



26th EFPB Agenda

Safety Division

Admin Remarks

ACMC Welcome & Opening Remarks

CMC SD Assessment (Seams and Gaps)

LtGen Hejlik (Force Lay Down)

MEF Commanders (Cohesion Briefs)

NCO Safety Seminar Brief (New Topic)

25th EFPB Tasker Update

- FY12 Alcohol Campaign (25-01)
- Behavioral Health Advisory Committee (25-06)
- Commander's Issues

New Tasker Review

Executive Session

Information Papers

- Force Preservation Councils**
- Stress Mitigation Pilot Program (25-07)**
- USMC Lost Workday Rate (25-08)**
- Commanders Access to Protected Health Information (25-09)
- Case Management Protocol (25-10)
- Mental Health Support (25-11)



Executive Force Preservation Board

CMC SD Assessment

LtCol Brian Cavanaugh
Director, CMC Safety Division
28 March 2012



Agenda

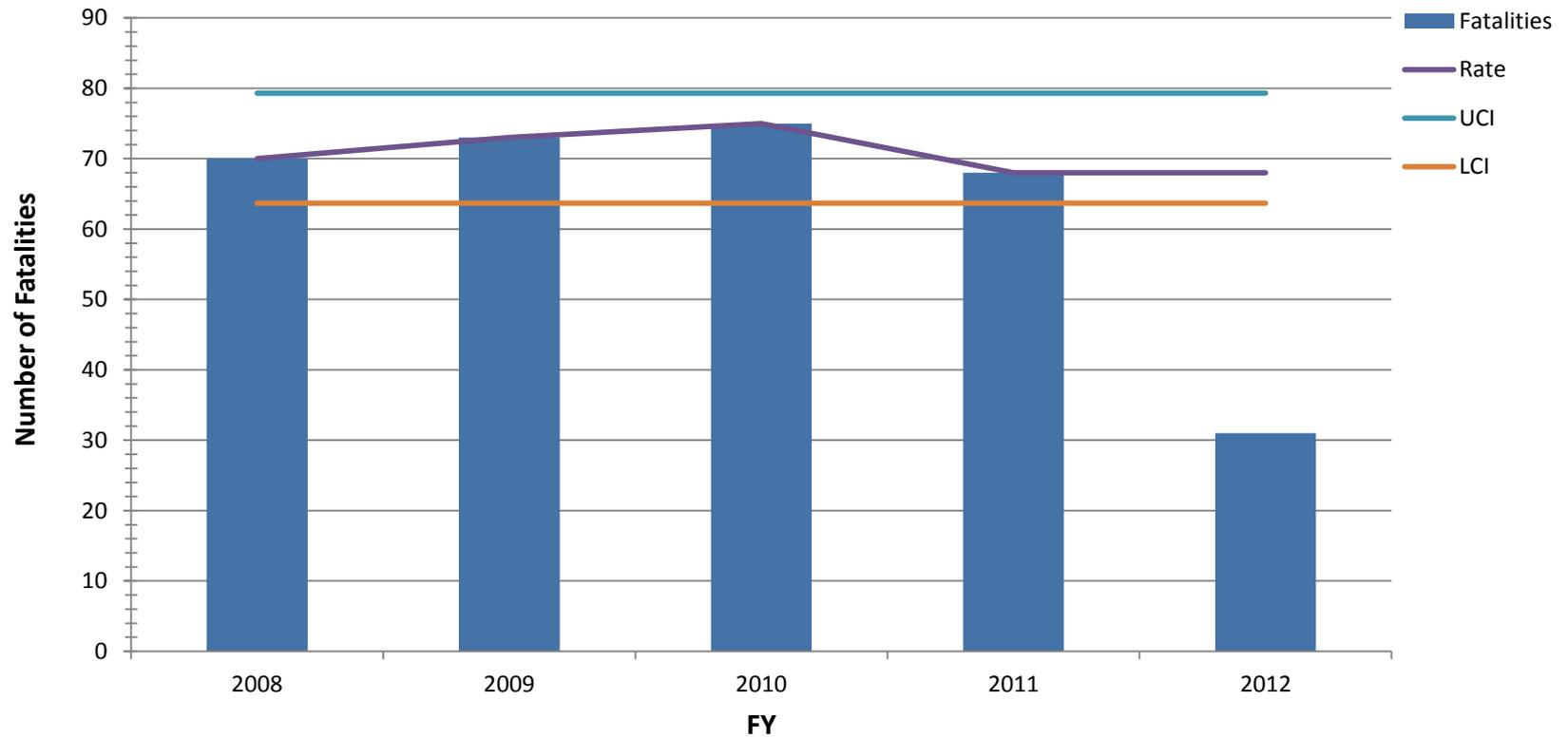
Executive Force Preservation Board

- Statistics
- Warrior Preservation Status Report
- Ground Climate Assessment Survey System
- Speakers Bureau
- Stressors
- Questions



USMC Mishap Fatalities

Executive Force Preservation Board





Warrior Preservation Status Report

Executive Force Preservation Board

- WPSR is the minimum ground reporting requirements
 - Ground Climate Assessment Survey System (within 90-day after CoC/Annual)
 - Operational Pause (within 6 month after CoC/Semi-Annually)
 - Force Preservation Council (A/C Monthly, R/C Quarterly)
 - Command Safety Council (Quarterly)
 - Safe Driving Council (Quarterly)
 - Unit Workplace Safety Inspection (Quarterly)
 - ORM Training (Initial/Annual)
 - Supervisor Safety Training (Initial/Annual)
 - Motorcycle & Driver Awareness Training (Initial/As reqd)
 - Never Leave a Marine Behind Training/Trainers
 - OSCAR Teams
 - Ground Safety Manager/Officer Assigned and Trained



Ground Climate Assessment Survey System

Executive Force Preservation Board



- 1 - TAKE A SURVEY**
- 2 - SURVEY INFORMATION ▶
- 3 - SAMPLE SURVEYS ▶
- 4 - SET-UP UNIT SURVEYS
- 5 - SAMPLE RESULTS
- 6 - VIEW RESULTS
- 7 - SURVEY ADMIN
- 8 - INTERVENTIONS ▶
- 9 - ISSUE PAPERS
- 10 - SUGGESTIONS
- 11 - HELP / FAQ
- 12 - CONTACT US
- 13 - HOME

