

# **I Marine Expeditionary Force**

## **Leaders' Force Preservation Handbook**

**1<sup>st</sup> Edition**

**June 2019**

## **DISCLAIMER NOTIFICATION**

This handbook serves to provide quick reference material to leadership at all levels. This handbook does not replace or supersede any policy or order at any level. Users should refer to the references listed within each section for further guidance and clarification on requirements and information provided.

This handbook will be updated on a yearly basis, or as required, and is current as of the publication date. It is the user's responsibility to ensure information provided within the handbook is concurrent with all active published orders and policies.

## **TABLE OF CONTENTS**

<b>Introduction</b>	<b>4</b>
I MEF Force Preservation Construct	5
Force Preservation: The Prevention Focus	7
<b>Requirements Summary</b>	<b>9</b>
Policy/Order Requirements/Required Surveys	10
Personnel Requirements	11
<b>Force Preservation Functional Areas</b>	
<b><u>PRESERVATION READINESS</u></b>	<b>12</b>
Embedded Preventive Behavioral Health Capability (EPBHC)	13
Military and Family Life Counselors (MFLC)	15
Combat Operational Stress Control (COSC)	17
Substance Abuse Prevention Program	19
Suicide Prevention Program	23
Sexual Assault Prevention and Response (SAPR)	27
Prohibited Activities and Conduct (PAC) Prevention and Response	35
<b><u>SAFETY</u></b>	<b>44</b>
Drive Safe Program	45
Ground Safety Program	47
Hearing Conservation Program	49
Laser Safety Program	50
Radiological Safety Program	51
Risk Management	53
<b><u>FORCE RESILIENCY</u></b>	<b>55</b>
<b>Marine Corps Community Services: Behavioral Health Services</b>	<b>57</b>
Community Counseling Center	58
Substance Abuse Counseling Center (SACC)	59
Family Advocacy Program (FAP)	61
New Parent Support Services	62
Suicide Prevention	63
<b>Best Practices and Additional Resources</b>	<b>65</b>
Force Preservation Council (FPC) Guidance	66
Criteria for Notification to Command – Mental Health	68

# **FORCE PRESERVATION INTRODUCTION**

## **I MEF Force Preservation Construct**

Leadership at all levels in I MEF must be familiar with the tenets of Force Preservation and it is essential that Force Preservation efforts be “commander centric.” Force Preservation is the deliberate action used to develop and sustain resiliency, prevent Marines, Sailors, and their families from engaging in destructive behaviors, as well as protecting equipment, facilities, and other resources. These actions will increase positive behaviors resulting in sound decision-making, superior coping skills, and improved resiliency, thereby enhancing unit readiness.

The I MEF Force Preservation construct facilitates the sustained highest level of expeditionary readiness by providing training and tools to leaders and Marines to enhance individual resiliency. The I MEF Force Preservation construct places Safety, COSC, Suicide Prevention, Substance Abuse Prevention, Sexual Assault Prevention and Response (SAPR), Equal Opportunity (EO), and the Embedded Preventive Behavioral Health Capability (EPBHC) under the direction of the I MEF Force Preservation Directorate. While not designated as an AC/S G-10 at the time of this publication, the Force Preservation Directorate is aligned to receive direction and further coordinate as required with MARFORPAC AC/S G-10. The Force Preservation Directorate ensures synchronized delivery of quality, coordinated, and targeted resources and services across the force designed to build resiliency and improve decision-making and coping skills in Marines and Sailors. This is accomplished by facilitating communication and collaboration across internal and external partners and providing subject matter expertise and tools to leaders at all levels. The Force Preservation Directorate further aims to assist program managers to form collaborative and integrated teams resulting in:

- Clear choices for the Commander and leaders at all levels.
- Collaboration internally (I MEF) and external (MCCS, Naval Hospital, etc.) on programs and initiatives.
- Reduction of redundancies.
- Consolidation of data and data analysis to identify trends and focus resources.

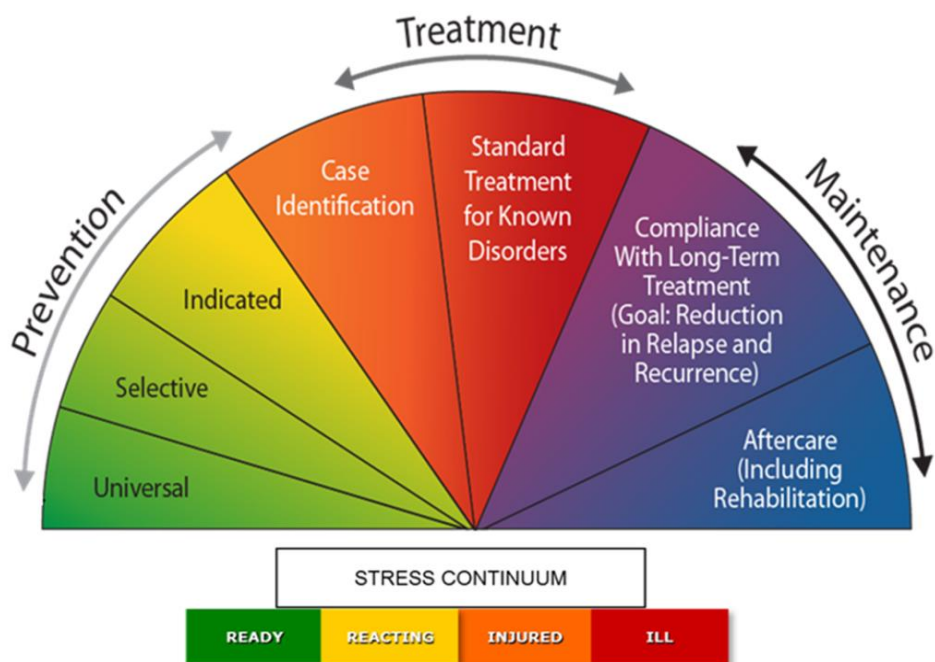
This approach decreases administrative requirements and allows the commander to better identify and care for at risk Marines and Sailors prior to a poor decision or destructive behavior vice reacting to one. The focus of the I MEF Force Preservation Directorate is integrating and improving prevention efforts and initiatives across the MEF, increasing early identification of risk factors, ensuring appropriate and easy access to care, resulting in the reduction of destructive behaviors, and increase in overall quality of life within the Marine Corps culture.

Force Preservation builds on the foundation of Marine Corps values applied through compliance with standards, facilitating a deployable and employable force. Force Preservation actions develop and strengthen individual character, improve decision-making, and ensure resiliency. Successful actions manifest itself in Marines, Sailors, and family members who are physically, spiritually, socially, and mentally resilient. Force Preservation is a mindset that must permeate throughout I MEF.

The I MEF Force Preservation Directorate supports Force Preservation efforts for I MEF, its Major Subordinate Commands and Major Subordinate Elements to facilitate the enhanced readiness of the Force.

## FORCE PRESERVATION: THE PREVENTION FOCUS

Force Preservation efforts concentrate on prevention; identifying at-risk Marines and Sailors *before* they make poor decisions and/or engage in destructive behaviors. Behavioral health personnel, Safety, Sexual Assault Response Coordinator and Equal Opportunity all play a vital role on the prevention process and must collaborate with commands in order to integrate preventative services into the units. This allows for easy access to the appropriate care and prevention education opportunities, and an increase in knowledge of risk factors and the prevention tools available to mitigate that risk. These efforts create an environment for Marines/Sailors to seek help before a situation becomes high risk.



The framework displayed above, features prevention on the left of the spectrum, consisting of three categories; Universal, Selected, and Indicated. Universal training, such as the UMAPIT annual requirement, is intended for all Marines. Selective training is for Marines who are in a higher-risk population, such as those who have been exposed to prolonged deployment-related stress. Indicated training is for Marines who have shown signs of distress, such as an alcohol-related incident, but who have not been diagnosed with an illness or disorder. Universal, selective, and indicated trainings and services are available through MCCS, Naval Hospital, Chaplains, and other embedded force preservation personnel.

Everyone has attributes that can make them more vulnerable (or more resilient) to life's stressors. It is important to recognize and acknowledge these attributes in our Marines/Sailors in order to provide the most appropriate resources and support to address them.

Marines and Sailors facing these risk factors have a higher likelihood of engaging in destructive behaviors resulting in negative outcomes when faced with stressful situations.

## Risk and Protective Factors

### Higher risk...

- ▶▶ Poor unit cohesion
- ▶▶ NJP or administrative action
- ▶▶ Relationship issues
- ▶▶ Financial or legal problems
- ▶▶ Risk taking or sensation seeking
- ▶▶ Substance misuse
- ▶▶ Loss of loved one
- ▶▶ Feeling trapped
- ▶▶ Unresolved anger
- ▶▶ Hazing or bullying
- ▶▶ Social isolation or low self-esteem
- ▶▶ Humiliation or embarrassment
- ▶▶ Peers engaging in problem behavior
- ▶▶ Bad decision making or poor coping skills



Protective factors are the individual and environmental characteristics that reduce the effects of risk factors and stressful events, increase the individual's ability to avoid risks or hazards, and reduce the likelihood of engaging in destructive behaviors or experiencing behavioral health issues. When Marines/Sailors have strong protective factors, they are more likely to be more resilient, grow from stressful situations, and achieve and maintain total fitness. Leaders and peers can help fellow Marines/Sailors develop protective factors by:

- Promoting strong connection to unit, family, and community.
- Teaching methods of problem-solving and conflict resolution.
- Expressing disapproval of risky activities and educating on negative outcomes of risky behaviors.
- Promoting healthy behaviors by setting conditions of adequate sleep, nutrition, exercise, etc.
- Facilitating individual achievement.
- Restricting access to lethal means and substances that can be abused.
- Promoting access to effective treatment and relationships with local support assets.



# **REQUIREMENTS SUMMARY**

## **O-6/O-5 COMMANDER REQUIREMENTS POLICY STATEMENTS:**

- Substance Abuse Prevention within 30 days of assumption of command
- Safety Policy within 30 days of assumption of command
- Sexual Assault Prevention and Response within 60 of assumption of command
- Combat Operational Stress Control within 60 days of assumption of command
- Prohibited Activities and Conduct Prevention and Response Policy within 90 days of assumption of command

### **Unit Orders:**

- Suicide Prevention Program: written plan to address a suicide, attempt, or ideation
- Alcohol Screening Program Unit SOP
- Command specific Commander's Protocol for Responding to allegations of sexual assault

### **Surveys:**

- Commanders are required to conduct a close out DEOMI Organizational Climate Survey (DEOCS) within 90 days of relinquishing command. DEOCS will only be conducted annually thereafter. The outgoing commander is required to brief the incoming commander on the results and Command Action Plan of the DEOCS.
  - Per MARADMIN 291/19, MARADMIN 242/18 is cancelled. This MARADMIN addresses excess survey fatigue, and rescinds the requirement for a 120-day post-change of command DEOCS. Intent is to replace this with a 120-day EO Advisor (EOA) in-brief with the new commander.
  - Per MARADMIN 017/19, MARADMIN 316/13 is cancelled. Additionally addressing survey fatigue, this cancellation rescinds the previous requirement to conduct the Marine Corps Command Climate Survey (CCS) within 30 days of taking command.
- Complete Safety Climate Assessment Survey within 90 days of assumption of command and annually thereafter.

## PERSONNEL REQUIREMENTS

The commander must assign the following additional/collateral duties in writing:

### **MIG/MEU (O-6 Commanders)**

- Sexual Assault Response Coordinator (SARC)

### **Regiment/Group/MEU/Battalion/Squadron (O-6/O-5 Commanders)**

- Equal Opportunity

- Command Equal Opportunity Manager (CEOM) (as needed). [Officer/SNCO]
- Equal Opportunity Representative (EOR). [Officer/SNCO]

- Behavioral Health

- Combat Operational Stress Control (COSC) Representative [Marine Officer or SNCO]
- Suicide Prevention Program Officer (SPPO) [Marine Officer or SNCO]
- Substance Abuse Control Officer (SACO) [Officer or SNCO]
- Urinalysis Program Coordinators (UPCs)
- Alcohol Screening Program Coordinator (ASPC) [Officer or SNCO]
- Unit Victim Advocates (UVA) [Two Officer/SNCO per Bn/Sqdn]

- Safety

- Ground Safety Officer (GSO) [Officer or SNCO]
- Aviation Safety Officer (ASO) [Only for units with aviation assets]
- Shop/section safety representatives (NCO or civilian)
- Training Safety Officer (TSO)
- Radiation Safety Manager (RSM)
- Radiation Safety Officer (RSO) if unit conducts x-ray radiography
- Radiation Protection Assistants (RPA)
- Laser Safety Systems Officer (LSSO)
- Safety Authority for Web Enabled Safety System (WESS)
- At least one Risk Management (RM) instructor
- Motorcycle Mentorship Program (MMP) President and Vice President

# **PRESERVATION READINESS**

## **EMBEDDED PREVENTIVE BEHAVIORAL HEALTH CAPABILITY (EPBHC)**

**What:** The Embedded Preventive Behavioral Health Capability (EPBHC) applies public health, community based approaches designed to address the complexity and interplay of risk and protective factors through the continuum of prevention. EPBHC works closely with commanders and the command to systematically determine need, rapidly identify emerging trends, and develop courses of action to enhance resiliency and mitigate risk factors that degrade the wellness of Marines/Sailors, their families, and ultimately, the readiness of the Marine Corps. It is important to note that the EPBHC does not provide counseling services to individual Marines or Sailors.

**Who:** EPBHC personnel are Special Staff Officers to the MEF Commanding General, the Commanding Generals of Major Subordinate Commands (MSC), and regimental/group commanders. Staff structure includes a Prevention Director and Prevention Specialist embedded within I MEF, Prevention Analysts embedded within 1st MLG, 1st MarDiv, and 3d MAW, and Prevention Specialists within the regimental/group commands.

**Why:** EPBHC responsibilities are designed to provide Commanders a macro perspective achieved through collaborative and improved communications, integration of prevention activities, and streamlined analysis and information. Collaborative partnerships between Force Preservation functional areas, local medical and mental health treatment assets, Marine and Family programs and services, and other on base and local community organizations solidify the success of Commanders' prevention capabilities.

**How:** A summary of EPBHC roles and responsibilities are below. Further guidance is located in MCO 1700.41, MARADMIN 697/13 Marine Corps MEF Prevention Capability, MARADMIN 652/16 Implementation of the Unit Marine Awareness and Prevention Integrated Training 2.0.

- Assist and advise on the identification and mitigation of risk factors within the command that affect the resiliency and readiness of Marines.
- To provide a liaison from the OPFOR to existing supporting capabilities such as installation Marine Corps Community Services (MCCS) Behavioral Health programs and medical treatment facilities in order to leverage and extend current resources, enhance communication and feedback, and collaboratively execute needs assessments.
- Incorporate targeted strategies aimed at improving health, wellbeing, and resiliency of Marines, Sailors, and their families with a focus on positive actions, programs, and communities.
- Increase Commanders situational awareness on issues affecting individuals, families, installations, and communities.
- Oversee and verify population based analysis on areas associated with Behavioral Health prevention programs and policies including those reflecting the complex relationship between

substance abuse, depression, anxiety, family problems, sleep issues, suicide, financial hardship, and other problems, which inhibit the Commanders ability to improve and sustain individual performance and mission readiness.

