

I Marine Expeditionary Force



Leaders' Force Preservation Handbook

2nd Edition

September 2021

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

Introduction	4
I MEF Force Preservation Construct	5
Force Preservation: The Prevention Focus	7
Requirements Summary	9
Policy/Order Requirements/Required Surveys	10
Personnel Requirements	11
Force Preservation Functional Areas	
<u>PRESERVATION READINESS</u>	12
Embedded Preventive Behavioral Health Capability (EPBHC)	13
I MEF Chaplain	15
Military and Family Life Counselors (MFLC)	18
Combat Operational Stress Control (COSC)	20
Substance Abuse Prevention Program	22
Suicide Prevention System	26
Sexual Assault Prevention and Response (SAPR)	32
Prohibited Activities and Conduct (PAC) Prevention and Response	41
<u>SAFETY</u>	53
Ground Safety Program	53
Traffic Safety “Drive Safe” Program	56
Hearing Conservation	58
Laser Safety Program	59
Radiological Safety Program	60
Risk Management	62
<u>FORCE RESILIENCY</u>	63
Marine Corps Community Services: Behavioral Health Services	65
Community Counseling Center	66
Substance Abuse Counseling Center (SACC)	67
Family Advocacy Program (FAP)	69
New Parent Support Services	70
Suicide Prevention	71
Best Practices and Additional Resources	73
Force Preservation Council (FPC) Guidance	74
Criteria for Notification to Command – Mental Health	76
Utilizing Mental Health Services at NHCP – A Guide for Commands	78

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.

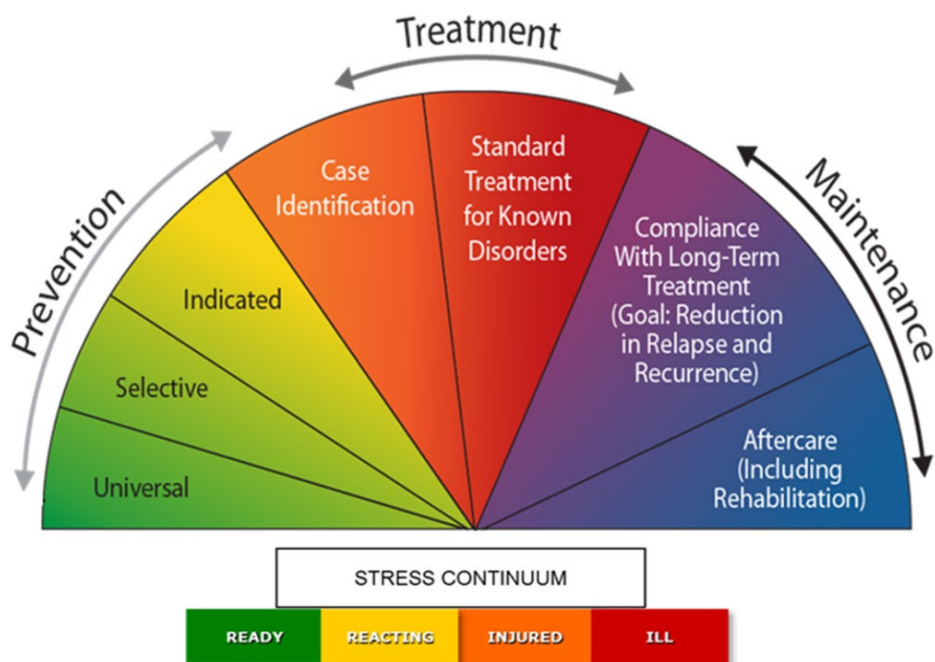
This approach decreases administrative requirements and allows the commander to better identify and care for at risk Marines and Sailors prior to a poor decision or destructive behavior vice reacting to one. The focus of the I MEF Force Preservation Directorate is integrating and improving prevention 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 Management System Policy within 30 days of assumption of command
- Sexual Assault Prevention and Response within 60-90 days 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 and SOP

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 rescinds the requirement for a 120-day post-change of command DEOMI Organizational Climate Survey (DEOCS). Intent is to replace this with a 120-day EO Advisor (EOA) in-brief with the new commander.)
- Complete U.S. Marine Corps Ground Climate Assessment Survey System (GCASS) 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]
- Suicide Prevention Program Coordinator (SPPC) [E7 or above MEF CE, MSC, I MIG]
- 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]
- Recreation and Off-Duty Safety Program Manager
- 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, a Prevention Analyst, and a 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 044/20 Implementation of the Unit Marine Awareness and Prevention Integrated Training 3.0.

- 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), Family Readiness Officers (FROs), Chaplains, MCCA 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 044/20 Implementation of the Unit Marine Awareness and Prevention Integrated Training 3.0
 - I MEF AMHS 231905Z Jun 21 I MEF UPDATED GUIDANCE FOR ANNUAL UNIT MARINE AWARENESS AND PREVENTION INTEGRATED TRAINING (UMAPIT)

I MEF CHAPLAIN

The Force Chaplains Office supports the free exercise of religion for all Marines, Sailors and eligible family members within I MEF, by ensuring that religious ministry is offered in a professional manner while meeting validated religious ministry requirements through the delivery of Professional Naval Chaplaincy (PNC) four core capabilities:

- Provide – faith specific ministries
- Facilitate – the religious requirements of personnel of all faiths
- Care – for all service members, including those who claim no religious faith
- Advise – the command on moral and ethical issues

CHAPLAIN SERVICES

Bible Studies/Prayer Services

Divine Worship Services

Confidential Counseling Services

Funeral Services

Marriage/Renewal of Marriage Vows

Retirement Ceremonies

Speaking Engagements

Special Prayer

Religious Accommodation interview (not confidential)

The following Spiritual Fitness Guide is a private self-assessment tool that enables Marines and Sailors to determine for themselves which of the four levels of fitness best describes them. When Marines and Sailors find themselves wanting to improve their spiritual fitness, they can seek help from their leadership, unit chaplain, fellow Marines and Sailors, along with other supporting resources. The chaplain will provide 100% confidentiality to assist them in this process.

So what then is Spiritual Fitness? It is the optimal state of the overall spiritual well-being of a person and it begins with the recognition that there are two dimensions to our human existence:

Our Intangible Side – this is everything that can be experienced through our senses (body and environment).

Our Tangible Side – this is everything in our life that cannot be seen or touched: our thoughts, beliefs, values and worldview. These are the matters of the mind and heart.

Spiritual Fitness is maintained by exercising the following three elements which directly impact a Marine or Sailors ability to remain spiritual fit.

Personal Faith – All Marines and Sailors have the ability to make a personal choice in which they will place their personal faith. Faith may be characterized as belief or trust in self and/or a relationship with someone or something greater than one's self.

Foundational Values – All Marines and Sailors have the ability to make a personal choice regarding the values they will live by, that will in turn guide their choices, actions, and the character they display on an off duty.

Moral Living – All Marines and Sailors make personal choices about the sources that guide their moral living and their decision making process. Marines and Sailors must reflect upon and evaluate past decisions in order to inform their current and future decisions.

SPIRITUAL FITNESS GUIDE (SELF-ASSESSMENT)

Spirituality may be used in a general sense to refer to that which gives meaning and purpose in life, or the term may be used more specifically to refer to the practice of a philosophy, religion, or way of living.

FIT	STRESSED	DEPLETED	DRAINED
<p>Potential Indicators</p> <ul style="list-style-type: none"> ➤ Engaged in life’s meaning/purpose ➤ Hopeful about life/future ➤ Makes moral decisions ➤ Able to forgive self and others ➤ Respectful of people of other faiths ➤ Engaged in core values/beliefs 	<p>Potential Indicators</p> <ul style="list-style-type: none"> ➤ Neglecting life’s meaning/purpose ➤ Less hopeful about life/future ➤ Makes some poor moral decisions ➤ Difficulty forgiving self or others ➤ Less respectful of people of other faiths ➤ Neglects core values/beliefs 	<p>Potential Indicators</p> <ul style="list-style-type: none"> ➤ Losing a sense of life’s meaning/purpose ➤ Holds very little hope about life/future ➤ Makes poor moral decisions routinely ➤ Unable to forgive self or others ➤ Strong disrespect for people of other faiths ➤ Disregards core values/beliefs 	<p>Potential Indicators</p> <ul style="list-style-type: none"> ➤ Claims life has no meaning/purpose ➤ Holds no hope about life/future ➤ Extreme immoral behavior ➤ Forgiveness is not an option ➤ Complete disrespect for people of all faiths ➤ Abandons core values/beliefs

Your chaplain cares about you and can help with your Spiritual Fitness and Post Traumatic Growth.

CREDO DESCRIPTION: Chaplain Religious Enrichment Development Operation (CREDO) provides high quality programs that promote professional, personal, relational, and spiritual growth. Participants consistently report a more positive outlook on themselves, their relationships, and their spirituality after attending a program. CREDO MCI-West offers a variety of program formats to all of our service members free of charge. Programs CREDO offers/supports are as follows:

- Prevention and Relationship Education Program (PREP)
- Marriage Enrichment Retreat (MER)
- Marriage Enrichment Workshop (MEW)
- safeTALK
- Prepare Enrich
- United Through Reading (UTR)

PREP DESCRIPTION: Prevention and Relationship Education Program (PREP) is a one day workshop, for engaged and newly married couples who want to enhance their relationship. The skills they will learn are as follows:

- How to communicate and better solve problems
- How to handle disagreements and conflict
- How to promote a sense of working as a team
- Why people communicate differently
- How to keep friendship, fun and intimacy alive
- How to strengthen your commitment to each other

References:

- DODI 1300.17 Religious Liberty in the Military Services
- SECNAVINST 1730.7E Religious Ministry Support in the Department of the Navy
- OPNAV 1730.1E Religious Ministry in the Navy
- MCO 1730.6F Religious Ministry in the Marine Corps
- MCO 1500.61 Marine Leader Development
- MCO 1730.9 Accommodation of Religious Practices in the Marine Corps
- ALMAR 033/16 Spiritual Fitness

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 5100.29C - Marine Corps Safety Management System
- 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 counseling services 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 are encouraged to seek to receive a brief on the SAP from the supporting MCCA 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 SYSTEM

Suicidal behaviors are a barrier to readiness that have lasting effects on Marines and Service Members attached to Marine Commands (hereafter referred to as Marines), Families, and the Marine Corps. Effective suicide prevention requires coordinated efforts within a prevention framework dedicated to promoting mental, physical, spiritual, and social fitness; strengthening healthy stress responses; mitigating stressors that interfere with mission readiness; identifying Marines at high risk or in crisis; caring for Marines with suicidal behaviors and ensuring the Marine receives proper treatment; and fully reintegrating Marines who are found fit to return to duty.