U.S. Marine Corps Ground Climate Assessment Survey System (GCASS)



DRINKING & DRIVING



OFF-DUTY & RECREATIONAL
ACTIVITIES



PRIVATE MOTOR
VEHICLES



HIGHER HQ



SUPPORT PERSONNEL



Who should take
the GCASS surveys?
[\[CLICK HERE FOR INFO\]](#)

AVIATION COMMANDS ONLY
(for aircrew & maintenance surveys
click here to go to the CSA/MCAS site)





MOTORCYCLES



GROUND
CLIMATE ASSESSMENT

www.semperisurveys.org

https://www.semperisurveys.org/siteinstructions/USMC_Requirements_Matrix.htm

Required Annually & within 90 days of CoC for Ground Units & within 30 days of CoC for Aviation Units



Speakers Bureau

Executive Force Preservation Board

- Mr. Bo Irvine



- Mr. Steve Verret

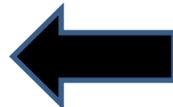


- http://www.marines.mil/unit/safety/Pages/Safety_Speakers.aspx



Positive Stress Releases

PT
Family
Leave



Negative Stress Releases

Drugs
Alcohol
Tobacco



Risk Potential Increase

Sexual Assault
Financial Problems
Relationship Issues
PMV Accidents
Suicides
Legal Issues



Executive Force Preservation Board

Questions?

26th EFPB

Cohesion Impacts



LTGen Hejlik
COMMARFORCOM



Cohesion Impacts

Information Brief

FORCE / INTERNAL USMC REQUIREMENTS (1972 PAX)

- Force Augment IAs
 - 328 Marines (NCO's and above): NCO - 88 SNCO - 130 Co Grd - 42 Fld Grd - 68
 - SOTF 82.2, MARCENT Fwd CE Roto 3, MARCENT Material Fusion Cell, Operation Onward Liberty, etc.
 - Billet Duration: 6-12 months. SOTF (w/PTP) and MARCENT Fwd CE requirements average 12 months.
- Mojave Viper Support Det
 - 232 Marines (NCO and above): NCO - 169 SNCO - 48 Co Grd - 12 Fld Grd - 3
 - Billet Duration: 6 months (average)
- Training/Evaluation/Exercise Support Requests
 - In CY 11, G-1 Ops also tracked/sourced 962 personnel for 105 requirements.
 - Billet Duration: Typically 30 days or less.
- R4OG/MCLC Fwd:
 - **UNIT SOURCED SOLUTION FOR A SERVICE REQUIREMENT**
 - 450+ E4s and above.
 - Predominance of MOSs are logistics/enablers.
 - Sourcing is tasked across all three MEFs and necessitates cross-leveling within the MEFs to source task organized dets of aggregated individuals.



Cohesion Impacts

Information Brief

ADHOC REQUIREMENTS (1497 pax)

- USMC PLAYBOOK ADHOC REQUIREMENTS

- 2012 CENTCOM Examples:
 - ISAF MAGTF 12.1/12.2
 - 59 adhoc requirements totaling 1082 pax.
 - Predominantly for sourcing advisor teams.
 - Sourced across I MEF, II MEF, III MEF, and supporting establishment.
 - Joint/Service – OEF
 - 26 adhoc requirements totaling 415 pax.
 - Predominantly training, advisor, and SECFOR teams.
 - Sourced across I MEF, III MEF, MFR, and supporting establishment.

JOINT REQUIREMENTS (353 Pax)

- Joint IA's
 - 353 Marines (NCO's and above): NCO - 67 SNCO - 94 Co Grd - 38 Fld Grd - 154
 - JMD's: USFOR-A, CSTC-A, GTMO, UN Military Observers, etc.
 - Billet Duration: 6 months (average)



Cohesion Impacts

Information Brief

CE STAFFS: T/O VS. OPERATIONAL REQUIREMENTS (391 pax)

- MEF Fwd CE
 - T/O MEF HQ: 380
 - Deployed Fwd CE (manning doc): 618 (+238)
- Div Fwd CE
 - T/O Div HQ: 482
 - Deployed Fwd CE (manning doc): 336
- MAW Fwd CE
 - T/O MAW HQ: 428
 - Deployed Fwd CE (manning doc): 265
- RCT HQ
 - T/O Infantry Regiment HQ: 240
 - RCT HQ (manning doc): 346 (+106)
- CLB
 - T/O CLB: 360
 - Deployed Standard CLB (manning doc): 407 (+47)

Total - 4213



Executive Force Preservation Board

I MEF Personnel Turbulence

(Understanding the factors driving personnel turbulence)



I MEF Personnel Turbulence

Executive Force Preservation Board

Status of Forces: (as of 13 March 2012)

DIV	
O/H	24,061
FAP/CAP	757
DWELL	2,657
T2P2	3,548
PTP/CHOP	7,670
DEPLOYED	5,829
AVAIL TO SOURCE	3,600
% AVAIL	15%

MAW	
O/H	16,615
FAP/CAP	256
DWELL	1,925
T2P2	2,354
PTP/CHOP	2,528
DEPLOYED	3,109
AVAIL TO SOURCE	6,443
% AVAIL	38%

MLG	
O/H	9,337
FAP/CAP	138
DWELL	1,344
T2P2	1,278
PTP/CHOP	1,815
DEPLOYED	1,296
AVAIL TO SOURCE	3,466
% AVAIL	37%

MHG	
O/H	4,805
FAP/CAP	6
DWELL	895
T2P2	465
PTP/CHOP	949
DEPLOYED	758
AVAIL TO SOURCE	1012
% AVAIL	24%

I MEF Operational Commitments (IAs and small dets drawn from rear units are a major contributing factor to personnel turbulence)

- MEF FWD
- MEU's
- FET's
- MARCENT FWD
- GCSS
- ATC
- JMD
- UAE
- MVSD
- RCT 7
- R40G
- MCLC(Fwd)
- FAPs/CAPs
- TECG
- KEY RESOLVE
- MAW FWD/DIV FWD/MLG FWD
- MDDOC
- ANSF
- BALIKATAN
- GLT
- JSOTF-P
- JPAC
- SOTF