- Ease system navigation between operating forces and support services providing clear choices to Commanders and leaders.
- Maximize the use of prevention resources, reduce gaps in services and duplicated efforts, and work with other supporting services such as (but not limited to):
  - Marine leadership.
  - Military and Family Life Consultants (MFLCs), Deployment Readiness Coordinators (DRCs), Chaplains, MCCS Behavioral Health programs personnel.
  - Force Preservation Functional areas and programs such as Safety, Equal Opportunity (EO), Sexual Assault Prevention and Response (SAPR) personnel, Combat and Operational Stress Control (COSC), the Substance Abuse Program (SAP), and Suicide Prevention Program.
- Work with command teams, as an embedded resource, on Human Factors and Force Preservation Counsels and mentorship/sponsorship initiatives.
- Provide support to and training of integrated behavioral health initiatives at the designated Headquarters Marine Corps (HQMC) universal and selective levels as defined by Marine and Family Programs Division.
- Provide train-the-trainer support and behavioral health expertise concerning UMAPIT and MAPIT Dashboard modules to support commander' behavioral health initiatives.
- Provide quality assurance regarding the integrity and implementation of HQMC universal and selective trainings.
  - Unit Marine Awareness and Prevention Integrated Training (UMAPIT).
  - Marine Awareness and Prevention Integrated Training (MAPIT) Dashboard modules.
  - Training quality provided by Operational and Stress Control and Readiness (OSCAR) trainers supporting the MEF Regional Training Coordinator.

**References:**

- MCO 1700.41 Marine Corps Embedded Prevention Behavioral Health Capability
- MARADMIN 697/13 Marine Corps MEF Prevention Capability
- MARADMIN 652/16 Implementation of the Unit Marine Awareness and Prevention Integrated Training 2.0

# **MILITARY AND FAMILY LIFE COUNSELOR (MFLC) PROGRAM**

The MFLC capability was originally established by the DoD in 2004. The MFLC capability provides counseling and services to individual Marines and Sailors. MFLCs provide confidential, short-term, solution-focused, non-medical counseling and financial education services to service members, couples, and family members. These are embedded assets for operational commanders focused on preventing or mitigating potential behavioral health related issues. Services offered are geared to maintain mission readiness.

## **I. Commanders and Leaders**

- MSCs and MSEs receiving MFLC support will appoint a MFLC Coordinator to facilitate the introduction of MFLCs into that MSC/MSE.
- Review all MFLC Program guidance to include MCBul 1700 dated 04 Apr 2016 and MARADMIN 075/13.
- Ensure that MFLCs receive an MSC/MSE orientation brief which includes a description of internal command resources and points of contact for those resources.
- Ensure the MFLC is providing feedback on unit trends, challenges, barriers, or related issues on a recurring basis mutually agreed upon by the commander and MFLC. This feedback should be available to the entire command team as well as other behavioral health/force preservation SMEs.
- Integrate the MFLC into your command team and facilitate collaboration with the Chaplain and other behavioral health/force preservation SMEs such as EPBHC.
- Promote initiatives to reduce the stigma of seeking counseling assistance and provide Marines, Sailors, and family members an open door policy to see the MFLC.
- Understand the MFLC confidentiality and command roles in duty-to-warn situations.
- Ensure that the MFLC is providing the Command Report on their activities to the unit commander and appropriate reporting chain.

## **II. Training Requirements**

- None Listed

## **III. Reporting Requirements**

- Duty-to-Warn Procedures (domestic abuse; harm to self or others; desire to harm oneself; child abuse or neglect; violence against any person; and any present or future illegal activity).

- MFLCs should provide unit Commanders the “Commander’s Report” outlining the trends of their counseling efforts within the command on an ongoing basis.

#### **IV. Administration**

- Normal MFLC Rotation Schedule:
  - I MEF embedded MFLCs are contracted to support designated commands for one year.
  - When the one year tour is complete the MFLC will rotate to another command and another MFLC will rotate in to replace them by contract.
  - The MFLC contractors manage the rotation schedule and process.
  - MSC/MSE MFLC Coordinators will track the rotation schedule to ensure the transition process works efficiently for the Commander.
  - The Installation Behavioral Health Branch Head will provide an orientation for MFLCs that are new to the installation.
  - MSC/MSE MFLC Coordinators will ensure newly assigned MFLCs receive an orientation from their assigned commands.
- MFLC Coordinating Instructions:
  - Commanders will notify their MSC/MSE MFLC Coordinator for all serious issues and concerns pertaining to the MFLC Program.
  - MSC/MSE MFLC Coordinator will then notify the I MEF MFLC Coordinator to ensure the appropriate actions have been taken to resolve the issues.

#### **V. References**

- MCBul 1700 dated 04 Apr 2016 – Military and Family Life Counselor Program
- MARADMIN 075/13 - Implementation of Military and Family Life Consultants (MFLCS)



# **COMBAT AND OPERATIONAL STRESS CONTROL (COSC) PROGRAM**

Combat Operational Stress Control (COSC) encompasses all policies and programs to prevent, identify, and holistically treat mental injuries caused by combat or other operations. Ensuring that all Marines and family members who bear the invisible wounds caused by stress receive the best resources and care possible, and are afforded the same respect given to the physically injured is a priority of the I MEF Commanding General. The two goals of COSC are to maintain a ready fighting force, and to protect and restore the health of Marines and their family members.

## **I. Commanders and Leaders**

- Battalion/squadron level or equivalent commanders shall appoint in writing a COSC Representative to manage the unit's COSC Program. Ref: MCO 5351.1, chap 1, par 2b.
- Battalion/squadron level commands (or equivalent) will establish, train and continuously maintain an Operational Stress Control and Readiness (OSCAR) Team. Ref: MCO 5351.1; MARADMIN 597/11.
- Develop and publish a command policy that implements COSC principles. Ref: MCO 5351.1, Par 3b (9) (a) and APPENDIX D2.

## **II. Training Requirements**

- OSCAR Team Training- Training will be conducted by certified OSCAR Trainers or OSCAR Master Trainers. Ref: MCO 5351.1, chap 2, par 2a.
- The OSCAR Team will be the greater of 5% of the unit population or (20) Marines and Sailors. The unit OSCAR team will consist of the following per MCO 5351.1, chap 2, par 1b.
  - Bn/Sqdn Level- CO, XO, SgtMaj, Medical Officer, Chaplain, COSC Rep, Senior Corpsmen, RP and other senior personnel.
  - Co Level- CO, XO, 1stSgt, Co GySgt, Platoon Commanders, Platoon Sergeants, Squad Leaders and Corpsmen.
- COSC Deployment Cycle Training (DCT). Training for Marines and Sailors will be conducted by a senior OSCAR Mentor/ Team Member. Marine Corps Family Team Building (MCFTB) will conduct the training for families. Ref: MCO 5351.1, chap 3.
  - For all deployments 90 days or more. COSC DCT will be conducted at three different stages/time periods during a deployment cycle for Leaders (SNCO & Officer), Warriors (E-5 & Below) and Family Members.
    - Preparation Brief- 30 days prior to the deployment.
    - Transition I, Return & Reunion Brief – NLT 30days prior to the return/re-deployment.
    - Transition II, Brief- 60-90 days after the return/re-deployment.

- Significant events during deployments and in garrison require a deliberate and supervised After Action Review (AAR).
- Marine Corps Community Services (MCCS) promotes personal and family readiness by providing numerous programs that encourage and support healthy lifestyles.
  - Marine Corps Family Team Building (MCFTB) provides a variety of services and workshops for Marines, Sailors, and family members during the pre-deployment, deployment, and post-deployment cycle. Ref: MCO 1754.6C.
  - Community Counseling Program (CCP) provides high-quality non-medical counseling services for Marines, Sailors, and family members. Services include screening, assessment, referrals, and care coordination focus on strengthening protective factors and mitigating risk factors. Ref: MCO 1754.14.
  - Semper Fit programs provide comprehensive fitness, health promotion, sports, indoor/outdoor recreation and Single Marine activities. These activities can help build unit cohesion and mitigate high-risk behavior. Ref: MCO 1700.29III.

### **III. Reporting Requirements**

- Units will document training completion in the Marine Corps Total Force System (MCTFS) and update the Warrior Preservation Status Report (WPSR) with the correct training completion data. Ref: MCO 5351.1 and MCO 5100.29B.

### **IV. References**

- MCO 5351.1 - Combat Operational Stress Control Program
- MCO 5100.29B - Marine Corps Safety Program
- MCO 1754.14 – Marine Corps Community Counseling Program
- MCO 1754.6C – Marine Corps Family Team Building (MCFTB)
- MCO 1700.29 – Semper Fit Fitness and Health Promotion Policy
- IG Functional Area Checklist 5351

## **SUBSTANCE ABUSE PROGRAM**

The Substance Abuse Program (SAP) provides training, education, detection and treatment for substance abuse. The foundation of SAP is prevention and awareness education. The primary purpose of prevention education and training is to enhance mission readiness and provide requisite knowledge of the effects of alcohol and drug abuse. This program assists Marines and Sailors with making responsible decisions and raises awareness of the negative impacts that substance abuse can have on their command and personal life. Force preservation and readiness is maximized through prevention, deterrence, identification, and early intervention of substance misuse and substance use disorders (SUDs). Commanders must institute policies that support low risk and no risk alcohol consumption and reinforce the message that alcohol consumption is not essential to or indicative of Marine Corps pride. Substance misuse deterrence and identification at the unit level includes drug testing via urinalysis and alcohol screening via breathalyzer.

I Marine Expeditionary Force is focused on addressing the misuse and abuse of alcohol. High risk drinking and underage drinking are some of the most prevalent forms of alcohol misuse in the Marine Corps. The Alcohol Screening Program (ASP) is a unit-level deterrence tool designed to identify alcohol misuse and direct appropriate intervention before any career or life-altering incidents occur. The ASP supports commanders' efforts to ensure our Marines and Sailors arrive to work safe and fit for duty.

### **I. SAP Construct**

- Marine leaders set positive examples; discouraging high risk drinking and the improper use of prescription and over the counter drugs. Marine leaders encourage participation in productive off-duty activities that do not encourage the misuse of alcohol.
- Unit SAP functions are performed primarily by commanders, command leadership, and Substance Abuse Control Officers (SACOs). Installation SAP activities are performed by substance abuse counselors and prevention personnel located at installation SACCs.
- Substance misuse deterrence measures include both urinalysis testing and the Alcohol Screening Program (ASP).
- Substance misuse prevention training and education is described in the enclosure to this Order.
- SACC Drug Demand Reduction Coordinators (DDRCs) provide command SACOs and UPCs intensive, manualized Headquarters Marine Corps, Marine and Family Programs (DC M&RA, MF) approved training that prepares SACOs, Urinalysis Program Coordinators (UPCs), and observers for their duties.
- Installation DDRCs, medical officers (MOs), and unit commanders collaborate to ensure the integrity of the Drug Demand Reduction program. The unit commander ensures the urinalysis program is conducted in accordance with MCO 5300.17. The installation DDRC informs the MO of all positive prescription drug test results and the MO conducts a review to determine if these positive results were "legitimate" or "non-legitimate" use. The DDRC

apprises the unit commander of the MO's determination and records the MO's determination in the Internet Forensic Toxicology Drug Testing Laboratory Portal (IFTDTL).

- Installation SACCs provide individualized, evidence-informed SUD assessment, counseling, and care coordination services, and SACC Counselors should keep commanders apprised of a Marine's progress throughout counseling services.

## **II. Commanders and Leaders**

Unit and installation commanders are tasked with implementing a comprehensive SAP in accordance with the guidance and procedures contained in MCO 5300.17A. Key SAP elements are prevention, deterrence, identification, early intervention, counseling services, and aftercare. Ref: MCO 5300.17A.

- Ensure SAP training requirements are accomplished annually.
- Comply with requirements for implementation of Alcoholic Beverage Control (ABC) measures and programs for the purpose of protecting individuals, our community of family and friends, and preserving unit readiness. Refer to the alcoholic beverage control information contained in MCO 1700.22G when planning and conducting command functions. Ref: MCO 1700.22G.
- Refer Marines to the SACC, utilizing NAVMC 11685 to document the referral, for SUD assessment within 48 hours when any of the following criteria are met:
  - The Marine is identified, through urinalysis testing, as having misused drugs.
  - The Marine is identified through the ASP as having a blood alcohol content of “.04” percent or greater. Marines should arrive at the SACC for assessment only after their blood alcohol content has returned to “.00”.
  - The Marine is involved in an incident wherein alcohol use may be a contributing factor. Commanders should err on the side of referral when the role of alcohol in an incident is unclear.
  - The Marine is found to possess a controlled substance or drug paraphernalia.
  - The Marine discloses substance misuse.
  - The commander deems it appropriate to send a Marine to the SACC for SUD assessment.
- Maintain awareness of the status of Marines who are referred to the SACC for SUD assessment and counseling (to include aftercare).
- Appoint, in writing, an Officer or Staff Non-Commissioned Officer (SNCO) as a SACO. The SACO oversees the urinalysis and ASP testing programs, coordinates aftercare with the SACC, and is responsible for receiving and handling Protected Health Information. The appointed Marine should be a senior uniformed leader who has access to the commander, is cognizant of the substance misuse needs and trends in the unit, and has demonstrated maturity and trustworthiness.
- Appoint, in writing, a UPC to assist the SACO with urinalysis testing. Commands may appoint more than one UPC, depending on their testing needs.

- Appoint, in writing, an Officer or SNCO as the Alcohol Screening Program Coordinator (ASPC). The ASPC and UPC may be the same individual.
- Forward copies of all aforementioned appointment letters to the installation SACC. Required training will not be provided until the SACC receives copies of these appointment letters.
- Ensure that the SACO completes SACO training provided by the supporting installation SACC within 45 days of appointment.
- Ensure the UPCs complete UPC training provided by installation SACC prior to conducting urinalysis testing.
- Ensure that Smart Testing measures are utilized by implementing the following:
  - Unpredictable testing schedules (e.g., not immediately following receipt of testing materials, not on same day of month, not always coincident with liberty briefs, etc.).
  - Multiple test days during the week and month.
  - Time limits for testing events.
- Ensure Marines who are checking in on PCS orders or returning from leave in excess of five days are tested within 72 hours.
- Ensure SACOs, UPCs, and Observers are included in the monthly urinalysis test.
- Ensure that the completion of a urinalysis test is entered in the Marine Corps Total Force System (MCTFS) for each Marine who completes a urinalysis test.
- Support ASP by accomplishing the following:
  - Ensure monthly breathalyzer testing results are submitted to the SACC within seven days after the end of each month.
  - Refer Marines with a positive test result of “.04” percent or greater to the MTF for a fit for duty determination prior to referring the Marine to the SACC.
  - Establish an ASP testing regime to test: Marines/Sailors who were randomly selected for monthly drug testing (urinalysis) will also be administered the breathalyzer during the same testing period.