The Suicide Prevention System emphasizes the importance of the COSC core leadership functions; strengthen, mitigate, identify, treatment, and reintegration (SMITR), relies on 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 System encourages leaders to take a proactive approach in preventing suicide related incidents, raises awareness and assists leaders in developing prevention strategies.

Suicide: Indicators

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

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 1720.2A par 2b (2) (c) (1) and NAVMC 1720.1.
- MEF CE, MSCs, and MIG Commanders shall appoint in writing a Suicide Prevention Program Coordinator (SPPC) to manage the unit Suicide Prevention System. Ref: MCO 1720.2A par 2b (2) (c) (2) and NAVMC 1720.1.

- Commands shall maintain copies of the SPPOs MARINENET training certificate for IGMC Inspection purposes. Ref: NAVMC 1720.1.
- Commands must establish and implement, in writing, a command suicide prevention program integrating awareness education, early identification, and referral of at-risk personnel to treatment, reporting requirements, reintegration, and postvention support.
 - Ensure the completion of the annual DC M&RA, MF-approved suicide awareness and prevention training for all Marines (UMAPIT 3.0).
 - Conduct unit leader training emphasizing the identification and care of Marines exhibiting behaviors associated with critical stressors or at risk of suicidal behavior. Foster an environment that facilitates healthy stress reactions and cultivates mental, physical, spiritual, and social fitness.
 - Incorporate internal and external suicide prevention resources
 - All suicidal ideations, attempts, and suicides must be reported via OPREP-3 SIR
 - Ensure that a Department of Defense Suicide Event Report (DoDSER) is submitted for each suicide attempt and death by suicide.
 - Ensure that Personnel Casualty Reports (PCRs) are submitted for each suicide attempt and death by suicide.
 - 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.
- 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 and SPPOCs must complete the SPPO online training (MarineNet) within 30 days of appointment. Ref: NAVMC 1720.1 Ch. 1 Par 2. E. (1)
- Annual suicide prevention training is a requirement for all Marines and Sailors. Unit Marine Awareness and Prevention Integrated Training 3.0 (UMAPIT 3.0) is the HQMC approved annual suicide prevention training. Ref: NAVMC 1720.1 Ch. 1 Par 2. E. (2)
- Completed UMAPIT 3.0 training will be entered in the Marine Corps Total Force System (MCTFS): B9

III. Reporting Requirements

- Suicide Deaths and Undetermined Deaths where suicide has not been excluded
 - If a suspected or verified death by suicide occurs, submit an OPREP-3 Serious Incident Report (SIR) to Headquarters Marine Corps (HQMC) in accordance with reference MCO 3504.2A via the following:

1. Voice (synchronous) report to the Marine Corps Operations Center (MCOC) within 30 minutes of the incident, or within 30 minutes of becoming aware of the incident, at 1-866-476-2669, in accordance with references MCO 3504.2A and MARADMIN 355/20. In the voice report, include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using the Automatic Message Handling System (AMHS) to Commandant of Marine Corps (CMC) Washington DC Plans Policy and Operations (PPO) within 6 hours of incident, or within 6 hours of becoming aware of the incident, in accordance with references O 3504.2A and MARADMIN 355/20. Use the format outlined in Appendix B of NAVMC 1720.1.

(b) Submit a voice report as soon as possible but no later than 1 hour after learning of the incident to the Casualty Assistance Program, Military Personnel Services Branch, Marine and Family Programs Division (MF) at 1-800-847-1597. Provide, at a minimum, the decedent's name, Social Security number, and basic circumstances surrounding the incident, in accordance with reference (g).

(c) Submit a Personnel Casualty Report (PCR) no later than 1 hour after learning of the incident following the requirements and format in accordance with reference MCO 3040.4 and Appendix B of NAVMC 1720.1

(d) Submit the DoDSER in deaths where suicide is suspected or verified, per references MCO 1720.2A and DoDi 6490.16 w/CH-2. This information is utilized in the Death by Suicide Review Board (DSRB).

3. Appoint a Marine Officer and supporting team, within three working days of transmitting the initial PCR, in order to collect, examine, and record information required by the DoDSER in accordance with references (MCO 1720.2A, DoDi 6490.16 w/CH-2 and MCO 3040.4. Major command policy determines the command level at which the suicide DoDSER is completed.

4. Submit a DoDSER within 30 days of submitting the initial PCR on <https://DODSER.t2.health.mil/>. The data collection process for the DoDSER is a means to improve risk management, not an investigative procedure to determine negligence or accountability.

5. Submit a MF 30-Day Death or Suspected Death by Suicide Report, in accordance with reference (a), for all deaths by suicide no later than the close of the thirtieth day following the death and send via encrypted email to M&RA, MF, SPC at 30_day_suicide_report@usmc.mil. Use the format outlined in Appendix B of NAVMC 1720.1. A MF 30-Day Death or Suspected Death by Suicide Report quick reference is located on the Suicide Prevention homepage located at https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability

6. Submit any updates to the completed DoDSER to M&RA, MF Behavioral Program Data Surveillance within 60 days after Armed Forces Medical Examiner System (AFMES) has determined the manner of death as a suicide, in accordance with references MCO 1720.2A and DoDi 6490.16 w/CH-2. M&RA, MF Behavioral Programs Branch, Data Surveillance maintains a record of AFMES verifications for suicides and updates it weekly based on reconciliation with AFMES.

- Suicide Attempts

- If a suicide attempt occurs, submit an OPREP-3 Serious Incident Report (SIR) to Headquarters Marine Corps (HQMC) in accordance with reference MCO 3504.2A via the following:

1. Voice (synchronous) report to MCOC within 30 minutes of the incident, or within 30 minutes of becoming aware of the incident at 1-866-476-2669, in accordance with references MCO 3504.2A and MARADMIN 355/20. In the voice report include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using the AMHS to CMC Washington DC PPO within 6 hours of incident, or within 6 hours of becoming aware of the incident, in accordance with references CO 3504.2A and MARADMIN 355/20. Use the format outlined in Appendix B of NAVMC 1720.1.

- (b) Submit a voice report as soon as possible but no later than 1 hour after learning of the incident to the Headquarters Marine Corps Casualty Section (MFPC), Military Personnel Services Branch, Marine and Family Programs Division (MF) at 1-800-847-1597. Provide, at a minimum, the decedent's name, Social Security number, and basic circumstances surrounding the incident, in accordance with reference MCO 3040.4.

- (c) Submit a PCR no later than 1 hour after learning of the incident following the requirements and format in accordance with reference MCO 3040.4. Submit a supplemental/progress PCR at least weekly until the individual's category has been downgraded below seriously ill/injured, is sent on convalescent leave, or is returned to duty. Appendix B of NAVMC 1720.1 provides an example PCR.

(d) Ensure a medical provider, at the medical treatment facility (MTF) that performs the psychological assessment after the suicide attempt, has completed a DoDSER, in accordance with NAVMC 1720.1 and references MCO 1720.2A, DoDi 6490.16 w/CH-2, and MCO 3040.4.

3. In the event the Marine is not treated in a MTF, the DoDSER is completed by the unit medical officer or division psychiatrist with the most familiarity with the event, by the MTF responsible for a TRICARE referral, or by the reserve component command medical representative. The Marine's command provides any amplifying information sought by medical personnel for DoDSER completion.

4. Commanders verify the completion of a DoDSER within 30 days of the determination of the attempt by competent medical authority (CMA).

- Suicide Ideation

- If a suicidal ideation occurs, submit an OPREP-3 Serious Incident Report (SIR) to Headquarters Marine Corps (HQMC) in accordance with reference MCO 3504.2A via the following:

1. Voice (synchronous) report to the MCOC within 12 hours of incident, or within 12 hours of becoming aware of the incident at 1-866-476-2669, in accordance with references MCO 3040.4 and MARADMIN 355/20. In the voice report include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using AMHS to CMC WASHINGTON DC PPO within 24 hours of incident, or within 24 hours of becoming aware of the incident, in accordance with references MCO 3040.4 and MARADMIN 355/20. A CMA should not be the basis for making a report, per reference MCO 1720.1. Ideations are to be reported as the result of a thought, wish or intent to die or cause self-harm as conveyed to any Marine or any other mandated reporter. The focus is not the determination of whether or not an ideation took place but rather on allowing the commander and/or leader the opportunity to track the occurrence and engage with the Marine concerning issues of stress and other factors of suicide. Use the format outlined in Appendix B of NAVMC 1720.1.

- Dependent Deaths when Suicide is Suspected or Verified

- The death of a dependent/eligible family member for an active duty Marine is a reportable casualty, in accordance with reference MCO 3040.4. Eligible family member means those individuals recognized as an approved dependent by the Marine Corps. Reports are generated by the first Marine Corps activity learning of the death.

1. Submit a voice report as soon as possible, but no later than one hour after learning of the incident, to the MFPC, Military Personnel Services Branch, MF at 1-800-847-1597. Provide at a minimum the decedent's name, social security number, and basic circumstances surrounding the incident.

