



## UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE  
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IN REPLY REFER TO:

5100

Safety/DSR

From: Commanding General  
To: Distribution List

Subj: FORCE PRESERVATION BOARD (FPB) BETA TEST LETTER OF  
INSTRUCTION (LOI)

Ref: (a) MARADMIN 363/10  
(b) NAVMC DIR 1500.58  
(c) MCO 1500.58  
(d) DoD 6025.18R  
(e) DTM 09-006 (NOTAL)  
(f) Privacy Act of 1974

Encl: (1) Mentee Assessment Worksheets  
(2) Force Preservation Board Meeting Worksheet  
(3) Scenarios

### 1. Situation.

a. The Executive Force Preservation Board (EFPB) met on 23 May 2010 to present and discuss force preservation issues and best practices within the Marine Corps. Mishap deaths due to poor decision-making (e.g. overdose) or intentionally by suicide continue to present a clear threat to the cohesiveness and mission readiness of our operational forces. To address this issue, I MEF was tasked with developing and conducting a Force Preservation Board (FPB) Beta Test within its ground units (reference (a)).

b. Human factors continue to be a leading cause of mishaps and suicides. Personnel are often under stress from personal or professional factors that are not apparent to the command's decision makers. In many instances, the individual's risk factors were known by various leaders and peers as isolated pieces of the whole picture preventing appropriate assistance. The FPB will provide a process to combine those factors into one composite picture, enabling more focused leadership and triggering external resources as necessary. As directed by reference (a), this LOI establishes policy and procedures for the conduct of FPBs within I MEF. All personnel of the designated units are included under this LOI.

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2. Mission. Designated battalion commanders will establish and conduct Force Preservation Boards at a minimum on a monthly basis in order to reduce mishap fatalities and suicides. In addition, commanders may convene FPBs more frequently, or as needed to address more immediate or urgent cases as they arise.

3. Execution.

a. Commander's Intent. To establish a clear, formalized process to elevate at-risk Marines to the commanding officer by utilizing the mentoring program outlined in references (b) and (c) coupled with advice from key staff and senior leaders. The end state will be better leadership engagement throughout the command and better targeting of leadership and assistance to Marines in need.

b. Concept of Operations.

(1) Platoon Level. The FPB process will begin at the platoon level through use of the Marine Corps Mentoring Program (MCMP). Mentoring is the very foundation of leaders knowing their Marines and guiding them to the highest standards of personal and professional conduct.

(a) In accordance with references (b) and (c), NCOs assigned as mentors will assess their Marines using the MCMP's Mission and Goals form and Honor, Courage, and Commitment (HCC) Assessment from the Leader's Mentoring Log (see enclosure (1)). Mentors will discuss their assessment with the mentee and together develop an action plan. The mentoring program guidebook, reference (b), provides an excellent list of resources for each HCC assessment question.

(b) The purpose of mentoring sessions remains unchanged. Mentors will continue to focus their efforts on ensuring Marine mentees understand the mission of the team and their role in accomplishing the mission. Mentors must gain an understanding of their mentee's individual strengths and weaknesses and help them establish a plan to develop strengths and improve in weak areas. Mentors will use their judgment after counseling their Marine to elevate only those needing assistance that exceeds the mentor's ability to connect to the right resources; there is no "risk scale" or calculation performed. Scenarios are provided in enclosure (3) as an example.

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(c) Platoon Commanders and their Platoon Sergeants will meet with mentors individually to discuss and review each Marine in the platoon. The Platoon Commander will make a determination for Marines needing assistance if the next level of support is needed. Not every Marine needing assistance or dealing with stressors needs to go to the FPB. In fact, most cases can and should be dealt with at the lowest level possible.

(2) Company Level. Company Commanders and their First Sergeants will meet with their Platoon Commanders individually to review and discuss Marines needing assistance. Only those Marines needing the next level of support will be referred to the Battalion FPB. Scenarios are provided in enclosure (3) as an example.

