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MARINE CORPS ORDER P1700.24B W/CH 1

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS PERSONAL SERVICES MANUAL

Ref: (a) SECNAVINST 1754.1A
(b) SECNAVINST 5300.28C
(c) SEVNAVINST 5300.31
(d) SECNAVINST 1754.5
(e) SECNAVINST 1752.3A
(f) SECNAVINST 1754.6
(g) SECNAVINST 6320.23
(h) SECNAVINST 6320.24A
(i) SECNAVINST 1754.7
(j) SECNAVINST 6401.2A
(k) SECNAVINST 6100.5
(l) SECNAVINST 5211.5D
(m) MCO 1754.6
(n) MCO P5211.2B
(o) MCO 5040.6F
(p) MCO P1560.25C
(q) MCO P1710.30D
(r) MCO P1900.16E
(s) MCO P1070.12K
(t) MCO P7100.8K
(u) MCO P1754.4A
(v) MCO 6320.2D
(w) MCO P3040.4D
(x) MCO 1320.11E
(y) SECNAVINST 5420.169H
(z) SECNAVINST 5212.5D
(aa) MCO P1700.27A
(ab) MCO 1510.25C

Encl: (1) LOCATOR SHEET

1. Purpose. To publish policies for Personal Services Programs, which reside within Marine Corps Community Services.

DISTRIBUTION STATEMENT A: Approved for public release, distribution is unlimited.

The Programs support commanders' efforts in the prevention and resolution of problems that detract from mission readiness and enhance the quality of life for the military community, regardless of geographic location. This Manual complies with policies contained in references (a) through (ab), and delineates significant changes that necessitate the development of Component Command and installation Standard Operating Procedures to meet their unique requirements.

2. Cancellation. P1700.24A, P1752.3B, P1754.3, P1754.5 and 1000.10.

3. Background. The Marine Corps continues the tradition of "taking care of our own" through the use of various services and programs, thus promoting self-reliance and self-sufficiency.
Satisfaction with the military lifestyle and integration of the service member's family into the military community has a positive effect upon morale, thus, impacting on the recruitment and retention of quality Marines. The military population includes single and married Marines, parents, dual-service couples, and special needs families. The changing demographics of the Marine Corps, increased fleet deployments, and independent duty separations demand that we improve the quality of life of the individual service member, his or her family, and better support the Commander in the accomplishment of the mission.

4. Personal Services Capabilities

(a) Command and Community Education and Services emphasizes prevention services that support operational requirements and prepare service and family members to better anticipate, and understand, the physical and emotional demands associated with our Corps' way of life. Types of support services include: Deployment Support, Return and Reunion Programs, Crisis Response Services, New Parent Support, Retired Activities, Financial Fitness, Suicide Awareness, Substance Abuse Education, Drug Testing, and Information and Referral Services.

(b) Mobility Support includes services that assist with the mobile military lifestyle by facilitating successful relocations, transitions to civilian life, career decision-making, job seeking, and adjustments of service members and their families to life in the military. These support services include: Relocation Assistance, Sponsorship, Transition Assistance, Family Member Employment Assistance, and the Exceptional Family Member Program.

(c) Clinical Counseling Services include individual, marriage and family counseling, and domestic violence support services, including victim intervention, rape and sexual assault response services, and related treatment. Substance abuse assessment, intervention, and rehabilitation are also included.

5. Waivers. Waivers from the policies contained in this Manual must be authorized in writing from CMC (MR). All policy waivers will be requested and issued through normal Marine Corps channels.

6. Definitions. Terms that are used in this Manual and germane to the Substance Abuse and Family Advocacy Programs are defined in Appendix A.

7. Recommendations. Recommendations concerning the contents of this Manual are invited. Such recommendations will be sent to the CMC (MR) via the chain of command.

8. Reserve Applicability. This Manual is applicable to the Marine Corps Reserve.

9. Certification. Reviewed and approved this date.

J. L. JONES

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CHANGE ONE TO PERSONAL SERVICES MANUAL, MCO P1700.24B

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REF/C/SECNAVINST 1752.3A/SECNAV/-//
NARR/REFERENCE (A) IS MCO P1700.24B, MARINE CORPS PERSONAL SERVICES MANUAL. REFERENCE (B) IS SECNAVINST 1754.7, CREDENTIALS REVIEW AND CLINICAL PRIVILEGING OF CLINICAL PRACTITIONERS/PROVIDERS IN DEPARTMENT OF THE NAVY (DON) FAMILY SERVICE CENTERS. REFERENCE (C) IS SECNAVINST 1752.3A, FAMILY ADVOCACY PROGRAM. //
POC/JENICE L. STANIFORD/GS-13/MRO/-/TEL:(703) 784-9592
/EMAIL:STANIFORDJL@MANPOWER.USMC.MIL//
GENTEXT/REMARKS/1. MARADMIN TO BRING REFERENCE (A) INTO COMPLIANCE WITH CURRENT MARINE CORPS FAMILY ADVOCACY POLICY, ADDITIONS WILL BE MADE IN THE FOLLOWING AREAS: (1) PRIVILEGING OF CLINICAL COUNSELORS FOR THE MARINE CORPS, (2) ESTABLISHING A FAMILY ADVOCACY COMMITTEE AND (3) ESTABLISHING TRAINING REQUIREMENTS FOR COUNSELORS IN THE DOMESTIC VIOLENCE ARENA.
2. BACKGROUND. REFERENCE (B) REQUIRES CREDENTIALING AND PRIVILEGING OF CLINICAL COUNSELORS IN THE MARINE CORPS COUNSELING PROGRAMS. PROTOCOL FOR THE PROCESS HAS BEEN MODIFIED TO CLARIFY THE APPROPRIATE ROLES AND RESPONSIBILITIES OF THOSE INVOLVED. INSTALLATIONS WILL SUBMIT RESPONDENT CREDENTIALS TO THE COMMANDANT OF THE MARINE CORPS (CMC) (MR) VIA THE INSTALLATION MCCS DIRECTOR. CMC (MR) IS THE CORPORATE PRIVILEGING AUTHORITY FOR THE MARINE CORPS CLINICAL PRACTITIONERS AND WILL PROVIDE PRIMARY VERIFICATION OF CREDENTIALS. ONCE VERIFICATION IS COMPLETED BY CMC (MR), THE LOCAL INSTALLATION COMMANDER MAKES THE FINAL PRIVILEGING DECISION FOR THE RESPONDENT. IN THE EVENT DENIAL OF PRIVILEGING IS CONSIDERED, THE INSTALLATION COMMANDER WILL CONVENE A PEER REVIEW PANEL. IF, UPON COMPLETION OF THE PEER REVIEW PANEL, THE INSTALLATION COMMANDER FINDS THAT THE RESPONDENT SHOULD NOT BE PRIVILEGED, THE RESPONDENT'S APPEAL, IF ANY, SHALL BE FORWARDED TO CMC (MR), THE APPEAL AUTHORITY, FOR FINAL DETERMINATION. IF THERE IS NO APPEAL, FORWARD A COPY OF THE ENTIRE PACKAGE (PEER REVIEW PANEL FINDINGS AND INSTALLATION COMMANDER'S ENDORSEMENT) TO CMC (MR) FOR RECORD.
3. REFERENCE (C) REQUIRES THE ESTABLISHMENT OF AN ADVISORY BODY, KNOWN AS THE FAMILY ADVOCACY COMMITTEE (FAC). THE INSTALLATION COMMANDER WILL APPOINT, IN WRITING, A MULTI-DISCIPLINARY FAC WITH AN OFFICER OF THE GRADE OF MAJOR OR ABOVE AS THE CHAIRPERSON. THE COMMITTEE MAY BE SET UP AS A SUBCOMMITTEE OF THE MARINE CORPS COMMUNITY SERVICES MULTI-DISCIPLINARY COUNCIL. THE FAC WILL RECOMMEND AND COORDINATE POLICY, AND OVERSEE THE INSTALLATION FAMILY ADVOCACY PROGRAM (FAP).
4. REFERENCE (C) REQUIRES FAMILY VIOLENCE TRAINING FOR ALL COUNSELORS IN THE AREA OF RISK ASSESSMENT, CASE MANAGEMENT, VICTIM SAFETY AND OFFENDER PROTECTION RIGHTS.

5. ACTION. ADMINISTRATIVE PERSONNEL WILL MAKE THE FOLLOWING ADDITIONS TO MCO P1700.24B, REF (A):

A. REPLACE PARAGRAPH 5018.4A TO READ: "CREDENTIALING AND PRIVILEGING. THE CLINICAL COUNSELING PROGRAMS OF THE MARINE CORPS REQUIRE CREDENTIALING AND PRIVILEGING OF COUNSELORS. THE COMMANDANT OF THE MARINE CORPS (CMC) (MR) IS THE CORPORATE PRIVILEGING AUTHORITY FOR THE MARINE CORPS CLINICAL PRACTITIONERS AND WILL PROVIDE PRIMARY VERIFICATION OF CREDENTIALS. ONCE PRIMARY VERIFICATION OF CREDENTIALS IS COMPLETED, THE INSTALLATION COMMANDER MAKES THE FINAL PRIVILEGING DECISION. IN THE EVENT THAT DENIAL IS CONSIDERED, THE INSTALLATION COMMANDER WILL CONVENE A PEER REVIEW PANEL, PER ENCLOSURE 5 OF REF (B), TO PROVIDE THE RESPONDENT A FAIR AND IMPARTIAL HEARING. DURING THE HEARING, THE ISSUES THAT FORM THE BASIS FOR A POTENTIAL DENIAL, LIMITATION, REVOCATION OF CLINICAL PRIVILEGES OR TERMINATION OF PROFESSIONAL STAFF APPOINTMENT MAY BE RESPONDED TO OR REBUTTED. IF, UPON COMPLETION OF THE PEER REVIEW PANEL, THE INSTALLATION COMMANDER FINDS THAT THE RESPONDENT SHOULD NOT BE PRIVILEGED (AND THERE IS NO APPEAL) FORWARD A COPY OF THE ENTIRE PACKAGE (PEER REVIEW PANEL FINDINGS AND INSTALLATION COMMANDER'S ENDORSEMENT) TO CMC (MR). IN THE EVENT OF AN APPEAL, FORWARD THE ENTIRE PAKAGE WITH THE APPEAL TO CMC (MR), THE APPEAL AUTHORITY, FOR FINAL DETERMINATION.

B. ADD PARAGRAPH 5003.15. READING: "FAMILY ADVOCACY COMMITTEE (FAC). THE INSTALLATION COMMANDER WILL APPOINT, IN WRITING, A MULTI-DISCIPLINARY FAC. THE COMMITTEE MAY BE SET UP AS A SUBCOMMITTEE OF THE MARINE CORPS COMMUNITY SERVICES MULTI-DISCIPLINARY COUNCIL. THE FAC WILL RECOMMEND AND COORDINATE POLICY, AND OVERSEE THE INSTALLATION FAMILY ADVOCACY PROGRAM (FAP). THE INSTALLATION FAC CHAIRPERSON SHALL BE AN OFFICER OF THE GRADE OF MAJOR OR ABOVE, AND SHALL ASSIST PARTICIPANTS IN IDENTIFYING THEIR ROLES/RESPONSIBILITIES IN THE LOCAL FAP AND ASSURE MAXIMUM PARTICIPATION IN THE PROGRAM."

C. ADD PARAGRAPH 5018.1.D READING: "TRAINING. COUNSELORS WILL BE TRAINED ANNUALLY IN DOMESTIC VIOLENCE RISK FACTORS, DYNAMICS, REFERRAL, SAFETY PLANNING AND APPROPRIATE RESPONSES FOR THEIR DISCIPLINE, WHICH MAY INCLUDE SCREENING PROCEDURES, IDENTIFICATION, ASSESSMENT, SENSITIVE INTERVIEWING OF SUSPECTED VICTIMS AND CASE MANAGEMENT. THESE TRAINING ELEMENTS ARE ESSENTIAL FOR ENSURING VICTIM SAFETY AND THE PROTECTION OF OFFENDER RIGHTS."//

LOCATOR SHEET

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Location: _____
(Indicate location(s) of copy(ies) of this Manual.)

ENCLOSURE (1)

MARINE CORPS PERSONAL SERVICES MANUAL

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

MARINE CORPS PERSONAL SERVICES MANUAL

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REPORTS REQUIRED

Report Title	Report Control Symbol	Paragraph
I. Personal Services Quarterly Summary Report	MC-1740-02	5014.1
II. Child/Spouse Abuse Incident Report	DD-1752-03 (External RCS DD-FM&P(W)1738)	5014.2
III. Institutional Child Abuse and Neglect Report/Extra-Familial Child Sexual Abuse or Neglect Report	DD-1752-01 (External RCS DD-FM&P(W)1738)	5014.3 and Appendix F
IV. Family Advocacy Report of Death/Serious Injury	DD-1752-02 (External RCS DD-FM&P(W)1738)	5004.14 and Appendix G
V. Transition Assistance Management Program(TAMP) Quarterly Report	DD-P&R (Q) 1927	4103.9
VI. Relocation Assistance Program (RAP) Quarterly Report	DFD-1754-02) NAVMC11332(3097)	4203.6
VII. Department of the Navy Suicide Incident Report (DONSIR)	SECNAV5350/1 REV. 12-00	3009.3

MARINE CORPS PERSONAL SERVICES MANUAL

CHAPTER 1

GENERAL

CHAPTER 1

GENERAL

1000. OVERVIEW. While the transformation process of making Marines begins with the Marine Corps Recruiter, sustaining the transformation is the responsibility of those who lead our Marines. Personal Services Programs are designed to assist our leadership, to sustain the transformation, and to be a force multiplier that helps maintain Marines as the Nation's premier warfighters. Personal Services Programs are directly related to combat readiness. They serve as the main mechanism through which a variety of programs, services, and activities will be provided to our single Marines, married Marines and their families, as well as retired service members and their family members. The primary focus of effort will be on prevention and education. This focused effort enables our Marines and families to be armed with the vital knowledge and essential leadership skills necessary to attack and prevent situations before they develop into serious problems, which negatively impact the mission readiness of our individual Marines, our commands, and the readiness of our families to succeed as partners in this challenging way of life.

1001. BACKGROUND. Personal Services will be supported as the main mechanism through which a variety of programs will be provided to our single and married Marines and other eligible patrons aboard our installations.

1002. PHILOSOPHY

1. The Marine Corps views our Personal and Family Readiness efforts in holistic terms. We do not see our Personal and Family Readiness programs as individual components, but rather, interlocking and interdependent elements of a system designed to support readiness and retention, and to be useful and usable for our Marines and their families. Each Personal and Family Readiness service and program is dependent upon other elements to achieve success. The Marine Corps' Personal and Family Readiness system in effect now is very much like a stone archway, with each stone fitting together to make a solid bridge. The keystone of this bridge is the commander.

2. These programs and services are directly related to the combat readiness of our individual Marines, our commands, and the readiness of our families to succeed as partners in this challenging way of life. These programs and services are absolutely essential and have the Commandant's support and the support of every leader in our Corps.

3. We have one Corps ... we will have one standard approach to personal and family readiness. Our Marines and families must be able to expect and receive the same level of access and availability to these critical support services and programs regardless of where they are stationed throughout the Corps. These programs require top down guidance and command engagement so we can ensure consistency across the Corps.

4. Personal and Family Readiness shall be delivered through the following essential, required capabilities:

a. Semper Fit is the point of main effort in enhancing the personal readiness of our Marines and healthy lifestyles of our families. Semper Fit shall provide every commander with a direct support team of fitness professionals, medical experts, and educators built around the following standardized programs: health promotion and awareness, alcohol and drug abuse prevention, physical training, sports and athletics, and medical support. Garrison gymnasiums and fitness centers are the focal point for this effort.

b. Marine Corps Family Team Building (MCFTB), as directed in reference (m), is the point of main effort in enhancing family readiness. To ensure commanders and program volunteers receive the necessary resources and support to facilitate family readiness, MCFTB synchronizes five distinct, yet complementary, family readiness programs: Key Volunteer Network (KVN); Lifestyles Insights, Networking, Knowledge, and Skills (L.I.N.K.S.); Spouses' Leadership Seminar; Prevention and Relationship Enhancement Program (PREP); and Chaplains Religious Enrichment Development Operation (CREDO). Previously, funding for these programs was embedded with the programs found within the Family Service Centers. MCFTB was created to institutionalize them into one overarching program.

c. Personal Services is the point of main effort in providing and supporting prevention services for our Marines and their families, as well as enhancing community readiness. Transition and Relocation Assistance, Family Member Employment,
Volunteer Training and Coordination, Suicide Awareness, Retired

Activities, Domestic Violence Prevention, Exceptional Family Member Program, New Parent Support Program, Information and Referral, Personal Financial Management, Substance Abuse, Children and Youth, and Lifelong Learning (Education and Libraries) are, at a minimum, the standard services central to this capability.

d. Clinical counseling services are primarily those of the Family Advocacy and Substance Abuse Treatment Programs. These services are designed to intervene when prevention has failed and to respond to critical incidents such as mass casualties or natural disasters. We shall maintain quality treatment services for those who need them the most, but we shall shift our priority of effort to the prevention of problems before they occur.

e. The effective interaction between these capabilities and the installation AC/S or Director, Marine Corps Community Services (MCCS) is the key to the success of these programs.

1003. MEASURES OF EFFECTIVENESS. The Personal Services Programs shall have goals and measures that are based on empirical data. Personal and Family Readiness has always been difficult to measure but there are related measures that can give close indications about the effectiveness of our Programs. The goals and measures shall be in accordance with reference (aa).

1004. INSPECTIONS. Inspections reinforce efficiency, effectiveness and economy of administration, and operation in the accomplishment of the command's mission. Inspections shall be conducted to ensure that the Personal Services Programs are being operated according to existing regulations, program standards, and Measures of Effectiveness (MOEs), and that qualified personnel are performing their assigned tasks in a timely and professional manner to ensure mission accomplishment.

1. Policy. Inspections shall be conducted on those Marine Corps Programs described within this Manual.

2. Action. CMC (MR) shall augment the Inspector General of the Marine Corps (IGMC) staff during the conduct of the Command Inspection Program (CIP). The purpose of the CIP is to assess the overall effectiveness of the Commanding General's Inspection Program (CGIP).

a. IGMC. Under the direction of the SECNAV and CMC, the IGMC coordinates, conducts, and evaluates inspections of Fleet Marine Forces, Reserve Forces, and supporting establishment commands, units, and activities, including the operational forces assigned to unified and specified commands.

b. CGIP. Commanding Generals shall conduct, or cause to be conducted, on a biennial basis, inspections of all MCCS Personal Services programs and personnel to promote economy, efficiency, effectiveness, and readiness. These inspections should also serve to examine the measures of effectiveness.

c. CIP. These inspections by the IGMC will be on a triennial basis and will be conducted on short notice.

3. Other inspections may be required by higher authority for various Personal Services Programs, which require separate support. The CGIP and CIP shall be the primary inspection mechanisms for the Personal Services Programs.

1005. PRIVACY ACT. The information collected from service members and their family members receiving services fall under the requirements of the Privacy Act of 1974 (5 U.S.C. 552a), as implemented by reference (n). The Privacy Act limits access to personal information in records and mandates certain safeguards for such information. Before any collection of information from a service member or a family member, a Privacy Act Statement must be signed by the client, or annotated that the member refused to sign the statement. This statement becomes part of the case file. Disclosure of personal records shall be consistent with the Conditions of Disclosure Provisions of reference (n). Questions related to the Privacy Act should be referred to the Installation Staff Judge Advocate and/or the Privacy Act Representative.

1006. CONFIDENTIALITY

1. Basic to the provision of services, staff are committed to keep information disclosed by clients confidential. Accordingly, the staff must provide clients the freedom to discuss matters in a private and safe environment. Additionally, documented information about an individual's private financial matters or other family situations discussed in counseling sessions is protected, consistent with references (l) and (n). However, the Personal Services staff shall advise

prospective clients that confidentiality is limited, in that the staff are obligated to keep commanders informed of any criminal activity or other matters significant to the command.

2. Any violations of client confidentiality will damage the credibility of the services. A breech of confidentiality is cause for possible administrative and/or disciplinary action. All incidents of contractor employees violating the confidentiality provisions of references (l) and (n) will be reported to the contractor immediately for appropriate action.

1007. BUDGETING. Personal Services Programs operate with O&MMC, and OSD funds directed specifically for these programs.

1. Funds are requested via the Planning, Programming, and Budgeting System Process.

2. Budget submissions include execution year and the two subsequent years per reference (t).

3. Funding deficiencies will be submitted during the midyear review process. Family Advocacy Program (FAP), Transition Assistance Management Program (TAMP), and Relocation Assistance Program (RAP) are supported by OSD funds.

4. Drug Demand Reduction Programs are supported with funds received from OSD and are only for the prevention of illegal drug use, and not for alcohol programs.

5. Installation commanders will fund alcohol programs with base operation (O&MMC) funding. Installations are required to document expenditures of these funds according to specific program categories.

CHAPTER 2

ROLES AND RESPONSIBILITIES

CHAPTER 2

ROLES AND RESPONSIBILITIES

2000. PERSONAL AND FAMILY READINESS DIVISION (CMC (MR))

1. Develop and recommend Service plans and policy for MCCS Personal Services Programs.

2. Coordinate Personal Services Programs with Major Commands, other Headquarters, U.S. Marine Corps (HQMC) staff agencies, and higher headquarters.

3. Develop personnel, budget, and training initiatives relative to the Program Objective Memorandum (POM).

4. Publish the long range goals for the Personal Services Programs in a five-year plan.

5. Sponsor the Degree Completion Program (DCP) for the enlisted MOS 9917 and the Special Education Program (SEP) for officers to serve as leaders in Community Services.

6. Sponsor the Substance Abuse Counselor (MOS 8538). NAVMC 2931 contains assignment requirements.

7. Participate as an augmentee on the Inspector General's Inspection Program, to ensure compliance with service standards for all Personal Services' functional areas.

8. Attend, and as appropriate, host organizational conferences and working groups pertaining to Personal Services, and provide information to command activities.

9. Ensure Personal Services Programs are included in the HQMC Mobilization and Contingency Plan.

10. Conduct research to support programming decisions with both quantitative and qualitative data.

11. Provide guidelines to be used as Performance Outcome Measures for evaluation purposes.

12. Administer central programs and training when in the best interest of the Marine Corps.

13. Track suicide trends in the Marine Corps and periodically publish "lessons learned" and other resources to assist commanders in risk management.

2001. PUBLIC AFFAIRS (CMC (PA))

1. Coordinate with CMC (MR) to ensure key themes, events, and updates regarding the Marine Corps Personal Services Programs are incorporated into the Annual PA Plan.

2. Disseminate information on key Marine Corps Personal Services Programs themes, events and updates through MCNEWS, Marines Magazine, MarineLink, and civilian media outlets, as appropriate and consistent with the Privacy Act.

3. Coordinate with CMC (MR) to obtain information and/or provide a subject matter expert as spokesperson when responding to civilian media inquiries pertaining to the Marine Corps Personal Services Programs, consistent with the Privacy Act.

4. Coordinate with command Public Affairs Officers (PAOs) to ensure information on Corps-wide Marine Corps Personal Services Programs themes, events, and updates are provided for incorporation into the local command information effort.