2. Submit a PCR no later than one hour after learning of the incident following the requirements and format outlined in reference MCO 3040.4.

(b) Marines have the responsibility to report within 30 days any family member additions or changes, including deaths, to the nearest Defense Enrollment Eligibility Reporting System or Real-Time Automated Personnel Identification System Office, in accordance with reference DoDi 6490.16 w/CH-2 and MCO 5512.11E.

Suicide Intervention Training also available. Contact your unit Chaplain or EPBHC personnel to coordinate.

safeTALK: LivingWorks safeTALK is a four-hour face-to-face workshop featuring powerful presentations, audiovisuals, and skills practice.

ASIST: LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, you'll learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive.

IV. References

- MCO 1720.2A - Marine Corps Suicide Prevention System
- 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
- NAVMC 1720.1
- IG Functional Area Checklist 1720 updated 8JUN21

SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM

I MEF

(24/7 duty cells)

I MEF SARC: 760.829.0965 *(MEUs, SPMAGTF, I MIG, etc.)*

1st MLG SARC: 760.716.0669

3d MAW SARC: 858.382.7824 (Miramar) 858.337.3824 (Yuma)

1st MARDIV SARC: 760.212.2450

INSTALLATION

(24/7 duty cells)

MCB Camp Pendleton SARC: 760.717.8694/9605 **MCAGCC 29 Palms SARC:** 760.401.2301/7892

MCAS Miramar SARC: 858.864.2926/3448 **MCAS Yuma SARC:** 928.210.3027

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

DoD Safe Helpline: 877.995.5247 or www.safehelpline.org

I. Commander's Protocol for Prevention and Response

To prevent sexual assault, all commanders shall:

- Establish a command climate of prevention predicated on mutual respect and trust that recognizes and embraces diversity, and values contributions of all members.
- Remind Marines of their personal commitment to maintaining a healthy environment that is safe and contributes to their well-being and mission accomplishment.
- Monitor the organization's climate and respond with appropriate action toward any negative trends that may emerge.
- Engage HHQ SAPR for assistance as needed.

In the event of a sexual assault, commanders shall:

- Discourage members from participating in "barracks gossip" or speculation about the case or investigation, reminding all to wait in reaching conclusions until all the facts are known and final disposition of the allegations has occurred.
- Advise those who may have knowledge of the events leading up to or surrounding the incident to fully cooperate with any investigation.

- Remind members that discussion of a possible sexual assault incident might compromise an ensuing investigation, and may result in a Privacy violation complaint.
- Emphasize the alleged offender is presumed innocent until guilt is established by legal and competent evidence beyond reasonable doubt.
- Coordinate unit refresher training with a SAPR VA and/or SARC. Address preventive measures and the impact on the unit. Assess and be cognizant of the needs of the victim at this time, recognizing that increased attention on him/her during this period may be detrimental.
- Monitor the unit's climate to ensure neither the victim nor the alleged offender is being ostracized and to prevent organizational splintering.

The victim's commander shall:

- Ensure the physical safety and emotional security of the victim. Determine if the alleged offender is nearby and if the victim needs protection.
- Ensure emergency medical care is offered if necessary and/or requested by the victim.
- Ensure the SARC is notified immediately. If not co-located with the command SARC, ensure that a SAPR VA is provided to the victim. Ensure the victim understands the availability of victim advocacy and the benefits of accepting advocacy. Advocacy services are optional.
- Ensure notification to the appropriate MCIO as soon as the victim's immediate safety is addressed, and medical treatment procedures are in motion. Strictly limit knowledge of the facts or details regarding the incident to those personnel who have a legitimate need-to-know, as defined in MCO 1752.5C, Appendix A.
- Ensure necessary action to safeguard the victim from any formal (official) or informal investigative interviews or inquiries, except those conducted by the authorities who have a legitimate need-to-know.
- Submit the OPREP-3/SIR report for all Unrestricted Reports or allegations, actual or suspected, of sexual assault, in accordance with MRE 513-514.
- Complete the SAPR 8-Day Incident Report when there is an Unrestricted Report or MCIO has initiated an adult sexual assault investigation, in accordance with reference (a) (RCS DD-1752-05). Communicate with the MCIO and SARC for required information to complete the report. Do not ask detailed questions and/or pressure the victim or SAPR VA for responses or information about the incident.
- Ensure the victim is advised of the need to preserve evidence (by not bathing, showering, washing garments, etc.) while waiting for the arrival of representatives of the MCIO.
- Ensure assistance with or provide immediate transportation for the victim to the hospital or other appropriate medical facility. Encourage evidence collection, as there is a small window of opportunity to collect it.
- Ensure the victim is asked if a specific support person is desired. This person could be a friend or family member of the victim. Ensure the victim is advised that this person could later be called to testify as a witness if the case goes to trial.

- Ensure the victim is offered a chaplain and/or VLC and notify accordingly.
- Determine if the victim desires/needs a “no contact” order or an MPO (DD Form 2873) to be issued, particularly if the victim and the alleged offender are assigned to the same command, unit, duty location, or living quarters.
- Ensure the victim understands the availability of other referral organizations staffed with personnel who can explain medical, investigative, and legal processes and advise of the victim’s support rights.
- Ensure the victim is advised of the expedited transfer process and facilitate the expedited transfer when requested by the victim. Determine the need for a temporary reassignment to another unit, duty location, or living quarters on the installation of the victim or the alleged offender being investigated, working with the commander of the alleged offender, if different than the victim’s commander, until there is a final legal disposition of the sexual assault allegation, and/or the victim is no longer in danger. Ref. NAVMC 1752.5 Chapt 1 *Submitting and Processing Expedited Transfers for Active Duty*
- Attend the monthly CMG meeting until case involving command personnel is closed, non-delegable. Ensure the victim receives monthly reports regarding the status of the sexual assault investigation within 72 hours of the CMG until final disposition.
- Withhold initial disposition authority to the SA-IDA for all other alleged offenses arising from or relating to a reported sexual assault, whether committed by the alleged offender or the victim. The SA-IDA has the non-delegable responsibility for initial disposition as defined in Manual for Courts-Martial 2016. Such offenses commonly include underage drinking, traveling out-of-bounds or to off-limits establishments, fraternization, or adultery. In cases involving a victim’s collateral misconduct, the SA-IDA is encouraged to defer a victim’s disciplinary proceeding until final disposition of the more serious sexual assault case, in accordance with DoDI 6495.02.
- Avoid automatic suspension or revocation of a security clearance and/or Personnel Reliability Program (PRP) access, understanding the victim may be satisfactorily treated for related trauma without compromising the victim’s security clearance or PRP status. Consider the negative impact suspension of a victim’s security clearance may have on building trust and confidence in the Marine Corps sexual assault reporting system, but make the final determination based upon established national security standards.
- Consult with the victim and when possible, accommodate the victim’s desires regarding safety, health, and security, as long as neither a critical mission, nor a full and complete investigation is compromised.
- Listen and support the victim. Be available following the sexual assault and assure the victim of the commander’s support.

High Risk Response Team (HRRT): DoDI 6495.02 directs that an HRRT be activated when a victim of sexual assault is determined to be in a high-risk situation. The purpose of the HRRT is to assess and develop an immediate plan to eliminate the risk. 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. Step by step process and checklist included in NAVMC 1752.5 Chapt 4.

The alleged offender's commander shall:

- Ensure notification to the appropriate MCIO as soon as possible after receiving a report of a sexual assault incident.
- Safeguard the alleged offender's rights and preserve the integrity of a full and complete investigation.
- Restrict information pertinent to an investigation to those who have an official need-to-know, as defined in MCO 1752.5C.
- Ensure procedures are in place to inform the alleged offender, as appropriate, about investigative and legal processes.
- Ensure procedures are in place to inform the alleged offender about available counseling support.
- Determine the need of the issuance of an MPO, DD Form 2873.
- Monitor the well-being of the alleged offender, particularly for indications of suicidal ideation, and ensure appropriate intervention occurs if indicated.
- Submit an OPREP-3/SIR, for all reports of sexual assault when the victim is a civilian, and the alleged offender is a Marine or other Service member assigned to a Marine Corps unit.
- Complete the SAPR 8-Day Incident Report when there is an Unrestricted Report or MCIO has initiated an adult sexual assault investigation involving a command Service member and a civilian victim (RCS DD-1752-05). Communicate with the MCIO and SARC for required information to complete the report. Do not ask detailed questions and/or pressure the victim and/or accused for responses or information about the incident.

REF: DoDI 6495.02, MCO 1752.5C.

II. Reporting Options

Sexual Assault Reporting Options

- An **Unrestricted Report** is made by the victim's election to file via the DD 2910, Victim Reporting Preference Statement (VRPS). When an Unrestricted Report is elected, the report cannot be converted to a Restricted Report. An Unrestricted Reporting flowchart is located on the SAPR Leadership Toolkit and SAPR Workspace sites.
 - An official report may also be initiated by an MCIO when an adult sexual assault investigation has been opened.

