



UNITED STATES MARINE CORPS
HEADQUARTERS AND SERVICE BATTALION
MARINE CORPS BASE QUANTICO
2006 HAWKINS AVENUE
QUANTICO, VIRGINIA 22134

IN REPLY REFER TO:

1500.60

B 07-1

FEB 07 2020

BATTALION ORDER 1500.60

From: Commanding Officer
To: Distribution List

Subj: FORCE PRESERVATION COUNCIL (FPC)

Ref: (a) DoD 6025.18-R
(b) MCO 1500.60
(c) MCO 1500.61
(d) MCO 3500.27C
(e) MCO 5580.3
(f) MCWP 6-11
(g) MARADMIN 240/11
(h) MARADMIN 308/11
(i) Privacy Act of 1974
(j) Health Insurance Portability and Accountability Act of 1996; 21 Aug 1996
(k) MCO 5100.29B
(l) CMC Safety Division Website
(m) MCO 5351.1
(n) Bn Policy Letter 1-19

Encl: (1) Risk Indicators
(2) FPC Composition
(3) Council Briefing Format
(4) FPC Report
(5) FPC Assignment Letter
(6) Risk Assessment Mapping Process (RAMP)
(7) Information Management
(8) Scenarios

1. Situation. In accordance with the references, this Order establishes policy and procedures for the conduct of the Force Preservation Council (FPC) within Headquarters and Service Battalion (HQSVC Bn).

2. Cancellation. BnO 5100.29.

3. Mission. In accordance with the references, the Battalion will establish and conduct a monthly FPC that incorporates a thorough review of risk factors for each individual Marine and Sailor and, when appropriate, implements holistic Risk Management (RM) measures in order to increase unit readiness by optimizing each individual's readiness and potential.

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4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To establish a clear, formalized process to identify and evaluate at-risk individuals assigned to HQSVC Bn and implementing deliberate actions and risk mitigation measures by utilizing the resources and tools outlined in reference (b) coupled with advice from key staff 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.

(2) Concept of Operations. The Battalion will execute the force preservation process with a tiered approach beginning at the section level, and if necessary elevating to the Company or Battalion level. 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 potentially services to keep them fit and effective. Enclosure (1) details key risk factors that should be considered during the force preservation process. Per reference (e) and consistent with reference (n), the Violence Prevention Program will be executed at the section level within the FPC process.

(a) Section Level. Establish a local force preservation process that incorporates a thorough review of risk factors (Enclosure 1) for each individual Marine and Sailor. Ensuring all personnel assigned to your section are included in the FPC process to include personnel executing permanent change of assignment orders, temporary additional duty personnel, personnel on independent duty, and special duty assignment.

(b) Force Preservation Board (Company level). The FPB serves as a forum for issues and concerns that helps leaders form one composite picture of each individual, enabling tailored leadership involvement and engagement. It is not a disciplinary body. 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 responsibilities. Commanders have the latitude to tailor the mechanics and specific structure of their company FPBs in order to meet the intended purpose. At a minimum, the group will consist of the company commander and the first sergeant.

2. The FPB will meet with section leaders individually to review and discuss individuals who need assistance.

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Only those individuals who need the next level of support will be referred to the battalion FPC.

3. The FPB will identify those individuals demonstrating risky behavior/mental health issues based on the risk factors outlined in enclosure (1). Once identified, the FPB will formally assign the Marine or Sailor to the appropriate risk level, and develop a plan that identifies mitigating factors/and establishes goals for the individual to accomplish while on the program.

4. The responsibility for executing the plan, tracking progress, and providing updates to the FPB rests with the individual's immediate chain of command.

5. The FPB leadership will provide their sections/commands access to appropriate resources when/where required while affording the member the appropriate level of evaluation, assistance, and supervision.