2002. INSTALLATIONS AND LOGISTICS (CMC (I&L))

1. Coordinate with CMC (MR) to ensure there is handicapped-accessible office space adequate to accommodate the Personal Services staff and clients. Office space shall be determined by Personal Services staff dependant on size and needs of the installation service members and their families. Space for personal offices, staff desks, computer work center for customers, conference room space, classrooms, file storage, and easily accessible storage space sufficient to maintain loan locker items are required.

2. Ensure facilities adequate to accommodate large Transition Assistance Program (TAP) seminars and installation Job Fairs are available on an as-needed basis to meet client needs.

Classroom space is required for group presentations and training as prescribed in NAVFAC P-80.

3. Guarantee adequate space, which is handicap accessible, to allow for individual counseling rooms, and to ensure client confidentiality. Guidelines are contained in DoD Manual 4270.1-M.

2003. CG TRAINING AND EDUCATION COMMAND (TECOM). Review and where appropriate approve MR Division validated instruction developed to support the training needs of specialized billets and additional duties described in this Manual.

2004. CG MARFORLANT, MARFORPAC, MARFORRES, MATCOM

1. Designate and maintain staff cognizance on all matters pertaining to Personal Services Programs, policies, and associated resources for subordinate commands.

2. Conduct inspections of Personal Services Programs to ensure compliance with this Manual and reference (o).

3. Regionalize services as appropriate between bases within close proximity, and when practicable, encourage partnerships with the local community to optimize resources for the delivery of services.

4. Submit consolidated reports to CMC (MR).

5. Review, prioritize and consolidate POM requirements concerning personnel, budget and training initiatives for Personal Services Programs.

6. Ensure Personal Services Programs are included in the appropriate Mobilization and Contingency Plans.

2005. INSTALLATION COMMANDER

1. Implement and maintain Marine Corps Personal Services Programs to meet the needs of the community in personal readiness matters.

2. Implement Personal Services Programs and coordinate the delivery of services to operational commanders.

3. Designate a field grade officer or civilian equivalent to direct the Personal Services Programs under the staff cognizance of the Installation Assistant Chief of Staff (AC/S) or Director for Marine Corps Community Services (MCCS). The Personal Services Director shall assign an Alcohol Abuse Prevention Specialist, Drug Demand Reduction Coordinator, Transition Manager, Relocation Assistance Manager, Installation Volunteer Coordinator, Retired Activities Officer, Personal Financial Manager, Family Member Employment Assistance Manager, and Family Advocacy Program Officer. Assignment and duties are contained in the appropriate chapter or appendix of this Manual.

4. Ensure all Commanders and Sergeants Major down to battalion/squadron levels or recruiting district/station level, as appropriate, receive a brief on the Personal Services Programs within 45 days of assuming command or position.

5. Submit required reports via the Component Command.

6. Ensure a Quality Assurance (QA) Program is implemented which, as a minimum, includes a needs assessment, client care evaluations, credentials review and privileging, resources management, and follow up (see Chapter 7).

7. Develop personnel, training, logistics, facilities, and budget requirements relative to the POM for all Personal Services Programs. These requirements will be submitted to the Component Command for review and prioritization prior to consolidation and submission to CMC (MR).

8. Establish communications and coordinate delivery of services within the 100-mile radius surrounding the installation, to synchronize military-civilian partnerships, information and referral, coordinated community response and independent duty support.

9. Conduct inspections of Personal Services Programs to ensure compliance with program standards and policies contained in this Manual, and in reference (o).

10. Ensure that the Personal Services Programs are included in the Installation Contingency and Mobilization Plan to support rapid development of additional fiscal, logistical, and human resource requirements in times of emergency, mobilization,

large-scale deployment, repatriation, or evacuation.

11. Conduct training for all Personal Services Program staff for designated requirements.

12. Ensure Marine Corps Personal Services Program themes, events, and updates are incorporated into public affairs planning and products, consistent with the Privacy Act.

2006. COMMANDING OFFICERS AND OFFICERS IN CHARGE

1. Be fully informed of the Personal Services Programs, which provide tools to enhance personal and family readiness. Per reference (ab) ensure Troop Information requirements pertaining to Personal Services Programs are met.

2. Ensure the prevention and intervention requirements in this Manual and NAVMCs 2930/2931 are met.

3. Refer service members within their command to proactively utilize prevention and intervention services.

4. Ensure that service members attend the Transition Assistance Program (TAP) Seminar, receive their preseparation counseling, sign the Counseling Form (DD Form 2648), and file it in the Marine's permanent record at HQMC, as mandated by Public Law.

5. Designate a Substance Abuse Control Officer/Specialist (SACO/SACS) and a Unit Command Financial Specialist (CFS) as additional duties to perform functions identified by this Manual and any local installation order(s) on Personal Services.

6. Designate a Unit Transition Counselor (UTC), as an additional duty to perform the preseparation counseling for transitioning and retiring personnel, and other duties described in accordance with paragraphs 4103.2 and 4103.3.

7. Designate a Command Representative to attend, track, and document Case Review Committee (CRC) recommendations and command dispositions as appropriate.

2007. ELIGIBILITY

1. The following personnel are eligible for the Personal Services Programs, subject to any restrictions in the Status of

Forces Agreements (SOFA) at overseas activities:

a. Active duty members of the military services and the Coast Guard, and their legal dependents, regardless of their geographic location.

b. Members of the Reserve Component of the military services and the Coast Guard, and their legal dependents, while on extended active duty.

c. Legal dependents of prisoners of war or personnel missing in action (POW/MIA) from the military services and the Coast Guard.

d. U.S. civilian employees working in DoD overseas locations, and their legal dependents, for services, which are not otherwise available in the local community.

e. Retired military members and Coast Guard personnel, their legal dependents, and the surviving legal dependents of members who were on active duty or retired at the time of death, on space available basis.

f. On a space available basis, members of the Reserve Component (prior to mobilization) and their legal dependents; and CONUS Department of Defense Civilians.

2. At Base Realignment and Closure (BRAC) installations, services which are offered as part of military Transition Assistance Management Program (TAMP), other than those specifically limited by law, will be available to military personnel and DoD civilian employees. At non-BRAC installations, such services may be provided on a space available basis for civilian DoD employees.

CHAPTER 3

COMMAND AND COMMUNITY EDUCATION AND SERVICES

CHAPTER 3

COMMAND AND COMMUNITY EDUCATION AND SERVICES

3000. GENERAL. Personal Services capabilities are provided by the Installation Assistant Chief of Staff (AC/S) or Director for Marine Corps Community Services (MCCS). To be effective, Personal Services must be interconnected through all the functions within MCCS and all encompassing. They must be proactive in meeting military community needs. These capabilities shall be provided at each installation, and include services for those on independent duty within their catchment area.

3001. TARGET POPULATIONS. The programs, services, and activities within Personal Services work to prevent personal and family problems which detract from unit performance. These capabilities positively impact the mission readiness of our individual Marines, our commands, and the readiness of our families to succeed as partners in this challenging way of life. Commanders shall focus these prevention programs to meet the unique challenges of the following target populations:

1. Services for individuals and families new to the military. These services may include parenting programs, programs for new spouses, information and referral, personal financial management and cross-cultural adaptation classes.

2. Services to prevent problems related to family separation/deployment. These services may include stress management, pre- and post-deployment briefs, reunion briefs, and life skills education.

3. Services related to the mobile lifestyle. These services may include newcomer's orientation, sponsorship training, welcome aboard briefs, information and referral, smooth move workshops, loan locker, and personal financial management.

4. Services for Marine families with special education and medical needs. Services include enrollment in the Exceptional
Family Member Program, as well as information, referral and support groups within the military and civilian community.

5. Services to prevent relationship conflicts. These services may include stress management, couples communication, problem solving skills, anger management, parenting skills, conflict resolution, substance abuse prevention and financial fitness.

6. Services to assist family members seeking employment. Services may include information about exploring employment options, establishing goals and job search skills, and the development of long term options compatible with military life style.

7. Services to assist transitioning service members. Services may include information on developing an individual's transition plan, the effects of a career change, employment assistance, relocation assistance, education/training, health and life insurance, finances, benefits of affiliating with the USMCR, and veterans benefits.

8. Services to the retired military population. Services may include information on retiree benefits, entitlements, health care, and casualty assistance.

3002. PERSONAL SERVICES DESCRIPTION. Personal Services are provided through services and activities that form a variety of programs. They contribute by assisting parents in balancing the competing needs of parenting and mission accomplishment. These services enhance an individual's quality of life by: providing information to assist people to make sound life skills decisions; providing educational opportunities through lifelong learning; providing Children, Youth and Teen programs that support the continuum of Marine family's needs; providing preventive education on unhealthy lifestyles; and providing assistance through intervention and treatment. Additionally, these services assist with the mobile military lifestyle by providing assistance during relocation, transition to civilian life, career decision-making, job seeking, and adjustments of service members and their families to life in the military.

3003. HOURS OF OPERATION. Personal Services operations must provide the greatest service and convenience to the greatest number of authorized customers within financial considerations. The AC/S or Director, MCCS shall determine the hours of operation of each Personal Services facility. Approved hours of operation shall be prominently displayed at each facility.

3004. SCOPE. Command and Community Education and Services shall be provided under Personal Services, regardless of installation size.

3005. COMMAND PREVENTIVE EDUCATION AND TRAINING PROGRAM. Units are responsible for providing preventive education and training to all Marines. To establish and maintain an effective prevention programs, units must accomplish the following:

1. Perform a Personal Services prevention training assessment to determine specific training needs in addition to the objectives in paragraph 3011.3 and 3011.5 of this chapter.

2. Develop an annual Personal Services prevention-training plan.

3. Create Measures Of Effectiveness (MOE), which will be evaluated to determine program effectiveness.

4. Submit the annual plan and MOE to the unit commander for review and approval. The annual training plan will be reviewed by the unit commander semiannually.

5. Submit prevention program outcomes to the unit commander annually.

6. Coordinate unit-training requirements with the Personal Services.

7. Provide basic prevention training at the unit level in coordination with the Personal Service Center Staff and NAVMCs 2930 and 2931.

8. Develop and maintain a unit SOP, Desktop Procedures, current inspection checklist, and turnover files relevant to the proper management of the unit substance abuse program.

3006. EARLY IDENTIFICATION

1. Early identification is a method of preventing a problem before it irreparably damages the Marine’s career, results in physical harm, or seriously affects unit readiness. The goal is
to influence positive behavioral change before disciplinary or adverse administrative action becomes necessary.

2. Create a command climate that promotes the message that "It's OK to get help." Personnel experiencing difficulties in relationships, alcohol abuse, managing stress, etc., should be referred to appropriate resources for counseling and supportive services without prejudice to their careers.

3. Marines who are involved in Domestic Violence, Suicide, or Substance Abuse related events or incidents shall be referred to the nearest Family Advocacy Office, Substance Abuse Counseling Center, or qualified Medical Officer for evaluation to recommend an appropriate intervention.

4. Below are some methods to identify the warning signs of potential problems:

a. The review of duty logs, military/civilian police blotters, emergency medical treatment facility records, and any other incident reporting systems.

b. An event resulting in failure to fulfill a role at work, school, or home where alcohol/drug use was involved.

c. Involvement in situations that are physically hazardous while under the influence (e.g., operating machinery or a motor vehicle).

d. Legal problems such as indebtedness.

e. Persistent or recurrent social or interpersonal problems.

f. Difficulty with cultural adaptation.

g. A recurrent problem of excessive drinking.

3007. INFORMATION AND REFERRAL PROGRAM

1. State of the art information and referral services are the cornerstone of the Personal Services Programs. Staff will ensure accurate information is collected, frequently updated, and maintained to be readily available. Effective referrals require an initial assessment and follow up.

2. MCRD Parris Island and San Diego are designated as primary centers for the delivery of information and services to recruiting personnel and their families. MCB Quantico and Camp

Pendleton are designated as the primary centers for Instructor and Inspector (I&I) and other independent duty personnel and their families. All Installation Personal Services, Marine Corps Recruiting Command, and Marine Corps Reserve staffs will work together to provide support to the maximum extent possible without duplicating services.

3. A 24-hour answering machine will be utilized to facilitate information requests after normal working hours. Toll-free information and referral telephone lines are available in regional areas as follows:

a. Independent duty personnel east of the Mississippi River (minus Wisconsin) are served by Marine Corps Base (MCB) Quantico, VA. The phone number is (800) 336-4663.

b. Independent duty personnel west of the Mississippi River (plus Wisconsin) are served by MCB Camp Pendleton, CA. The phone number is (800) 854-2131 or (800) 253-1624.

c. Eastern Recruiting Region is served by MCRD Parris Island, SC. The phone number is (800) 826-7503.

d. Western Recruiting Region is served by MCRD San Diego, CA. The phone number is (888) 718-3027.

e. Marine Forces Reserve can call (540) 678-6581 or DSN 678-6581.

3008. LIFE SKILLS MANAGEMENT EDUCATION PROGRAMS. These programs promote positive coping skills through Core Values-based training targeted to prevent domestic violence, suicide, substance abuse, and other behavioral problems that detract from mission readiness. These behaviors will not be tolerated and are contrary to Marine Corps Core Values. Programs in these targeted areas shall reflect best practices to ensure that quality training, risk management, and treatment services are offered at the unit level. Specific guidance for these programs is contained in separate Chapters within this Manual.

1. Domestic Violence

a. New Parent Support Program (NPSP). This Program is a child abuse and neglect primary prevention program. Services and research are conducted at 18 Personal Service Centers worldwide. Most services are designed to intervene prior to the

occurrence of child abuse and neglect within a family. Prenatal and postpartum support and assistance are offered to families as they prepare to integrate a child into their home. Services are provided through home visitation and parenting classes. All Marines, other service members stationed on Marine Corps installations, and their family members who are either expecting children or have children through 5 years of age are eligible to receive services.

b. Mentors In Violence Prevention (MVP) Program. The MVP Program is a centrally administered program and an educational tool to prevent domestic violence, sexual assault, and harassment. The Train-the-Trainer Program is held for senior Marines. The training is conducted on each installation, in groups of 30 Marines, lasting 2 days. The trained Marines then train their peers or subordinates. Real life scenarios are used to teach Marines to take responsibility in preventing the use of physical, sexual or emotional violence, or harassment against women. MCCS's Personal Services staff will be trained in MVP and act as consultants in the continuous process of domestic violence, sexual assault education and prevention.

3009. SUICIDE PREVENTION

1. PURPOSE. To establish a vigorous community approach to reduce suicides in the Marine Corps. This policy integrates multidisciplinary capabilities to assist commanders in implementing local programs that reflect best practices in suicide prevention. Program elements include awareness education, health promotion (through Semper Fit), life skills training, leadership training, crisis intervention and risk management, treatment, postvention services (i.e., services targeted toward surviving family members, co-workers and units), and casualty reporting and trend analysis.

a. These tragic deaths often occur in association with problems that are largely preventable such as relationship problems, alcohol abuse, and depression. The Suicide Prevention Program emphasizes the importance of early identification and intervention of problems that detract from personal and unit readiness. Additionally, this Program emphasizes the importance of data collection and analysis to inform, evaluate, and refine future prevention efforts.

b. The Suicide Prevention Program involves a continuum of care with several elements:

(1) Awareness Education and Health Promotion. Release ALMAR/MARADMIN messages and annual suicide awareness and prevention training to promote healthy lifestyles for all personnel.

(2) Life-Skills Training. Provide education to enhance coping skills and social support to reduce the incidence of problems that detract from personal and unit readiness (e.g., alcohol abuse prevention training, financial fitness, stress management training, and Chaplain's Religious Enrichment Development Operations (CREDO)).

(3) Leadership Training. Provide leaders at all levels with information and skills to enhance risk identification and early intervention with at-risk personnel.

(4) Crisis Intervention and Risk Management. Provide procedures for the referral and evaluation of Marines requiring emergency psychiatric care and/or Marines who have problems that increase risk for suicide such as depression and/or alcohol abuse. Included in this process are measures that facilitate crisis care (e.g., suicide watches) and restrict the access of at-risk personnel to the means that can be used to inflict harm to themselves or others.

(5) Counseling and Treatment. Provide services and programs that support the resolution of personal, family, and mental health issues that underlie suicidal behavior.

(6) Postvention Services. Provide sensitive family support and debriefing services for units affected by the suicide of a member.

(7) Casualty Reporting and Trend Analysis. Provide incident reports to higher authority to assist in improving institutional knowledge about suicide through research into risk and protective factors. The purpose of such research is to improve future prevention efforts.

(8) Inspections. Inspect the completion and recording of the annual suicide awareness and prevention training by Commanding Generals on regularly scheduled inspections.

2. CG, Training and Education Command (TECOM) shall:

a. Ensure that Series Officers, Drill Instructors, and permanent personnel receive training in identifying suicide risk factors and in making referrals and obtaining appropriate care for recruits and Marines.

b. Ensure that leaders conduct periodic risk assessments during the recruit training cycle (e.g., Series Officer Counseling, Senior Drill Instructor Counseling, Recruit Surveys, and qualification and transition/separation periods).

c. Ensure that suicide awareness and prevention is included in the training schedule for all recruits.

d. Provide suicide awareness and prevention training to all officer candidates and all officers attending the Marine Corps University.

e. Ensure that suicide awareness and prevention training is incorporated into the curriculum of all formal leadership schools.

3. All Commanders shall:

a. Use Marine leaders, medical staff, chaplains, Semper Fit Coordinators, and Personal Services and Substance Abuse Counseling Center counselors to coordinate, evaluate, and sustain an integrated program of awareness education, early identification and referral of at-risk personnel, treatment, and follow-up services.

b. Provide annual training in suicide awareness and prevention. Training should be provided to the smallest possible element (i.e., platoon/section level) to promote maximum effectiveness in education and discussion.

c. Ensure that leaders who provide annual training demonstrate current knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

d. Follow all procedures per reference (h) for screening, evaluation, disposition, and treatment of all personnel deemed at risk for harm to themselves or others. Per reference (h) specific questions to assess suicide potential are:

(1) Ideation: "Do you have or have you had any thoughts about dying or hurting yourself?"

(2) Intent: "Do you wish to die?"

(3) Plan: "Will you hurt yourself or allow yourself to be hurt accidentally or on purpose?" "Do you have uncontrolled access to weapons at work or at home?"

(4) Behaviors: "Have you taken any actions towards hurting yourself; for example, obtaining a weapon with which you could hurt yourself?"

(5) Attempts: "Have you made prior suicide attempts?" "When?" "What did you do?" "How serious was the injury?" "Did you tell anyone?" "Did you want to die?"

e. Ensure that all personnel at-risk for harm to self or others are kept in sight and escorted to an evaluation with a competent medical authority. Additionally, ensure that all personnel who make suicide gestures or attempts are evaluated by a mental health professional and that appropriate follow-up appointments are completed by referred personnel.

f. Ensure a Personnel Casualty Report (PCR) is submitted on all suicides, attempts, and gestures per reference (w).

g. Coordinate with all military and civilian authorities to complete appropriate investigations or inquiries into all cases of suspected suicide by active duty Marine Corps personnel.

h. Complete a Department of the Navy Suicide Incident Report (DONSIR) on all cases of suicide deaths or undetermined deaths where suicide has not been excluded. Specific procedures are contained in reference (w).

i. Provide support to the families after a suicide or suspected suicide per reference (w) and use the Critical Incident Stress Debriefing (CISD) Teams, as appropriate, to assist units affected by the suicide of a member. The purpose is to help those affected to normalize their reactions to the incident, and thereby reduce their risk for developing Posttraumatic Stress Disorder or other mental health concerns.

j. Encourage leadership practices that promote prevention and the resolution of problems at the lowest possible level.

3010. PERSONAL FINANCIAL MANAGEMENT PROGRAM. This Program is designed to assist commanders in helping Marines and family members learn and improve basic financial management skills, become more informed consumers, develop and maintain credit worthiness, understand the importance of savings and investment, and reduce or maintain levels of manageable debt. The Program components are basic financial education, budget development and financial planning, debt management/liquidation, and consumer advocacy.

1. Each installation shall have a Personal Financial Manager (PFM) and every Command shall have a Command Financial Specialist (CFS).

2. Installation Personal Financial Managers shall:

a. Conduct classes to educate Marines and family members about financial responsibility.

b. Provide counseling to Marines in financial difficulty and by assisting them with budget preparation.

c. Provide training to Command Financial Specialists (CFS) having one or more E-6 and above trained to assist Marines at the unit level with financial education and counseling. The CFS will provide statistics to the PFM on classes, number of attendees and number of Marines counseled.

4. PFM will offer financial education to Marines within 45 days of arriving at their first duty station.

3011. SUBSTANCE ABUSE. Alcohol abuse and the distribution, possession, or use of illegal drugs is contrary to the effective performance of Marines and to the Marine Corps' Mission, and will not be tolerated in the Marine Corps.

1. Roles and Responsibilities

a. A thorough prevention education program must address the entire scope of drug and alcohol abuse, both legal and illegal. Interactive participation will be used as much as possible to actively involve students in discussions and skill-oriented education beyond basic understanding. Marines at all levels will receive prevention education and training at least annually.

b. Commanding Generals and Commanding Officers are tasked with the implementation of the drug and alcohol abuse program outlined in this Manual and NAVMC 2931. Key elements of this program are prevention, timely identification, intervention, appropriate discipline, or other administrative actions, followed by restoration to full duty or separation as appropriate.

c. The Commanding General, Training and Education Command (TECOM) shall provide initial drug and alcohol abuse prevention training to officer candidates and recruits during officer candidate/recruit training. The primary purpose of this initial orientation is to foster an understanding of the Marine Corps policy regarding drug/alcohol abuse. Initial orientation will include, at a minimum, the learning objectives contained in chapter 1, paragraph 2, of NAVMC 2931.

d. Unit SACO/SACS will maintain case files on Marines identified with drug/alcohol problems and provide aftercare services for individuals who complete a drug/alcohol treatment program.

(1) Case files will include a chronological history of incidents, evaluations, referrals, treatment, and aftercare progress.

(2) Aftercare services require the monitoring and documentation of an individual's progress for a minimum of 12 months. A written aftercare plan will be provided by the facility where the Marine received treatment. If the Marine is encountering difficulties in adhering to his treatment plan a modification may be appropriate. This will require a referral to a Substance Abuse Counselor and/or Medical Officer.

(3) Identify, evaluate, counsel, and recommend the referral of drug/alcohol abusers to the Substance Abuse Counseling Center via the Commanding Officer for screening and counseling.

(4) Maintain an effective urinalysis program as outlined in this Manual.

(5) Submit required drug and alcohol abuse reports.

e. Installation Alcohol Abuse Prevention Specialists' primary responsibility is to support Marine Corps alcohol abuse

prevention activities. Working with SACOs/SACSs, the Installation Alcohol Abuse Prevention Specialist will support the commanders' alcohol abuse prevention efforts by accomplishing the following:

(1) Perform an alcohol prevention training assessment to determine the needs of tenant units.

(2) Develop an annual alcohol abuse prevention training plan for each major command on their installation.

(3) Create Measures of Effectiveness (MOE) to evaluate and determine program effectiveness.

(4) Submit annual training plan and MOEs to major command Commanding Generals for review and approval. The annual training plan will be reviewed and resubmitted to the installation Commanding Generals semiannually.

(5) Submit program outcomes to respective Commanding Generals annually.

(6) Provide alcohol abuse prevention education per the training plan and when requested.

(7) Assist SACOs/SACSs with their unit prevention efforts.

(8) Train unit SACOs/SACSs using the Unit Substance Abuse Program Management Course.

(9) Prepare, review, and maintain materials to be used in the substance abuse prevention program (i.e., lesson plans, resource guides, films, and other sources of information).