Total Approximate Number of Personnel out of Primary Billet = 4,042



I MEF Personnel Turbulence

Executive Force Preservation Board

- Current Leaders/Led ratios are:
 - FWD (DIV 1:12; MAW 1:6; MLG 1:14; MHG 1:13).
 - Minimal turbulence for stabilized units.
 - MAIN (DIV 1:17; MAW 1:8; MLG 1:17; MHG 1:13).
 - Despite the Leader to Led ratios, numbers can be deceptive and leadership turnover in the Rear is significant.
 - Majority of Ad-Hoc/IA requirements provided by non-stabilized units.
 - Behavior health issues greater in the Rear and for non-stabilized units.
- Turbulence challenges:
 - 1/3 of the force rotates annually (PCS/PCA/EAS).
 - Additional 1/3 of the force in the Rear changes billet assignments.
 - Units deploying forward nearly always larger than its S/G structure.
 - PCAs/PCSs prior to R+90 occurring at all MSCs (augments).
 - Specific MSC Challenges.
 - MLG (Ad Hoc nature; base structure).
 - MHG (similar to MLG in Ad Hoc nature).
 - Wing (Non-flying units; flying units with new platforms).
 - Div (CEBs; high percentage of combat arms MOSs for deploying dets/IAs).



I MEF Personnel Turbulence

Executive Force Preservation Board

- Nearly every deploying unit requires augments.
- Training time (before and after deployments).
- HD/LD mission analysis and dwell.
- Summer PCS gap will add significant risk for some I MEF Main, MSCs, and non-stabilized units.



I MEF Personnel Turbulence

Executive Force Preservation Board

Recommendations:

- When feasible, allow more FY crossover extensions (EAS) and limited extensions of key leaders to cover gaps. Better consultation between with Cmdrs before PCS orders issued.
- Need for further analysis of behavioral health issues (SIRs/8-day; what did the first two levels of leadership look like for that Marine). Recommend a study.
- Greater utilization of RC (to fullest extent possible).
 - Serves as shock absorber; fills a requirement that leaves current leader in place.
 - I MEF reduced by 2/3s of RC augmentation this year; dramatic effect.
- The I MEF enforcement of redlines for leadership in Rear and non-stabilized units conflicts with HQMC staffing priorities.
- A reduction of troops forward should include a fair-share reduction of leaders/staffs forward. (Risk management applies for Forward and Rear manning).
- Ad hoc formation of units creates further turbulence and decreases unit cohesion. When possible, look at deploying a unit that has additional training, vice ad hoc expert individuals (IA SMEs) to form a unit forward.



I MEF Personnel Turbulence

Executive Force Preservation Board

Questions



II MEF COHESION LOOK/DISCUSSION

- PROCESS
 - CG II MEF 281634Z FEB 12
 - COMMANDER'S GUIDANCE
 - DATA CALL - MSCs
 - DISCUSSIONS
 - INTERNAL MSC
 - GOs & Senior SNCOs
- RESULTS
- RECOMMENDATIONS

III Marine Expeditionary Force



Unit Cohesion Brief to EFPB

28 March 2012



UNCLASSIFIED

Problem

- **Persistent misconduct**
 - discipline, hazing, suicide, poor equipment accountability, sexual assault, safety, substance abuse...
- **Related to:**
 - Unit cohesion
 - Leader turnover
 - Leader actions
- **Root cause - degraded COMMAND CLIMATE**
- **This is a combined effect of *leaders and leadership***

UNCLASSIFIED



UNCLASSIFIED

III MEF Survey Results: Challenges

- **Universal challenges:**
- **Individual augments / service augments**
 - **Emphasis on mid-grade leadership**
- **Section / Team deployments**
 - **Disrupt standing unit cohesion**
- **Result – Personnel churn at all levels**

UNCLASSIFIED



III MEF Survey Results: Challenges

- **III MEF specific challenges:**
- **Geographic dispersion – 5 time zones / IDL**
- **Short tours**
 - **12 / 24 month tours**
 - **1st term Marines (junior corporals, few / junior sergeants)**
- **Operational tempo**
 - **Over 70 exercises / events each year**
 - **Small unit / task organized deployments**
 - **Geographically diverse training sites – limited home training**
 - **Conferences and enablers – mid grade leader heavy**
- **31st MEU operating model**
- **Result – *Enhanced* personnel churn at all levels**



UNCLASSIFIED

Leadership

- **A decade of war has developed phenomenal operational / combat leadership**
- **Tactically and technically superb**
- **Reduced emphasis on home station (garrison) leadership**
 - **Dwell = time to “reset,” “decompress”**
 - **Time to reconnect with families (Mid-grade leaders)**
 - **Time to shift leaders IOT stabilize for deployments (concentrated turnover)**
- **Results – Diminished leader engagement, degraded command climate in garrison**

UNCLASSIFIED



Institutional Response

- **We have attacked the symptoms with programs:**
 - **Force Preservation Boards**
 - **Take a Stand**
 - **Alcohol abatement / substance abuse programs & resources**
 - **Hazing policies and education**
 - **Safety program improvements**
 - **Formalized mentorship programs**
 - **III MEF Liberty Campaign Plan**
- **Holistic approach is needed**



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Recommendations

- **Reinvigorate development of junior / midgrade leaders**
- **Revive emphasis on small unit leadership in all contexts, in combat and at home station**
 - **Formal settings – PME, etc.**
 - **Persistent messaging – articulate and reinforce expectations from leaders at all levels. Words reflected in actions.**
- **Hold leaders accountable**
- **Expect increased identification of incidents to precede reduction**
- **Reset expectations for leaders – *Get left of the incident*. Engaged leaders must use existing tools (programs, admin, legal) proactively, not just reactively.**
- **End result – Revive culture of leadership, culture of compliance in all times and all contexts**

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U. S. Marine Corps Alcohol Abuse Prevention Campaign Plan

**Briefing for
Commandant of the Marine Corps**

“Keeping Faith”



Agenda

- Background
- Methodology
- Purpose
- Mission
- Framework
- Goals
- Pending Initiatives
- Implementation

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Background



Identify the Problem

- 24th Executive Force Preservation Board (EFPB) identified alcohol is the “common denominator” across spectrum of behavioral health problems, e.g. Sexual Assault, Suicide (Feb 2011)

Find Solutions

- 25th EFPB directed an Alcohol Abuse Prevention Campaign (AAPC) to reduce alcohol abuse and associated problems (Sep 2011)
- Campaign kicked off (Oct 2011)
- Four Operational Planning Teams Conducted (Dec 2011)

