

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
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From: Chief of Naval Personnel

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION
TEAM MANAGEMENT GUIDE

Encl: (1) NAVPERS 175401A (10-03), Fleet and Family Support
Program (FFSP) Accreditation Team Management Guide

1. Enclosure (1) is the principal tool for team member guidance for conducting Accreditation Site Visits for Fleet and Family Support Centers (FFSCs) and Family Advocacy Centers (FACs).

2. Accreditation standards and procedures, first implemented in 1996, were extensively revised in 2002 by the Accreditation Standards Working Group convened by Navy Personnel Command (NAVPERSCOM) (PERS-6). Members included representatives from claimants, regions, FFSCs, and NAVPERSCOM (PERS-66). This Team Management Guide is the product of that Working Group and includes the criteria for selection of team members and leaders, composition of teams, formats for correspondence and reports, as well as processes and procedures to be used to evaluate FFSC performance.

3. The Team Management Guide is designed to be used by NAVPERSCOM (PERS-6) Program Manager in implementing all aspects of the program as well as guidance for the team members during the visit. It includes checklists, interview content, team evaluations, correspondence and report formats and sample forms.

4. The Team Management Guide can be downloaded from <http://www.persnet.navy.mil/pers66/pers66Web/Html/accredit.htm>. Comments, changes or requests for clarification can be directed to the Accreditation Program Manager at MILL_FFSP@NAVY.MIL or (901) 874-4325/DSN 882.

A handwritten signature in black ink, appearing to read "J. W. Townes, III", is positioned above the typed name and title.

J. W. TOWNES, III
Rear Admiral, U.S. Navy
Deputy Chief of Naval Personnel

Distribution:
See next page

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION
TEAM MANAGEMENT GUIDE

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TEAM MANAGEMENT GUIDE

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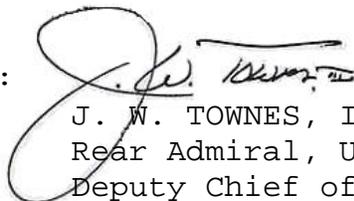
This Fleet and Family Support Center (FFSC) Fleet and Family Support Program (FFSP) Accreditation Team Management Guide is the principal tool for team member guidance for conducting Accreditation Site Visits for FFSCs and Family Advocacy Centers.

Accreditation standards and procedures, first implemented in 1996, were extensively revised in 2002 by the Accreditation Standards Work Group convened by Navy Personnel Command (NAVPERSCOM) (PERS-6). Members included representatives from claimants, regions, FFSCs, and NAVPERSCOM (PERS-66). This Team Management Guide is the product of that Work Group and includes the criteria for selection of team members and leaders, composition of teams, formats for correspondence and reports, as well as processes and procedures to be used to evaluate FFSC performance.

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Deputy Chief of Naval Personnel

Date: 10 Feb 2004

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Table of Contents

Title	Page
Section I: Introduction.....	I-1
Section II: Team Leader Responsibilities	II-1
Pre-Site Visit Arrangements	II-1
First Meeting With The Team.....	II-6
On-Site Communications	II-10
Preparation Of The Report.....	II-12
The Last Day Of The Site-Visit	II-14
Post Site-Visit	II-15
Section III: On-Site Protocol Guidance For Team Members	III-1
The “Culture” Of The Site-Visit	III-1
Determining Actions Required	III-1
How To Approach Case Record Reviews	III-2
Section IV: The Use Of Professional Judgment.....	IV-1
Section V: Team Member And Team Leader Selection And Assignment.....	V-1
Team Member Selection and Assignment	V-1
Team Leader Selection And Assignment	V-3
Section VI: Official Correspondence Procedures.....	VI-1
Pre-Visit Correspondence	VI-1
On-Site Documentation.....	VI-1
Post Site Follow-Up	VI-3
Summary of Official Correspondence Procedures	VI-4
Section VII: FFSP Accreditation Advisory Council.....	VII-1
Purpose.....	VII-1
Membership and Organization.....	VII-2
Responsibilities	VII-3
Effective Date	VII-4

Tabs

A	FFSP Accreditation Formats Materials for Team Members	A-1
	NAVPERS 1754/8, FFSP Clinical Counseling Case Record Review Checklist	A-3
	NAVPERS 1754/9, FFSP Clinical/FAP Record Management Checklist	A-5
	NAVPERS 1754/10, FFSP FAP Training Checklist.....	A-7
	NAVPERS 1754/11, FFSP FAP Records Review Checklist	A-9
	NAVPERS 1754/12, FFSP Facility Observation Checklist.....	A-13
	Persons to be Interviewed and Interview Content By Standard	A-15
	NAVPERS 1754/13, Sample Focus Group Questions	A-21
	Focus Group Elements to be Reviewed.....	A-22
	NAVPERS 1754/14, FFSP Accreditation Findings Report	A-23
	Accreditation Team Member Code of Conduct	A-33
	Sample Agenda Format (1).....	A-35
	Sample Agenda Format (2).....	A-39
	NAVPERS 1754/15, Team Leader And Team Member Performance Review	A-45
	NAVPERS 1754/16, Team Leader Evaluation of Team Members’ Performances	A-47
	NAVPERS 1754/17, Activity Assessment of Team Members’ Performance	A-49
	NAVPERS 1754/18, Activity Assessment of Team Performance	A-51
B.	In and Out-Brief Presentation.....	B-1
C.	Sample Completed Accreditation Findings Report.....	C-1
D.	Sample of Official Correspondence Related to Accreditation	D-1

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section I

Introduction

ACCREDITATION PROGRAM

Secretary of the Navy (SECNAV) requires each Fleet and Family Support Program (FFSP) be reviewed at a minimum every 3 years. In January 2003, NAVPERSCOM (PERS-6) Program Manager approved the revised FFSP standards, which include the Family Advocacy Program and the accreditation process for FY-04 implementation. The revised accreditation program is a basic four-step process:

- The self-study preparation
- The site visit conducted by qualified, trained FFSP professionals to determine compliance with the standards,
- The activity follow-up to NAVPERSCOM (PERS-660) on any corrective actions identified during the site visit
- The accreditation decision

The FFSP Accreditation Handbook defines the evaluation criteria that will be used by the accreditation team to determine compliance with each standard. It is also a valuable self-study tool for FFSP staff. The Handbook is available at www.persnet.navy.mil/pers66/index.htm and will be updated annually to reflect policy changes and guidance from Integrated Process Team and Functionality Assessment initiatives currently underway.

All accreditation visits will be led and conducted by FFSP peers who meet specific qualification requirements and have been trained by NAVPERSCOM (PERS-66) Program

**ACCREDITATION
PROGRAM
(cont)**

Manager. This FFSP Accreditation Team Management Guide complements the FFSP Accreditation Handbook and is designed for Team Leaders and Team Members as a ready reference to ensure successful site reviews – before, during, and after the visit. It also outlines the procedures NAVPERSCOM (PERS-66) uses to select and assign team members and officially correspond with the chain of command throughout the accreditation process.

Leading or participating on an accreditation team can be an exceptionally rewarding and learning experience as it provides an opportunity to enhance the quality of service to servicemembers, families and commands. The long term success and credibility of the accreditation program is dependent upon professional and objective reviews and close coordination with NAVPERSCOM (PERS-66) Program Manager. This Management Guide clearly outlines the many responsibilities of the Team Leader and provides on-site protocol guidance for team members. This Guide will also inform the site as to what they should expect before, during and after the accreditation visit.

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section II

Team Leader Responsibilities

**PRE-SITE VISIT
ARRANGEMENTS**

As team leader you will be responsible for the following actions:

- Coordinate with NAVPERSCOM (PERS-660) on the team make-up.
- Obtain final list of team members from NAVPERSCOM (PERS-660). Include full spelling of names, titles, base/installation, telephone numbers, and e-mail addresses.
- Contact team members and obtain cell/home phone numbers.
- As the agenda evolves, keep team members notified of primary assignments and solicit input, as appropriate.
- Make sure you have all “boilerplate” materials (electronic and hard-copy) and you look at them! Paper copies are in Tab A. Bring a disk of pertinent materials for each team member. Have each team member bring sufficient copies of each of the below:
 - Clinical Counseling Case Review Checklist
 - Clinical Record Management Checklist
 - FAP Training Checklist
 - FAP Records Review Checklist
 - FFSP Facility Observation Checklist
 - Interview and Focus Group Matrixes
 - Blank Preliminary Accreditation Report
 - Code of Conduct

FFSP Accreditation Team Management Guide

- Agenda
- Evaluations

**PRE-SITE
ARRANGEMENTS
(cont.)**

- Ensure you have electronic templates of In-Out Briefs. Paper copy is in Tab B.
 - Travel arrangements--tell team members when you want them at the site. Coordinate travel arrangements with NAVPERSCOM (PERS-660) and the site.
 - Car/van rental for the team--work this out with NAVPERSCOM (PERS-660).

Housing for team members--work this out with NAVPERSCOM (PERS-660) and the site.
 - Team Leader should ask for maps – both site maps and maps from the airport.
 - If an overseas location, check the State department web site for travel warnings, cultural information, and any special travel requirements. Ensure team members have current passports.
 - Team Leader should be aware of any special needs of team members (disabilities, health conditions, etc.).
-

**DISCUSSIONS
WITH
NAVPERSCOM
(PERS-660)**

- Make sure you have discussed the following with NAVPERSCOM (PERS-660):
- Car/van rental required/approved?
 - Credentialing information has been/is going to be forwarded for all clinical staff of the site being reviewed? Copy to Team Leader?
 - Travel details and requirements that NAVPERSCOM (PERS-660) may have or know of?
 - Any team member information from the evaluation process that the team leader should know about?

**DISCUSSION
WITH
PERS-660
(cont.)**

- Any recent “interpretations” or experiences from other reviews that would be helpful for the team to have. Review latest Frequently Asked Questions (FAQs) on Accreditation Website.
 - Verify that the site/installation is not on the flex-week, or if they are, make sure this won’t pose a problem if you need some flexibility in the schedule/there’s a potential that you will be cutting it short regarding time.
 - Ensure travel request form, including all travel costs is forwarded to NAVPERSCOM (PERS-66) by all team members.
-

**DISCUSSIONS
WITH
SITE DIRECTOR**

Make sure you have discussed the following with site director:

- Ensure that the site received the pre-site letter from NAVPERSCOM (PERS-660).
- Ascertain any special clearance issues or other unique travel arrangements and communicate with team members.
- Obtain a list of site staff and finalize key staff (with names) that will be interviewed and when.
- Develop the agenda--work it out as best as possible acknowledging that this will be an ever-changing document. Address command availability and scheduling as part of the agenda (re: in and out brief attendance by command). Site director should have available the schedule for meetings, interviews, focus groups. Sample formats are in Tab A but you can use any format that works for you.
- Ask the site director to determine membership on the focus group(s) and build focus group meeting into the agenda. Discuss with director which individual

**DISCUSSIONS
WITH
SITE DIRECTOR
(cont.)**

appointments you would like to have scheduled such as comptroller staff, CRC, etc. to be included in the agenda.

- Request the FFSP director provide a Program Overview during the staff in brief. Standard information includes mission of the base and how the FFSP supports the installation mission, demographics served (active duty, civilians, families), staff organization chart, budget, highlights of programs offered, and any “outstanding” programs or concerns that they want the team to know about.

Also discuss whether the site wants to provide a “windshield tour” to give the team an overview of the installation (suggested for management/admin team members if the site wants to provide--clinical reviewers probably will not have time).

- Determine if there are other programs run by the site that should be looked at that are not part of the review process--if there are other programs, it is strongly suggested that the team build in time to see them as a support to the site. Work with the Director to ensure no staff members are left out of the interview process who may want to be interviewed. If it is a large site, you may suggest a group interview of those involved in a similar function.
- Make sure that the site has set aside a room for the team to use while on-site. Discuss access to one or more computers, in-focus machine for briefs (make sure you work out “technology issues” such as having the boiler plate materials on disks, etc.), printer and compatible software for templates, secure filing cabinet, office supplies, office keys, copy machine and shredder, if possible.
- Discuss arrangement of evidence materials as per the SUGGESTION in the accreditation handbook. This is voluntary (to pull evidence and have it arranged pre-

**DISCUSSIONS
WITH
SITE DIRECTOR
(cont.)**

site); but if the site is not organizing evidence, discuss the need to be able to see that information and to have it “ready” for inspection during the site-visit. Remind site that in general, the team will ask for materials going back 1 year.

- Discuss socializing protocol during accreditation process. No social interactions outside of official business during the accreditation review. After the review is completed, a group event is acceptable if the site so desires.
 - Ensure parking is available on site for the team for the duration of the visit.
 - Make sure whatever security procedures can be done before arrival (e.g., notification of incoming personnel, parking passes acquired if possible). Different installations have differing security requirements to gain access to the base.
-

**FIRST MEETING
WITH THE TEAM**

These are the items the team leader should be prepared to discuss with the team members before the review begins:

- Orientation of the Team: The first meeting should take place Sunday evening and should allow for a minimum of 2 hours to address the following:
 - Review agenda/schedules
 - Discuss administrative requirements
 - Discuss professionalism in conducting the accreditation process
- Discuss suggested documentation used to validate compliance and the safekeeping and return of all materials reviewed.
- Review Code of Conduct

**FIRST MEETING
WITH THE TEAM
(cont.)**

- Review Rights and Responsibilities
- Provide and discuss evaluation forms and process
- Review how to use focus group feedback as assistance in your approach to rating the standard and that the standard rules--collaborative evidence is best--if a pattern is seen in documents reviewed, AND case records reviewed, AND through observation on-site--you have a strong comfort level with an action required finding.
- Discuss time management issues, especially FAP and Clinical – review SOPs or written procedures first but don't linger on them – case record reviews will take a long time.
- Discuss the use of professional judgment, accountability and inter-rater reliability. (See section IV).
- Discuss culture of the visit and team performance--remind team members that this is not an audit and the role of the team member is as facilitator to the site in their efforts to become accredited. Remind team of the importance of this review being a team effort--no loose cannons!
- Remind team of the importance of confidentiality and that nothing observed, reviewed or said during and after the visit should be discussed with anyone other than the team and NAVPERSCOM (PERS-660).
- Remind team that the program does not “fail.” The program is either accredited or working towards accreditation.
- Discuss expectations for courtesy to site staff. Stick to the schedule; if you must change, notify staff ASAP. Disrupt customer service as little as possible.
- Review how to do interviewing and how to use that information in conjunction with document review to

**FIRST MEETING
WITH THE TEAM
(cont.)**

ascertain compliance with the standards. Discuss how prepared the team must be to conduct interviews. Are team members aware of “common” questions that each team member will need to ask?

