



DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS MARYLAND 21402-1300

USNAINST 1734.1C
1/MDC

20 MAR 2012

USNA INSTRUCTION 1734.1C

From: Superintendent

Subj: MIDSHIPMEN DEVELOPMENT CENTER

Ref: (a) Middle States Association of Colleges & Schools, Standards for Accreditation (NOTAL)
(b) Surgeon General's Policy Letter dtd 23 May 11
(c) BUMEDINST 6320.66E
(d) BUMEDINST 6320.67A
(e) BUMEDINST 6010.17B
(f) NHCANNAINST 6010.17A
(g) NHCANNAINST 6320.11B
(h) NHCANNAINST 6320.9J
(i) NHCANNAINST 6320.15A
(j) DOD Instruction 6025.13
(k) OPNAVINST 6320.7A
(l) DOD Directive 6490.1
(m) SECNAVINST 5211.5E
(n) DOD Directive 6495.01

Encl: (1) MDC Peer Review Worksheet
(2) MDC Dietician Peer Review Worksheet

1. Purpose. To publish policy, mission, procedures, and responsibilities regarding the operation of the Midshipmen Development Center (MDC), U.S. Naval Academy (USNA).

2. Cancellation. USNAINST 1734.1B. No special markings appear in this instruction as changes are extensive.

3. Background. Reference (a) requires all accredited institutions of higher learning provide personal counseling and related clinical services. Midshipmen face a range of taxing challenges while at the Naval Academy, and some find that consultation with a professional counselor improves their responses, decisions, and overall quality of life. Faculty and staff responsible for the development of Midshipmen may refer an individual to the counseling center when they believe the Midshipman would benefit from personal counseling, or may wish to consult with psychologically trained professionals on how to help resolve issues that have been relayed by Midshipmen. Additionally, there are times when the faculty and staff of the Naval Academy benefit from specialized training on psychological, emotional, and developmental issues. It is essential that the Naval Academy maintain a designated counseling center staffed by professionally trained clinicians with the sole purpose of providing these services.

4. Policy. The MDC is a nonmedical, student services unit designed to support the development of Midshipmen and the mission of the Naval Academy. The MDC provides clinical (Midshipmen only), consultation, and training services at the request of Midshipmen or members of the Naval Academy faculty and staff. This instruction directs the organizational structure and operational guidelines of the MDC.

5. Mission. The MDC exists to promote and enhance the adjustment, well being, and development of Midshipmen, and to provide psychological consultation and training to the Naval Academy faculty and staff responsible for Midshipmen development, while respecting Midshipmen diversity in terms of gender, race, sexual orientation, and culture.

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6. Chain of Command. The MDC Director reports to the Commandant of Midshipmen, who is responsible for all oversight functions, including submission of fitness reports. The Commandant should evaluate MDC operations with the aid of independent accreditation organizations and the MDC Performance Improvement Committee. At the end of each academic year, the MDC Director shall submit to the Superintendent, via the Commandant, an annual report detailing the activities of the MDC during the previous academic year. This report should include information on the level and nature of services provided, significant trends noted, annual goals and whether or not they were met, and a chronology of other important events.

7. Appointment of a Medical Liaison Officer (MLO). The Commanding Officer (CO), Naval Health Clinic Annapolis (NHCA), shall appoint a privileged mental health provider as the MLO to the MDC. The presence of the MLO is not directive, but supportive in nature, and represents an occasion for an enhanced relationship between the staffs of the MDC and NHCA. The role of the MLO is to:

- a. Establish and maintain open communications between NHCA and MDC.
- b. Meet with the MDC staff as needed to discuss cases and other common issues, and to provide a presence for medical referral concerns.
- c. Participate in the medical review of MDC cases to assess the appropriate referral of clients designated as "medical referrals" versus those retained within the MDC for counseling. This medical review is to be chaired by the Brigade Medical Officer (BMO).
- d. Following referral to NHCA Mental Health, assume medical management of cases that are beyond the scope of care of the MDC.
- e. Review cases when there is a question of a Midshipman's suitability for commissioning, and assist with further evaluation and appropriate disposition, as needed.
- f. Serve on the MDC Performance Improvement Committee.