Focus of Effort

- Apply the same strategy to alcohol as applied to suicide and sexual assault (Leadership emphasis; Peer-to-Peer Model)
- Levels of Risk and emphasize prevention
- Ownership by Marines at every level, the same way they own mission responsibilities
- Multi-pronged attack necessary to address co-occurring issues

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Methodology

- 4 Operational Planning Teams (over 200 Marines and civilians) participated
 - Camp Lejeune (Nov 11)
 - Miramar (Nov 11)
 - Okinawa (Dec 11)
 - HQMC (Dec 11)
- Campaign plan formulation (Dec 11 – Jan 12)
- Campaign plan review and approval (Jan – Feb 12)
- Campaign plan Execution (Feb 12)

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Purpose

Alcohol Abuse Prevention Campaign Plan:

- Provides structure for how to reduce negative effects of alcohol abuse
- Provides overview of specific tasks and efforts required to accomplish a reduction in alcohol-related incidents
- 7 goals with 67 assorted tasks

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Mission

*Increase Operational Readiness of the Marine Corps
by Reducing Alcohol Abuse and Misuse through
Revolutionary Changes to Prevention and Treatment*

Three Foundational Efforts:

- *“Levels of Risk” replace “Responsible Drinking”*
- *Change focus from the “Boom” being an alcohol-related incident to the “Boom” being alcohol use*
- *NCOs are the key; supported by SNCOs and Officers*

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Levels of Risk

USMC Alcohol Consumption Continuum

No Risk	Low Risk	High Risk
<ul style="list-style-type: none">0 standard drinks per day (Abstinence)	<ul style="list-style-type: none">No more than 4 standard drinks a day / 14 standard drinks a week- MenNo more than 3 standard drinks a day / 7 standard drinks a week- WomenNo more than 1 standard drink	<ul style="list-style-type: none">Consumes more than <u>EITHER</u> the single-day or weekly limitsConsumes more than <u>BOTH</u> the single-day or weekly limitsDrinking more than 1 standard drink per hour

“For me, 18 beers is ‘responsible’”

Community & Medical Responsibility

Individual and Leadership Responsibility



Levels of Risk

USMC Alcohol Consumption Continuum - Science

No Risk	Low Risk No more than 4 standard drinks a day /14 in a week (Men) and 3 standard drinks a day / 7 in a week (women)	High Risk Exceeds daily or weekly Low Risk Totals
	<p>Only 2% of individuals who drink within both the “single-day” and weekly limits below have alcoholism or alcohol abuse diagnosis.</p>	<p>Drinking more than the single-day or weekly amounts is considered “at-risk”.</p> <ul style="list-style-type: none"> • About 1 in 4 people who drink this much meet criteria for alcohol abuse, the rest are at greater risk: <p>‘High Risk’ drinking chances of having an alcohol use disorder:</p> <ul style="list-style-type: none"> • <u>1 time a month</u> (20% chance) • <u>1 time a week</u> (33% chance) • <u>2 times a week</u> (50% chance)

“For me, 18 beers is ‘responsible’”

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Changing the “Boom”

Perceived risk starts here

Start Alcohol Use

ARI
EVENT

Risk acknowledged

Change to perceiving the risk starting here

Start
Alcohol
Use

Risk acknowledged

ARI

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Officers and SNCOs support the NCO's who are the Key!



- In positions to best affect change
- Need proper education and resources
- Need backing from SNCOs and Officers

“ Marine Corps needs to have a zero tolerance policy concerning DUIs”

“responsible drinking is too difficult to define”

“Small group setting works best – guided discussions”

“Leaders need to keep their finger on the pulse concerning alcohol use.”

“Replace safety stand downs - out dated and 'suck.' Need to be more interactive and better speakers”

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Goal #1

Review and Improve Information Dissemination

- Disseminate information about alcohol use, misuse and abuse
- Strategic communications plan (include social marketing)
- Anti-stigma campaign
- Road shows
- Partnerships with peer-based training programs
- Greater visibility on alcohol abuse data and information

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Goal #2

Review and Improve Prevention Education

- Review and improve alcohol abuse prevention education protocols
 - Installation prevention training plans
 - Training and education in all formal schools
 - Risk Drinking Continuum developed
- Implement standard alcohol abuse prevention training programs for Marines and civilians
 - Evidence-based training
 - Standardize PD's, workforce development and certifications
 - Make SACC procedures transparent

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Goal #3

Review and Improve Environmental Strategies

- Assess alcohol marketing
 - Sales, consumption, policies, and regulations
 - Quality assurance measures and accountability
- Promote low-risk drinking
 - Command climate and intrusive leadership
 - Provide resources and tools
- Increase deterrent measures
 - Gate checks
 - Breathalyzer pilot

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Goal #4

Review and Improve Alternative Activities

- Increase the use of alternative activities
 - Assessment of current installation activities
 - Provide host of exciting alternatives based on location
 - Single Marine Representative as command team member
 - Develop partnerships/coalitions

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Goal #5

Review and Improve Community-Based Processes

- Build community-based partnerships
 - Preservation boards encourage early intervention for high-risk alcohol users
 - Develop local initiatives that promote low or no-risk alcohol consumption
 - Develop national and federal partnerships
- Exploit pre-existing family support networks

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Goal #6

Review and Improve Problem Identification & Referral

- Implement strategies to identify and assist Marines needing support before an event happens
 - Streamlined referral process for self-referrals and all ARIs
 - Alcohol abuse prevention needs assessments
- Implement strategies to assist Marines needing support after an event happens
 - Increase information sharing methods between medical, behavioral health, law enforcement and commands
- Evaluate effectiveness of problem id & referral efforts

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Goal #7

Review and Improve Treatment Processes

- Standardize substance abuse prevention and treatment services
 - Standard practices and treatment protocols
 - Case management system
- Substance Abuse Control Officer improvements
 - Standardize training
 - Professionalize billet
- Quality of care improvements
 - Staffing model assessment
 - Aftercare treatment protocol

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Goal #7 (cont'd)

Review and Improve Treatment Processes

- Develop new ways to offer and improve substance abuse services
 - Evaluate use of non-traditional working hours
 - Develop partnerships and share best practices
- Evaluate the effectiveness of substance abuse treatments
 - Develop and implement strong quality assurance practices and protocols
 - Standardize accreditation practices