### **III. Training Requirements**

- All Marines and Sailors must receive annual substance abuse prevention training. Unit Marine Awareness and Prevention Integrated Training (UMAPIT) is the HQMC approved annual substance abuse prevention training. Officers and SNCOs will also receive additional alcohol and drug abuse prevention training for supervisors annually. Civilian employees, in supervisory positions of Marines/Sailors are trained upon assumption of duties and every two years thereafter. Ref: MCO 5300.17A; MARADMIN 512/14; MARADMIN 499/15.
- Marines will receive evidence-based and/or evidence-informed prevention training at least annually through the most recent version of UMAPIT. UMAPIT training is the responsibility of the unit. Universal substance misuse prevention training includes at a minimum:
  - Marine Corps policy on substance misuse and SUDs.
  - Risks associated with substance misuse.
  - Alternative and recreational activities that reduce the likelihood of substance misuse.

- Early warning signs and progressive nature of substance misuse and SUDs.
- Marine Corps policy on urinalysis testing and the ASP.
- The impact that substance misuse has on health, domestic abuse, sexual assault, relationship stress, financial difficulties, and career path.
- Appropriate low risk alcohol use choices and proper use and management of prescription medications
- O-6/O-5 Commanders and Sergeants Major should seek to receive a brief on the SAP from the supporting MCCS within 45 days of assuming command or position.

#### **IV. Reporting Requirements**

- All positive test results for prescription drugs must be reviewed by the Medical Officer for a determination of “wrongful use” or “no wrongful use.” Commands must submit a “Command Confirmation” letter to the installation Drug Demand Reduction Coordinator (DDRC) within 15 days of positive results identified. Ref: MARADMIN 479/15.
- Units will document testing and training completion in the Marine Corps Total Force System (MCTFS).

#### **V. References**

- MCO 5300.17A - Marine Corps Substance Abuse Program
- MCO 1200.17B - Military Occupational Specialties Manual
- MCO 1700.22G – Alcoholic Beverage Control in the Marine Corps
- MARADMIN 709/12 - Marine Corps Alcohol Screening Program
- MARADMIN 479/15 - Marine Corps Drug Testing Program/ Amplifying Guidance
- MARADMIN 499/15 - Substance Misuse Program Supervisory Level Training and Assignment of Training Code
- MARADMIN 364/14 - Marine Corps Drug Testing and Alcohol Screening Programs/Amplifying Guidance
- MARADMIN 683/12 - Expansion In Testing Protocol For Synthetic Compounds
- MARADMIN 527/12 - Marine Corps Early Intervention Evidence Based Programs
- MARADMIN 512/14 - Implementation of Unit Marine Awareness and Prevention Integrated Training
- IG Functional Area Checklist 5300

# SUICIDE PREVENTION PROGRAM

The Suicide Prevention Program emphasizes the importance of leadership for early identification and intervention for stressors that detract from personal and unit readiness. Leaders at all levels need to understand that "knowing your Marines and Sailors" and empowering your Marines and Sailors to know themselves saves lives. Suicide is a complex problem with many different factors and stressors at play. The Suicide Prevention Program encourages leaders to take a proactive approach in preventing suicide related incidents, raises awareness and assists leaders in developing prevention strategies.

## **Suicide: Indicators**

<b>Risk Factors</b>	<b>+</b>	<b>Triggering Events</b>	<b>=</b>	<b>Warning Signs</b>
<ul style="list-style-type: none"><li>▶▶ Previous suicide attempt</li><li>▶▶ History of drinking/using drugs</li><li>▶▶ Mental health issues or diagnosis</li><li>▶▶ History of physical, sexual, or emotional violence/abuse</li><li>▶▶ Family history of mental health diagnoses and/or suicide</li><li>▶▶ Unresolved anger</li><li>▶▶ Access to firearms</li></ul>		<ul style="list-style-type: none"><li>▶▶ Relationship problems/recent breakup</li><li>▶▶ Financial problems</li><li>▶▶ Legal problems</li><li>▶▶ NJP or administrative action</li><li>▶▶ Loss of loved one</li><li>▶▶ Feeling trapped</li><li>▶▶ Humiliation or embarrassment</li><li>▶▶ Sense of being an outsider; social isolation</li></ul>		<ul style="list-style-type: none"><li>▶▶ Talk of feeling hopeless or worthless</li><li>▶▶ Sudden mood changes</li><li>▶▶ Reckless behavior</li><li>▶▶ Social withdrawal/isolation</li><li>▶▶ Increased talk of dying/death</li><li>▶▶ Loss of interest in activities or things that used to be enjoyable</li></ul>

### **I. Commanders and Leaders**

- O-6/O-5 Commanders (battalion/squadron level and above) shall appoint in writing a Suicide Prevention Program Officer (SPPO) to manage the unit Suicide Prevention Program. Ref: MCO 1720.2 par 3b (13) (b) and MARADMIN 135/13.
- Commands shall maintain copies of the SPPOs MARINET training certificate for IGMC Inspection purposes. Ref: MARADMIN 135/13.
- Commands must have a written implementation plan to address a suicide, suicide attempt, or suicide ideation. At a minimum the plan should include:
  - Event notification procedures.
  - Measures and methods to facilitate crisis management.
  - Methods to restrict access of at-risk personnel to means used to inflict harm to themselves and others.
  - Procedures to ensure confidentiality.

- Direction on how to assist fellow Marines/Sailors directly, or indirectly, affected by the crisis and a list of internal and external suicide prevention resources. MCO 1720.2, par 3b (13).
- Commands shall refer Marines and Sailors to counseling and mental health services as appropriate.
- Commands shall support the Marine Intercept Program (MIP). Ref: MCO 1754.14, (4), (b).
  - Contact the appropriate CCP within 24 hours of submitting an OPREP-3 SIR or PCR as a result of suicide ideation or attempt. Provide CCP Branch Manager all information necessary to contact the Marine.
  - Ensure the Marine has the opportunity to decline or accept MIP services.
  - Ensure command participation in the recovery process through active communication with the CCP and by following the MIP process detailed in Chapter 3 of enclosure (1) of MCO 1754.14.
  - Designate, in writing, a Marine leader to act as the MIP point-of-contact in the MIP Marine's chain of command, should the commander choose to delegate MIP communication duties. Provide written documentation to the assigned installation CCP Branch Manager.
  - Protect the privacy of MIP information as with any other health information.

## **II. Training Requirements**

- SPPOs must complete the SPPO online training (MarineNet) within 30 days of appointment. Ref: MARADMIN 135/13.
- Annual suicide prevention training is a requirement for all Marines and Sailors. Unit Marine Awareness and Prevention Integrated Training (UMAPIT) is the HQMC approved annual suicide prevention training. Ref: MCO 1720.2, par 3b (13) (c), MARADMIN 512/14.
- Completed UMAPIT training will be entered in the Marine Corps Total Force System (MCTFS).

## **III. Reporting Requirements**

- Suicide Deaths and Undetermined Deaths where suicide has not been excluded
  - The casualty's command will immediately submit a voice report to the Marine Corps Operations Center (MCOC) at 1-866- 476-2669. MCO 3040.4, chap 3.
  - A Personnel Casualty Report (PCR) will be submitted as soon as possible but no later than one hour after learning of the incident. Ref: MCO 1720.2 par 3b. (13) (h) 6; MCO 3040.4, chap 3.
  - An OPREP-3 SIR report will be submitted within six hours after the incident or within six hours of becoming aware of the incident. Ref: MCO 3504.2A.
  - Commanders will prepare and deliver an 8-Day Brief to the first General grade officer in the chain of command via encrypted email and not later than the 8th day following the event.



Subordinate Command Commanding Generals will email the I MEF Commanding General a synopsis of the event with 8-Day Brief attached. I MEF Major Subordinate Element Commanders will brief I MEF Deputy Commanding General who will subsequently email I MEF Commanding General. Ref: MCO 5100.29b par 4b. (13) (f); I MEF Policy Letter 7-18.

- Department of Defense Suicide Event Report (DODSER) Completion requirement.
  - Within 3 working days of the initial PCR the unit's Commanding Officer will designate a Marine Officer and support team to collect, examine, and record information required by the Department of Defense Suicide Event Report.
  - Within 15 working days of the initial PCR a completed DODSER will be submitted. The DODSER form will require a CAC login on the following portal: <https://dodser.t2.health.mil/>. First time users will have to submit some information to create an account and then view a 15 minute video that will guide you through the process.
  - Additional information may be submitted as it becomes available. Ref: MCO 1720.2 par 3b (13) (k) 2; MARADMIN 580/12.
- Suicide Attempts
  - The casualty's command will immediately submit a voice report to the Marine Corps Operations Center (MCOC) at 1-866- 476-2669. MCO 3040.4, chap 3.
  - A Personnel Casualty Report (PCR) will be submitted as soon as possible but no later than one hour after learning of the incident. Ref: MCO 1720.2 par 3b (13) (h) 6; MCO 3040.4, chap 3.
  - An OPREP-3 SIR report will be submitted within six hour after the incident or within six hours of becoming aware of the incident. Ref: MCO 3504.2A.
  - Commanders will prepare and deliver an 8-Day Brief to the first General grade officer in the chain of command via encrypted email and not later than the 8th day following the event. Major Subordinate Command Commanding Generals will email the I MEF Commanding General a synopsis of the event with 8-Day Brief attached. I MEF Major Subordinate Element Commanders will brief I MEF Deputy Commanding General who will subsequently email I MEF Commanding General. Ref: MCO 5100.29b par 4b. (13) (f); I MEF Policy Letter 7-18.
  - Execute the MIP process through CCP. Ref: MCO 1754.14, (4), (b).
  - The suicide attempt DoDSER is due within 30 days of the determination of the attempt by competent medical authority. The DoDSER will be completed by a medical practitioner at the medical facility that performs the Marine or Sailor's psychological assessment. In the event that a Marine or Sailor was not treated at a military facility the Medical Officer or Division Psychiatrist with the most familiarity of the event will complete the DoDSER on the following portal: <https://dodser.t2.health.mil/>. Additional information may be submitted as it becomes available. Ref: MCO 1720.2 par 3b (13) (k) 1; MARADMIN 580/12.

- Suicide Ideation
  - The casualty's command will submit a voice report to the Marine Corps Operations Center (MCOC) at 1-866- 476-2669 within thirty minutes of receipt of Competent Medical Authority (CMA) confirmation.
  - An OPREP-3 SIR report will be submitted within six hours of the confirmation.
  - Execute the MIP process through CCP. Ref: MCO 1754.14, (4), (b).

#### **IV. References**

- MCO 1720.2 - Marine Corps Suicide Prevention Program
- MCO 1754.14 - Marine Corps Community Counseling Program
- MCO 5100.29B - Marine Corps Safety Program
- MCO 3504.2A - Operation Event/Incident Report (OPREP-3) Reporting
- MCO 3040.4 - Marine Corps Casualty Assistance Program
- MARADMIN 512/14 - Implementation of Unit Marine Awareness and Prevention Integrated Training
- MARADMIN 580/12 - Reporting Requirements ICO Department Of Defense Suicide Event Report
- MARADMIN 135/13 - Suicide Prevention Program Officer Training/Requirements and Resources
- MARADMIN 672/16 - Eight Day Brief Requirements
- MARADMIN 490/18 – Change to Eight Day Briefs Routing and Distribution
- I MEF Policy Letter 7-18 – I Marine Expeditionary Force Eight Day Briefs
- IG Functional Area Checklist 1720

## **SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM**

**DOD Safe Helpline:** 877-995-5247 or [www.safehelpline.org](http://www.safehelpline.org)

### **I MEF**

**I MEF SARC:** 760-846-3742

**1st MLG SARC:** 760-763-3597

**3d MAW SARC:** 858-577-8943

**1st MARDIV SARC:** 760-212-2450

**1<sup>st</sup> MIG SARC:** 760-468-7472

### **INSTALLATION**

**MCB Camp Pendleton SARC:** 760-725-4467/760-725-4460 **MCAGCC 29 Palms SARC:** 760-830-4997

**MCAS Miramar SARC:** 858-577-6711

**MCAS Yuma SARC:** 928-269-2994

### **24/7 Sexual Assault Support Lines**

**MCB Camp Pendleton:** 760-500-1707

**MCAGCC 29 Palms:** 760-799-0273

**MCAS Miramar:** 858-864-2815

**MCAS Yuma:** 928-941-3601

Leadership is the key to sexual assault awareness, prevention, and response. Commanders and leaders must create a climate that does not tolerate sexual assault, encourages reporting of sexual assault incidents, and promotes active bystander intervention. Commanders will take a direct approach in confronting sexual assault. To meet this objective, every commander must first focus on the absolute need to create a command climate free from retaliation, where every Marine and Sailor is treated with dignity and respect, regardless of circumstance, and where wrongdoers will be held accountable. Clearly, such a command climate does not tolerate sexual assault or any form of sexism, sexual harassment or hazing. Next, commanders must develop a SAPR program that aggressively counters the negative effect sexual assault has on the combat readiness of Marines/Sailors, family members, and the units to which they belong. Ref: IMEFO 1752.1A

Victims of sexual assault will be treated with sensitivity, decency, and respect. Victims will receive appropriate medical, emotional, psychological, and social services. Care will be given to ensure that the identity of a victim of sexual assault, electing an unrestricted report, is released only to those who have a need to know (i.e. the unit commander, Naval Criminal Investigative Services (NCIS), or Provost Marshal Office) Victim safety is paramount at all times. Victims who choose to make a restricted report will have that choice honored to the fullest extent possible under law. Ref: IMEFO 1752.1A

### **I. Commanders and Leaders**

- Establish a command climate that confronts inaccurate beliefs and values that cause, condone or reinforce any appearance of tolerance for sexual assault; establish clear standards for

personal behavior, and hold offenders accountable under the Uniformed Code of Military Justice (UCMJ). REF: DoDI 6495.02, MCO 1752.5B.

