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DEPARTMENT OF THE NAVY

HEADQUARTERS UNITED STATES MARINE CORPS 3000 MARINE CORPS PENTAGON WASHINGTON DC 20350-3000

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MARINE CORPS ORDER 1700.41

From: Commandant of the Marine Corps

To: Distribution List

Subj: MARINE CORPS EMBEDDED PREVENTIVE BEHAVIORAL HEALTH

CAPABILITY

Ref: (a) MCO P12000.11A Ch 5

(b) MCO 1720.2

(c) MCO 5351.1

(d) MCO 1752.5B

(e) SECNAV M-5210.1

(f) SECNAVINST 5211.5E

Encl: (1) Definitions

(2) Strategic Prevention Plan Template

- 1. <u>Situation</u>. The Marine Corps Embedded Preventive Behavioral Health Capability (EPBHC) places civilian behavioral health personnel in the active duty Operating Forces (OPFOR) and Marine Forces Reserve (MARFORRES) to provide operational force commanders internal behavioral health expertise to assist with prevention efforts. This Order establishes policy guidance for the EPBHC.
- 2. <u>Mission</u>. To inform MARFORRES and Marine Expeditionary Forces (MEF) Commanding Generals, the Commanding Generals of the Major Subordinate Commands (MSCs), and regimental and group commanders on how best to apply resources towards behavioral health prevention efforts, the EPBHC will develop and assist in the implementation of MEF-based strategic prevention plans, liaise with other supporting activities, and inform future prevention efforts.

3. Execution

a. Commander's Intent and Concept of Operations

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(1) Commander's Intent

- (a) To provide OPFOR commanders with behavioral health expertise to advise and assist in developing behavioral health prevention program initiatives.
- (b) 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.

(2) Concept of Operations

- (a) Non-appropriated fund (NAF) civilian behavioral health personnel are embedded within MARFORRES; I, II, and III MEFs; and subordinate commands. These personnel serve as special staff officers at the discretion of the commander. EPBHC staff consists of Prevention Directors, Prevention Analysts, and Prevention Specialists. Prevention director billets align with the MEFs; Prevention Analyst billets align with the MSCs and Prevention Specialist billets align with regimental level or equivalent.
- (b) Within the MEFs, the MEF Commander is responsible for the overall prevention efforts for behavioral health. Prevention Directors will advise and assist in conceptualization, implementation, and standardization of behavioral health initiatives within their assigned MEF; and provide informed recommendations to the MEF Commanding General. Directors are responsible for quality assurance regarding the integrity and implementation of Headquarters Marine Corps (HOMC) universal and selective trainings. This specifically includes, but is not limited to, Unit Marine Awareness and Prevention Integrated Training (UMAPIT), Marine Awareness and Prevention Integrated Training (MAPIT) Dashboard modules, and quality of training provided by the Operational and Stress Control and Readiness (OSCAR) trainers supporting the MEF Regional Training Coordinator. Prevention Directors shall complete quarterly and annual reports, as instructed by HQMC Behavioral Health, Integration MFCI-3, with coordinated, compiled input from prevention personnel.
- (c) Within MARFORRES, the MARFORRES Commander is responsible for the overall prevention efforts. The Prevention

Program Manager (equivalent to the Prevention Director in the MEF) will advise and assist in conceptualization, implementation, and standardization of behavioral health initiatives within MARFORRES; and provide informed recommendations to the MARFORRES Commanding General. Prevention Program Managers are responsible for quality assurance to the integrity and implementation of HQMC universal and selective trainings. This specifically includes, but is not limited to, UMAPIT, MAPIT Dashboard modules, and quality of training provided by the OSCAR trainers. Prevention Program Managers shall complete quarterly and annual reports with coordinated, compiled input from prevention personnel.

- (d) Prevention Analysts will collect population based behavioral health information, prepare and provide reports based on statistical analysis, identify unit trends, collaborate with prevention specialists, collaborate and coordinate with installation Behavioral Health programs, and identify risks and protective factors.
- (e) Specialists conduct outreach and bridge gaps between resources and regimental leadership, collaboratively assist unit leadership in identifying targeted training to meet unit needs; conduct skill-based assessments to determine efficacy and quality of training, and offer informed recommendations to regimental level commanders through the chain of command. Prevention Specialists will provide train-the-trainer support in tandem with Marine and Sailor training, and behavioral health expertise concerning UMAPIT and MAPIT Dashboard modules to support commanders' behavioral health initiatives.
- (f) MARFORRES and each MEF develop, execute, and evaluate Strategic Prevention Plans as deemed appropriate by the Commanding General. Plans are developed that support the commanders behavioral health efforts and in coordination with local stakeholders utilizing evidence-based practices. Plans are updated annually.
- (g) EPBHC staff provides support to and training of integrated behavioral health initiatives at the designated HQMC universal and selective levels as defined by Marine and Family Programs Division (MF).
- (h) EPBHC staff members are not deployable. EPBHC personnel shall not be assigned as the Remain Behind Element