- A Restricted Report is not an option if an MCIO has initiated an investigation and created a case number, there is no Restricted Report on file, and the SARC is notified.
- **DoD definition of Unrestricted Reporting** – A process that an individual covered by this policy uses to disclose, without requesting confidentiality or Restricted Reporting, that he or she is the victim of a sexual assault. Under these circumstances, the victim’s report provided to healthcare personnel, the SARC, a SAPR VA, command authorities, other persons are reported to law enforcement and may be used to initiate the official investigative process in accordance with DoDI 6495.02.
- **A Restricted Report** affords victims the option to make a confidential report to authorized individuals. A Restricted Report is only available if a victim elects the Restricted Report option, via the DD 2910, to a person granted confidentiality under this Order or by statute, to include SARCs and SAPR VAs. If there is an ongoing independent investigation, the sexual assault victim shall no longer have the option of Restricted Reporting when the MCIO informs the SARC of the notification and the victim has not already elected Restricted Reporting.
 - **DoD definition of Restricted Reporting** – Reporting option that allows sexual assault victims to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA, and healthcare personnel), and receive medical treatment including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an official investigation. The victim’s report provided to healthcare personnel (including the information acquired from a SAFE Kit), SARCs, or SAPR VAs will NOT be reported to law enforcement or to the command to initiate the official investigative process unless the victim consents or an established EXCEPTION is exercised in accordance with DoDI 6495.02. The Restricted Reporting option applies to Service members and their military dependents 18 years of age and older. For additional persons who may be entitled to Restricted Reporting, see eligibility criteria in DoDI 6495.02. Only a SARC or SAPR VA may receive a Restricted Report.

DoD Definition of Consent: A freely given agreement to the conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance does not constitute consent. Submission resulting from the use of force, threat of force, or placing another person in fear also does not constitute consent. A current or previous dating or social or sexual relationship by itself or the manner of dress of the person involved with the accused in the conduct at issue shall not constitute consent. A sleeping, unconscious, or incompetent person cannot consent. A person cannot consent to force causing or likely to cause death or grievous bodily harm or to being rendered unconscious. A person cannot consent while under threat or in fear. A person cannot consent if the subject makes a fraudulent representation that the sexual act serves a professional purpose or induces a belief that the subject is another person. All the surrounding circumstances are considered when determining whether a person gave consent. A person’s previous sexual acts, experiences, and/or history does not constitute consent.

Restricted Reporting

Active Duty Military & Dependents/Spouses 18 & older
Victims/Survivors of sexual assault who wish to confidentially disclose the crime to specifically authorized individuals without triggering an official law enforcement investigation or command involvement; additionally, the services listed below are available.

- ✓ Sexual Assault Response Coordinator (SARC)
- ✓ SAPR Victim Advocate (SAPR VA)
- ✓ Victims' Legal Counsel (VLC)
- ✓ Medical/Naval Hospital
- ✓ Counseling
- ✓ Chaplain
- **NO Command Involvement**
- **NO Law Enforcement Investigation**

THE SARC & SAPR VA ARE THE ONLY AUTHORIZED INDIVIDUALS WHO CAN COMPLETE RESTRICTED & UNRESTRICTED REPORT PAPERWORK (DD FORM 2910) WITH A VICTIM. FIRST TALK TO YOUR SARC OR SAPR VA.

Unrestricted Reporting

Active Duty Military & Dependents/Spouses 18 & older
*Limited services to DoN, DoD, & all other CIV
Victims/Survivors of sexual assault who desire an official law enforcement investigation and command involvement; additionally, the services listed below are available.

- ✓ Sexual Assault Response Coordinator (SARC)
- ✓ SAPR Victim Advocate (SAPR VA)
- ✓ Victims' Legal Counsel (VLC)
- ✓ Medical/Naval Hospital
- ✓ Counseling
- ✓ Chaplain
- ✓ Command Involvement
- ✓ Law Enforcement Investigation

THE SARC & SAPR VA ARE THE ONLY AUTHORIZED INDIVIDUALS WHO CAN COMPLETE RESTRICTED & UNRESTRICTED REPORT PAPERWORK (DD FORM 2910) WITH A VICTIM. FIRST TALK TO YOUR SARC OR SAPR VA.

III. Training Requirements

Required Training

All CGs and COs shall:

- Coordinate with the supporting installation or authorized command SARC to receive the SAPR Command Resource Brief within 30 days of assuming command.
 - The XO, SgtMaj, and supporting command SARC shall attend the Resource Brief with the GCMCA.
 - It is highly recommended that the Chaplain attend.
- Ensure that SAPR training is conducted annually in accordance with DoDI 6495.02. All Marines shall attend SAPR training specific to their rank. Direct command involvement in preparation and delivery is encouraged.
 - Ensure SARCs and SAPR VAs facilitate all annual training on sexual assault awareness, prevention, and response for all unit personnel.
 - The SARC is the SME for the command and shall have the most updated policy and program information to ensure standardization of training. Direct command involvement in preparation and delivery is encouraged.
 - Ensure pre-deployment SAPR training is provided to all deploying personnel and facilitated by a SARC and/or SAPR VA.
 - Refer to MCO 1300.8 to determine what qualifies as a deployment.

- Commanders shall ensure that all deploying Service members/civilians on an exercise or deployment of one day or more receive a pre-deployment SAPR brief, to include SAPR resources tailored to the exercise location/deploying environment.
- The intent is to ensure that pre-deployment training is presented in its entirety. Personnel departing from their command/installation need an executable protocol in the event of a sexual assault in a remote location.
- Include SAPR in the training plan. Ensure that annual SAPR training is tracked, completed, and documented, to include specialized training by rank and pre-deployment training.
- Ensure that signed training rosters are maintained in accordance with MCO 1752.5C ref (i) and DoDI 6495.03.
- Marines shall complete specific SAPR training across their careers, to include but not be limited to annual, pre-deployment, PME, and pre-Command/Senior Enlisted Leader training. All SAPR annual training shall be conducted by credentialed and appointed SAPR VAs and/or SARCs. All training shall encompass the training requirements outlined in DoDI 6495.02 and NAVMC 1752.5.
- Annual Training. SAPR training shall be facilitated in small groups, with the intent of promoting discussion and reducing the stigma regarding sexual assault. All Marines shall participate in the SAPR annual training designated for their specific rank and grade.
 - “Step Up” Bystander Intervention training is required for junior Marines E-1 through E-3. This training will satisfy annual SAPR training requirements.
 - The goal of “Step Up” training is to establish a positive command climate in which Marines understand their inherent duty to step up and step in to prevent sexual assault and high-risk situations.
 - “Step Up” training shall be conducted in its entirety and will be facilitated in small groups, not to exceed 30 Marines.
 - “Take a Stand” training is an annual requirement for noncommissioned officers E-4 and E-5. This training will satisfy the annual training requirement.
 - The goal of “Take a Stand” training is to engage first-line supervisors, by enhancing their skills and knowledge pertaining to SAPR, as well as to emphasize prevention.
 - “Take a Stand” training shall be conducted in its entirety and will be facilitated in small groups, not to exceed 30 Marines.
 - SNCO SAPR Training is an annual requirement for all E-6 and above. This training will satisfy annual SAPR training requirements.
 - Annual SAPR Training is an annual requirement for all O1-O6. This training will satisfy annual SAPR training requirements.
- Specialized Training

- Pre-deployment training is conducted for all deploying Marines. It shall incorporate information about sexual assault response, reporting options, how to receive medical attention, evidence collection/SAFE, and how to obtain advocacy services.
 - Pre-deployment training shall be customized to best reflect the conditions the unit is deploying to.
 - SARCS are required to conduct requisite research to reflect conditions in the exercise, task force and deploying environment.
- PME schools shall incorporate SAPR training that is commensurate with the ranks of the students in attendance.
- Pre-Command and Senior Enlisted Leadership training received at Commanders and SgtsMaj Courses shall occur prior to individuals filling command positions in accordance with MCO 1752.5C. This training will meet the annual training requirement for SAPR program.
- Units are required to report the completion of all SAPR training, annual and specialized, via MCTIMS.
 - Annual Training: AT
 - “Step Up” Bystander Intervention Training: SE
 - “Take a Stand” NCO Training: SB
 - SNCO SAPR Training: S6

Required Sexual Assault Prevention and Response (SAPR) Personnel Training

- All SAPR VAs shall attend the initial USMC SAPR VA training prior to being credentialed and appointed.
 - If a Marine SAPR VA is supporting a joint command, the Marine may attend a Sister-service SAPR VA training with prior MF SAPR approval.
 - If a Marine SAPR VA is already certified by D-SAACP but was trained by another Service, they shall attend the entire initial USMC SAPR VA 40 hour training course prior to being credentialed, appointed, and performing SAPR VA duties on a Marine Corps installation or site.
- All SARCs shall complete the initial USMC SAPR VA training and the USMC Command and/or Installation SARC training appropriate to their level of responsibility prior to being credentialed and appointed.
 - If a Marine SARC is already certified by D-SAACP but was trained by another Service, the SARC shall attend the entire initial USMC SAPR VA 40 hour training and the applicable USMC SARC training prior to being appointed and performing SARC duties.
- D-SAACP requires all SAPR personnel complete 32 hours of CE training biannually for recertification. Please refer to DoDi 6495.03 (28FEB20) for specific renewal requirements.
- The Marine Corps requires sixteen CE hours to be completed annually. Required documentation shall be provided to the supporting SARC for entry into DSAID for tracking purposes.

All CGs and COs shall:

- O-6–Level Commanders are authorized to appoint a collateral duty command SARC as necessary. All O6-level commanders not co-located with the Higher Headquarters (HHQ) SARC, or with geographically dispersed subordinate units, shall appoint a collateral duty SARC. Collateral duty SARCs shall meet all training and certification criteria as outlined in MCO 1752.5C Chapt 4.
- Establish and sign an Order/SOP for SAPR functions within their respective commands. The SOP shall include protections for SARCs, SAPR VAs, and victims against coercion; discrimination; and/or reprisal related to the execution of SAPR duties; and procedures for filing reports of sexual assault incidents.
- Publish a command policy statement, within 90 days of assuming command, regarding sexual assault awareness and prevention that supports SAPR program objectives. Policy statements shall emphasize that sexual assault is a crime and not compatible with Marine Corps core values. Policy statements will also stress the importance of cultivating respectful climates and prevention-focused leadership, as well as highlight reporting options.
- Ensure that at least two SAPR VAs are appointed at each battalion, squadron, or equivalent level command. Commanders are encouraged to appoint more than two SAPR VAs if possible. The responsibilities of SAPR VAs are outlined in Chapter 5 of MCO 1752.5C, and selection criteria are located on the SAPR Leadership Toolkit and SAPR Workspace sites.
- Subordinate units not co-located with their HHQ shall have their own appointed SAPR VAs. In coordination with the supporting SARC, the command shall publish a SAPR Order/SOP identifying supporting SAPR personnel and reporting procedures, victim response procedures, appropriate local resources, and training requirements. When located on or near a Sister-service installation, an MOU for SAPR services shall be established as applicable.
- Ensure photographs and contact information for the SARCs and SAPR VAs are posted in the unit's common areas in accordance with policy, along with reporting options, the 24/7 Sexual Assault Support Line phone number, and the DoD Safe Helpline contact information.
- Ensure that SAPR VAs are included on the check-in/check-out sheet, notated with proper documentation, and are participating in the unit's new-join brief if applicable. A SARC can provide this support, should the SAPR VAs be unavailable.