6. Each company FPB will meet at least once a month.

(c) Force Preservation Council (Battalion level)

1. FPC membership is outlined in enclosure (2).

2. The FPC will receive a brief (Encl 3) from the company commanders identifying individuals demonstrating risky behavioral/mental health issues.

3. Individuals being discussed by the council will not appear before the council.

4. Council members will evaluate each individual's duty performance, personal and professional stressors focusing on what is in the individual's best interests. 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.

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 command and company commander. The Executive Officer, as the

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FPC chair, is responsible for passing concerns to the Battalion Commander, as needed.

8. The senior leadership, to include the Battalion Sergeant Major, medical officer, chaplain, and other key staff officers listed in enclosure (3), will provide their subordinate chain of command access to appropriate resources when/where required, and provide appropriate assistance and external resources for "assist" cases where applicable. The council will generate minutes or a memo for every convened FPC utilizing enclosure (4).

9. The battalion FPC will meet once a month.

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

1. Behavioral Risk Levels

a. Low Risk. These are personnel whose conduct/behavior pattern does not place them at risk for a potential incident or accident. These individuals still need reinforcement of safe practices, good decision making, and the avoidance of factors that could propel them into a higher risk category.

b. Medium Risk. These personnel 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, simple 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. Marines or Sailors may exhibit or be affected by multiple risk factors (Enclosure 1) that can lead to risky behavior and therefore need to be identified. Company commanders have overall approval authority to assign personnel to this level.

c. High Risk. Personnel at this level include 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. Company Commanders have overall approval authority to assign personnel to this level.

2. Mental Health Categories

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a. Support. These personnel may or may not be assigned to the medium or high risk level, but are struggling with personal or professional circumstances that affect their overall performance. In terms of USMC Combat Operational Stress Control (COSC), these personnel may be in the Reacting (Yellow) or Injured (Orange) Zone, see reference (m). Individuals in this category will be provided access to resources and assistance to prevent unnecessary mishaps, fatalities and suicides, while ensuring they are not characterized as a behavioral problem. Examples of issues are; loss of a relative, marital and financial difficulties, or separation due to medical disability. Company Commanders have overall approval authority to assign personnel to this category. Once an individual has been assigned to the Support category, only the company commander has the authority to remove or extend the period of support.

b. Assist

(1) These personnel may or may not be assigned as medium or high risk, but are struggling with extreme issues that affect their overall performance and well-being. This category's focus is to allow those who have been diagnosed with, or show indications of, a mental health condition such as Post Traumatic Stress Disorder, Traumatic Brain Injury, depression, or anxiety problems will be provided the proper access to resources and assistance needed to prevent unnecessary mishaps, fatalities and suicides.

(2) The Battalion Commander has overall approval authority to assign personnel to this category, and therefore those personnel identified as "assist" during the FPB will be referred to the Battalion Commander for review/decision by the battalion FPC.

(3) In terms of COSC, these personnel may be in the Injured [(Orange) or (Red)] Zone. Included with this recommendation will be an initial action plan to help them recover back to full duty. Once one has been assigned to the assist category, only the Battalion Commander has the authority to remove or extend the period of assistance.

3. Assignment of Behavioral Risk Levels

a. Personnel assessed to be "at risk" for medium or high risk levels will be formally assigned by their company commander utilizing enclosure (5).

b. Personnel assessed to be at medium risk will remain assigned for a minimum period of 60 days. At the end of 60-day period, the FPC will reassess and, if necessary, adjust the individual's status based upon the input of the individual's company.

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c. Personnel assessed to be at high risk will remain assigned for a minimum period of 90 days. At the end of 90-day period, the FPC will reassess and, if necessary, adjust the individual's status based upon the input of the individual's company.

