in the Individual Credentials File at HQMC, MF; the installation will also keep a copy.

(5) Requests for waivers from the aforementioned credentialing requirements, will be considered by HQMC, MF CRB on a case-by-case basis.

APPENDIX A

Key Terms

Care Coordination: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet non-medical counseling needs ensuring the client is followed through the full continuum of care.

Duty-to-Warn: A legal obligation to disclose information to prevent harm to self or others.

Evidence-Based: Interventions that have undergone rigorous research and evaluation before widespread implementation and have been found to be effective.

Evidence-Informed: Interventions well-informed by the best available research evidence. While evidence-informed is grounded in research, specific applications of interventions may not have been studied or fully evaluated. In addition to the application, there may be elements of the intervention itself that have not been fully tested.

Group Intervention: A small group of clients meet regularly to talk, interact, and discuss problems with each other and the group leader.

Harm to Others: Includes circumstances indicating a danger of domestic violence, child abuse or neglect; violence against any person; or present or other future illegal activity.

Harm to Self: Includes circumstances indicating suicidal thought, intent, or a desire to harm oneself. For service members this includes any expression of past or present illegal use of controlled substances while on active duty.

Individual Counseling: One-on-One short term, solution-focused non-medical counseling.

Inspection: Any effort to evaluate an organization or function by any means or method, including special visits, technical inspections, special one-time inspections, command assessments, inspections required by law or for the exercise of command responsibilities, and inspections conducted by higher headquarters staff.

Integration of Services: Services for Marines and their families are flexible, comprehensive and mobile, and build on individual and family strengths. Services shall be integrated or coordinated within the installation MCCS Behavioral Health to avoid duplication of services. Counselors and other behavioral health staff shall interface with other service providers to provide comprehensive services.

Intervention: Includes any service provided by the CCP and may include: preventative education, group skills classes, referrals, care coordination, non-clinical counseling, and/or group counseling.

Legal Obligations: Legal obligations include uses and disclosures of information that are required by Federal law, applicable State law, applicable host-nation law outside the United States, or DoD or Military Service regulations and similar issuances.

Non-Medical Counseling: Defined in reference (a).

Skill Training: Groups facilitated to enhance client's basic life skills. These training presentations may include anger management, coping skills, and relationship building.

Suicide Attempt: Defined in reference (g).

Suicidal Ideation: Defined in reference (g).

Warm Hand-off: Actively confirming that the client has made contact with the receiving provider. Depending on the situation, this may include contacting the receiving provider, following up with the client, or walking the client over to the receiving provider. Additional steps may be necessary in cases where there is also a mandated reporting requirement.

APPENDIX B

Community Counseling Program with an Ecological Systems Approach

1. The CCP Conceptual Model provides a visual depiction of the CCP counseling approach. Figure B-1 depicts the Community Counseling Program Conceptual Model.

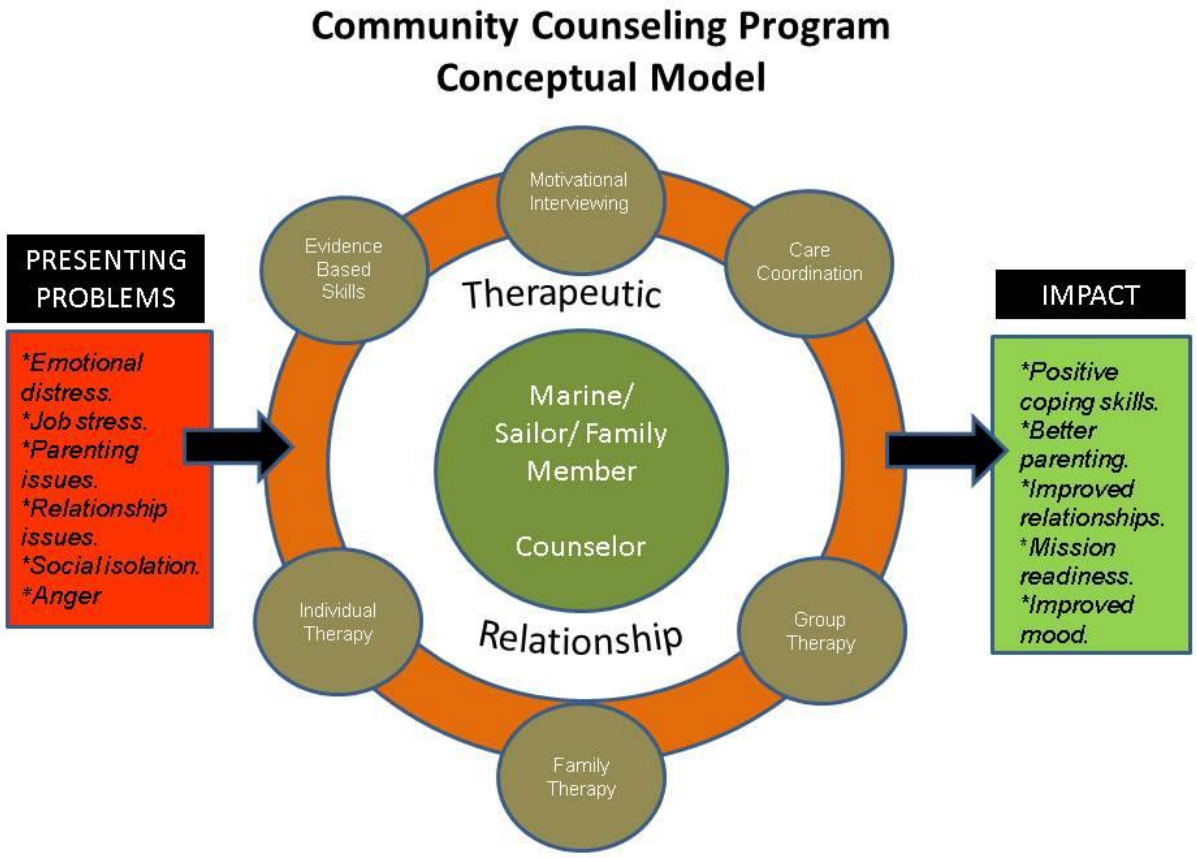

Figure B-1.--Community Counseling Program Conceptual Model

2. The behavioral wellness of the Marine or family member is influenced by multiple factors. These factors may include but are not limited to gender, age, marital status, family size, and Military Occupational Specialty. The client also enters the CCP with many strengths, such as positive family support, good work ethic, and determination. The CCP model examines how different factors contribute to the concerns(s). CCP assists clients to develop the skills needed to leverage their strengths in order to effectively address concerns. Multiple services may be

utilized including individual, marital, group, family and child counseling, and prevention-oriented educational briefs to targeted groups. In addition, the use of motivational interviewing is instrumental with clients to actively engage them in the counseling process in the initial stages.

3. Central to the CCP is the importance of the relationship between the CCP Counselor and client. This relationship is a working, collaborative link between counselor and the client that is made effective by empathy, honesty, trust, respect, and confidentiality.

4. The CCP uses action oriented skill-building techniques shown by research to be effective (evidence-informed). These skills target high risk behaviors by building skills to address poor problem solving, ineffective communication, dysfunctional thoughts, poor emotion regulation, and to increase positive social networks.

5. Care coordination is seen as equally important to counseling and is focused on leveraging the client's social and environmental (unit, social, community, family) assets, addressing gaps in services, and coordinating amongst services received.