- Discuss team consensus for consultation and actions required--consultation is tricky and should NOT be offered by any individual team member without first discussing the nature of any consultation with the entire team. In addition, the entire team should agree to the type of consultation offered. Remember that trends need to be identified and agreed to first before any consultation is considered.
- Discuss when consultation might be used. If the site asks for consultation, it should come AFTER the official accreditation visit is complete and should be presented in an organized/summarized way--the consultation should be concise and somewhat general, i.e., for additional training/assist visit/ supervision issue they might want to call XX at XX. Consultation should not be agreed to/offered based on one team member having a “feeling” about one incident or item that was reviewed. “Evidence” of the need for “consultation” should be collaborated by multiple areas of review, if possible, to strengthen the team’s appropriateness in providing consultation.
- Review what to leave with the site. A case record review checklist should be used to create a summary sheet with all case numbers listed on top of the checklist and summary findings. This summary is used to discuss findings with the supervisor and is left with the site to follow-up as necessary.
- Review what to do with checklists and other documentation: Team leader should retain until accreditation determination is made and appeal process (if any) is completed.

**FIRST MEETING
WITH THE TEAM
(cont.)**

- Quality Assurance (QA) Section--remind team that the reviewer of the QA section will need input from the “clinical” reviewers on the team before they can rate all of the sections. Be mindful of sections which need multiple inputs: QA, Privacy Act, FAP Education & Training, etc. – Get team consensus and assign category responsibilities prior to beginning interviews.

- Remind team of the emotional impact of the visit on site-staff. Any “action required” will be disappointing--therefore, reinforce “no failures,” process and system issues, accreditation in the culture of quality improvement, etc.

- The team leader may decide to separate responsibilities for the administrative review and the clinical review. For this purpose, administrative review functions of the clinical and FAP case record checklists in Tab A are highlighted to distinguish them from clinical. The person conducting the administrative review must have sufficient knowledge of FAP requirements.

- Clinical Record Review**
 - Case record reviews--remind team members that they should complete an individual checklist for each record reviewed tracking case numbers on each form. Review how many case records are to be pulled (five per clinician), open and closed cases and how the cases should be “pulled” (spell this out).

 - A “master” sheet should be completed once the individual records have been completed which aggregates the individual record findings and identifies patterns and trends that may lead to “action(s) required.” Actions required are based on the team identifying a pattern or trend and some professional judgment is required (e.g., if 10 records are reviewed and 2 are out of compliance--team needs to determine if that is enough of a pattern).

**FIRST MEETING
WITH THE TEAM
(cont.)**

- Remember: the team can and should always pull more records if they are unclear or undecided regarding an apparent pattern or trend). Keep a list of all case numbers or client initials for all records reviewed and a list of those that support a “non-compliance” rating.
- Remind team members that the items on the checklist(s) reflect minimum requirements--any pattern or trend on any item on the checklist leads to an action required. Non-compliance on similar items can be consolidated into one action item. Site staff must be briefed on records reviewed and any patterns identified to allow a response/explanation.

**ON-SITE
COMMUNICATIONS
THE INITIAL
IN BRIEFS TO
COMMAND AND
FFSP STAFF**

Before the review begins the Team Leader is responsible to conduct an in-brief with the responsible commander or their designated representative and the FFSP staff. The site will determine who will attend each of these briefs. The following information applies:

- Tailor the in brief to the site structure and command--emphasize the weight/authority/legitimacy of accreditation to command--what does accreditation mean? What is the new process to become accredited?
- On day one of the site-visit, as a courtesy, meet with the site director first. Ensure the director is aware that the team will not be making any “technical” recommendations or be providing personal consultation. If the site wants this type of assistance the request should be made through the team leader and conducted following the accreditation review.
- As part of the in brief, be sure to mention protocols for the behavior of the team--team members will try to be as unobtrusive as possible but will probably “get in their way” to some extent.

**ON-SITE
COMMUNICATIONS
THE INITIAL
IN BRIEFS TO
COMMAND AND
FFSP STAFF**

- Emphasize the new accreditation process is a “four step” process--preparation, the site visit, actions required and the accreditation decision. Stress the checks and balances of the process and that there are no “failures” no scores, percentage grade, etc.
 - If applicable, discuss the role of the regional representative as a team member. No regional business should be conducted during the accreditation time frame. If such business is to be done, it needs to be scheduled after accreditation review is complete.
 - Include the issues identified in the boilerplate in brief.
 - Distribute evaluation forms at the staff in-brief and ask the FFSP staff to complete them prior to the teams’ departure. They will be collected at the staff out-brief.
-

**DAILY OUT
BRIEF WITH THE
SITE DIRECTOR**

It is important to keep site management informed on a daily basis of any issues that arise. There should be no surprises for the FFSP Director or the command at the end of the review.

- Make sure that the team meets every day before the out brief for the site director occurs. Recommend allowing 1 hour before director out-brief. Review what each team member will say during the daily out-brief with the site director – team should hear and agree to issues to be presented – there should be no surprises to team members. It is important to not jump the gun and inform the director there is, or is not, a finding before the team has finalized the decision.
 - Remember that the site has an opportunity to correct a deficiency prior to the end of the review. If corrected, it is not reported as a finding in the report.
 - All team members discuss and agree to any “action required” finding that will be presented to the site director.
-

**PREPARATION
OF THE REPORT**

The Accreditation Report documents the accreditation review. It is extremely important since it identifies the strengths and weaknesses of the FFSP and is forwarded through the chain of command.

- The number one goal and task of the team on site is to accurately and thoroughly complete the Preliminary Accreditation Report (PAR)--it **MUST** be written and printed before you leave and left with the site and it **MUST** be written **WELL!** An Example is at Tab C.
- Discuss your expectations of team members with regard to “writing” their sections with the team. Make sure that team members have examples of how to write each section and make sure you build in enough time to complete the report and allow team members opportunities to review drafts and agree on final content. Ensure that strengths are identified in the report.
- Once the report is completed, make sure that there is a link between the report content and the out brief--all actions required should be included in the out brief along with strengths identified.
- When writing the report it is strongly suggested that you acknowledge the evidence that was reviewed and only write more when follow-on actions required have been identified to be in compliance with standards.
 - Examples of typical report section:
 - “All documents were reviewed, interviews conducted and observations completed as per evidence required under this standard. Evidence revealed compliance with the standard”
 - “Through documents reviewed, interviews conducted and observations of practice, as detailed in the evidence required for this standard,

**PREPARATION
OF THE REPORT
(cont.)**

the site must address the issue of XXXX. This requires follow-on action to be in compliance with the standard. (You must also detail what action will be required to document compliance. See the following example.)

STANDARD 3.6 FAP ASSESSMENT AND CASE MANAGEMENT

OBSERVATION. Reviews of written documentation, case record reviews, and interviews indicate that the overall FAP assessments and case management comply with requirements and meet the needs of servicemembers, family members, and commands. The SOP is comprehensive and well organized and specifically addresses all required areas. The CRC minutes indicate that cases are handled by the CRC in compliance with policies and procedures. Interviews with FFSC staff members indicate detailed knowledge of policies, procedures, and roles. Case record reviews indicate overall excellent compliance with requirements as well as a thorough and timely response to cases. However, there are three specific areas in records documentation that require action

ACTION REQUIRED

- (1) On the case record labels, enter all required data.
- (2) On the Rating Rationale (Findings form), include a description of how risk factors and protective factors interact to determine the likelihood of future abuse, level of severity if abuse recurs, and overall level of risk.
- (3) On the Intervention Plan, include the targeted risk factors and the behavioral objectives of the recommended modalities.

EVIDENCE OF COMPLIANCE

Compliance will be verified by completed copies of record labels, findings forms, and intervention plan forms that address the actions required. Forms should be submitted to NAVPERSCOM (PERS-660) via the chain of command (identifying data should be deleted prior to submission). A minimum of one record label, completed findings form and completed intervention plan form should be submitted per clinician.

**THE LAST
DAY OF THE
SITE-VISIT**

There are several items that need to be accomplished at the end of the site visit.

- Ensure the out brief to command and site-staff is still on schedule.
 - Team concurrence that a follow up site visit by the regional or NAVPERSCOM (PERS-6) program manager will be recommended to validate compliance.
 - Collect completed evaluations from the site director, staff, and team members and put in a sealed envelope for the team leader to mail to NAVPERSCOM (PERS-660).
 - Leave a copy of the written report with the site (and on a disk if the site requests).
 - Tailor out-brief to the command to include strengths and actions required (for site staff and command, if applicable).
 - Explain next steps of the process e.g., within 30 days the command will receive the official report and they then have 90 days to submit their response. However remind them that they can start work immediately since they already have the report.
 - The report--is it complete? All team members have reviewed all sections and signed the signature page. Letter and reports are E-Mailed to NAVPERSCOM (PERS-660). A copy of the summary Clinical/FAP record review checklist and the signature page is faxed/scanned (mail originals of signature page and hard copy of summary checklist) to NAVPERSCOM (PERS-660).
-

**POST
SITE-VISIT**

- Follow-up with NAVPERSCOM (PERS-660) to ensure there is no confusion as to what follow-up actions and documentation will be required by the site.
 - Ensure NAVPERSCOM (PERS-660) has received the evaluations.
 - Communicate with team when feedback is received from NAVPERSCOM (PERS-660) regarding evaluations.
 - Team leader gathers all the team members checklists and accreditation notes. Materials related to any actions required or findings must be retained in a secure place until time period for appeal has expired. Team leader then destroys all materials. All other materials will be destroyed on site.
 - Once NAVPERSCOM (PERS-660) has notified the Team Leader that a decision has been made, let the team members know as well.
-

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section III

On-Site Protocol Guidance For Team Members

**THE
“CULTURE”
OF THE
SITE-VISIT**

- Culture of the visit and team performance--team members must realize that the site visit is not an audit or inspection and that the role of the team member is as facilitator to the site in their efforts to become accredited. This does not mean you must help them correct deficiencies on site, but you must be prepared to describe in detail what follow on action is required to be per the standard. The site-visit is a TEAM effort--there are few if any individual team member decisions made.

- Confidentiality--critical importance of confidentiality -- nothing observed, reviewed or said before, during or after the visit should be discussed with anyone other than other team members, the team leader, and NAVPERSCOM (PERS-66).

**DETERMINING
ACTIONS
REQUIRED**

- Team consensus for consultation and actions required--consultation is tricky and should NOT be offered by any individual team member without first discussing the nature of any consultation with the entire team. In addition, the entire team should agree to the type of consultation offered. Remember that trends need to be identified and agreed to first before any consultation is considered. Consultation should not be agreed to/offered based on one team member having a “feeling” about one incident or item that was reviewed.

**DETERMINING
ACTIONS
REQUIRED
(cont.)**

- “Evidence” of the need for “consultation” should be collaborated by multiple areas of review, if possible, to strengthen the team’s appropriateness in providing consultation.

 - Stick to findings of fact.
-

**HOW TO
APPROACH
CASE RECORD
REVIEWS**

Ideally, you will want to review a random sample of five cases per clinician (three open and two closed). However, at a large site this may not be practical and at a small site a larger number may be required to achieve a thorough assessment. Discuss with the team. For FAP personnel the records should include at least a sampling of FINS and I&R records as well as FAP records.

Although some cases may include work by more than one clinician, the total number of cases reviewed should be as above and should reflect a sampling of all of the clinicians’ work. Keep records confidential at all times!

- Each team member should complete an individual case record checklist for each record reviewed, tracking case numbers on each form. A “master” sheet should be completed once the individual records have been completed which aggregates the individual record findings and identifies patterns and trends that may lead to “action(s) required.” Actions required are based on the team identifying a pattern or trend. Some professional judgment is required (e.g., if 10 records reviewed and two are out of compliance--team needs to determine if that is enough of a pattern. Remember: the team can and should always pull more records if they are unclear or undecided regarding an apparent pattern or trend).

**HOW TO
APPROACH
CASE RECORD
REVIEWS
(cont.)**

- Keep a list of all case numbers or client initials for all records reviewed and a list of those that support a “non-compliance” rating. The items on the case record checklist(s) reflect minimum requirements--any pattern or trend on any one item on the checklist leads to an action required. Clinical Supervisor/FAR must be briefed on records reviewed and any patterns identified to allow a response/explanation.

 - The Team leader may decide to separate responsibilities for the administrative review and the clinical review. For this purpose, administrative review functions of the clinical and FAP case record checklists in Tab A are highlighted to distinguish them from clinical. The person conducting the administrative review must have sufficient knowledge of FAP requirements.
-

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FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section IV

The Use Of Professional Judgment

PROFESSIONAL JUDGEMENT

The use of professional judgment by the individual team members is required throughout the accreditation process. Accreditation and reviewing practice naturally leads itself to some degree of subjectivity. Industry has not been able to narrow this process down to a clear “yes/no” review. To protect each team member and the validity of this process, checks and balances are required to minimize the potential inappropriate use of “professional judgment” or “subjective” rating of compliance with the accreditation standards. The main check and balance is the requirement that before an issue becomes an “action required,” and before “consultation” is offered, the issues must be discussed with the entire team. There must be consensus (majority rule) that the item is indeed an action required. Additional checks and balances include the ability of the site to request reconsideration of accreditation findings and the “decision” making responsibilities for accreditation resting with an independent department that does not participate in the site visit.

Another way for team members to stay within appropriate boundaries is to reaffirm the requirement that reviewers stick to the standard. By sticking to the intent of the standard, team members will help keep themselves focused only on those issues that are discussed in the standards and may prevent them from incorporating global operational concepts into the review process. This is very important--successfully

**PROFESSIONAL
JUDGEMENT
(cont.)**

minimizing individual team member determinations of out of compliance issues will ensure inter-rater reliability of the accreditation standards. As a team leader, these issues should be put on the table during the first meeting with team members to ensure that everyone remembers this approach as they move through their tasks while conducting the site visit.

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section V

Team Member And Team Leader Selection And Assignment

TEAM MEMBER SELECTION AND ASSIGNMENT

NAVPERSCOM (PERS-660) accreditation program staff will select accreditation team members and composition of teams from the pool of personnel who have successfully met the qualifications criteria during the nomination process and completed accreditation team member training provided by NAVPERSCOM (PERS-660). These individuals include regional, installation, and NAVPERSCOM (PERS-66) staff.