4. Minimum Risk Mitigation Measures

a. Personnel assessed to be at medium risk will contact their chain of command via phone or in person, once during weekend liberty periods and every other day during special liberty periods, or as directed by the FPC.

b. Personnel assessed to be at high risk will contact their chain of command, via phone or in person, once on Saturday and once on Sunday during weekend liberty periods and every day during special liberty periods, or as directed by the FPC.

c. Personnel assigned to the support or assist category will be readily available to be contacted by their chain of command via phone during liberty periods.

d. The chain of command must contact their assigned support or assist personnel as appropriate.

e. Only the 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. Subordinate Element Missions

(1) Executive Officer

(a) Serve as the senior member of the FPC.

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

(c) Ensure the violence prevention process (VPP) is executed within the FPC process.

(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.

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3. Develop a means to incorporate remote subordinate units data either in person or electronically.

4. Review all individuals being processed for administrative separation during FPC meetings.

5. Supervise implementation plan by members' leadership.

6. 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 [Risk Assessment Code (RAC) 1, RAC 2, RAC 3, RAC 4 or RAC 5]".

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

(3) Company Commanders

(a) Serve as the senior member of the company FPB.

(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.

(d) Ensure the VPP is executed within the FPC process.

(4) Section OIC/SNCOIC

(a) Contact the gaining commander for individuals assigned to FPC.

(b) Attend the monthly Force Preservation Board (FPB) and brief all individuals within the unit who have identified risk. Be prepared to attend the battalion level FPC.

(c) Evaluate each individual referred to the FPC utilizing the Risk Assessment Mapping Process (RAMP) as outlined in enclosure (6).

(4) Adjutant

(a) Maintain a record of the FPCs meetings for accountability purposes using enclosure (4).

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(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 or other persons designated in writing may receive protected health information (PHI), in accordance with reference (h), for the purposes of determining the impact of the service member's health status on the command's readiness and military mission.

(2) Leaders and FPC members will ensure the continued privacy and confidentiality of information discussed at the FPC. Information discussed by the board will frequently involve sensitive, private issues that may be protected by references (i) and (j). 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 (7).

(3) Information 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.

5. Administration and Logistics

a. Non-compliance with this Order may result in administrative and/or disciplinary action.

b. Existing FPC policies, scenarios, sample meeting worksheets, templates, and other best practices can be found at reference (1).

c. The FPC Report is an inspection item. The report shall only provide the date convened, location of FPC, and FPC attendance as shown in enclosure (4). These records shall be retained for three years by the battalion safety office.

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

e. All enclosures provided are tools that may be used to assist in the successful conduct of the FPCs.

6. Command and Signal

FEB 07 2020

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

b. Command

(1) This Order is effective the date signed.

(2) The point of contact for this Order is the battalion executive officer.



E. J. DANIELSON

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 FPCs 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 reviewed immediately in order to identify any issues that might have been carried over from the previous command.

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

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 plan
- f. Dysfunctional intimate partner relationship characterized by frequent conflict
- g. 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)

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. Money related problems
- b. Inability to provide or stay current on dependent, spousal and/or child support
- c. Mortgage delinquency, foreclosure or excessive credit debt

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. Any disqualifying condition listed in MANMED (NAVMED P-117), Chapter 15, Article 15-58, Psychiatric and Behavioral disorders
- e. History of psychiatric hospitalizations, to include drug and/or alcohol rehabilitation
- f. History of prior suicide attempt
- g. History of psychotropic medication use for treatment of a mental health condition
- h. A sense of hopelessness
- i. 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

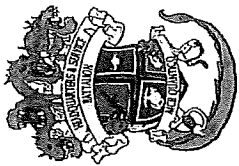
11. Medical Health Issues:

- 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

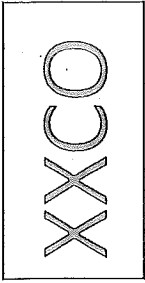
Force Preservation Council (FPC) Composition