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Pending Initiatives

Evaluation of Alcohol Abuse Prevention Campaign

- Develop and execute an evaluation to determine effectiveness of Campaign efforts with assistance from Navy Marine Corps Public Health Center
- Recommend course of action changes as appropriate

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Implementation

- CMC/ACMC approval
- Briefing to senior USMC leadership at 26th EFPB (Mar 12)
- Draft Plan of Action and Milestones (POA&M)
- Develop working groups based on assigned tasks
 - Tracking and reporting on designated tasks

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Alcohol Abuse Prevention Campaign Plan

Discussions

“Keeping Faith”



Behavioral Health Advisory Committee

26th Executive Force Preservation Board

BGen Hedelund, Co-Chair
RADM Anderson, Co-Chair

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Behavioral Health Advisory Committee

PURPOSE

- Advise Marine Corps leadership on behavioral health programs and initiatives
- Focus on;
 - gaps,
 - duplication of effort,
 - best practices in research and application

VOTING MEMBERS

- Dir, MF (Co-Chair)
- TMO (Co-Chair)
- Chaplain of the Marine Corps
- Exec Dep, TECOM
- MARFORCOM (Col)
- MARFORPAC (Col)
- MEFs (Col)
- MFR (Col)
- Dir, SD (Col)
- SgtMaj, MF

EX OFFICIO

- BH Branch Hd
- MF Counsel
- DCOE
- NHRC
- Recorder

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Behavioral Health Advisory Committee

ACTIONS

- Synchronize / integrate behavioral health efforts
- Review / develop / ID research & future operations requirements
- Propose opportunities for coordinated education / training efforts
- Examine requirements for sustainment
- Address 'confidentiality vs. engaged leadership'
- Address stigma issues
- Clarify consequences of seeking mental health care
- Share outcomes across systems

METHODOLOGY

- Four meetings a year in conjunction with the EFPB
- Meeting minutes reported to ACMC

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Behavioral Health Advisory Committee

First Meeting Agenda (BHAC-25):

- Provided members the following briefs:
 - Behavioral Health update
 - DSTRESS Line
 - Sexual Assault Prevention and Response (SAPR)
 - Substance Abuse

Tasks from BHAC-25:

- Review level of support to commanders concerning behavioral health initiatives
- Review training efforts to ensure HIPAA training continues
- Provide additional information concerning the Marine Medical Home program
- Improve evidence collection initiatives to assist Sexual Assault Prevention and Response efforts

“Keeping Faith”



Behavioral Health Advisory Committee

Second Meeting Agenda (BHAC-26):

- Marine Medical Home Program
- Combat and Operational Stress Control
- Behavioral Health Research
- Suicide Prevention
- Alcohol Prevention Campaign

Future Plans:

- Act on EFPB direction
- Support CPG initiatives (integrate behavioral health)
- Enhance support between HQMC/Operating Forces/Installations to improve services to Marines and their families

“Keeping Faith”



Behavioral Health Advisory Committee

Discussion

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INFORMATION PAPER

Subj: FORCE PRESERVATION COUNCILS (FPCs)

Key Points:

1. The idea for Force Preservation Councils (FPCs) is derived from previously established best practices extant in the Corps. This non-punitive force preservation process support capability is designed to assist Marines and Marine leaders.
2. FPC actions are taken solely in the interest of the health, safety, welfare, and morale of Marines and Sailors and are not a replacement for presently functioning boards and safety programs.
3. FPCs are a stable sounding board and resource for junior leaders to develop actionable, executable plans to assist Marines and ensure every Marine has access to resources he/she needs.
4. FPCs provide commanders a better capability to provide concerned, informed, involved, collaborative leadership in support of individual leaders and their Marines to identify and provide support to Marines.
5. FPCs support the following:
 - a. Some Marines need extra guidance and resources outside the abilities of their mentors, trainers, and immediate leadership Chain of Command.
 - Some units do not have full complement of seasoned leaders.
 - Current operational tempo adds to dilemma.
 - Increased likelihood at-risk Marines will "fall through the cracks" as they depart and join new units or are processed out of the Corps.
 - b. FPCs are a stable sounding board and resource for junior leaders to develop actionable, executable plans to assist Marines and ensure every Marine has access to the resources he/she needs.
 - Non-punitive Council assists junior leader collaboration with more experienced leaders and helps identify and use all possible available resources.
 - FPCs are not limited in consideration of personal and professional risk factors.
6. FPCs form as follows:
 - a. FPCs form at Battalion/Squadron level (O-5) or higher as needed (O-6). Det Commanders at lower levels may also form FPCs.
 - Include CO or XO as Chair, Sergeant Major, and company commander/department head or First Sergeant/Staff NCOIC.
 - As needed, include medical officer, chaplain, substance abuse control officer, legal officer, safety officer or tactical safety specialist, family advocacy representative, suicide awareness officer, operational stress control and readiness representative.

- Review Marines being processed for Administrative Separation.
- Ensure positive hand off of at-risk Marines to new units.
- Provide a constant source of collaborative leadership stability as units form and break apart.
- FPCs provide individualized recommendations tailored to provide access to resources required to mitigate identified risk factors, advance the development of the Marine and the Marine's leaders.
- Identify and assign internal resources.
- Identify unhealthy trends in units prior to them becoming endemic.

b. FPCs are not a replacement for presently functioning boards and safety programs.

Recommendation: Formalize and implement, via a Marine Corps Order (see attached draft) Force Preservation Councils in every battalion, squadron, group, regiment, and headquarters in order to provide engaged, collaborative leadership at every level to better assist Marines and individual Marine leaders, combine resources, reduce on and off duty mishaps, positively affect At-Risk Marines, support/enhance unit cohesion, and ensure no Marine needing assistance is left behind.

