



UNITED STATES MARINE CORPS

HEADQUARTERS BATTALION
TRAINING AND EDUCATION COMMAND
2006 HAWKINS AVENUE
QUANTICO, VIRGINIA 22134

1500
Safety
18 Nov 21

BATTALION ORDER 1500.60A

From: Commanding Officer
To: Distribution List

Subj: FORCE PRESERVATION PROGRAM

Ref: (a) DoD 6025.18-R
(b) MCO 1500.60
(c) MCO 1720.2A
(d) MCO 5351.1
(e) MCO 1500.61
(f) MCO 5100.29C
(g) MARADMIN 240/11
(h) MARADMIN 308/11
(i) MARADMIN 464/20
(j) Privacy Act of 1974
(k) Health Insurance Portability and Accountability Act of 1996, 21 Aug 1996
(l) Letter of Instruction 25-20
(m) MCWP 6-10

Encl: (1) Risk Indicators
(2) Risk Assessment Mapping Process (RAMP)
(3) Council Cover Sheet
(4) FPC Composition
(5) FPC Memorandum and Minutes
(6) Information Management

1. Situation. In accordance with the references, this Order establishes requirements for identifying, evaluating, and mitigating behavioral risks for all Marines and Sailors, and establishes policy and procedures for the conduct of the Force Preservation Council (FPC) within Headquarters Battalion (HQ Bn), Training and Education Command (TECOM).

2. Cancellation. BnO 5100.60.

3. Mission. In accordance with the references, leaders of the Battalion will ensure the proper mentoring of personnel in their charge, identification of individual risk factors, and then the mitigation of these risks. The battalion will establish and conduct a monthly FPC that incorporates a thorough review of at-risk individuals, associated risk factors for each individual Marine and Sailor, and when appropriate, implement holistic Risk Management (RM) measures in order to increase unit readiness and preserve the force.

4. Execution

a. Commander's Intent and Concept of Operations

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(1) Commander's Intent. To establish a clear, formalized process to identify and continuously evaluate all individuals assigned to HQ Bn and to implement deliberate actions and risk mitigation measures by utilizing the resources and tools outlined in reference (b), (c), and (d), coupled with advice from key staff, SMEs aboard Marine Corps Base Quantico, and senior leaders. Proactive involvement by leadership at all levels on a continuous basis is essential to identifying and mitigating the associated stressors that affect the daily lives and performance of service members. The end state will be increased leadership engagement throughout the command and effective targeting of leadership and assistance to individuals in need as early as possible with sustained energy and attentiveness.

The approach of this command is that all Marines, including the battalion commander, are considered to be assigned to the monitoring program. This is a dynamic environment. Marines considered to be low risk should not be assumed to be "no risk" or worthy of less attention. This is where complacency sets in and we miss warning signs. We need to have discussions about all of our Marines, and often we need to spend more time focusing on our less at risk population. What's more, CIRRAS is a tool, but it is not substitute for engaged leadership. We must care for our Marines while respecting their privacy, and we must also make an extra effort to reduce any perceived stigmas associated with the Force Preservation Program.

(2) Concept of Operations. HQ Bn will execute the force preservation by leveraging the Command Individual Risk and Resiliency Assessment System (CIRRAS) program to effectively track all assigned service members. HQ Bn will use a tiered approach to evaluate and manage service members beginning at the section level and elevating at risk service members to the Company or battalion level for tracking as needed. Leaders at all levels must be familiar with the professional and personal lives of the Marines and Sailors under their charge. Knowledge of your Marines and Sailors and the risk factors that may be affecting their lives is crucial to ensuring they are provided the requisite leadership, mentorship, and services to keep them fit and effective. Enclosure (1) details key risk factors that should be considered during counseling and mentorship sessions. Enclosure (2) provides details on the Risk Assessment Mapping Process (RAMP), the process for mitigating behavioral risk factors. Force preservation shall be incorporated into the counseling program at the section level. Suicide prevention measures, the Violence Prevention Process (VPP), and Combat and Operational Stress Control (COSC) and mitigation shall be integrated at all levels of the force preservation process.

(a) Section Level. Force preservation shall be incorporated into the counseling and mentorship program at the section level.

1. Incorporate a thorough review of risk factors per Enclosure (1), and proper risk mitigation, per enclosure (2) for each individual Marine and Sailor.

2. Ensure all Marines and Sailors assigned have profiles loaded in CIRRAS. Every section will input comments, events, and make risk assessments in CIRRAS for every Marine and Sailor, with an emphasis on elevated, medium, and high risk personnel.