Officer-in-Charge nor have collateral duties that are not in direct relation to behavioral health prevention efforts. EPBHC staff are not authorized for individual or group clinical therapy services or counseling.

(i) The EPBHC staff are Category A, Warfighter and Family Services, and are not authorized pure NAF. Appropriated Funds (APF) is budgeted to the local or assigned MCCS to fund compensation (salary, benefits, and performance increases). All staff are funded by HQMC, MF are NAF employees, paid and supported through the local NAF personnel office. EPBHC compensation (salary, benefits, and performance increases) is subject to program sponsor funding allocation, local or assigned installation pay policies, and budgetary constraints. The local or assigned installation MCCS must manage within the HQMC, MF-established baseline in order to avoid decrement to other programs. Unit commanders may not augment EPBHC staff pay and compensation from their APF Operations and Maintenance (O&M) funds or any other funding source.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (DC M&RA) shall provide the program budget and allocate funds and other resources to meet the policy objectives of this Order.

(2) Director, MF

- (a) Provide behavioral health prevention policy, program guidance, and technical assistance.
- (b) Communicate emerging program initiatives, conduct training, and solicit programmatic feedback to EPBHC staff via monthly teleconferences, conference calls, or other means available.
- (c) Establish and maintain a SharePoint site as a means of providing programmatic guidance, answers to Frequently Asked Questions, standardizing procedures, and sharing best practices. The MF Behavioral Health site link is https://ehqmc.usmc.mil/sites/family/mfc/default.aspx.
- (d) Provide billet-specific, prevention-focused training and orientation.

- (e) Provide labor funding to MCCS installations for authorized billets upon hiring.
- (f) Provide an allotment of \$5,500 per hire for providing initial start-up funding for supplies and equipment for initial billets. These funds may be executed by MCCS as either NAF or APF. Supplementation of this initial allotment may be funded by the unit commander from the unit's APF O&M funds. Out-year sustainment costs, other than the .mil or .org seats, are the responsibility of the unit commander from the commander's APF O&M funds.

(3) Commanding General, MARFORRES

- (a) Hire and integrate a Prevention Program Manager at MARFORRES and provide oversight for hiring and integrating Prevention Specialists at subordinate commands.
- (b) Prepare Standard Operating Procedures (SOP) for the implementation of this Order. Procedures shall delineate reporting relationships and a communication plan between MARFORRES and its subordinate commands.
- (c) Annually develop a MARFORRES-specific Strategic Prevention Plan.
- (d) Execute a Strategic Prevention Plan, monitor progress, audit courses such as UMAPIT, MAPIT Dashboard modules, and OSCAR to ensure quality of training, and analyze compliance to plan.
- (e) Establish and maintain access to the HQMC, MF SharePoint site and ensure that appropriate force prevention staff participates in monthly conference calls via teleconferences or other means available.
- (f) Provide office space, equipment, and supplies. The command provides access to a telephone, .mil or .org computer, and peripheral equipment.

(4) Commanding General, I, II, III MEF

(a) Hire and integrate Prevention Directors at the MEFs and provide oversight for hiring and integrating Prevention Analysts and Prevention Specialists at subordinate commands in

accordance with the billet distribution as outlined in reference (a).

- (b) Direct the preparation of SOPs for the implementation of this Order. Procedures shall delineate reporting relationships and communication plan among the MEFs and MEFs subordinate commands.
- (c) Annually direct the development of a MEF-specific Strategic Prevention Plan.
- (d) Direct the execution of a Strategic Prevention Plan, monitor progress, audit courses such as UMAPIT, MAPIT Dashboard modules, and OSCAR to ensure quality of training, and analyze compliance to plan.
- (e) Direct the appropriate assignment of supervisory responsibility and accountability for the operational and administrative control of the embedded prevention behavioral health personnel including timekeeping and daily and annual performance management requirements.
- (f) Direct the provision of office space, equipment, and supplies. The command provides access to a telephone, .mil or .org computer, and peripheral equipment.