(3) Battalion Level. Marines being discussed by the board will not appear before the board. Each Marine referred to the FPB will be evaluated utilizing enclosure (2) as a guideline. Note that enclosure (2) is only general guideline, because no worksheet can adequately cover every risk category. Units may modify it to meet their needs. Board members will evaluate each individual's duty performance, personal and professional stressors, and focus on what is in the Marine's best interests. The FPB should consider risk factors such as the ratio of leader to led, legal and disciplinary issues, alcohol and drug abuse, and psychotropic medication prescriptions. Detailed discussion of sensitive personal or professional matters should be conducted in smaller groups as designated by the Chair. Evaluation and follow-on action should follow under the guidance of the Commanding Officer. FPB membership should include at a minimum:

- CO or XO - Chair
- Sergeant Major
- Marine's Company Commander and/or First Sergeant

Additional board members may include:

- Platoon Commander and/or Platoon Sergeant
- Section OIC and/or Section SNCOIC
- Command Master Chief
- Medical Officer
- Chaplain
- SACO
- Legal Officer
- Safety Officer or Tactical Safety Specialist
- Family Advocacy Representative
- Suicide Awareness Officer
- OSCAR Representative

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The FPB shall provide individual recommendations tailored to mitigate identified problems and successfully re-integrate the individual back to full performance of assigned duties. The responsibility for executing the plan, tracking progress, and providing updates to the FPB is a leadership responsibility and rests with the individual's chain of command. If serving as Chair, the Executive Officer is responsible for passing concerns to the Commanding Officer as needed.

c. Tasks.

(1) I MEF Safety.

(a) Develop, coordinate, support and assess execution of the Force Preservation Board Beta Test.

(b) Provide a briefing on the purpose and conduct of the FPB to commands designated to participate in the Beta Test.

(c) Coordinate briefings by Marine Corps Community Support Services (MCCS) on available programs.

(d) Provide mentoring brief materials upon request.

(e) Collect lessons learned and submit to the Commanding General no later than 22 November 2010 and 8 May 2011.

(f) Develop back brief for the Executive Force Preservation Board.

(2) I MEF Surgeon. Ensure subordinate medical officers understand the provisions of DoD Health Information Privacy Regulations (references (d) and (e)) regarding mental health care, which entitles commanders to know the diagnosis, treatment (including prescription medications) and prognosis of Marines and Sailors in their command. Provide additional guidance to subordinate medical officers as necessary.

(3) I MEF Chaplain. Provide additional guidance to subordinate Chaplains as needed.

(4) I MEF COSC/OSCAR. Be prepared to provide additional training as needed.

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(5) Commanding General, First Marine Division.

(a) Nominate two battalions to participate in the FPB Beta Test. Submit nominations to I MEF Safety no later than 12 October 2010.

(b) Develop supporting plans/orders.

(c) Submit lessons learned using MCCLL format to I MEF Safety no later than 15 November 2010 and 2 May 2011.

(6) Commanding General, First Marine Logistics Group.

(a) Nominate two battalions to participate in the FPB Beta Test. Submit nominations to I MEF Safety no later than 12 October 2010.

(b) Develop supporting plans/orders.

(c) Submit lessons learned using MCCLL format to I MEF Safety no later than 15 November 2010 and 2 May 2011.

(7) Commanding Officer, I MEF Headquarters Group.

(a) Nominate one battalion to participate in the FPB Beta Test. Submit nominations to I MEF Safety no later than 12 October 2010.

(b) Develop supporting plans/orders.

(c) Submit lessons learned using MCCLL format to I MEF Safety no later than 15 November 2010 and 2 May 2011.

4. Administration and Logistics.

a. The measure of effectiveness for this Beta Test will be based on the commander's assessment to the question: "Was the FPB useful, effective, and efficient for identifying and helping Marines with problems and preventing disciplinary, administrative, safety or health issues?"

b. Units shall keep a record of the FPB meetings for accountability purposes either through use of enclosure (2) or a locally developed report.