V. References

- DoDI 6495.02, w/change 4, 11SEP20 - Sexual Assault Prevention Response Program Procedures
- DoDI 6495.01 w/change 4, 11SEP20- Sexual Assault Prevention and Response Program
- DoDI 6495.03, 28FEB20 Defense Sexual Assault Advocate Certification Program
- SECNAVINST 1752.5C - Sexual Assault Prevention and Response (SAPR) Program
- MCO 1752.5C, 03JUN19- Sexual Assault Prevention and Response (SAPR) Program
- NAVMC 1752.5, 05JUN19 – Sexual Assault Prevention and Response (SAPR) Procedures
- MCO 3504.2A - Operations Event/Incident Report (Oprep-3) Reporting

PROHIBITED ACTIVITIES AND CONDUCT PREVENTION AND RESPONSE

I MEF EOA: 760-725-9167

1st MARDIV EOA: 760-725-6686

3d MAW EOA: 858-307-7447

1st MLG EOA: 760-725-5117

MCAS Miramar: 858-307-1269

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 5354.1F, Chp 1

MCO 5354.1F Chp 1 updates and aligns Marine Corps policy on prohibited activity and conduct involving harassment (to include sexual harassment); unlawful discrimination and abuse (specifically, hazing, bullying); 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 5354.1F Chp 1

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 5354.1F.

- 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 to 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 5354.1F.

- 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 5354.1F)

- **Hazing:** A form of harassment that includes knowing, reckless, or intentional conduct through which Service members, without a proper military or other governmental purpose but with a nexus to military Service, physically or psychologically injures or creates a risk of physical or psychological injury to a Service member or DOD civilian employee for the purpose of: initiation into, admission into, affiliation with, change in status or position within, or a condition for continued membership in any military or DOD civilian organization. Hazing can be conducted through the use of electronic devices or communications, and by other means including social media, as well as in person. Ref: MCO 5354.1F, Chp 1.
 - Hazing is evaluated by a reasonable person standard and includes, but is not limited to, the following when performed without a proper military or other governmental purpose: Any form of initiation or congratulatory act that involves physically striking another person (such as blood striping) in any manner or threatening to do the same; Pressing any object into another person's skin, regardless of whether it pierces the skin, such as "pinning" or "tacking on" of rank insignia, aviator wings, jump wings, diver insignia, badges, medals, or any other object; Oral or written berating of another person with the purpose of belittling or humiliating; Encouraging another person to engage in illegal, harmful, demeaning or dangerous acts; Playing abusive or malicious tricks; Branding, handcuffing, duct taping, tattooing, shaving, greasing, or painting another person; Subjecting another person to excessive or abusive use of water; Forcing another person to consume food, alcohol, drugs, or any other substance; and Soliciting, coercing, or knowingly permitting another person to solicit or coerce acts of hazing.
 - Hazing does not include properly directed command or organizational activities that serve a proper military or other governmental purpose, or the requisite training activities required to prepare for such activities (e.g., administrative corrective measures, extra military instruction, or command-authorized physical training).
 - Service members may be responsible for an act of hazing even if there was actual or implied consent from the victim and regardless of the grade or rank, status, or Service of the victim. Hazing is prohibited in all circumstances and environments including off-duty or "unofficial" unit functions and settings.

- **Bullying:** A form of harassment that includes knowing, reckless, or intentional conduct that includes acts of aggression by a Service member, with a nexus to military service, with the intent of harming a Service member or DOD civilian employee either physically or psychologically, without a proper military or other governmental purpose. Bullying may involve the singling out of an individual from his or her coworkers, or unit, for ridicule because he or she is considered different or weak. It often involves an imbalance of power between the aggressor and the victim. Bullying can be conducted through the use of electronic devices or communications, and by other means including social media, as well as in person. Ref: MCO 5354.1F, Chp 1.
 - Bullying is evaluated by a reasonable person standard and includes, but is not limited to, the following knowing, reckless, or intentional conduct when performed without a proper military or other governmental purpose: Physically striking another person in any manner or threatening to do the same; Intimidating, teasing, or taunting another person; Oral or written berating of another person with the purpose of belittling or humiliating; Encouraging another person to engage in illegal, harmful, demeaning or dangerous acts; Playing abusive or malicious tricks; Branding, handcuffing, duct taping, tattooing, shaving, greasing, or painting another person; Subjecting another person to excessive or abusive use of water; Forcing another person to consume food, alcohol, drugs, or any other substance; Degrading or damaging another's property or reputation; and Soliciting, coercing, or knowingly permitting another person to solicit or coerce acts of bullying.
 - Bullying does not include properly directed command or organizational activities that serve a proper military or other governmental purpose, or the requisite training activities required to prepare for such activities (e.g., command-authorized physical training).
 - Service members may be responsible for an act of bullying even if there was actual or implied consent from the victim and regardless of the grade or rank, status, or Service of the victim. Bullying is prohibited in all circumstances and environments, including off-duty or "unofficial" unit functions and settings.
- **Harassment:** Any conduct, whereby a Service member knowingly, recklessly, or intentionally and with a nexus to military service engages in behavior that is unwelcome or offensive to a reasonable person that creates an intimidating, hostile, or offensive environment. Ref: MCO 5354.1F, Chp 1.
 - Harassment may include, but is not limited to, unwanted physical contact; offensive jokes; epithets or name calling; ridicule or mockery; insults or putdowns; displays of offensive objects or imagery; offensive non-verbal gestures; stereotyping; intimidating acts; veiled threats of violence; threatening or provoking remarks; racial or other slurs; derogatory remarks about a person's accent or disability; displays of racially offensive symbols; and interference with work performance (to include unwillingness to train, evaluate, assist, or work with an individual).

- Harassment can occur in a variety of circumstances, including, but not limited to, the following: The harasser can be the victim's supervisor, a supervisor in another area, a coworker, or a Service member that is not part of the unit. The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.
- Harassment can be oral, visual, written, physical, or electronic. Harassment can occur through electronic communications, including social media, other forms of communication, and in person.
- Harassment does not include: activities or actions undertaken for a proper military or governmental purpose, such as combat survival training, assignment of work related to the duties and responsibilities of the Service member, and performance counseling. Moreover, this policy prohibiting harassment is not a “general civility code”. Behavior that is rude, ignorant, abrasive, or unkind, but does not adversely affect the work environment, is not harassment.
- **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 when. Ref: MCO 5354.1F, Chp 1.
 - Submission to such conduct is made either explicitly or implicitly a term or condition of a person’s job, pay, or career; Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creates an intimidating or offensive working environment.
 - Is so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the work environment as intimidating or offensive.
 - 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 civilian employee; or Any conduct whereby any Service member 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. Behavior is sufficient to constitute sexual harassment if it is so severe or pervasive that a reasonable person would perceive, and the complainant does perceive, the environment as intimidating or offensive.
 - Sexual harassment can occur through electronic communications, including social media, other forms of communication, and in person. Any of the conduct described in paragraph 3 of this Chapter may constitute sexual harassment. It is not necessary that all three be present to constitute sexual harassment.

- **Wrongful distribution or broadcasting of an intimate image:** In accordance with the Order and Uniform Code of Military Justice (UCMJ) the following conduct is prohibited. The distribution or broadcasting of an intimate image 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; 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.
 - Distribution means the act of delivering to the actual or constructive possession of another, including transmission by electronic means. Broadcasting means the act of electronically transmitting a visual image with the intent that it be viewed by a person or persons. An intimate image is any visual depiction, including by electronic means, that: Includes another person who is identifiable from the depiction itself or from information conveyed in connection with the depiction; Depicts that person engaging in sexually explicit conduct or depicts the private area of that person; and Taken under the circumstances in which the person depicted has a reasonable expectation of privacy.
 - “Sexually explicit conduct” and “private area” have the meaning assigned to them in part IV of the Manual for Courts Martial. Wrongful distribution or broadcasting of an intimate image is also covered by the UCMJ under Article 117a. Convening authorities pursuing punitive action are strongly encouraged to consult with their CJA/SJA. Ref: MCO 5354.1F, Chp 1.

- **Dissident and Protest Activity (Including Supremacist Activity):** In accordance with the Order and DODI 1325.03 “Handling Dissident and Protest Activities Among Members of the Armed Forces,”, Service members are prohibited from the following: 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 pregnancy), religion, ethnicity, national origin, gender identity, 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. MCO 5354.1F, Chp 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 pregnancy), religion, ethnicity, national origin, gender identity, 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 communication and social media, as well as in person and other means.