NAVPERSCOM (PERS-660) sends the annual schedule of proposed accreditation site visits to the pool of trained personnel who notate their availability for the year for the various sites.

The first consideration in organizing an accreditation team is the size of the FFSP to be reviewed which determines the number of team members to be assigned. Specific team assignments include management, programs, clinical counseling and family advocacy review. Such factors as the number of clinical staff and records to be reviewed, the number of separate locations, and other factors will be used to determine the number of team members required for each competency area.

**TEAM MEMBER
SELECTION AND
ASSIGNMENT
(cont.)**

Team selection comes from those available and qualified by experience/expertise to review specific competency areas. When possible, team members will be selected from several regions for equitable representation, although location and travel time and expenses are taken into consideration on a case-by-case basis. “First-time” team members will be paired with seasoned team members as part of the mentoring process. Every effort will be made to ensure that each team member is afforded an opportunity to go on one or more site visits and that no team member is used excessively to the exclusion of others.

Regional program managers who have been trained as accreditation team members will be offered the opportunity to be on the team or have a representative from their area. If regional staff do not meet team member qualifications they are invited to participate as an observer. (Last minute team adjustments will be based primarily on required expertise and availability.)

NAVPERSCOM (PERS-660) will determine prospective team members and first discuss with the region commander, accreditation team leader and the site director to ensure there are no known conflicts of interest. Based on their input the final decision will be made and the prospective team members will be notified. Prospective team members are also responsible to notify NAVPERSCOM (PERS-660) of any potential conflict of interest, which would affect assignment and that may preclude an objective review. Based on this input, NAVPERSCOM (PERS-660) will make the final team member selection and officially notify the chain of command, team leader, and the team members.

**TEAM MEMBER
SELECTION AND
ASSIGNMENT
(cont.)**

Team composition will include the following:

TEAM ASSIGNMENT COMPETENCY MATRIX	
Management (1)	Programs (1 or more)
Clinical Counseling (1 or more)	Family Advocacy (1 or more)

For very small sites, a reviewer who has expertise in multiple areas may be assigned to review multiple competencies.

The team leader will be responsible to review a certain number of standards but generally not be assigned to clinical/FAP review because of the workload required unless there is more than one reviewer.

**TEAM LEADER
SELECTION AND
ASSIGNMENT**

NAVPERSCOM (PERS-660) accreditation program staff will select accreditation team leaders from the pool of personnel who have completed accreditation team leader training provided by NAVPERSCOM (PERS-660) and who meet the criteria in the team leader position description. These individuals include regional, installation and NAVPERSCOM (PERS-66) staff.

Team leader assignment is based primarily on availability, team member composition, subject matter expertise and travel time and expense.

Regional staff with direct line of supervision and performance evaluation to a sited director will not serve as a team leader at those sites.

**TEAM LEADER
AND TEAM
MEMBER
PERFORMANCE
FEEDBACK**

The accreditation process includes a thorough review of team leader and team member performance by evaluations provided by team leader, team members and activity. Both positive and negative feedback will be used to determine future assignment. Feedback will be shared with leaders and members in a summary with individual information shared only with team leader and team member. Any issues requiring remediation should be identified and corrected in an objective, professional manner. Should evaluations indicate either a team leader or team member should not continue in their roles, the decision will be made in conjunction with the chain of command.

Team leaders, team members, NAVPERSCOM (PERS-660) and the accreditation program itself must benefit from the evaluation process.

NAVPERSCOM (PERS-660) is responsible for managing the evaluation feedback process and to analyze trends to apply to future team training. The Accreditation Advisory Council will review evaluation feedback and make appropriate recommendations.

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section VI

Official Correspondence Procedures

PRE-VISIT CORRESPONDENCE

NAVPERSCOM (PERS-66) will send the initial letter notifying the activity 6 months in advance of the scheduled visit. The letter will identify requirements and list the team members. Sample site letter is at Tab D.

The team leader should be copied on all pertinent correspondence from NAVPERSCOM (PERS-660) to the site.

Follow-on correspondence to determine site logistic support and travel arrangements will be done via E-Mail among the site, NAVPERSCOM (PERS-660) and the team leader.

ON-SITE DOCUMENTATION

Immediately following the site visit, the team leader will leave a copy of the Preliminary Accreditation Report (PAR), which has been signed by all team members with the site and also forward a copy to NAVPERSCOM (PERS-660). The team leader will also inform NAVPERSCOM (PERS-660) whether the team recommends a follow-up review by the region.

NAVPERSCOM (PERS-660) develops the cover letter for NAVPERSCOM (PERS-6) signature with the team's signed PAR as an enclosure within 30 days following the receipt of the team's report of the onsite visit. The cover letter requires the activity to submit a POA&M detailing plans of accomplishing the required action(s) and advises of the requirement to respond with completed action(s) within 90 days of the receipt of the

letter. The cover letter will indicate whether a follow-up review by region will be conducted. Sample cover letter to the report is at Tab D.

**POST SITE
FOLLOW-UP**

Upon review of the follow-up action(s) completed by the activity, NAVPERSCOM (PERS-6) will notify the activity of the accreditation decision within 30 days. If approved, the Accreditation Certificate will be enclosed. If not approved the letter will specify further actions required. Sample decision letter is at Tab D.

Recommend the region provide a congratulatory endorsement with the highest appropriate signature when the accreditation certificate is forwarded. A sample is at Tab D.

The chart on next page summarizes the correspondence procedures.

FFSP Accreditation Team Management Guide

SUMMARY OF OFFICIAL CORRESPONDENCE PROCEDURES			
Correspondence	Addressee	Copies To	Signed By
Initial letter to the activity in advance of scheduled visit identifying requirements for the visit and team members.	ISIC (regional or installation commander as appropriate) 6 months in advance of scheduled visit	Regional Program Manager(s) FFSP Director Team Leader	NAVPERSCOM (PERS-66)
Preliminary Accreditation Report (PAR) prepared by Team Leader/members and forwarded to NAVPERSCOM (PERS-660). NAVPERSCOM (PERS-660) prepares final cover letter as attachment, which lists actions required. (Note: immediately following site visit, activity submits POA&M describing how they plan to complete actions pending via E-Mail to NAVPERSCOM (PERS-660))	ISIC (regional or installation commander as appropriate) Within 30 days of site visit.	Regional Program Manager(s) FFSP Director	NAVPERSCOM (PERS-6)
Site submission of documentation demonstrating required actions have been completed or reconsideration of the finding/Action Required.	NAVPERSCOM (PERS-6) Within 90 days of receipt of report	Regional Program Manager(s) NAVPERSCOM (PERS-660)	ISIC (regional or installation commander)
Decision Letter w/ Certificate if conferred.	Regional Commander(s) Within 30 days of receipt of response.	Regional Program Manager. ISIC FFSP Director Site Manager	NAVPERSCOM (PERS-6)

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FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Section VII

Accreditation Advisory Council

PURPOSE

1. The FFSP Accreditation Advisory Council is established to provide an effective method of obtaining chain of command input and recommendations to assist in the on-going accreditation of FFSP, which meets the SECNAVINST requirement for triennial program reviews.
 2. The Accreditation Council functions as a program advisory source by making recommendation to NAVPERSCOM (PERS-6) Program Manager concerning accreditation standards and the effective implementation of the accreditation process. The Advisory Council acts only in an advisory capacity and does not engage in the management and operation of FFSP Management.
-

**MEMBERSHIP
AND
ORGANIZATION**

1. In an effort to ensure the Advisory Council membership represents the interests of Navy, representatives are appointed as follows:

Permanent Membership
CNI
NAVPERSCOM (PERS-660)
NAVPERSCOM (PERS-661)
One Representative from each of the following regions:
Northeast Southeast Mid-Atlantic/NDW South/Gulf Coast Northwest Southwest Europe/Southwest Asia Pacific (includes Hawaii, Guam, Japan, Korea, LOGWESGRU)

2. The priority for selection of representatives should be knowledge, expertise, and on-going involvement with the FFSP Accreditation Program (including Family Advocacy).
 3. The Chair will be elected at the initial meeting and serve for 2 years.
-

RESPONSIBILITIES

1. The Advisory Council's responsibilities include:
 - Review all formal appeals
 - Review all denials and make recommendations as appropriate
 - Review all statistics to determine trends (number of accreditation reviews, actions required, denials and other data regarding accreditation findings)
 - Review of aggregate evaluation results (team members, team leaders, NAVPERSCOM (PERS-660) feedback and actions taken)
 - Review of standards and handbook information
 - Review of process issues (especially based on aggregate evaluation trends)
 - Review of calendar, schedule of site visits, team member/leader selection and assignments
 - Make recommendations to NAVPERSCOM (PERS-6) on recommended changes (either policy, team selection, site selection, or process oriented)
2. The Chair presides at all Accreditation Advisory Council meetings and is responsible for ensuring the council meets as needed but at least annually.
3. NAVPERSCOM (PERS-660) Program Manager is responsible for advising all representatives of the meeting time and date. The Chair and NAVPERSCOM (PERS-660) Program Manager will develop the agenda based on input solicited from council members. NAVPERSCOM (PERS-660) is responsible for ensuring council members are provided the information discussed in para III.1 in sufficient time for members to evaluate the material and provide effective feedback.

FFSP Accreditation Team Management Guide

**RESPONSIBILITIES
(cont.)**

4. The Chair is responsible for preparing the meeting minutes and forwarding the minutes to NAVPERSCOM (PERS-6) for approval. NAVPERSCOM (PERS-660) is responsible for distribution to council members and the chain of command for information.
-

**EFFECTIVE
DATE**

The Accreditation Advisory Council will take effect in FY-04. In the interim, the Accreditation Working Group established by NAVPERSCOM (PERS-6) will assume the responsibilities until the Council is fully operational.

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Tab A

FFSP Accreditation Formats for Team Members

TAB A CONTENTS

Tab A contains the Accreditation Formats that all team members will use. Most are also included in the Handbook but are included here so they can easily be duplicated prior to the site visit. They are also available on the NAVPERSCOM (PERS-660) Accreditation Webpage.

This tab contains:

- NAVPERS 1754/8, Clinical Counseling Case Review Checklist
- NAVPERS 1754/9, Clinical Record Management Checklist
- NAVPERS 1754/10, FAP Training Checklist
- NAVPERS 1754/11, FAP Records Review Checklist
- NAVPERS 1754/12, Facility Observation Checklist
- Interview and Focus Group Matrixes
- NAVPERS 1754/13, Sample Focus Group Questions
- NAVPERS 1754/14, FFSP Accreditation Findings Report
- Code of Conduct
- Two Sample Agenda Formats
- NAVPERS 1754/15, Team Leader And Team Member Performance Review
- NAVPERS 1754/16, Team Leader Evaluation of Team Members' Performances

FFSP Accreditation Team Management Guide

- NAVPERS 1754/17, Activity Assessment of Team Members' Performance
 - NAVPERS 1754/18, Activity Assessment of Team Performance
-

FFSP CLINICAL COUNSELING CASE RECORD REVIEW CHECKLIST

Case Number _____

Counselor Name _____

Team Member _____ Date Reviewed _____

CONTENT OF CLIENT RECORD	Yes	No	NA
INTAKE/ADMISSION			
Demographic information is documented in the record.			
Documentation of Privacy Act provisions explained and Privacy Act Statement signed by client and witnessed by a provider. The Privacy Act is signed or co-signed by a custodial parent for minor children.			
Consent for Treatment forms are signed by a custodial parent prior to assessment/counseling of children.			
Release of Information form signed/completed, as appropriate.			
Disclosure form completed as appropriate.			
Client meets eligibility criteria for FFSP services.			
A reason for requesting service or referral information is documented in the record.			
Client Rights and Responsibilities Form signed and in the record.			
ASSESSMENT			
Tailored to individual need and only relevant information is collected.			
Initial screening of child and spouse maltreatment, substance use, suicidal/homicidal ideation and mental health disorders is conducted, with appropriate expansion of the assessment when client situation indicates need.			
Diagnosis or R/O is documented. Diagnosis or R/O is consistent with assessment and intervention information. Referrals for R/O diagnoses are documented.			
TREATMENT PLAN			
Treatment Plan is in the record.			
Treatment Plan completed in the timeframe designated in the local SOP.			
Treatment Plan based on findings of the assessment and specifies services to be provided and by whom.			
Treatment Plan is problem-focused with specific behavioral goals/objectives			
Treatment Plan objectives and services are modified when indicated by changing needs or circumstances, progress toward achievement of service goals, or the request of the person, family, or group served.			

FFSP Accreditation Team Management Guide

Case Number _____

CONTENT OF CLIENT RECORD (cont.)	Yes	No	NA
CASE NOTES			
Case notes or summaries are completed for every client and collateral contact.			
Case notes document that services are short-term problem focused (or as directed by CRC recommendation for FAP cases).			
Case notes document progress toward meeting goals and objectives in the Treatment Plan			
Case notes document coordination with Medical/Command/other service providers, where appropriate.			
Supervisor signature on all clinical case notes for Tier 1 providers.			
TERMINATION FROM TREATMENT			
Closing summary completed with referral or recommendations for future services, as appropriate.			
GENERAL			
All entries and forms are signed and dated.			
Documentation is written legibly or typed and contact entries are made within 2 days or otherwise documented.			
Only authorized staff makes entries into records.			
All requests for release of records are forwarded to the JAG for release and documented per Privacy Act.			
Access to individual records is limited and protected according to SOPs and the pertinent Privacy Act notice.			
Procedures to protect records from the destruction, loss or other damage, which include: daily back-up of all electronic official records, and storage of paper records in a locked, secure area.			
SPECIAL CIRCUMSTANCES			
PRP is designated on the Privacy Statement and reporting requirements are followed and documented, when required.			
Mandatory reporting is completed per Privacy Act and documented (e.g. child abuse, spouse abuse, homicide, suicide, espionage, etc.).			
Follow-up documentation for command referrals may include: 1) Servicemember was seen at the FFSP; 2) A brief, general assessment of the situation; 3) Recommendations for intervention/referral; 4) Estimated length of time needed to correct the situation; 5) Specific recommendations for command action if applicable.			

FFSP CLINICAL/FAP RECORD MANAGEMENT CHECKLIST

CONTENT	Yes	No	NA
Access to individual records is limited and protected per SOPs.			
Procedures to protect records from destruction, loss, or other damage which include: daily backup of all electronic official records and storage of paper records in a locked, secure area.			
Procedures governing retention, maintenance, archival, and disposal of records are followed.			
All computers have up-to-date anti-virus protection and protections for confidentiality and integrity of internal databases and sensitive information, including passwords.			
Files should be locked in file cabinets when unattended and procedures for on-going security of all information are practiced.			
Procedures are followed regarding security of files when taken off-site.			
FAP information is maintained using the three record system, as appropriate.			