(10) Disseminate substance abuse educational materials to military/civilian personnel.

(11) Meet the program requirements found in Appendix E.

f. Drug Demand Reduction Coordinator's (DDRC) primary responsibility is to support the Marine Corps' illegal drug use prevention activities (e.g., DDR budget, illegal drug use education, and urinalysis testing). Working with the Installation Alcohol Abuse Prevention Specialist to meet illegal drug use prevention needs the DDRC will:

(1) Conduct ongoing assessments of tenant organization's illegal drug use prevention needs. Interviews with key personnel in military and civilian communities are essential to the assessment. This information will be used to develop and revise the Drug Demand Reduction (DDR) program (e.g., DDR budget, annual plan and MOE). To accomplish this task, the DDRC will be required to use available surveys and reports in an ongoing effort to enhance the DDR program.

(2) Prepare, review, and maintain materials to be used in the DDR program (i.e., lesson plans, resource guides, films, and other sources of information).

(3) Provide illegal drug use prevention education to Marines and civilian employees on their installation.

(4) Plan and organize DDR events and activities on their installation.

(5) Disseminate educational materials to military and civilian employees.

(6) Maintain resources and contacts associated with the DDR effort. These activities include marketing the DDR program.

(7) Perform other duties and responsibilities critical to the functioning of the DDR program (e.g., SACO/SACS training, budget, reports, urinalysis statistics, and command inspections).

(8) Meet the program requirements found in Appendix E.

2. Alcohol Abuse Prevention

a. A critical prerequisite to preventing alcohol abuse is the positive example set by those in positions of authority. An atmosphere of "it's okay not to drink" must prevail. Accordingly, leaders must ensure that their attitudes are consistent with Marine Corps policy and that their behavior is above reproach in this regard. The long-standing perception on the part of many Marines that "hard drinking" somehow constitutes part of the image of a "hard charging" Marine must be dispelled.

b. Commanders must ensure all Marines understand that consumption of alcohol is not essential to the development of unit and Marine Corps pride. Camaraderie can and should be developed through other more appropriate activities. All activities that encourage Marines to drink will be avoided; social functions where alcohol is the only beverage available are not authorized. Nonalcoholic beverages will be made available in equal proportion. This policy, when combined with the attitude that alcohol abuse constitutes unacceptable Marine behavior, is essential to the success of a prevention program.

c. A proactive measure readily available to commanders is the control over local command policies with regard to club operations, social gatherings, and recreational activities of the command. Commanders must ensure that these operations or functions do not promote alcoholic beverages. Advertisements and sponsorship of command activities or events will not glamorize alcohol.

d. Commanders should institute policies, which support responsible consumption of alcohol in all aspects of club and community recreational activities. These include, but are not limited to ensuring that:

(1) Command sponsored activities, which allow alcoholic beverages as gifts or at reduced prices are not encouraged.

(2) Suitable nonalcoholic beverages are readily available at all social functions.

(3) Food is available whenever alcoholic beverages (beer, wine, or distilled spirits) are served.

(4) Drinking contests and other alcohol related games are not allowed.

(5) Alcoholic beverages are not offered as a prize.

(6) Alcoholic beverages are not sold or served to Marines who fail to meet foreign country or state minimum age requirements for purchase or consumption of alcohol.

e. All Marine installations shall establish on-going programs to prevent drunk driving by Marines, their family members, and civilian employees. These programs can easily be linked to automobile and motorcycle safety programs and should be a major part of the commands' proactive phase programs.

3. Drug and Alcohol Abuse Prevention Education and Training

a. The primary purpose of prevention education and training is to provide requisite knowledge of drug and alcohol abuse and their effects, and to assist in making a responsible decision on use. A secondary purpose is to train military and civilian supervisors in the important role of eliminating illegal drug use and reducing alcohol use.

b. Drug and alcohol abuse prevention education alone is not the answer to preventing abuse. However, if properly conducted, prevention education can provide potential and present abusers with information to clarify personal values, improve problem solving and decision making skills, and understand alternative lifestyle choices. Tools such as these will help the individual Marine make a more informed decision concerning drug and/or alcohol use.

c. Officers and SNCOs will receive annual supervisor training in drug and alcohol abuse prevention. Civilian employees in supervisory positions of Marines will receive supervisor training upon assumption of supervisory duties and every 2 years thereafter. Supervisor training objectives are in chapter 1, NAVMC 2931.

d. In addition to the Officer and SNCO annual training objectives, Noncommissioned Officers will receive drug and alcohol abuse prevention training through an approved course provided by the Installation SACC. NCOs will provide this prevention training to their subordinates annually. This NCO training course is a one-time requirement. However, it does not preclude NCOs from participating in additional unit prevention training. The course learning objectives are in chapter 1, NAVMC 2931.

e. Installation Alcohol Abuse Prevention Specialist, Drug Demand Reduction Coordinators, and Substance Abuse Counselors will assist in providing prevention training.

f. Civilian employee prevention education information is available through the civilian personnel office. Local Substance Abuse Counseling Centers and Semper Fit Centers may provide additional information to assist with substance abuse prevention training.

g. Installation DDRCs and Alcohol Abuse Prevention Specialists will assist SACOs/SACSs with their unit prevention efforts.

4. Urinalysis Program

a. The Marine Corps will not tolerate the possession, use, trafficking, or distribution of illegal drugs or drug paraphernalia. These offenses must be dealt with swiftly and effectively to the fullest extent provided for by law and regulations. Civilians will be detained and turned over to a local law enforcement agency for prosecution under the applicable criminal statutes. Installation commanders maintain responsibility to monitor establishments known or suspected to be sources of supply for illegal drugs. When appropriate, the installation commander will declare these establishments off limits to all Marine Corps personnel.

b. Urinalysis testing is a valid and reliable means for inspecting personnel to assess the command's readiness. Every unit shall have an aggressive compulsory Urinalysis Testing Program, which ensures systematic screening of all Marines annually, regardless of rank, for the presence of drugs. Additionally, units will test at least ten percent of their population monthly under the "IR" premise (See Appendix E). All Marines reporting in from PCS and leave will be tested within 72 hours of their arrival.

c. Only Commanding Officers and Medical Officers may direct that a urine sample be taken to test for drug presence.

d. Commands shall not order urinalysis inspections for the primary purpose of obtaining evidence for trial by courts-martial or for other disciplinary purposes. Results of urinalysis inspections, however, may be used for any purpose, including disciplinary action and characterization of service in separation proceedings.

e. Officer candidates and recruits who refuse to consent to testing or if the initial urinalysis test is confirmed to contain the presence of drugs, will be processed for separation per reference (r).

f. The appointment or enlistment of any person determined to have been dependent on drugs at the time of such enlistment or appointment shall be voided and they will be released from the control of the Marine Corps.

g. Commanders shall establish an identification program designed to detect Marines who use illegal drugs. Efforts in this area shall include health and welfare inspections, random

vehicle checks, use of drug detection dogs, duty logs, and incident reporting systems.

h. Special Populations. These populations will be tested as indicated below, however, this requirement does not preclude them from participating in any testing directed by the Commanding Officer.

(1) All officer candidates and recruits will be tested within 72 hours of arrival at the training site. Officer candidates shall be randomly tested during training.

(2) Military members assigned to Substance Abuse Counseling Centers (SACC) and Navy Rehabilitation Facilities shall undergo urinalysis testing once per month.

(3) Individuals involved in the collection and shipment of urine samples will be tested at least once per month.

(4) Brig staff shall be tested once per quarter.

(5) Prisoners shall be tested as directed by their Commanding Officer.

i. Command Confirmation. The "Report of Results" message from the laboratory is the official notification of the urine specimen's analytical results. The legality/illegality of drug presence in the individual's urine must be determined by the Commanding Officer.

(1) A command inquiry is necessary to confirm that no legitimate reason exists for the presence of the drug. Using all information available, including the urine test results, medical and dental records, service record, and chain-of-command information, the commander shall make one of the determinations listed below:

(a) The member is an illegal drug abuser. Commands shall follow the disposition guidelines per reference (r). A drug related incident or wrongful use of a substance occurs when, in the commander's judgment, the preponderance of the evidence establishes that the Marine used, abused, possessed, manufactured, or trafficked a controlled substance or a prescribed over-the-counter drug or pharmaceutical compound and/or wrongfully used a chemical as an inhalant.

(b) The member is not an illegal drug abuser. In cases where the Commanding Officer determined that the urinalysis test results involved an administrative error (e.g., faulty local chain-of-custody, evidence of tampering) or that the drug use was not wrongful (e.g., prescribed medication), the member shall not be identified as a drug abuser. The positive urinalysis is not a drug abuse-related incident in such cases and no administrative or disciplinary action will be taken or any documentation of the case retained.

(2) If the test result is used in a court-martial or administrative separation proceeding, and the proceeding cannot be completed within a one-year period, the submitting command must request in writing an extension of the retention period from the DoD-certified laboratory that performed the test(s).

(3) All confirmed incidents (civil or military) of illegal drug use or possession, and alcohol abuse, will be recorded in the Officer Qualification Record (OQR) or Service Record Book (SRB) per reference (s).

j. Separation. Marines confirmed for illegal drug involvement shall be processed for administrative separation. They shall be screened at a SACC, referred to a Medical Officer for diagnosis, and provided treatment prior to separation, if warranted.

k. Voluntary Self-Referral for Rehabilitation for Drug Abuse. To support detection and deterrence program goals, a means is required to encourage drug abusers to seek rehabilitation voluntarily. For this purpose, a voluntary self-referral rehabilitation procedure is described in reference (b).

l. Marine Corps Reserve

(1) Reserve component members shall be tested no later than 72 hours after the beginning of scheduled annual training or initial active duty training.

(2) Reserve Substance Abuse Control Officers (SACOs) are required to be tested at least quarterly and as directed by the

m. Anabolic Steroid Testing. Possession or trafficking of anabolic steroids by Marine Corps personnel is prohibited and is considered a violation of Article 112, UCMJ, except as prescribed by a physician for therapeutic purposes and recorded in the Marine’s medical record.

n. Evidentiary Use of Compulsory Urinalysis Results. Whenever compulsory urinalysis is conducted in the following situations, the test results may be used as evidence in disciplinary proceedings under the UCMJ and/or in administrative separation proceedings, including determination of character of service. The current edition of MCO P1900.16 specifically addresses administrative discharge procedures. These procedures are:

(1) An inspection under Military Rules of Evidence (M.R.E) 313 of the Manual for Courts-Martial (MCM) (2000 edition) including health and welfare inspections, random specimens, and unit sweeps;

(2) A search and seizure under M.R.E. 315 (probable cause) of the MCM (2000 edition); or

(3) An examination conducted for a valid medical purpose under M.R.E. 312(f) of the MCM (2000 edition). This includes emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.

o. Technical details of the program are contained in Appendix E.

5. Continuing Prevention Education. Marine Corps schools will develop and present drug and alcohol abuse prevention education as part of their course curriculum. The course of instruction will be taught at the level of the audience, building on the training objectives outlined in chapter 1, NAVMC 2931.

6. Overseas Alcohol Awareness Orientation. All Marines and civilian employees will receive a drug and alcohol abuse prevention brief within 5 days after arrival at an overseas location. This brief will emphasize local laws, ordinances, and customs related to alcohol and illegal drug use.

7. Alternate Activities

a. A commander's responsibility to combat alcohol and drug abuse is not restricted to the confines of a military installation. Cooperative efforts between military and civilian prevention programs designed to discourage drug/alcohol abuse should be aggressively pursued. These collaborative efforts may assist in preventing irresponsible drinking by Marines.

b. Commanders should encourage Marines to participate in non-drinking, productive off-duty activities. Recreational opportunities must provide for a change from the normal daily routine and must also provide the Marine with a means of reducing stress and combating boredom.

c. Marines have many skills and/or interests which can be put to productive and constructive use during off-duty hours, to include tutoring, counseling, coaching sports, involvement in youth programs, volunteer fire and rescue service, and many others.

8. Deterrent Measures. Commanders shall establish vigorous deterrent programs, which are cost effective, free of overzealous implementation, and applied uniformly. These programs will include, but are not limited to:

a. Periodic announced and unannounced health and welfare inspections of billeting areas and work spaces.

b. Random vehicle checkpoints to deter driving while intoxicated. Checkpoints should not be limited to access points, but employed throughout the installation.

c. Aggressive random urinalysis testing.

d. The use of drug detection dogs.

3012. STAFFING STANDARDS. Commanders responsible for establishing and conducting prevention programs shall ensure that the Command Table of Organization (T/O) reflects a sufficient number of properly qualified individuals to accomplish the assigned mission and the requirements of this Manual.

1. The Installation Alcohol Abuse Prevention Specialist billet is available to Gunnery Sergeants and Master Sergeants only. Requests for assignment as an Alcohol Abuse Prevention Specialist will be sent to the CMC (MMEA) via the chain-of-command, using an AA Form to include the requirements in NAVMC 2931. Selectees will receive formal training for this MOS through an approved course. Upon successful completion of training, these individuals will be assigned into authorized billets established by T/O line numbers. Their primary responsibility is to provide preventive education and training

to Marines and assist units in satisfying the requirements of this Manual.

2. SACO/SACS will complete the required training for the additional MOS 9936 within 90 days of their appointment. Commanders must ensure that candidates meet the requirements of MCO P1200.72. Consideration will be given to maturity, grade, prior experience, and personal beliefs of prospective candidates. It is inappropriate to appoint an individual whose personal convictions or beliefs are inconsistent with the goals of the Marine Corps Substance Abuse Program or who have experienced alcohol/domestic problems within 2 years of assignment. Any Marine assigned as a SACO/SACS, who is recovering from drug or alcohol dependence, will have a minimum of two years sobriety/abstinence, and a strong personal recovery program to include participation in AA or NA.

3. The ideal DDRC will have:

a. Advanced knowledge of prevention theory and techniques.

b. At least one year of relevant experience and education in illegal drug use prevention.

c. Good communication skills.

d. The ability to interact with a diversity of individuals and groups of people.

e. Good facilitation and time management skills.

f. Knowledge in the areas of alcohol, drug pharmacology, and etiology.

g. An understanding of the National Drug Control Strategy, state laws, civilian trends, and local drug abuse agencies.

3013. EQUIPMENT. The Personal Services Director needs to ensure there is adequate audiovisual, computer hardware and software, telephones, copy machines, and other equipment as necessary, to ensure mission accomplishment. Computer hardware necessary for office use will be capable of running current versions of the standard Marine Corps office automation software and other software required to support mission requirements. Both hardware and software will be purchased in compliance with applicable Marine Corps orders.

MARINE CORPS PERSONAL SERVICES MANUAL

CHAPTER 4

MOBILITY SUPPORT CAPABILITIES

SECTION 3: FAMILY MEMBER EMPLOYMENT ASSISTANCE PROGRAM (FMEAP)

CHAPTER 4

MOBILITY SUPPORT CAPABILITIES

4000. GENERAL. Mobility support programs and activities prepare service members and their families for successful relocations during their military career, support their employment and career development, and facilitate the successful transition to civilian life. These programs and activities include, but are not limited to, Transition Assistance Management Program (TAMP), Relocation Assistance Program (RAP), Family Member Employment Assistance Program (FMEAP), and the Exceptional Family Member Program (EFMP). These programs are essential to personal and family readiness. The Exceptional Family Member Program policy is covered in reference (v).

4001. TRAINING STANDARDS

1. CMC (MRM) will provide annual training updates as required for installation TAMP/RAP/FMEAP Managers/personnel. Installation TAMP/RAP/FMEAP Managers are required to attend an annual OSD TAMP/RAP/FMEAP Conference or annual professional enhancement conference as available.

4002. EQUIPMENT

1. Computer hardware necessary for office use will be capable of running current versions of the standard Marine Corps office automation software (SITES) and other software required to support mission requirements (Typing Tutorial, Federal Employment Application software (SF 171, OF 612), and Resume Writer) with Internet access. Both hardware and software shall be purchased in compliance with applicable Marine Corps orders.

2. Minimum Hardware Requirements: Internet access, scanner, laser printers, state-of-art copier and CD access for Job Browsers.

3. Loan Locker recommended minimum essential requirements: Dish packs, small electrical kitchen appliances, ironing boards with irons, futons, infant/small children cribs, car seats, and strollers.

4. Career Resource Management Center (CRMC) Resource Library shall have current and relevant books, periodicals, videos and publications based on customers needs.

5. Furniture shall be as required for a customer resource work center, i.e. desks, chairs, large tables and adequate lighting.

CHAPTER 4

MOBILITY SUPPORT CAPABILITIES

SECTION 1: TRANSITION ASSISTANCE MANAGEMENT PROGRAM (TAMP)

4100. GENERAL. TAMP provides career/employment assistance and transition information to separating Marines, their family members, and BRAC-impacted DoD Civilians.

4101. PURPOSE. To ensure the standardization and equitability of the TAMP throughout the Marine Corps.

4102. POLICY. Provide the necessary tools and information to enable all separating service members, and their family members, to make an effective transition from military to civilian life. The minimum essential requirements shall include information on developing an Individual Transition Plan (ITP), effects of a career change, employment assistance, relocation assistance, education/training benefits, health and life insurance needs, financial planning, benefits of affiliating with the United States Marine Corps Reserves (USMCR), and Veteran's benefits. Policy requirements for the Transition Program are identified in DoD Directives 1332.35 and 1332.36 and DoD Instruction 1332.37.

4103. SCOPE. TAMP services and resources shall be provided in the Career Resource Management Center (CRMC). The CRMC is located within Personal Services.

1. Eligibility

a. Transition services shall be available to all separating service members with 180 or more continuous days on active duty, their families, and DoD civilians impacted by BRAC.

b. Involuntary separatees, Special Separation Benefit (SSB) and Voluntary Separation Incentive (VSI) separatees are eligible for transition benefits. TAMP benefits are temporary in nature. See figure 4-1 for eligibility criteria.

c. Career and employment resources shall be available to all active duty service members and their family members. Retirees are eligible for TAMP services on a space-available basis.

2. Provide mandatory preseparation counseling to all separating service members and their families 180 days prior to EAS, but no later than 90 days prior to their EAS. This information shall include, but will not be limited to, the topics identified on DD-Form 2648, Preseparation Counseling Checklist. This requirement may be met either by individual or group counseling sessions with the Unit Transition Counselor (UTC), TAMP Manager, or a designated individual from the Consolidated Admin Center or during attendance at a Department of Labor (DoL) Transition Assistance Program (TAP) seminar, provided the Preseparation Checklist is included in the TAP curriculum (see subparagraph 4 below). Recommended UTC is the Unit Career Planner or designated individual from the Consolidated Admin Center.

3. The UTC shall establish and maintain a tracking system to ensure that the Preseparation Counseling Checklist is properly completed, signed, and mailed to MMSB-20, 2008 Elliot Road,
Quantico, VA 22134. MMSB-20 shall ensure that the Checklist is scanned into the Marine's Official Military Personnel File (OMPF). The UTC shall keep signed and dated copies of the checklist on file for three years.

4. Separating service members shall attend a TAP workshop within l80 days of separation. The TAP seminar shall include modules on job search preparation, career assessment, financial planning for transition, resume writing, interview techniques, Veteran's benefits, referrals to the local DoL for services, information and enrollment procedures for the Montgomery GI Bill (MGIB), and Disabled Transition Assistance Program (DTAP). The TAP Workbook shall be the core curriculum for TAP. CONUS Transition Staff shall arrange for TAP instructors through the DoL. OCONUS Transition Staff shall be responsible for instructing the entire TAP seminar. Attendance rosters and TAP seminar evaluations shall be completed by attendees and kept on file for three years. The number of installation separatees and retirees shall determine frequency of seminars.

5. Job Search/Employment/Self Employment seminars shall be offered on a regular basis, as determined by client needs. Job Fairs will either be hosted by the local installation Transition

Staff or on a collaborative regional basis. Individual seminar and Job Fair attendance rosters and program evaluations shall be completed and kept on file for 6 months.

6. The UTC shall monitor the status of personnel within the command to ensure that those Marines who are undergoing medical evaluation or have been referred to a medical board by the command are assigned to a DTAP workshop. A one-half day DTAP workshop designed specifically for eligible separating service members will be conducted by the VA or TAMP Manager and Medical Personnel. The purpose of DTAP is to inform and enroll eligible service members in appropriate Department of Veterans Affairs (VA) vocational, educational, and rehabilitation programs. Attendance at DTAP does not replace the mandatory attendance at the preseparation interview or preseparation brief.

7. Inform separating service members of the Verification of Military Experience and Training Form (VMET)(DD-Form 2586, available on-line: http://www.dmdc.osd.mil/vmet). If not available on-line, contact the Transition Staff or the UTC who shall request it via the Marine Corps Total Force System (3270).

8. Ensure access to automated systems such as Transition Bulletin Board (TBB), America's Job Bank (AJB) and Standard Installation Topics Exchange System (SITES). In the event of Temporary Early Retirement Authority (TERA), all eligible TERA retirees shall be registered in the Public and Community Service (PACS) registry.

9. Per DoD Directive 1332.35 and this Manual, local installations shall electronically submit a Quarterly Report on the status of the Transition Program to CMC (MRM) no later than the 15th of the month following the close of the quarter. The UTC shall submit to the TAMP Manager the total number of separating service members, and their family members, completing the Preseparation Counseling Checklist during that quarter.

4104. STAFFING STANDARDS. Local installations shall determine actual staffing requirements based upon installation active duty population workload. It is recommended that TAMP have all or any combination of the following positions as authorized by the local Letter of Allowance (LOA).

1. TAMP/CRMC Program Manager, GS 301/343/101 (Supervisory). The Program Manager (PM) ensures the mandated TAMP program elements are met. PM provides oversight for the installation's TAMP program to include: client services, recommendations for the TAMP budget, administering client feedback evaluations, and liaison with the installation UTC. Evaluation results shall be used to determine program effectiveness, to schedule events and develop and conduct workshops. Coordinate with VA, DoL, and organizations within the Marine Corps and civilian communities. Initiate community outreach to develop employment opportunities and public speaking engagements; write program specific news releases and articles; maintain a career resource library to include books, periodicals, and ADP software programs; schedule and supervise TAMP staff; prepare and submit OSD mandatory Quarterly Reports; and manage the CRMC.

2. Career Resource Management Specialist, GS-301/343/101 (non-supervisory) or Employment Assistance Manager, GS 101 (non-supervisory). Assist the TAMP/CRMC Manager. Counsel active duty service members and their family members on career goals, job search techniques, and the Individual Transition Plan (ITP); coordinate and facilitate seminars and workshops; research new or improved transition program procedures; and perform other duties as assigned.

3. TAMP Assistant, GS-303. Assist TAMP Manager and TAMP staff. Work with CRMC clients on software programs, accessing Internet job banks/sites, and inputting mini-resumes into America's Job Bank (AJB); track daily CRMC client traffic, TAP and individual seminar attendance; and perform other duties as assigned.

4. Office Automation Assistant, GS 303/335. Assist TAMP and Family Member Employment Assistance Program (FMEAP) staff and clients with Automated Data Processing (ADP) requests; assist clients set up with resume writers or accessing employment opportunities in automated job banks; act as the first point of contact when clients enter the CRMC; perform other duties as assigned.