(5) Embedded Prevention Directors, Prevention Managers, Prevention Analysts, and Prevention Specialists

- (a) Proactively solicit the behavioral health prevention needs of the unit, educate themselves on all available resources to promote fitness, wellness, and marshal the capabilities and resources of the installation or supporting MCCS and public and private organizations to meet those needs. The prevention personnel must be thoroughly familiar with all available sister service equivalents, services, agencies, and organizations.
- (b) Facilitate tasking through vertical and lateral staff coordination as required. Authority for tasking resides with commanders; therefore, lateral and vertical coordination among prevention personnel is understood and inherent within command relationships.
- (c) Collaborate in coordination with other supporting services such as Family Readiness Officers, Safety,

Sexual Assault Prevention and Response personnel, Military Family Life Consultants, MCCS Behavioral Health programs personnel, and other activities which support a Marine and their family's wellness. This collaboration is only in support of integrating services, not to provide mandates of other specific programs.

- (d) Participate in monthly conference calls, teleconferences or other means available with HQMC, MF prevention personnel.
- (e) Coordinate quarterly collaborative meetings to include stakeholders, such as but not limited to, MCCS Behavioral Health Branch Heads, Family Readiness Officers, Chaplains, Military and Family Life Consultants, medical officers, and/or unit commanders.
- (f) Analyze the outcome measurements of the Strategic Prevention Plan in terms of risk and protective factors and progress towards program goals. Collaborate with HQMC, MF to identify prevention program gaps and recommend changes to prevention programs.
- (g) Collect, analyze, and report local information to HQMC, MF data surveillance personnel via the appropriate chain of command. Each EPBHC Program submits the following metrics to HQMC, MF, Behavioral Health:
- <u>1</u>. Monthly MEF/MARFORRES Prevention Metrics, via their designated metrics page. Access to individual MEF/MARFORRES Metrics page must be requested and approved by the site administrator. Links to MEF/MARFORRES can be accessed from https://ehqmc.usmc.mil/sites/

family/mfc/BHINT/ProqDev/MEF/SitePages/Home.aspx

- $\underline{2}$. EPBHC Quarterly Progress Report, via Marine Corps Action Tracking System (MCATS).
 - 3. EPBHC Annual report, via MCATS.
- (h) Liaise with HQMC, MF data surveillance personnel and respond via the appropriate chain of command to HQMC, MF data/information calls.

c. Coordinating Instructions

- (1) EPBHC Directors, Prevention Managers, Prevention Analysts, and Prevention Specialists are supported by the local MCCS Human Resource Office for all MCCS NAF employee concerns. MCCS Human Resource Office will coordinate with local unions as necessary concerning conditions of employment.
- (2) This Order complements the Marine Corps Suicide Prevention Program and the Combat and Operational Stress Control Program and is not intended to replace any part of references (b) or (c).
- (3) This Order does not supersede the Sexual Assault Prevention and Response Program and is not intended to replace any part of reference (d).

4. Administration and Logistics

- a. The currency, accuracy, and completeness of publication and distribution of this Order, and changes thereto, are the responsibility of the DC M&RA, MF.
- b. Maintenance of this Order is the command's responsibility.
- c. Recommendations for changes to this Order should be submitted to HOMC, MF, via the appropriate chain of command.
- d. Records created as a result of this Order shall be managed according to National Archives and Records Administration approved dispositions per reference (e) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium.
- e. The generation, collection, or distribution of Personally Identifiable Information, and management of privacy sensitive information shall be in accordance with the Privacy Act of 1974, as amended, per reference (f). Any unauthorized review, use, disclosure, or distribution is prohibited.

5. Command and Signal

a. <u>Command</u>. This Order is applicable to the Marine Corps Total Force.

b. <u>Signal</u>. This Order is effective on the date signed.

. A. BRILAKIS

Deputy Commandant for

Manpower and Reserve Affairs

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Definitions

Behavioral Health: Refers to a state of mental/emotional/psychological well-being and/or actions that affect wellness. Behavioral health problems can include but are not limited to, substance use disorders, alcohol and drug addiction, psychological distress, stress, suicide, and mental disorders. This includes a range of problems from unhealthy stress or subclinical conditions to diagnosable and treatable diseases like serious mental illnesses and substance use disorders.

Evidence-Based: Interventions, programs, or services that have undergone rigorous research/evaluation and the literature results have indicated that it is effective.