8. Credentialing and Privileging of MDC Providers

- a. The CO, NHCA, grants defined privileges to healthcare providers at the MDC in compliance with references (b) through (g).
- b. The Individual Credential Files (ICF) are located in the NHCA Medical Staff Services Office and will be maintained according to references (c) and (g).
- c. If a provider's competence is questioned, their performance should be reviewed per references (c) and (e) through (h).
- d. Any adverse credentialing actions, Fair Hearing, Peer Review, or appeal process will comply with reference (d).
- e. All health care providers (active duty, civilian, or contract) assigned to or employed at MDC will apply for clinical privileges at NHCA, as directed per reference (b). If approved, the CO, NHCA, will confer the appropriate staff membership with accompanying clinical privileges. Once granted staff membership at NHCA, the military mental health providers assigned to MDC will participate in the NHCA Duty Mental Health Watch.
- f. Per reference (f), new privileged providers assigned to the MDC shall be monitored clinically by the MDC Director and a completed Focused Professional Practice Evaluation (FPPE) shall be forwarded to the NHCA Medical Staff Services Office for filing in the individual provider's Clinical Activities File (CAF). An Ongoing Professional Practice Evaluation (OPPE) should be completed every eight months for each provider and forwarded to the Medical Staff Services Office.

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g. Per references (h) and (i), peer review for each privileged provider shall be submitted to the Medical Staff Services Office quarterly for review by the NHCA Executive Committee of the Medical Staff (ECOMS). Clinical Psychologists and Social Workers shall review 15 patient encounters per quarter using enclosure (1). The Nutrition/Dietician provider shall submit reviews for 15 encounters per quarter using enclosure (2).

9. Performance Improvement

a. The MDC Performance Improvement Committee is tasked by the Commandant to ensure that all MDC providers and MDC services to the Brigade of Midshipmen, faculty, and staff meet the highest professional standards and comply with all relevant directives.

b. The MDC Performance Improvement Committee's activities will comply with applicable Department of Defense and Chief of Naval Operations guidelines as defined in references (j) and (k).

c. The MDC Director is appointed the MDC Performance Improvement Committee Chairperson. Committee membership also includes the MLO, all MDC staff members, and other healthcare providers assigned to the Naval Academy, as directed.

d. The Committee should conduct appropriate research to measure and improve the effectiveness and quality of services, and at a minimum, shall review MDC activities at least three times a year: following Fourth Class Regiment and after the fall and spring semesters. The Committee should conduct prospective monitoring (e.g., peer reviews, tracking of significant clinical events, and review of long-term cases) and retrospective oversight (e.g., client satisfaction surveys) as needed to ensure high-quality service. The results of Committee monitoring activities will be used in the periodic renewal of privileges for MDC providers.

10. MDC Accreditation. To verify that the activities, procedures, and services of the MDC meet the accepted standards of practice for college counseling centers, the MDC shall comply with the standards for college counseling centers published by the International Association of Counseling Services (IACS), Inc.

11. Emergency Mental Health Evaluations. If there is known or suspected suicidal behavior, emergency medical services must be activated immediately. All Midshipmen needing emergency Mental Health Evaluations shall be referred to MDC or NHCA for initial screening and disposition. MDC providers receiving emergency referrals shall notify the MLO and/or the BMO to obtain medical guidance and facilitate coordination of services. The Duty Healthcare Provider, NHCA, receives emergency referrals occurring outside of normal working hours or when a MDC provider cannot be contacted. The Duty Healthcare Provider should contact the Mental Health Watch Officer in accordance with NHCA directives.

