Defense Advisory Committee for the Prevention of Sexual Misconduct (DAC-PSM)

Public Meeting

August 22, 2022
12:30 EST

Held via Zoom for Government Webinar Teleconference
Agenda

• Roll Call and Opening Comments
• Public Comment Review
• Brief: DoD Accession Process
• Brief: DoD Integrated Prevention
• Public Meeting Ends

Meeting materials (Agenda, slides, and speaker bios) are available on www.sapr.mil/DAC-PSM
Roll Call and Opening Comments

Roll Call
• DAC-PSM Members

Opening Comments
• The Honorable Gina Grosso, DAC-PSM Chair
  • Assistant Secretary for Human Resources and Administration / Operations, Security and Preparedness, Department of Veterans Affairs

Members
Chair: Ms. Gina Grosso
Dr. Antonia Abbey
Dr. Victoria Banyard
Dr. Dorothy Edwards
Dr. Armando Estrada
Ms. Stephanie Gattas
Dr. Debra Houry
Dr. Lindsay Orchowski
Dr. John Pryor
Ms. Lynn Rosenthal
Dr. Joann Wu Shortt
Ms. Jennifer Silva
Dr. Amy Slep
Ms. Glorina Stallworth
Public Comment Review

- No public comments received
  - No statements were received by email or phone by the submission deadline (August 12) as specified in the Public Register Notice
Briefs and Speakers

Brief 1: DoD Accession Process
   Dr. Sofiya Velgach
   Assistant Director, Accession Policy

Brief 2: DoD Integrated Prevention
   Dr. Andra Tharp, HQE
   Senior Advisor, Office of Force Resiliency

Speakers will present their content in full, followed by Q&A with DAC-PSM members (if time allows)
Office of the Under Secretary of Defense for Personnel and Readiness

DoD Accession Process

Dr. Sofiya Velgach
Assistant Director, Accession Policy
22 August 2022
Military Service Academies Process Map

Military Service Academies
(U.S. Air Force Academy, U.S. Military Academy at West Point, and U.S. Naval Academy)

- Initial Eligibility Screening
  - Citizenship
  - Age
  - Marital status
  - Dependents
  - Preliminary application
  - High School transcripts

- Medical Screening
  - Administered by DoDMERB
  - Physical examination by a medical provider (DD 2808)
  - Review of information self-reported on Accessions Medical History Report (DD2807-2)

- Physical Fitness Assessment
  - Candidate Fitness Assessment (CFA)

- Personal Interview
  - Conducted by
    - Academy Liaison Officer (USAFA & USMA)
    - Conducted by Blue and Gold Officer (USNA)

- Nomination from Member of Congress

- Academy Calculates Composite Score
  - Selection Composite Score (USAFA)
  - Whole Candidate Score (USMA)
  - Whole Person Multiple (USNA)

- Personal Interview
  - Conducted by
    - Academy Liaison Officer (USAFA & USMA)
    - Conducted by Blue and Gold Officer (USNA)

- Ongoing Assessment at the Academy
  - Periodic Development Review and Cadet Evaluation Report (USMA)
  - Peer and Command Leadership Evaluations (USMA)
  - Aptitude for Commission Evaluations (USNA)
  - Completion of AFOQT (USAFA)

- Commissioned Officer

- Board Selected into Academy
  - Personnel Security Screening
    - Applicant completes Questionnaire for National Security Positions (SF 86)

- Prior to Arrival
  - Submit final transcripts
  - Submit proof of citizenship

- Matriculation

- Training and Education
  - Physical fitness
  - Academic courses
  - Core technical courses
  - Character education
  - Leadership training
  - Summer Training Assignments

- Graduate Academy with Bachelor’s Degree

- Oath of Commissioned Officers
Military Compatibility Research Group

The MCRG is a cross-service and cross-agency collaborative body focusing on reviewing, identifying, developing, validating, and implementing (as applicable) processes, policies, and measures to enhance ability to select future officers and enlisted personnel compatible with military core values.

- How is compatibility traditionally assessed?
- What do the Military Services do now?
- What do organizations with similar missions do to assess compatibility?
- Taking everything together what are the gaps and recommendations to improve the DoD accession process?
Predictive Factors of Future Misconduct
Literature Review

- **Biographical data**: alcohol use, tobacco use, behavioral history of misconduct or violence, educational history, and psychiatric history
- **Traits positively correlated w/ misconduct**: authoritarianism, dishonesty, disinhibition, hostility/anger/aggression, impulsivity, Machiavellianism, narcissism, neuroticism, and psychopathy
- **Traits negatively correlated w/ misconduct**: grit, hardiness, and resilience
Aligning DoD Compatibility Assessment Practices with Other Government Organizations
OPA PERSEREC

CIA, NSA, & LE conduct psychological screening

- Initial Eligibility
- Medical (Physical and Behavioral Health)
- Personnel Security
- Cognitive Aptitude
- Psychological Attributes
- Vocational Interests

CIA, NSA, & LE conduct psychological assessment by licensed clinicians
Additional Considerations

- Instruments predicting incidents with low rate of occurrence have high classification error rates, specifically false positives.

- Disqualification for potential to commit act of sexual aggression can lead to stigma and a requirement to share this information with other federal and local agencies.

- Challenges with providing feedback to the applicant in regards to the disqualification decision, potentially triggering legal cases.

- No due process for these standards.