1. FPC members will be designated in writing.
2. The FPC will evaluate all service members at every FPC and provide a risk assessment code for every individual evaluated to the Battalion Commander.
3. FPC primary council membership:
 - a. Chair: Commanding Officer or Executive Officer
 - b. Sergeant Major
 - c. Company Commanders
 - d. Company First Sergeants
 - e. Battalion Medical Representative
4. FPC additional members will include:
 - a. Section OIC and/or SNCOIC
 - b. Chaplain
 - c. Substance Abuse Control Officer (SACO)
 - d. Legal Officer/Chief
 - e. Safety Officer
 - f. Unit Readiness Coordinator (URC)
 - g. Suicide Prevention Program Officer
 - h. Family Advocacy Manager/Representative
 - i. Military Family Life Counselor (MFLC)
 - j. Sexual Assault Response Coordinator (SARC)
 - k. Uniformed Victim Advocate (UVA)
 - l. Equal Opportunity Advisor/Representative (EOA/R)
 - m. Marine Intercept Program Coordinator

Note 1: A record keeper may also be assigned for each FPC meeting.



Rank Fname MI. Lname
Section: XXXXX; MOS: XXXX



Basic Information

AFADBBD:

DCTB:

EAS:

EDIPI:

Age:

Relationship Status:

Living Situation:

Roommate:

Mentor:

SNCOIC:

OIC:

Stressors

Alcohol Abuse:

Drug Abuse:

Pending Legal:

Financial:

Family:

Medical:

Operational:

Body Comp Prgm:

Duty Status:

Risk Assessment:

INSERT PHOTO
HERE

Timeline

Date

Event

Commander's Comments
Concerns:

The Way Ahead:

**ongoing things the
Marine is doing to help
rectify the situation or any
upcoming future events.



UNITED STATES MARINE CORPS
HEADQUARTERS AND SERVICE BATTALION
2006 HAWKINS AVENUE
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5043

IN REPLY REFER TO:

1500

B 07-1

Date

MEMORANDUM FOR THE RECORD

Subj: FORCE PRESERVATION COUNCIL REPORT FOR XX JAN 20XX

Ref: (a) BnO 1500.60

Encl: (1) Headquarters Company
(2) Service Company
(3) Combat Development Company
(4) Tenant Activities Company
(5) Training and Education Company

1. In accordance with the reference, the following is a report of the Force Preservation Council (FPC) meeting held in the Headquarters and Service Battalion Conference Room on X January 20XX, convening at 1330 and ending at approximately 1600.

2. Attendees:

NAME	BILLET	REPRESENTING

3. Force Preservation Council cases reviewed are listed in Enclosures (1) through (5). Basic information concerning the Marine/Sailor briefed at the FPC, pertinent facts, notable events, and the proposed way ahead are within the enclosures.

4. Point of contact for this report is the Battalion Adjutant or Battalion Safety Officer.

signature

Copy to:
Bn Safety Officer
Files

ENCLOSURE (4)



UNITED STATES MARINE CORPS
HEADQUARTERS AND SERVICE BATTALION
2006 HAWKINS AVENUE
MARINE CORPS BASE QUANTICO
QUANTICO, VIRGINIA 22134

IN REPLY REFER TO:
5100
B 07-12

From: Commanding Officer
To: Lance Corporal Marine L. Corps 1234567890/0311 USMC
Subj: ASSIGNMENT TO FORCE PRESERVATION PROGRAM

Ref: (a) Battalion Force Preservation Counsel Order dtd 14 June 13

1. Based on your recent conduct, you have been deemed to be at risk for behavior that would be detrimental to your mental and physical well-being and safety. Accordingly, you are being assigned as a High Risk category Marine per the reference. You will be assigned to the Force Preservation Program as a High Risk Marine for minimum of 90 days. You will be re-evaluated at the end of 30 days, based on the input of your OICs and SNCOs, to determine whether to decrease your risk assessment to medium or low, or maintain your risk level.