NAVPERS 1754/9 (09/03)

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FFSP FAP TRAINING CHECKLIST

REVIEWER: _____ DATE: _____

	YES	NO	NA
CASE REVIEW COMMITTEE MEMBERS			
Tracking documents whether each CRC member has received, at a minimum, 16 hours of child and spouse abuse training within 6 months of their appointment to the CRC and 24 hours of FAP-related training annually.			
Physician	_____	_____	_____
Line Officer	_____	_____	_____
Judge Advocate	_____	_____	_____
FAR	_____	_____	_____
Psychologist/Psychologist/Mental Health Provider	_____	_____	_____
Other (specify) _____	_____	_____	_____
Other (specify) _____	_____	_____	_____
Other (specify) _____	_____	_____	_____
Training to support meeting this requirement is offered to CRC members by the FFSP as appropriate to FFSP staffing and expertise/the FFSP advises the CRC members of training options to meet the requirement.			
FAMILY ADVOCACY COMMITTEE MEMBERS			
FAP training has been provided, or at minimum offered to, all FAC members on an annual basis.			
Training included the core program content (next page).			
FAMILY ADVOCACY OFFICER			
The FAO has received FAP training on a regular and ongoing basis, including the core program content (next page).			
In addition, the FAO has received FAP training on resource planning, staffing issues, program management and oversight, and prevention and training strategies.			
MILITARY PERSONNEL			
FAP training with the core program content (below) has been provided, or at minimum offered, on a regular and ongoing basis to the following:			
Commanding Officers and Military Supervisors	_____	_____	_____
Unit FAP Points of Contact	_____	_____	_____
FAP training has been provided as requested by commands to servicemembers at indoc and on a regular and ongoing basis, with the following content, at minimum: identification and prevention of family violence; reporting requirements; command, community, and FAP response to family violence.			

FFSP Accreditation Team Management Guide

	YES	NO	NA
PERSONS WHO WORK WITH CHILDREN			
FAP training has been provided, or at minimum offered, on a regular and ongoing basis to the following:			
Child Care Providers.....	_____	_____	_____
Youth Activities Staff.....	_____	_____	_____
DODDS Staff Members.....	_____	_____	_____
Training included the core program content (below).			
FFSP CLINICAL PROVIDERS, EDUCATORS, AND ADVOCATES			
FAP training has been provided on a regular and ongoing basis to FFSC clinical providers, educators, and advocates who have FAP involvement. The core program content (below) has, at minimum, been received once.			
LAW ENFORCEMENT			
FAP training has been provided, as requested, to Base Security and NCIS.			
MEDICAL			
FAP training has been provided, as requested, to Medical Treatment Facility personnel.			
CHAPLAINS			
FAP training has been provided, as requested, to military chaplains.			
CORE PROGRAM CONTENT			
<ul style="list-style-type: none"> • Underlying causes, patterns, and dynamics of child and spouse abuse • Risk factors for child and spouse abuse • Identification of child and spouse abuse • Military and civilian reporting requirements • Referral options and procedures (military and civilian) • Description of the local FAP, including: <ul style="list-style-type: none"> - Navy FAP policies and procedures - Risk assessment procedures - Case management procedures - Rehabilitation and support services options - Multidisciplinary team approach • Prevention strategies • Appropriate command and individual responses to abuse • Planning for a coordinated community approach 			

FFSP FAP RECORDS REVIEW CHECKLIST

REVIEWER: _____ DATE: _____

TYPE OF CASE: FAP: _____ FINS: _____ I & R: _____

CASE NUMBER: _____ CASE WORKER: _____

RECORD CONTENT

	YES	NO	NA
GENERAL			
All entries written legibly in black ink or typed and contact entries are made within 2 days or otherwise documented.			
All entries and forms are signed and dated. Tier III supervisor signature on all clinical entries for Tier I providers.			
All pages of FAP forms and case notes are identified with appropriate case number and name.			
Separate case record jackets (for FAP/FINS cases) established for victim, offender, and nonpermanent.			
Case record labeled with name, SSN, case number, cross-referenced case numbers, as appropriate to record type (victim, offender, nonpermanent).			
Case numbers assigned per records management guidance.			
Case documentation and materials filed in alleged victim, alleged offender(s), and non-permanent records as appropriate.			
All NRAM forms completed with format and content as specified by NRAM Handbooks.			
All contacts and actions documented on Case Activity Notes or on the appropriate NRAM form			
INTAKE & INITIAL INTERVENTIONS			
Incident Report/Eligibility form completed within one working day of receipt of report.			
Case status decision consistent with beneficiary status and nature of allegation.			
Demographics form completed as information becomes available.			
Safety Assessment form is completed within 1 working day of receipt of allegation by FAP.			
Ratings of safety factors and case status decision consistent with documented information obtained from victim, offender, non-offending parent, and others.			
Safety Response form initiated within 1 working day of receipt of report and completed prior to CRC presentation.			
Notifications made, as appropriate to case circumstances, to command, child protective services, NCIS, and BUPERS.			
Safety response actions address safety issues and identified needs.			
Date and results of Central Registry checks documented.			

FFSP Accreditation Team Management Guide

CASE NUMBER: _____

	YES	NO	NA
INTAKE & INITIAL INTERVENTIONS (cont.)			
Documentation that FAP information provided to alleged victim, alleged offender/non-offending parent.			
Documentation that Privacy Act provisions explained and Privacy Act Statement signed by alleged victim, alleged offender/non-offending parent and witnessed by a provider. The Privacy Act is signed or co-signed by a custodial parent for minor children interviewed. The Privacy Act contains identification of PRP clients.			
Release of information form(s) obtained if information requested/released outside of DOD.			
Disclosures are made and documented in the record IAW the Privacy Act.			
Victims interviewed separately at minimum for initial assessment and are not interviewed with the alleged offender until safety is established.			
NCIS consent documented prior to interviewing alleged offender for cases in which NCIS is involved.			
Consent for Treatment Forms are signed by a custodial parent prior to assessment/counseling of children except when ordered by a commanding officer to protect the health/safety of the child.			
Children in the family (in child and spouse abuse cases) are interviewed or documentation of why they were not is provided. Children are provided intervention services or are referred for assessment/interventions as appropriate.			
RISK FOCUSED ASSESSMENT			
Risk Focused Assessment Report form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Documented information from victim, offender, non-offending parent, and others is sufficient to support the factor ratings.			
Risk ratings are consistent with available case information.			
Risk Assessment Summary form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Risk Assessment Findings form completed prior to initial CRC presentation and for subsequent incidents and updated quarterly, at closure, and when otherwise required.			
Rating rationale documents how risk factors and protective factors interact to determine the Likelihood of Future Abuse, Level of Severity if Abuse Recurs, and Overall Level of Risk.			
Intervention Plan form completed prior to initial CRC presentation.			
Intervention Plan lists and addresses targeted risk factors.			
Intervention Plan contains specific modalities with behavioral objectives.			

CASE NUMBER: _____

	YES	NO	NA
CASE REVIEW COMMITTEE			
Written notification of CRC consideration for determination forwarded to be received by alleged victim and alleged offender (or non-offending parent for children) 7 days in advance of CRC meeting. Letter to SM sent via command; letter to civilian sent to home address.			
Documentation of contact with SM's CO or Command Representative to invite command to attend CRC meeting for cases scheduled for case status determination.			
Initial CRC presentation (using CRC Presentation form or FINS CRC QA Review Checklist) and determination/recommendations or FINS concurrence decision made within 90 days of receipt of report.			
CRC Presentation form or FINS QA Review Checklist contains all available information regarding the allegations as well as safety factors of note and relevant risk factors.			
Written notifications of CRC determination/recommendations, including Statement of Rights, sent to command for alleged victim, alleged offender/non-offending parent, within 10 days of CRC.			
Form DD2486 completed after CRC and a copy is filed in case record.			
COUNSELING, MONITORING AND CLOSURE			
Clients are provided CRC recommended interventions at the FFSP or clients are contacted to provide any needed assistance in obtaining services via other military and/or civilian agencies.			
Follow-up contacts made and documented with clients, command, and involved agencies/providers at least quarterly.			
Progress reports (at minimum, quarterly) and completion reports of educational and counseling programs documented.			
Progress reports, case activity notes, and/or other documentation address progress toward meeting intervention plan objectives and reducing targeted risk factors and the overall level of risk.			
After initial determination, case reviewed at least quarterly by the CRC until closure.			
Cases presented for closure only after consideration of NRAM guidelines and consultation with involved command(s), agencies, and providers.			

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FFSP Facility Observation Checklist

Site: _____

Date: _____ Team Member: _____

General Site Walk-Through	
Action	Comments
<input type="checkbox"/> There are no observable health and safety problems, or if observed there is documentation that they have been reported to the appropriate office for follow-up	
<input type="checkbox"/> Workspace is available for staff and customers.	
<input type="checkbox"/> Site has offices/rooms for private and confidential interviewing, at a minimum, for clinical/FAP clients.	
<input type="checkbox"/> Office equipment and furnishings are sufficient to enable staff to perform their jobs (e.g., phone and fax lines to accommodate populations served, computers, printers, internet access, copy machines, voice mail and locking file cabinets for sensitive material).	
<input type="checkbox"/> The site/program is accessible to clients with disabilities per applicable laws and regulations and if not in compliance, a plan is approved to achieve compliance and to provide service to persons with disabilities in the interim.	
Site is: <input type="checkbox"/> clean <input type="checkbox"/> well-lit <input type="checkbox"/> well-maintained	
If the site provides transportation for clients: <input type="checkbox"/> vehicles have current inspection stickers <input type="checkbox"/> passenger restraints are age-appropriate	
<input type="checkbox"/> Facility security procedures such as access to building and after hours security practice is in place (posted).	
<input type="checkbox"/> Emergency exit plan including provisions for staff and clients with mobility challenges is in place (posted).	

NAVPERS 1754/12 (09/03)

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NOTE: The following table identifies the persons to be interviewed and the content to be covered during the interviews as required for assessing compliance with each standard. The interviewer formulates specific questions, as appropriate, to assess whether the required content is present and compliance is achieved.

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD
Command Support	1.1	With FFSC Staff: <ul style="list-style-type: none"> • Knowledge of command mission. • Methods to initiate information flow with command.
I & R	1.2	With FFSP Staff responsible for I&R: <ul style="list-style-type: none"> • Knowledge of information provided. • Processes are in place to update the information at least annually.
Deployment/Mobilization	1.3	With staff responsible for deployment support: <ul style="list-style-type: none"> • Regular ongoing communications and program delivery to deployment customers.
Ombudsman	1.4	With staff: <ul style="list-style-type: none"> • Familiarity with the Ombudsman program. • Ability to provide referrals and consultation to the Ombudsmen as required.
Life Skills Education	1.5	With staff: <ul style="list-style-type: none"> • Knowledge of the process in place that is used to determine the course offerings. • Customer feedback is used for process improvement. • They have training and experience in the subject content of programs they conduct.

FFSP Accreditation Team Management Guide

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
NPSP	1.6	<p>With FFSP staff:</p> <ul style="list-style-type: none"> • Knowledgeable of NPSP services and methods to provide such services to the beneficiary population. • Knowledge of military and civilian resources pertinent to expectant and new parents <p>NOTE: If the FFSP does not have a NPSP position, only the second question is used.</p>
Crisis Intervention	2.1	<p>With management, administrative and counseling/FAP staff:</p> <ul style="list-style-type: none"> • Know the procedures for handling after hours crises and follow-up requirements associated with the telephone answering machine or call forwarding service providing 24 hour emergency information. • Practice is consistent with documentation. • If the base/region conducts a disaster exercise, the FFSP participates.
SAVI	2.2	<p>With staff responsible for SAVI:</p> <ul style="list-style-type: none"> • Knowledgeable of their responsibilities and comply with the installation/regional instruction.
Clinical Counseling	2.3	<p>With staff:</p> <ul style="list-style-type: none"> • Practice is consistent with SOPs • Practice is within the authorized scope of services and modalities covered by core privileges and within their own skill capability.
Clinical/FAP Record keeping	2.4	<p>With staff:</p> <ul style="list-style-type: none"> • Practice with regard to security of records, confidentiality of records, maintenance and storage of records (to include electronics) is consistent with the requirements of this standard.
Credentialing and Clinical Supervision	2.5	<p>With clinical providers:</p> <ul style="list-style-type: none"> • The type of supervision/ consultation provided by supervisory staff. • Clinical supervision received by Tier I providers is consistent with their written supervision plan. • Peer review/consultation is available to Tier II or Tier III clinical providers and documented when sought. • Independent clinical decisions and independent clinical group leadership are done only by Tier II and III providers. <p>With supervisor(s):</p> <ul style="list-style-type: none"> • Verifies peer review and consultation practices are in place for staff and self.

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
FAP	2.6	<p>With FAP, CRC Chair, FAO:</p> <ul style="list-style-type: none"> • Knowledgeable of the scope of FAP services provided and of the respective roles and responsibilities of the FAO, FAR, FAC, CRC and other involved agencies, e.g. NCIS, Base Security, CPS and MTF.
FAP ED	2.7	<p>With FAR, and FFSP staff responsible for FAP education and training programs:</p> <ul style="list-style-type: none"> • Knowledgeable of the needs assessment process used to determine course offerings. • Customer feedback is used for process improvement. • Presenters have training and experience with the subject content for the programs they conduct. • Familiarity with local military and civilian resources that offer secondary prevention and education programs.
FAP assessment and Case Management	2.8	<p>With FAR, FAS, FAP Counselors/Case Managers, FFSP staff responsible for FAP records management, clinical counselor, FVA, as applicable:</p> <ul style="list-style-type: none"> • Knowledge of proper procedures for safety and risk assessments, safety responses, case management, referrals and case closure procedures. • Knowledge of their roles in relation to other military and civilian agencies in the investigation and assessment of cases.
FAP Interviews	2.9	<p>With FAR, other case managers, NCIS, FFSP staff responsible for conducting FAP interviews:</p> <ul style="list-style-type: none"> • Knowledge of and adherence to victim and offender rights. • Knowledge of policy and procedures for interviewing children. • Able to describe coordination with military and civilian law enforcement and children protection services. • Knowledge of assessment and intervention resources in the military/civilian community for victims of child and spouse abuse, offenders and children in homes where abuse has occurred.
Victim Advocacy	2.10	<p>With FAR, FAP staff and FVA (if on staff):</p> <ul style="list-style-type: none"> • Knowledge of procedures for providing all listed victim advocacy services (with exception of transporting and accompaniment is FVA is not on staff). • Knowledge of their specific role in providing services to victims. • Knowledge of military and civilian resources pertinent to victims.