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c. Information developed by the board should be used by the Commanding Officer as deemed appropriate for the enhancement of safety and for referral/assistance to the appropriate resource. The FPB process is not a punitive proceeding. Information discussed by the board will frequently involve sensitive, private issues that may be protected by references (d) and (f). FPB members are accountable for protecting such information and limiting its dissemination.

d. FPB members must ensure medical information provided pursuant to Paragraph 3(c)(2) above is handled in accordance with references (d) and (e) to ensure confidentiality. Information provided to commanders pursuant to references (d) and (e) is restricted to personnel with a need for the information. FPB members are accountable for protecting the provided medical information and limiting its dissemination.

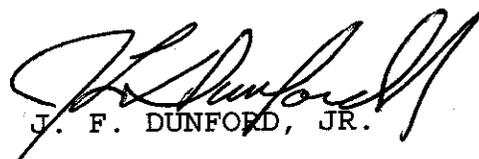
e. Battalions selected for the beta test will be identified to I MEF Safety. I MEF Safety will provide a brief to the commands prior to the start of the test.

f. Briefings on Marine Corps Community Services (MCCS) programs and services can be provided upon request. MCCS point of contact is Mr. Scott Macfarlane, 760-763-7174, scott.macfarlane@usmc.mil.

g. Period of instruction and briefing material for the mentoring program is available through the I MEF Safety Office or online through TECOM's Command Sponsored Corporal's Course at:  
<https://www.intranet.tecom.usmc.mil/sites/epme/corporals/default.aspx>.

h. Although this Beta Test is primarily targeted for Marines, Commanders may include the provisions of this LOI to Navy personnel assigned to their unit.

5. Command and Signal. The FPB Beta Test will run from 12 October 2010 through 29 April 2011. Point of contact for this LOI is Mr. Dan Ratican, 760-763-7031, Daniel.Ratican@usmc.mil.

  
J. F. DUNFORD, JR.

Distribution: II

**Mission and Goals Form\***

**Paragraph 1: Situation**

Mentor Name:	RUC:
Marine Mentee Name:	UIC:
Unit Address:	

**Paragraph 2: Mission**

Unit Mission: What is the mission of the unit:
Marine mentee's critical role in support of the unit's mission:

**Paragraph 3: Execution**

**Goals (3 or 4; specific, measurable, attainable, realistic, time-bound)**

Professional Goals:
Personal Goals:
Combat Skills/Readiness Goals:

**Tasks (action plan for accomplishing goals)**

Action Steps	Deadline

\*Excerpt from NAVMC DIR 1500.58, p66

## Honor, Courage, Commitment (HCC) Assessment\*

**N = Needs Assistance; E = Effective**

Marine mentee name:	Date:
Mentor name:	Individual CRP%:

### **Honor: Integrity, Responsibility, Accountability**

H1 Leads by example	
H2 Upholds the reputation of the Marine Corps & acts Marine-like at all times (24/7)	
H3 Seeks responsibility and accepts responsibility for success/failure of Marines	
H4 Respects self and others	
H5 Maintains high levels of Mental development	
H6 Maintain high level of Physical readiness	
H8 Maintains high level of Spiritual strength	
H9 Does the right thing when no one is looking	

### **Courage: Do the right thing, in the right way, for the right reasons**

C1 Does the right thing even when unpopular	
C2 Hold others accountable to Marine Corps standards (24/7)	
C4 Admits to shortcomings and mistakes	
C5 Obeys all lawful orders and regulations	
C6 Refuses to participate in inappropriate behavior despite social pressure on leave/liberty	
C7 Takes ownership of and seeks assistance in dealing with difficult personal situations	
C8 Assists subordinates in taking on difficult personal situations	
C9 Obeys the law at all times	