2. Per the reference, the following conditions are imposed for your safety:

a. Assignment to Bachelor Enlisted Quarters (Building 2003, Singleton Hall, Room 100).

b. Revocation of off-base liberty without written permission from your company commander.

c. You will conduct **mandatory weekday/work day physical check-ins** with your assigned mentor, Sergeant XXX, at your report time and upon being secured for the day, and telephonic check-ins with Sergeant XXX at 1730, 1930 and 2130.

d. You will conduct **mandatory weekend/non-work day liberty telephonic check-ins** with Sergeant XXX at 0800, 1200, 1600, 1800 and 2200.

e. You are not permitted to purchase, possess, or consume alcohol.

f. You will provide a list of all scheduled appointments to your assigned mentor, Sergeant XXX (or individual as assigned) more than seven days in advance of any appointment, and attend all scheduled appointments;

g. You will follow and complete the treatment plan prescribed to you by your doctors.

3. These conditions constitute a military order and violation of these conditions is grounds for disciplinary action per the Uniform Code of

ENCLOSURE (5)

Subj: ASSIGNMENT TO FORCE PRESERVATION PROGRAM

Military Justice (UCMJ). The conditions will remain in effect until XX
XXX 20XX, unless earlier rescinded or modified. Requests for exception
to these conditions on liberty will be made in writing to your company
commander.

4. If you do not comply with the rules governing your assignment to the
Force Preservation Program, you may be subject to formal counseling
(page 11 entry/6105), administrative actions, disciplinary action, a
competency review board, or administrative separation.

5. The point of contact on this matter is Sergeant Major G. E. Macias
at (703) 784-2263.

E. J. DANIELSON

5100

RECEIVING ENDORSEMENT

1. I have received notification of pretrial restriction and understand
the regulations and limitations pertaining thereto. I understand that
any requests for clarification, exceptions, or approvals must be
directed to Colonel E. J. Danielson, my Commanding Officer, or his
written designee.

M. L. CORPS

Risk Assessment Mapping Process (RAMP)

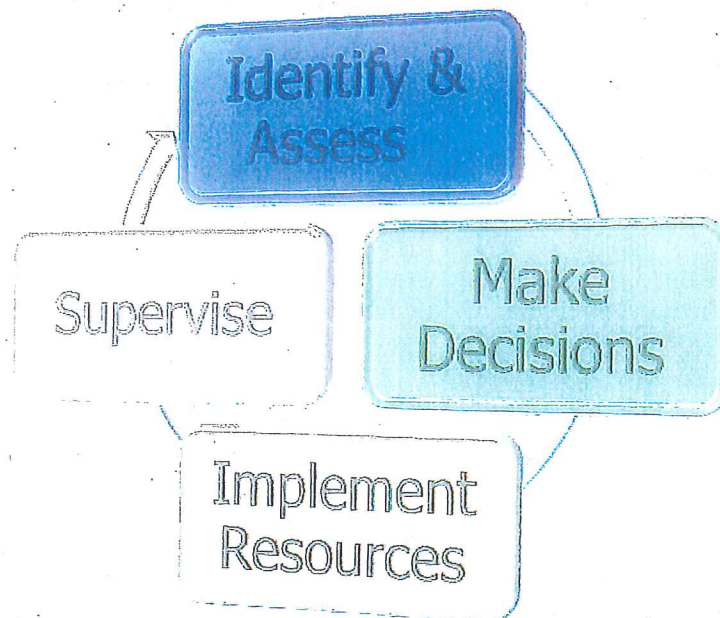


Figure 1-1.--Risk Assessment Mapping Process (RAMP).

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.