FFSP Accreditation Team Management Guide

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
Relocation	3.1	<p>With FFSP staff:</p> <ul style="list-style-type: none"> • Knowledge of and able to link the client with appropriate service or resource. At a minimum this includes financial planning/management, stress management, entitlements/cost of moving, home buying and selling, property management, shipments/storage of household goods and base check-in/check-out procedures.
TAMP	3.2	<p>With Command Career Counselors (CCC) and command leadership:</p> <ul style="list-style-type: none"> • TAMP meets command needs. <p><u>NOTE:</u> This may be addressed via a Focus Group vice interviews.</p> <p>With TAMP personnel:</p> <ul style="list-style-type: none"> • Ongoing communications with CCCs to gather data for reporting requirements. • Coordination with TAMP and SEAP and that information provided to customers is the same in both programs. • Staff monitors the 3 to 4 day TAP seminar.
SEAP	3.3	<p>With staff responsible for SEAP:</p> <ul style="list-style-type: none"> • Coordination with TAMP and SEAP and information provided to customers is the same for both programs. • Knowledgeable of unique challenges of spouses in the local area. • Coordination with local community resources.
PFM	3.4	<p>With staff:</p> <ul style="list-style-type: none"> • Knowledge of local military and civilian resources. • Provision of financial education programs/counseling assistance.

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
Personnel Management	4.1	<p>With FFSP management:</p> <ul style="list-style-type: none"> • Follow up with HRO or their POC to expedite personnel actions. • Work schedules are adjusted to accommodate program, budget or operational changes that include: Approved leave, special events, holidays, training requirements, changes to hours of operation, TEMADD/TDY, customer usage data and budget guidance regarding staff labor costs. • Direct involvement/awareness of Navy-wide efforts to achieve Most Efficient Organizations either by A-76 studies, Functionality Assessments, or by local initiatives. • Any staff working with children has a completed NAC/NACI before working directly with children. • Knowledgeable of and support the need for on-going staff training and have developed a mechanism to prepare, monitor and track staff training requirements. • A system is in place to preclude potential conflict of interest by staff, volunteers and individuals from outside agencies from using the FFSP to solicit personal business or to achieve personal gain. • If assigned RAO, can articulate specific support provided. <p>With staff responsible for the volunteer program:</p> <ul style="list-style-type: none"> • Knowledgeable of the effective use and supervision of the volunteers.
Financial Management	4.2	<p>With FFSP management:</p> <ul style="list-style-type: none"> • Provide input to POM, Budget, mid-year and end of year funding requests and can articulate current APF funding status, shortfalls and subsequent impact. • Knowledge of the APF procurement system. <p>With Comptroller Office staff:</p> <ul style="list-style-type: none"> • FFSP staff are knowledgeable about the funding process and confer with comptroller staff on a regular basis to confirm accuracy of budget, obligations, and execution status.
Marketing	4.3	<p>With staff:</p> <ul style="list-style-type: none"> • Knowledgeable about marketing efforts and how to promote their program and overall FFSP programs. <p>With persons responsible for marketing:</p> <ul style="list-style-type: none"> • Knowledge about marketing plan, development of marketing materials, distribution of information/materials, cost effectiveness, etc.

FFSP Accreditation Team Management Guide

FUNCTION	STANDARD	PERSONS TO BE INTERVIEWED AND INTERVIEW CONTENT, BY STANDARD (cont.)
Facilities	4.4	With management: <ul style="list-style-type: none"> • Able to describe actions taken regarding facility and safety issues.
Contract Management	4.5	With COR/ACOR/CTA and Contractor, if on site: <ul style="list-style-type: none"> • Knowledgeable of contracting. • Seeks assistance from the Contracting Officer when appropriate. • Accessible to the contractor for technical consultation.
Quality Assurance	4.6	With randomly selected FFSP staff: <ul style="list-style-type: none"> • Knowledgeable of quality assurance plan. • Able to discuss methods used to provide input into the quality assurance plan and the annual update.
Data Collection and Reports	4.7	With Director, FAR, Chief of Clinical Services, IT staff if applicable, administrative staff and program mangers: <ul style="list-style-type: none"> • Knowledgeable of the data collection system.
Privacy Act	4.8	With FFSP staff: <ul style="list-style-type: none"> • Privacy Act Statement forms are provided to clients (or the provisions are verbally described to clients for telephone interviews) prior to requesting private information; is explained to all clients; signed by all clients; and witnessed by an FFSP service provider. This includes identification of active duty members who are members of the PRP.

SAMPLE FOCUS GROUP QUESTIONS

1. How does the FFSP make you aware of its programs and services?	_____ _____
2. Describe the type of contact you have had with the FFSP in the past year?	_____ _____
3. How accessible is the FFSP to service members and families you represent?	_____ _____
4. How responsive is the FFSP to requests for programs and/or services?	_____ _____
5. If you have made referrals to the FFSP, give examples of outcome(s).	_____ _____
6. How well do you think that the FFSP provide training and support?	_____ _____
7. How do you think confidentiality is adhered to within the FFSP.	_____ _____
8. How satisfied are you with the services/ programs?	_____ _____

NAVPERS 1754/13 (09/03)

Questions should be adapted for each focus group. Focus group participants will be provided a list of FFSP programs/services so they can address any of the programs/services they have had experience in and we focus on what they know. See the next page for the standard reference and the elements to be reviewed.

FFSP Accreditation Team Management Guide

FOCUS GROUP	STANDARD	ELEMENTS TO BE REVIEWED
Command Consultation	1.1	<ul style="list-style-type: none"> • Staff initiates contact with command and maintains on-going communication. • FFSP services are accessible and targeted to meet command needs
Deployment	1.4	(Ombudsman, senior leadership) <ul style="list-style-type: none"> • FFSP is involved with in pre-deployment briefs, consultation during deployment and involvement with return and reunion
Ombudsman	1.5	(Ombudsman, senior leadership) <ul style="list-style-type: none"> • The FFSP provides support
Life Skills Education	1.6	Current course offerings are responsive to local need
Relocation	2.1	Availability and adequacy of relocation assistance programs for the particular site.
TAMP	2.2	(Command Career Counselor and command leadership) <ul style="list-style-type: none"> • Indicate TAMP program meets command needs
SEAP	2.3	Indicate knowledge of SEAP
PFM	2.4	Awareness services are available PFM staff is knowledgeable and accessible
FAP	3.4	<ul style="list-style-type: none"> • Are knowledgeable of FAP services and are aware of their respective roles in family advocacy • Perceive FAP as responsive to local needs
FAP ED	3.6 (3.5)	<ul style="list-style-type: none"> • Indicate they are aware of FAP education and training programs. • Current course offerings are responsive to local needs.
Financial Management	4.2	(Comptroller) Indicates the FFSP staff confers with comptroller staff on a regular basis to confirm accuracy of budget, obligation and execution status.
Quality Assurance	4.6	Indicates the FFSP programs and services are of good quality and meet customer needs

FFSP ACCREDITATION FINDINGS REPORT
(Date)
(Name of Installation)

AREAS OF STRENGTHS

List all programs that are viewed as excellent and you feel the chain of command should be aware of. Include information obtained from the review, interviews and observations and focus group comments.

OBSERVATIONS AND ACTIONS REQUIRED

Capability 1: Deployment Readiness

Standard 1.1 Command Consultation And Support

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 1.2 Information And Referral (I&R) Services

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 1.3 Deployment And Mobilization Support

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 1.4 Ombudsman Support

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 1.5 Life Skills Education

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 1.6 New Parent Support Program (NPSP)

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Capability 2: Crisis Response

Standard 2.1 Crisis Intervention, Disaster and THREATCON Preparedness

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.2 Sexual Assault Victim Intervention Program (SAVI)

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.3 Clinical Counseling

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.4 Clinical/FAP Record Keeping

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.5 Credentialing And Clinical Supervision

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.6 Family Advocacy Program (FAP)

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.7 FAP Education And Training

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.8 FAP Assessment And Case Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.9 FAP Education And Training

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 2.10 Victim Advocacy

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Capability 3: Career Support Retention

Standard 3.1 Relocation Assistance Program (RAP)

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 3.2 Transition Assistance Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 3.3 Spouse Employment Program

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 3.4 Personal Financial Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Capability 4: Management Support

Standard 4.1 Personnel Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.2 Financial Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.3 Marketing

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.4 Facilities And Equipment Maintenance

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.5 Contract Management

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.6 Quality Assurance (QA)

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.7 Data Collection

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.8 Privacy Act Provisions

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

Standard 4.9 Community Partnerships

Observation:

Action Required:

Evidence Of Compliance:

This section is only used if a follow-up action is required. This section lists what the site should send to NAVPERSCOM (PERS-66) as documentation that corrective action has been taken. Delete entire section when there are no actions required.

NAVPERS 1754/14 (09/03)

**FFSP ACCREDITATION TEAM MEMBERS - SIGNATURE PAGE FOR
PRELIMINARY ACTION REPORT
(Date)
(Location)**

All Team Members Sign And Fax To NAVPERSCOM (PERS-660) Immediately After
The Visit
Mail The Original.

Name (Team Leader)	Title
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Name	Title
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Name	Title
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Name <small>NAVPER 1754/14 (09/03)</small>	Title
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ACCREDITATION TEAM MEMBER CODE OF CONDUCT

While acting on behalf of NAVPERSCOM (PERS-6), Accreditation Team Members are expected to

1. be alert to and avoid conflicts of interest while conducting a site visit, disclosing actual or apparent conflicts of interest to NAVPERSCOM (PERS-660).
2. maintain objectivity in performing all accreditation activities.
3. rate fairly on a standard-by-standard basis and stay within scope of the standards.
4. display cultural sensitivity and respect the unique characteristics, differences, and accomplishments of all cultures.
5. treat all information, materials and observations as confidential, discussing/otherwise disclosing them only with other team members, appropriate NAVPERSCOM (PERS-66) staff and NAVPERSCOM Accreditation Program Manager as necessary to perform a site visit, except as required to fulfill a professional or legal obligation to report an observation to a regulatory entity. Team Leader and NAVPERSCOM (PERS-66) staff should be consulted prior to report.
6. avoid socializing with staff and volunteers under review.
7. not create the impression that a decision has been reached about accreditation.
8. not create the impression that any Team Member has the authority to determine whether an activity achieves Accreditation.
9. be prompt for meetings and interviews throughout the on-site review process.
10. maintain a respectful attitude toward staff, clients, and volunteers, NAVPERSCOM (PERS-66) staff and other Team Members.
11. use accurate, objective and respectful language in all written or verbal communication.
12. seek the advice and counsel of fellow Team Members, the Team Leader or appropriate NAVPERSCOM (PERS-66) staff, when confronted with problems in interpreting standards and other issues related to the on-site review.

ACCREDITATION TEAM MEMBER CODE OF CONDUCT (cont.)

- 13. not participate in or condone acts of dishonesty, fraud, or deception.
- 14. excuse him or herself from the team if personal problems, distress, or other difficulties may interfere with his or her professional judgment and performance.
- 15. not personally criticize persons or aspects of the activity undergoing Accreditation.
- 16. not engage in public debate about the standards, on-site review processes, or other issues surrounding Accreditation.

I agree to adhere to the Accreditation Team Member Code of Conduct:

NAME *(Please Print)*

SIGNATURE

DATE

**SAMPLE AGENDA FORMAT (1)
(XXX INSTALLATION/ACTIVITY)
ACCREDITATION TEAM AGENDA
(DATE)**

Monday, XX July 03

0800-0915	Team Meeting	
0915-0945	Accreditation Team in brief with FFSC Director and staff	
0945-1015	Overview of XX FFSP (FFSC Director)	
1030-1100	Accreditation Team in brief with Commanding Officer/Executive Officer, Naval Station XX	
1100-1230	Windshield Tour of Naval Station and lunch (USUALLY FOR ADMIN REVIEWERS--CLINICAL AND FAP BEGIN REVIEW)	
1230	Begin review	
1230-1530	Team Member w/XX	4.1 Personnel Management
	Team Member w/XX	4.5 Contract Management
		4.7 Data Collection
		4.4 Facilities Management
	Team Member w/XX	1.1 Command Consultation
		1.6 Life Skills Education and Support
	Team Member w/XX	2.3 Spouse Employment Assistance
		2.2 Transition Management Assistance
	FAP/Counseling Sub Group w/XX	3.1 Clinical Counseling
	FAP Reviewer w/XX	3.2 Clinical Record Keeping
	3.3 Credentialing and Clinical Supervision	
	4.8 Privacy Act	
	3.5 FAP Education	
	3.4 Family Advocacy Program	
	3.6 FAP Assessment and Case Management	
	3.7 FAP Interviews	
1530	Team wrap up and Out brief with FFSC Director	

Tuesday, XX July 03

0800-1130	Continue Review	
	Team Member w/XX	4.2 Financial Management
	Team Member w/XX	4.6 Quality Assurance 4.9 Community Partnerships 4.3 Marketing
	Team Member w/xx	1.5 Ombudsman Support 2.1 Relocation Assistance 2.5 Personal Financial Management
	Team Member w/XX	1.7 SAVI (more specific time TBD)
	FAP Counseling subgroup w/XX	Continue from previous day
1130-1230	Lunch	
1230-1500	Team Member w/XX	1.2 Information and Referral 1.4 Deployment and Mobilization Support 4.1 Volunteer Management
	Team Member w/XX	3.8 New Parent Support 3.9 Victim Advocacy
	FAP Subgroup w/XX	1.3 Crisis Intervention, Disaster and Threatcon
1330-1400	Interview with Comptroller Staff	
1300-1400	FAP/Counseling Subgroup to meet with Case Review Committee Co-chair	
1530	Team wrap-up and outbrief with FFSC Director	

Wednesday, XX July 03

- | | |
|-----------|--|
| 0800-1130 | Interviews and follow-ups as necessary (All) |
| 1130-1230 | Lunch |
| 1230-1330 | Focus group with CMC, Naval Station XX and tenant command master and senior chiefs, Senior Staff Chaplain, and Ombudsman (half the team) |
| 1330-1530 | Team members report out to Team Leader; provide written summary in required format (Tab F in Handbook) |
| 1530-1600 | Team Wrap Up and Outbrief with FFSC Director |