### **Commitment: Dedication to mission. Devotion. Always makes a positive impact**

Co1 Shows enthusiasm in being a Marine and inspires others	
Co2 Demonstrates situational awareness and sound judgment	
Co3 Is prepared for deployment and redeployment	
Co4 Sharpens common combat skills	
Co5 Pursues professional development by utilizing the MOS roadmap	
Co6 Acts responsibly in the use and care of equipment and assets	
Co7 Accomplishes tasks in a timely manner, no matter what the conditions	
Co8 Provides for support and welfare of family	
Co9 Ensures family is prepared for separations and reunions	
Co10 Lives within means (budgeting, spending, saving)	
Co11 Operates PMV/POV responsibly	
Co12 Acts responsibly during recreational activities	
Co13 Avoids alcohol abuse and has zero tolerance for drug use	
Co14 Looks after the welfare of other Marines on leave or liberty	
Co15 Develops game plans, takes need steps to minimize risks	

\*Excerpt from NAVMC DIR 1500.58, p67

## Force Preservation Board (FPB) Meeting Worksheet

The FPB shall review personal and professional circumstances and direct particular attention toward uncovering underlying medical, physiological, social, behavioral and/or psychological factors which affect personal safety and judgment. The FPB is convened in the interest of force preservation and shall make no recommendations which are disciplinary in nature.

During FPB deliberations, considerations shall be given to current battalion OPTEMPO, workload, command communications, and other factors that may influence unit personnel.

Date: \_\_\_\_\_

Members present:

_____	_____
_____	_____
_____	_____
_____	_____

**All members should discuss the following as related to each individual:**

1. OpTempo. How is training and OptempO affecting the Marine?
  
2. All members should discuss the following related to each individual:
  - a. Risk-taking behavior (including alcohol and/or drug screening)
  - b. Professional discipline (pending legal issues)
  - c. Career development and other job performance factors?
  
3. Critical indicators:
  - a. Declining performance –failure to meet required standards or qualifications progress
  - b. Known violations or instances of poor discipline
  - c. Presence of major life stressors
  
4. Medical Concerns.
  - a. Chronic conditions or mental health issues
  - b. Limited duty or awaiting a Physical Evaluation Board
  - c. Medication concerns



## Scenarios

These scenarios are provided solely as examples since there is often more than one way to effectively resolve a problem.

### **Scenario 1:**

Lance Corporal Scuttlebutt deployed with his platoon to Afghanistan a year ago. He suffered an injury that requires pain medication and medical has submitted him for a Physical Evaluation Board (PEB). Since LCpl Scuttlebutt will not be going on the next deployment, he is not going through the Predeployment Training Program (PTP) with his platoon and is frequently assigned to battalion working parties. Corporal Basilone notices that LCpl Scuttlebutt's attitude and how he carries himself have changed. Cpl Basilone believes LCpl Scuttlebutt is using illegal drugs in addition to his prescribed medication. During their mentoring session LCpl Scuttlebutt confides that he no longer feels like part of the platoon and he doesn't understand why his PEB package is taking so long. He is past his EAS and is having problems with his pay. His frustration with the Marine Corps has made him angry at home and his wife is threatening to leave him.

Cpl Basilone talks to his platoon sergeant about ways for LCpl Scuttlebutt to assist in pre-deployment training based on his experiences. Cpl Basilone also arranges for LCpl Scuttlebutt to attend anger management class and for LCpl Scuttlebutt and his wife to attend the "Eight Habits of Highly Successful Marriages" class on base. Cpl Basilone asks the platoon commander, 2<sup>nd</sup> Lt Newbie, about the status of LCpl Scuttlebutt's PEB package. 2<sup>nd</sup> Lt Newbie follows up with the battalion's Medical Officer and backbriefs LCpl Scuttlebutt and Cpl Basilone on the PEB process and when LCpl Scuttlebutt could expect a decision. 2<sup>nd</sup> Lt Newbie also directs the Platoon Sergeant to take LCpl Scuttlebutt to IPAC ensure the correct unit diary codes were run to maintain LCpl Scuttlebutt's pay. Cpl Basilone continues to talk to LCpl Scuttlebutt and observe his performance. He decides he was wrong about the illegal drug use and does not pursue it any further.