MARINE CORPS ORDER XXX

From: Commandant of the Marine Corps
To: Distribution List

Subj: Force Preservation Councils

Ref: (a) MARADMIN 363/10 {23rd EFPB results}
(b) MARADMIN 240/11 {24th EFPB Results}
(c) Message: Force Preservation Council Sample Framework 151405Z APR11
(d) DoD 6025.18-R {DOD Health Information Privacy}
(e) Privacy Act of 1974
(f) MCWP 6-11 {Leadership}
(g) MCO 1500.58 {Marine Corps Mentoring Program}
(h) MARADMIN 597/11{Operational Stress Control and Readiness Training Guidance}

"One must put himself in the place of those whom he would lead; he must have a full understanding of their thoughts, their attitude, their emotions, their aspirations, and their ideals; and he must embody in his/her own character the virtues which he would instill into the hearts of his/her followers." Gen John A. Lejeune, 18 Jan 1921

1. Situation. Derived from previously established best practices, the non-punitive force preservation process delineated herein is designed to assist in the development of all Marines. The goal is to ensure access to resources and leadership and increase Junior Marines' leadership abilities throughout the force. Many units in our Corps have established high-quality Human Factor Councils and Mentoring programs. Some have not. My intent with this Order is to implement effective, standardized Force Preservation Councils (FPCs) throughout the entire Marine Corps - Marines and Sailors, Active and Reserve, Officer and Enlisted. References (a) through (h) form the basis of our FPCs, the desired end-state of which is an organizational environment that preserves and protects the force, supports readiness, and combines resources that develop Servicemembers to their full potential.

2. Mission. In order to better develop our Marines, combine resources, enhance unit cohesion, and instill Marine leaders with the necessary skills to maintain a resilient, healthy, and proactive force, we will formalize and implement Force Preservation Councils in every battalion, squadron, group, regiment, and headquarters.

3. Execution

a. Concept of Operations. Commanders shall implement FPCs within their organization immediately. FPCs convene at the battalion/squadron level (O-5), and at higher levels (O-6 and above), as needed. They typically include the CO/XO as chair, the Sergeant Major, and the company commander/department head or First Sergeant/Staff NCOIC. Other staff consulted to provide information concerning Marines under review may include (but is not limited to): the medical officer, the chaplain, the substance abuse control officer, the legal officer, the safety officer or tactical safety specialist, a family advocacy representative, the suicide awareness officer, family readiness officer, and operational stress control and readiness representatives.

FPCs matters are not limited in scope. Any personal or professional factor that may be affecting a Marine's total fitness and/or that of their family members' should be professionally confronted. Issues such as legal or disciplinary problems, alcohol or drug use, the efficacy of the current leadership structure, erratic behavior, or personal issues (e.g., loss of a family member, marital problems, or financial difficulties) are all relevant. However, FPC reports, notes, materials, or other work product shall not be appended or made an enclosure, in whole or part, to any Serious Incident Report (SIR) or safety investigation file. Though the information contained in these documents or garnered from interviews with Council members may be used in an SIR, all data is to be considered private and confidential. It is imperative leaders in the chain of command remain engaged in providing mentoring and counseling to those in their charge. Human factor issues or other problems that can be handled at lower levels should not be elevated up the chain-of-command merely to support a process.

FPCs will tailor individual recommendations to provide access to resources to advance the development of the Marine as well as the Marine's leadership team. The responsibility for executing recommendations, tracking progress, and providing updates to the FPC is a leadership responsibility resting with the Marine's chain-of-command.

b. Commander's Intent. These actions are taken solely in the interest of the health, development, welfare, and morale of Marines and Sailors and are not a replacement for presently functioning boards and safety programs.

Marines, like all professionals, may require guidance and/or resources that lie outside the purview of either their mentors or Chains of Command. Certain operational units (e.g., combat arms and logistics elements) may not have a full complement of seasoned leaders to assist Marines in their personal and professional development in the long and short term. The current deployment tempo has only exacerbated this situation, and it is a testament to the strength of our ethos the Marine Corps has done as well as it has.

However, while we do well, we acknowledge we can still do better. No Marine should be "left behind" because they lack knowledge or access to available resources. The Force Protection Councils (FPCs) provide a proactive suite of resources for junior leaders to develop comprehensive plans to assist Marines in reaching their potential. Problem application helps junior leaders become better mentors and provides commanders unique insight to challenges facing individual Marines.

This non-punitive Council enhances the collaboration between leaders and Marines, enhances leadership development, provides a channel to needed resources, and supports Marine total fitness. The intent is every Marine receives full access to the resources and leadership needed prior to a problem or issue becoming career or life threatening. The Council convenes monthly to proactively mentor, guide, and aid in the resolution of current incidents and address and follow-up on previous incidents. The Marine's case will be presented to the Council by the FPC POC, recommendations will be

created, the recommendations will be communicated to the Marine's Supervisor, and progress will be tracked.

c. Scheme of Maneuver. Servicemembers will be recommended to the FPCs by their chain-of-command.

d. Tasks.

(1) Commanding Officers. Commands have the latitude to tailor the mechanics and specific construct of their FPC to their unit size, structure, location, geographic dispersion, and mission. FPCs should convene on a monthly basis.

(a) Select FPC members, train, assign responsibilities, and ensure they understand confidentiality clauses per references (d) and (e).

(b) Assign one of the FPC members to be the FPC Point of Contact (POC) and ensure they obtain OSCAR (Operational Stress Control and Readiness) certification per references (a), (b), and (h).

(c) Uncover and share available resources and information. Hold FPC members responsible and accountable for correct, current, and accurate access to resources.

(d) Per this order and references, convene FPC within your unit monthly, or as required. Reserve component FPCs shall be conducted not less than semi-annually.

(e) Ensure 100% of newly joined personnel are briefed on leadership development, mentoring, and FPCs during the check-in process.

(f) Review any Marine being processed for Administrative Separation during FPCs.

(g) Conduct follow-ups on Marines to ensure continuum of care.

(2) Force Preservation Councils (FPCs).

(a) Battalion Commanders, Sergeants Major, and Branch Heads convene FPCs at their level of command or authority. These Commanders and more senior Marines conduct evaluations of recommended Marines aided by leadership representation from the chain-of-command and advisors from specific staff areas. FPC membership should include at a minimum:

1. CO or XO (as Chair), Sergeant Major, and Marine's Company Commander and/or 1stSgt

2. Additional board members may include:

a. Platoon Commander and/or Platoon Sergeant (Section OIC and/or SNCOIC), Medical Officer, Chaplain, SACO, Legal Officer, Safety Officer or Tactical Safety Specialist (TSS), Family Advocacy Representative, Family Readiness Officer (FRO), Suicide Awareness Officer, and OSCAR Representatives.

(b) Provide the Commander with a holistic view of a Marine.

(c) Identify and assign internal resources.

(d) Collate multi-disciplinary recommendations into a single, prioritized, coherent, and executable plan.