- Commanders should remain alert for signs of potential dissident activities. They should intervene early, primarily through counseling, when observing such signs even though the signs may not rise to active advocacy or active participation, or may not threaten good order and discipline, but only suggest such potential. The goal of early intervention is to minimize the risk of future prohibited activities. Examples of such signs, which, in the absence of the active advocacy or active participation addressed in paragraphs 4a and 4b above are not prohibited, could include mere membership in criminal gangs and other organizations covered under paragraph 4a. Signs could also include possession of literature associated with such gangs or organizations, or with related ideology, doctrine, or causes. While mere membership or possession of literature normally is not prohibited, it may merit further investigation. The command may consider counseling the Service member to emphasize the importance of adherence to Marine Corps values and to ensure that the Service member understands what activities are prohibited.
- Commanders are encouraged to work in coordination with their SJA and in certain cases the local MCIO to determine whether the conduct of the Service member is considered a potential violation of paragraph 4a. or 4b, or such other Articles of the UCMJ, as applicable. Commanders shall not use non-federal entities/sources (e.g. Southern Poverty Law Center or Anti-Defamation League) to determine if a Service member's participation is considered a violation of this policy.
- **Prohibited Discrimination:** Any conduct whereby a Service member knowingly, recklessly, or intentionally and with a nexus to military service discriminates, including disparate treatment, of an individual or group on the basis of race, color, national origin, religion, sex (including pregnancy), gender identity, or sexual orientation that is not otherwise authorized by law or regulation and detracts from military readiness. Prohibited 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, evaluating, 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. Prohibited discrimination is evaluated by a reasonable person standard. Ref: MCO 5354.1F, Chp 1.

IV. Commanding Generals, Officers in Charge in the Grade of O-5/O-6, and Slated O-5/O-6 Commanders shall:

- Ensure compliance with the policy and procedures prescribed in this Order. Provide appropriate oversight of local MEO programs, and ensure a professional work environment for all personnel.

- Ensure formal complaints received by the chain of command are promptly forwarded to the servicing EOA for processing, investigated in a fair, impartial and timely manner, and are appropriately resolved without fear of reprisal, intimidation, or retaliation. Procedures for processing complaints are located in Chapters 3 through 5 of MCO 5354.1F. Ensure the first Marine GCMCA in the chain of command with administrative control over the CA tracks and monitors the aging and life-cycle of complaints.
- Conduct an annual compliance self-assessment of local MEO programs for adherence to this policy. Compliance self-assessments are not required for the year when a command receives an official inspection conducted by either the local Command Inspector General or the IGMC. To the extent practicable, assessments should be conducted by the servicing EOA. Self-assessments will be retained on file for a period of two years.
- Ensure all personnel receive annual training as outlined in reference MCO 1500.63. All unit training will have command team participation.
- Deputy Commandants and commanders are responsible for fostering a climate of inclusion within their organization that is free from prohibited discrimination and does not tolerate retaliation for reporting prohibited discrimination allegations.
- Ensure PAC policies and programs are prominently posted on command intranet sites, including information about complaint procedures.
- Appoint a Staff Non-commissioned Officer (SNCO) or above to serve as your Equal Opportunity Representative (EOR). EORs must attend and complete training sponsored by your supporting EOA.
- Marines in a supervisory role are entrusted to uphold and model our Core Values. Although the responsibility for an effective MEO program rests ultimately with the commander, every supervisor in the command shares this responsibility. All supervisors shall: Share the responsibility for an effective MEO program, despite the responsibility ultimately rests with the commander. Develop effective communication skills. Clearly communicate expectations and provide transparency within the bounds of privacy to assure all subordinates that Marine Corps Core Values and standards will be upheld. Enable reporting of alleged PAC and inspire trust by responding to PAC complaints with impartiality, fairness, and urgency. Ensure the chain of command is aware of requests for command-directed resolution in accordance with this Order. Supervisors are responsible for fostering a climate of inclusion within their organizations that is free from prohibited discrimination and does not tolerate retaliation for reporting prohibited discrimination allegations. Supervisors must not delay forwarding the NAVMC Form 11512 in order to address the issue themselves. Instead, they will focus their efforts on making the Marine available to the commander and provide assistance to ensure the process is efficient and completed without delay.

V. Reporting Requirements MCO 5354.1F, Chp 3, Chp 5

- Any Service member under the administrative jurisdiction of the Marine Corps can use this complaint process. An eligible Service member, or complainant, who seeks a resolution of a PAC complaint must submit a signed NAVMC Form 11512 to their commander, their commander's designee, or the EOA. If an eligible Service member makes allegations but does not want to file a complaint, a signature is not required on the NAVMC Form 11512. The commander, the commander's designee, or EOA will summarize the Service member's intentions in the description section of the NAVMC Form 11512. No further processing is required until and unless the NAVMC Form 11512 is signed and submitted as a PAC complaint. However, per paragraph 1 of this Chapter, the commander may take appropriate actions necessary to maintain good order and discipline. Ref: MCO 5354.1F, Chp 3.
- The PAC complaint process supports the Response LOE. The PAC complaint process is not intended to replace small unit leadership roles and responsibilities. Service members who want to request commander-directed resolution of their complaint or allegation of PAC shall submit NAVMC Form 11512 using the avenues provided in this Chapter. Commanders must make every effort to adhere to the timelines identified throughout this Order and document any delays appropriately. Ref: MCO 5354.1F, Chp 3.
- Due to the various ways a PAC violation may be identified, commanders have the discretion to initiate an inquiry or investigation without a complainant (e.g., anonymous reports, third-party reports from relatives, co-workers, etc.), if an aggrieved party does not want to participate in the complaint process, or if potential PAC violations are identified during an investigation of other misconduct. Commanders may take appropriate actions within their authorities necessary to maintain good order and discipline within the command. In such cases, if a PAC inquiry or investigation is initiated, the commander will process and report the violation and subsequent outcomes in accordance with this Order. Commanders will use NAVMC Form 11512 to document the issue and actions taken. If there is no complainant listed, then no signature is required in the complainant's signature block. Ref: MCO 5354.1F, Chp 3
- Any Service member assigned to a Marine Corps unit may submit a complaint for command-directed resolution using a NAVMC Form 11512. Service members may request commander directed resolution through either Conflict Management (informal) or Complaint Resolution (formal). Commanders will consider the complainant's requested remedy/outcome, but ultimately are responsible for determining and directing the appropriate resolution process in accordance with this Order. Any personnel within the chain of command who receives a NAVMC Form 11512 requesting commander-directed resolution will forward the NAVMC Form 11512 immediately to the subject's commander or designee. Ref: MCO 5354.1F, Chp 3
- Complainants who, in good faith, engage in protected communications are protected from retaliatory actions. Complainants who, in good faith, request the Conflict Management or Complaint Resolution processes in this Order may be engaged in a protected communication. Communications with EOAs and EORs, provided they cover the appropriate subject matter, may qualify as protected communications as defined in the Glossary and reference (h). Protected communications are not the same as privileged, or confidential, communications.

Communications received from third parties (e.g. spouse, relative, co-worker, IG, a Member of Congress, or any designated official) may also be considered protected communications under certain circumstances. For example, participation of a witness during an official investigation may qualify as protected communication. See the Glossary for the complete definition of protected communication as provided by DOD Directive 7050.06, "Military Whistleblower Protection," See the coordination instructions paragraph of this Order for guidance regarding allegations of retaliatory actions for engaging in protected communications. Ref: MCO 5354.1F, Chp 3

VI. Discrimination and Sexual Harassment (DASH) Reporting Requirements. Ref: MCO 5354.1F, Ch. 6.

- MPE maintains the DASH system to track all accepted complaints of PAC from initial reporting until final command action is taken. DASH is a system of record with a registered SORN number M01040-3. DASH access can be requested through a command's supporting EOA. Ref: MCO 5354.1F, Ch. 6.
- The DASH system is the Marine Corps Service-level reporting and tracking system that supports DOD reporting requirements per reference (a), and enables oversight of the PAC reporting and processing across the Service. All information submitted to MPE pursuant to the following paragraphs will be placed in the DASH and will be provide to those with a need to know. DASH entries are not included in a Marine's OMPF. Ref: MCO 5354.1F, Ch. 6.
- DASH reports are not required when: a PAC complaint is dismissed by the commander; a PAC complaint is reported against personnel not under the administrative jurisdiction of the Marine Corps; or a PAC complaint is resolved using commander-directed Conflict Management. An exception to this is in the case of an accepted complaint that is command-directed to be resolved via Conflict Management following a PI/CI. In such a case, all DASH actions are required in accordance with paragraphs 4017 and 4018 of this Order. Ref: MCO 5354.1F, Ch. 6.
- Commanders will designate, in writing, personnel within their command authorized to generate and review DASH reports. This list will be provided to and maintained by the servicing EOA. Commanders are authorized to conduct record searches of the DASH database for assigned members of their command. DASH screenings are recommended for the following reasons: upon submitting for reenlistment; special duty assignment; collateral duty assignment as an EOR; UVA; or upon being named as a subject in a complaint. These DASH screening results will only reflect assigned Service members listed as subjects with substantiated PAC incidents.
- A DASH report is required when a commander accepts a PAC complaint for further fact-finding or formal Complaint Resolution, in accordance with Chapter 5 of this Order. If doubt exists as to whether an initial report is required, contact HQMC (MPE) for guidance
- The following significant events require immediate DASH Updates to the incident description section. A significant event is one that may affect the disposition of a reported case or increase the public attention drawn to it. Significant events include, but are not limited to: the signing of recommendations, reports, or endorsements; new allegations of misconduct; pre-trial

confinement; the preferred, referral, withdrawal, or dismissal of charges; acceptance of NJP; acceptance of a pre-trial agreement; the delay or conclusion of a court-martial; BOI, or civilian court proceeding; and a finding that misconduct did not occur. . Ref: MCO 5354.1F, Ch. 6.