(b) Force Preservation Board (Company level) The Force Preservation Board (FPB) serves as a forum for issues, concerns, and

associated mitigation measures, which then allows leaders to form one composite picture of each individual, enabling tailored leadership involvement and engagement via RAMP. It is not a disciplinary body. The FPB shall also serve as the intersection of the HQ Bn force preservation program with that of the supported organizations. The following prescribes the conduct of the FPB at the company level:

1. Company commanders will establish a FPB to assist in the execution of force preservation responsibilities. Company commanders have the latitude to tailor the mechanics and specific structure of their company FPBs in order to meet the intended purpose and accommodate supported organization leadership. At a minimum, the group will consist of the company commander and the first sergeant. It is recommended that the FPB include senior leaders from the supported organizations.

2. The FPB will meet with section leaders individually to review and discuss the CIRRAS profile of individuals identified as at risk. Prior to the FPB, section leaders will ensure all information, events, and risk recommendations are up to date and input as required into CIRRAS. During the FPB, company commanders will review and then adjust or approve the risk assessments and mitigations recommended by the section. High risk individuals will be briefed at the Battalion FPC. Medium and elevated risk individuals will be tracked at the FPC via the FPC cover sheet, enclosure (3), and will be briefed as requested by the FPC chair. Leaders must be prepared to brief all of their Marines, along with any trends they are seeing in their supported organizations.

3. The FPB will also identify those individuals demonstrating risky behavior and/or those with mental health issues who have not been previously tracked. Once identified, the FPB will assign the Marine or Sailor to the appropriate risk level, and develop a plan that identifies mitigating strategies and establishes goals for the individual to accomplish while on the program.

4. The responsibility for executing the force preservation plan, tracking progress, providing event updates in CIRRAS, and providing updates and recommendations to the FPB rests with the individual's immediate supervisors and chain of leadership.

5. The FPB will provide their sections and supported organizations access to the appropriate resources as required to ensure that personnel on FPC receive appropriate level of evaluation, assistance, and supervision.

6. The FPB will ensure that CIRRAS permissions for the company staff and the supported organizations are current and enable the proper tracking and updating of Marines and Sailors. Permissions will be managed in accordance with references (a), (j), and (k). Sensitive health information will be controlled and disseminated to only to company commanders and those individuals identified by the battalion commander in writing.

7. Companies will conduct a FPB at least once a month.

(c) Force Preservation Council (Battalion level)

1. FPC membership is outlined in enclosure (4).

2. The FPC will receive a cover sheet, template included in enclosure (3), compiled by the HQ Bn Safety Officer with input from the company commanders identifying individuals demonstrating risky behavioral/mental health issues.

3. Individuals discussed by the council will not appear before the council. The respective company will brief their Marines and Sailors utilizing the service member's CIRRAS profile as the presentation medium. The companies may invite section or supported organization leadership to brief their personnel.

4. Council members will evaluate each individual's duty performance, personal stressors, health concerns, and professional stressors. The FPC should consider risk factors such as the ratio of leader to led, alcohol and drug abuse, psychotropic medication prescriptions, legal, family and disciplinary issues. Detailed discussion of sensitive personal or professional matters should be conducted in smaller groups as designated by the chair. Council members must also be prepared to brief wellness plans for each of their Marines.

5. Evaluation and follow-on action should follow under the guidance of the battalion commander.

6. The FPC shall provide individual recommendations tailored to mitigate identified problems and successfully re-integrate the individual back to full performance of assigned duties.

7. The responsibility for executing the plan, tracking progress, and providing updates to the FPC remains a leadership responsibility that rests with the individual's operational chain of leadership with oversight by the respective FPB and administrative chain of command. The executive officer, as the FPC chair, is responsible for passing concerns to the battalion commander, as needed.

8. The senior leadership, to include the HQ Bn Sergeant Major, HQ Bn Medical Officer, HQ Bn Chaplain, and other key staff officers listed in enclosure (3), will provide their subordinate chain of command access to appropriate resources when required, and provide appropriate assistance and external resources when applicable. The HQ Bn Safety Officer will generate a memo for every convened FPC utilizing enclosure (5).

9. The FPC will ensure CIRRAS permissions are reviewed and updated as required. Access is required for commanders, key billet holders at the battalion level, and designated FPB administrators.

10. The Battalion FPC will meet once a month. All members of the meeting will initially convene for guidance and general comments from the chair. Company commanders will brief in the following order: Manpower and Recruiting Company, Headquarters Company, and then Combat Development and Systems Company. Company staffs, when not briefing, are not required to be in the meeting. The Safety Officer will call company staffs in when it is their turn to present. All company commanders will remain on standby should the chair have any closing comments prior to the adjourning of the FPC meeting.