(e) Ensure execution of plan within Marine's leadership.

(f) Identify unit trends before they become endemic.

(g) Be a source of unit continuity and stability as manpower expands and contracts in conjunction with operational requirements.

(3) Point of Contact (POC). The FPC POC will be designated by the Commanding Officer and will be the point of contact for Marines to access the resources available from the FPC. This person will be the recommended Marine's advocate during the duration of their involvement with the FPC.

(a) Attend Operational Stress Control and Readiness (OSCAR) training and be certified as an OSCAR Team Member.

(b) Accept and follow up on calls, emails, and personal interactions with Marines recommending someone to the FPC.

(c) Ensure all information on a recommended Marine is gathered and presented at next FPC meeting.

(d) Deliver and explain recommendations to the Chain of Command.

(e) Ensure execution of plan throughout Marine's leadership.

(f) Ensure Recommended Marine's case is followed to ensure continuum of care.

(4) FPC Extenders. FPC Extenders are service members within the command who are trained in the FPC concepts and act as the "eyes and ears" of the command. FPC Extenders make recommendations to the chain of command regarding Marines they believe may benefit from consideration by the FPC.

e. Coordinating Instructions.

1. Subject Matter Expert support during the establishment and subsequent execution of FPCs is available from the CMC Safety Division and the TECOM Leadership Doctrine Development and Standards Branch. Commands with successful models and other best practices should contact the message POC to have their FPC construct and material shared as a best practice.

2. The FPC processes are part of a comprehensive leadership program applicable to all Marines regardless of MOS to increase Marines' total fitness. Human Factors Councils (HFCs) required for aircrew are independent processes established specifically by and for the aviation community. The FPC process is not intended to replace or interfere with the HFCs. Commands have the latitude to tailor the FPC process to be mutually supportive with the HFC, as long as the requirements and intent of both are met.

4. Administration and Logistics.

a. Per reference (b), completion of FPCs will be documented in writing and reported on the Warrior Preservation Status Report (WPSR).

b. Per reference (b), FPCs will be considered as part of a service-level review and incorporated as a component of future leadership development programs in order to be an enduring part of the Marine Corps leadership continuum.

c. Resources such as existing FPC policies, scenarios, sample meeting worksheets, templates, and other best practices can be found at:
http://www.Marines.mil/unit/safety/pages/force_preservation_council.aspx.

5. Command and Signal.

a. Command. This Order applies to all Servicemembers, Active and Reserve.

b. Signal. The Order is effective from DD MON YY until revised or canceled.



Stress Mitigation Pilot Program

Purpose. Provide brief background and current status on the Stress Mitigation Pilot Program.

Background

- Unsolicited Stress Inoculation brief given to CG II MEF and CG, MCIEAST by UNCW staff – Mar 10
- Program briefed at 24th Executive Force Preservation Board (EFBP) – Mar 11
- Program discussed at 25th EFPB – Sep 11
- MARADMIN 647/11 directs CG II MEF to establish a Stress Mitigation Pilot Program at II MEF – Nov 11
- P & R identified \$2.7M O&MMC to fund pilot program – Nov 11
- Internal II MEF contract vs. grant as funding vehicle deliberations – Nov 11► Feb 12
- UNCW identifies key personnel - ongoing
- UNCW building study infrastructure - ongoing
- UNCW completes internal Institutional Review Board (IRB) – Feb 12
- ONR contacted and ONR will manage S&T for stress mitigation - Feb 12

Current Status

- ONR is assuming responsibility for research related to stress mitigation programs. The research will involve basic understanding of stress and resiliency training, assessment of USMC and USA programs on stress mitigation, identify integration opportunities for stress mitigation training and develop a proof of concept pilot program.
- Once there is a mutually agreed upon definition of the stress mitigation problem, ONR will identify a research and development plan for accomplishing the task outlined by the 25th EFPB.
- ONR will coordinate with HQMC, M&RA (Behavioral Health Division), II MEF, TECOM and BUMED to ensure research is considering potential implementation strategy consistent with current Marine Corps programs.

II MEF Way Ahead

- Monitor program progress and
 - ID/coordinate participating units once a start date is determined
 - Support as necessary/requested by ONR/UNCW
 - Provide program updates as required

6 March 2012

INFORMATION PAPER

Subject: PLAN FOR REDUCTION OF USMC LOST WORKDAY RATE (LWDR)

1. Purpose. Provide the Executive Force Preservation Board with status on a plan to reduce LWDR.

2. Key Points

- Federal Employee Compensation Act (FECA) provides workers' compensation benefits to employees injured on duty or suffer from occupational disease.
- LWDRs are incurred once the employee seeks medical attention and is determined unfit for duty.
- Four USMC commands listed on the current DoD Top 40 list of highest LWDRs are Barstow, 29-Palms, Camp Lejeune, and Cherry Point.
- EFPB tasker (ID 25-08) directed M&RA develop and implement a plan to reduce LWDR by end FY13. M&RA (MPC-40) has completed/initiated the following:
 - Established command-level LWD Councils. Charters have been established outlining local command goals and objectives.
 - Quarterly reporting requirements will be established to track accomplishments and identify best practices.
 - M&RA (MPC-40) and Safety Division will jointly develop and conduct training for supervisors, managers, and employees on reducing LWDRs.
 - Developed Standard Operating Procedures to improve and standardize FECA case management.
 - Will establish a service-level LWD Council chaired by the M&RA Program Manager with representatives from Safety Division, Occupational Health, and the largest union representing USMC employees, the American Federation of Government Employees, Council 240. Immediate focus areas will be:
 - Inadequate resources for proper, full-time case management.
 - Fiscal constraints to hire an Injury Compensation Program Administrator (ICPA) at each command.
 - Inconsistent FECA Program structure Marine Corps-wide.

Prepared by: M. Nereng, GS-14, MPC-40, M&RA, 703-432-9427

INFO MEMO

February 07, 2012

FOR: Executive Force Preservation Board

FROM: Health Services

SUBJECT: UPDATE TO THE EXECUTIVE FORCE PRESERVATION BOARD ON COMMANDER ACCESS TO HEALTH INFORMATION

BACKGROUND: In accordance with the recommendations of the 25th Executive Force Preservation Board (EFPB), as detailed in MARADMIN 647/11, Health Services (HS) was assigned as the Office of Primary Responsibility (OPR) for the following task:

- (EFPB 25-09): Ensure the publication of the Navy Bureau of Medicine and Surgery (BUMED) Notice 6150, entitled "Commander's Access to Protected Health Information" within 30 days of release of this message. Provide an update at the 26th EFPB.