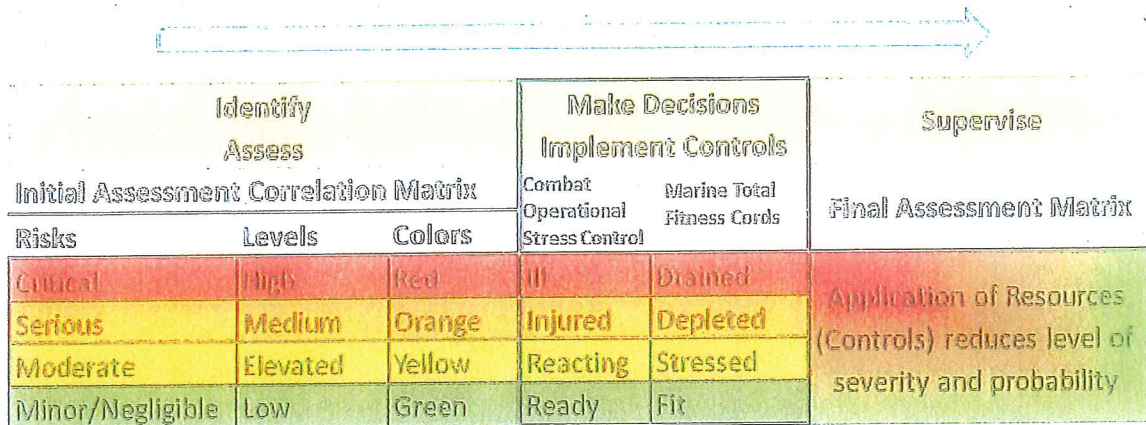


Figure 1-2.--RAMP Matrix Procedures.

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.

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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; NIP; 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.

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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].

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(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.

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 can be discussed during a FPC.

3. Commanding Officers are encouraged to develop memorandum of agreements with civilian healthcare providers for the purposes of sharing information to allow the CO 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. IAW this order, the Commanding Officer will pass relevant information to the next Commanding Officer 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 (if applicable)

f. Medical Health Record

Discussion of a service member's healthcare information with tightly controlled release of personal health information (PHI) only to those

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authorized to receive it and the minimum necessary information required to address the authorized reason for release of PHI.

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Force Preservation Council Sample Scenarios

These scenarios are provided solely as examples since there is often more than one way to effectively resolve a problem.

Scenario 1:

Lance Corporal Scuttlebutt deployed with his platoon to Afghanistan a year ago. He suffered an injury that requires pain medication and medical has submitted him for a Physical Evaluation Board (PEB). Since LCpl Scuttlebutt will not be going on the next deployment, he is not going through the Pre-deployment Training Program (PTP) with his platoon and is frequently assigned to Battalion working parties. Corporal Basilone notices that LCpl Scuttlebutt's attitude and how he is using illegal drugs in addition to his prescribed medication. During their mentoring session LCpl Scuttlebutt confides that he no longer feels like a part of the platoon and he doesn't understand why his PEB package is taking so long. He is past his EAS and is having problems with his pay. His frustration with the Marine Corps has made him angry at home and his wife is threatening to leave him.

Cpl Basilone talks to his platoon sergeant about ways for LCpl Scuttlebutt to assist in pre-deployment training based on his experiences. Cpl Basilone also arranges for LCpl Scuttlebutt to attend anger management class and for LCpl Scuttlebutt and his wife to attend the "Eight Habits of Highly Successful Marriages" class on base. Cpl Basilone asks the platoon commander, 2nd Lt Newbie, about the status of LCpl Scuttlebutt's PEB package. 2nd Lt Newbie follows up with the Battalion's Medical Officer and backbriefs LCpl Scuttlebutt and Cpl Basilone on the PEB process and when LCpl Scuttlebutt could expect a decision. 2nd Lt Newbie also directs the Platoon Sergeant to take LCpl Scuttlebutt to IPAC to ensure the correct unit diary codes were run to maintain LCpl Scuttlebutt's pay. Cpl Basilone continues to talk to LCpl Scuttlebutt and observe his performance. He decides he was wrong about the illegal drug use and does not pursue it any further.