MARINE CORPS PERSONAL SERVICES MANUAL 4104

TRANSITION BENEFITS ELIGIBILITY CHART

IF SERVICE MEMBER IS:	AND THE SEPARATION PROGRAM DESIGNATION (SPD) CODE IS:	THE SERVICE MEMBER MAY BE ELIGIBLE FOR (1)									
		1-YEAR HOUSE-HOLD GOODS STORAGE	HOME OF SELECTION MOVE	180-DAY EXTENSION IN MILITARY FAMILY HOUSING	COMMISSARY AND EXCHANGE PRIVILEGES FOR 2 YEARS	MONTGOMERY GI BILL ENROLLMENT OR VETERANS EDUCATION ASSISTANCE PROGRAM CONVERSION	MEDICAL AND DENTAL CARE	PRIORITY AFFILIATION WITH THE GUARD OR RESERVE	CONTINUED HEALTH INSURANCE, INCLUDING PRE-EXISTING CONDITIONS COVERAGE	ONE-TIME NAF HIRING PREF.	EXTENSION IN DODDS FOR CHILDREN IN THEIR SENIOR YEAR
SEPARATING UNDER THE VSI/SSB PROGRAM	FCA/KCA/MCA/ FCB/KCB/MCB	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
INVOLUNTARILY SEPARATING UNDER OTHER THAN ADVERSE CONDITIONS (2)	(See footnote 3)	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

Figure 4-1

NOTES:

1. Transition assistance program counselors should provide specific benefit eligibility information to Service members or refer them to the appropriate office for further information.
2. Military Service members shall be considered to be involuntarily separated if he or she was on active duty or full time National Guard duty on September 30, 1990 or on or after November 30, 1993, and have been separated under other than adverse conditions. "Under other than adverse conditions" is defined as service characterized as "Honorable" or "General (under honorable conditions)."
3. JBB/LBB/JBC/LBC/LBD/JBK/LBK/JBW/LBW/JCC/LCC/JCP/BCR/GCR/HCR/JCR/LCR/JDF/BDG/GDG/HDG/JDG/LDG /BDK/GDK/HDK/JDK/GFC/HFC/JFC/LFC/JFF LFF/JFG/LFG/JFH/LFH/JFL/JFM/JFN/JFQ/JFR/BFT/GFT/HFT/JFT/LFT/BFV/GFV/HFV/JFV/JFW/LFW/BFX/GFX/HFX/JFX/LFX/JGB/LGB/LGC/GGH/HGH/JGH/LGH/LGJ BHF/GHF/HHF/JHF/JND/LND/BRB/GRB/HRB/JRB

CHAPTER 4

MOBILITY SUPPORT CAPABILITIES

SECTION 2: RELOCATION ASSISTANCE PROGRAM (RAP)

4200. GENERAL. RAP provides relevant information to Marines and their families under Permanent Change of Station (PCS) orders, which assists in the relocation decision-making process.

4201. PURPOSE. To provide standardized and equitable relocation assistance support throughout the Marine Corps.

4202. POLICY. Relocation assistance support is a mission essential activity crucial to supporting Marines and their families mental and physical readiness. It reduces the stress related to frequent relocations, an inherent part of the mobile military lifestyle. RAP services are structured to make the relocation process as smooth as possible. The Marine Corps is responsible for providing accurate information and support services, which enable timely decisions to be made by the Marines and their families concerning the relocation process. RAP services shall be readily accessible to all personnel. Installation check-in and check-out procedures shall incorporate RAP to ensure military personnel and their families under PCS orders are informed of relocation assistance services.

4203. SCOPE

1. Pre-departure. The RAP shall provide pre-departure relocation assistance and referrals consisting of the following minimum essential requirements:

a. Predeparture PCS Move Workshops. Attendance by departing Marine personnel is mandatory, per reference (x).

b. Automated information via the DoD Standard Information Topics Exchange Service (SITES), on the Internet, regarding the next duty station.

c. Child care resources.

e. Schools.

f. Medical-related information.

g. Exceptional Family Member Program (EFMP).

h. Stress management.

i. Financial management.

j. Home renting, buying and selling, and property management.

k. Shipment/storage of household goods.

l. Installation check-in/check-out procedures.

m. Availability of cost-free loan locker items prior to departure.

2. Arrival. The RAP shall provide arrival services consisting of the following minimum essential requirements:

a. Welcome Aboard Briefs. Attendance by newly arrived personnel is mandatory, per reference (x).

b. Information on temporary and permanent housing.

c. Child care.

d. EFMP resources.

e. Medical/dental resources.

f. Legal assistance resources.

g. Education programs.

h. Availability of spouse employment opportunities.

i. Religious indoctrination and community orientation.

j. Cultural adaptation services.

k. Loan locker items shall be available at no cost on arrival at the installation until the member's household goods arrive.

3. Relocation Assistance issues shall be addressed in the installation multidisciplinary council, per MCO P1700.27A, and/or in the Relocation Assistance Coordinating Committee(RACC). The RACC shall be established at installations with over 500 personnel per reference (f).

4. Installation updates to SITES are entered by the Relocation Assistance Manager (RAM) on their specific sites as changes occur. The Defense Management Data Center (DMDC), Monterey, CA edits these changes for format and posts them into SITES daily. SITES Help Desk E-Mail: siteshelp@osd.pentagon.mil. Phone: 1-800-727-3677. Future SITES procedure changes will be forwarded to each installation RAM by the HQMC RAP Point of Contact as dictated by DMDC.

5. RAMs shall provide Sponsorship training to commands for unit personnel designated as sponsors as required by reference (x).

6. Installations shall submit a Quarterly Report on the status of the RAP, to CMC (MRM), no later than the 15th of the month following the close of the quarter.

4204. STAFFING STANDARDS

1. The following standards establish the minimum essential RAP staffing levels:

a. Small Stations/Depots. Yuma, New River, Beaufort, MCRD San Diego and Parris Island, MCLB Barstow, Albany, MCSA Kansas City, and HQBN Henderson Hall: one RAP Manager.

b. Large Stations. Miramar, Cherry Point, and Iwakuni: one RAP Manager and one RAP Assistant.

c. Small Bases. Kaneohe Bay, Quantico, and Twenty-nine Palms: one RAP Manager and one RAP Assistant.

d. Large Bases. Camp Lejeune, Camp Pendleton, and Camp Butler: one RAP Manager and two RAP Assistants.

2. Specific RAP staff responsibilities are as follows:

a. Relocation Program Manager: GS-301/303/343. Serves as the coordinator and analyst/advisor that conducts the installation's Relocation Assistance Program. Supervises the RAP assistant and volunteer personnel as required. Implements and analyzes the relocation program requirements at the installation. Assists military personnel and their families in relocating to new duty stations, and during deployments or separations, by providing current information relevant to the new duty station and civilian community (this includes transitioning personnel either separating or retiring from military service). Shall have the ability to communicate orally at General Officer briefings, professional conferences, training workshops, and Relocation Assistance Coordination Committee meetings. Understands the mobile military lifestyle, and the objectives of military family support programs. Knowledge of current military relocation procedures. Experience in training and education with knowledge of systems approach to training. Understand the operating procedures of the Relocation Assistance Program. Personal computing experience and experience writing Naval correspondence. Recommends budgeting for the RAP through the Personal Services Director MCCS. Responsible for developing and submitting the OSD RAP Quarterly Report due to CMC (MRM) not later than 15 days following the end of each quarter.

b. RAP Assistant: GS 301/303. Conducts the installation's Relocation Program. Assist military personnel and their families relocating to new duty stations, during deployment, or upon separation or retirement from military service. Serves as the computer specialist maintaining the Relocation module of the PSC Automated Information Reporting System and the DoD SITES Internet system mandated by public law. Ensures the installation information in SITES is updated as changes occur. Interviews and assists clients in analyzing their relocation needs. The Relocation Program Manager provides supervision. Most assignments are self-generated and handled independently according to RAP policies and practices. Shall perform other duties as assigned.

CHAPTER 4

MOBILITY SUPPORT CAPABILITIES

SECTION 3: FAMILY MEMBER EMPLOYMENT ASSISTANCE PROGRAM (FMEAP)

4300. GENERAL. FMEAP provides assistance and referrals for active duty family members who are seeking employment, career counseling, and personal career goal identification.

4301. PURPOSE. To ensure the standardization and equitability of the FMEAP throughout the U.S. Marine Corps.

4302. POLICY. Assist active duty spouses, family members, and retirees (on a space-available basis) in exploring employment options and preparing them to pursue opportunities in their chosen career fields. Assist clients in establishing goals and job search skills that will serve them whenever they choose to seek employment. Other services may include short-term employment assistance through close coordination with community employers and MCCS commercial and retail activities, and development of portable career options that are compatible with the mobile military lifestyle. Policy requirements for the FMEAP are identified in DoD Directive 1342.17.

4303. SCOPE

1. FMEAP services and resources are provided in the Career Resource Management Center (CRMC). CRMC is located within Personal Services.

2. Eligibility. Relocating military spouses and other qualified dependents.

4304. STAFFING STANDARDS

1. Installations shall determine the actual staffing requirement, to include series and grade level as required.

2. It is recommended that the Program Manager, a non-supervisory position, work with the Transition staff under the umbrella of the CRMC with primary focus on career opportunities for the active duty family member; liaison with local businesses and business organizations providing marketing materials and briefings on the merits of hiring the military spouse; and administer career assessment tools to assist spouses in preferred career choice.

CHAPTER 5

CLINICAL COUNSELING AND TREATMENT CAPABILITIES

CHAPTER 5

COUNSELING CAPABILITIES

5000. GENERAL. Counseling Services include individual, marriage, and family counseling; clinical counseling; family advocacy and support services; victim advocacy; rape and sexual assault response services and related education; and substance abuse screening, assessment, intervention, and treatment.

5001. INDIVIDUAL, MARRIAGE, AND FAMILY INTERVENTION AND COUNSELING. Single and married service members and their family members are responsible for resolving issues in their lives. When assistance is requested, these services shall be offered under the auspices of the Personal Services Programs.

1. Assessment. Providers will complete an initial assessment to identify the extent of a client's problem(s). A referral to military mental health services should be made when necessary.

2. Counseling Services. Clinical providers will assist eligible service members and family members with individual, marriage, and family counseling, as needed. Counseling services are intended to be solution-focused on well defined problem areas amenable to brief intervention and rehabilitation, such as adult adjustment issues, crisis intervention, academic and occupational problems, parent-child communication, grief and loss issues, and nonviolent marital problems. Providers are to assist clients to identify and clarify the nature and extent of their problems based on their initial assessment, and to develop a collaborative plan for solving problems.

5002. CRITICAL INCIDENT STRESS MANAGEMENT (CISM). Teams such as the Critical Incident Stress Management (CISM) Team shall be formed at each installation or regionally as appropriate and available to respond after a critical incident. The Team composition may include members of the military and civilian community drawn from the MTF, Chaplains, emergency service organizations, and Personal Services staff. The Chairman of the Team shall ensure that all members are trained in crisis response.

5003. FAMILY ADVOCACY INTERVENTION AND COUNSELING. Every Marine Corps installation shall establish a Family Advocacy Program (FAP) as a command program to address spouse abuse, child abuse and neglect, and rape and sexual assault through a Coordinated Community Response (CCR). The CCR means every person and organization in the community, military and civilian, takes responsibility to ensure a consistent response to family violence. Reluctance of leadership to confront a service member with a family violence problem is not only a disservice to the family, it is detrimental to readiness and mission. This violence/abuse is incompatible with Marine Corps Core Values. Policy requirements of the program are:

1. Establish procedures to identify and report all cases of alleged family maltreatment, sexual assault, and rape to proper authorities to include, but not limited to, military and civilian law enforcement, Child Protective Services (CPS), the installation FAP, medical treatment facility (MTF), and the unit commander who will take appropriate action. Identification procedures should determine the level of lethality/risk according to procedures contained in NAVMC 2930, and also include assessing drug or alcohol involvement.

2. Provide safety, protection, and support for victims by establishing a Victim Advocacy Program to provide crisis intervention, coordinate with medical care providers when required, coordinate with law enforcement to assure safety is secured, and offer emotional support and information on legal and judicial processes. Refer to NAVMC 2930. A Memorandum of Understanding (MOU) shall be established with appropriate Federal, State, county, and municipal agencies in close geographical proximity to the installation to ensure reporting, support, and cooperation.

3. The Commanders are responsible for holding the offender(s) accountable for their behavior through prompt administrative or judicial action, and when deemed appropriate, rehabilitation.

a. Remove the offender from the home and issue a Military Protection Order (MPO) when probable cause exists that the active duty suspected offender committed an abusive offense, poses a risk to the family, or needs to be separated until lethality issues have been assessed. NAVMC 2930 provides the standard MPO format.

b. Refer the offender to the Substance Abuse Counseling Center (SACC) for screening if alcohol or drugs appear to be involved, or a history of alcohol or drug abuse is presented during an assessment.

4. Cases of child maltreatment occurring on the installation or in the local community may be under the jurisdiction of the State or county within which the abuse/neglect occurred. Procedures shall be established to foster sufficient, accurate, and timely exchange of information with the appropriate public Child Protective Services (CPS) Agency and other civilian law enforcement agencies. Procedures shall be developed between the FAP and military law enforcement, military investigative agencies, and by installation MOUs with civilian law enforcement agencies. Case information shall be exchanged between agencies having interest in the investigation and disposition of the cases.

5. Determine whether a FAP case must be opened according to the following guidelines:

a. Child Maltreatment/Spouse Abuse. Individuals involved in low level/low risk incidents without a previously substantiated FAP history, do not automatically get referred to the Case Review Committee (CRC) regardless of referral source. Rather, it is a determination by FAP staff in consultation with the clinical supervisor, Family Advocacy Program Manager (FAPM), and the Command if a case is referred to CRC. During the intake process, these cases must be screened and assessed for severity, chronicity, and victim safety issues. These cases may be referred for appropriate counseling and educational services in lieu of opening a formal FAP case, and without being referred to the CRC. The intent of low level/low risk case management is to encourage self-referral for early identification and timely intervention. No personal identifying information will be entered in the Central Registry for these cases.

b. All other incidents of alleged abuse will be referred to the CRC for status determination.

c. Institutional Child Abuse/Child Sexual Abuse. Specific guidance is contained in Appendix D.

6. Establish a multidisciplinary CRC that is administrative in nature, to review reports of suspected abuse; determine what occurred; describe what is known about its nature, severity,

level of risk; and make recommendations to the offender's Commanding Officer/other cognizant authority on appropriate rehabilitation. The CRC shall be comprised of a multidisciplinary voting membership consisting of a representative from law enforcement; staff judge advocate; the installation command element; the victim/offender's command; the SACC; the MTF who is a Navy family practice physician or pediatrician, nurse practitioner or physician assistant; and the FAPM as Chair. A representative from the community CPS will be a voting member for child abuse cases. Nonvoting members are clinical staff, victim advocates, and ex-officio members as deemed appropriate for specific cases. CRC members shall be trained in the dynamics of spouse and child abuse. A minimum of five voting CRC members to include the FAPM (or designee), and the victim/offender command's representative(s), must be present to constitute a quorum. The CRC shall:

a. Review all the available case material and make a status determination of "Substantiated" or "Unsubstantiated" for each case. Unsubstantiated cases will be categorized as "Unresolved" or "Did Not Occur."

b. Review requests for a Status Determination Review (SDR) which may be made by a substantiated offender, victim, person legally responsible for the victim, or either spouse when the incident was Unsubstantiated - Did Not Occur.

(1) The request for SDR must be made via the chain of command commencing with the cognizant unit commander or, in the case of (alleged) victims, may be initiated through an installation FAP clinical counselor.

(2) The grounds for requesting an SDR are based on and limited to the availability of new information and/or alleged failure by the CRC to substantially follow correct procedures.

c. In substantiated cases, determine the level of lethality/risk according to the matrices contained in NAVMC 2930 and make recommendations to the service member's Commanding Officer on the member's inclusion in a rehabilitation program.

d. Monitor cases and advise the Commander of progress in rehabilitation.

e. Review cases at least every 90 days.

f. Determine the closure of cases.

7. Per MCO P1610.7E, Item 6(b), "Derogatory Material" shall be marked on the Fitness Report if the Marine Reported On (MRO) was the subject of derogatory material or incident reports received by the Reporting Senior (RS) from outside the reporting chain or from within the reporting chain above the Reviewing Officer (RO) level during the reporting period. An example of derogatory material or incident reports include:

a. Family Advocacy reports indicating substantiated findings of spouse or child abuse by the MRO.

b. Substantiated findings are defined as all Level III, IV or V cases of domestic violence and shall require fitness report marking.

8. Provide rehabilitation through education and/or counseling.

9. Repeat offenders. Commanders shall initiate administrative separation proceedings for Marines "Substantiated" for a second offense (normally Levels III, IV and V) when:

a. Rehabilitation, education or counseling services were previously afforded; or

b. The service member has refused or failed to cooperate with previously recommended treatment; or

c. The service member has failed to meet the conditions of court orders or terms of probation.

d. Notwithstanding this guidance, a single incident of abuse may be sufficient to warrant separation under another provision (e.g., Commission of a Serious Offense or Pattern of Misconduct) if the Commander believes that the service member has no potential for further service.

10. Commands that administratively separate or punitively discharge a service member pursuant to a court-martial for any form of family maltreatment shall notify the CMC (MR) via the Component Command with a copy of the separation and/or discharge. Information regarding the service member’s intended area of relocation and home of record will be provided to the FAP staff to ensure appropriate State agencies can be advised of the possible relocation of an individual who has committed a substantiated act of family maltreatment.

11. Rights Warning. Clinical providers are not required to advise individuals undergoing counseling of their right against self-incrimination under Article 31, UCMJ, and of their right to legal counsel since the provider's role is based upon therapeutic rather than law enforcement or disciplinary concerns.

12. Confidentiality

a. Provider

(1) Advise the client that there is no strict confidentiality of communication between provider and client. All providers have a duty to disclose criminal activity, and other matters significant to the command, to the Unit Commander.

(2) All cases of alleged child abuse and neglect must be reported to the State Child Protection agencies.

(3) All cases of alleged child and spouse abuse will be reported to the military police and the service member's Unit Commander.

(4) During an investigation, or at trial, authorities may require the provider to disclose what they have been told by the client during counseling.

(5) All cases of substance abuse must be reported to the individual's Commanding Officer.

b. Client. The client must be advised by the provider that:

(1) There is no strict confidentiality of communication. When the client discloses criminal activity and other matters significant to the command, the provider has a duty to inform the Unit Commander.

(2) Although the intent of the counseling session is to identify and resolve a family problem, all cases of alleged child abuse and neglect must be reported to the State Child Protective agencies.

(3) All cases of alleged child and spouse abuse will be reported to the military police and the service member's Unit Commander.

(4) During an investigation, or at trial, authorities may require the provider to disclose what they have been told by the client during counseling.

(5) All cases of substance abuse must be reported to the individual's Commanding Officer.

13. Victim Advocate Program. Each installation FAP must have a Victim Advocacy Program component. For specific guidance see NAVMC 2930. All victims of child and spouse maltreatment, regardless of the offender's status as either intra- or extra-familial, shall receive services to protect them from a recurrence of abuse, rehabilitate any physical or psychological damage resulting from the abuse where feasible, and return the family to a functional state. Victim Advocates shall meet the following personnel qualifications: AA degree or two years experience in social or health-related services; experience with child abuse and neglect, family violence, and spouse abuse highly desired; and demonstrated experience in outreach, community organization, and development is required.

14. Family Advocacy Report of Death/Serious Injury. Every case involving death or serious injury to a spouse or child, which is known or suspected to be the result of abuse or neglect, shall be reported to CMC (MRO) via the Child and Spouse Abuse (CASA) automated system within 24 hours of discovery. For specific guidance see NAVMC 2930. This death/serious injury report is in addition to the Child/Spouse Incident Abuse Report. Abuse, neglect, and serious injury are defined in Appendix A.

>Ch 1 15. Family Advocacy Committee (FAC). The installation commander will appoint, in writing, a multi-disciplinary FAC. The committee may be set up as a subcommittee of the Marine Corps Community Services multi-disciplinary council. The FAC will recommend and coordinate policy, and oversee the installation Family Advocacy Program (FAP). The installation FAC chairperson shall be an officer of the grade of major or above, and shall assist participants in identifying their roles/responsibilities in the local FAP and assure maximum participation in the program.

5004. SUBSTANCE ABUSE INTERVENTION AND TREATMENT

1. Per reference (b), the Marine Corps is required to identify, counsel, or rehabilitate Marines identified as drug/alcohol

5004. SUBSTANCE ABUSE INTERVENTION AND TREATMENT

1. Per reference (b), the Marine Corps is required to identify, counsel, or rehabilitate Marines identified as drug/alcohol abusers or drug/alcohol dependent. Additionally, any individual determined to be physically/psychologically dependent on drugs/alcohol shall be refused entry into the Marine Corps.

2. Commanding Generals and Commanding Officers are tasked with implementing this program. Key elements are timely identification, early intervention, effective treatment, rehabilitation, and appropriate disciplinary or administrative actions, followed by restoration to full duty or separation as appropriate.

3. Substance Abuse Intervention and Treatment will be conducted at base, station, or depot Substance Abuse Counseling Centers by qualified personnel (e.g., substance abuse counselors, physicians, psychologists, with requisite skills and training), and must meet specific treatment requirements of NAVMC 2931. Treatment will be provided under the supervision of a Licensed Independent Practitioner (LIP) (physician or clinical psychologist).

4. Treatment will be provided for dependents (at least 18 years of age) and retirees on a space available basis.

5. Under no circumstances will a substance abuse treatment program established under the auspices of this Manual be degrading or punitive in nature. SACC outpatient services will be designed to address the individual's needs and to achieve permanent changes in drug/alcohol use behaviors. Inpatient services will be provided at military hospitals.

6. The SACC will provide drug and alcohol services to include screening, early intervention, comprehensive biopsychosocial assessments, and individualized treatment (except for drug dependence) using a continuum of care model compatible with the Patient Placement Criteria in NAVMC 2931. Commanding Officers will be notified of all recommendations pertaining to their Marines.

a. Initial Screening. Marines referred to the SACC will be screened by a drug and alcohol counselor to determine if early intervention or an assessment is warranted. Screenings will be conducted using the clinical package screening forms in NAVMC 2931. If the need for an assessment is ruled out, the individual will be placed in an Early Intervention Program. Generally, the screening process should take no longer than 30 minutes to complete.

b. Assessment. A Marine requiring an assessment will be assigned a case manager. The case manager, through a collaborative effort with the Marine, will conduct a comprehensive biopsychosocial assessment of the individual's treatment needs. The case manager and the Marine will use the assessment results to develop an Individualized Treatment Plan (ITP).

c. Treatment Plans

(1) A treatment plan will be developed through a collaborative effort between the Marine and the case manager. Treatment plans will contain clinical problems and agreed upon goals and objectives that will be addressed during treatment. Drug/alcohol dependency/abuse is a diagnosis and should not be confused with or listed as one of the Marine's problems on the treatment plan.

(2) The treatment plan will be reviewed at least weekly and revised as necessary to reflect any changes in treatment status. If goals are accomplished on the target dates, the plan continues as designed. If a Marine is encountering difficulties, the treatment plan will be reassessed and the treatment approach modified, if warranted.