Individual Counseling: One-on-One short term, solution-focused non-medical therapy. (Therapy may include but is not limited to, those used to ease emotional issues that impact the ability to function, to reverse or change troubling behavior, and to assist with coping in times of personal crisis.)

Integrated: When activities are combined with other activities/groups/people with similar characteristics.

Group Counseling: Therapy in which multiple patients are treated together as a group. In this publication this term includes family and couple therapy.

MCCS Behavioral Health programs: Include the following: Community Counseling Program (CCP), Family Advocacy Program (FAP), Victim Advocacy Program (VA), Substance Abuse Counseling Center (SACC), and New Parent Support Program (NPSP).

Non-Medical Counseling: Short term, evidence-based, counseling for individuals exhibiting sub-clinical, mild to moderate symptoms or adjustment concerns. Non-medical counseling is supportive in nature and addresses general conditions of living, life skills, improving relationships at home and at work, stress management, adjustment issues (such as those related to returning from a deployment), marital problems, parenting, and grief and loss.

Prevention: A set of strategies aimed at achieving a state of good psychological health. It is an approach in which the general population or a specific group of people identified as being at risk for a situation/disorder is targeted by policies,

changes in the environment, or the provision of group or individual services with the expectation that some future situation/disorder in that group will be ameliorated, either by reducing its severity, delaying its onset, or decreasing the number of people affected.

Selective Prevention: Institute of Medicine (IOM) adopted a prevention intervention spectrum for psychological disorders. The IOM model provides an alternative conceptualization of prevention that focuses on the characteristics of the intended audience; it complements the classical conception based on risk factors and their sequelae. The model has three levels of prevention defined by the intended audience and they are universal, selective, and indicated. Selective prevention strategies are targeted to subpopulations identified as being at elevated risk for a disorder, for example, those being deployed to a war zone.

Universal Prevention: IOM adopted a prevention intervention spectrum for psychological disorders. The IOM model provides an alternative conceptualization of prevention that focuses on the characteristics of the intended audience; it complements the classical conception based on risk factors and their sequelae. The model has three levels of prevention defined by the intended audience and they are universal, selective, and indicated. Universal prevention strategies are offered to the entire population, with the goal of the intervention being to reduce the probability of the undesired outcome.

Strategic Prevention Plan Template

From: Commander, X MARINE EXPEDITIONARY FORCE

To: Distribution List

Subj: X MEF Strategic Prevention Plan

Encl: (1) (List enclosures here)

- 1. <u>Situation</u>. (Background on why this is important). Provide a reference to and describe the relationship to governing regulations, instructions, and orders. Identify the problem and describe why Behavioral Health is important. State your MEF's Prevention mission statement and consider/encompass overarching mission statements.
- 2. <u>Cancelation</u>. None. (If it replaces an order, instruction, or plan list it here)
- 3. <u>Mission</u>. (Include 5 W's Who, What, Where, When, Why). Define who the target population is, the focus of your prevention planning efforts social ecological model). Clearly provide and explain your MEF Prevention Goals/ objectives. Describe your model for health prevention interventions and activities (Strategic prevention Framework).

4. Execution

- a. <u>Commander's Intent</u>. (Purpose and end state.) List your anticipated outcomes/activities/outputs and timelines. Discuss your strategy.
- b. <u>Concept of Operations</u>. (Describe how the plan will happen or be implemented.) Define the prevention program elements. (i.e., Accountability, Resources, Community involvement, communication, edu and training)
 - c. Tasks. (Direct subordinate elements.)
- (1) Determine and explain spheres of influence/ efforts to include roles and responsibilities (leaders at all levels, community, military support services, MEF Prevention Staff specific).
- (2) Prevention Metrics, Assessments, research, and evaluation.

- (a) MEF Prevention Metric collection.
- (b) Needs assessments.
- (c) Research (evidenced based, HQMC requirements, etc.).
- (d) Monitoring progress and evaluation (internal and external expectations, reassessing goals and objectives, reassessing annual plans).
- d. <u>Coordinating Instructions</u>. (Additional details) Coordinating efforts, coalitions, integration, inclusion, building capacity, confidentiality.
- 5. <u>Administration and logistics</u>. Include budget issues and logistics.
- 6. <u>Command and Signal</u>. This SPP template is applicable to all Integrated Prevention Network programs.
- 7. <u>Effective Date</u>. This SPP template is effective the date signed.

Commander Signature Block

NOTE: Each of the 7 sections must be a component of the SPP. No section may be deleted.