Thursday, XX July 03

- | | |
|-----------|--|
| 0800-1000 | Team Leader finalize report and brief |
| 1000-1100 | Team Outbrief with FFSC Director and staff |
| 1100-1130 | Outbrief with CO/XO |
| 1130-1200 | Wrap Up with FFSC Director |
| 1200-1300 | Lunch |

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**SAMPLE AGENDA FORMAT (2)
NAVY (XX) REGION DRAFT AGENDA
(DATE)**

Monday, XX June 03

0800–1000 Team meeting

1000–1100 In brief with FFSP Director and all FFSC and FAP staff, FFSC

1100–1300 In brief with Regional QOL Director

11:30 Team re-group and lunch

1300–1600 Begin review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.1 Personnel Management	1300-1420	FFSC	
		1430-1550	FAP	
	4.2 Contract Management	1300-1330	FAP	
	4.6 Quality Assurance	1330-1420	FAP	
		1430-1530	FFSC	
	1.1 Command Consultation & Support	1410-1515	FFSC	
	1.2 Information and Referral	1300-1400	FFSC	
	2.1 Relocation Assistance	1300-1600	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping 3.3 Credentialing/Supervision 3.6 FAP Assessment/Case Mgt 3.7 FAP Interview	1300-1600	FFSC	
			FAP	

1600–1630 Team wrap-up and De-brief FFSP Director

Tuesday, XX June 2003

0800–1200 Continue review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.2 Financial Management	0830-0930		Comptroller Staff:
		0945-1045	FFSC	
		1100-1200	FAP	
	4.7 Data Collection & Reports	0800-0845	FAP	
		1045-1145	FFSC	
	4.8 Privacy Act Provisions	0845-0930	FAP	
		0945-1030	FFSC	
	1.3 Crisis Intervention, Disaster & Threatcon Preparedness	0930-1030	FFSC	
	1.4 Deployment & Mobilization Support	0800-0915	FFSC	
	2.2 Transition Assistance Program	0800-0930	FFSC	
	2.3 Spouse Employment Program	0945-1115	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping 3.3 Credentialing/Supervision	0800-1200	FFSC	
	3.6 FAP Assessment/Case Mgt 3.7 FAP Interview		FAP	

1100-1130 FAP Subgroup Representatives to meet with NCIS Agent(s)

1130–1230 Lunch

Tuesday, XX June 2003 (cont.)

1230–1530 Continue Review

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	4.3 Marketing	1230-1315	FFSC	
	4.4 Facility & Equipment Management	1230-1315	FAP	
		1330-1430	FFSC	
	4.9 Community Partnerships	1445-1530	FFSC	
	1.5 Ombudsmen Support	1330-1400	FFSC	
	1.6 Life Skills Education	1415-1500	FFSC	
	2.4 Personal Financial Management	1430-1530	FFSC	
	1.7 SAVI	1230-1330	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping 3.3 Credentialing/Supervision	1300-1530	FFSC	
	3.6 FAP Assessment/Case Mgt		FAP	
	3.7 FAP Interview			

1430-1530 FAP Subgroup Representative to meet with Family Advocacy Officer

1530–1700 Team wrap up and de-brief FFSP Director

Wednesday, XX June 2003

- 0800–0900 Interview Follow-ups (All)
- 0900–0930 Team Focus Group Preparation
- 0930–1015 Focus Group with 6 – 8 Ombudsmen & Chaplains (half the team due to size)
- 1030–1130 Focus Group with 6 – 8 CMCs, Xos and COs (half the team due to size)
- 1130–1230 Lunch
- 1230–1600 Organize Focus Group feedback consolidation by standard

Team Member	Standard	Time	FFSC or FAP	FFSC or FAP Staff Members or Others
	3.9 New Parent Support <i>(summary write-up only since NPS is Joint so won't be reviewed)</i>			
	3.10Victim Advocacy	1230-1330	FAP	
	3.4 Family Advocacy	1230-1315	FAP	
	3.5 FAP Education & Training	1500-1600	FFSC	
	3.1 Clinical Counseling 3.2 Record Keeping	1330-1600	FFSC	
	3.6 FAP Assessment/Case Mgt 3.7 FAP Interview	1230-1445	FAP	

- 1600–1630 Team wrap up & De-brief FFSP Director

Thursday, XX June 2003

0800–0830	Team Meeting
0830–0900	FAP Subgroup Representative to meet with Chair, Case Review Committee
0900-TBD	Navy Region XX CRC Committee meeting
0830–1200	Individual Follow-up as Necessary
1200–1300	Lunch
1300–1500	Team member report out to Team Leaders; provide written summary of areas not in compliance with standard and recommended actions required to be in compliance.
1500–1600	Team Meeting
1630–1700	De-brief with FFSP Director

Friday, XX June 2003

0800–1000	Team Leader Finalize Report
1000–1100	Team Outbrief with FFSC Director and Staff
1100–1200	Team Re-work as necessary
1200–1300	Lunch
1300–1330	Outbrief with Regional Chief of Staff, Executive Officer
1400-1500	Final team Wrap-up with FFSP Director

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TEAM LEADER AND TEAM MEMBER PERFORMANCE REVIEW

Evaluation to be completed by Team Member

Site: _____ Date of Review: _____

Name of Team Leader: _____

Names of Team Members: _____

A. Evaluation of Team Leader:

1. Team leader was skilled and able to professionally interact with team members, site staff and Command to facilitate a positive experience.

Yes No Comment: _____

2. Was knowledgeable about FFSP policies and procedures?

Yes No Comment: _____

3. Was knowledgeable about the accreditation policies and followed the process?

Yes No Comment: _____

4. Team Leader demonstrated effective leadership skills to develop team consensus, preclude use of personal opinion and other group dynamics.

Yes No Comment: _____

5. Communicated well both orally and in writing as evidenced by the presentation of in and out briefs and preliminary accreditation report.

Yes No Comment: _____

6. Team Leader exhibited organizational skills both pre-site visit and during the review (e.g. ability to define and communicate logistic requirements, ability to adhere to schedules and deadlines, and general team organization).

Yes No Comment: _____

7. Describe this Team Leader's special strengths.

Comment: _____

FFSP Accreditation Team Management Guide

8. Describe areas in which Team Leader could make improvements.

Comment: _____

9. I would recommend this individual as a team leader on future accreditation visits.

Yes No Comment: _____

B. Evaluation of other Team Members:

1. The team members facilitated a positive experience and was able to interact effectively among team members, site staff members and Command.

Yes No Comment: _____

2. Team members were knowledgeable about FFSP Accreditation policies and followed process.

Yes No Comment: _____

3. Team members refrained from interjecting personal or professional preference with Site personnel and written findings.

Yes No Comment: _____

4. Team members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

Yes No Comment: _____

5. Describe special strengths of any team members:

Comment: _____

6. Specify the area in which NAVPERSCOM (PERS-66) could provide additional training for any team members.

Comment: _____

Please return this form directly to:

**Commander, Navy Personnel Command (PERS-660)
FFSP ACCREDITATION EVALUATIONS
5720 Integrity Drive
Millington, TN 38055-6500**

TEAM LEADER EVALUATION OF TEAM MEMBERS' PERFORMANCE

Evaluation to be completed by Team Leader

Site: _____ Date of Review: _____

Name of Team Leader: _____

Names of Team Members: _____

A. Evaluation of Team Members:

1. Team Members facilitated a positive experience and were able to interact effectively among team members, site staff members and Command.

Yes No Comment: _____

2. Team Members were knowledgeable about FFSP Accreditation policies and followed process.

Yes No Comment: _____

3. Team Members refrained from interjecting personal or professional bias with Site personnel and written findings.

Yes No Comment: _____

4. Team Members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

Yes No Comment: _____

5. Team Members were proactive in seeking evidence of organization compliance with the standards.

Yes No Comment: _____

6. Describe special strengths of any team members:

Comment: _____

7. Specify the area in which PERS 66 could provide additional training for any team members. *(Describe by member):*

Comment: _____

FFSP Accreditation Team Management Guide

8. List any team members who have demonstrated leadership skills to be considered for a potential team leader:

Comment: _____

B. Evaluation of NAVPERSCOM (PERS-66) Support:

1. Prior to site visit, NAVPERSCOM (PERS-66) Staff provided all pertinent and required materials in advance.

Yes No Comment: _____

2. Site visit was scheduled and confirmed with the activity six months in advance.

Yes No Comment: _____

3. When called upon, NAVPERSCOM (PERS-66) staff members were responsive and helpful.

Pre-visit: Yes No Comment: _____

During the visit: Yes No Comment: _____

Post-visit: Yes No Comment: _____

4. All travel and logistical requirements were processed appropriately.

Yes No Comment: _____

5. Team Leader and Members were assigned commensurate with experience and expertise required for site visit and scope of review.

Yes No Comment: _____

Please return this form directly to:

**Commander, Navy Personnel Command (PERS-660)
FFSP ACCREDITATION EVALUATIONS
5720 Integrity Drive
Millington, TN 38055-6500**

ACTIVITY ASSESSMENT OF TEAM MEMBERS' PERFORMANCE

Evaluation to be completed by FFSP STAFF

Site: _____ Date of Review: _____

Name of Team Leader: _____

Names of Team Members: _____

A. Evaluation of Accreditation Members:

1. Team Members facilitated a positive experience and were able to interact effectively with staff members and command.

Yes No Comment: _____

2. Team Members were knowledgeable about FFSP policies and procedures for the areas they reviewed.

Yes No Comment: _____

3. Team Members were knowledgeable about FFSP Accreditation policies and followed the ascribed process.

Yes No Comment: _____

4. Team Members were proactive in seeking evidence of organization compliance with the standards.

Yes No Comment: _____

5. Team Members refrained from interjecting personal or professional bias in interactions and written findings.

Yes No Comment: _____

FFSP Accreditation Team Management Guide

6. Team Members were prepared, stayed on schedule or advised staff of changes.

Yes No Comment: _____

7. Team Members conducted themselves in a professional and courteous manner throughout the visit.

Yes No Comment: _____

8. The in-brief and out-brief to staff clearly established the process to be followed and the outcome of the accreditation visit.

Yes No Comment: _____

9. Describe special strengths of any team members.

Comment: _____

10. Specify the area in which PERS 66 could provide additional training for any team members.

Comment: _____

Please return this form directly to:

**Commander, Navy Personnel Command (PERS-660)
FFSP ACCREDITATION EVALUATIONS
5720 Integrity Drive
Millington, TN 38055-6500**

ACTIVITY ASSESSMENT OF TEAM PERFORMANCE

Evaluation to be completed by FFSP Director

Site: _____ Date of Review: _____

Name of Team Leader: _____

Names of Team Members: _____

A. Evaluation of NAVPERSCOM (PERS-66) Support:

1. Prior to site visit, NAVPERSCOM (PERS-66) Staff provided all pertinent and required materials in advance.

Yes No Comment: _____

2. Site visit was scheduled and confirmed with the activity six months in advance.

Yes No Comment: _____

3. When called upon, NAVPERSCOM (PERS-66) staff members were responsive and helpful.

Pre-visit: Yes No Comment: _____

During the visit: Yes No Comment: _____

Post-visit: Yes No Comment: _____

4. Team Leader and Members were assigned commensurate with experience and expertise required for site visit and scope of review.

Yes No Comment: _____

B. Evaluation of Team Leader:

1. Prior to the site visit, the team leader contacted the activity in a timely fashion, clarified and confirmed the site visit schedule, travel and logistic arrangements, returned phone calls, etc.

Yes No Comment: _____

2. The team leader was well prepared to conduct the in brief and out brief for FFSP staff and command.

Yes No Comment: _____

FFSP Accreditation Team Management Guide

3. The team leader was knowledgeable about FFSP policies and procedures and the accreditation process.

Yes No Comment: _____

4. The team leader was proactive in seeking evidence of organization compliance with the standards.

Yes No Comment: _____

5. The team leader was able to assess organization compliance without interjecting personal or professional bias, including consultation.

Yes No Comment: _____

6. The team leader provided the draft written report to the activity with clearly defined summary of actions required to meet compliance with the standards.

Yes No Comment: _____

7. The team Leader was skilled and able to professionally interact with FFSP staff to facilitate a positive experience.

Yes No Comment: _____

8. Describe this Team Leader's special strengths:

Comment: _____

9. Describe areas in which Team Leader could make improvements:

Comment: _____

10. I would recommend this individual as a team leader on future accreditation visits.

(If no, specify reasons)

Yes No Comment: _____

C. Evaluation of Team Members:

1. Team Members facilitated a positive experience and were able to interact effectively among team members, site staff members and command.

Yes No Comment: _____

2. Team Members were knowledgeable about FFSP Accreditation policies and followed process.

Yes No Comment: _____

3. Team Members were proactive in seeking evidence of organization compliance with the standards.

Yes No Comment: _____

4. Team Members refrained from interjecting personal or professional preference with site personnel and written findings.

Yes No Comment: _____

5. Team members arrived on site fully prepared, participated fully, and completed all assignments on schedule.

Yes No Comment: _____

6. Describe special strengths of any team members;

Comment: _____

7. Specify the area in which PERS 66 could provide additional training for any team members.

Comment: _____

Please return this form directly to:

**Commander, Navy Personnel Command (PERS-660)
FFSP ACCREDITATION EVALUATIONS
5720 Integrity Drive
Millington, TN 38055-6500**

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FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Tab B

In-brief and Out-brief Presentation

TAB B CONTENTS

This Tab contains Examples of the In-brief and Out-brief PowerPoint presentations to the command and site staff. Team Leaders should ensure the templates are available on disk.