STATUS: As of 01 February 2012, the following is the summary of completed actions and current status for the above listed task:

- In a memorandum dated 3 June 2011, the Surgeon General of the Navy directed the Commanders of the Navy Medicine Regions to disseminate MARADMIN 308/11 to their staffs, commanding officers and officers in charge throughout their AORs.
- On August 17, 2011 OUSD(P&R) issued DODI 6490.08 "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members". This DODI incorporates and cancels Directive-Type Memorandum 09-006, "Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health" (Ref. F in MARADMIN 308/11) and provides definitive guidance on the issue of commander access to health information.

COORDINATION: None.

ATTACHMENTS: As stated.

Prepared by: Dr. Thomas Burke, GS-15, HQMC HS, (703) 604-4604

Approved by: CAPT Robert Alonso, Deputy Director, HQMC HS, (703) 604-4601

INFO MEMO

February 07, 2012

FOR: Executive Force Preservation Board

FROM: Health Services

SUBJECT: UPDATE TO THE EXECUTIVE FORCE PRESERVATION BOARD ON TREATMENT OF CO-OCCURRING ISSUES SUCH AS PTS AND ALCOHOL ABUSE

BACKGROUND: In accordance with the recommendations of the 25th Executive Force Preservation Board (EFPB), as detailed in MARADMIN 647/11, Health Services (HS) was assigned as the Office of Primary Responsibility (OPR) for the following task:

- (EFPB 25-10) - Collaborate with BUMED to update case management protocol and clinical instructions ensuring simultaneous treatment of co-occurring issues such as pts and alcohol abuse, and immediately beginning treatment on any alcohol abuse issues. Provide an update at the 26th EFPB.

STATUS: As of 01 Feb 2012, the following is the summary of completed actions and current status for the above listed tasks:

- Guidance for clinicians is contained in Clinical Practice Guidelines (CPG) developed by various academic and professional organizations to assist providers in maintaining a consistent and high standard of clinical care. The DoD and Department of Veterans Affairs have collaborated on a series of CPGs addressing a number of disorders, including PTSD, substance use disorder, and post-deployment health.
- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) has as its primary mission the development and dissemination of best clinical practices in PH and TBI. As new CPG become available or available CPGs are updated, DCoE will make them available to practitioners in all Services.
- CPGs are useful tools, but are not regulations and are not binding on licensed independent practitioners (LIP). Such practitioners are expected to make diagnoses and prepare treatment plans individualized for the patient. Many primary care practitioners do not treat PTSD and substance abuse disorders simultaneously, even with CPGs available because such treatment requires psychiatric subspecialty care. WRNMMC patients with the dual diagnoses are often sent to Laurel Ridge Treatment Center located in San Antonio, TX. Usually NMC San Diego patients are treated first for the abuse problem, either inpatient or outpatient, followed with PTSD treatment in the inpatient Overcoming Adversity and Stress Injury Support (OASIS) program or if indicated another appropriate program.
- Case Management does not have protocols for providing case management services to patients with PTSD and co-morbid conditions such as alcohol abuse. Case managers, skilled in behavioral health case management, are members of the clinical team and in conjunction with them develop individualized patient plans of care, then provide case management services in implementing the plan.

COORDINATION: None.

ATTACHMENTS: As stated

Prepared by: Dr. Thomas Burke, GS-15, HQMC HS, (703) 604-4604

Approved by: CAPT Robert Alonso, Deputy Director, HQMC HS (703) 604-4601

INFO MEMO

February 07, 2012

FOR: Executive Force Preservation Board

FROM: Health Services

**SUBJECT: UPDATE TO THE EXECUTIVE FORCE PRESERVATION BOARD
ON INTEGRATION OF MENTAL HEALTH SUPPORT INTO PRIMARY
CARE AT THE MARINE-CENTERED MEDICAL HOME**

BACKGROUND: In accordance with the recommendations of the 25th Executive Force Preservation Board (EFPB), as detailed in MARADMIN 647/11, Health Services (HS) was assigned as the Office of Primary Responsibility (OPR) for the following task:

- (EFPB 25-11) - Collaborate with BUMED to integrate mental health support into primary care at the Marine-centered Medical Home, including face-to-face mental health assessments and publication of specific implementation steps. Provide an update at the 26th EFPB.

STATUS: As of 01 Feb 2012, the following is the summary of completed actions and current status for the above listed task:

- HQMC-HS participates in the Navy Medicine Psychological Health Advisory Board (PHAB), an O-6 level working group advising the Navy Surgeon General on psychological health issues. At its meeting on 2-3 Feb 2012 the PHAB received a status briefing on "Behavioral Health Integration" (into the Navy Medical Home Port) from the BUMED Behavioral Health Integration Program Manager. This briefing is available to the EFPB on request. **STATUS: ONGOING**
- Navy Medical Home Port (MHP) is the Navy model for implementing PCMH in Navy MTFs. Implementing guidance is Bureau of Medicine and Surgery (BUMED) Instruction 6300.19 dated May 26, 2010. Further guidance is found in the Military Health System Patient Centered Medical Home Guide, June 2011 (Chapter 8 - Integrating Behavioral Health (BH) Providers). **STATUS: ONGOING**
- Person to Person Mental Health Assessments (MHA) are required under Section 708 of Public Law 111-84, "National Defense Authorization Act for Fiscal Year 2010," October 28, 2009. Implementing guidance is contained in Directive-Type Memorandum (DTM) 11-011, "Mental Health Assessments for Members of the Military Services Deployed in Connection with a Contingency Operation" dated August 12, 2011. HQMC-HS has collaborated closely with BUMED in developing an implementation plan for MHA which integrates the new MHA to the maximum extent possible with existing periodic and deployment related health assessments. The current estimated implementation date is February 2012. **STATUS: PENDING RELEASE**

COORDINATION: None.

ATTACHMENTS: As stated.

Prepared by: Dr. Thomas Burke, GS-15, HQMC HS, (703) 604-4604

Approved by: CAPT Robert Alonso, Deputy Director, HQMC HS, (703) 604-4601