### **Scenario 2:**

LCpl Wallocker received an NJP for underage drinking and completed Level I outpatient treatment. A year later Sergeant Quick is at a party thrown by one of his Marines. LCpl Wallocker is there and is drinking heavily. The more LCpl Wallocker drinks, the more angry and violent he becomes. Sgt Quick suggests to LCpl Wallocker that he has had enough to drink, but LCpl Wallocker continues drinking. Later LCpl Wallocker has to be restrained from fighting with another Marine and he eventually passes out on the floor. In talking to the other Marines present, Sgt Quick learns that LCpl Wallocker spends almost every payday getting drunk and frequently getting into fights. On Monday, Sgt Quick contacts the battalion Substance Abuse Control Officer (SACO) and arranges for LCpl Wallocker to be screened for alcohol dependency. LCpl Wallocker is again sent to Level I outpatient treatment.

One month after LCpl Wallocker completes Level I, Sgt Quick hears rumors that he has started drinking heavily again. Sgt Quick discusses the issue with LCpl Wallocker during their mentoring session and discovers LCpl Wallocker's mother was an alcoholic and that LCpl Wallocker has been drinking since he was twelve. Sgt Quick again arranges an appointment with the SACO and LCpl Wallocker is again referred to Level I treatment. Based on what he knows about his Marine, Sgt Quick believes LCpl Wallocker is an alcoholic and needs Level III in-patient treatment. The SACO and Medical Officer disagree with Sgt Quick and his platoon commander. The company commander, Captain America talks to both the SACO and the medical officer and convinces them to recommend LCpl Wallocker to level III.

**Scenario 3:** Cpl Steele has an overdose and is found by the barracks duty. He is taken to the base hospital. Later the toxicology report shows illegal drugs (heroin) in addition to his prescription drugs. Cpl Steele was a new Marine to the battalion and the platoon commander was unaware Cpl Steele was being treated for PTSD and had been prescribed several medications. The FPB directs Cpl Steele to

undergo treatment for drug abuse. The battalion CO decides Naval Criminal Investigative Services (NCIS) should investigate and determine if there is a problem with illegal drugs in the barracks. The company commander is informed of what medications Cpl Steele is taking and how they can impact his performance. After completing drug abuse treatment program, Cpl Steele continues counseling for his PTSD. Although he is no longer an incidental operator, he continues to work in his MOS. His NCO and SNCOIC are engaged and Cpl Steele trusts he can talk to them/seek their advice, although he still struggles at times, overall his performance is reliable.

#### **Scenario 4:**

Cpl Moto was married two months before his deployment to Afghanistan. During the deployment, Cpl Moto began to experience problems with his wife. His wife had a baby during the battalion's deployment. Six months after deployment, Cpl Moto continues to struggle with his finances and his marriage. His wife moves out of the house with their daughter.

Captain Hardcore is a new company commander. At Monday morning PT he notices a large gauze bandage covering the forearm of Cpl Moto. Cpl Moto tells the Captain he injured himself at home playing around with one of his knives. Later, 1stSgt Ironman informs Capt Hardcore that he was contacted by Mrs. Moto. Mrs. Moto claims that Cpl Moto is not providing enough financial support.

During the FPB that week, Capt Hardcore mentions Cpl Moto and his personal issues and that the 1stSgt is handling the situation. The battalion SgtMaj mentions he's aware that one of LCpl Moto's buddies was recently killed in Afghanistan by an IED. The XO directs that Cpl Moto talk to the Chaplain just to make sure he's okay.

While talking to the Chaplain, Cpl Moto reveals he is struggling to deal with the loss of his friend, and his financial and marital problems and that his injury was actually a suicide attempt. Without disclosing the details of their conversation, Chaplain Goodheart informs Captain Hardcore and the medical officer that Cpl Moto needs mental health evaluation and treatment. Cpl Moto is taken to the Naval Hospital for evaluation

Over the next week, Capt Hardcore and 1stSgt Ironman develop a plan to assist Cpl Moto. They brief the CO and XO. Cpl Moto's platoon commander and platoon sergeant monitor his progress and provide regular back briefs up the chain of command.