Scenario 2:

LCpl Wallocker received a NJP for underage drinking and complete Level I outpatient treatment. A year later Sergeant Quick is at a party thrown by one of his Marines. LCpl Wallocker is there and is drinking heavily. The more LCpl Wallocker drinks, the more angry and violent he becomes. Sgt Quick suggests to LCpl Wallocker that he has had enough to drink, but LCpl Wallocker continues drinking. Later LCpl Wallocker has to be restrained from fighting with another Marine and he eventually passes out on the floor. In talking to the other Marines present, Sgt Quick learns that LCpl Wallocker spends almost every payday getting drunk and frequently getting into fights. On Monday, Sgt Quick contacts the Battalion Substance Abuse Control Officer (SACO) and arranges for LCpl Wallocker to be screened for alcohol dependency. LCpl Wallocker is again sent to Level I outpatient treatment.

One month after LCpl Wallocker completes Level I, Sgt Quick hears rumors that he has started drinking heavily again. Sgt Quick discusses the issue with LCpl Wallocker during their mentoring session and discovers LCpl Wallocker's mother was an alcoholic and that LCpl Wallocker has been drinking since he was twelve. Sgt Quick again arranges an appointment with the SACO and LCpl Wallocker is again referred to Level I treatment.

Based on what he knows about his Marine, Sgt Quick believes LCpl Wallocker is an alcoholic and needs Level III in-patient treatment. The SACO and the Medical Officer disagree with Sgt Quick and his platoon commander. The company commander, Captain America talks to both the SACO and Medical Officer and convinces them to recommend LCpl Wallocker to level III.

Scenario 3:

Cpl Steele has an overdose and is found by the barracks duty. He is taken to the base hospital. Later the toxicology report shows illegal drugs (heroin) in addition to his prescription drugs. Cpl Steele was a new Marine to the Battalion and the platoon commander was unaware Cpl Steele was being treated for PTSD and has been prescribed several medications. The FPC directs Cpl Steele to undergo treatment for drug abuse. The Battalion CO decides Naval Criminal Investigative Services (NCIS) should investigate and determine if there is a problem with illegal drugs in the barracks. The company commander is informed of what medications Cpl Steele is taking and how they can impact his performance. After completing drug abuse treatment program, Cpl Steele continues counseling for his PTSD. Although he is no longer an incidental operator, he continues to work in his MOS. His NCO and SNCOIC are engaged and Cpl Steele trusts he can talk to them/seek their advice, although he still struggles at times, overall his performance is reliable.

Scenario 4:

Cpl Moto was married two months before his deployment to Afghanistan. During the deployment, Cpl Moto began to experience problems with his wife. His wife had a baby during the battalion's deployment. Six months after deployment, Cpl Moto continues to struggle with his finances and his marriage. His wife moves out of the house with their daughter.

Captain Hardcore is a new company commander. At Monday morning PT he notices a large gauze bandage covering the forearm of Cpl Moto. Cpl Moto tells the Captain he injured himself at home playing around with one of his knives. Later, 1stSgt Ironman informs Capt Hardcore that he was contacted by Mrs. Moto. Mrs. Moto claims that Cpl Moto is not providing enough financial support.

During the FPC that week, Capt Hardcore mentions Cpl Moto and his personal issues and that the 1stSgt is handling the situation. The Battalion SgtMaj mentions he's aware that one of Cpl Moto's buddies was recently killed in Afghanistan by an IED. The XO directs Cpl Moto to talk to the Chaplain just to make sure he's okay.

While talking to the Chaplain, Cpl Moto reveals he is struggling to deal with the loss of his friend, and his financial and marital problems and that his injury was actually a suicide attempt. Without disclosing the details of their conversation, Chaplain Goodheart informs Capt Hardcore and the medical officer that Cpl Moto needs a mental health evaluation and treatment. Cpl Moto is taken to the Naval Hospital for evaluation.

Over the next week, Capt Hardcore and 1stSgt Ironman develop a plan to assist Cpl Moto. They brief the CO and XO. Cpl Moto's platoon commander and platoon sergeant monitor his progress and provide regular back briefs up the chain of command.