- The first Marine GCMCA in the chain of command with administrative control over the CA is responsible for tracking and monitoring the aging and life-cycle of complaints. The GCMCA's EOA or designee must ensure a final DASH report with the completed NAVMC Form 11512 attached is submitted to HQMC (MPE) within five calendar days of receiving the CA's notification that all final disposition or adjudication actions are complete. The supporting EOA or designee will review all DASH input to ensure the information is complete in accordance with this Order. If incomplete, the DASH report should be returned to the CA for correction and resubmission. HQMC (MPE) will conduct final review and closure of the DASH. Ref: MCO 5354.1F, Ch. 6.
- Timeline for Final Discrimination and Sexual Harassment (DASH) Submission to Headquarters Marine Corps (MPE). The GCMCA's EOA or designee will ensure a final DASH report with required attachments is submitted to HQMC (MPE) as follows: 30 calendar days from the imposition of NJP, if not appealed; or 30 calendar days from final action on an appealed NJP; or 30 calendar days from the signing of the CA's action following court-martial; and 30 calendar days after all non-punitive administrative actions have been completed.
- Monthly Certification of All Open Discrimination and Sexual Harassment (DASH) Cases. The EOA or designee, on behalf of their GCMCA, are required to update and certify all of their open DASH cases by the 20th of each month. This certification ensures all open cases are reviewed and certified to reflect all known information each month. When an EOA or designee "certifies" an entry, he or she is endorsing the current case status on behalf of the GCMCA and approving the release of the updated information to HQMC (MPE). The GCMCA's EOA or designee will monitor each of their open cases and work with commanders to facilitate timely, efficient, and accurate processing of PAC complaints through the chain of command.
- 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 5354.1F, Ch. 6.

V. References

- MCO 5354.1E-V2 W/Ch 1 – Marine Corps Prohibited Activities and Conduct Prevention and Response
- DOD Directive 1350.02, “DOD Military Equal Opportunity (MEO) Program,” 4 September 2020
- SECNAVINST 5350.16A
- SECNAVINST 5300.26E
- Uniform Code of Military Justice (UCMJ)
- Manual for Courts-Martial (2019. Ed)
- JAGINST 5800.7G

I MEF SAFETY

Mission: To enhance I MEF’s warfighting capability and combat effectiveness through implementation of dynamic and viable safety programs elevating the knowledge, competence and professionalism of the total force. This effort is achieved through the identification of hazards, application of risk management principles and mitigation strategies, timely mishap and hazard reporting, mishap trend analysis, training of safety and unit personnel, and comprehensive inspection protocols. I MEF provides the Marine Corps a globally responsive, expeditionary, and fully scalable Marine Air Ground Task Force (MAGTF) capable of generating, deploying, and employing ready forces and formations for crisis response, forward presence, major combat operations and campaigns.

I MEF Safety: 760-763-7031/2	1st MARDIV Safety: 760-725-0035
3d MAW Safety: 858-307-7308	1st MLG Safety: 760-725-8889
MCAS Miramar Safety: 858-307-1359	MCAS Yuma Safety: 928-269-5611
MCAGCC 29 Palms Safety: 760-830-8465	
MCB Camp Pendleton Safety: 760-763-6410	

SAFETY MANAGEMENT SYSTEM

Commands at all levels shall establish and maintain an engaged and robust 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 5100.29C Vol 1, Chap 3, 0304A.1
- In addition to the GSO/GSM the command shall be resourced and staffed to fulfill the organization’s mission, function, and assigned tasks. Ref: MCO 5100.29C Vol 1, Chap 3, 0304A.2a
- Publish a command safety policy and mission statement within 30 days of assuming command. Ref: MCO 5100.29C Vol 1, Chap 2, 0204A.1.
- Appoint in writing a safety representative for each shop/section/work center. MCO 5100.29C, Vol 1, Ch. 5, par 050302.D

- Conduct operational pauses at least semiannually (e.g. Back-In-The-Saddle and 101 Critical Days of Summer). Operational pauses and safety stand-downs are synonymous. The intent is to review operational procedures and processes/TTPs/SOPs/use of checklists, provide training to fulfill safety training requirements, and review unit mishaps and trends in order to assess the command's safety posture. Ref: supplemental message provide by MARFORPAC annually
- Conduct a Ground Climate Assessment Survey (GCASS) within 90 days of assuming command and annually thereafter. The Ground Climate Assessment Survey System (GCASS) is located at <https://www.semperfisurveys.org/>. Ref: MCO 5100.29C, Vol 1, Ch.6, par 0601.D. and par 0604.
- Conduct a quarterly command safety and safe driving council. For commands with less than 500 personnel, attend a HHQs quarterly 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 5100.29C, Vol 1, Ch.6, par 0606 and 060603, NAVMC DIR 5100.8, chap 4, par 4000 and 4001.
- Ensure safety hazards promptly identified, are immediately corrected or mitigated, and tracked in a hazard abatement log until satisfactorily abated/corrected. Ref: MCO 5100.29C, Vol 5, Ch.1, par 010405 and Ch. 2 par 0205.E
- Ensure all reportable mishaps, no matter the significance, are investigated to determine causes, classification and reporting requirements. Ref: MCO 5100.29C, Vol 1, Ch. 6 par 0603; MCO P5102.1B w/Ch 2, Encl. (1), chap 1, par 1005.8.e., chap 3, par 3004.1.-4
- If the command conducts any High-Risk Training (HRT), ensure a trained High-Risk Training Safety Officer (HRTSO) is appointed in writing for HRT oversight. Ensure a command HRT Order or SOP is published. Ref: MCO 1553.3.

II. Training Requirements

- Ensure GSO/GSM attend Ground Safety for Marines course within 90 days of appointment and then the Ground Mishap Investigation Course (GMIC). Ref: MCO 5100.29C Vol. 1, Ch. 3, par 0304.A.1.
- Ensure Safety Supervisors receive indoctrination and annual training. Ref: MCO 5100.29C, Vol 1, Ch. 5, par 050302.A.3

III. Reporting Requirements

- Submit ALL mishap reports via the Risk Management Information – Streamlined Incident Reporting (RMI-SIR) System as required. Ref: MARADMIN 534/20.

IV. References

- MCO 5100.8 - Marine Corps Occupational safety and Health (OSH) Policy Order

- MCO 5100.29C - Marine Corps Safety Management System
- 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) 5100.29 (Marine Corps Safety Management System)

TRAFFIC SAFETY PROGRAM

The purpose of a comprehensive and effective Traffic Safety Program is to raise awareness to the hazards of motor vehicles, whether private or tactical, and to prevent motor vehicle-related mishaps, injuries, fatalities, and property damage.

I. Commanders and Leaders

- Commanders and vehicle operators shall consider all transportation options while developing and executing a transportation plan that supports mission accomplishment whether on or off duty. Identification of high-risk operators of motor vehicles, to include motorcycles, and use of all available tools and resources plays a critical role WRT intervention strategies before risky behavior results in a mishap. Reckless conduct while operating a motor vehicle will not be tolerated. Ref: I MEFO 5101.B
- Units shall conduct a quarterly safe driving council. Safe Driving Councils may coincide with Force Preservation Councils or Safety Councils at the discretion of the commander. Ref: MCO 5100.29C, Vol 3, Ch. 6, par. 060201 and Ch. 7, par. 0705.I
- For command motorcycle riders, establish a written motorcycle mentorship program (MMP) SOP that describes goals, objectives, and rules for their MMP. Ref: MCO 5100.29C, Vol 3, Ch. 3, par 030301 and par. 030802
- Appoint a motorcycle mentorship program president in writing. MCO 5100.29C, Vol 3, Ch. 3, par. 030801

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 5100.29C, Vol 3, Ch. 2, par 021001.
- Marines found at-fault in a motor vehicle mishap while operating any GOV will attend a remedial driver training course. Ref: MCO 5100.29C Vol 3, Chap 2, 021002
- Motorcycle riders shall complete required initial (Level 1) and intermediate (Level 2) motorcycle rider safety) per prescribed timelines. Ref: MCO 5100.29C Vol 3, Chap 3, 030401 and 030402.
- 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 5100.29C, Vol 3, Ch. 3, par 0303 and 0304.

IV. References

- MCO 5100.29C 15 Oct 2020
- I MEFO 5101.1B Dec 2017 - I Marine Expeditionary Force Drive safe Order

HEARING CONSERVATION PROGRAM

The Marine Corps Hearing Conservation Program (HCP) 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 Baseline (DD Form 2215) and Periodic (DD Form 2216) audiogram in their medical record, and are 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).
- 90% HCP Readiness is the goal. Periodic Exam Complete should be 85% or greater. If not, a POA&M to exceed 85% is required. MCO 6260.3A, Encl 2, par 10.b.(2).
- An annual assessment of the command HCP will be conducted using the checklist provided in the enclosure of the MCO. Maintain assessments for 3 years. MCO 6260.3A, Encl 2, App D.

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 Baseline audiogram, DD 2215, and Periodic audiogram, DD 2216, completion dates are entered in MRRS. Ref: MCO 6260.3A.
- Ensure Permanent Threshold Shifts (PTS) are reported as Class D events in RMI-SIR. Ref: MCO 6260.3A.

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 Class 3B or higher and military exempt laser devices.

I. Commanders and Leaders

- Commands operating Class IIIB, Class IV, or military exempt lasers shall establish a LASER Safety program and designate an appropriately trained LASER System Safety Officer (LSSO) in writing. In order to manage a command LASER Safety program, an Administrative LASER Safety Officer (ALSO) is required. Ref: OPNAVINST 5100.23G, par 2212a.

II. Training Requirements

- Ensure that the command ALSO receives Laser Safety Training through the completion of a LSSO course, taught by a Technical LASER Safety Officer (TLSO), and 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. The intent is to minimize the risk of injury to personnel and the general public, contamination of personnel and facilities, and to control sources of ionizing radiation to minimize personnel exposures to a level as low as reasonably achievable.