(3) The treatment plan will be used to recommend treatment placement to an Interdisciplinary Team (IDT) and a Licensed Independent Practitioner (LIP).

d. Early Intervention. This service will provide drug and alcohol abuse education to explore related risk factors, and assist individuals in recognizing the harmful consequences of inappropriate drug/alcohol use. Service will be delivered in a classroom setting or in one-to-one sessions for a minimum of three hours. Individuals may be referred for an assessment if new problems appear.

e. Outpatient Services (OP). This service will provide drug and alcohol education and counseling in regularly scheduled sessions of fewer than nine contact hours per week. The appearance of new problems may require referral to other treatment settings or agencies. Length of stay will vary according to the severity of the individual's illness and response to treatment.

f. Intensive Outpatient Services (IOP). This service is designed for Marines who require a more intensive treatment program while still meeting the patient placement criteria for outpatient care. Such service provides essential drug and alcohol education and treatment components while allowing patients to apply their newly acquired skills within "real world" environments. Length of stay will vary according to the severity of the individual's illness and response to treatment, normally nine or more, but less than 20 contact hours per week. The appearance of new problems may require referral to other treatment settings or agencies.

7. Inpatient Services. This service is for Marines who are alcohol dependent who meet the required patient placement criteria and for Marines diagnosed drug dependent. Length of service varies with the severity of the patient's illness and their response to treatment. This service is provided at hospitals with alcohol treatment capabilities. Drug treatment will be provided at Naval Hospitals.

8. Patient Placement. Placement will be based on the seven continuum of care assessment dimensions, not the drug and alcohol diagnosis. A Marine will be assessed using the placement criteria contained in NAVMC 2931. The assessment information will be used by the Case Manager and the Interdisciplinary Team to recommend the Marine's placement to the Licensed Independent Practitioner. This will always be the least intensive portal of entry that will accomplish the treatment objectives while providing safety and security for the patient. A Marine may enter the continuum of care at any portal.

9. Case Management

a. Case management is an essential element of this model. The SACC Director will ensure that patients receive all the services necessary to address individualized needs using case management.

b. Case management involves identifying and coordinating resources to assist patients achieve goals outlined in the treatment plan. All case management decisions, as with treatment planning, must be discussed with and agreed upon by the patient.

c. Case Management begins with the assessment of the patient and ends with discharge planning.

10. Interdisciplinary Team (IDT)

a. SACCs will assemble an IDT, at least weekly, to review the Marine's biopsychosocial assessment, treatment plan, and treatment services. The IDT will make treatment recommendations to the LIP (physician or clinical psychologist). The LIP will make the final decision on all clinical recommendations.

b. The IDT will consist of appropriately trained individuals able to assess, intervene, and treat Marines regarding drug and alcohol (e.g., physicians, substance abuse

counselors, social workers, nurses), the LIP, and the primary counselor.

11. Licensed Independent Practitioner (LIP). An LIP (physician or clinical psychologist) will be appointed to support the continuum of care. The LIP will be responsible for clinically supervising counselors; authorizing any treatment changes, to include: discharge, making diagnosis, determining portal of entry for Marines entering the continuum of care, and approving ITP's.

12. Case Files

a. Units will maintain case files on each member counseled or treated for a drug/alcohol related problem. Information will be kept in ordinary file folders clearly marked "Confidential Personal Information, for use by Commanding Officer, the SACO/SACS, and Treatment Personnel Only." These files shall have two parts: A document section (right side) and a client history (left side).

(1) Document Section. One copy of all documents pertaining to the Marine's alcohol abuse/alcohol history shall be filed, in chronological order, with a Privacy Act Form, signed by the Marine. Examples of appropriate documents are copies of PMO reports, duty log pages, emergency room reports, breath/blood analysis reports, and letters of treatment assignment and completion.

(2) Chronological Log. The document section substantiates the information in this section. Entries must be thorough, detailed, and frequent enough to enable the Commanding Officer and treatment personnel to familiarize themselves with the individual Marine's case. An entry will be made for every event which indicates an incident of abuse or which could affect the Marine's progress or failure to make progress. A Marine's aftercare progress will be documented biweekly by the unit SACO/SACS. Only the SACO/SACS, Commanding Officers, and drug and alcohol counselors will make entries in an individual's case file.

b. SACC case files will contain the clinical package in NAVMC 2931 and will be clearly identified as a drug and alcohol treatment record. Each active case file will reflect, at a minimum, semiweekly personal contact between the Marine and the counselor. These entries, known as progress notes, will contain the following:

(1) Date.

(2) A clear statement of the level and duration of client's treatment.

(3) A clear statement of any concerns, problems, or progress, that should be tied to the assessment dimensions and problem areas in the treatment plan.

(4) Any report of client statements or actions should be written in behaviorally descriptive terms.

(5) Any plan for client action should be tied to an assessment dimension and to a problem area in the treatment plan. This should be reflected in the treatment plan.

c. All case files, when not in use, will be locked at all times. The information contained therein is highly personal and sensitive in nature and will not be transmitted outside the unit or SACC, except as authorized by law or regulations.

d. Active case files will be forwarded to a Marine's new command when the individual transfers. Active unit case files will be forwarded to member's new command, marked, "For CO's Eyes Only." Active SACC case files will be forwarded to the gaining Base/Station SACC.

e. Individual records of outpatient evaluation, therapy, and other care for drug/alcohol abuse and drug/alcohol dependency performed by SACCs will be retired to nearest Federal Records Center when two years old as described in reference (z).

f. Unit case files will remain active for two years following the last entry. At the end of this period, they will be destroyed by shredding or burning.

13. Additionally, the SACC shall:

a. Establish and maintain a detailed Standard Operating Procedure (SOP) documenting the SACC operation.

b. Arrange medical evaluation for any Marine suspected of drug/alcohol abuse/dependency.

c. Provide a written Aftercare Plan to the Commanding Officer for Marines who have completed a treatment program.

d. Provide training to Substance Abuse Control Officers/Specialists (SACO/S) and assist in providing substance abuse education to members of their command, to include assistance with lesson plan preparation.

e. Provide substance abuse prevention and treatment program outreach.

f. Actively recruit drug and alcohol counselor candidates.

g. Ensure that clients are informed that there is no strict confidentiality of communication between counselor and client since the counselor has a duty to disclose criminal activity and other significant matters to the Unit Commander.

h. Ensure clients sign and are provided a copy of the Confidentiality of Alcohol and Drug Patient Records Statement at NAVMC 2931.

i. Submit required Alcohol and Drug Abuse reports.

5005. ASSIGNMENT TO TREATMENT SERVICES

1. Marines requiring medical detoxification will not enter into any treatment program until detoxification has been completed. The need for medical detoxification will be determined only by a Medical Officer.

2. Marines with drug/alcohol problems will be treated locally whenever possible to allow for family and command participation in the treatment program. Drug dependent Marines will be treated in residential programs at Naval Hospitals when deemed to be the most appropriate care by the LIP.

3. Commanding Officers will issue a Letter of Assignment to Marines scheduled for treatment services. This letter will clearly state the type of program to which the Marine is assigned, reason for assignment, program goals, expected behavior during treatment, and consequences of refusing treatment or failing to successfully complete the program. A copy of this letter will be included in the individual's unit and SACC case file. See NAVMC 2931 for format.

4. The Medical Evacuation (MEDEVAC) system will be used when determined by the LIP to be the most beneficial treatment protocol.

a. The SACC, working closely with the patient's command, will contact the nearest patient affairs office to obtain a bed assignment and arrange for MEDEVAC to the treatment facility.

b. Marines attending treatment outside the local area will require no cost Temporary Additional Duty (TAD) orders.

c. Travel via privately owned vehicle (POV) is not authorized.

5006. AFTERCARE

1. The Commanding Officer will place Marines that complete treatment in an aftercare status for 12 months. The cognizant SACC or the inpatient treatment facility will provide a written Aftercare Plan for Marines completing treatment. In order to meet individual needs, the Aftercare Plan will vary for each person. Aftercare services will be provided at the unit level, not at the SACC.

2. Aftercare requires close observation and mandatory completion of the individual Aftercare Plan and participation in self help groups (e.g., AA, NA, etc.). The unit SACO/SACS will be responsible for monitoring Marines in the aftercare program and providing an accurate assessment of their progress to the Commanding Officer. SACO/SACS will meet with Marines in aftercare at least biweekly. The Marine's progress will be documented in the member's case file after every meeting.

3. A Marine diagnosed as alcohol dependent who returns to the use of alcohol, while in an aftercare status, will be immediately counseled by his Commanding Officer and referred to the nearest SACC for reevaluation and recommendation. Likewise, any Marine not diagnosed as alcohol dependent, who returns to the abuse of alcohol will require immediate referral.

5007. TREATMENT FAILURES

1. Individuals who fail to make progress, or who regress, should not automatically be considered a treatment failure. The individual's plan (treatment or aftercare) should be reassessed by the SACC to determine if there is a need to modify the approach. If the outcome indicates a need to modify the plan, the necessary modifications will be made so the individual can effectively achieve the assigned goals.

2. Individuals who refuse to participate in their plan, or who are determined by a LIP to have failed treatment, will be returned to their command and will be processed for separation per reference (r).

5008. SEPARATION OR RETENTION

1. Before deciding to separate a Marine, the Commander should consider all possible factors, to include the needs of the Marine and the Marine Corps. Often, a developing alcohol problem manifests itself in a series of acts of misconduct and/or steadily deteriorating performance. Every effort must be made to identify and treat Marines before their record has deteriorated to the point where administrative separation is likely.

2. Any Marine who refuses, fails to participate, or does not successfully complete treatment/aftercare will be processed for separation per reference (r). Likewise, any Marine who returns to the abuse of alcohol and/or whose standards of conduct and performance declines following the successful completion of a treatment/aftercare program will be processed for separation per this Manual and reference (r), if determined not amenable or qualified for additional treatment.

3. Regardless of the type of discharge, commanders will ensure that no Marine requiring treatment will be separated until that process is completed. This does not include aftercare.

4. Marines determined to have used or possessed illegal drugs will be screened at a SACC and processed for separation per reference (r). Marines who have been retained, will be ordered into a drug treatment program recommended by the SACC, and comply with aftercare program requirements in paragraph 5004.

5009. DECLINING TREATMENT. If a Marine being processed for separation declines treatment, the command will at that time:

1. Provide the Marine, in writing, the location of the Veterans Administration Medical Facility (VA MedFac) nearest their place of residence or home of record and document the date and the fact that the Marine was provided this information in the Marine’s case file.

2. Document the declination of treatment in the OQR/SRB, page 11, with the Marine's signature acknowledging the refusal.

3. Commanders may note and sign the entry if the Marine refuses to sign the OQR/SRB statement declining treatment.

5010. ANTABUSE

1. Antabuse is a medically prescribed treatment to aid in the recovery of selected alcohol dependent Marines. It is not medically warranted in every case and only a qualified Medical Officer may prescribe it. Commands will not obtain or dispense Antabuse.

2. Marines participating in drug/alcohol treatment programs will not be required to take Antabuse against their will. There may be times when a member feels a need to take Antabuse; this should be expected. This procedure will only be conducted under medical supervision.

5011. VETERANS ADMINISTRATION MEDICAL FACILITIES (VA MEDFAC)

1. The use of VA MedFac for treatment of drug/alcohol dependence is considered an alternative to treating the Marine at a MTF and should be utilized for special circumstances. If a commander determines that treatment at a VA MedFAC is in the best interest of the Marine Corps and the Marine being separated, a request will be submitted to CMC (MR) via message.

2. Marines treated at a VA MedFac will be separated from active duty through a designated Marine Corps activity per reference (v). Treatment will be at the VA MedFac with capabilities nearest the Marine's home of record or place of residence.

5012. DISCLOSURE OF CONFIDENTIAL INFORMATION. Records of the identity, diagnosis, or treatment of any patient, which are maintained in connection with the performance of any Department of the Navy program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, shall be confidential and may be disclosed only under the circumstances prescribed below:

1. Disclosures Outside the Uniformed Services. Disclosure of confidential patient information outside the Uniformed Services

is governed by the provisions of 42 U.S.C., section 290dd-2, and 42 C.F.R., sections 2.1 et seq. Such disclosures are permitted under the following circumstances:

a. Consent. The content of any record referred to above may be disclosed outside the Uniformed Services in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under 42 C.F.R., sections 2.1 et seq. In such cases, a CONSENT TO OBTAIN INFORMATION FORM, (NAVMC 2931), will be used to authorize release of client information. When such a disclosure is made the original copy of the release form will be placed in the member's clinical file.

b. Whether or not the member, with respect to whom any given record referred to above is maintained, gives written consent, the content of such record may be disclosed outside the Uniformed Services as follows:

(1) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(2) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(3) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefore, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

c. The prohibitions of this section do not apply to any interchange of records between the Uniformed Services and those components of the Department of Veterans Affairs furnishing health care to veterans.

2. Disclosures Within the Uniformed Services. The specific disclosure prohibitions contained in 42 U.S.C., section 290dd-2, and 42 C.F.R., sections 2.1 et seq., do not apply to the interchange of confidential patient information within the Uniformed Services. Such disclosures, however, are subject to the limitations prescribed in this Manual. For this section, the term Commanding Officer is defined as those who possess Special Court-martial convening authority (normally Battalion or Squadron Commanders).

a. Consent. Confidential records may be disclosed when the member to whom such records pertain provides prior written consent to the disclosure to a specified individual within the Uniformed Services. In such cases, a CONSENT TO OBTAIN INFORMATION FORM, (NAVMC 2931), will be used to authorize release of client information. When such a disclosure is made, the original copy of the release form will be placed in the member's clinical file.

b. Consistent with DoDInst 1010.6, whether or not the member, with respect to whom any given record referred to above is maintained, gives written consent, the member's Commanding Officer has access to all program records regarding that member, including disclosures made by the member to substance abuse screening, counseling, or treatment personnel, at Alcoholics Anonymous and Narcotics Anonymous meetings, or while attending Navy/Marine Corps preventive education or intervention classes. However, the Commanding Officer's use of such information is subject to the limitations prescribed in this Manual.

(1) The Commanding Officer is the only member of the command with access to confidential information. The member may also provide written consent to release of the information to another specific member of the command. Notwithstanding the above, information which discloses that any crime or illegal act is about to take place will be immediately transmitted to the installation provost marshal for appropriate command notification and to facilitate the protection of potential victims.

(2) All providers have a duty to immediately inform the Commanding Officer of any disclosure of a past crime or illegal act, an incident which places the command or any of its members in jeopardy, and all other matters significant to the command.

c. Records of the identity, diagnosis, prognosis, or

treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Department of the Navy substance abuse counseling, treatment, or rehabilitation program, which are maintained in connection with such program, may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in 42 U.S.C., section 290dd-2. This restriction does not apply to the use of such records for rebuttal or impeachment purposes where evidence of illegal substance use or alcohol abuse (or lack thereof) has first been introduced by the member.

d. Disclosures made by a member to substance abuse screening, counseling, treatment, or rehabilitation personnel relating to the member's past substance use/abuse, or possession incident to such use/abuse, including disclosures made at Alcoholics Anonymous meetings, Narcotics Anonymous meetings, or when attending Navy/Marine Corps preventive education or intervention classes, may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member for the express purpose of seeking or obtaining treatment, or rehabilitation.

(1) This provision does not preclude the use of disclosed information to establish the basis for separation in a separation proceeding or to take other administrative action.
Nor does it preclude the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which
illegal substance abuse (or lack thereof) has first been introduced by the member.

(2) The use of information disclosed by a member to persons other than military substance abuse program personnel is not limited under this provision.

(3) Information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding will not be considered information disclosed for the purposes of seeking or obtaining treatment or rehabilitation and the use of such information is not limited under this provision.

e. Confidential information may also be disclosed within the Uniformed Services, with or without the member's consent, under the following circumstances:

(1) To the extent necessary to meet a bona fide medical emergency.

(2) In communications between staff members within a program or between program staff of the same or different Armed Forces facilities and other qualified staff who provide services to the program.

(3) When the information contains no identifying data.

(4) If authorized by an appropriate order of a court (or court-martial) of competent jurisdiction granted after application showing good cause therefore. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury of the patient, to the physician-patient relationship, and to the treatment services. Upon granting such an order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

f. Except as authorized by court (or court-martial) order under paragraph 5010.2e(4) above, no clinical record of any member who has sought or received counseling or treatment in any Marine Corps or Navy substance abuse counseling, treatment, or rehabilitation program, which is maintained in connection with such program, may be used to initiate or substantiate any criminal charge or to conduct an investigation of the individual. However, such evidence may be used for rebuttal or impeachment purposes where evidence of substance abuse (or lack thereof) has been introduced by the accused and it is otherwise admissible.

5013. RECORDS MANAGEMENT

1. Non-clinical records shall be maintained in a secure limited access area to track the number of individuals served and the services requested; i.e., files, index cards, database, or a form of data collection that best meets the needs of the activity.

2. Individual, marriage, and family counseling records will be maintained in a secure limited access area per the Federal Systems Notice. Files will be destroyed two years after case closure. Automated records are maintained for five years, after which all disks and tapes are erased per the Federal Systems Notice.

3. Family Advocacy Program case records are maintained at the activity five years after the last entry in the file. If there is no subsequent activity four years after closure, the records are transferred to the National Personnel Records Center, 9600 Page Boulevard, St. Louis, MO, 63132-5100, where they are retained for 50 years and then destroyed.

a. These files are highly sensitive and must be protected from unauthorized disclosure. While records may be maintained in various kinds of filing equipment, specific emphasis is given to ensuring that the records areas are monitored or have controlled access.

b. Access to records or information in the Central Registry is limited to those officials who have been properly screened and trained and/or have a need to know consistent with the purpose for which the information was collected. The threshold for "need to know" is strictly limited to those officials who are responsible for the identification, prevention, evaluation, intervention, treatment and rehabilitation of beneficiaries involved in abuse or neglect.

c. The FAP staff will ensure that the intake assessment and clinical notes are not duplicated and will not be placed in both the victim and alleged offender’s case files.

d. Family Advocacy cases may be closed at the conclusion of rehabilitation as determined by the CRC.

e. Family Advocacy records identified for transfer will be sent to the gaining command FAPM via certified mail.

f. Family Advocacy case records shall be secured and maintained per Federal Systems Notice and DODDir 6400.

4. For service members enrolled in the Debt Liquidation Program, individual financial counseling records may be transferred when a service member is reassigned to another installation. Active case files will be transferred to the gaining installation if the service member was directed by command to participate in the Program. Voluntary enrollees may request in writing that their enrollment continue and their case file be forwarded.

5. Substance Abuse Records. Per reference (z) documentation of drug and alcohol abuse and treatment of military personnel, command correspondence and clinical documentation by non-medical

units is described in chapters 3 and 5 of this manual and NAVMC 2931.

5014. REPORTING. Reporting requirements are essential to ensure Personal Services Programs are operated effectively according to regulations, program standards, MOEs, QA Plans, and program inspection criteria.

1. The automated Personal Services Quarterly Summary Report is due to CMC (MR) on 15 January, 15 April, 15 July, and 15 October of each year. The Report Control Symbol assigned to this report is MC-1740-02.

2. Central Registry. The Central Registry data is contained within two computer programs, Child and Spouse Abuse (CASA), and Rape and Sexual Assault (RASA). The FAPM at each installation shall report all incidents of abuse or alleged abuse to the HQMC Central Registry by means of Child/Spouse Abuse Incident Report (Report Control Symbol DD-1752-03 (External RCS DD-M&P(W)1738)). This report will be electronically submitted to the CMC (MRO) no more than 15 working days after the CRC has made a decision on the case (open, reoccurrences, and closed cases). Low level unsubstantiated cases and open cases being transferred to other installations also require submissions. Details for preparation are provided in DODInst 6400.2. Central Registry information cannot be released for any purpose other than for tracking abuse cases involving Marine Corps families, or for background checks for prospective employees who work with children. All other requests for Central Registry information shall be processed through CMC (MRO). Central Registry information is not released to promotion boards.

a. The CMC (MR) staff will electronically transfer Central Registry Quarterly Statistical Reports to the Assistant Secretary of Defense (FM&P) and to each Component Command.

b. All other Services and Coast Guard cases entered in the Marine Corps Central Registry will be reported to the appropriate Service Central Registry within 90 days of entry.

c. The Child and Spouse Abuse (CASA) automated information system is maintained by CMC (MR) and updated by each installation with input determination on each FAP case.

d. The Rape and Sexual Assault (RASA) automated information system is maintained by CMC (MR) and updated by each

installation with input determination on each case. This system is also linked to the CMC (MR) Central Registry.

3. Institutional Child Abuse and Neglect Report/Extra-Familial Child Sexual Abuse or Neglect Report. All known or suspected incidents of institutional child abuse will be reported to CMC (MR) telephonically within 24 hours and in writing within 72 hours of discovery. The format for submission is provided in NAVMC 2930. The Report Control Symbol assigned to this report is DD-1752-01.

4. Family Advocacy Report of Death/Serious Injury. Every case involving death or serious injury of a spouse or child, which is known or suspected to be the result of abuse or neglect, is to be reported to the CMC (MR) within 24 hours of discovery. The format for submission is provided in NAVMC 2930. The Report Control Symbol assigned to this report is DD-1752-02.

5. Centralized Credentials Database (CCDB). A database maintained by CMC (MR) contains data on clinical privileged practitioners. Installations will submit any changes/updates to the credentialing status of clinical practitioners quarterly to CMC (MR). The primary source of verification and periodic credentials review shall be done by the personnel of the CCDB. Contractors are responsible for primary source verification and periodic review of their employees, the results of which shall be provided to the CCDB.

6. Investigation and Disposition of Allegation of Clinical Counselors Impairment or Misconduct. Installation Commanding Generals/Commanding Officers shall notify CMC (MR) within three working days of the initiation of an investigation, and within three working days after the final action (adjudication, privilege action, or administrative disposition has been determined). CMC (MR) shall report these results within five working days directly to the applicable state or national licensing and certification agencies, applicable professional clearing houses, the National Practitioner Data Bank, the Assistant Secretary of the Navy (Manpower and Reserve Affairs), and the Assistant Secretary of Defense (ASD) for Health Affairs. Specific procedures are contained in references (g) and (i).

5015. TRANSITIONAL COMPENSATION FOR ABUSED FAMILY MEMBERS (TCAFM). Per Public Law 103-160, the 1995 DoD Authorization Act

requires the Armed Forces to provide monthly benefit payments to the family members of former active duty service members who are discharged or separated from the military due to domestic violence. TCAFM provides the opportunity for a spouse/family member to relocate, identify, and/or train for full employment or to return to school. Military identification cards shall be provided. Recipients of TCAFM are granted access to MTFs. Procedures are provided in Appendix C.

5016. FAMILY ADVOCACY COMMAND ASSISTANCE TEAM (FACAT). Each installation is required to establish a local FACAT capable of investigating, crisis intervention, forensic interviewing, medical treatment, and information dissemination relating to suspected child sexual abuse at facilities and activities under military jurisdiction. When extra-familial child maltreatment is alleged to have occurred in facilities under military jurisdiction, DoDInst 6400.3 requires a report to the Assistant Secretary of Defense (FM&P) via the CMC (MR) within 72 hours of discovery. These cases shall be reported immediately to the Command FAPO and the CRC for assistance and coordination. In cases where there are multiple victims (known or suspected), extensive community concerns, and/or other complex issues, assistance is available from the Component Command and CMC (MR). DoD has established a Joint Service Multidisciplinary Professional Crisis Intervention Team to supplement the local FACAT and assist commanders in these cases.

5017. STAFFING STANDARDS

1. Commanders shall ensure adequate and qualified staffing to support and sustain the capabilities identified in this Manual. Clinical providers shall be State licensed or State certified, and privileged eligible. The minimum staffing standard for all clinical providers providing individual, marital, family counseling or family advocacy services is a ratio of .46 professional full time employees per 1000 service and family members. In addition, there is a minimum requirement of .116 administrative support full time employees per 1000 service and family members.