12. Command Directed Mental Health Evaluations

a. Reference (l) affords certain rights to active duty personnel who are ordered by their Commanding Officer for a Mental Health Evaluation. When circumstances suggest the need for an emergency evaluation, the referral is made and documentation as to the basis for the referral is provided after the fact.

b. All command directed referrals shall be discussed with the MDC Director for initial screening and disposition. The actual evaluations will be conducted at MDC or referred to Mental Health, depending on the nature and circumstances of the problem.

13. Medical Referrals from MDC

a. If an MDC staff member determines that a Midshipman is in need of medical evaluation or services, a referral is made to the BMO and/or the MLO for coordination of higher level care. Once a referral to a Medical Treatment Facility (MTF) is made, the responsible MTF staff will determine the need for ongoing medical care of the Midshipman. Follow-up care and services can be provided by NHCA Mental Health or the MDC staff with the concurrence of the MLO.

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b. All significant mental health disorders should be referred to NHCA Mental Health, with the results becoming a part of the Midshipman's permanent health record and the MDC client file. A significant mental health disorder is one that results in impairment to such a degree that a Midshipman's ability to adhere to the demands of academy life is jeopardized. Once a Midshipman has been seen at the MDC for 10 counseling sessions, the case shall be reviewed by the MDC Director for evaluation of appropriate level of care and potential transfer to NHCA Mental Health for further treatment and/or documentation in the medical record. EXCEPTION: Those Midshipmen diagnosed with an eating disorder and under the care of the Eating Disorders Treatment Team (EDTT) may remain in the MDC for follow-up treatment with the concurrence of the MLO.

14. Continuity and Coordination of Care Policy. Every Midshipman seen at the MDC is assigned to a primary provider. The MDC client file documents the current primary provider responsible for the overall coordination and provision of services provided by the MDC. When the primary provider is not privileged for independent provision of mental health services, the MDC Director will designate a fully privileged supervisor with overall responsibility for clinical services provided. When a Midshipman is either participating in a command-directed medical treatment program (e.g., for alcohol dependence) or is deemed to require medical referral, the MDC primary provider will coordinate medical services.

15. Management of Information. In general, information about MDC clients may not be shared with persons, offices, or organizations outside of the MDC that are not directly involved with the client's care and/or have an official need to know the information. When information is shared, it is the MDC Director's responsibility to ensure the obligations and limitations on privacy and confidentiality of client information and records that are imposed by Department of Defense policies are followed.

a. Privacy Act. Reference (m) outlines the Department of the Navy Privacy Act Program. Consistent with reference (m), each interaction between a Midshipman and a provider at the MDC is recorded in a MDC client file. This client file is property of the United States Government and may represent privileged communication. Access to this file by third parties is allowed when required by law, regulations, or judicial proceeding. Clients will sign a Privacy Act Statement prior to receiving services at MDC to indicate their understanding of the laws.

b. Limits to Confidentiality. Limits to confidentiality will be discussed with every Midshipman who seeks clinical services at MDC. Midshipmen will sign a Confidentiality Statement prior to receiving clinical services to indicate their understanding of these limits, include:

(1) If a Midshipman threatens to harm themselves.

(2) When a provider believes that a Midshipman is threatening serious bodily harm to another, protective actions are required. It is the provider's duty to disclose and act upon that information. These actions may include notifying the potential victim, contacting the police, contacting the chain of command, or seeking hospitalization for the Midshipman.

(3) When there is reasonable suspicion of a child or a vulnerable adult being abused, the provider may be required to file a report with the appropriate state agency.

(4) Concerns about a Midshipman's suitability for commissioning will be discussed with the MLO and/or the BMO (e.g., when a Midshipman's symptoms meet criteria for a diagnosable mental health disorder). A psychological evaluation appointment at NHCA Mental Health may be requested for further evaluation and/or treatment, as needed.