(d) Categorization and Assignment. The following information will be used to categorize and assign appropriate action for individuals in the FPC process:

1. Event Risk Recommendation: Officers in Charge (OIC), Staff Noncommissioned Officers in Charge (SNCOIC), and other first line leaders are responsible for inputting events for individuals within their sections. Every event input will have a risk level associated to it by the SNCOIC or OIC. The event and the associated stressors that the Marine or Sailor is dealing with will influence the level of risk that the event is assigned.

2. Residual Risk Levels: Company commanders have overall approval authority to assign personnel to all residual risk levels. During the FPB, event risk factors and stressors are mitigated via RAMP, and residual behavioral risk levels are assigned in CIRRAS.

a. Low Risk. This is the default risk level for every Marine and Sailor within CIRRAS. These personnel do not exhibit risky behaviors and have limited stressors affecting them. These Marines and Sailors are considered fully mission ready and do not require monitoring, mentorship, or counseling outside of the norm.

b. Elevated Risk. These are personnel whose conduct/behavior pattern does not place them at much risk for a potential incident or accident, but these individuals must be tracked closely. These individuals need reinforcement of safe practices, good decision making, and the avoidance of factors that could propel them into a higher risk category.

c. Medium Risk. These personnel shall include individuals with major stressors impacting them affecting their personal lives or work performance, and may include those who recently received non-judicial punishment or other disciplinary action for minor infractions of the Uniformed Code of Military Justice (i.e. unauthorized absence, assault, etc.); were cited by civil or military law enforcement for speeding (over 15 miles per hour) or traffic violations indicating disregard for safety; and any personnel that have been administratively counseled regarding unsafe conduct/behavior and have not responded to the counseling. Assignment to this level is not solely predicated on previous disciplinary action. Individuals may exhibit or be affected by multiple risk factors, enclosure (1), that can lead to risky behavior and therefore need to be identified.

d. High Risk. Personnel at this level shall include personnel with significant compounding risk factors affecting their performance and personal lives, those individuals that present a significant risk to themselves or others, and those who have had a drug or alcohol related incident (Driving While Intoxicated (DWI)/Driving Under the Influence (DUI), under age consumption resulting in arrest, consumption to excess resulting in at least a formal counseling, been formally assessed as substantiated for spouse or domestic violence, been stopped by law enforcement authorities (military or civilian) for reckless driving (20 miles per hour over the posted speed limit, reckless endangerment), or been convicted at a summary, special or general court-martial.

2. Assignment of Behavioral Risk Levels

a. Personnel will be assigned a residual risk level during the FPB. This risk level will be communicated to the identified Marine or Sailor and his or her immediate leadership. It is imperative that service members understand that assignment to the FPB or FPC is not a punishment, and it is designed to assist the Marine or Sailor in overcoming hardship and stress.

b. Personnel of all risk levels will be reassessed monthly during the FPB. Company commanders will ensure that changes get communicated to applicable personnel as required.

3. Minimum Risk Mitigation Measures

a. Personnel assessed to be at high risk will contact their chain of command at least weekly, at least one time over a leave period, 72 hour or 96 hour liberty, or as directed by the FPB or FPC.

b. Personnel assigned to a medium or elevated residual risk level will be readily available to be contacted by their chain of command via phone during liberty periods.

c. Only the HQ Bn Battalion Commander may set conditions for liberty to those assigned as medium or high risk. Liberty is a privilege, not a right. Therefore, designated high risk personnel may have their liberty, and distances, curtailed to preclude mishap, injury, or death. **No forms of restriction or punishment will be assigned to personnel as part of this policy.**

b. Tasks

(1) Executive Officer

(a) Serve as the chair of the FPC.

(b) Select and assign FPC members and ensure they understand their responsibilities and confidentiality clauses per the references.

(c) Ensure that the VPP, COSC mitigation, and suicide prevention is executed as part of the force preservation process within the Battalion FPC.

(d) Ensure the FPC does the following:

1. Convene at least monthly.

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

3. CIRRAS is effectively used and updated, and that the profile is up to date for each Marine and Sailor.

4. Identify unit trends and take corrective action before they become endemic.

(e) Ensure FPC history is properly documented and annotated on all 8-day briefs. Note: Identified personnel on 8-day briefs should be categorized as: "Not discussed" or "Discussed with associated risk level (high, medium, elevated).

(2) Battalion Sergeant Major. Serve as the senior enlisted advisor to the Force Preservation Council.