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FFSP ACCREDITATION

IN-BRIEF

Installation/Base Name

Date



Team Members

XXX (Team Leader)
Title

XXX
Title



Accreditation Review Objectives

- **Assess compliance with FFSP Accreditation Standards and develop a report highlighting any findings requiring corrective action.**
- **Achieve Accreditation Decision for (Name of Installation/Base).**
- **Meets SECNAV requirements that each FFSP be evaluated every 3 years.**



Background

- **NAVPERSCOM (PERS-6) tasked Working Group in November 2001 to develop standards based on legal and regulatory requirements and to recommend objective review process.**
- **Standards finalized January 2003 - extensive input from field and Five pilot accreditation test sites.**
- **Handbook addresses process, method of review, and compliance criteria - useful as self-study.**
- **August 2003 version currently on the web - will be updated as needed.**



29 Program Standards

- **Standards based on legal and regulatory requirements:**
 - “Expanded” upon FFSP management responsibilities
- **Standards grouped by:**
 - Deployment Readiness
 - Crisis Response
 - Career Support/Retention
 - Program Management
- **Includes FFSC and FAP -- 1st time for FAP review**
- **Compliance determined by:**
 - Review of written documents
 - Records review (clinical and FAP)
 - Interviews with FFSP and Other command personnel
 - Focus groups senior leadership, ombudsmen and chaplains



On-Site Accreditation Process

- Checks and balances help ensure objective review
- On-site review per established agenda
- Daily de-briefs with FFSP Director
- Opportunity to correct deficiencies before team leaves
- Written summary of observation and actions required to correct deficiencies provided at out-brief (no numeric score or grade)
 - Staff has opportunity to provide additional info and to comment or explain each non-validated criterion
- Team submits recommendations to Program Manager for “preliminary” accreditation report
- Command evaluates team, team leader, NAVPERSCOM (PERS-66) Program Support



Accreditation Decision Process

- NAVPERSCOM (PERS-66) Program Manager sends official report via chain of command within 30 days of visit
- Site responds immediately with POA&M to NAVPERSCOM (PERS-660)
- Command has 90 days to submit documentation that corrective action to meet the standards has been taken or has requested reconsideration of a finding
- Program Manager makes accreditation decision
 - If approved, certificate is valid for 3 years
 - If not initially approved, specific reasons and action required will be provided
- If not initially approved, programs may appeal within 30 days
- New Accreditation Advisory Council will review all non-approved accreditation decisions



Thank You!

Out-Brief tentatively scheduled for:

Date

Time



FFSP ACCREDITATION OUTBRIEF

Installation/Base Name

Date



29 Program Areas Reviewed

Includes FFSC and FAP -- 1st time for FAP review

- **Crisis Response and Counseling**
 - Family Advocacy Program
 - Clinical/FAP Record Keeping
 - FAP Education and Training, Assessment and Case Management
 - Crisis Intervention and Threatcon Preparedness
- **Deployment/Readiness**
 - Command Consultation & Support
 - Life Skills Education
 - Relocation Assistance
 - Ombudsmen Support
 - Deployment and Mobilization Support
- **Career Support & Retention**
 - Transition Assistance
 - Personal Financial Management
 - Employment Assistance
 - Relocation Assistance
 - Spouse Employment Assistance
- **Management**
 - Personnel, Financial, Facility, and Contract Management
 - Quality Assurance
 - Data Collection and Reports
 - Marketing
 - Community Partnerships



How We Determined Compliance

- **Review of written documentation**
- **Review of clinical & FAP client records**
- **Interviews with FFSP staff & other command personnel**
- **Focus groups with (List names of command represented in focus group)**



On-Site Accreditation Process

- **Daily de-briefs with FFSP Director - staff took every opportunity to correct deficiencies before team leaves.**
- **Written summary of observation and actions required to correct deficiencies provided at out-brief - no numeric score or grade.**
- **Team submits report to Program Manager for “Preliminary” accreditation report.**
- **Installation/Region evaluates team, team leader, and Program Manager and Process.**



Results Positive... Strong Program Areas

- **List all strengths identified in the report**



Areas Requiring Follow-Up

- **List all areas requiring follow-up action and methods to assess compliance.**
 - **Summarize and consolidate where it makes sense.**



Accreditation Decision Process

- NAVPERSCOM (PERS-66) Program Manager sends official report via chain of command within 30 days of visit
- Site must respond to NAVPERSCOM (PERS-66) with POA&M
- Command has 90 days after receipt of official report to submit documentation that corrective action to meet the standards has been taken or to request reconsideration of a finding.
- NAVPERSCOM (PERS-66) Program Manager makes accreditation decision, forwards accreditation certificate valid for 3 years.



Thank You

for Your Superb Support

and Hospitality!

FFSP ACCREDITATION TEAM MANAGEMENT GUIDE



Sample Completed Preliminary Accreditation Report

**TAB C
CONTENTS**

This Tab contains a Sample Preliminary Report. See Tab A for a Format (template) to use for completing the report.

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**SAMPLE OF COMPLETED
FFSP PRELIMINARY ACCREDITATION REPORT
(DATE)
(LOCATION)**

AREAS OF STRENGTHS

- The FFSP staff at _____ demonstrated a number of notable program strengths that include:

List all programs that are viewed as excellent and you feel the chain of command should be aware of. Include information obtained from the review, interviews and observations and focus group comments.

OBSERVATIONS AND ACTIONS REQUIRED

CAPABILITY 1: DEPLOYMENT/READINESS

STANDARD 1.1 COMMAND CONSULTATION AND SUPPORT

OBSERVATION: Review of program schedules, evaluations, letters and certificates of appreciation indicate ongoing, positive contact with commands. Focus group reported close, cooperative relationships. FFSP staff are responsive to needs of command and servicemembers.

ACTION REQUIRED: None.

STANDARD 1.2 INFORMATION AND REFERRAL (I&R) SERVICES

OBSERVATION: The FFSP I&R program embodies a continuum of assistance that includes referrals, answering questions, and information sharing. Review of written materials indicates that the FFSP coordinates with military and community agencies to provide accurate and current information to its customers. Presentations and handouts are interesting, colorful and professional. Surveys indicate community learns about FFSP and I&R at presentations.

ACTION REQUIRED: None

STANDARD 1.3 DEPLOYMENT AND MOBILIZATION SUPPORT

OBSERVATION: This is a base that typically does not have deploying units.

ACTION REQUIRED: None.

STANDARD 1.4 OMBUDSMAN SUPPORT

OBSERVATION: FFSP has trained staff that provides support to the Ombudsman community. Current rosters and documentation indicate training and communication with Ombudsman occur on a regular basis. FFSP support of the program resulted in strong Ombudsman and command personnel attendance at a recent Ombudsman Assembly.

ACTION REQUIRED: None.

STANDARD 1.5 LIFE SKILLS EDUCATION

OBSERVATION: Appropriate Life Skills programs are offered, with a process in place to ensure programs are meeting customer needs. Different avenues are used to gain information from customers, provide feedback and to incorporate the information into a needs assessment that will drive changes in future programs.

ACTION REQUIRED: None

STANDARD 1.6 NEW PARENT SUPPORT PROGRAM (NPSP)

OBSERVATIONS: Interviews with staff and documentation review indicate close coordination with, and referral to, local military resources. Programs, particularly “Mommy and Me”, and “1,2,3,4 Parenting”, are proactive and professional. Of the two records reviewed, neither contained a signed Privacy Act Statement.

ACTION REQUIRED:

1. See Standard 4.8.

CAPABILITY 2: CRISIS RESPONSE

STANDARD 2.1 CRISIS INTERVENTION, DISASTER AND THREATCON PREPAREDNESS

OBSERVATION: Interviews with staff and documentation review indicate the following: SOPS address all forms of crisis intervention; staff training is conducted, both during orientation and annually; and that all staff are knowledgeable of their roles and responsibilities regarding crisis intervention/disaster and threatcon preparedness. One staff member has been trained in Critical Incident Stress Management/Debriefing. FFSP role is included in Regional Emergency Response Management Plan and FFSP participates in exercises. FFSP has SOP for establishing a Family Assistance Center on base in the event of mass casualty or disaster. FFSP after hours emergency calls are directed to CDO, who contacts FFSP staff.

ACTION REQUIRED: None

STANDARD 2.2 SEXUAL ASSAULT VICTIM INTERVETION PROGRAM (SAVI)

OBSERVATION: An interview with the Collateral Duty SAVI Coordinator and a review of SOP and supporting documents indicate that the Collateral Duty SAVI Coordinator is knowledgeable of SAVI military and civilian resources. The program is well managed and coordinated with SAVI POCs. Services and resources are made available to all eligible personnel and commands. There is no evidence of a SAVI Program Coordinating Committee.

ACTION REQUIRED:

1. Establish a SAVI Program Coordinating Committee that meets the requirements as noted in Standard 2.2.

EVIDENCE OF COMPLIANCE:

1. Submit list of Committee membership and documentation of the first SAVI Program Coordinating Committee meeting minutes to NAVPERSCOM (PERS-66).

STANDARD 2.3 CLINICAL COUNSELING

OBSERVATION: Practice is within the authorized scope of services and modalities covered by core privileges. Staff demonstrates a commitment delivery of high quality care to clients and commands. Three open cases and two closed cases were reviewed for each clinician. The records reviewed indicate that Privacy Acts were either not signed by clients, not witnessed by the clinician, or not in the client record. There was no consistent evidence that clinicians discussed and documented explanations of the Privacy Act form and content with clients. Furthermore, Client’s Rights and Responsibilities Forms were either not signed by the client or not filed in the case record.

ACTION REQUIRED

1. Add “witness” signature line to Privacy Act form and conduct clinician training on appropriate completion of form.
2. Conduct training for clinical staff on the need to explain and document discussion of the Privacy Act provisions in the client record.
3. Add “client” signature line on Client Rights and Responsibilities Form and conduct training for clinical staff on appropriate completion and filing of form in the client record.

EVIDENCE OF COMPLIANCE

1. Provide copy of revised Privacy Act form and documentation of training attendance to NAVPERSCOM (PERS-66).
2. Provide documentation of staff training addressing the requirement to explain and document Privacy Act provisions to clients. Provide evidence of training to NAVPERSCOM (PERS-66).
3. Provide copy of revised Client Rights and Responsibilities Form and documentation of training attendance to NAVPERSCOM (PERS-66).

STANDARD 2.4 CLINICAL/FAP RECORD KEEPING

OBSERVATION: SOPs and practice indicate that all aspects of case record security and daily record management are adhered to. Staff interviews indicate knowledge and compliance with SOPs.

ACTION REQUIRED: None

STANDARD 2.5 CREDENTIALING AND CLINICAL SUPERVISION

OBSERVATION: Document review, case record review and interviews with staff indicate that the FFSP staff is aware of the credentialing process and quality assurance requirements. Review of staff Individual Credentials Files revealed a lack of quality assurance documentation (clinical supervision notes, written supervision plans and facility quality assurance files), and customer service surveys specific to the provider. There was a lack of documentation to support current competency based on clinical workload.

ACTION REQUIRED

1. Include required quality assurance information (clinical supervision notes, written supervision plans and facility quality assurance documentation) and customer service surveys in the ICF.

EVIDENCE OF COMPLIANCE

1. Submit copies of each clinician's ICF with copies of quality assurance documentation (clinical supervision notes, written supervision plan and clinical care reviews) and customer service surveys to NAVPERSCOM (PERS-66).

STANDARD 2.6 FAMILY ADVOCACY PROGRAM (FAP)

OBSERVATION: There was evidence of a thorough execution and organization of the overall Family Advocacy Program. Instruction and practice is consistent with DOD/Navy directives. As a result of the consistent, high quality training given by FFSP personnel, the FAP is a strong interdisciplinary team. CRC members were appointed in writing and there is clear documentation of all required meetings. Focus group reports knowledge and satisfaction with FAP services.

ACTION REQUIRED: None

STANDARD 2.7 FAP EDUCATION AND TRAINING

OBSERVATION: Reviews of written documentation and staff interviews indicate the FFSP has an outstanding FAP education and training program. The program is comprehensive, well organized and includes all required primary and secondary education programs. Course comment sheets consistently indicate that the programs are effective and well received. SOPs are detailed, professional and contain content appropriate to the various target audiences. Interviews with FFSP staff members indicate extensive and detailed knowledge of the process used to determine course offerings and to accomplish process improvement for education programs. Staff members who present the programs have extensive experience in the content areas they present. Focus group participants indicate awareness of FAP educational programs offered by the FFSP.

ACTION REQUIRED: None

STANDARD 2.8 FAP ASSESSMENT AND CASE MANAGEMENT

OBSERVATION: Reviews of written documentation, case record reviews, and interviews indicate that the overall FAP assessments and case management comply with requirements and meet the needs of servicemembers, family members, and commands. The SOP is comprehensive and well organized and specifically addresses all required areas. The CRC minutes indicate that cases are handled by the CRC in compliance with policies and procedures. Interviews with FFSP staff members indicate that they are knowledgeable of policies, procedures, and roles. Case record reviews indicate compliance with requirements as well as a thorough and timely response to cases. However, there are six specific areas in records documentation that require action. The FFSP has already initiated steps to address these areas.

ACTION REQUIRED

1. Complete Incident Reports within 1 working day of the incident (or document why it is not completed within 1 day in the record).
2. Complete Safety Assessments within 1 working day of the incident (or document why it is not completed within 1 day in the record).
3. Document in the case records that Privacy Act provisions have been explained to the client.

4. Indicate in the case records that victims and offenders are interviewed separately.
5. Document in the case records that all children in the family are offered an opportunity to be interviewed.
6. Include specific modalities with behavioral objectives in the FAP Intervention Plan.

EVIDENCE OF COMPLIANCE

1. Provide evidence of staff training provided by the Regional Coordinator that addresses action items 1-6 above. Provide staff training sign-in sheet to NAVPERSCOM (PERS-66).
2. Submit evidence of compliance with items 1-6 above via program quality assurance forms to NAVPERSCOM (PERS-66) for sample of cases for the first quarter following training provided.

STANDARD 2.9 FAP INTERVIEWS

OBSERVATION: Review of written documentation, case records, and staff interviews indicate that the FFSP is in compliance with the requirements of the standard. The SOP is comprehensive and well organized. Case record reviews indicate FAP interviews are timely and thorough. The staff members are responsive to the needs of clients and commands, and are cognizant of the applicable rights of victims and alleged offenders. Interviews indicate detailed knowledge of policies, procedures, awareness of civilian agencies and collaboration with military resources typically involved in FAP cases.

ACTION REQUIRED: None

STANDARD 2.10 VICTIM ADVOCACY

OBSERVATIONS: Performance is per standard. FFSP provides required services for safety planning, arranging for counseling services and referral to community resources for victims and witnesses. Resource list is thorough, accurate and includes the following: military; civilian; and culturally sensitive resources.

ACTION REQUIRED: None

CAPABILITY 3: CAREER SUPPORT/RETENTION

STANDARD 3.1 RELOCATION ASSISTANCE PROGRAM (RAP)

OBSERVATION: FFSP has a convenient and comfortable space for customers to review relocation information with an appropriate selection of resource materials available. Staff is cross-trained to assist customers and is knowledgeable about relocation issues. The Loan Closet is well maintained and convenient with a process in place for tracking and renewing items. Active marketing to commands and new arrivals is evident. Documentation exists for all relocation programs. Transition Relocation Assistance Coordinating Committee (TRACC) minutes indicate regular meetings are held per the standard.