- Continuously educate Marines, Sailors, and civilians on how to prevent incidents of sexual assault, while also encouraging victims and witnesses to report these crimes when they occur. REF: DoDI 6495.02, MCO 1752.5B.
- Promote zero tolerance for retaliation, reprisal, ostracism, coercion, sexual harassment and/or maltreatment. Empower members to intervene when the indication and environment for potential sexual assault exists. Encourage leaders at all levels to understand that sexual assaults may be physically, mentally, and emotionally traumatizing. REF: DoDI 6495.02.
- Protect the Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response Victim Advocate (SAPR VA), Victim(s), Witnesses, and/or Bystanders who intervened (to prevent a sexual assault); from retaliation, reprisal, ostracism, or maltreatment. Ensure the CO who attends the Case Management Group (CMG), reports to the CMG chair and co-chair all incidences and the action taken to resolve the issue. REF: DoDI 6495.02.
- Ensure Leaders at every level understand the roles and responsibilities of the SARC and SAPR VA; and that inquiries about a victim's care shall be made by contacting the command SARC. SAPR VAs are not at liberty to disclose information about a victim to the commander or command leadership. SAPR VAs that breach confidentiality compromise the case and SAPR program and will be considered for revocation of privileges/credentials based on the guidance provided by the SARC. REF: DoDI 6495.02, MCO 1752.5B.
- Commanders (Commanding General/0-6/0-5) shall receive a SAPR Resource Brief from the Installation SARC and/or authorized command SARC within 30 days of assuming command. The Executive Officer (XO), Sergeant Major, Command SARC and Chaplain, shall attend the briefing with the Commander. Ref: MCO 1752.5B, chap 3, par 6c.
- Commanders (Commanding General/0-6/0-5) shall publish a SAPR policy statement within 60 days of taking command.
- Commanding Generals shall appoint a SARC in writing after they have completed the 40-hour Victim Advocacy training, centralized SARC training, and have received their Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) certificate. See the criteria for a SARC at MCO 1752.B, chap 3, par 2a.
  - O-6 Commanders of Marine Expeditionary Units (MEU) and the I Marine Expeditionary Force Information Group (MIG) shall appoint a SARC in writing In Accordance With (IAW) the guidance listed above.
  - O-6 Commanders that do not fall within the commands listed above may appoint a Command SARC IAW the guidance listed above.

- O-6/O-5 Commanders shall appoint at least two SAPR VAs in writing after they have completed the 40 hour Victim Advocacy training and have received their D-SAACP credentials.
  - Commanders are encouraged to appoint additional SAPR VAs to ensure appropriate coverage based on mission requirements and command operational tempo, to include, stand-alone companies that are not co-located with their parent command.
  - At no point shall a SAPR VA billet be vacant. All steps shall be taken to prepare and plan for turnover prior to a SAPR VAs departure. Command SARCs shall be notified when a SAPR VA will PCS, EAS, or be forward deployed.
- Commanders (Commanding General/O-6/O-5) shall have Standard Operating Procedures (SOP) for the effective implementation and management of its SAPR program for response, reporting, advocacy and training procedures.
- For deployed units, the SOP shall include a response capability for all locations. Additionally, the SOP shall include an action plan for expeditious movement of a victim and assigned SAPR VA to the nearest Medical Treatment Facility, regardless of whether the victim's report is Restricted or Unrestricted. O-6/O-5 Commanders shall have a formal command training plan for the completion of all SAPR training that includes protocol to monitor and track completion rates for all customized SAPR trainings and pre-deployment training, if applicable. Ref: DoDI 6495.02, encl 10, par 2; MCO 1752.5B, chap 3 par 4e.
- All Commanders shall :
  - Review, understand, and consistently execute the process for both restricted and unrestricted reporting. Ref: MCO 1752.5B Appx D.
  - Ensure SARC/SAPR VA photographs and contact information is posted in the unit's common area, along with reporting options and the Installation 24/7 Sexual Assault Support Line information. Ref: MCO 1752.5B, par 3d.
  - Ensure that any service member who files an unrestricted report is notified of their rights in a timely manner and afforded the opportunity to submit an expedited transfer request. Ref: MCO 1752.5B, Encl (1), par 5k. All victims shall be offered Victim Legal Counsel and Victim Witness Assistance Coordinator (VWAC) services.
  - Require SARC/SAPR VA participation in the unit's new-join brief and ensure they are included in the check-in/check-out process. Ref: MCO 1752.5B, chap 4, par 4f. During check-in/check-out, SARC/SAPR VA shall provide contact information for all command SAPR personnel and the Installation 24/7 Sexual Assault Support Line. The brief shall include the definition of sexual assault, an overview of Restricted/Unrestricted reporting, and mandatory reporting requirements. Ensure all Military Protective Orders are executed correctly to include notification guidelines. Coordinate with the respective command SJA. Ref: DoDI 6495.02, MCO 1752.5B, 5k.I. (1) (2).

- Ensure all Service members and civilians, regardless of rank, occupation or specialty complete annual SAPR training per DODI 6495.03 and MCO 1752.5B. Training shall be appropriately documented using training rosters and entered into the appropriate database. Commanders shall ensure all Marines and Sailors in the command are familiar with the following topics discussed in Chapter 8 of MCO 1752.5B:
  - Individual Marine Prevention and Awareness Responsibilities and Reporting Requirements.
  - What to do if you have been sexually assaulted.
  - Reporting options for victims.
  - What to do if a Marine you supervise is assaulted.
  - Bystander Intervention.

## **II. Training Requirements**

- Annual SAPR Training shall only be instructed by a credentialed and appointed SAPR VA/SARC.
- Pre-deployment training shall be completed for all deploying Marines and Sailors, which includes information about sexual assault response, reporting options, how to receive medical attention, evidence collection/Sexual Assault Forensic Exams (SAFE) in the deployed environment and how to obtain advocacy services. Pre-deployment training shall be appropriately documented with a sign-in roster and entered into the required database. Ref: MCO 1752.5B, par 4b (7) (g).
- All Marines and Sailors shall complete Post-deployment training within 30 days of returning from deployment. Training shall include an explanation of available counseling and medical service, reporting options and eligibility benefits for Service members. DODI 6495.02, Encl (10) par 3e.
- STEP UP Training for Junior Marines (E1-E3) shall be completed each fiscal year. Junior Marines who have completed, or who will complete, SAPR Pre-Deployment training, are not required to complete STEP UP. STEP UP is not required to be taught in a deployed environment and is not intended to be used in the training environment. Contact your SARC/SAPR VA for more information. Ref: MARADMIN 391/18.
- TAKE A STAND Bystander Intervention training is required for all Corporals and Sergeants every fiscal year. Contact your SARC/SAPR VA for more information. Ref: MARADMIN 391/18
- SARCs/SAPR VAs shall coordinate with their Training Officers to schedule the required SAPR training events. Sign-in rosters shall be appropriately labeled (Curriculum title, date of instruction, and instructor [with credential information and expiration date]) and entered into the required database using the appropriate code for the specific SAPR curriculum.
- All-Hands SAPR Annual Training is required for those who do not receive SAPR annual training in one of the above listed venues. Ref: MARADMIN 391/18.

- Civilian employees shall complete Department of Navy (DON) Sexual Assault Prevention & Response Office (SAPRO) “One Team, One Fight” civilian SAPR training. Contact your respective Human Resources Office (HRO) for more information.
- All new APF, NAF and FND civilian employees shall receive face-to-face training.
- APF, NAF and FND employees shall complete refresher training online.

### III. Reporting Options

Restricted Reporting*	Both Reporting Options afford the victim the following:	Unrestricted Reporting
<p>Affords victims the opportunity to confidentially disclose a sexual assault to the SARC, SAPR VA, Chaplain, and healthcare providers without triggering a formal report with Law Enforcement and the Chain of Command.</p> <p>*SARCs/SAPR VAs are not authorized to confirm or deny restricted reports to the victim’s command.</p>	<ul style="list-style-type: none"> <li>● Victim Advocacy</li> <li>● Medical Services</li> <li>● Forensic Exam</li> <li>● Counseling</li> <li>● Victim Legal Counsel</li> </ul>	<p>For victims who desire an official law enforcement investigation and the support from his/her Chain of Command.</p> <p>While a sexual report can be disclosed through healthcare personnel, chain of command, law enforcement or legal, a report shall be file with the SARC, SAPR VA.</p> <p>Details of the incident will be limited to those with a legitimate need-to-know.</p>

### IV. Unrestricted Reporting Requirements

- Commanders shall immediately notify the appropriate Military Criminal Investigative Organization (MCIO) within 24 hours, when they have received an unrestricted report of sexual assault. The SARC and SAPR VA shall be notified soon after, in order for the victim to be informed of their rights, options and available resources. Ref: MCO 1752.5B, chap 5, par 9e (2).
- Commanders shall NOT conduct an internal investigation or interview the victim to obtain the information required for the OPREP-3/SIR or SAPR 8-Day Incident Report. Ref: MCO 1752.5B chap 3, par 3h (4).
- Submit and track all OPREP-3/SIRs for all unrestricted reports of sexual assault using the sexual assault template. Ref 3504.2A, encl 7.
  - Victim’s Commander submits an OPREP-3 SIR (active-duty victim, unrestricted report).

- Offender's Commander submits an OPREP-3 SIR for all incidents of sexual assault when the victim is a civilian and the alleged offender is a service member assigned to the unit. Ref: 1752.5B, Appx C, par 4h. Ref: MCO 1752.5B, chap 3, par 3c; MCO 3504.2A.
- Submit SAPR 8-Day Incident Report.
  - Commanders are required to submit an 8-Day Incident Report within eight calendar days for all Unrestricted Reports of adult sexual assault. This requirement is triggered by open cases in the Defense Sexual Assault Incident Database (DSAID) initiated by a signed Victim Reporting Preference Statement (Form 2910), or an investigation initiated by a MCIO and assigned a Case Control Number.
  - The victim's immediate commander prepares and submits the 8-Day Incident Report if the victim is a Service member. Ref: CMC MRA MF WASHINGTON DC 081739Z NOV 16.
  - The subject's immediate commander prepares and submits an abbreviated 8-Day Incident Report if the victim is a non-service member. Ref: CMC MRA MF WASHINGTON DC 081739Z NOV 16.
  - The commander shall provide the SAPR 8-Day Incident Report to the immediate O-6 level Commander and the first General Officer (GO) in the chain of command by the eighth day following the initial report. After the briefings occur at the required levels of command, the 8-Day Incident Report shall be submitted into the 8-day portal located at <https://ehqmc.usmc.mil/sites/family/mfb/SitePages/Home.aspx>.
  - The command SARC shall support the commander by providing the required victim advocacy and DSAID information. The commander shall notify the command SARC when the 8-Day Incident Report is scheduled with the first GO and when the brief has been submitted on the HQMC SAPR SharePoint.
  - All commanders shall obtain access to the SAPR 8-day incident report portal prior to a sexual assault by registering at <http://www.thegearlocker.org/> Ref: DoDI 6495.03, par 4, MCO 1752.5B.
  - The SAPR 8-Day Incident Report is intended for official use only. Ref: MCO 1752.5B.
- If a Military Protected Order (MPO) is issued, notify the appropriate civilian and military authorities of the MPO issuance and of the individuals involved in the order, in the event the MPO has been issued against a Service member and any individual involved in the MPO who does reside on a military installation at any time during the duration of the MPO. The MPO should also be entered by the installation law enforcement agency in the National Crime Information Center (NCIC), for the duration of the order. Also, notify the appropriate civilian and military authorities of any change in or termination of the MPO and have the installation law enforcement agency update the NCIC entry. Ref: MCO 1752.5B
- Case Management Group (CMG): The purpose of the CMG is to review all unrestricted reports of sexual assault and to facilitate monthly victim updates, quality assurance of services, and systemic coordination.



- O-6/O-5 Commanders (Non-Delegable) with open unrestricted cases are required to attend the installation CMG with their supporting SARC and SAPR VA. COs who are unable to attend due to mission requirements, shall coordinate in advance, with the installation chair/co-chair and the command SARC prior to the scheduled meeting date to request a teleconference.
- COs shall provide monthly updates to victims within 72 hours following the CMG (Non-Delegable). Ref: DoDI 6495.02, encl 6, par 1h (24), MCO 1752.5B, chap 3 par 5n and chap 6, MARADMIN 478/15.
- High Risk Response Team (HRRT): The CO shall stand up a multi-disciplinary HRRT within 24 hours of being notified about a victim within their command whose safety screening by the SARC/SAPR VA has determined them to be high risk. Ref: MARADMIN 607/15.
  - The HRRT shall be made up of the CO, alleged offenders CO, SARC, UVA, NCIS Agent, SJA, VLC, VWAC assigned to the case, victim's healthcare provider and counseling provider. Stakeholders, who are not providing services or those who cannot attend the HRRT, shall inform the CO and the SARC. The SARC shall document in DSAID under the safety tab, the HRRT mitigation plan and weekly stakeholder attendance.
  - The installation CO, CMG chair and co-chair shall be informed of the HRRT within 24 hours. The HRRT will meet weekly until the safety concern(s) have been mitigated. The CMG chair and co-chair shall be updated weekly until the safety concern has been resolved.
- Victim's Alleged Collateral Misconduct. If there is alleged victim collateral misconduct, commanders shall have discretion to defer action on alleged collateral misconduct by the sexual assault victim (and shall not be penalized for such a deferral decision) until final disposition of the sexual assault case, taking into account the trauma to the victim and responding appropriately so as to encourage reporting of sexual assault and continued victim cooperation, while also bearing in mind any potential speedy trial and statute of limitations concerns.
  - Consult with the servicing legal office, as needed, to determine when and how to best adjudicate the victim's alleged collateral misconduct. Take into account the trauma to the victim and respond appropriately to foster a unit climate that encourages reporting of sexual assault and continued victim cooperation.
  - When practicable, consult with the servicing legal office, and notify the assigned SARC or SAPR VA prior to taking any administrative or disciplinary action affecting the victim.

## V. References

- DODI 6495.02, w/change 2- Sexual Assault Prevention Response Program Procedures
- DODD 6495.01 w/change 2- Sexual Assault Prevention and Response Program
- SECNAVINST 1752.4B - Sexual Assault Prevention and Response Program

- MCO 1752.5B - Sexual Assault Prevention and Response (SAPR) Program
- MCO 3504.2A - Operations Event/Incident Report (Oprep-3) Reporting
- CMC MRA MF WASHINGTON DC 081739Z NOV 16 – SAPR Revised 8-Day Incident Report
- CMC MRA MF WASHINGTON DC 081822Z NOV 16 – Sexual Assault Prevention and Response Protocol Changes
- MARADMIN 234/13 - Revised Training Requirements for Sexual Assault Prevention and Response (SAPR) Training
- MARADMIN 413/13
- MARADMIN 288/14
- MARADMIN 607/15
- MARADMIN 545/16
- I MEFO 1752.1A – I MEF SAPR SOP
- MARADMIN 391/18

## **PROHIBITED ACTIVITIES AND CONDUCT PREVENTION AND RESPONSE**

**I MEF EOA: 760-725-9167**

**1st MARDIV EOA: 760-725-6686**

**3d MAW EOA: 858-577-7447**

**1st MLG EOA: 760-725-5117**

**MCAS Miramar: 858-577-1269**

**MCAS Yuma EOA: 928-269-2529**

**MCAGCC 29 Palms EOA: 760-830-4567**

**MCRD San Diego EOA: 619-524-8730**

**MCB Camp Pendleton/MCI-W EOA: 760-725-5742**

The Marine Corps continues to take deliberate actions necessary to eradicate prohibited activities and conduct from our ranks. Addressing the problem starts with ensuring that the Marine Corps does not tolerate harassment (to include sexual harassment), unlawful discrimination, or abuse (specifically, hazing; bullying; ostracism; retaliation); wrongful distribution or broadcasting of intimate images; and, certain dissident and protest activity (to include supremacist activity)). Ref: MCO 5354.1E Ch 2, par 0202

MCO 5354.1E updates and aligns Marine Corps policy on prohibited activity and conduct involving harassment (to include sexual harassment); unlawful discrimination and abuse (specifically, hazing, bullying, ostracism, retaliation); wrongful distribution or broadcasting of intimate images; and, certain dissident and protest activity (to include supremacist activity)); these behaviors will be referred to collectively as prohibited activities and conduct. This Order also implements the Department of Defense (DoD) and Department of the Navy (DON) policies on Military Equal Opportunity (MEO) and Harassment Prevention and Response program and activities. Ref: MCO 5354.1E Ch 1, par 0101

### **I. Equal Opportunity Advisors (EOAs)**

EOAs are assigned at the Major Subordinate Command (MSC) level and above. EOAs serve as the Marine Corps MEO Program Manager (PM) and provide oversight for requirements. EOAs are the commander's and Marine Corps primary personnel for advice, guidance, and complaint management regarding prohibited activities and conduct. They are the Marine Corps subject matter experts (SMEs) on command climate and prohibited activities and conduct. EOAs have received extensive Defense Equal Opportunity Management Institute (DEOMI) training on the dynamics of human relations, mediation, and command climate; and have been assigned the additional MOS 0147. Ref: MCO 5354.1E-V3, Ch 2.