2. Credentialing and privileging, per reference (i), requires credentials review and privileging for all clinical providers, with the exception of the Substance Abuse counselors. Detailed requirements are contained in paragraph 5018.

a. FAP Managers and clinical supervisors must meet independent provider status as determined by TRICARE. OCONUS and isolated CONUS commanders shall consider special budgetary needs for training of staff to meet continuing education requirements.

b. Substance Abuse counselors must be certified by the Navy.

3. Volunteers are authorized and encouraged to work onboard military installations. Volunteers are a valuable resource for commanders to utilize and are a force multiplier. Volunteer services may be accepted in accordance with the requirements of 10 U.S.C. § 1588.

a. These volunteers cannot be utilized to circumvent the employment of civil service or nonappropriated fund system employees.

b. Volunteers may not be placed in decision-making positions or be compensated for their services except in the case of reimbursement of incidental expenses.

c. Volunteers shall be considered employees of the Government only when acting within the scope outlined in their respective official position description, as provided in 10 U.S.C. Section 1588.

4. Personal Services staff, including volunteers who have regular contact alone with children under the age of 18, shall receive criminal history background checks per DoDInst 1402.5.

5018. CLINICAL STAFF PREREQUISITES

1. Providers. Clinical providers who provide counseling services to individuals, couples and families, as well as FAP Case Managers providing assessments and intervention, shall meet all of the following standards:

a. Education. A masters or doctoral degree as specified below in one of the following disciplines:

(1) A graduate degree in clinical social work from a program accredited by the Council of Social Work Education (CSWE).

(2) A doctoral degree in clinical psychology from a program accredited by the American Psychology Association (APA).

(3) A graduate degree in marriage and family therapy from a program approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or an equivalent degree approved by a state regulatory board.

(4) A graduate degree in a program accredited by a nationally recognized professional mental health organization or master's degree in psychology from a graduate program accredited by the Interorganizational Board for Accreditation of Matters in Psychology Program (IBAMPP) or an equivalent degree approved by a state regulatory board.

b. Licensure or Certification. All clinical providers must possess a valid state license or certification, at the independent provider level, and meet the criteria established by TRICARE for Independent Provider Status. Those clinical providers who do not meet the TRICARE criteria for Independent Provider Status must possess a valid state license, and be eligible for reimbursement under the clinical supervision of a clinically privileged independent practitioner where they are employed. Counselors licensed as Licensed Professional Counselors (LPC) must receive documented supervision by a clinically privileged independent practitioner. Civil Service and contract counselors in the status of intern/student must receive face-to-face clinical supervision by a clinically privileged practitioner.

c. Experience. Clinical providers must possess at a minimum, two years post-graduate professional experience in individual, couple, family or mental health counseling. FAP providers must possess two years post-graduate professional experience in domestic or family violence counseling and counseling services to maltreated children.

>Ch 1 d. Training. Counselors will be trained annually in domestic violence risk factors, dynamics, referral, safety planning and appropriate responses for their discipline, which may include screening procedures, identification, assessment, sensitive interviewing of suspected victims and case management. These training elements are essential for ensuring victim safety and the protection of offender rights.

2. Family Advocacy Program Managers (FAPM) and Clinical Supervisors. The FAPM and Clinical Supervisors shall meet all of the following education, licensure, and experience criteria:

a. Education. Refer to paragraph 5018.1.a(1)-(3).

b. Licensure or Certification. Refer to paragraph 5014.1.b.

c. Experience. A minimum of four years post-graduate professional experience, of which two years must be in couple/family and children services or two years post-graduate professional experience in family/domestic violence, or two years mental health counseling with individuals and families; and a minimum of two years of post-graduate experience as a clinical supervisor of professional clinical providers.

3. Federal Employment. Providers, FAPMs, and/or Clinical Supervisors will be eligible for Federal employment in the following series:

a. GS-185, Social Work.

b. GS-180, Clinical Psychologist at the doctorate level, and counseling Psychologists at the Master's level.

c. GS-101, Marriage and Family Therapist and Licensed Professional Counselors.

4. Credentials and Privileging. Credentialing and Privileging are a condition of employment. All clinical providers, managers, and/or clinical supervisors shall be credentialed and privileged per this Manual, reference (i), and NAVMC 2930; and as part of each installation's Quality Assurance (QA) Plan. Each existing and prospective clinical provider, FAPM, and/or clinical supervisor shall submit their credentials through their Personal Services Director via their Component Command to CMC (MR) for primary verification.

>Ch 1 a. Credentialing and Privileging. The clinical counseling programs of the Marine Corps require credentialing and privileging of counselors. The Commandant of the Marine Corps (CMC) (MR) is the corporate privileging authority for the Marine Corps clinical practitioners and will provide primary verification of credentials. Once primary verification of credentials is completed, the installation commander makes the final privileging decision. In the event that denial is considered, the installation commander will convene a peer review panel, per enclosure 5 of reference (b), to provide the respondent a fair and impartial hearing. During the hearing, the issues that form the basis for a potential denial, limitation, revocation of clinical privileges or termination of professional staff appointment may be responded to or rebutted. If, upon completion of the peer review panel, the installation

commander finds that the respondent should not be privileged (and there is no appeal) forward a copy of the entire package (peer review panel findings and installation commander's endorsement) to CMC (MR). In the event of an appeal, forward the entire package with the appeal to CMC (MR), the appeal authority for final determination.

b. The AC/S or Director, MCCS must maintain an Individual Credentials File (ICF) on all clinical privileged practitioners and an Individual Professional File (IPF) on all clinical non-privileged providers. Contractors will maintain a current ICF/IPF for their employees working within Personal Services and

will provide a copy to the AC/S or Director, MCCS. The ICF/IPF will contain documentation related to the clinical provider's current and past licensure/certification status, education and training, professional experience, and current competence. The AC/S or Director, MCCS must ensure the information contained in the ICF/IPF is monitored, continually updated, and reported quarterly to CMC (MR). The ICF/IPF will be transferred with the providers through the course of their employment and archived to HQMC (MR) upon termination of employment.

c. In positions for which privileging is required, those clinical providers who do not request such privileges, those clinical providers who do not maintain required qualifications or those clinical providers who do not qualify for clinical privileging within 36 months are subject to processing for separation under the terms of their contract or agreement for contract providers or partnership providers.

d. Each clinical provider is responsible for ensuring the accuracy and currency of all information in his or her ICF/IPF. Providers must immediately inform the holder of their ICF/IPF of any change in status of any professional qualification, which could impair their ability to provide safe, competent, and authorized clinical services.

5. LICENSURE REQUIREMENTS

a. OCONUS incumbent providers, managers and clinical supervisors shall have three years from the effective date of this Manual to meet the licensure requirements of their position. Providers must continue to receive direct clinical supervision. Managers and clinical supervisors who possess the ACSW Certification, in lieu of a state license, may provide clinical supervision, however, they must obtain a state license at the independent provider level within three years of the effective date of this Manual, per reference (i).

b. Those CONUS incumbent providers, managers and clinical supervisors shall meet the licensure requirements at the independent provider level of their state. In the interim, they must be under the direct supervision of a clinically privileged practitioner.

c. Under exceptional circumstances, an individual provider, FAPM, or clinical supervisor may request a waiver of specific requirements for clinical privileging. Waiver requests must include full documentation of the rationale for such a request

and a detailed plan to rectify the situation so as to obtain compliance with privileging regulations. Waiver requests shall be submitted via the chain-of-command to CMC (MR).

5019. EQUIPMENT. Intervention and treatment are critical services for Marines and their families. To make information on these services more readily available, a 24-hour telephone answering system will be available at the installation level. This shall allow information to become more accessible and allow families to leave messages during off-duty hours. Information Technology, General Support, and other functions will be provided under the AC/S or Director, MCCS. Computer hardware necessary for office use will be capable of running current versions of the standard Marine Corps office automation software and other software required to support mission requirements. Both hardware and software will be purchased in compliance with applicable Marine Corps policy.

CHAPTER 6

INTERFACE WITH OTHER AGENCIES

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INTERFACE WITH OTHER AGENCIES

6000. GENERAL. The Personal Services staff will maintain effective working relationships with all staff sections on base, and maintain a close cooperative relationship with military and community resources in order to make proper referrals.

1. The staff will know the function and capabilities of legal services, MTFs, chaplains, housing referrals, the SACCs, the education offices, special services, the credit unions, the child care centers, schools, and other agencies.

2. The staff will also be familiar with the functions and capabilities of the American Red Cross (ARC), Navy and Marine Corps Relief Society, Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), United Services Organization (USO), United Way Agencies, and other aid organizations in the community.

6001. RETIRED ACTIVITIES PROGRAM. A Retired Activities Office (RAO) per reference (y), is designed to serve as a focal point aboard Marine Corps installations for conducting official retired activities and service delivery. The activities and services may include, but are not limited to, planning and conducting an annual seminar, appreciation day, and or a luncheon; assisting retirees in solving problems related to their military service; providing information and referral services regarding retiree benefits and entitlements; and casualty assistance. Specific guidance is contained in NAVMC 2925, Retired Activities Office Desk Guide.

6002. INTERFACE WITH COMMUNITY SERVICES. The Marine Corps Personal Services capabilities should not duplicate existing local resources provided they are accessible, effective, and of good quality. The Personal Services staff must set up and maintain a close cooperative relationship with military and community resources. The major thrust of the Personal Services

capabilities is the prevention of problems through the enhancement of family life and the utilization of information to maximize the use of community services, and existing educational and preventive programs. These services will be offered both during and after normal working hours to allow maximum participation.

CHAPTER 7

QUALITY ASSURANCE (QA) PROGRAM

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QUALITY ASSURANCE (QA) PROGRAM

7000. GENERAL. Installation Commanders shall implement a QA Program to ensure the effectiveness of Personal Services programs. This program requires the development of an Annual QA Plan, which addresses the goals, and objectives of prevention activities and intervention and treatment. The Quality Assurance (QA) Program involves an ongoing process to monitor and evaluate objectively and systematically the access to and appropriateness of client care, customer service, and to resolve identified problems in care, service, or performance.

1. Inspection procedures are an integral part of an effective QA Program. Inspections should be conducted to ensure that the Personal Services Programs are being operated according to existing regulations and in support of mission accomplishment.

7001. DEFINITIONS

1. Quality is the degree of adherence to generally recognized standards of good practice and achievement of anticipated outcomes for a particular service, procedure, assessment, or problem.

2. Appropriateness is the extent to which a particular service, action, or referral is appropriate and clearly indicated for the client/customer.

7002. OBJECTIVES

1. To systematically assess and monitor the quality and appropriateness of services provided, and to identify opportunities to improve customer service.

2. Identify, assess, and decrease risk to customers and staff, thereby reducing exposure to liability.

3. Justify resources needed to maintain, and preferably exceed, acceptable standards of customer service.

4. Communicate important QA information to effect sound management decision-making at all levels of the organization.

5. Integrate, track, and trend QA information to identify significant patterns or processes, which may need in-depth review, to be addressed by CQI techniques or other intervention.

6. Identify education and training needs.

7003. REQUIREMENTS. The Program is guided by a plan. At a minimum, the plan includes:

1. Program objectives and measures of effectiveness. In order to be and remain effective in meeting the needs, and providing the services, which benefit your community, it is important to assess program outcomes on an ongoing basis. To know how effective your program is requires that you examine several outcomes. In general, outcomes are indicators or measures, which show the extent to which a program's goals and objectives have been achieved; thus, they must be developed in conjunction with a program's goals and objectives. For example, the Information and Referral program assists Marines and their families by providing information to meet needs. One of the desired program outcomes would be the ability of families to locate needed services based on appropriate referrals.

2. Organizational and program responsibilities.

3. Scope of the QA program to include the methodology for obtaining customers' input on quality. For example, to assess the quality of information and referral services means assessing characteristics or aspects of your program in such areas as customer/command satisfaction, customer service, program content, and referrals.

4. Required QA functions including what is to be done, by whom, and how frequently.

5. Information flow and review needs. The specific need(s) which each program or service is intended to address should be identified in the context of intended target populations. The distribution of services among clients must be evaluated and assessed regularly to accommodate changing populations with changing needs.

6. Annual review of program effectiveness with revision as necessary. The success of a program or service is directly

linked to its outcomes. Outcomes should be identified, routinely reviewed and integrated into the day-to-day management of each program. Some of the most important program indicators to be addressed include:

a. Ability of the program to meet the needs of the targeted populations;

b. Level of program use by the targeted populations;

c. Level of user satisfaction;

d. Desired results of individual users;

e. Level of command satisfaction;

f. Awareness of the program by non-users;

g. Decrease urine positive samples and DWI/DUIs by an established percentage; and

h. Methodology by which data generated by the QA program is used to continuously improve the command and customer services.

7004. PROGRAM ELEMENTS

1. Occurrence screen. A review of a predetermined type of incident to determine if the incident resulted from some deviation from the usual standard of practice. Occurrences might include: suicide, death due to alcohol misuse, re-abuse in family advocacy cases, continued drug/alcohol abuse, bankruptcy filing, etc.

2. Focused review. Concentrated assessment of a specific process or customer sub-population, or other designated area/problem.

3. Trend analysis of cases. Analysis of cases on an ongoing basis to determine changes in qualitative features such as referral problems, relapse, and other contributing problem areas, overseas screenings, bounced checks, and letters of indebtedness.

4. Summary. The chart that follows identifies a number of areas to examine, which assess the effectiveness of programs and services.

QUALITY ASSURANCE (QA) PROGRAM

What You Want to Know	Information Source	What to Look For
-Are service members, family members and commands aware of information and referral services? -Who is using the program services? -Who is the program not reaching? -Are you meeting the needs of your community and target groups? -What is the quality of the information and referrals provided? -What results do information and referrals have?	-Community Needs Assessment -Client feedback -Follow-up survey -Sign-up sheets/intake forms -Referral agency interviews -Command Leaders (CO, XO, SgtMaj, 1stSgt) -Command feedback -Focus groups -Customer satisfaction -Case record review -Installation/command statistics and incident reports	-Users vs. Nonusers -Awareness -Client satisfaction/ -Perception of service quality -Individual impact (e.g., successfully located and received service needed) -Relapse rates -Command referrals -Incident rates; trends

Figure 7-1 PROGRAM ASSESSMENT CHART

7005. TRAINING OF PERSONAL SERVICES STAFF. Training is an essential part of Marine Corps Community Services.

1. Staff personnel must be suitably trained to provide competent services to Marines and their families. Moreover, the staff can act as a valuable training resource for other organizations in the Command.

2. Adequate training should be budgeted so that each staff member is prepared to perform all duties fully and competently. Training for the staff is one of the most cost-effective investments that can be purchased. As part of the QA Program, records must be kept documenting the professional enrichment training received by the staff members each year. Contractors should provide records of training offered to the contract counselors and other professional development meetings and training attended by contractors.

7006. TRAINING RESOURCE FOR THE COMMAND. The Personal Services staff, by virtue of education and experience, is a valuable resource the command can use to provide training. Suggested training topics include troop information, classes about child abuse prevention, financial management, pre- and post-deployment briefings, child development classes for child care center personnel, and information about domestic violence for military police. The staff should be available to conduct training requested by the command.

APPENDIX A

DEFINITIONS

The following definitions are intended solely for the administration of the programs set forth in this Manual. They are not intended to modify or influence definitions applicable to statutory provisions and regulations, which relate to determinations of misconduct and line of duty, military disability benefits, and criminal or civil responsibility for individual acts or omissions.

1. Abuse

a. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child, spouse, or parent, or inflicted through a wanton or reckless disregard of the safety and welfare of the injured party.

b. Misuse or wrongful use of a substance; whether or not used therapeutically, legally, or prescribed by a physician.

2. Abuse/Neglect. Specific types of abuse/neglect are:

a. Child Abuse and/or Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. The "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable for self-support because of a mental or physical incapacity and for whom treatment in a Medical Treatment Facility (MTF) is authorized.

b. Spouse Abuse. Includes assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one of the partners is a military member or is employed by theDepartment of Defense and is eligible for treatment in an MTF.

A spouse under 18 years of age shall be treated in this category.

(1) Physical. The use of physical force to intimidate and/or control with the intent of causing harm the spouse. This includes, but is not limited to, grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearms, or other weapons.

(2) Sexual. The forcing of the spouse, by the offender, to engage in any sexual activity through the use of physical violence, intimidation, the explicit or implicit threat of future violence, or abuse if the offender's advances are refused.

(3) Emotional Abuse. One or more of the following behaviors: explicit or implicit threats of violence, extreme controlling types of behavior, extreme jealousy, mental degradation (name calling, etc.), and isolating behavior. The intent of the abuser is to intimidate the victim.

3. Addiction. The state of being given up to some habitual act; especially strong dependence on a drug; psychological and sometimes physical dependence characterized by a compulsive desire/need to use a drug(s) or other substance on a continuous basis to experience its effects and/or to avoid the discomfort of its absence.

4. Alcohol Abuse. The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness and/or the user's health, behavior, family, community and/or DON; or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct. Alcohol abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM), current edition and must be determined by a qualified Medical Officer (MO). A diagnosis of alcohol abuse generally requires some form of intervention and treatment.

5. Alcohol Dependence and/or Alcoholism. The psychological and/or physiological reliance on the drug, alcohol. Alcohol dependence is a clinical diagnosis based on specific diagnostic criteria delineated in the DSM and must be determined by a Medical Officer or DoD-authorized licensed practitioner.

Untreated, alcohol dependence may lead to death.

6. Anabolic Steroid. Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth. This includes any salt, ester, or isomer of such a drug or substance described or listed in 21 U.S.C. 802, if that salt, ester, or isomer promotes muscle growth.

7. Case. Cases classified as "substantiated," "unsubstantiated," or "unsubstantiated unresolved" are categorized by victim and not by offender. Case refers to all incidents involving one particular victim in which maltreatment was classified as substantiated or unsubstantiated. Each victim in a family is a separate case. For Family Advocacy Program (FAP) workload statistics and counseling purposes, offenders and each victim are separate cases.

8. Case Manager. The individual counselor assigned primary responsibility for handling or directing a particular case.

9. Case Review Committee (CRC). A multidisciplinary team of service providers and other professionals who are directly involved with individual cases of abuse and neglect.

10. Case Status. The finding of the CRC at the time the case is assessed and staffed by the committee. Possible determinations include:

a. Substantiated. The act or omission did occur. The information that supports the proposition that the abuse occurred is of greater weight or more convincing than the information that indicates that the abuse/neglect did not occur.

b. Unsubstantiated - Did Not Occur. A designation that indicates an alleged incident of child or spouse abuse has been clinically determined by the CRC to be without merit or foundation. An "Unsubstantiated - Situation Did Not Occur" clinical determination means that the available information that indicates that abuse or maltreatment did not occur is of greater weight or more convincing than the information that indicates that abuse or maltreatment occurred.

c. Unsubstantiated - Unresolved. A designation that indicates either (1) the CRC clinically determined that the preponderance of the available information to support an alleged incident of child abuse or spouse abuse or maltreatment is of the same weight or equally convincing as the information that the alleged incident of abuse or maltreatment did not occur; or (2) information necessary for the CRC to make a determination whether abuse occurred or not is missing or unobtainable.

11. Central Registry. The repository of Marine Corps abuse and neglect reports (i.e., CASA and RASA).

12. Child. An unmarried person, either under the age of 18 years or incapable of self-support because of a mental or physical incapacity, who is a natural, step, adopted, foster child, or ward of either a military member or a civilian for whom treatment is authorized in a military medical facility.

13. Child Protective Services (CPS). City, local, state, or foreign social service agency charged with the protection of children from harm.

14. Child Removal Order (CRO). A written order, signed by the installation commander, by direction of the installation commander, or by another officer with authority over the place where the child's welfare is endangered, issued to military police, family advocacy personnel, medical personnel, or similar authorities, directing that a child be removed from a home to a place of safety.

15. Clergy (Priest) - Penitent Privilege. This confidential relationship is protected by an evidentiary rule contained in SECNAVINST 1910.4B, Part III. Clergy trained and credentialed as marriage and family therapists or other social providers, when operating solely under those credentials and not as a member of the clergy, may not assume the existence of a privileged relationship.

16. Controlled Substances. Chemical compounds, anabolic steroids or other substances included in Schedule I, II, III, IV, or V listed in 21 U.S.C. Section 801, et seq., as updated and republished under the provisions of the Controlled Substance
Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and its amendments.

17. Controlled Substance Analogue (Designer Drugs)

a. Except as provided in paragraph 18.b, this term means a substance that:

(1) The chemical structure of which is substantially similar to the chemical structure of a controlled substance in schedule I or II of 21 U.S.C. 801 et. seq.; or

(2) Which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II of 21 U.S.C. 801 et. seq.; or

(3) With respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II of 21 U.S.C. 801 et. seq.

b. Such a term does not include:

(1) A controlled substance;

(2) Any substance for which there is an approved new drug application;

(3) With respect to a particular person any substance, if an exemption is in effect for investigation use, for that person under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) to the extent conduct with respect to such substance is under such exemption; or

(4) Any substance to the extent not intended for human consumption before an exemption takes effect with respect to that substance.

18. Coordinated Community Response (CCR). An interdisciplinary and multi-agency response to domestic violence.

19. Counseling. There are two distinct types of counseling referred to in this Manual.

a. Leadership Counseling. Discussion or advice concerning acceptable standards of conduct, personal performance, and/or discipline relating to an individual's behavior. Normally, this is accomplished by the commander or designated representatives.

b. Clinical Counseling. Professional or medical advice or counsel based on actual treatment or observation of individuals, conducted by qualified professional or paraprofessional personnel who have successfully completed formal training courses (MOS 8538 or equivalent).

20. Credentialing. The process of reviewing and verifying an individual's diploma, training, licensure, certification, and experience to determine whether that individual is qualified to treat or counsel a client.

21. Dangerous Drugs. Those controlled pharmaceuticals, nonnarcotic drugs that are habit forming or have the potential for abuse because of their stimulant, depressant, or hallucinogenic effect.

22. Detoxification. A process used to reduce or remove the toxic properties of drugs from the body. It is normally the first step in the alcohol/drug abuse treatment process and is designed to free the alcohol/drug addict of the habit.

23. Drug. Any chemical compound, which may be used on, or administered to humans or animals, that modifies their physiological or psychological behavior or function.

24. Drug Abuse. The wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness. For purposes of this Manual, drug abuse also includes the intentional inhalation of fumes or gasses of intoxicating substances with the intent of achieving an intoxicating effect on the user's mental or physical state, and steroid usage other than that specifically prescribed by a competent authority. Drug abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders," current edition (DSM), and must be determined by a qualified Medical Officer (MO) or DoD-authorized licensed practitioner. A diagnosis of drug abuse generally requires some

form of intervention and treatment. See definition of "wrongful."