(3) Company Commanders

(a) Establish a FPB. Serve as the senior member of the FPB and the final approval authority for residual risk levels of assigned personnel. Serve as the HQ Bn node within supported organization FPCs.

(b) Select and assign FPB members and ensure they understand their responsibilities and confidentiality clauses per the references.

(c) Conduct follow-ups on members to ensure continuum of care and that force preservation plans are being followed as required.

(d) Ensure that the VPP, COSC mitigation, and suicide prevention are executed within the Force preservation process at the company level.

(e) Establish administrators within CIRRAS at the company or at the supported organization level to best ensure that first line leaders and supervisors are able to keep CIRRAS profiles up to date at all times.

(f) Supervise supported organization OICs and SNCOICs to ensure completion of risk mitigation plans and adequate tracking of at risk Marines and Sailors.

(4) Section OICs/SNCOICs

(a) Communicate with the gaining commander/OIC/SNCOIC regarding outbound individuals assigned to high, medium, or elevated risk. Ensure that the CIRRAS profile for every assigned Marine or Sailor is up to date at all times.

(b) Attend the monthly FPB and brief all individuals within the section who are identified as at-risk. Be prepared to attend the battalion level FPC.

(c) Evaluate every assigned individual for risk factors, enclosure (1). Ensure that all service members assigned have updated CIRRAS profiles and updated events. Update as significant events occur, and at least monthly. Brief at risk personnel at the FPB.

(d) Utilize RAMP to devise, implement, and execute risk mitigation plans. Provide updates to the FPB as required.

(e) Ensure that the VPP, COSC mitigation, and suicide prevention are executed within the force preservation process as part of the section counseling and mentorship program.

(5) HQ Bn Safety Officer

(a) Schedule and administratively manage the FPC. Maintain a record of the FPC meetings for accountability purposes.

(b) Serve as the CIRRAS Administrator for the Battalion staff, and provide oversight of company and supported organization administrators. Assign roles to company commanders and key battalion staff, ensuring that all key leaders have the ability to update CIRRAS profiles as required.

(6) All personnel have the responsibility to identify and make aware to the chain of command any risky behavior of a fellow service member (e.g., member is known to abuse alcohol and is seen drunk)

c. Coordinating Instructions

(1) Commanding Officers and other persons designated in writing by the HQ Bn Battalion Commander may receive Protected Health Information (PHI), for the purposes of determining the impact of the service member's health status on the command's readiness and military mission.

(2) Leaders, FPB members, and FPC members will ensure the continued privacy and confidentiality of information discussed at the FPB and FPC. Information discussed by the board will frequently involve sensitive, private issues that may be protected by references (a), (j), and (k). Detailed examination of sensitive personal or professional matters in a large group is neither intended nor appropriate. Information developed by the board should be used by leaders as deemed appropriate for the enhancement of safety and for referral/assistance to the appropriate resource. FPC members will protect such information, including medical information, and limit its dissemination, and must comply with additional guidance given in enclosure (6). FPB members will protect sensitive information at the company level.

(3) Information resident within CIRRAS, and generated from the FPC is for the Battalion Commander's use, for the purpose of force protection and risk mitigation. It shall be kept in confidence and shall not be used for disciplinary action.

(4) CIRRAS Access:

(a) CIRRAS access will only be granted to Marines and Sailors who complete the below required HIPAA and Privacy Act trainings per reference (1) and certificates are provided to their respective CIRRAS administrator. Courses must be completed once per calendar year thereafter.

1. HIPAA And Privacy Act Training, course number DHA-US001, is available on Joint Knowledge Online.

2. Department of the Navy Annual Privacy Training, course number DONPII010A, is available on MarineNet.

(b) CIRRAS users are required to log into CIRRAS at least once every 35 days or access is automatically revoked by the system. Administrators will reactivate deactivated users as required.

5. Administration and Logistics

a. Administrators at the FPB level will have access to their respective organizations/company. The Battalion Administrator will have access to every organization within the Battalion. Access will not be pulled from the Battalion Administrator for any of the supported organizations.

b. The FPC Memorandum and Minutes shall be completed monthly in conjunction with the FPC and retained for three years by the battalion safety office.

c. Records created as a result of this Order shall be managed according to references.

6. Command and Signal

a. Signal. This Order is applicable to all Marines, Sailors and civilians administratively assigned to HQ Bn, TECOM.

b. Command. The point of contact for this Order is the HQ Bn Safety Officer.