- An EOA's primary duty is to provide subject matter advice and guidance on all matters related to command climate and prohibited activities and conduct. EOAs do not serve as victim advocates for those who file equal opportunity (EO) complaints, or for those who believe that they have been subjected to prohibited activities and conduct. EOAs will act as a referral source to connect complainants to available support services.
- All official communications with EOAs are considered protected communications. Protected communications are not the same as privileged, or confidential, communications.

- EOAs will conduct compliance inspections of supported commanders' prohibited activities and conduct programs, as requested.
- EOAs are assigned to commands with a General Officer in Command. EOAs are also assigned to some O-6 level commands with General Court Martial Convening Authority (GCMCA). These commands are referred as the GCMCA. EOAs will provide monthly updates to their supported GCMCAs to include: unit prohibited activities and conduct training conducted by the EOA/MEO Office; total number of all prohibited activities and conduct reports received; total number of prohibited activities and conduct reports accepted, referred, or dismissed; total number of accepted complaints that were substantiated, not substantiated, and the means of disposition for all substantiated incidents (i.e. informal mediation, administrative, or disciplinary).

## **II. Equal Opportunity Representatives (EORs)**

EORs serve at the O5/O6 level and are a vital part of creating and cultivating an environment of dignity, respect, and trust at the command level. Marines assigned as EORs are the commander's primary asset to monitor command climate and receive reports of prohibited activity and conduct. They serve at the discretion of the commander. EOR billet responsibilities are assigned as collateral duties. EORs are not considered SMEs. Rather, they serve as the command liaison with the servicing EOA/MEO office and a source of information for the commander and complainants. EORs do not serve as advocates for a complainant or subject, nor will they conduct inquiries or command investigations. All official communications with EORs are considered protected communications. Protected communications are not the same as privileged, or confidential, communications. Command EORs are screened and selected by the commander, and upon designation by the commander. Ref: MCO 5354.1E-V3, Ch 2.

- EORs assist commanders in establishing local prohibited activity and conduct complaint response procedures; assessing the command climate; and identifying, coordinating, and conducting necessary command training.
- Complete the local Equal Opportunity Representative Course.
- Serve as a liaison with the servicing EOA/MEO Office for all command climate and complaint related matters.
- Assist commanders in the submission of required reports.
- Provide all necessary and required information on behalf of the commanding officer, to the EOA/MEO office to initiate and update DASH reports through to final disposition and administrative closure.
- Serve as the unit Survey Administrator for conducting all DEOMI Organizational Climate Survey (DEOCS) assessments.

- Serve as the responsible agent for the command's compliance with Inspector General Checklists for the MEO program.
- Submit quarterly reports to the supporting EOA/MEO Office as requested. The Equal Opportunity Advisor (EOA) provides information, assistance, and advice on all prohibited activities and conduct and Equal Opportunity (EO) matters to commanding generals and commanders, leaders, Marines and Sailors, and other attached service members. The EOA is a special staff officer to the commanding general/commander. The primary duty of the EOA is to assist the commander in executing the commander's Equal Opportunity Program.

### III. Summary of Prohibited Activities and Conduct (for full detail refer to MCO 5354.1E)

- **Hazing:** Any conduct whereby a Service member or DOD employee knowingly, recklessly, or intentionally and without proper authority but with a nexus to military service causes a Service member or members, regardless of Service or rank, to suffer physically or psychologically or be exposed to any activity which is cruel, abusive, humiliating, oppressive, demeaning, harmful, or creates a risk of physical or psychological injury. Hazing need not involve physical contact among or between military members; it can be verbal or psychological in nature, and may occur in person or through other forms of communication, including online and through social media. Because no person can consent to hazing, actual or implied consent to acts of hazing is not relevant, and may not be considered in determining whether hazing occurred. Hazing is evaluated by a reasonable person standard. Ref: MCO 5354.1E – V2, Ch 1.
  - While hazing can occur during unauthorized initiations, “congratulatory acts,” or “rites of passage,” those types of events are not prerequisites for hazing. Hazing can include, but is not limited to: physically striking another to inflict pain; piercing another's skin in any manner (such as “pinning” or “tacking on” of rank insignia or “blood winging”); verbally berating another; encouraging another to excessively consume alcohol or encouraging another to engage in illegal, harmful, demeaning, or dangerous acts; threatening or offering violence or bodily harm to another; branding; taping; tattooing; shaving; greasing; painting; requiring excessive physical exercise beyond what is required to meet standards; or, the forced consumption of food, alcohol, drugs, or any other substance.
- **Bullying:** Any conduct whereby a Service member or DOD employee intentionally and without proper authority but with a nexus to military service excludes or rejects a Service member or members, regardless of Service or rank, through cruel, abusive, humiliating, oppressive, demeaning, or harmful behavior, which results in diminishing the member's dignity, position, or status. Bullying is evaluated by a reasonable person standard. Ref: MCO 5354.1E – V2, Ch 1.
  - Bullying is typically a course of conduct which, without intervention, continues without a specific end point or event. Bullying may include an abuse of authority. Bullying tactics include, but are not limited to, making threats, spreading rumors, social isolation, and attacking someone physically, verbally, or through the use of electronic media. Bullying includes, but is not limited to, teasing; taunting; oral or written berating of another for

the purpose of belittling or humiliating; and, degrading or damaging a person or his or her property or reputation. Bullying can be conducted through the use of electronic devices or communications, and by other means, as well as in person.

- **Ostracism:** Any conduct whereby a Service member or DOD employee intentionally and without proper authority but with a nexus to military service excludes a Service member or members, regardless of Service or rank, from social acceptance, privilege, or friendship with the intent to inflict emotional distress, discourage the reporting of a criminal offense, or otherwise discourage the due administration of justice. Ref: MCO 5354.1E – V2, Ch 1.
- **Retaliation:** Any conduct whereby a Service member or DOD employee intentionally and without proper authority but with a nexus to military service takes or threatens to take any unfavorable action or withholds or threatens to withhold a favorable action against an individual because that individual: made or was preparing to make or was perceived as making or preparing to make a protected communication; reported or was planning to report a criminal offense; engaged or was preparing to engage in activity in furtherance of EEO or MEO laws and regulations; or, opposed direction to engage in an action that violates law, rule, or regulation or this Order. Retaliation is a category of prohibited behavior that involves animus and results in action being taken against an individual because of that individual’s otherwise protected communication or activity or for the intent to discourage any person from engaging in otherwise protected communication or activity. Anti-retaliation provisions protect individuals to ensure freedom to engage in protected communications and to participate in activity alleging prohibited activities and conduct and potential EO violations and to oppose activity prohibited by EEO or MEO laws and regulations without superiors taking unfavorable actions in response. Retaliation can manifest itself, though not exclusively, in the form of reprisal or restriction, as well as bullying, discrimination, hazing, or ostracism, among other ways. Ref: MCO 5354.1E – V2, Ch 1.
- **Harassment:** Any conduct whereby a Service member or DOD employee knowingly, recklessly or intentionally and without proper authority but with a nexus to military service engage in conduct that is unwelcome or offensive to a reasonable person or that is unwelcome and based on race, color, religion, sex (to include gender identity), national origin, or sexual orientation, and where (1) enduring the unwelcome or offensive conduct becomes a condition of continued employment or service, or (2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, abusive or as otherwise having an adverse impact on the unit. Ref: MCO 5354.1E – V2, Ch 1.
  - Offensive conduct may include, but is not limited to, offensive jokes; slurs; epithets or name calling; physical assaults or threats; intimidation; ridicule or mockery; insults or putdowns; display or transmission of derogatory, demeaning or offensive objects or pictures; and interference with work performance (to include unwillingness to train, evaluate, assist, or work with an individual).
- **Sexual Harassment:** Knowing, reckless, or intentional conduct with a nexus to military service that: involves unwelcome sexual advances, requests for sexual favors, and deliberate or repeated offensive comments or gestures of a sexual nature; or is so severe or pervasive that a

reasonable person would perceive, and the victim does perceive, the work environment as hostile or offensive. Ref: MCO 5354.1E – V2, Ch 1.

- Any knowing, reckless, or intentional use or condonation, by any person in a supervisory or command position, of any form of sexual behavior to control, influence, or affect the career, pay, or job of a Service member or DOD employee.
  - Any conduct whereby a Service member or DOD employee knowingly, recklessly, or intentionally and without proper authority but with a nexus to military service makes deliberate or repeated unwelcome verbal comments or gestures of a sexual nature.
  - There is no requirement for concrete psychological harm to the complainant for behavior to constitute sexual harassment.
- **Wrongful distribution or broadcasting of an intimate image:** The distribution or broadcasting is wrongful if the person making the distribution or broadcast does so without legal justification or excuse, knows or reasonably should know that the depicted person did not consent to the disclosure, and the intimate image is distributed or broadcast: with the intent to realize personal gain; or with the intent to humiliate, harm, harass, intimidate, threaten, or coerce the depicted person; or with reckless disregard as to whether the depicted person would be humiliated, harmed, intimidated, threatened, or coerced. Ref: MCO 5354.1E – V2, Ch 1.
  - **Dissident and Protest Activity (Including Supremacist Activity):** Knowing and wrongful conduct that involves actively advocating supremacist, extremist, or criminal gang doctrine, ideology, or causes, including those that advance, encourage, or advocate illegal discrimination based on race, creed, color, sex (including gender identity), religion, ethnicity, national origin, or sexual orientation or those that advance, encourage, or advocate the use of force, violence, or criminal activity, or otherwise advance efforts to deprive individuals of their civil rights. Ref: MCO 5354.1E – V2, Ch 1.
    - Knowing and wrongful conduct that involves actively participating in criminal gangs, or in other organizations that advocate supremacist, extremist, or criminal gang doctrine, ideology, or causes; including those that attempt to create illegal discrimination based on race, creed, color, sex (including gender identity), religion, ethnicity, national origin, or sexual orientation; advocate the use of force, violence, or criminal activity; or otherwise engage in efforts to unlawfully deprive individuals of their civil rights. Active participation in such gangs or organizations is prohibited. Active participation includes, but is not limited to, fundraising; demonstrating or rallying; recruiting, training, organizing, or leading members; distributing material (including posting on-line); knowingly wearing gang colors or clothing; having tattoos or body markings associated with such gangs or organizations; or otherwise engaging in activities in furtherance of the objective of such gangs or organizations that are detrimental to good order, discipline, or mission accomplishment or are incompatible with military service. The prohibition extends to acts committed through electronic communications and social media, as well as in person and other means.

- **Unlawful Discrimination:** Any conduct whereby a Service member or DOD employee knowingly and wrongfully and without proper authority but with a nexus to military service treats another Service member or DOD employee adversely or differently based on race, color, national origin, religion, sex (including gender identity), or sexual orientation. Unlawful discrimination includes actions or efforts that detract from equal opportunity, with respect to the terms, conditions, or privileges of military service including, but not limited to, acquiring, assigning, promoting, disciplining, scheduling, training, compensating, discharging, or separating. This definition excludes justifiable conduct that discriminates on the basis of characteristics (including, but not limited to, age, height, and weight) that serve a proper military or other governmental purpose as set forth in other military policies. Ref: MCO 5354.1E – V2, Ch 1.

#### IV. Commanders and Leaders

- Cultivate a climate and culture of dignity, respect, and trust within their units. Establish the benchmark of appropriate behavior by modeling and incorporating such behaviors into daily practices. Engage in clear communication of expectations and provide transparency within the bounds of privacy to assure all subordinates that the Marine Corps values and standards will be upheld. Encourage reporting of alleged prohibited activities and conduct and inspire confidence by responding to complaints alleging prohibited activities and conduct with impartiality, fairness, and urgency. Ref MCO 5354.1E-V1 Ch 2, par 0307.
- Publish and prominently post written command policy that implements MCO 5454.1E. Command policy will be recertified within 90 days of assumption of command. Ref: Ref MCO 5354.1E-V1, Ch2.
- Direct regular, not less than annual, comprehensive visual inspections of all workplaces within the command, unit, or activity. These inspections will ensure areas are free from materials that create a degrading, hostile, or offensive work environment. Intimidating, degrading, or offensive material will be immediately removed from the workplace. The results of the inspection will include (at a minimum) date of inspection, name of inspector (GySgt equivalent or above), and number of items removed. Ref: MCO 5354.1E app B.
- Establish a positive command climate that discourages and deters prohibited activities and conduct. Ref: MCO 5354.1E-V1, Ch. 2.
- Ensure Marines and Sailors are trained to prevent incidents of prohibited activities and conduct, and encouraged to report conduct that they believe constitutes prohibited activities and conduct. Ref: MCO 5354.1E-V1, Ch. 2.
- Safeguard the due process rights of those suspected of violating MCO 5454.1E. Ref: MCO 5354.1E-V1, Ch. 2.
- Be aware that complainants may experience trauma response; physical, mental, and emotional responses to prohibited activities and conduct. Ensure those adversely affected by this conduct have access to all available support services. Ref: MCO 5354.1E-V1, Ch. 2.