ACTION REQUIRED: None.

STANDARD 3.2 TRANSITION ASSISTANCE MANAGEMENT (TAMP)

OBSERVATION: The FFSP TAMP program complies with standards. All program components are documented in SOPs. TRACC minutes indicate the committee is very active. The FFSP Career Development and Resource Center provides customers with an array of resources to include career search engines, websites and printed materials. Customer evaluations indicate the TAMP program is well attended and well received at the commands.

ACTION REQUIRED: None.

STANDARD 3.3 SPOUSE EMPLOYMENT ASSISTANCE PROGRAM (SEAP)

OBSERVATION: Interviewed staff and reviewed the SOP, client files, lesson topic guides, training schedules and program handouts. The SEAP is well utilized as evidenced by attendance sheets. Staff is knowledgeable of the unique challenges of military spouses and makes excellent use of local, military and civilian resources. The FFSP maintains accurate resources, including information regarding licensing and credentialing and volunteer/educational opportunities. Programs for spouses are frequently taught in both Spanish and English. This is particularly important as local employers have specific needs for sensitivity of both cultures. Consistent follow up with both clients and employers ensures satisfying placements. FFSP is seeing an increase in personnel seeking employment in the community because of concerns regarding potential base closure.

ACTION REQUIRED: None.

STANDARD 3.4 PERSONAL FINANCIAL MANAGEMENT PROGRAM (PFM)

OBSERVATION: SOPs are in place for all programs. This FFSP is not a training site, however, appropriate staff is CFS trained. The PFM program is augmented by a well-trained cadre of CFS representatives (approximately 20). The FFSP staff does not conduct one-on-one counseling and, therefore, no records are kept. Program staff conduct regular training with CFS command representatives stressing the importance of keeping the files secure and ensuring Privacy Act Statements are signed. Programs are regularly evaluated and are part of the Programs Committee. Customer feedback is incorporated into process improvement.

ACTION REQUIRED: None.

CAPABILITY 4: PROGRAM MANAGEMENT

STANDARD 4.1 PERSONNEL MANAGEMENT

OBSERVATION: Interviews with management and documentation review indicates follow-up with HRO on personnel actions, overtime is not authorized and work schedules are adjusted to minimize comp time. Records indicate required training is being provided and tracked. Line-of-sight supervision is being given to child counselor whose background check is in the process of being completed. A volunteer program coordinator has been designated and clear SOPs have been written. Although procedures cover all elements of compliance for the standard, volunteer files do not contain a clear delineation of duties/responsibilities and documented supervision. A Code of Conduct Form has been created. Volunteers have not received Code of Conduct Training nor have they signed the form.

ACTION REQUIRED

1. FFSP implement SOP for volunteer management including completion of all required forms.
2. FFSP provide Code of Conduct Training for current volunteers, institute Code of Conduct Training as part of the volunteer orientation and have volunteers sign Code of Conduct form.

EVIDENCE OF COMPLIANCE

1. Submit training attendance records to NAVPERSCOM (PERS-66) and copies of completed Code of Conduct Forms for current volunteers.

STANDARD 4.2 FINANCIAL MANAGEMENT

OBSERVATION: Interviews with management and review of documentation indicate full participation in the budget and procurement processes. Spreadsheets to track budget execution are maintained for all direct and reimbursable funding using IMAP codes. Processes are in place to ensure accountability for all aspects of the budgeting execution process. Spreadsheets are used as a model for region.

ACTION REQUIRED: None.

STANDARD 4.3 MARKETING

OBSERVATION: The FFSP marketing plan fully complies with the standard. Marketing materials include program brochures, flyers, pamphlets and calendars that are attractive and engaging to the reader. The FFSP public relations campaign is aggressive and maximizes all available communication challenges to include the base newspaper, close circuit TV, community newspapers, POD/POW, and E-Mails. Focus group reported receipt of timely information via newsletter, E-Mail and use of Navy Cable TV.

ACTION REQUIRED: None

STANDARD 4.4 FACILITY AND EQUIPMENT MANAGEMENT

OBSERVATION: FAP offices and common spaces are well maintained and free of safety problems. Private offices are available and the staff takes pride in making the workplace welcoming. Office equipment and furniture is sufficient. The facility is handicap accessible. The FFSP director tracks status of work orders and monitors completion. All areas on FFSP Facility Checklist were in compliance.

ACTION REQUIRED: None

STANDARD 4.5 CONTRACT MANAGEMENT

OBSERVATION: The FFSP director has completed the required training and has a Letter of Appointment on file. The FFSP has two contracts providing personnel. One is the Omnibus contract, administered by NAVPERSCOM (PERS 6), which provides one personal service contract employee (child counselor) and two non-personal service functions (NPST and Victim Advocate). The ISSOT contract provides for ICR, Spouse Employment and TAMP/RAP assistance. All required reports and documentation regarding contractor performance have been submitted.

ACTION REQUIRED: None

STANDARD 4.6 QUALITY ASSURANCE (QA)

OBSERVATION: FFSP has recently developed a Quality Assurance Plan for the clinical division. While the plan meets standards, implementation is not complete. Although record audits have been conducted on a regular basis, there was evidence that the following areas did not meet the standard: clinical care reviews have been conducted on some providers, but do not meet the sampling requirement; the Facility Summary is not being utilized; supervision and consultation has not been adequately documented; and trend analysis is not being conducted. Non-clinical records are not included in the plan.

ACTION REQUIRED

1. Implement newly developed Quality Assurance Plan, including all required reviews.
2. Provide staff training on the applicable portions of the plan.
3. Implement a system of periodic review of non-clinical records.

EVIDENCE OF COMPLIANCE

FFSP submit the following documentation to NAVPERSCOM (PERS-66):

1. Quarterly clinical care reviews to include the correct sampling of records for each clinician.
2. Facility Summary.
3. Ongoing supervision and consultation and documentation of trend analysis.
4. SOP for periodic review of non-clinical records and evidence of review of such.

STANDARD 4.7 DATA COLLECTION AND REPORTS

OBSERVATION: Performance is per standard. FFSP is using QOLMISNET/CMS for data collection and record management. All required reports are submitted on time. Reports are thorough and meet all requirements.

ACTION REQUIRED: None

STANDARD 4.8 PRIVACY ACT PROVISIONS

OBSERVATION: Interviews with staff indicate inconsistent implementation of Privacy Act requirements and adherence to provisions. Privacy Act forms are not consistently signed, witnessed, and explained. Volunteer records are not maintained per Privacy Act provisions.

ACTION REQUIRED

1. FFSP provide training for clinical and non-clinical staff on Privacy Act requirements.

EVIDENCE OF COMPLIANCE

1. Provide documentation of staff training for clinical and non-clinical staff on Privacy Act requirements.
2. Provide documentation of training attendance records to NAVPERSCOM (PERS-66).

STANDARD 4.9 COMMUNITY PARTNERSHIPS

OBSERVATION: The FFSP develops and maintains cooperative and collaborative relationships with local and military agencies. Focus group interviews indicate the center has developed a reputation for responsiveness to command and community needs. Focus group members expressed appreciation for prompt responses to requests for assistance. All focus group members indicated a high level of satisfaction and confidence in the FFSP mission, service delivery and staff competence.

ACTION REQUIRED: None.

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FFSP ACCREDITATION TEAM MEMBERS - SIGNATURE PAGE
(Date)
(Location)

All Team Members Sign And Fax To NAVPERSCOM (PERS-660) Immediately After
The Visit
Mail The Original.

Name (Team Leader)	Title
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Name	Title
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Name	Title
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Name	Title
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FFSP ACCREDITATION TEAM MANAGEMENT GUIDE

Tab D

Samples of Official Correspondence Related to Accreditation

TAB D
CONTENTS

This sections contains examples of the types of official correspondence related to the accreditation process including:

- Sample NAVPERSCOM (PERS-6) letter to site announcing the accreditation visit
 - Sample NAVPERSCOM (PERS-6) letter forwarding the Team's report
 - Sample NAVPERSCOM (PERS-6) decision letter
 - Sample region congratulatory letter
-

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Sample Announcement Letter (Pre-Site Visit)

1754
Ser 660
(Date)

From: Director, Fleet and Family Support Division (PERS-66)

To: _____

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION
REVIEW

Ref: (a) SECNAVINST 1754.1A

Encl: (1) Accreditation Visit Schedule FY____
(2) Accreditation Team Members for _____

1. Per enclosure (1) your accreditation visit is scheduled for _____. The accreditation review meets the requirement in reference (a) for a triennial inspection. The review will include the Family Advocacy Program and will be conducted by Accreditation Team members who are experienced FFSP professionals trained on the revised standards and criteria that will be used to determine compliance. The proposed team members are listed in enclosure (2).

2. The review will consist of a review of written documentation, direct observations, interviews with various staff members, and focus groups with ombudsman and senior enlisted personnel. The standards are based industry practice and if deficiencies are identified, the team will identify the actions required to meet the standard. The revised process eliminates all scoring and grades. A report of the findings will be left with the region to be followed up by the official letter forwarding the report. The region will then have 90 days to correct deficiencies, or request reconsideration of the findings through the chain of command prior to the accreditation decision.

FFSP Accreditation Team Management Guide

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) ACCREDITATION
REVIEW

3. The review will include an in-brief and out-brief with you/your staff and the team will keep your staff informed of any issues on a daily basis. As Team Leader _____ will coordinate directly with my office and _____ in regards to logistics, schedules, and other information that will be required in advance. My point of contact is _____, NAVPERSCOM (PERS-660) at 901-874-_____/DSN 882.

4. I believe that compliance with the revised standards will demonstrate that FFSP services are responsive to Sailors and their families and your staff will set a great example for future accreditation reviews.

(NAME)
(Title)

Copy to:
Regional Commanders
Team Leader

**ACCREDITATION TEAM MEMBERS
FOR
(Name of Installation)**

Team Leader: Name: _____
 Title: _____
 Location: _____
 Phone: _____

Team Members: Name: _____
 Title: _____
 Location: _____
 Phone: _____

Observers: Name: _____
(if applicable) Title: _____
 Location: _____
 Phone: _____

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Sample Letter to Site Forwarding the Team's Report

From: Assistant Commander, Navy Personnel Command,
Fleet Support (PERS-6)

To: Commanding Officer or Regional Commander

Subj: FLEET AND FAMILY SUPPORT PROGRAM ACCREDITATION

Ref: (a) SECNAVINST 1754.1A

Encl: (1) FFSP Accreditation Findings Report
(2) FFSP Accreditation Standards

1. Enclosure (1) is the preliminary accreditation report submitted by _____, Accreditation Team Leader, on FFSP _____, resulting from an on-site review conducted _____. FFSP professionals from installation, and regional levels conducted the review.

2. The team reviewed program compliance with 29 program standards described in enclosure (2). Compliance was determined by a review of written documentation and clinical client records, interviews with FFSC staff, other command personnel, and a focus group with senior leadership, ombudsmen, and chaplains.

3. [Use appropriate wording here to describe overall results of the visit. Review results were positive. It is obvious the staff takes pride in their jobs and was well prepared for this accreditation review. Focus group(s) indicated they are satisfied with the responsiveness and support, and proactive efforts of the FFSP staff.] (Note here any specific programs that are exceptionally good.)

4. There are some review items, which were not in compliance with standards, requiring follow-up action before accreditation can be conferred. Actions required are outlined in enclosure (1).

5. Please provide a Plan of Action and Milestones (POA&M) within 30 days to NAVPERSCOM (PERS-660) for accomplishing required action(s). The command has 90 days upon receipt of

FFSP Accreditation Team Management Guide

Subj: FLEET AND FAMILY SUPPORT PROGRAM ACCREDITATION

this report to submit documentation to NAVPERSCOM (PERS-660) via the chain of command that corrective action to meet the standards has been taken, or to request reconsideration of a finding. (Include following sentence only if team determined follow-on review is needed: A follow-on review for Standards x,x,x, will be conducted by (region representatives) who will also validate corrective action has been taken.) An accreditation review per reference (a) will be made. If approved, a certificate valid for 3 years will be forwarded.

6. We appreciate your willingness to pursue accreditation and thank your FFSP staff for their superb hospitality and support shown to the team during their visit. My point of contact is _____ NAVPERSCOM (PERS-660) at 901-874-_____/DSN 882.

Copy to:
Regional Program Manager
Team Leader

Sample NAVPERSCOM (PERS-6) Decision Letter

1754
Ser 660
(Date)

From: Assistant Commander, Navy Personnel Command,
Fleet Support (PERS-6)
To: Commanding Officer (or Commander, Navy Region _____)
Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) _____
ACCREDITATION

Encl: (1) Accreditation Certificate(s)

1. I am pleased to inform you that FFSP _____ has successfully met the high standards of performance established by the Navy for accreditation. Based on the review of documentation submitted by the regional FFSP program manager and region reviewer, all actions pending from the original visit have been met. This concludes the accreditation review for _____.

2. To earn this achievement requires a high degree of dedication, professionalism, clinical, and managerial expertise. Accreditation is public recognition of FFSC _____'s commitment to service at or above nationally recognized standards. It also means FFSC staff have met stringent competency requirements. The staff is to be commended for an impressive performance on all standards as noted in the original report.

3. Enclosure (1) provides Certificates of Accreditation awarded for a period of 36 months effective through _____. Due to the very positive impact this award should have on the individuals and families served by FFSC _____, we encourage the widest possible publicity and dissemination of this achievement.

Copy to: (w/o encls)
Commander Navy Installations
Team Leader

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Sample Region Endorsement

1754
Ser
(Date)

FIRST ENDORSEMENT on NAVPERSCOM ltr 1754 Ser ___of (date)

From: Regional Commander

To: Commanding Officer (if applicable)

Subj: FLEET AND FAMILY SUPPORT PROGRAM (FFSP) _____
ACCREDITATION

1. Forwarded with pleasure.

2. This distinctive honor reflects your FFSP staff's exceptional way of doing business and the highest quality of service received by your customers. Throughout the accreditation visit, there were many examples of your staff's professional dedication, program, clinical, and managerial expertise. The award symbolizes a long-term commitment, so vital to supporting core values, mission readiness and retention throughout the Navy.

3. Thank you for a job "WELL DONE!"

Copy to: (w/o encls)
Commander Navy Installations
NAVPERSCOM (PERS-6)
Team Leader

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