25. Drug Abuse Paraphernalia. All equipment, products, and materials of any kind that are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body controlled substances. Drug abuse paraphernalia includes, but is not limited to:

a. Hypodermic syringes, needles and other objects used, intended for use, or designed for use in injecting controlled substances into the human body, and metallic or other containers used for mixing or other preparation of heroin, morphine, or other narcotic substances prior to such an injection;

b. Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing controlled substances (e.g., marijuana, cocaine, or hashish oil) into the human body such as:

(1) Pipes, with or without screens, designed for the purpose of smoking marijuana, hashish, or cocaine. These pipes bear names such as chamber pipes, carburetor pipes, electric pipes, air-driven pipes, chillums, bongs, ice pipes or chiller, hashish heads, punctured metal bowls, etc.;

(2) Roach clips which are objects used to hold burning material, such as a marijuana cigarette, that have become too small or too short to be held in the hand; and

(3) Cocaine spoons.

c. The words "equipment, products, and materials" should be interpreted according to their ordinary or dictionary meaning. To insure that innocently possessed objects are not classified as drug abuse paraphernalia, reference (b) makes the criminal intent of the person in possession or control of an object a key element of the definition. Some evidentiary factors to consider in determining this criminal intent, and hence whether an object is illegal drug abuse paraphernalia, are as follows:

(1) Statements by the person in possession or by anyone in control of the object concerning its use;

(2) The proximity of the object, in time and space, to the unlawful use, possession, or distribution of drugs;

(3) The proximity of the object to controlled substances;

(4) The existence of any residue of controlled substances on the object;

(5) Instructions, oral or written, provided with the object concerning its use;

(6) Descriptive materials accompanying the object which explain or depict its use;

(7) The existence and scope of legitimate uses for the object in the community; and

(8) Expert testimony concerning its use.

26. Drug Dependence. Psychological and/or physiological reliance on a chemical or pharmacological agent as defined by the DSM. The physiological alteration to the body, or state of adaptation to a drug, which after repeated use, results in the development of tolerance and/or withdrawal symptoms when discontinued, and/or the psychological craving for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform basic functions. Drugs have varying degrees of risk of addiction with nicotine and crack cocaine having the highest potential for addiction with very little use. The term does not include the continuing prescribed use of pharmaceuticals as part of the medical management of a chronic disease or medical condition.

27. Drug Trafficking. The wrongful distribution (includes sale or transfer) of a controlled substance, and/or the wrongful possession or introduction into a military unit, base, station, ship, or aircraft of a controlled substance with the intent to distribute.

28. Driving Under the Influence/Driving While Intoxicated (DUI/DWI). DUI/DWI refers to the operation of, or being in the physical control of, a motor vehicle or craft while impaired by any substance, legal or illegal. Definitions vary slightly from state to state. In most states a recorded blood alcohol content (BAC) ranging from 0.05 to 0.08 is prima facie proof of DUI/DWI without any other evidence. It should be noted that in many states, drivers can be impaired at levels lower than 0.05 and can be convicted on other evidence without a recorded BAC (see Substantiated DUI/DWI). Additionally, operation of, or being in physical control of, a motor vehicle or craft with any recorded BAC for alcohol by a person under the age of 21 may be prima facie evidence of DUI in many states. Further guidance concerning DUI/DWI is contained in Article 111, UCMJ and its analysis.

29. Extra-Familial. The term used to describe a child abuse/neglect case in which the offender's relationship to the child is outside the family. This category ranges from known individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage, to individuals unknown to the victim.

30. Family Advocacy Command Assistance Team (FACAT). A multi-Service DoD/Installation team of clinical social work, investigative, medical, and legal experts who are available to respond immediately and assist the local commander in multi-victim and difficult child abuse cases.

31. Illegal/Illicit Drugs. Drugs prohibited by law or lawful drugs when obtained or used without proper authority, to include the abuse of otherwise legal drugs.

32. Incest. Any sexual activity between persons who are closely related either by blood or legally (except by marriage), such as through adoption. Sexual abuse by familial caretakers or other live-in guardians may sometimes be viewed as incest depending upon the specifics of the case. For purposes of the Marine Corps FAP, any sexual activity occurring between a parent/step-parent and a child in their care or custody is considered incest. Sexual activity between parent/step-parent and same sex child is to be treated as incest, not homosexuality.

33. Incident. An occurrence that may include one or more types of maltreatment. Involves one victim and one occurrence. See the definition of Case.

34. Inhalant Abuse (Huffing). The intentional inhalation or breathing of gas, fumes or vapors of a chemical substance or compound with the intent of inducing intoxication, excitement, or stupefaction in the user. Nearly all abused inhalants produce effects similar to anesthetics, which slow down the body's function. Varying upon the level of dosage, the user can experience slight stimulation, feeling of less inhibition, loss of consciousness, or suffer from Sudden Sniffing Death Syndrome (the user can die from the first, tenth, or one hundredth time he or she abuses an inhalant).

35. Involuntary Separation. A member of the military service shall be considered to be involuntarily separated if he or she was on active duty or on full-time National Guard duty on September 30, 1990, or after November 29, 1993, or, with respect to a member of the Coast Guard, if the member was on active duty in the Coast Guard after September 30, 1994, and:

a. In the case of a regular officer (other than a retired officer), if he or she was involuntarily discharged under other than adverse conditions, as characterized by the Secretary of the separating service member's Military Department. A discharge under adverse conditions is determined by referring to the reason for the separation as well as the officer's service, as outlined in DoD Directive 1332.30.

b. In the case of a reserve officer who is on the active duty list or, if not on the active duty list, is on full-time active duty (or in the case of a member of the National Guard on full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the Reserve components, he or she is involuntarily discharged or released from active duty or full-time National Guard duty (other than a release from active duty or full-time National Guard duty incident to a transfer to retired status) under other than adverse conditions characterized by the Secretary of the separating service member's Military Department. Discharge under adverse conditions is determined by referring to the reason for the separation as well as the officer's service.

c. In the case of a regular enlisted member serving on active duty, if he or she is denied reenlistment or involuntarily discharged under other than adverse conditions, as member's Military Department. A discharge under adverse conditions is determined by referring to the reason for the separation, as well as the enlisted member's service, as outlined in DoDDir 1332.14.

d. In the case of a reserve enlisted member who is on full-time active duty (or in the case of a member of the National Guard on full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the Reserve components, if he or she is denied reenlistment or is involuntarily discharged or released from active duty (or full-time National Guard duty) under other than adverse conditions as characterized by the Secretary of the separating service member's Military Department. A discharge under adverse conditions is determined by referring to the reason for the separation as well as the enlisted member's service.

36. Institutional Child Abuse. Child abuse that occurs in any setting in which the Marine Corps can be considered responsible for the welfare of the victim. The abuse can be considered to be institutional if committed during a Marine Corps-sponsored activity or by a Marine Corps-sponsored individual, regardless of the locale of the abuse.

37. Intra-Familial. The term used to describe a child abuse/neglect case in which the offender has the responsibility for the child's welfare and is either a parent or is related by blood or marriage.

38. Maltreatment. A generic term, which covers all forms of abuse/neglect covered in the Marine Corps FAP. For further clarification, see the definitions of Abuse/Neglect.

39. Marijuana and Cannabis. For purposes of this Manual the terms marijuana and cannabis are used interchangeably. Cannabis is the botanical name for a genus of plants commonly referred to as marijuana.

40. Medical Protective Custody. The emergency medical care or custody of a child without parental consent, which is approved by an MTF commander, in a case where the circumstances or

condition of the child in the care or custody of the parents presents imminent danger to the child's life or health.

41. Military Protection Order (MPO). A written order, signed by a service member's unit commander, by direction of the service member's unit commander or another commissioned /noncommissioned officer with the authority over the service member, directing the service member to have no contact with a family member or other person. MPOs are usually issued after an incident of family violence or harassment, in order to maintain peace and good order in the community or to protect the other person from potential harmful acts by the service member. See NAVMC 2930 for example.

42. Mutual Spouse Abuse. An infrequent and uncommon incident wherein both spouses equally participate in aggressive behavior.

43. Narcotics. A class of illicit or illegal drugs including, but not limited to: Opium, Morphine, Codeine, Heroin, Hydromorphine, Meperidine (Pethidine), Methadone, LAAM, Percoden, Darvon, and Talwin.

44. Offender (Abuser, Neglector, or Perpetrator). The person directly or indirectly responsible for the resultant abuse or neglect which befalls an individual. Any person whose act or failure to act, if he/she had the legal duty to act, substantially impairs the health or well-being of the victim. An offender can be any person, civilian or military, related or not related to the victim.

45. Postvention Services. Services targeted towards surviving family members, co-workers, and units after a suicide death of a service member.

46. Primary Aggressor. The person who maintains power and control in an abusive incident regardless of which one started the physical or verbal action, which one continued the dispute, or which one provoked the event.

47. Privileged Communication

a. Chaplains. A person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication by that person to a chaplain or to a chaplain's assistant, if such communication is made either as a formal act

of religion or as a matter of conscience.

b. Lawyers. A client has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of facilitating the rendition of professional legal services to the client; between the client or the client's representative and the lawyer or the lawyer's representative; between the lawyer and the lawyer's representative; by the client or the client's lawyer to a lawyer representing another in a matter of common interest; between representatives of the client or between the client and a representative of the client; or between lawyers representing the client.

48. Privileging. The process whereby a healthcare practitioner is granted the permission and responsibility to independently provide specified health care. Clinical privileges define the scope and limits of practice for individual practitioners.

49. Problem Drinker. One who is experiencing domestic, civil, or legal difficulties related to drinking alcohol. The person may or may not be alcohol dependent.

50. Recovering Alcohol Dependent. A person whose alcohol dependence is in remission and is being maintained through personal abstinence and participation in a recovery program.

51. Rehabilitation. The restoration of an individual to self-sufficiency through treatment, education, leadership, clinical counseling and aftercare.

52. Risk. Exposure to the possibility of death, injury or harm. Potential harm can occur at the time of an incident, for example, when an object was thrown at, but missed the victim. Risk of further harm refers to the possibility that another maltreatment incident could occur.

53. Secondary Aggressor. The person in an abusive incident who makes a retaliatory response, which is in itself aggressive and transcends the definition of self-defense.

54. Self-Defense. The action taken by a victim, which may inflict harm or injury on the assailant that is solely protective in nature and is not aggravated beyond what is reasonably necessary for self-protection.

55. Separation Entitlements. The benefits and services that are provided to a service member, and the family of a service member, who is being separated from the military are governed by 10 U.S.C., Chapter 58, Sections 1141-1153. Generally, when a service member separates voluntarily he/she will only rate transition services while a retiree and an involuntarily separatee will rate both benefits and services. Transition services include preseparation counseling and employment assistance (i.e., skills assessment, resume writing, interview prep, etc.). Transition benefits include the following areas: health benefits, commissary and exchange benefits, use of military family housing, relocation assistance for personnel overseas, excess leave and permissive temporary duty, affiliation with Guard and Reserve units (waiver of certain limitations), and assistance to eligible members and former members to obtain employment with law enforcement agencies, employment as teachers or teachers aides, or with health care providers.

56. Serious Injury. An injury which has the strong potential to be life threatening or results in the permanent loss of use of an organ or limb, including fractured or dislocated bones, deep cuts, torn members of the body, and serious damage to the internal or sensory organs.

57. Special Separation Benefit and Voluntary Separation Incentive. The Voluntary Separation Programs established in 10 U.S.C. 1174a and 1175. Service members separated under these programs are eligible for both transition services and separation entitlements.

58. Stalking. A willful, malicious, repeated, uninvited, and intrusive, although often unnoticed, following of another person, regardless of motive, which serves no legitimate purpose, and which course of conduct would alarm, annoy, intimidate, or harass a reasonable person.

59. Substance Abuse. A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of the substance.

60. Substance Dependence. A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues the use of the substance despite significant substance-related problems.

61. Tolerance. The need for greatly increased amounts of a substance to achieve intoxication (or the desired effect) or a markedly diminished effect with continued use of the same amount of a substance.

62. Victim. An individual who is the subject of abuse or neglect, or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.

63. Victim Advocate. A representative for a victim. One who protects the best interests of a victim by providing a support system which can include, but is not limited to, crisis intervention, information, guidance (including interpretation of judicial proceedings), and resource assistance.

64. Withdrawal Syndrome. A combination of symptoms that normally occurs when an individual is detoxifying from alcohol and certain drugs. It may include any and all of the following symptoms: intense anxiety, degrees of mental and physical impairment, tremors, convulsions, hallucinations, delirium, respiratory failure, and death.

65. Wrongful. The possession, use, distribution or manufacture of a controlled substance is wrongful if it is without legal justification, authorization, or excuse; and includes the use contrary to the directions of the manufacturer or prescribing healthcare provider; and the use of any intoxicating substance not intended for human ingestion. The possession, use, distribution, or manufacture of a controlled substance is not wrongful if such act or acts are:

a. Done under legitimate law enforcement activities (e.g., an informant who receives drugs as part of an undercover operation is not in wrongful possession);

b. Done by authorized personnel in the performance of medical duties; or

c. Without knowledge of the contraband nature of the substance (e.g., a person who possesses cocaine, but actually believes it to be sugar is not guilty of wrongful possession of cocaine).

APPENDIX B

INSTALLATION FAMILY ADVOCACY PROGRAM OFFICER (FAPO) RESPONSIBILITIES

1. With the assistance and support of the Personal Services Director, oversees the operation of the FAP in consonance with this Manual and the directions of the Installation Commander.

2. MCRD FAPOs are responsible for the Family Advocacy Program for their respective recruiting regions.

3. Establish a Coordinated Community Response (CCR) to domestic violence

a. Implement command awareness and prevention programs to educate all Marines and their families about child and spouse abuse and its consequences.

b. Ensure the CCR coordinates with local civilian agencies and adjacent military installations.

4. Coordinate with the PMO, NCIS, SACC, and the local MTF Commander to set up identification procedures, to provide safety for victims of child and spouse abuse, to establish an emergency response to child and spouse abuse cases, and to report abuse cases to the appropriate authorities.

5. Ensure the establishment and ongoing training of a multidisciplinary team, patterned after the DoD FACAT, to respond quickly to any alleged incident of institutional child abuse.

6. Ensure that child and spouse abuse cases are handled discreetly and fairly for Marines, Sailors, other service members, and their families.

7. Ensure that there is coordination among all military and civilian agencies and professional disciplines involved with investigating, counseling, assessment, and the other aspects of family abuse monitoring; and ensure that local commands develop an MOU providing for cooperation and reciprocal reporting of information with the appropriate civilian officials.

8. Act as the Commander's representative on issues of child and spouse maltreatment, domestic violence, and related issues.

9. Ensure that unit commanders are advised of the disposition and management of each reported and substantiated FAP case that involves members of their command, and keep the Installation Commander informed concerning high visibility cases.

10. In conjunction with the Personal Services Director, assist subordinate unit FAPOs by disseminating information and ensuring the development of a unit program; keeping unit FAPOs informed of the number of unit FAP cases; and assisting unit FAPOs with identifying and referring high-risk personnel.

11. Coordinate the liaison between the command and other military and civilian agencies involved in preventing family violence.

12. At the direction of the Installation Commander, appoint and oversee a CRC. The permanent membership of the CRC shall consist of:

a. A chairperson (FAPM)(licensed clinical practitioner);

b. Command representative;

c. Pediatrician (for child abuse cases) or family practice doctor (for spouse abuse cases);

d. SJA representative;

e. PMO representative;

f. SACC representative; and

g. PAO and NCIS agents in charge who are on call for high visibility cases such as child sex abuse cases with multiple victims or institutional child abuse cases.

13. Coordinate with the Personal Services Director and law enforcement agencies to ensure that all child and spouse abuse cases are reported to the Central Registry.

APPENDIX C

TRANSITIONAL COMPENSATION FOR ABUSED FAMILY MEMBERS (TCAFM)

1. Purpose (TCAFM). The Transitional Compensation For Abused Family Members (TCAFM) is a Congressionally authorized program that provides 12 to 36 months of support payments to dependents or former dependents of service members who have been separated from active duty because of a family member-abuse offense. These support payments are designed to assist family members and former family members in establishing a life apart from abusive service members.

2. Eligibility

a. Action Covered

(1) The family members of a service member, who separates on or after 30 November 1993, are eligible for transitional compensation payments.

(2) TCAFM applies in cases of service members who have been on active duty for more than 30 days and who have been:

(a) Convicted of a family member-abuse offense resulting in separation from active duty pursuant to a court martial sentence;

(b) Administratively separated from active duty if the basis for separation includes a family member-abuse offense; or,

(c) Sentenced to forfeiture of all pay and allowances by a court-martial that convicted the service member of a family member-abuse offense.

(3) Family member abuse involves criminal offenses by service members against their spouse or dependent child(ren), as defined by the Uniform Code of Military Justice (UCMJ) or other criminal codes applicable to the jurisdiction where the act of abuse was committed. Crimes that may qualify as family member- abuse offenses include sexual assault, rape, sodomy, assault, battery, murder, and manslaughter (this list is not all inclusive and is provided for illustration only).

(4) In addition to the Commanding Officer/Legal Officer certification, applications for TCAFM benefits must be accompanied by documentation of the dependent abuse offense(s). In many cases, this requirement may be satisfied by providing documentation contained in the member's Service Record Book (SRB) or Officer Qualification Record (OQR). Applications for TCAFM benefits may be approved, however, without corresponding SRB or OQR entries. In the absence of such entries, supporting documentation such as Family Advocacy Program records, incident reports, police reports, orders of protection, records of legal proceedings, etc., must be included with the application.

b. Dependent Child Defined. Status as a "dependent child" is determined as of the date on which the service member was convicted of the offense or administratively separated, whichever is applicable. A dependent child is an unmarried child, including an adopted child or stepchild, who was residing with the service member at the time of the family member abuse offense that resulted in the separation of the former service member and who is:

(1) Under 18 years of age;

(2) 18 years of age or older and incapable of self-support because of a mental or physical incapacity that existed before the age of 18 and who is, or who was at the time a punitive or other adverse action was executed in the case of the former service member, dependant of the former service member for over one-half of the child's support; or,

(3) 18 years of age or older but less than 23 years of age and is enrolled in a full-time course of study in an institution of higher learning approved by the Secretary of Defense, and is, or was at the time a punitive or other adverse action was executed in the case of the former service member, dependent on the former service member for over one-half of the child's support.

3. Payments

a. Who Receives Payments. Payments are made as follows to abused family members:

(1) If the service member was married at the time of the offense, payment is made to the spouse or former spouse to whom the individual was married at the time of the offense, including an amount, for each, if any, dependent child of the service member who resides in the same household as that spouse or former spouse.

(2) If the spouse is ineligible to receive payment because of remarriage, cohabitation, or active participation in the maltreatment of the family member, payment will be made to each dependent child of the service member who does not reside in the household of the service member or of the ineligible spouse. Refer to paragraph 4 for guidance on forfeiture provisions.

(3) If there is no eligible spouse because the service member was not married, or the spouse has died, payments will be made to the dependant child(ren) of the service member who does not reside in the household of the service member.

(4) If a recipient is incapable of handling his or her own personal affairs, payment may be made only to a court-appointed guardian. In the case of a dependant child(ren) under 18 years of age, payment may be made only to a court-appointed guardian or a natural parent (who is not a spouse of the member), if the natural parent has legal custody of the dependant child(ren).

b. Amount

(1) The amount of the monthly payment is based on the rate in effect for dependency and indemnity compensation.

(2) Payments will be prorated for months when payments start or stop in the middle of a month. Arrears of pay will not be paid in the event of the death of the spouse, former spouse, or dependant child.

c. Commencement and Duration Of Payments

(1) In the case of service member convicted by a court-martial of a family member-abuse offense, payment to the abused family member(s) will commence as of the date of approval of courtmartial sentence by the convening authority if the

sentence includes forfeiture of all pay and allowances, or dismissal, dishonorable discharge, or bad conduct discharge (BCD).

(2) In the case of service members administratively separated from active duty for a family member-abuse offense, payment to the abused family member(s) will commence as of the date on which the letter of notification is served to the service member.

(3) The duration of payments will be at least 12 months but not more than 36 months. If, as of the commencement date or payments, the unserved portion of the former service member's end of active obligated service (EAS) is less than 36 months, the duration will be the greater of the unserved portion or 12 months.

(4) No payment may be made for any period before 30 November 1993.

(5) "Lost time" while serving the confinement sentence is not a factor in determining EAS and duration of TCAFM payments.

(6) The Debt Collection Act of 1996 necessitates submission of a Fast Start Direct Deposit Form or a Waiver Certificate to accompany the DD Form 2698, Application for Transitional Compensation.

d. Cessation Of Payments

(1) When the Secretary of the Navy notifies a recipient, in writing, that payments will stop, the final payment will occur on the first day of the month following that notification.

(2) Payment will cease for the following reasons:

(a) The service member was sentenced by a courtmartial and received a punishment that included forfeiture of all pay and allowances, dismissal, dishonorable discharge, or BCD as a result of a conviction by a court-martial for a family member abuse offense, and each such punishment is remitted, set aside, or mitigated to a lesser punishment that does not include any such punishment.

(b) The administrative separation of a service member from active duty is proposed on a basis that includes a family member-abuse offense, and the proposed administrative separation is disapproved by competent authority under applicable regulations.

(3) The recipient may not be required to repay amounts of Transitional Compensation received before the effective date of cessation of payments (except to the extent necessary to recoup any amount that was erroneously paid).

4. Forfeiture Provisions

a. Remarriage. If a spouse receiving payments remarries, the payments terminate as of the date of the remarriage. Payment may not be renewed if the remarriage is terminated. A dependent child not living in the same household as the remarried spouse or former service member may continue to receive payments.

b. Cohabitation. If the former service member resides in the same household as the spouse, former spouse, or dependent child to whom compensation is otherwise payable (in other words, an abused dependent), payment will terminate as of the date the former service member begins residing in such household. Once terminated for this reason, payment will not resume, regardless of subsequent living arrangements with the former service member. Recoupment of compensation paid for a period after the former service member's separation, but before the former service member resides in the household, shall not be required.

c. Active Participant. The spouse, and dependent child(ren) living with the spouse, will not be paid if the victim was a dependant child, and the spouse has been found by competent authority designated by the Secretary of the Navy to have been an active participant in the conduct constituting the criminal offense, or to have actively aided or abetted the member in such conduct.

d. Annual Certification. The spouse will annually certify to the Defense Finance and Accounting Service (DFAS)-Denver that she/he has not remarried and has not been cohabiting with the former service member offender by completing a Certificate of

Eligibility (COE). Dependent children will also certify annually that they are not living in the same household with the former service member offender or ineligible spouse via the COE process. DFAS-Denver will mail the blank COE to the last known address of recipients. In the event of remarriage or cohabitation, the spouse, or former spouse, must notify DFAS-Denver within 30 days.

5. Commissary, Exchange, and Marine Corps Community Service (MCCS) Benefits

a. Recipients are entitled to use the Commissary and Exchange for the duration of the payments. They are allowed the same Commissary and Exchange privileges as a dependent of a service member of the armed services on active duty for a period of more than 30 days.

b. If a recipient eligible or entitled to use the Commissary and Exchange per paragraph 5a, above, is also eligible or entitled under another provision of law, eligibility and entitlement shall be determined under the other provision of law and not under paragraph 5a.

c. Recipients requesting Commissary and Exchange privileges should request an ID Card(s) in Section III of DD Form 2698. All ID Cards expire on the day the TCAFM payments stop.

d. Recipients may be entitled to MCCS benefits on a like basis with Commissary and Exchange privileges. Requests for MCCS benefits should be submitted to the nearest military MCCS representative.

6. Health Care Benefits

a. A dependent of a service member who has been separated due to a family member-abuse offense may receive medical or dental care in facilities of the Uniformed Services or through TRICARE. Receipt of the medical or dental care is subject to the limitations in subparagraphs b and c below.

b. Eligible family members of a service member who receives a dishonorable or bad-conduct discharge, is dismissed as a result of a court-martial, or is administratively separated as a result of a dependent-abuse offense are entitled to medical or dental care.

c. Eligible family members of a service member who is retirement eligible, but who loses eligibility for retired pay because of dependent-abuse misconduct, may receive medical and dental care in accordance with section 1408(h) of title 10, United States Code.