- Appoint an EOR to manage the command's EO program requirements, with the assistance of the designated EOA. Prior to appointment, EORs will be screened using the criteria outlined in this Order. Ref: MCO 5354.1E-V1, Ch. 2.
- Report all allegations of prohibited activities and conduct. Upon receipt of an allegation of prohibited activities and conduct, within 30 minutes contact the Marine Corps Operations Center (MCOC) by phone and provide available information regarding the incident in. Ref: MCO 5354.1E-V1, Ch. 2.
- Protect complainants from reprisal or retaliation. Conduct follow-up assessments for substantiated and unsubstantiated dispositions to measure the effectiveness of actions taken, and to detect and deter any acts of reprisal or retaliation. Ref: MCO 5354.1E-V1, Ch. 2.
- Ensure adherence to processing and timeline requirements for all complaints alleging prohibited activities and conduct. Ref: MCO 5354.1E-V1, Ch. 2.
- Ensure appropriate documentation and accountability consistent with the provisions of MCO 5454.1E. Ref: MCO 5354.1E-V1, Ch. 2.
- Ensure substantiated incidents of prohibited activities and conduct are appropriately documented in the subject member's OMPF when administrative adjudication of the investigation is complete. Substantiated incidents shall be documented on the member's NAVMC 118 (11) "Administrative Remarks" page (Page 11), considered derogatory material for purposes of a member's performance evaluation, and, for those members who do not receive performance evaluations, the conduct will be considered in setting proficiency and conduct markings. If a substantiated incident is pending non-judicial punishment, courts-martial, or civil/criminal action, then the substantiated determination will not be documented on a NAVMC 118 (11) or considered for performance evaluations and in setting proficiency and conduct until that action is complete. Commanders shall document the substantiated incident in the subject member's OMPF, as directed above, and consider the results in the reporting or observation period when adjudication of that action is complete. Ref: MCO 5354.1E-V1, Ch. 2.
- Safeguard the integrity of the reporting process by ensuring accountability with respect to individuals who make a false complaint or lack good faith in filing a complaint. Ref: MCO 5354.1E-V1, Ch. 2.

## **V. Reporting Requirements**

- All civilian and military personnel have a duty to report any actual, suspected, or alleged incident of prohibited activities and conduct, to the extent required by law. Reports may be made to any person in the chain of command; to any Inspector General (IG); any EOA/MEO Office; and to any law enforcement officer. Any person in the chain of command who receives a report of prohibited activities and conduct shall immediately forward that report to the commanding officer or, if the commanding officer is suspected or alleged to have engaged in

the conduct at issue, to any superior officer in the chain of command or the IG. Ref: MCO 5354.1E-V3, Ch.4.

- Commanders will direct an appropriate inquiry into all credible complaints alleging prima facie incidents of prohibited activities and conduct. Commanders shall consult with their EOA and Staff Judge Advocate (SJA) to determine the basis of the inquiry or investigation. Ref: MCO 5354.1E-V3, Ch.4.
- All complaints of prohibited activities and conduct in violation of this Order shall be reported in accordance with the following requirements. Within three duty days of receipt of the complaint by the commander, commanders must make an initial assessment of a complaint of prohibited activities and conduct. Commanders shall consult with their EOA and SJA to determine the proper handling of a complaint.
  - COMMANDERS INITIAL REPORTING ACTIONS. Within three duty days of receipt of the complaint by the commander, commanders will:
    - Forward the complaint, with a detailed description of the facts and circumstances, to the next superior officer in the chain of command who is authorized to convene a general court-martial;
    - Submit all reportable information to the EOA/MEO office and direct the supporting EOA to open an initial discrimination and sexual harassment (DASH) report. EOAs will execute the EOA/MEO actions in accordance with Chapter 5 of MCO 5344.1E.
    - Submit an OPREP-3 SIR Report to the Marine Corps Operations Center (MCOC) in for all accepted complaints. If the commander determines within three duty days of receipt of the complaint by the commander, to accept the complaint, then an OPREP-3 SIR is required. The voice report to the MCOC is required upon the commander's determination to accept the complaint. The OPREP-3 SIR will include as much information as is available, but should at a minimum contain the date, time, location, unit, installation, personnel involved, and a general description of the alleged prohibited activity and conduct. Ref: MCO 5354.1E-V3, Ch.4.
  - WHEN AN OPREP-3 SIR IS NOT REQUIRED. No OPREP-3 SIR is required if, within three duty days of receiving a complaint, the commander dismisses the complaint, or refers the complaint in accordance with MCO 5354.1E. Ref: MCO 5354.1E-V3, Ch.4.

## **VI. Discrimination and Sexual Harassment (DASH) Reporting Requirements**

- The DASH system tracks all complaints alleging prohibited activities and conduct from initial reporting until final command action is taken on the matter. The DASH system ensures oversight of the prohibited activities and conduct reporting across the Service. It is not a report card for units, commanders, or installations. DASH reporting does not usurp or otherwise supersede Serious Incident Reporting requirements that are required as a result of prohibited activities and conduct reports. Ref: MCO 5354.1E-V3, Ch. 7.

- A DASH report is required when a complaint alleging prohibited activities and conduct is received. Ref: MCO 5354.1E-V3, Ch. 7.
- It is the responsibility of the command which receives the initial complaint to ensure a DASH report is initiated and submitted to the CMC (MPE) via the supporting EOA/MEO Office within three duty days of receipt of the complaint by the EOA/MEO office. In cases involving multiple commands, the commander with administrative control of the subject is responsible for the DASH reporting in accordance with this Order. Ref: MCO 5354.1E-V3, Ch. 7.
- The initial DASH report should include a description of the alleged incident, to include date, location, alleged subject(s), date of initial report, individual who received the initial report and the complainant's contact information. When submitting information for a DASH report, commands will provide only the information and action taken that is relevant to the alleged prohibited activities and conduct. Ref: MCO 5354.1E-V3, Ch. 7.
- DASH Update Reports. The commander, with assistance from the supporting EOA/MEO Office, is responsible for ensuring the update report is submitted to CMC (MPE) via a DASH entry. Updates are required upon receiving an investigation extension, upon determination for disposition or resolution, or upon conclusion of NJP, court-martial or other administrative action not previously reported. Ref: MCO 5354.1E-V3, Ch. 7.
- Extensions. If an investigation extension is granted, commanders will provide the EOA/MEO Office with the narrative section of the DASH report which includes the reason(s) for the extension, length of the extension, and the name of the commanding general authorizing the extension. Ref: MCO 5354.1E-V3, Ch. 7.
- Final DASH reports will be appended to the "closed" incident case files and maintained by the command that originated the DASH report. The final DASH report will include a copy of the Report of Investigation (minus enclosures), a written commander's decision (determination of substantiation or non-substantiation by the CA); Complainant Resolution Statement, all appellate action, if applicable; and all command action taken as a result of the complaint. Commanders are responsible for ensuring all source documents are submitted to the supporting EOA/MEO Office for the required DASH reporting prior the administrative closure of the DASH report. Ref: MCO 5354.1E-V3, Ch. 7.

## V. References

- MCO P5354.1E W/Ch 1 – Marine Corps Prohibited Activities and Conduct Prevention and Response
- MCO 1700.23F - Request Mast
- DoDD 1020.02E - Diversity Management and Equal Opportunity in the DoD

# I MEF SAFETY

**Vision:** To develop a culture throughout I MEF where safety is prevalent. To do this, we need to train, maintain, foster, nurture and mentor our Marines and Sailors so they understand that safety encompasses continuous risk evaluation and mitigation, through Risk Management, at every level on and off duty.

**Mission:** To enhance the I MEF's war fighting capability through integrated "Safety" measures, and focus on Navy and Marine Corps safety programs in identifying, mitigating, and preventing both on and off duty mishaps and fatalities.

**I MEF Safety:** 760-763-7031/2

**1st MARDIV Safety:** 760-725-0035

**3d MAW Safety:** 858-577-7308

**1st MLG Safety:** 760-725-8889

**MCAS Miramar Safety:** 858-577-1359

**MCAS Yuma Safety:** 928-269-5611

**MCAGCC 29 Palms Safety:** 760-830-8465

**MCB Camp Pendleton Safety:** 760-763-6410

## **DRIVE SAFE PROGRAM**

The purpose of this program, through a comprehensive and effective Traffic Safety Program, is to help prevent motor vehicle-related mishaps and the resulting deaths, injuries, and property damage. To apply risk management strategies in support of force preservation and operational readiness.

### **I. Commanders and Leaders**

- Commanders and vehicle operators shall consider all transportation options while developing and executing a transportation plan that supports mission accomplishment while on or off duty. Identification of high-risk operators of motor vehicles, to include motorcycles, and use of all available tools and resources is key in order to intervene before risky behavior results in a mishap. Reckless conduct while operating a motor vehicle will not be tolerated. Ref: I MEFO 5101.B
- Units with a total population over 500 military and civilian personnel shall have a safe driving council. Ref: MCO 5100.19F chap 2, par 1.
- Units with a total population under 500 military and civilian personnel shall represent their unit in a safe driving council close to their unit. Each member of the council shall be appointed in writing. Ref: MCO 5100.19F chap 2, par 1.
- Pre-departure vehicle/safety briefings and traffic risk assessments shall be conducted for all Marines under 26 years of age and for those Marines identified as at-risk prior to their executing PCS Orders, when going on leave, when on extended liberty, or when traveling extended distances. Ref: MCO 5100.19F chap 2, par 3.
- Establish a motorcycle mentorship program that incorporates a structured club type organization. Ref: MCO 5100.19F chap 4, par 17.
- Appoint a motorcycle mentorship program president in writing. Ref: I MEFO 5101.B

### **II. Training Requirements**

- Marines under the age of 26 shall receive driver's awareness training, to include local area information within 60 days of check in. Ref: MCO 5100.19F chap 5, par 3.
- Marines found at fault in a traffic mishap while operating a POV or GOV must attend a remedial driver training course. Ref: MCO 5100.19F chap 5, par 4.
- Marines identified as High Risk based on past driving history or behavioral indicators must receive pro-active Drivers Awareness Training (DAT). Ref: MCO 5100.19F chap 5, par 6.
- Motorcycle riders shall complete required initial and refresher motorcycle safety training. Ref: MCO 5100.19F chap 4, par 2 – 8.

- Training courses are provided by the local installation.

### **III. Reporting Requirements**

- Individual Marine Training entry codes are required to be inputted into Marine Corps Total Force System (MCTFS) for motorcycle training and all driver awareness training including Arrive Alive at 25. Ref: MCO 5100.19F chap 4, par 4 and 5.

### **IV. References**

- MCO 5100.19F 29 Nov 2011 - Marine Corps Traffic Safety Program (DRIVESAFE)
- I MEFO 5101.1B Dec 2017 - I Marine Expeditionary Force Drive safe Order

## **GROUND SAFETY PROGRAM**

Commands at all levels shall establish and maintain a vibrant and viable safety program where maintaining combat readiness, eliminating preventable mishaps, and preserving our most precious assets – our Marines, Sailors, civilian personnel and equipment – is every Marine’s goal and responsibility.

### **I. Commanders and Leaders**

- O-6/O-5 Commanders shall appoint a Ground Safety Officer (GSO) or Manager (GSM) in writing as a special staff officer with direct access to the commander for safety matters. Ref: MCO 5100.29B chap 2, par 3b.
- Ensure the GSO/GSM has a staff to support the mission with, at a minimum, a SNCO with a secondary MOS 8012 (ground safety officer). Ref: MCO 5100.29B chap 2, par 3b.
- Appoint in writing an NCO or civilian as the safety representative for each shop/section/work center. Ref: MCO 5100.29B chap 2, par 3c.
- Publish a safety policy within 30 days of assuming command. Ref: MCO 5100.29B chap 2, par 3a.
- Conduct operational pauses at least semiannually. Operational pauses and safety stand-downs are synonymous. The intent is to conduct safety training, review procedures, and assess the command’s safety posture. Ref: MCO 5100.29B chap 2, par 3f.
- Conduct a safety climate survey within 90 days of assuming command and annually thereafter. The Ground Climate Assessment Survey System (GCASS) is located at <http://www.safety.marines.mil/>. Ref: MCO 5100.29B chap 2, par 3g.
- Conduct a quarterly command safety and safe driving council. Intent is to advise unit leaders of safety challenges, current trends, hazard corrective actions taken or required, on and off-duty mishaps, and other force preservation and readiness issues. Ref: MCO 5100.29B chap 2, par 4a.
- Ensure safety hazards are immediately corrected or mitigated and tracked in a hazard abatement log until corrected. Ref: MCO 5100.29B chap 2, par 4c.
- Ensure all mishaps are investigated to determine causes, classification and reporting requirements. Ref: MCO 5100.29B chap 2, par 5a.

### **II. Training Requirements**

- Ensure GSO/GSM attend Ground Safety for Marines course within 90 days of appointment. Ref: MCO 5100.29B chap 2, par 3d (1).

- Ensure GSO/GSM assigned to primary duty safety billets attend the mishap investigation (ashore) course (CIN #A-49-0078 or equivalent USMC mishap investigation course). Ref: NAVMC Dir 5100.8 chap 5, par 5001.7.
- Other safety training may be necessary based on the results of safety and industrial hygiene surveys or specific MOS or billet requirements. Such training shall be coordinated via the chain of command. Ref: MCO 5100.29B chap 2, par 3d (3).

### **III. Reporting Requirements**

- Submit ALL mishap reports via Web Enabled Safety System (WESS) as required. Ref: MCO 5100.29B chap 2, par 5e.
- Complete a quarterly Warrior Preservation Status Report (WPSR). Ref: MCO 5100.29B, chap 4.
- Ensure all serious mishaps (Class A and B) and non-combat deaths other than from morbidity, including deaths due to suicide and criminal activity are briefed to the first general officer in the chain of command using the 8-Day Brief reporting requirements. Ref: MCO 5100.29B, par 4b (13) (f); I MEF Policy Letter 7-18.
- Deliver a death brief for all non-combat deaths other than due to morbidity to the first General Officer in the chain of command. The Death Brief will contain greater detail than the 8-Day Brief and is presented after all facts surrounding the fatality are known. The template is the same as the 8-Day Brief but can be tailored, as directed, by the receiving general officer. Ref: MCO 5100.29B, par 4b (13) (g).

### **IV. References**

- MCO 5100.8 - Marine Corps Occupational safety and Health (OSH) Policy Order
- MCO 5100.29B - Marine Corps Safety Program
- NAVMC Directive 5100.8 - Marine Corps Occupational Safety and Health (OSH) Program Manual
- OPNAVINST 5102.1d/MCO P5102.1B - Navy & Marine Corps Mishap and Safety Investigation, Reporting, and Record Keeping Manual
- IG Functional Area Checklist (FAC) 5100 (Marine Corps Safety Program)
- I MEF Policy Letter 7-18 – I Marine Expeditionary Force Eight Day Briefs



## **HEARING CONSERVATION PROGRAM**

The Marine Corps hearing conservation program is designed to prevent Marine Corps personnel, both military and civilian, from suffering hearing loss due to noise exposure and to ensure hearing readiness and fitness for duty in the military and civilian workforce.