(5) If a recent or past sexual assault (since a Midshipman's reporting to USNA) is reported, the Sexual Assault Prevention and Response Office (SAPRO) will be contacted to report the assault as per reference (n), and SAPRO personnel will take over assisting the Midshipman in dealing with the assault.

(6) Files are subject to review in criminal and military justice cases.

(7) For security clearance investigations.

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c. Peer Review. It is important to note that other medical professionals will routinely review some records to ensure the highest standards of professional care are being maintained. These professionals will respect the confidentiality of the records.

d. Handling of Case Files and Retention of Records. Client records may not be allowed to leave the MDC, and adequate safeguards must be taken in the MDC to ensure that the privacy of clients is maintained. All hard copy case files will be kept in locked, central file cabinets with routine access restricted to the MDC staff and the MDC Performance Improvement Committee members. All electronic records are kept on a password protected secure database maintained by the Information Technology (IT) Department. As cases are closed, termination notes are entered into the MDC record and retained for seven years.

e. Medical Referrals. When Midshipmen are referred for evaluation and/or treatment at a medical facility, documentation of these visits will become a part of their permanent health record. Similarly, when beneficiaries are evaluated and treated by MDC providers when they are serving as Mental Health Watch Officers, documentation will comply with medical charting guidelines. All original documentation will be forwarded to NHCA Mental Health and copies will be maintained in MDC files as needed.

16. Psychological Consultation

a. Direct Consultation to USNA Staff. MDC privileged staff serve as consultants on the psychological, emotional, and developmental needs of Midshipmen. They specifically serve as consultants to the faculty, the Commandant, the Commandant's Staff and Special Assistants, and particularly the Battalion and Company Officers.

b. Coordination of USNA Services. MDC staff will also maintain liaison and coordinate with other support services available to Midshipmen at the Naval Academy, including Mental Health, Chaplains, the Academic Center, Alcohol and Drug Education Officer, and Character Development Department.

c. Coordination of External Resources. To expand the range of available services provided at MDC, MDC staff may access a variety of mental health and social services outside of the Naval Academy, including the Fleet and Family Support Center (FFSC) and other community agencies. When these resources are used, the services will be provided on a consultant basis under the coordination of MDC. Consultant personnel shall comply with all pertinent MDC and USNA policies and procedures regarding the management of Midshipmen (e.g., limits of confidentiality, disclosures to the media, etc.). Similarly, all referrals by MDC staff for further services for Midshipmen must be approved by the MDC Director.

d. Support to Families of Midshipmen. MDC staff will be available to the families of the Midshipmen for general information and consultation, within the MDC limits of confidentiality. Information regarding a Midshipman's clinical diagnosis and/or treatment shall not be disclosed to parents without the express written permission of the Midshipman.

e. Outreach. MDC provides training and outreach, as needed. These services include, but are not limited to: eating disorders awareness and information dissemination, suicide awareness training and consultation, sports and performance enhancement consultation, diet and nutritional counseling and education, and grief counseling.

17. Action

a. Commandant of Midshipmen. The Commandant shall oversee and evaluate all activities of the MDC.

b. Director, Midshipmen Development Center

(1) Responsible for program implementation; the coordination of clinical, consultation and training services; and the routine operation of the MDC.

(2) Ensure the MDC complies with standards set forth by the International Association for Counseling Services, Inc.

(3) Establish and maintain liaison with the Superintendent, Commandant, Academic Dean and Provost, Registrar, Command Chaplain, Division Directors, BMO, and their respective staffs.

(4) Ensure all Midshipmen seen at the MDC are psychologically fit and suitable for duty prior to commissioning. Those Midshipmen with potential suitability for commissioning issues will be referred to NHCA Mental Health and/or the BMO for further medical evaluation.

