



DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY NAPLES ITALY
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NAVSUPPACT NAPLES INSTRUCTION 5354.1

From: Commanding Officer, U.S. Naval Support Activity Naples, Italy

Subj: COMMAND RESILIENCE TEAM HUMAN FACTORS COUNCIL

Ref: (a) Cultural Champion Network Quick Reference Guide
(b) Information Management Guidance Command Resilience Team Human Factors Council of October 2020
(c) DoD 6025.18-R, DoD Health Information Privacy Regulation, January 2003
(d) Privacy Act of 1974
(e) Health Insurance Portability and Accountability Act of 1996, 21 August 1996
(f) OPNAVINST 6520.1A
(g) NAVADMIN 318/20
(h) NAVADMIN 329/20
(i) NAVADMIN 332/20

Encl: (1) Resilience Toolkit Example
(2) Command Resilience Team Human Factors Council Non-Disclosure Document

1. Purpose. This instruction establishes policy and procedures for the Command Resilience Team Human Factors Council (CRTHFC) on U.S. Naval Support Activity (NAVSUPPACT) Naples, Italy per references (a) through (i). This policy provides a formalized process for command leadership to use human factors to assess the risk to assigned personnel.

2. Process Policy. The command will conduct a CRTHFC meeting to facilitate the early identification of "at risk" Sailors and create effective, holistic risk management plans to mitigate adverse outcomes and improve individual and force readiness. This will happen as soon as possible when a Sailor or factor is identified, or at a minimum, quarterly. Human factors can play a significant part in a mishap or adverse event, supervisors and peers are often aware of isolated events, but may not have the whole picture. A command CRTHFC is organized for the purpose of providing the CO with the most complete picture possible of at-risk personnel to prevent adverse events.

3. Applicability. This instruction applies to all personnel assigned to NAVSUPPACT Naples.

4. Action. The command will establish a CRTHFC to review the human factors known about Sailors that may affect their performance. These factors may be physiological, psychological, social, or professional. Examples include medical conditions and qualifications, psychological and emotional stressors, interpersonal relationships, financial challenges, performance trends, training and motivational factors. CRTHFCs are convened to provide the Commanding Officer (CO) a better understanding of the overall well-being of personnel, the climate of the command, and to recommend risk mitigation plans when appropriate.

a. Per reference (a), continuous, proactive involvement by Engaged Deckplate Leaders (EDLs) at all levels is essential to identifying and mitigating stressors that impact the daily lives and performance of Sailors onboard NAVSUPPACT Naples.

b. At the CRTHFC, leaders will collectively assess individuals and gain a more thorough understanding of their overall well-being and needs.

c. Prior to a regularly scheduled CRTHFC (quarterly), leaders will use the Resilience Toolkit, enclosure (1), which focuses on Sailor readiness by increasing awareness of resilience indicators and potential at-risk behaviors as a tool to review unit personnel. There is no exact formula to determine an "at risk" Sailor. That determination will be decided based on the severity of each case at the discretion of the immediate chain of command. The key intent is that EDLs recognize and intervene early when stressors and risky behaviors first develop to interrupt the chain of events that can lead to an adverse outcome. Sailors identified as "at risk" may be referred to the CRTHFC.

5. Procedures

a. CRTHFC Meetings

(1) CRTHFC meetings will be regularly scheduled on a quarterly basis or as required and are non-punitive in nature. Many leaders on the CRTHFC will already have in-depth knowledge of the Sailor under review.

(2) Sexual assault victims, alleged offenders, and the sexual assault cases must not be discussed via the CRTHFC process. These cases are managed in a different forum.