### **I. Commanders and Leaders**

- Ensure 100% of military personnel (Marines and assigned Sailors) are enrolled in the hearing conservation program. MCO 6260.3A, par 4b (16) (d).
- Ensure all joined military personnel have a reference audiogram, DD Form 2215, in their medical record, and the completion of the reference audiogram is recorded in Medical Readiness Reporting System (MRRS). Where there is no reference audiogram, ensure one is completed and recorded as soon as practical. Ref: MARADMIN 010/12, par 3b (1) (a).
- Ensure the Occupational Exposure Registry (OER) is updated and submitted to the servicing MTF semi-annually and when civilian personnel working in designated hazardous noise areas join or transfer/depart the unit. Ref: MARADMIN 010/12, par 3b (1) (g).
- Ensure all joined military personnel receive annual audiograms.

### **II. Training Requirements**

- Ensure annual (calendar year) hearing conservation training for all military personnel, and for civilian personnel working in hazardous noise areas is conducted. Refs: MARADMIN 010/12, par 3b (1) (b) and 3b (1) (e); MCO 6260.3A, Encl (2), par 7.b.

### **III. Reporting Requirements**

- Ensure reference audiogram, DD 2215, completion date is entered in MRRS. Ref: MARADMIN 010/12, par 3b (1) (a).
- Ensure annual audiograms, DD 2216, completion date is entered in MRRS. Ref: MARADMIN 010/12, par 3b (1) (b).
- Ensure unit OER is submitted to the servicing MTF semi-annually. Ref: MARADMIN 010/12, par 3b (1) (c).

### **IV. References**

- OPNAVINST P 5102.1D/MCO P5102.1B - Navy & Marine Corps Mishap and Safety Investigation, Reporting, and Record Keeping Manual
- MCO 6260.3A - Marine Corps Hearing Conservation Program
- CMC DMCS 061313Z Jan 12 - Hearing Conservation and Readiness

# **LASER SAFETY PROGRAM**

This program is to help reduce the probability of injury from exposure to laser radiation and ensure the safe handling, usage, and storage of both commercial and military laser devices.

## **I. Commanders and Leaders**

- Commands operating Class IIIB or IV lasers shall establish a LASER safety program and designate a LASER system safety officer in writing. Ref: OPNAVINST 5100.23G, par 2212a.

## **II. Training Requirements**

- Ensure that the Command LASER System Safety Officer's (LSSO) receive Laser Safety Training through the completion of a LSSO course approved by BUMED and the Lead Navy Technical Laboratory at the Naval Surface Warfare Center, Dahlgren Division.

## **III. Reporting Requirements**

- All suspected and actual LASER incidents shall be immediately reported using appropriate documentation including medical reports, mishap reports, hazard reports, and hostile actions.
- Specific reports requirements include:
  - All exposed personnel shall have immediate medical assessment by an optometrist or an ophthalmologist and an initial report shall be made to BUMED (M3B) as soon as possible but NLT 4 hours after the known or suspected exposure. Commands shall make initial notification of laser incidents by telephone, fax, message, or email to Bureau of Medicine and Surgery (M3B4), 2300 E Street NW, Washington, DC 20372-5300, DSN 762-3448, Commercial 202-762-3448, by FAX at DSN 762-0931 or 202-762-0931. Additionally, commands shall contact the Tri-Service LASER Safety Hotline at 1-800-473-3549.
  - Commands shall submit a final report on the laser incident to the Commander, Naval Safety Center, and to the Bureau of Medicine and Surgery (M3B4), with copies to appropriate headquarters and system commands within 30 days of the incident. Commands shall retain a copy of the final report for three years.

## **IV. References**

- MCO 5104.1C 2 May 2008 - Navy Laser Hazards Control Program
- OPNAVINST 5100.23G 21 July 2011 - Navy Safety and Occupational Health Program Manual
- OPNAV 5102.1D/ MCO P5102.1B 7 January 2005 - Navy & Marine Corps Mishap and Safety Investigation, Reporting, and Record Keeping Man

## **RADIOLOGICAL SAFETY PROGRAM**

To assign guidance and responsibility for the administration of the I MEF radiation safety program as a component of the Marine Corps safety program. Control sources of ionizing radiation to minimize personnel exposures to a level as low as reasonably achievable.

### **I. Commanders and Leaders**

- Commands that conduct x-ray radiography will assign, in writing, a Radiation Safety Officer (RSO). Ref: MCO 5104.3B, par 4b (6) (b) 1.
- Commands that have equipment that contains radiological material will appoint, in writing, a command Radiation Safety Manager (RSM). Ref: MCO 5104.3B, par 4b (7) 2.
- Units having custody of licensed or permitted radioactive commodities must assign a Responsible Officer (RO) to ensure the conduct of radiation safety program requirements for the receipt, handling, storing, physical inventory, packaging, and shipping of licensed sources of ionizing radiation. Ref: MCO 5104.3B, par 4b (9) (a).

### **II. Training Requirements**

- Radiation Safety Officers (RSO) Ref: MCO 5104.3B, par 4b (6).
  - Successfully complete an initial qualification course taught by Naval Sea Systems Command Detachment, Radiological Affairs Support Office (NAVSEADET RASO).
  - Successfully complete the USMC Radiation Safety Program Management Course provided by CMC SD.
  - Attend, at a minimum, three out of five annual NAVSEADET RASO annual RSO conferences to remain “current”.
- Radiation Safety Managers (RSM) must successfully complete the USMC Radiation Safety Program Management Course provided by CMC SD within three months of assuming duties as a RSM. Ref: MCO 5104.3B, par 4b (7) (d).
- Radiation Protection Assistants (RPA) must successfully complete a radiation safety training program provided by the RSM or RSO within 90 days of assuming RPA duties. Ref: MCO 5104.3B, par 4b (8) (a).
- Responsible Officer (RO) will receive radiation safety training commensurate with their duties and responsibilities. Ref: MCO 5104.3B, par 4b (9).

### III. Reporting Requirements

- All incidents/accidents involving radioactive commodities held by units that fall under an NRMP or NRC license (for example: ACOGs and RCOs) shall first be reported immediately to Headquarters Marine Corps Safety Division, Senior Marine Corps Health Physicist at commercial: (703) 604-4122, DSN: 224-4122. I MEF Command Radiation Safety Manager (CRSM), via the units chain of command, must be notified within 24 hours on all radiation accidents and incidents; commercial: (760) 213-5445.
- All incidents/accidents involving those radioactive commodities listed below held by units that fall under an NRMP or NRC license shall first be reported immediately to and the NRMP Radiation Safety Officer of the Army (RSO) for situations involving radioactive material controlled by the Army and the RPA direct chain of command. The Senior Marine Corps Health Physicist will assist in determining reporting requirements. I MEF Command Radiation Safety Manager (CRSM), via the unit's chain of command, must be notified within 24 hours on all radiation accidents and incidents; commercial: 760-213-5445.
  - Army controlled material is:
    - M224 60 MM Mortar NSN: 1010-01-020-5626
    - M252 81 MM Mortar NSN: 1015-01-164-6651
    - M58 Aiming Post Light NSN: 1240-00-169-1934
    - M59 Aiming Post Light NSN: 1240-00-169-1935
    - M641A1 Sight NSN: 1240-01-379-7935
    - M64 Telescope Mount NSN: 1240-01-201-8299
    - Elbow Telescope NSN: 1240-01-211-3608
    - M224A1 60MM Mortar NSN: 1010-01-586-2874
    - M137 Telescope Panoramic NSN: 1240-01-038-0531
    - Elbow Telescope NSN: 1240-01-038-0530
    - M171 Mount Telescope NSN: 1240-01-039-7273
    - M139 Alignment Device NSN: 4931-01-048-5834

### IV. References

- MCO 5104.3B - Marine Corps Radiation Safety Program

## **RISK MANAGEMENT (RM)**

The primary objective of RM is to avoid unnecessary risk both on and off duty. RM is a decision making process that enhances operational capability and individual safety by building confidence, increasing unit effectiveness, and lessening the probability of harm without infringing upon the prerogatives of the commander.

### **I. Commanders and Leaders**

- Apply the RM process to all aspects of command operations and activities. Ref: MCO 3500.27C, par 4a (1) (a).
- Incorporate identified hazards, assessments and controls into briefs, notices and written plans. Ref: MCO 3500.27C, par 4b (3) (b).
- Conduct a thorough risk assessment for new or complex evolutions, defining acceptable risk and possible contingencies for the evolution. Ref: MCO 3500.27C, par 4b (3) (c).
- Elevate the risk decisions through the chain of command where unable to mitigate identified hazards to an acceptable level. Ref: MCO 3500.27C, par 4b (3) (d).
- Designate at least one Risk Management Instructor (RMI). Commanders can designate additional RMIs as needed depending on unit size and specific needs. Ref: MCO 3500.27C, par 4b (3) (f).

### **II. Training Requirements**

- Provide training every two years (biennial) on the RM process to all unit personnel. The level of training shall be commensurate with rank, experience, and leadership position. Ref: MCO 3500.27C, par 4b (3) (e).
- RMIs must complete all modules of the USMC RM Distance Learning Course or through graduation from the U.S. Army Combat Readiness Center Career Program (CP-12) course, the Ground Safety for Marines course, the Aviation Safety Officer or Aviation Safety Command Course. Ref: MCO 3500.27C, par 4b (3) (f).

### **III. Reporting Requirements**

- Ensure Marines and Sailors RM training is documented in the Training Management System. Ref: MCO 3500.27C, par 4b (3) (g).
- Report command RM training status in quarterly Warrior Preservation Status Reports. MCO 5100.29B, chap 4, Figure 4-1.

#### **IV. References**

- MCO 3500.27C - Risk Management (RM)
- MCO 5100.29B – Marine Corps Safety Program

## **Force Resiliency**

Resiliency of the force is the underpinning of our operational readiness and is directly linked to our warfighting success. Force resiliency efforts address key elements in the development and preparation of our Marines, Sailors, and their families necessary for them to succeed in their units and in life. Resiliency is a process that enables us to overcome adversity and thrive in the face of uncertainty. Resiliency is dynamic, it develops over time and it is not easily measured. As leaders and as individuals, we must recognize our baseline and continuously strive to “steel our spirits”, so that we can be effective in our profession and in life.

I MEF Order 1500.1- I MEF Force Resilience Order - establishes a common understanding and a set of standards to identify, track, and report Fitness of the Force (FOF) information required to build resiliency across I Marine Expeditionary Force. Leaders at all levels must understand the nuances of resilience, and create a climate that develops resiliency in their Marines, Sailors, and families. This order aims to provide a common framework that guides resiliency development and assists leaders to ensure all Marines, Sailors, and their families “achieve their full potential, and prepare them for long-term personal and professional success.” The intent is to maintain a balanced approach, affording Commanders maximum flexibility to tailor training and support to the units and families’ needs while implementing a standard set of requirements.

The mission of the I MEF Force Preservation Directorate (FPD) is to assist the Commanding General in building resilience of the force by assessing the FoF and in implementing collective actions that develop individual, unit and family resilience. The objective is to enable sharing of best practices, trends and initiatives across the MEF in order to inform the I MEF Commander’s decisions and prepare the I MEF Commander for the Quarterly Force Preservation Board and the Executive Force Preservation Board.

### **I. I MEF Resiliency Construct**

- Leaders should set conditions for all Marines, Sailors, and their families to be resilient in their professional and personal lives.
- Engaged leadership, deliberate development, holistic training and education, and consistent self-assessment and accountability will ensure I MEF remains a resilient and ready force.
- The development of our Marines and Sailors is a deliberate process that hinges on leaders knowing their men and women as individuals, understanding their strengths and weaknesses, and assisting them to optimize their performance and adaptability.
- Leaders ensure Marines, Sailors, and their families understand the elements of Fitness (physical, mental, social, and spiritual) and the programs and services available to strengthen them. Leaders improve Marines’ and Sailors’ critical thinking and problem solving skills in concert with a ‘steady application of demanding realistic training’ and a holistic approach that includes Professional Military Education (PME) and off-duty training and education.

- Leaders continuously assess the effectiveness of their resilience development and leverage the use of force preservation boards to collectively assess progress and share situational awareness of their FOF within I MEF.
- Leaders must hold ourselves and fellow Marines and Sailors accountable for maintaining the self-discipline, mutual respect and professional competence necessary to immediately respond to crisis or contingency. This can only be accomplished in an environment of trust, cohesion, and selfless commitment.

## II. Commanders:

- In accordance with the Marine Leader Development program, commanders will deliberately integrate the six functional areas of Marine Leader Development into operations, training, and unit activities. Ref: MCO 1500.61.
- Establish a 'new join' program for Marines, Sailors, and their families. Within 30 days of arrival provide orientation briefs for Marines, Sailors and their families. This should be a command led program that is supported as required by Marine Corps Community Services (MCCS) and Marine & Family Team Building.
- Establish a process to ensure a full medical record review is conducted for each 'new join' to a command. The medical record review should focus on both the physical and mental health history of each Marine and Sailor and shall be conducted by the unit's medical staff upon check-in to the medical department.
- In accordance with reference Force Preservation Council (FPC) Program, establish a Force Preservation Council process that incorporates a thorough review of risk factors for each individual Marine and Sailor. For Marines and Sailors being transferred, Commanders shall use the FPC Hand-off Tool in MDL to facilitate and document passing force preservation POC information for transferring Marines. This data shall be entered into MDL by the losing command for each transferring Marine, no earlier than 14 days prior to transfer as set forth in MARADMIN 675/16. Ref: MCO 1500.60.
- Leverage service programs that build resilience assisted by I MEF Force Preservation Directorate (FPD) and provided by Chaplains, Embedded Preventative Behavioral Health (EPBH) staff and Marine & Family Programs.
- Share initiatives, lessons learned, and best practices with MEF, adjacent, and subordinate commands.
- Instruct junior leaders in the use of supporting tools to assist them in building resilience and understanding the FOF (e.g., Leadership Toolkits at <https://www.usmcu.edu/lli/marine-leader-development/leadership-tools/leadership-toolkits>).
- Follow procedures that support FoF situational awareness sharing (data collection, analysis, and reporting).

Directed by I MEF Order 1500.1- I MEF Force Resilience Order



## **MARINE AND FAMILY PROGRAMS**

### **BEHAVIORAL HEALTH SERVICES**

The Behavioral Health Program (BHP) provides services at no cost to Marines, Sailors, and their family members.

Services and treatments provided by counselors within the Behavioral Health branches differ slightly from those offered through the Mental Health clinics and the Navy Regional Medical Centers (NRMC).

- The providers are not psychiatrists and do not prescribe medications.
- A client's electronic record with the BHP is not integrated with the electronic record-keeping system used by hospital providers on the installation.
- All prevention classes, clinical interventions and therapy services provided by the clinicians are evidence-based.

## COMMUNITY COUNSELING PROGRAM

**MCB Camp Pendleton: 760-763-3222**

**MCAS Yuma: 928-269-2561**

**MCAS Miramar: 858-577-1129**

**MCRD San Diego: 619-524-0465**

**MCAGCC 29 Palms: 760-830-7277**

The Community Counseling Program offers free on-base counseling to Marines, Sailors, and their family members.