I. Commanders and Leaders

- Commands that have equipment that contains radiological material will appoint, in writing, a command Radiation Safety Manager (RSM) or Radiation Protection Assistant (RPA). Ref: MCO 5104.3B, par 4b (7) 2.
- Commands that conduct x-ray radiography will assign, in writing, a Radiation Safety Officer (RSO). Ref: MCO 5104.3B, par 4b (6) (b) 1.
- 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).
- Units having custody of licensed or permitted radioactive commodities shall conduct semi-annual inventories (March and September timeframe) in GCSS and submit to the I MEF G4 via the chain of command. Ref: LOGCOMO 5104.2 RASP Manual.

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 LOGCOM 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.

IV. References

- MCO 5104.3B - Marine Corps Radiation Safety Program
- LOGCOMO 5104.2 RASP Manual

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 5100.29C, Vol 2, Ch. 3, par 0302.F, Ch. 4, par 040302 and 040304.
- Elevate the risk decisions through the chain of command where unable to mitigate identified hazards to an acceptable level. Ref: MCO 5100.29C, Vol 2, Ch. par 010502
- Designate at least one Risk Management Instructor (RMI). Commanders can designate additional RMIs as needed depending on unit size and specific needs. Ref: MCO 5100.29C, Vol 2, Ch 4. par 010502

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 5100.29C, Vol 2, Ch 4. par 040204.B
- 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 5100.29C, Vol 2, Ch 4. par 040203.B

III. Reporting Requirements

- Ensure RM training shall is appropriately documented with an “AK” code via the Marine Corps Training Management System (MCTMS) Ref: MCO 5100.29C, Vol 2, Ch 4. Par 040204.B.2.C.

IV. References

- MCO 5100.29C, Marine Corps Safety Management System

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
- Local IG Functional Area Checklist 1500 dated 13APR20

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 counseling 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: 858-307-1129

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: 928-269-5634

MCAS Miramar: 858-307-1129

MCAGCC 29 Palms: 760-830-6376

The SACC provides services for addressing issues and concerns with alcohol and drug misuse, abuse and dependence. These services include prevention, education, screenings, assessments and SUD counseling. 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 counseling services for Marines, Sailors, and military dependents over the age of 18.

- Assessment and Clinical Services
 - Licensed clinicians with nationally-recognized substance abuse credentials are on-site to provide the individual with screening, assessment, individual and group counseling, and aftercare.
 - SACC clinical services consists of:
 - Outpatient Program (OP)
 - Intensive Outpatient Program (IOP)
 - Individual and Group counseling
 - Aftercare
 - OP consists of group sessions one time per week for a period of six weeks and individual counseling sessions weekly or biweekly, as determined appropriate by the primary clinician throughout the duration of services (est. less than 9 hours per week).
 - IOP consists of group sessions three times per week for a period of six weeks and individual counseling sessions weekly or biweekly, as determined appropriate by the primary SACC provider (9-20 hours per week).
 - 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.
 - Aftercare is an individualized, distinct phase of the care provided by the SACC for 6 to 12 months and is considered part of the continuum of care. Counseling services are not considered complete until aftercare is completed.
 - Residential Treatment is a scheduled 30-35 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 Program 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 5300.17A – *Marine Corps Substance Abuse Program*

FAMILY ADVOCACY PROGRAM

MCB Camp Pendleton: 760-763-6940

MCAS Yuma: 928-269-2561

MCAS Miramar: 858-307-6585

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.
- FAP also provides services to individuals and families involved in Problematic Sexual Behaviors in Children and Youth (PSB-CY). This involves completing risk assessments, addressing safety issues, and providing intervention services.
- 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 1754.11A – *Marine Corps Family Advocacy Program*

NEW PARENT SUPPORT PROGRAM

MCB Camp Pendleton: 760-725-3884

MCAS Yuma: 928-269-2308

MCAS Miramar: 858-307-9812

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 1754.11A – *Marine Corps Family Advocacy and General Counseling Program*; Chapter 4 *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: 858-307-1129

MCRD San Diego: 619-524-1200

MCAGCC 29 Palms: 760-830-7277

Call 1-800-273-8255 Press 1 to speak with a live person. The Military Crisis Line, text-messaging service, and online chat provide free VA support for all Service members, including members of the National Guard and Reserve, and all Veterans, even if they are not registered with VA or enrolled in VA health care.

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.

Additional resources available in the Resource section of the NAVMC 1720.1

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.
- 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. Command Individual Risk and Resiliency System (CIRRAS) provides command awareness of individual readiness and enabling enterprise-wide risk management. CIRRAS is a tool to enhance the FPC process.
- 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

- CIRRAS Command Individual Risk and Resiliency System (CIRRAS) User and/or Administrator
- HIPAA (Health Insurance Portability and Accountability)
- PII (Personally Identifiable Information)

III. References

- MCO 1500.60 – Unit Force Preservation Councils
- MCO 5100.29C - Marine Corps Safety Management System
- LOI 25-20 – Letter of Instruction for Utilization of the Command Individual Risk and Resiliency System (CIRRAS)

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.

UTILIZING MENTAL HEALTH SERVICES AT NHCP – A GUIDE FOR COMMANDS

The Mental Health Directorate is pleased to provide your service member with high quality mental health care and timely duty status decisions. We strive to have fluid and direct communication with commands (often via your Medical Officer) regarding service member health and safety, as well as concerns for carrying out YOUR mission. We hope this information sheet aids in your access, communication, and understanding of how to utilize services and information for and about your service member.

SUICIDAL IDEATIONS: If your service member (SM) is expressing or displaying suicidal ideations, communications, or behaviors, escort them to the NHCP Mental Health Clinic on the 2nd Deck of the main hospital (H200). Operational hours of the clinic are 0730 to 1500. If your concerns or event fall outside of these hours, please escort the SM to NHCP Emergency Department (or nearest emergency room if SM has attempted suicide).

TRIAGE CLINIC: The primary functions of the triage clinic are to perform safety assessments, patient disposition, and to facilitate establishment of mental health care for active duty service members.

Triage Clinic is not:

- A place to get non-emergent, same-day Command Directed Evaluation (CDE) – see below
- An outlet for a second opinion if the SM has an established MH provider – second opinions may be requested by the SM or the Command via communication with Assistant Department Head (ADH) LCDR Rahman, via MH front desk.
- A complete psychological evaluation
- Drop-in therapy or same-day counseling (SM's may call MilOneSource for same-day phone counseling)

COMMAND DIRECTED EVALUATIONS: DoDI 6490.04: Mental Health Evaluations of Member of the Armed Forces - Procedures for command-directed mental health evaluations and involuntary MH hospitalization.

If a supervisor or commander feels that a SM is a danger to themselves or others, this is considered an *emergent command directed evaluation*. Under such situations a mental health assessment should be performed. In order to facilitate an *EMERGENT CDE*, please escort the SM to the triage clinic for safety check and report desire for “Emergent Command Directed Evaluation” at time of check-in. If the SM does not meet criteria for inpatient hospitalization and formal evaluation is still requested the SM will

need to be scheduled for an appointment. The front desk will work with clinic leadership and our clinic manager, Julie Humphrey, to schedule this evaluation.

If there are no emergent concerns about safety, this becomes a *routine command directed mental health assessment*. The commanding officer should notify the service member that there is no stigma associated with receiving mental healthcare, why there are concerns about the service member, and the who, what, where, and when of the appointment with mental health. Collateral information from the command sending the service member is crucial to ensure appropriate understanding of the background of the situation, as often service members may not give or have the full picture of why there are concerns. To request a *non-emergent or routine CDE*, please call either the MH Clinic front desk, Mrs. Julie Humphrey, LCDR Gaylord, or contact your MH Liaison (see below).

Following a CDE request, the Commander may anticipate the following-

- Mental health providers will report to the command Medical Officer, Commanding Officer, or the supervisor who makes the command directed evaluation and will make the minimum necessary disclosure, and will advise how the commander can assist the service member's treatment.
- The Mental health provider will advise on any duty limitations or recommendations for monitoring or additional evaluation, recommendations for treatment, referral to a Medical Evaluation Board, or administrative separation for personality disorder or unsuitability for continued military service.

MENTAL HEALTH LIAISON: Every command on Camp Pendleton has a dedicated Mental Health Liaison. This individual is YOUR POC if you need assistance with arranging MH care or are experiencing communication issues. Apart from direct access to LCDR Gaylord, the Associate Director for Mental Health, or Dr. Libby Peachey, the MHD Clinic Lead, your assigned liaison can, and should be, your first phone call when mental health concerns or questions arise. If you do not know who your liaison is please contact Jill Biggane (number below) who will have a copy of the most up-to-date regimental teams list to provide you that contact info.

POINTS OF CONTACT: (apart from clinic front desk – please do not share with service members)

- Mental Health NHCP Front Desk – **760-719-3312**
- RN Jill Biggane, NHCP MH TOP (POC for info regarding inpatient hospitalizations and coordination of aftercare following discharge) – **760-719-3659**, jill.biggane.ctr@mail.mil

- Naval Medical Center San Diego Inpatient Unit Nursing Line (may call to receive updates regarding care of SM and coordinate discharge) – **619-532-6210**
- Julie Humphrey, NHCP Mental Health Clinic Manager (coordination and booking of Mental Health appointments) - **760-719-3312** clinic, **760-496-8184** cell, **prefers email:**
julie.i.humphrey.civ@mail.mil
- LCDR Gaylord, Associate Director of Mental Health – **760-719-3322** office, **208-859-2100** cell
bethany.k.gaylord.mil@mail.mil
- Dr. Libby Peachey, MHD Clinic Lead – **415-269-5697** cell, libby.a.peachey.civ@mail.mil

OTHER RESOURCES:

MilitaryOneSource – **800-342-9647**

Community Counseling Center, MCCC Camp Pendleton – **760-763-3222**