7. Responsibilities and Application Procedures

a. The CMC(MR) will coordinate policy development, review applicant eligibility, and forward the completed DD Form 2698 and Direct Deposit form or waiver request, as applicable, to DFAS-DE/FRB, 67 East Irvington Place, Denver, CO 80279-6000. DSN 926-8876, or commercial (303) 676-8876.

b. The CMC (MR) will enter eligible applicants into the DEERS database.

c. The Personal and Family Readiness staff will ensure the widest dissemination of information about Transitional Compensation to Public Affairs Officers, Staff Judge Advocates, Naval Criminal Investigative Service, installation Military Police, Legal Service Officers, MTFs, Chaplain offices, tenant commands, and appropriate civilian agencies.

d. Commanding Officers of Marines whose family members are eligible for Transitional Compensation will provide the family member (or guardian as appropriate) with a DD Form 2698, Application for Transitional Compensation. Commanding officers, or designees, will also provide the approving official certification, if applicable, by signing BLOCK 22 of DD Form 2698. The certifier is additionally responsible for:

(1) Completing Section I - Payee Information and block 23 in the presence of the applicant and witnessing the applicant’s signature. If the applicant is not physically present, the command may mail the application requesting signature and date verification and return for approving authority signature.

(2) Completing Section II - Member Identification.

(3) Faxing to the CMC (MR) point of contact in paragraph 8a a copy of the completed DD Form 2698 and a "Letter of Certification" such as the convening authority action or, in the

case of administrative separation, a copy of the letter of notification.

(4) Mailing DD form 2698 and the applicable letter of certification within 5 days to: Commandant of the Marine Corps, Headquarters, U.S. Marine Corps, Manpower and Reserve Affairs (M&RA), MR Division (MRO), Attn: Transitional Compensation Program Manager, 3280 Russell Road, Quantico, VA 22134-5103.

(5) Retaining a copy of the completed DD form 2698 and the applicable letter of certification for three years.

8. Points of Contact

a. Policy Development. Commandant of the Marine Corps, Headquarters, U.S. Marine Corps, Manpower and Reserve Affairs (M&RA), MR Division (MRO), Attn: Transitional Compensation Program Manager, 3280 Russell Road, Quantico, VA 22134-5103.
DSN 278-9546, commercial (703) 784-9546, or fax (703) 784-9826.

b. ID Cards/DEERS. CMC (MRP) at DSN 278-9529 or commercial (703) 784-9529.

c. MCCS. CMC (MR) at DSN 278-3829 or commercial (703) 784-3829.

APPENDIX D

RESPONDING TO INSTITUTIONAL/EXTRA-FAMILIAL CHILD ABUSE AND NEGLECT

The Responsibility of the Case Review Committee (CRC)

1. CMC (MR) must be notified within 24 hours, via Major Commands, of serious cases of institutional abuse and neglect occurring in military child care activities. When extra-familial child sexual abuse or neglect is alleged to have occurred in facilities under military jurisdiction, DoD Dir 6400.3 requires a report to the OSD (OFPS&S) via the CMC (MR) within 72 hours of discovery. These cases shall be reported immediately to the Command FAPO and the Installation FACAT for assistance and coordination. In cases where there are multiple victims (known or suspected), extensive community concerns, and/or other complex issues, assistance must be requested promptly from the CMC (MR). The FACAT core members who have been specifically trained to advise the command in this type of case should be called to meet in an emergency session.

2. The initial message to the CMC (MR) shall be initiated by the FAPO and will contain the following information:

a. Date of alleged incident (YY/MM/DD).

b. Date Installation reported (YY/MM/DD).

c. Date reported to CPS (YY/MM/DD).

d. Installation location.

e. Facility where alleged abuse occurred.

f. Alleged offender’s position within the facility.

g. Alleged victim’s age, DOB (YY/MM/DD) and sex.

h. Agencies involved in conducting the investigation:

(1) FAP.

(2) CPS.

(3) Military police.

(4) Civilian police.

(5) Special investigators.

(6) FBI.

(7) Medical.

i. Brief incident description.

j. Current status of the case:

FAP status: Substantiated Suspected Unsubst'd

Police/NCIS Status: Substantiated Suspected Unsubst'd

Legal Status: Conviction Sentence

k. Military contact name and telephone number (DSN and commercial).

l. NCIS investigation case number and Child/Spouse Abuse Incident Report (DD Form 2486) case number.

3. The trained FACAT members who have been activated to meet in emergency session shall investigate the allegations. The FAPO will activate others as directed by the Installation Commander to accomplish the work required to complete the following report of the incident to the CMC (MR) within 72 hours. The Team will be composed of individuals with the following qualifications or holding specific billets on the existing CRC:

a. Pediatrician or Senior Medical Officer.

b. SJA.

c. NCIS Special Agent.

d. Provost Marshal.

e. Director of Personal Services.

f. PAO.

g. FAPM.

4. The Team will be guided in the performance of its duties by the provisions of DOD Dir 6400.3 and will be prepared to brief the Installation Commander within 36 hours following activation. The final recommendation of the briefing will be whether the Marine Corps Regional Response Team and/or the DoD FACAT is needed.

5. In either case, weekly status reports of the investigation will be submitted to the CMC (MR). These reports will be coordinated with those of the FACAT.

6. A final report of all investigative findings will be sent to the CMC (MR) within 15 days of case determination. This report will include:

a. Findings of fact.

b. Summary of actual and recommended legal action.

c. Lessons learned.

d. Recommendation for changes in policy and procedures.

e. Any initiated corrective action.

APPENDIX E

URINALYSIS PROGRAM

1. Testing Premises. Urinalysis testing of all officers and enlisted members are authorized under the following collection premises:

a. Test conducted with member's consent (VO). Members suspected of having unlawfully used drugs may be requested to consent to urinalysis testing. Prior to requesting consent, the command representative should advise the member that he/she may decline to provide the specimen. Where practicable, consent should be obtained in writing. Article 31(b), UCMJ, warnings are not required in such cases provided that no other questioning of the member takes place. Further guidance concerning consent searches is contained in Military Rules of Evidence (M.R.E.) 311, 312, 314 through 316.

b. Probable Cause Tests (PO). Urinalysis tests may be ordered per M.R.E. 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis test will produce evidence of such an offense. Consultation with a Judge Advocate on the issue of probable cause is strongly encouraged.

c. Inspections. Urinalysis inspections are periodic inspections, including unit sweep and random sampling, health and welfare inspections, under M.R.E. 313.

(1) Random selection (IR). This test premise is used for the random testing of work sections, groups (selected by last digit of SSN), or all command members. Testing should be conducted on a routine basis to act as a deterrent.

(2) Unit (IU). A unit inspection is used when an entire unit, sub-unit or identified segment of a command, random or otherwise, is tested.

d. Accession Testing (NO). Testing of all personnel seeking accession into the Marine Corps.

e. Command-directed (CO). Ordered by the Commander whenever a specific member's behavior or conduct gives rise to a reasonable suspicion of drug abuse or whenever drug use is suspected within a unit. A command-directed examination may be ordered to determine competency for duty and the need for counseling, rehabilitation, or other medical treatment.

f. Physician-directed (MO). A military physician may order urinalysis tests in connection with a competence for duty examination under M.R.E. 312 and in connection with any other valid medical examination based on a command referral for suspected drug abuse.

g. Official Safety, Mishap, Accident Testing (AO). A commander may order urinalysis tests in connection with any formally convened mishap or safety investigation for the purpose of accident analysis and the development of counter measures. Results of such tests may be used for any lawful purpose consistent with the M.R.E.

h. Rehabilitation/Treatment (RO). This testing is conducted in conjunction with participation in a substance abuse counseling or rehabilitation program for alcohol/drugs (as opposed to a medical detoxification or medical treatment program). If a service member's urinalysis taken upon entry to treatment or during treatment/rehabilitation results in a positive for drugs, the SACC or rehabilitation facility shall return the member to his or her parent command for appropriate action.

i. Service-directed and Other Service-Directed Testing (OO). Service-directed testing are inspections as directed by the SECNAV or the CMC. It is used for SACC personnel, individuals involved in the collection and shipment of urine samples, security personnel, reenlistments, PCS/TAD/leave check-ins, and parolees. Testing dates will be randomly selected. Samples collected from Marines involved with the collection and shipment of urine cannot be shipped in the same batches that they were responsible for collecting. Their samples must be collected and shipped separately by other qualified individuals.

j. Urine specimens must be collected in full view of a designated observer; strict chain-of-custody requirements shall be established on the urine sample bottle to protect the individual.

2. Urinalysis Sample Retest

a. When a sufficient quantity of a specimen is available to permit retesting, the drug-screening laboratory will conduct a retest:

(1) When requested by the submitting command,

(2) When requested by an administrative board under rules applicable to the board; or

(3) Upon order of a court-martial under rules applicable to the court-martial.

b. Marines may request a retest at a civilian laboratory approved by DoD at their expense when a sufficient quantity of the specimen is available to permit retesting. This is accomplished by the Marine making a written request through his/her chain-of-command to the military drug-screening laboratory that tested his\her urine sample. The Marine must identify in the request an approved civilian laboratory that will do the analysis. The Navy Drug Screening Laboratories can provide the individual with an up-to-date listing of approved civilian laboratories.

c. The drug-screening laboratory will retain chain-of-custody documents and other paperwork on file for two years. The laboratory will retain positive specimens in frozen state for one year and then discard unless otherwise requested by the submitting command to retain the specimen for an additional period of time.

3. Expert Witnesses. Adjudication of a drug positive specimen may require the testimony of an expert witness. Expert witnesses required for testimony on the forensic testing process conducted in urinalysis will be requested from the nearest DoD-certified drug testing laboratory. In the case of a special circumstance regarding the integrity of the specimen (e.g., tampering, adulteration), where the processing laboratory personnel are required, commands may request an expert witness from the laboratory that conducted the urinalysis. Commands shall be responsible for ensuring all arrangements are provided for expert witnesses.

4. Medical Review Process for Opiate Positives

a. The Navy Environmental Health Center (NAVENVIRHLTHCEN) reviews all morphine and codeine (opiates) test results for statistical purposes.

b. Laboratory confirmed positive specimens are reported to both the submitting command and NAVENVIRHLTHCEN. The Laboratory Report of Urine Sample Tests message will contain a statement that the opiate positive urine specimens have been referred to NAVENVIRHLTHCEN for medical review.

c. A Medical Review Officer (MRO) at NAVENVIRHLTHCEN will make contact with the unit by naval message or speed letter to begin the review process. Guidance for the medical review process will be provided in the MRO message.

d. Commands will be notified of the final results.

5. Urine Collection

a. Commanders will designate in writing responsible individuals as the urinalysis coordinators and observers.

b. The Urinalysis Coordinator will ensure that all materials and personnel are ready for the collection and accountable for the collection site security and urine specimens.

c. Coordinators shall:

(1) Ensure that the Marine(s) present picture proof of identity (e.g., military ID card) and will verify the Marine's social security number on the bottle against the proof of identity. This proof of identity will be retained by the coordinator upon issuing the specimen bottle and, if practical, should be placed in the empty bottle box slot until the specimen bottle is returned after collection. The proof of identity will be returned to the Marine upon completion of the collection process.

(2) Prepare a gummed label for each bottle with the following information:

(a) Date of collection (YEAR/MONTH/DAY).

(b) Batch number (locally derived 4-place alphanumeric code assigned to each batch of 12 specimens or portion thereof).

(c) Specimen (sample) number (predetermined two-digit sequential numbers assigned to each individual specimen in a batch).

(d) Individual's social security number (use all digits).

(e) Testing premise.

(f) Initials of member providing specimen.

(g) Coordinator's initials.

(3) Attach gummed label to bottle (never put the individual's grade, name, or signature on the label).

(4) Maintain a urinalysis ledger (using Federal Supply System Record 7530-00-222-3525) documenting all test specimens collected with their identifying information as indicated below. Vertical lines will be drawn to separate the information below:

(a) Date of collection (TIME/YEAR/MONTH/DAY). Note: Each sample must have the same date per batch number.

(b) Batch number.

(c) Specimen number.

(d) Individual's social security number.

(e) Testing premise.

(f) Printed name and signature of member providing specimen.

(5) Ensure the Marine validates the urine specimen bottle. The Marine will verify the identifying information on the label by signing the ledger, initialing the label, and initialing the tamperproof tape on the bottle top with the initials of the name used in the ledger signature. If the Marine refuses to sign, verification of the specimen may be done (signed and initialed) by the observer and witnessed by the coordinator.

(6) Ensure the specimen bottle contains a minimum volume of 30 milliliters (approximately one-third full).

(7) Initial the label and transcribe the appropriate information to the Specimen Custody Document - Drug Testing, DD Form 2624.

(8) Ensure the Marine submitting the urine specimen places tamper resistant tape across the cap of the urine specimen bottle. The ends will be affixed over the bottle label edges. The tape is transparent and will not obliterate any portion of the label. If the tape is improperly affixed to the bottle the Marine will transfer their own urine specimen into another unopened specimen bottle, under the direct observation of the observers, and repeat the process.

(9) Complete a specimen custody document for each batch of specimens at the end of the collection. Only DD Form 2624 (NSN 0102-LF-016-7600) will be used for submission of urine specimens.

(10) Using the ledger and an official listing of the names and social security numbers of members, the bottles will be checked to verify that the information is correct.

(11) Prepare specimens for shipment as follows:

(a) Ensure that each bottle is enclosed in a leak proof secondary container.

(b) Ensure that each secondary container contains sufficient absorbent material to absorb the entire specimen contents in case of leakage.

(c) Enclose the original and one copy of DD Form

2624 for each batch in a waterproof mailer, then insert the mailer into the shipping container box with the specimens.

(d) Ensure that each shipping container has the coordinator's signature over the seal to ensure integrity of specimens. This requirement applies to all methods of transportation including hand-carried specimens.

(e) Ensure that each specimen collected is forwarded for testing expeditiously.

(f) Ensure each specimen container is clearly marked on the outside "Clinical Specimen - Urine Samples."

d. The observer must be thoroughly familiar with all urinalysis collection procedures. Observers shall:

(1) Be the same sex as the Marine providing the specimen.

(2) Witness the complete specimen collection process (urinating into the specimen bottle, placing the lid on the bottle, and delivering the bottle to the coordinator).

(3) Sign the urinalysis ledger certifying that the specimen bottle contains urine provided by the Marine and there was no opportunity for substitution or adulteration.

e. Should a Marine be unable to provide a specimen during the prescribed collection period or arrive after the collection period, the sample collection process will not be postponed. The coordinator will inform the Marine's Commanding Officer who will determine a collection time for those individuals.

f. Specimens provided by female Marines may be collected in medical specimen containers (NSN 6530-00-8370-7472) but must be transferred to the standard bottle for processing. This transfer will be done by the Marine providing the specimen in view of the observer.

g. If a Marine submits less than 30 milliliters (one-third full), it is permissible to require the Marine to remain in a controlled area, under observation, and to drink fluids normally consumed in the course of daily activity (e.g., coffee, water,

soda) until such time as the Marine is able to provide a specimen, or the balance of an incomplete specimen. In the case of an incomplete specimen, the unit coordinator will maintain custody of the incomplete specimen and designate an observer to witness that the bottle remains on the collection table until the given collection time has ended. If the member cannot provide the balance of the specimen in the same bottle at the end of the collection period, the bottle will be labeled, sealed by the individual and sent to the DoD certified laboratory with the collection. The urinalysis ledger will be annotated in the remarks that the specimen had, "minimum volume." No Marine Corps specimens will be discarded from a collection due to insufficient volume.

19. Instructions for the DOD Specimen Custody Document Drug Testing (DD Form 2624)

a. DoDInst 1010.16 requires all Services to use a standard chain of custody form. Marine Corps urinalysis collection will use DD Form 2624 SPECIMEN CUSTODY DOCUMENT - DRUG TESTING to document all specimens submitted for urinalysis. SACO and urinalysis coordinator training and assistance in completing this form can be obtained through the SACC. The NSN for DD Form 2624 is 0102-LF-016-7600.

b. Do not mark in areas labeled alphabetically and beyond the heavy black line. These are reserved for laboratory use only. Provide information from the ledger in the numbered blocks only. An abbreviated list of block information is provided on the backside of the form. Coordinators should follow the directions below in completing DD Form 2624:

(1) Block 1: SUBMITTING UNIT (front side). Use the Navy Message Plain Language Address (PLA) of submitting unit. SACO's should put the command phone number at the bottom of block.

(2) Block 2: ADDITIONAL SERVICE INFORMATION. Message address PLA of second echelon commander to whom submitting unit reports administratively. Every DD Form 2624 will include the PLA "CMC WASHINGTON DC//MRO//" in this block.

(3) Block 3: BASE/AREA CODE. Starting from the left block, enter the command MCC.

(4) Block 4: UNIT IDENTIFICATION CODE (Reporting Unit Code). In the left block that is separate from the other five blocks, type or print "M." Enter RUC of unit submitting specimen in the remaining five blocks.

(5) Block 5: DOCUMENT/BATCH NUMBER. A four digit alphanumeric code generated by the collection record log at the submitting unit (example:UD01). Each batch of 12 bottles (or a number of bottles less than 12) will be assigned a separate local batch number to assist in identifying submitting unit specimens.

(6) Block 6: DATE SPECIMEN COLLECTED. This will be the date the samples were collected, only one date per batch. Enter the year as a four digit number in the YYYY blocks, the month as a two digit number in the MM blocks, and the day as a two digit number in the DD blocks (place a zero in the left block if month or day is single digit number), e.g., 1995 02 03.

(7) Block 7: SPECIMEN NUMBER. Use the pre-printed numbers on the form to itemize bottles. The form is made to hold the maximum of 12 specimen numbers.

(8) Block 8: SOCIAL SECURITY NUMBER (SSN). Enter the specimen bottle SSN in the number sequence that corresponds to the specimen number in block 7.

(9) Block 9: TEST PREMISE. Enter the premise code that indicates the reason for collection. DD Form 2624 requires two letter premise codes as specified in this Manual.

(10) Block 10: TEST INFORMATION. Not applicable to Marine Corps (leave blank).

(11) Block 11: PRESCREEN (field-testing). Not applicable to Marine Corps (leave blank).

NOTE: IF THE LINE ENTRY OF INFORMATION IN BLOCKS 7 THROUGH 10 HAS ERRORS OR WILL NOT BE SUBMITTED AS PART OF THAT BATCH, THE ENTRY MUST BE VOIDED. TO VOID THE ENTRY, A BLACK LINE WILL BE DRAWN FROM THE LEFT BORDER OF ERRONEOUS LINE IN BLOCK 7 MIDWAY BETWEEN THE TOP AND BOTTOM LINES ACROSS BLOCKS 8,9, AND 10. THE COORDINATOR WILL TYPE OR PRINT THE WORD "VOIDED" WITHIN THE

ENTRY AND INITIAL AT THE RIGHT END OF THE DRAWN LINE. ONLY THE REMAINING VALID ENTRIES WITH THEIR CORRESPONDING BOTTLES WILL BE SUBMITTED AS THAT BATCH. (ALL SAMPLES THAT ARE COLLECTED WILL BE SUBMITTED FOR TESTING.)

(12) Block 12: SIGNATURE AND CHAIN-OF-CUSTODY (back side). Coordinators should use block 12 (a) and (b) to document the initial chain of custody person, i.e., the coordinator. Block 12 (c) will be completed when transfer occurs to CSACC or other shipment status is known, e.g., Shipped U.S. Mail. If additional transfers of custody take place, each transfer must be documented in block 12 until shipment is delivered at the laboratory.

(13) Batch discrepancy codes in paragraph 3 are to be used only by the lab to inform the submitting unit of collection, shipping, and/or specimen processing problems. The bottle discrepancy codes will appear in block G.

20. Shipment. The primary modes of shipment will be through regular U.S. Postal Service mail or direct hand delivery. There is no requirement for the U.S. Postal Service to sign for the shipment. Acceptance into the U.S. Postal Service should be noted on DD Form 2624 retained by the coordinator. If the shipment requires a DD Form 1384 (Transportation Control and Movement Document), indicate a "priority one" on the form. On the U.S. Government Bill of Lading, the shipment is "priority one" indicated in the "description of contents" block. On the DD Form 2624, the coordinator will enter one of the modes below in Block 12(d) on the original copy.

a. "Released to U.S. Postal Service." NOTE: Registered mail is not recommended.

b. "Released to (Marine's grade/name) to hand-carry to drug testing laboratory." NOTE: Marine will sign block 12(c) of the Urine Specimen Custody Document upon receiving the specimens.

c. In the event that boxes of specimens from several commands are to be collected at a central collection point for shipment, the actions described above will be performed by the collection point coordinator after signing the Specimen Custody Document in block l2(c) and providing a copy to the unit coordinator.

d. Urine specimens do not require refrigeration or freezing before shipment, but should be shipped as soon as possible after collection or provided with incontestable security and chain of custody measures while awaiting shipment. All specimens collected will be shipped for testing.

21. Drug Testing Laboratories. All Marine Corps units shall use DOD-certified Navy Drug Screening Laboratories (NDSLs) to detect drug presence.

a. Units east of the Mississippi River and all overseas commands (except WestPac commands) will submit their urine samples to NDSL Jacksonville, FL.

b. Units west of the Mississippi River and WestPac units will submit their samples to NDSL San Diego, CA.

c. Navy Drug Screening Laboratories at the following locations:

Commanding Officer
Navy Drug Screening Laboratory
34425 Farenholt Avenue Suite 40, Bldg 26-2b
San Diego, CA 92134-5298
MSG PLA: NAVDRUGLAB SAN DIEGO CA//00//

Commanding Officer
Navy Drug Screening Laboratory
Naval Air Station
Jacksonville, FL 32212-0113
MSG PLA: NAVDRUGLAB JACKSONVILLE FL//00//

22. Anabolic Steroid Testing. Possession or trafficking of anabolic steroids by Marine Corps personnel is prohibited and considered a violation of Article 112a of the UCMJ, except as prescribed by a physician for therapeutic purposes and recorded in the Marine's medical record.

a. Collection of suspected anabolic steroid urine will follow the procedures and documentation required for normal drug urine collection in the Marine Corps program. Steroid testing is not limited to random testing. Commanders may collect specimens under other premises.

b. Before the urine specimen(s) are collected, commands must contact the laboratory below via phone to ensure the laboratory can accept the specimen(s) and arrange for payment. Only after these items are completed, will a command send the specimen(s) to the laboratory. The cost of the anabolic steroid testing will be paid out of local Drug Demand Reduction funds. Commands are authorized direct liaison with the laboratory to coordinate shipping and analysis of urinalysis specimen(s). Each specimen(s) that is collected will be forwarded for testing expeditiously to:

University of California, Los Angeles
UCLA Olympic Analytical Laboratory
Department of Pharmacology
2122 Granville Ave. Los Angeles, CA 90025
(310) 260-9077

23. A total leadership effort with full participation of all officers, staff noncommissioned officers, and noncommissioned officers is required to effectively counter drug abuse. Testing should NEVER be conducted:

a. On a predictable schedule;

b. On a specific day each month;

c. Immediately following the receipt of collection bottles by the coordinator;

d. With a policy to delete personnel from a test because they may have been previously tested under random or another premise; or

e. Coincident with specific or periodic musters.