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R. J. SCHMIDT

DISTRUBTION: A

Risk Indicators

To prevent loss of life and diminished functioning, it is critical to identify and address risky behavior or events that may lead to risky behavior, as soon as possible. Identifying these behaviors and events can assist leadership in developing effective interventions.

Leaders at all levels must be familiar with the professional and personal lives of their service members. Service members who recently joined a unit should be informally counselled and the CIRRAS profile should be reviewed incident to check in, in order to identify any potential issues from the previous unit and implement mitigation of risks as early as possible.

Below are some potential risk indicators, derived from scientific studies on risky behavior which shall be considered:

1. Relationship Problems:

- a. Separation or divorce
- b. Frequent change of roommates
- c. Geo-bachelor for more than 90 days
- d. Recent break up with boyfriend or girlfriend
- e. Inability to establish or execute a current family care plan
- f. Dysfunctional intimate partner relationship characterized by frequent conflict, emotional abuse, or physical abuse
- g. Dysfunctional relationship with parents or children characterized by abusive or manipulative behavior
- h. Recent loss of a loved one

2. Family history:

- a. Family history of suicide
- b. History of family discord
- c. Family history of behavioral health disorder(s)
- d. Family history of drug or alcohol abuse

3. Legal or disciplinary problems:

- a. Legal issues concerning dependents
- b. Disciplinary issues (Civilian or military)
 - (1) History of NJPs from previous unit
 - (2) Pending NJPs
 - (3) Pending Court Martial
 - (4) Pending Court actions
- c. The subject of an investigation by civilian or military authorities
- d. Enlistment waiver/mental aptitude waiver

4. Performance problems:

- a. Unable to perform to his/her potential
- b. Passed over for promotion
- c. Pending administrative or medical separation
- d. PFT or CFT failure
- e. Out of compliance with Marine Corps' body composition and/or military appearance standards
- f. Psychosocial and/or performance issues from previous unit

5. Financial problems:
 - a. Inability to properly manage his or her own budget.
 - b. Inability to provide or stay current on dependent, spousal and/or child support
 - c. Mortgage delinquency, foreclosure or excessive credit debt
 - d. Inability to provide for or overwhelming financial support to Parents or extended family

6. Behavioral health issues:
 - a. Behaving or acting differently (abnormal patterns at work or off-duty)
 - b. Recent (since last deployment or within the last calendar year) mental health evaluation by either a civilian or military health care provider
 - c. Post-Traumatic Stress issues or other stressors identified
 - d. Inability to deal with stress or balance tasks
 - e. Any disqualifying condition listed in MANMED (NAVMED P-117), Chapter 15, Article 15-58, Psychiatric and Behavioral disorders
 - f. History of psychiatric hospitalizations, to include drug and/or alcohol rehabilitation
 - g. History of prior suicide attempt
 - h. History of psychotropic medication use for treatment of a mental health condition
 - i. A sense of hopelessness
 - j. History of childhood abuse (emotional, sexual or physical)

7. Guidance/moral compass issue:
 - a. Lack or loss of spiritual faith
 - b. Demonstrating lack of prudence - to know right from wrong
 - c. Lack of courage - character in action
 - d. Lack of self-control

8. Substance Abuse:
 - a. Past or current substance abuse history
 - b. Taking high risk prescription medication (psychotropic/narcotic) or a high number of prescription medications
 - c. High risk or high number of medications from a civilian health care provider
 - d. Using alcohol and high risk or high number of prescriptions medications at the same time
 - e. Any alcohol or drug related offenses

9. Off-duty activities:
 - a. Deteriorating relationships with friend or family
 - b. High risk hobbies
 - c. High risk recreational activities
 - d. Loner
 - e. Riding or driving clubs
 - f. Ownership of a personal firearm

10. PMV/Motorcycle:

- a. Recently purchased vehicle or motorcycle
- b. Lack of driver improvement training
- c. Two or more recent traffic violations
- d. License suspended or revoked
- e. Driving Under the Influence (DUI), Driving While Intoxicated (DWI), or any other drug or alcohol related offense

11. Medical Health Issues:

- a. Determining service member's fitness for duty IAW Marine Corps standards and DOD directives
- b. Determining fitness for duty to perform particular missions, assignments, orders, or duties, including compliance with actions required as a precondition to performance thereof
- c. Carrying out comprehensive medical surveillance activities
- d. Reporting on casualties in connection with a military operation or activity
- e. Execution of military/civilian medical appointments and notification of missed and cancelled appointments

Risk Assessment Mapping Process (RAMP)