(3) EDLs and CRTHFC members will be held accountable under references (a) through (i) to ensure the continued privacy and confidentiality of information discussed at the CRTHFC. Detailed examination of sensitive personal or professional matters in a large group is neither intended nor appropriate. When such matters arise, the CO may defer detailed discussion to a more appropriate forum.

b. CRTHFC members must include:

(1) Chairman who will be the CO, Executive Officer (XO) or his designee

(2) Command Master Chief (CMDCM)

(3) Staff Judge Advocate (SJA)

(4) Medical Officer or Independent Duty Corpsman. This individual will be in possession of health-related information protected by the Health Insurance Portability and Accountability Act (HIPAA) and will disclose only the minimum necessary amount of information needed to allow the CRTHFC to develop an assessment of the Sailor. Description of the impacts on duty or mission, potential for impact to duty or mission, recommended duty restrictions, and expected return to full duty are the only HIPAA information items that can be discussed.

(5) Command Climate Specialist (CCS)

(6) Command Chaplain

(7) Individual Sailor's Department Head (DH)

(8) CRTHFC may include subject matter experts as required:

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- (a) Drug and Alcohol Program Advisor
- (b) Sexual Assault Prevention and Response Victim Advocate
- (c) Fleet and Family Support Center
- (d) Suicide Prevention Coordinator
- (e) Additional departmental leadership, entities, or members as the situation requires

c. DHs and Departmental Leading Chief Petty Officers (DLCPOs)

(1) DHs and DLCPOs will discuss Sailors who have concerning human factors deemed to be “at risk” (any issues that could impact work, personal life, finances, clearances, etc.) in accordance with this instruction.

(2) At a minimum, the DHs or DLCPOs will present each of their “at risk” Sailor’s cases to the CRTHFC. A way forward shall be communicated with an action oriented approach.

(3) Provide supporting documentation and avail themselves of all required internal and external Subject Matter Expert resources for support.

(4) Identify “at risk” Sailors and assign a mentor from the Departmental E7 or above leadership.

(5) Follow up with the Sailor post CRTHFC discussion to include the Sailor’s direct supervisor.

(6) Inform the CRTHFC panel who "has" them? Who is the leader that is the primary over-watch? (Psychologist, Medical, Chaplain, DH, or the DLCPO, etc.)

(7) Destroy all “at risk” materials and any notes are destroyed in an appropriate manner in accordance with this instruction.

d. Administration and Logistics

(1) Keep records created as a result of this instruction in confidence and do not use for disciplinary action.

(2) CRTHFC Lead will serialize and maintain hard-copy records generated as a result of this instruction. Absolutely no hard copies will be placed in the department’s or division’s records.

(3) CRTHFC members will be required to sign a non-disclosure agreement enclosure (2), to maintain confidentiality per reference (a).

(4) Reports, notes, materials, or other work-products will not be appended or made an enclosure, in whole or part, to any formal investigation (i.e. legal or safety investigation).

(5) Sailors being discussed will not normally be present at a CRTHFC. If a CRTHFC member is to be highlighted, they must excuse themselves to encourage a free and effective discussion. In the event a Sailor is recommended to the CRTHFC, upon completion of the discussion no notes discussed will be shared with anyone outside of the discussion.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at:
<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



J. W. STEWART

Releasability and distribution:

NAVSUPPACTNAPLESINST 5216.4DD

Lists: I and II

Electronic via NAVSUPPACT Naples web site:

<https://cnreurafcnt.navy.afpims.mil/Installations/NSA-Naples/About/Installation-Guide/Department-Directory/N1-Administration-Department/Instructions/>

RESILIENCE TOOLKIT EXAMPLE

How to Use the Resilience Toolkit

This Resilience Toolkit can be used as a tool for Engaged Deckplate Leaders (EDLs) to track potential risk factors of Sailors across their command. It should be used in conjunction with the Human Factors Process to help identify risk factors and promote positive Sailor growth. This tool can also help EDLs locate Command Resilience Team (CRT) members and resources that may be able to provide additional assistance. The Resilience Toolkit is not a replacement for good leadership, but rather a supplement to it.