(5) Serve as the Chairperson of the MDC Performance Improvement Committee.

c. Senior Academic Psychologist. The Senior Academic Psychologist will supply privileged psychologists to provide clinical services and to be members of the MDC Performance Improvement Committee, as directed.

d. Commanding Officer, NHCA Annapolis

(1) Appoint an MLO and ensure participation and cooperation of the MLO with the MDC.

(2) Assist in the credentialing and privileging of clinical providers at MDC as directed by references (b) through (g).

e. Medical Liaison Officer

(1) Facilitate open communication and coordination between NHCA and MDC staffs.

(2) Review cases with medical concerns and assume medical management of Midshipmen seen at MDC for counseling, as appropriate.

/s/
S. S. VAHSEN
Chief of Staff

Distribution
All Non-Mids (electronically)

20 MAR 2012

MDC PEER REVIEW WORKSHEET

Review period: (JAN-MAR) (APR-JUN) (JUL-SEP) (OCT-DEC) Year: 20__

Provider: _____ Specialty: _____

Reviewer: _____ Specialty: _____

Score:	n/a = Not Applicable 2 = Satisfactory/Care Appropriate 1 = Satisfactory (Minor deficiencies, care not compromised) 0 = Unsatisfactory (Major deficiency, care potentially compromised)	All Scores of "0" and "1" must be addressed in the comments section.
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	Date of Note:				
Record# = Last Name Initial and Alpha No.	Record #:				
Date of visit					
Signed Informed Consent in electronic chart?					
Referral source, reason for referral?					
Summary of current complaints (pertinent to reason for referral)?					
Habits documented (alcohol, sleep, exercise, etc)?					
Past history adequate for specific case?					
Medical issues adequately addressed?					
Formal risk assessment conducted (SI/HI); and safety plan documented if at increased risk?					
Mental Status Exam, including assessment of suicidality/homicidality; adequate for specific case?					
Diagnostic impressions consistent with data?					
Treatment plan consistent with clinical impression?					
Disposition and follow-up appropriate, meeting basic standard of care?					
Clients w/potential commissioning concerns appropriately documented and referred to higher level of care?					
Intake and follow-up notes completed in a timely fashion as per MDC SOP?					
Non-credentialed providers have all notes reviewed and signed by credentialed provider?					
Termination note in e-chart for >3 sessions?					
Reviewed chart meets basic standard of care?					

Comments (use reverse if additional space needed):

Reviewers Signature: _____ Date: _____

Providers Signature: _____ Date: _____

All Reviews Must Be Completed Within 4 Business Days Of Assignment

20 MAR 2012

MDC DIETITIAN PEER REVIEW WORKSHEET

Review period: (JAN-MAR) (APR-JUN) (JUL-SEP) (OCT-DEC) Year: 20__

Provider: _____ Specialty: _____

Reviewer: _____ Specialty: _____

Score:	n/a = Not Applicable 2 = Satisfactory/Care Appropriate 1 = Satisfactory (Minor deficiencies, care not compromised) 0 = Unsatisfactory (Major deficiency, care potentially compromised)	All Scores of "0" and "1" must be addressed in the comments section.
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	Date of Note:				
Record# = Last Name Initial and Alpha No.	Record #:				
Date of visit					
Chief complaint noted					
Diet/weight history					
Activity level					
Medications/nutrient supplements					
Food allergies/intolerances					
Medical/surgical history					
Diagnosis/reason for visit					
Age/gender					
Anthropometric measures					
Pertinent laboratory values					
Assessment of weight					
Assessment diet/nutrition status					
Assessment of nutrient/caloric educational needs/requirements					
Documentation of care/counseling and handouts provided					
Recommended dietary adjustments					
Patient's level of motivation/readiness for behavioral change					
Follow-up plans					
Care provided appropriate					
Entries legible					
HCP signature and stamp used					
Chart meets standards of care					

Comments (use reverse if additional space needed):

Reviewers Signature: _____ Date: _____

Providers Signature: _____ Date: _____

All Reviews Must Be Completed Within 4 Business Days Of Assignment