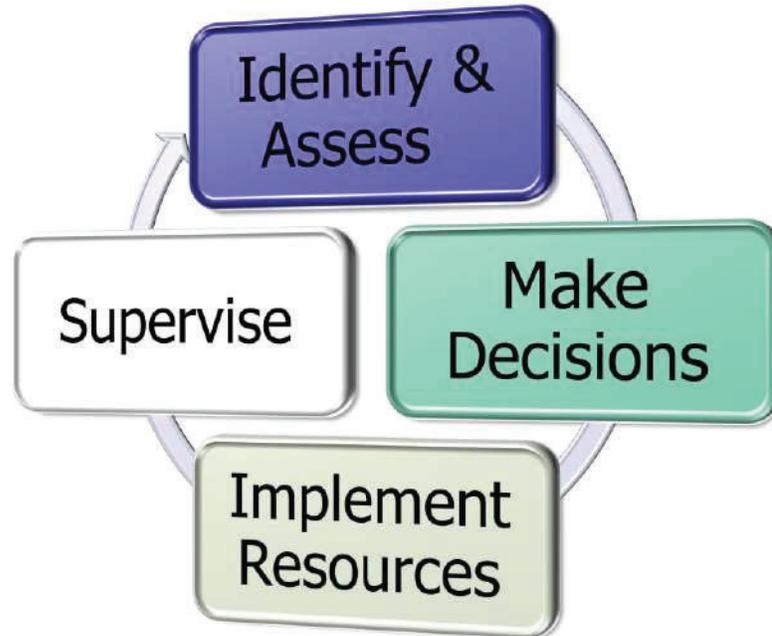


Figure 1-1.--Risk Assessment Mapping Process (RAMP).

1. RAMP is a cyclic process (Figure 1-1) to continuously assess and mitigate risk and/or stress. **RAMP does not replace engaged leadership.** RAMP simply correlates existing assessments already in place (Risk Assessment Codes/High-Med-Low/Colors) and is used by commanders. RAMP is an additional resource to assist the commander. This optional method can help the commander and the FPC by the following:

- a. Identify a problem and assess the impact on the individual and unit readiness.
- b. Make decisions to improve the well-being of the individual.
- c. Implement appropriate resources to reduce risk or stress at an acceptable level.
- d. Supervise the individual through peers, leadership and mentoring.

2. RAMP uses basic RM principles in reference (a) as the guiding process; it is the foundation that supports the mitigation plan for the commander.

3. RAMP "maps" or ties current matrices used by the Marine Corps to ensure uniformity/standardization and to provide appropriate trend analysis.



Identify Assess			Make Decisions Implement Controls		Supervise
Initial Assessment Correlation Matrix			Combat Operational Stress Control	Marine Total Fitness Cords	Final Assessment Matrix Application of Resources (Controls) reduces level of severity and probability
Risks	Levels	Colors			
Critical	High	Red	Ill	Drained	
Serious	Medium	Orange	Injured	Depleted	
Moderate	Elevated	Yellow	Reacting	Stressed	
Minor/Negligible	Low	Green	Ready	Fit	

Figure 1-2.--RAMP Matrix Procedures.

4. Identify/Assess (Initial Assessment) (Figure 1-2)

a. Through the FPC, identify the risk and/or stress affecting the individual and the unit's readiness (Figure 1-2).

(1) Identify the specific activity, life event, risk, or stress.

(2) There are five sample risk/stress assessment matrices (described on the following page) that commonly affect Service members. Note: These matrices are not all inclusive. Commanders have the latitude to add, adjust or modify the matrices.

b. Assess the risk and/or stress as an expression of potential harm/severity, described below.

(1) Risks: Critical, Serious, Moderate, or Minor/Negligible.

(2) Levels: High, Medium, Elevated, or Low.

(3) Colors: Red, Orange, Yellow, or Green. Note: For uniformity and standardization across the Marine Corps, the risks-levels-colors equate to each other and mean the same.

5. Make Decisions/Implement Controls

a. Through the FPC, make the appropriate decisions to improve both the well-being of the individual and the unit's readiness.

b. Implement controls, resources, or measures such as medical, chaplain, counseling, legal, substance abuse control officer (SACO), financial assistance, family services, etc.

6. Supervise; Residual Risk/Stress (Final Assessment)

a. After controls, resources, or measures are in place, identify and select appropriate risk-level-color assessment as an expression of reduced harm/severity.