Basic How-To
A drop-down menu is located next to each list of potential resilience indicators. Selecting "Yes" will display potential command and installation resources. EDLs may also insert notes and save the spreadsheet for use during

Resilience Indicators		Command Level Support	Installation Level Support	Resources Available	Staff Notes
Information is obtained through either organic conversation with the Sailor or via a collateral resource. This Resilience Toolkit should not be used to diagnose or report on a Sailor. Its purpose is to help leaders in guiding their Sailors toward appropriate resources.					
Relationship Concerns					
Separation or divorce					
Duty-related separation from family					
Recent break-up with a significant other	No				
Engaged in intimate partner abuse incidents as either victim or alleged offender					
Recent loss or serious illness of a loved one					
Legal/Disciplinary Concerns/Waivers					
Legal issues concerning dependents (spouse and/or children)					
Legal issues / disciplinary problems	No				
History of legal problems or subject of an investigation					
Performance/Waivers					
Passed over for promotion					
Unable to perform to his/her potential	No				
Out of compliance with Navy body mass index/high risk PHA/ PFA Failure					
Financial Difficulties					
Money-related issues that come to command attention (e.g. home foreclosures, car repossession, debt-to-income ratio, gambling, at risk of losing clearance)	No				

Behavioral Health Issues	Command Level Support	Installation Level Support	Resources Available	Staff Notes
Witnessed or received reports of abnormal behavior at work or off-duty	No			
Expressed lack of belonging/dissatisfied or feeling of hopelessness				
Displays anger, lack of self-control or engages in addictive behavior				
Demonstrates lack of ethical/moral compass (e.g., lack of integrity, loss of command confidence, not demonstrating Navy Core Values)				
Medical Concerns	Command Level Support	Installation Level Support	Resources Available	Staff Notes
Placed on Medical Hold	No			
Pending administrative or medical separation				
Moral injury resulting from traumatic event or killing in combat				
Substance Abuse/Misuse	Command Level Support	Installation Level Support	Resources Available	Staff Notes
Past or current substance abuse	No			
Abuse or misuse of prescription drugs (e.g., using alcohol while using prescription medication)				
Any alcohol or drug-related offenses or incidents				
Off-Duty Indicators	Command Level Support	Installation Level Support	Resources Available	Staff Notes
Deteriorating relationships with friends or family	No			
High-risk hobbies				
Ownership of a personal firearm				

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NON-DISCLOSURE DOCUMENT

1. Reports, notes, materials, or other work-products will not be appended or made an enclosure, in whole or part, to any formal investigation (legal or safety investigation).
2. All personnel in possession of health-related information are directed by the Health Insurance Portability and Accountability Act (HIPAA) to disclose only the minimum necessary amount of information needed to develop an assessment of the Sailor and his/her risk mitigation plan in order to accomplish the military mission. Description of the impacts on duty or mission, potential for impact to duty or mission, recommended duty restrictions, and expected return to full duty is the only HIPAA information that can be discussed during a Command Resilience Team Human Factors Council (CRTHFC).
3. Activities that qualify as military mission include:
 - a. Determining Sailor's fitness for duty in accordance with Navy standards and Department of Defense directives.
 - b. Determining fitness for duty to perform particular missions, assignments, orders, or duties, including compliance with actions required as a precondition to performance thereof.
 - c. Execution of military or civilian medical appointments and notification of missed and cancelled appointments.
4. CRTHFC members will not discuss specific confidential and private information disclosed at the CRTHFC with non-CRTHFC members. However, CRTHFC members can use that information to develop appropriate risk mitigation plans.
5. Background information on a Sailor referred to a CRTHFC should be drawn from multiple sources to provide the most accurate assessment possible. Examples of information sources include, but are not limited to:
 - a. Resilience Toolkit;
 - b. Sailor's Training Jacket;
 - c. Drug and Alcohol Advisor documents (if applicable);
 - d. Previous CRTHFC documents (if applicable);
 - e. Medical Health Record;

Enclosure (2)

6. Discussion of a Sailor's healthcare information is in accordance with references (a) through (c) with tightly controlled release of HIPAA only to those authorized to receive it and the minimum necessary information required to address the authorized reason for release of HIPAA.

CRTHFC Member's Name (Last, First MI) Rank/ Rate Dept. Date (MM/DD/YY)

CRTHFC Member's Signature

CRTHFC Lead's Signature