- Walk-in services available
- Extended week-day hours, Saturdays as needed

**Individual Counseling – Couples Counseling – Child and Teen Counseling – Family Counseling**

Life issues that could benefit from working with a provider at CCP:

- Parent-Child Relationships
- Partner Relationship Difficulties
- Problems at Work
- Stress and Adjustment Issues
- Anger and other Anxiety Issues
- Grief and Loss

Benefits of participating in counseling:

- Increased Self-Confidence
- Improved Well-being
- Improved Family Communication
- Increased Ability to Improve and Maintain Resilience and Mission Readiness.

The CCP also is responsible for administering the Marine Intercept Program (MIP). Clinicians are assigned to specific commands in order to foster the development of trust and improved communication between the clinician, Marine, the Marine's command, and other treatment providers within the command such as the Medical Officer (MO).

Directed by MCO 1754.14 – *Marine Corps Community Counseling Program*

## **SUBSTANCE ABUSE COUNSELING CENTER**

**MCB Camp Pendleton: 760-725-5538**

**MCAS Yuma: 928-269-3079**

**MCAS Miramar: 858-577-1129**

**MCAGCC 29 Palms: 760-830-6376**

The SACC provides services for addressing issues and concerns with alcohol and drug use, abuse and dependence. These services include prevention, education, screenings, and assessments. Prevention and education provides information on making healthy choices when using alcohol. Screenings and assessments are conducted addressing identified situations of concern so that the SACC is best able to assist Marines and Sailors with the appropriate care. All active duty and family members with concerns about alcohol and/or illicit substance usage, are welcomed to visit the SACC. Unit briefings are also available; presentations are tailored to meet the needs of the unit.

The Substance Abuse Counseling Center provides effective care and treatment for Marines, Sailors, and military dependents over the age of 18.

- **Assessment and Treatment**
  - Licensed clinicians with nationally-recognized substance abuse credentials are on-site to provide the individual with screening, assessment, and treatment.
  - Treatment at the SACC consists of:
    - Outpatient (OP) services
    - Intensive outpatient (IOP) services
    - Individual counseling
    - Group counseling
  - Outpatient Treatment (OP) is formally scheduled for two weeks while Intensive Outpatient Treatment (IOP) is formally scheduled for four weeks. Both OP & IOP provide individualized care; length of stay is adjusted according to the needs of the person served. OP & IOP are formatted upon didactic sessions and therapeutic groups, purposed to support each person served in developing effective coping skills.
  - Residential Treatment is a scheduled 35 day treatment program provided by Substance Abuse Rehabilitation Program (SARP), located at Navy Submarine Base Point Loma. SARP is a comprehensive treatment program; providing individual case management formatted care for patients who require intensive structure and support.
- **Prevention Services**
  - Prevention consists of the Drug Demand Reduction Program (DDRP) and the Alcohol Abuse Prevention Specialists (AAPS). Together, they address substance abuse issues. They operate in tandem, assisting unit Substance Abuse Control Officer's (SACO's) and Alcohol Screening Program Coordinators (ASPC's) with the Marine Corp's urinalysis and breathalyzer programs. Services provided are as follows:
    - Command Substance Abuse Prevention Planning

- Illicit Substance Abuse education
- Alcohol Abuse education
- Safety Stand Down periods of instruction
- Monthly substance abuse informational booths
- Collaborations with on-base and off-base community providers
- Prime for Life course of instruction
  - Prime for Life (4.5) is a 4 ½ hour risk reduction class. The first goal is to help each person served in reducing the risk for any type of alcohol or illicit substance issue. The second goal focuses on self-assessment; to help persons served understand and accept the need to make changes and protect according to identified values in their lives.  
  
\*Note – Individuals who have recently experienced a substance usage incident are not appropriate for this service.
  - Prime for Life 16.0 is an Early Intervention 16 hour educational course. Didactic sessions coupled with interactive group settings are utilized to assist persons served, in developing effective coping skills. The course is ideal for persons served who have experienced unhealthy decision making involving substance usage.

Directed by MCO 5300.17 – *Marine Corps Substance Abuse Program*

## **FAMILY ADVOCACY PROGRAM**

**MCB Camp Pendleton: 760-763-6940**

**MCAS Yuma: 928-269-2561**

**MCAS Miramar: 858-577-6585**

**MCAGCC 29 Palms: 760-830-6345**

**MCB Camp Pendleton Domestic Violence Helpline (24/7): 760-500-2633**

**MCAS Miramar Domestic Violence Helpline (24/7): 858-864-3408**

**MCAS Yuma Domestic Violence Helpline (24/7): 928-941-3650**

**MCAGCC 29 Palms Domestic Violence Helpline (24/7): 760-362-9837**

The Family Advocacy Program provides:

- Intervention and treatment services for adults involved in a domestic violence incident.
- Intervention and treatment services for children who have experienced some form of harm, neglect, or exposure to hazards within the environment.
- Crisis intervention services.
- Individual, couples, family, and group counseling in order to individualize treatment for those in their care.
- Victim Advocacy services, including: addressing domestic abuse reporting options (restricted/unrestricted), safety planning, information and referrals, emotional support, and crisis intervention via the 24/7 Domestic Violence Helpline.
- Case management services to ensure that appropriate referrals outside the FAP are made in order to meet the needs of those in treatment.

The FAP is the setting for the Incident Determination Committee (IDC) meetings.

- For more information about the IDC process please call the telephone number listed above.

Directed by MCO 1754.11 – *Marine Corps Family Advocacy and General Counseling Program*

## **NEW PARENT SUPPORT PROGRAM**

**MCB Camp Pendleton: 760-725-3884**

**MCAS Yuma: 928-269-2308**

**MCAS Miramar: 858-577-9812**

**MCAGCC 29 Palms: 760-830-7622**

The New Parent Support Program (NPSP) is a professional team of marriage and family therapists, licensed social workers and registered nurses. The team provides assistance, education and support to our Marine Corps families by offering in-home visits, parenting education classes, information, and referrals for active-duty personnel and their family members. Through a variety of programs, New Parent Support can help families adjust to having a new baby, cope with stress, isolation, pre and post deployment, reunification, and the everyday demands of parenting in the military.

The NPSP program offers expectant parents and parents of young children the opportunity to learn new skills and to build on and improve old ones. There are often many questions about the needs of infants and young children. The program is a reliable resource for questions either in the classroom or in the privacy of home.

When the new baby joins the family, many changes happen. The NPSP services offer support, education and training specific to families with children 5 years old and younger, making the transition easier. Home Visitors can come to your home or arrange for you to come see them in the office. Home Visitors are either registered nurses (RN), or licensed clinicians (LPC, LCSW, or LMFT).

Baby Boot Camp, a 2-day interactive experience with the expecting parent(s) offered free of charge, teaches participants about caring for the expected infant.

- Sessions for couples as well as for single parents.
- Classes can be attended starting in the third trimester of the pregnancy.
- Registration for the class is required.

Directed by MCO 1754.11 – *Marine Corps Family Advocacy and General Counseling Program; Chapter 8 New Parent Support Program*

## **SUICIDE PREVENTION**

**24/7 Hotline = DSTRESS: 1-877-476-7734**

**24/7 Military Crisis Line: 1-800-273-8255 Press 1**

**MCB Camp Pendleton: 760-763-3222**

**MCAS Yuma: 928-269-2561**

**MCAS Miramar: 858-577-1129**

**MCRD San Diego: 619-524-1200**

**MCAGCC 29 Palms: 760-830-7277**

**Call 1-877-476-7734 to speak anonymously with a live person.** The Marine Corps DSTRESS Line provides a 24 hours a day, 7 days a week, anonymous phone and chat and referral service using a 'Marine-to-Marine' approach. The call center is staffed with veteran Marines, Fleet Marine Force Navy Corpsmen who were previously attached to the Marine Corps, Marine spouses and other family members, and licensed behavioral health counselors specifically trained in Marine Corps culture. DSTRESS Line's goal is to help callers improve total fitness and develop the necessary skills required to cope with the widely-varying challenges of life in the Corps.

Suicide is a permanent solution to a temporary problem. The important thing to remember is that help is available. Anyone experiencing suicidal thoughts should be immediately referred to a health care provider who can evaluate their condition and provide treatment.

**Warning Signs - 70% of people who are suicidal show warning signs.**

*Sometimes, a crisis may involve thoughts of suicide...*

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends
- Loss
- Giving away possessions

**The following signs require immediate attention:**

- Thinking about hurting or killing oneself
- Looking for ways to kill oneself
- Talking about death, dying or suicide
- Self-destructive behavior such as drug abuse, weapons, etc.

**Ways to help someone who is threatening suicide:**

- Be direct. Talk openly and matter-of-factly about suicide
- Be willing to listen. Allow expression of feelings. Accept the feelings
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad
- Don't lecture on the value of life
- Get involved. Become available. Show interest and support
- Don't dare him or her to do it
- Don't act shocked. This will make them more distant
- Don't be sworn to secrecy. Seek support
- Offer hope that alternatives are available but do not offer glib reassurance
- Take action. Remove means, such as guns or stockpiled pills

**If you are considering suicide, consider these important facts...**

- Suicidal thinking is usually associated with problems that can be treated.
- If you are unable to think of solutions other than suicide, it is not that solutions don't exist, only that you are currently unable to see them.
- Suicidal crises are almost always temporary.
- Problems are seldom as great as they appear at first glance.
- Reasons for living can help sustain a person in pain.



## **BEST PRACTICES AND ADDITIONAL RESOURCES**

# **FORCE PRESERVATION COUNCIL GUIDANCE**

## **I. Commanders**

- O-6/O-5 commanders shall establish and conduct monthly Force Preservation Councils (FPC). The FPC enables leaders to gain a holistic view of the every Marine/Sailor and identify those at-risk for grievous injury/fatality, due to mishap or suicide, or other high-risk behaviors. Ref: MARADMIN 240/11 and MARADMIN 647/11.
- The FPC provides a clear, formalized process to assess and elevate at-risk Marines and Sailors for command attention by involving unit leadership and key staff and senior leaders. FPCs will provide a venue to obtain a complete picture of a Marine's situation, facilitate focused leadership decisions and activate external resources, as necessary. Ref: MARADMIN 240/11.
- Use the FPC to evaluate each case, classify each case, construct individual mitigation plans, and monitor mitigation plan execution. The manner in which a Marine or Sailor is responding to the circumstances causing elevated risk should be the fulcrum upon which FPC decisions are made.
- Routinely, as part of engaged leadership, all unit members should be mentored, counseled and evaluated for potential review by the FPC. The FPC is not a unit "program" but rather a venue, tool and resource to better support Marines and Sailors through deliberate, engaged leadership by key leaders from mentor through Commanding Officer.
- The following circumstances are examples of incidents that may warrant FPC consideration depending on how a Marine or Sailor responds to the event:
  - Unit new joins.
  - Any substance abuse related incident.
  - Marines or Sailors at risk from polypharmacy (multiple medications with potential adverse effects).
  - Mental health history that may exacerbate those in at-risk situations;
    - History of psychiatric hospitalization.
    - Past drug or alcohol rehabilitation.
    - History of outpatient mental health treatment.
    - History of psychotropic medications for treatment of mental health conditions.
  - Incidents of domestic violence or intimate partner violence, child abuse, escalating marital problems or legal custody of dependents cases.
  - Significant financial problems such as significant debt, bankruptcy, repossession, or loss of home.
  - Significant life-threatening health issue for self, dependent, or family or extended family.
  - Pending legal action or administrative separation from the service.
  - Serious or frequent breaches of the law or Uniform Code of Military Justice (UCMJ).
  - Irresponsible behavior causing increased risk or danger and or potential danger to themselves or others.

- Though references require the FPC to meet a minimum of once monthly, commanders may use the FPC as often as required based on the level of threat and the urgency associated with individual cases involving warning signs or indicators of elevated risk. Ref: MCO 5580.3, chap 3, par 2.

## **II. Training Requirements**

- None listed.

## **III. Reporting Requirements**

- Report number of FPCs held each quarter in the Warrior Preservation Status Report (WPSR). Ref. MCO 5100.29B.

## **IV. References**

- MCO 1500.60 – Unit Force Preservation Councils
- MCO 5100.29B - Marine Corps Safety Program
- MCO 5580.3 - Violence Prevention Program
- MARADMIN 240/11 - 24<sup>th</sup> Executive Force Preservation Board Results
- MARADMIN 647/11 - Twenty-Fifth Executive Force Preservation Board Results

## **CRITERIA FOR NOTIFICATION TO COMMAND: MENTAL HEALTH**

### **1. HEALTHCARE PROVIDERS**

a. Command notification by healthcare providers will not be required for Service member self and medical referrals for mental health care or substance misuse education unless disclosure is authorized for one of the reasons listed in subparagraphs 1.b.(1) through 1.b.(9) of this enclosure.

b. Healthcare providers shall notify the commander concerned when a Service member meets the criteria for one of the following mental health and/or substance misuse conditions or related circumstances:

(1) Harm to Self. The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition.

(2) Harm to Others. The provider believes there is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence consistent with DoD Instruction 6400.06 (Reference (f)).

(3) Harm to Mission. The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment.

(4) Special Personnel. The Service member is in the Personnel Reliability Program as described in DoD Instruction 5210.42 (Reference (g)), or is in a position that has been pre-identified by Service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

(5) Inpatient Care. The Service member is admitted or discharged from any inpatient mental health or substance abuse treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards.

(6) Acute Medical Conditions Interfering With Duty. The Service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the Service member's ability to perform assigned duties.

(7) Substance Abuse Treatment Program. The Service member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program consistent with DoD Instruction 1010.6 (Reference (h)) for the treatment of substance abuse or dependence.

(8) Command-Directed Mental Health Evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation consistent with DoD Directive 6490.1 (Reference (i)).

(9) Other Special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as

determined on a case-by-case basis by a health care provider (or other authorized official of the medical treatment facility involved) at the O-6 or equivalent level or above or a commanding officer at the O-6 level or above.

c. In making a disclosure pursuant to the circumstances described in subparagraphs 1.b.(1) through 1.b.(9) of this enclosure, healthcare providers shall provide the minimum amount of information to satisfy the purpose of the disclosure. In general, this shall consist of:

(1) The diagnosis; a description of the treatment prescribed or planned; impact on duty or mission; recommended duty restrictions; the prognosis; any applicable duty limitations; and implications for the safety of self or others.

(2) Ways the command can support or assist the Service member's treatment.

d. Healthcare providers shall maintain records of disclosure of protected health information consistent with Reference (b).

2. COMMANDER DESIGNATION. Notification to the commander concerned pursuant to this Instruction shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose.

3. COMMANDERS. Commanders shall protect the privacy of information provided pursuant to this Instruction and DoD Directive 5400.11 (Reference (j)) as they should with any other health information. Information provided shall be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties. Such personnel shall also be accountable for protecting the information. Commanders must also reduce stigma through positive regard for those who seek mental health assistance to restore and maintain their mission readiness, just as they would view someone seeking treatment for any other medical issue.