Off-Duty Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	License suspended or revoke; No training or use of PPE	1	1	2	3
		II	History of unsafe acts; History of traffic violations and/or alcohol related offenses; Inadequate training or limited use of PPE	1	2	3	4
		III	Recently purchased a motorcycle as first time owner; participates in high risk activities or sports	2	3	4	5
		IV	Fully trained, wears all PPE, and skilled for off-duty activities	3	4	5	5
Risk Assessment Codes							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Financial Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Bankruptcy; foreclosure; collection agency	1	1	2	3
		II	Past due on bills; late on payments	1	2	3	4
		III	High debt load; manages to pay bills and saves or invest money	2	3	4	5
		IV	No debts; pays bills on time; saves or invest money				5
Stress Assessment Codes							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Figure 1-3.--Sample Assessment Matrices.

Relationships Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Violence or abuse	1	1	2	3
		II	Recent divorce, separation or severely strained relationship	1	2	3	4
		III	Recent breakup or family/social discord/seeking counseling services	2	3	4	5
		IV	Healthy family/social relationship				5
Stress Assessment Codes							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Medical/Behavioral Health Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Physical Evaluation Board; Separations; Substance abuse (Drugs/Alcohol)	1	1	2	3
		II	Receiving in/out patient treatments; Taking multiple medications (Psychotropic)	1	2	3	4
		III	Light or Limited Duty	2	3	4	5
		IV	Healthy or fit for duty				5
Stress Assessment Codes							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Performance Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	History of willful TTP/SOP violations; Pending Court martial or administrative separation	1	1	2	3
		II	Inadequate skill or training; History of complacency or taking shortcuts; NJP; Competency Review Board; Adverse fitness report	1	2	3	4
		III	Training failure (Training & Readiness, PFT,CFT,Rifle Range); Counseling; Derogatory Page 11 entry; Assigned to BCP	2	3	4	5
		IV	On track for career progression				5
Stress Assessment Codes							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Figure 1-3.--Sample Assessment Matrices (Cont'd).

b. The assessment codes, levels, or colors (Figure 1-3) are an expression of risk that combines the elements of severity (factors and stressors) and probability (likelihood of impacting individual/unit readiness over time). The assessment is a level of risk/stress for each problem expressed as a single Arabic number as portrayed in the above assessment matrices.

7. Example #1. Marine separates from spouse (no children) and is on limited duty for back problems. The Marine is expected to be deployed in six months.

a. Initial Stress Assessment. Based on probability and severity of the stressors:

(1) Relationship Matrix; Severity row is II (Recent divorce, separation or severely strained relationship). Probability column is B (Probably impact individual readiness).

(a) Severity II and Probability B equates to stress assessment of "2" [Serious, Medium or Orange].

b. Medical/Behavioral Health Matrix. Severity row is III (Light or Limited Duty). Probability column is C (May impact individual readiness).

(1) Severity III and Probability C equates to stress assessment of "4" [Minor, Low or Green].

(2) The lowest score will determine Marine's initial stress assessment, which is "2."

c. FPC determines appropriate mitigation plans (e.g., family counseling and monthly follow-up evaluations with the physician who signed the limited duty board).

d. Once mitigation plans are in place, re-assess risk/stress based on severity and probability as executed from initial stress assessment procedure.

e. Final Stress Assessment. Final stress assessment is determined to be a "4."

8. Example #2. A Service member just bought a sports bike and is new to riding motorcycles. The member requires motorcycle training. Previously, the member had a speeding ticket (unknown to the command) for speeding in a privately owned vehicle. The member, a social drinker on the weekends, occasionally binges on alcohol.

a. Initial Risk Assessment. Based on probability and severity of the stressors:

(1) Severity II, Probability A equates to risk assessment "1" [Off-duty Matrix].

(2) Severity I, Probability C equates to risk assessment "2" [Medical/Behavioral Health Matrix].

(3) The Service member's initial risk assessment is a "1".

b. FPC determines appropriate mitigation plans (e.g., complete required training/rider mentorship in accordance with reference (j), counsel member for speeding, refer member to Substance Abuse Control Officer (SACO) and medical).

c. Once mitigation plans are in place, re-assess risk/stress based on severity and probability from the matrices.

d. Final Risk Assessment. Is determined to be a "3".

e. Continued re-assessment via the RAMP and leadership engagement is necessary to ensure Service members' continued well-being and readiness.

Headquarters Battalion
Force Preservation Council

Day Month Year

M&R Company

High Risk

Rank	Name	EAS	Section	Month Assigned
CAPT	JOHN A. SMITH	20210807	MMSR-2	MAR 2020

Medium Risk

Rank	Name	EAS	Section	Month Assigned
CPL	IAN M. MARINE	20240314	MMSR-1	NOV 2020

Elevated Risk

Rank	Name	EAS	Section	Month Assigned

Headquarters Company

High Risk

Rank	Name	EAS	Section	Month Assigned

Medium Risk

Rank	Name	EAS	Section	Month Assigned

Elevated Risk

Rank	Name	EAS	Section	Month Assigned

CD&S Company

High Risk

Rank	Name	EAS	Section	Month Assigned

Medium Risk

Rank	Name	EAS	Section	Month Assigned

Elevated Risk

Rank	Name	EAS	Section	Month Assigned

Force Preservation Council (FPC) Composition

1 The FPC will evaluate and provide a risk assessment code for all service members within the battalion. There will be an emphasis placed on those Marines and Sailors with an elevated, medium, or high risk associated to their CIRRAS profile.

2. FPC primary council membership:

- a. Chair: Executive Officer
- b. Sergeant Major
- c. Company Commanders
- d. Company First Sergeants
- e. Battalion Medical Representative
- f. Safety Officer
- g. Legal Officer/Chief
- h. Substance Abuse Control Officer (SACO)
- i. Chaplain

3. FPC additional members may include:

- a. Section OIC and/or SNCOIC of individuals on FPC
- b. Unit Readiness Coordinator (URC)
- c. Suicide Prevention Program Officer
- d. Family Advocacy Manager/Representative
- e. Military Family Life Counselor (MFLC)
- f. Sexual Assault Response Coordinator (SARC)
- g. Uniformed Victim Advocate (UVA)
- h. Equal Opportunity Advisor/Representative (EOA/R)
- i. Marine Intercept Program Coordinator
- j. Consolidated Substance Abuse Counseling Center (CSACC)

Representatives

IN REPLY REFER TO:
1500
B 07-1

MEMORANDUM FOR THE RECORD

From: Safety Officer
To: Safety Files

Subj: FORCE PRESERVATION COUNCIL REPORT FOR XX MON YYYY

Ref: (a) BnO 1500.60A
(b) MCO 1500.60

Encl: (1) Cover Sheet
(2) Attendance Roster

1. In accordance with the references, the following is a report of the Force Preservation Council (FPC) meeting held via Microsoft Teams on XX Month YYYY, convening at 1330 and ending at approximately 1430.
2. The cover sheet indicates high, medium, and elevated risk Marines. The cover sheet is included in enclosure (1). The attendance roster for the meeting is included in enclosure (2).
3. The point of contact for this report is the Battalion Safety Officer.

N. J. KING

Information Management

1. Reports, notes, materials or other work products shall not be appended or made an enclosure, in whole or part, to any formal investigation (Legal or safety investigation). Any such information is for the conduct of the FPC only.
2. Healthcare personnel are directed by HIPAA to disclose only the minimum necessary amount of information needed to develop an assessment of the service member and his/her risk mitigation plan in order to accomplish the military mission. Description of the impacts on duty or mission, recommended duty restrictions, and expected return to full duty is the only PHI that shall be discussed during a FPC or included in a service member's CIRRAS profile.
3. Company commanders shall obtain information from civilian healthcare providers as required for the purposes of obtaining information in order to assess the service member's ability to complete the military mission.
4. Activities that qualify as military mission include:
 - a. Determining service member's fitness for duty IAW Marine Corps standards and DOD directives.
 - b. Determining fitness for duty to perform particular missions, assignments, orders, or duties, including compliance with actions required as a precondition to performance thereof.
 - c. Carrying out comprehensive medical surveillance activities.
 - d. Reporting on casualties in connection with a military operation or activity.
 - e. Execution of military/civilian medical appointments and notification of missed and cancelled appointments.
5. FPC members shall not discuss specific confidential and private information disclosed at the FPC with non-FPC members. However, FPC members can use that information to develop appropriate risk mitigation plans with the FPB. IAW this order, the Section OIC or SNCOIC will pass relevant information to the next Commanding Officer, OIC, and SNCOIC if the service member is executing orders to another command. Background information on a Marine or Sailor referred to a FPC should be drawn from multiple sources in order to provide the most accurate assessment possible. Examples of information sources include but are not limited to:
 - a. MOL (BIR/BTR)
 - b. Training Jacket
 - c. Platoon Commanders or Marine's Leader Notebook
 - d. SACO documents (if applicable)
 - e. Previous FPC documents (CIRRAS profile)
 - f. Medical Health Record

Discussion of a service member's healthcare information with tightly controlled release of personal health information (PHI) only to those authorized to receive it as designated by the HQ Bn Battalion Commander and the minimum necessary information required to address the authorized reason for release of PHI.