- Applicants are likely to provide socially desirable responses, receive coaching, which will ultimately impact test validity.
Next Steps

Develop and operationally test a compatibility assessment to evaluate effectives using a cross-Service pre-accession sample, allowing for important research and intervention development

• Standardized compatibility composite based on factors included in the Tailored Adaptive Personality Assessment System (TAPAS)
• Initial data collection with enlisted population
• DoD Service participation
• Research design is under development
• Longitudinal data will be available after first term of enlistment (~3 year after initial implementation)
Questions?
Transition to Second Speaker
DoD Integrated Prevention

Dr. Andra Tharp, HQE
Senior Advisor, Office of Force Resiliency
What is Prevention?

- Stopping a harmful behavior before it occurs by reducing factors that increase risk for the behavior or protect against the behavior
- Prevention is a data-driven process that yields comprehensive, community-specific solutions
- Comprehensive solutions
  - Leverage what we know works from research, experience, and understanding the military context
  - Reinforce healthy decisions across contexts by addressing multiple risk and protective factors using multiple activities and influencers
  - Require people, collaboration, and infrastructure to be successful
Overview

- DoD Approach to Prevention
- DoD Prevention Initiatives
- Secretary of Defense Immediate Actions
  - On-Site Installation Evaluations
- Prevention-Related IRC Recommendations
  - Prevention Workforce
Evolution of Integrated Prevention

**Public Health Approach:** Consistently enforce and promote policy, healthy climates, individual and interpersonal skills, and supportive services

**Phase I: Abuse and Harm as Public Health Issues**
Public health principles for infectious disease and cancer prevention are applied to prevent self-directed harm and prohibited abuse and harm

**Phase II: Evidence-Based Prevention Practice**
Use of proven, effective prevention activities are prioritized

**Phase III: Quality Implementation**
Supportive leadership and engaged individuals are essential for prevention activities to be effective

**Phase IV: Integrated Prevention**
Factors such as alcohol use and unhealthy command climate increase risk for multiple forms of harmful behaviors
Targeting shared factors through integrated approaches enhances prevention effectiveness and efficiency

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Current Status on the Ground

Immediate Actions & IRC Rec's Aim to Close Gap

Current Status of OSD policy
DoD Prevention Approach

- **Climate Focused**
  - Requires that leaders foster healthy climates to ensure through policy and oversight that the military community has skills to make healthy decisions and develop respectful, inclusive relationships and teams in and outside of the workplace

- **Integrated**
  - Mitigates risk and protective factors for multiple harmful behaviors using shared solutions

- **Comprehensive**
  - Uses a combination of programs (e.g., skills training), policies, and practices (e.g., bystander intervention) to reinforce healthy decision making across settings

- **Data-Driven**
  - Applies public health principles for data-informed decision making to develop, implement, and evaluate prevention activities that provide the maximum benefit for the largest number of people
### Key Prevention Concepts

| **Primary Prevention** | Stopping harmful acts before they occur. Can be implemented for an entire group or population without regard to risk (universal primary prevention) or can be implemented for individuals, groups, or a population that is at risk (selected primary prevention). Primary prevention activities can target:  
1. Influencers, such as leaders who set a climate and shape norms, but may not be present when harmful acts occur;  
2. Bystanders, who may be present when harmful acts occur;  
3. Individuals, who may commit harmful acts; or,  
4. Individuals who may be affected by harmful acts. |
| **Integrated Prevention** | Taking action to decrease harmful behaviors and lessen the chances of these behaviors negatively impacting readiness and retention in a way that:  
1. Incorporates values of inclusivity, connectedness, dignity and respect (access, equity, rights, and participation)—including the elevation of service member and family member voice—to inform plans, processes, and trainings;  
2. Recognizes and adjusts plans, processes, and trainings to consider and be responsive to climate issues and populations that have been disproportionately impacted by harmful acts;  
3. Intentionally seeks to align and find common operating principles across prevention efforts and offices (e.g., equal opportunity, suicide, sexual assault); and,  
4. Incorporates multiple lines of effort across individual, interpersonal, organizational ecological levels. |
| **Military Community** | All individuals (e.g., Service members, DoD civilians, dependents) who live and work together in the same geographic area, such as a DoD installation. Military community exists based on relationships and the potential to interact with one another regardless of Service affiliation and chain of command. |
Building a DoD Prevention Capability

• Response efforts need to be maintained, and we need to find new ways to support those who have experienced violence

• To further reduce violence, we need to bolster prevention activities and increase attention to building systems where violence does not happen in the first place

• The number of prevention solutions is growing daily with more evidence-based solutions now than in past 1-2 years
DoD Prevention Initiatives
# DoD-Specific Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Date</th>
<th>Benefit</th>
<th>Focus</th>
<th>Type of Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault Prevention Plan of Action</td>
<td>May 2019</td>
<td>Clear and comprehensive way forward for DoD sexual assault prevention</td>
<td>Sexual Assault</td>
<td>Before it occurs</td>
</tr>
<tr>
<td>Prevention Collaboration Forum (PCF)</td>
<td>Feb 2020</td>
<td>Integrated data-driven policy development, oversight</td>
<td>Violence, abuse, and harm*</td>
<td>Before, immediately surrounding, and after it occurs</td>
</tr>
<tr>
<td>Integrated Violence Prevention Policy DoDI 6400.09</td>
<td>Sep 2020</td>
<td>Institutionalized essential elements for integrated prevention</td>
<td>Violence, abuse, and harm</td>
<td>Before it occurs</td>
</tr>
<tr>
<td>Violence Prevention Cell</td>
<td>Oct 2020</td>
<td>Develop and monitor integrated policy, synchronize efforts</td>
<td>Violence, abuse, and harm</td>
<td>Before, immediately surrounding, and after it occurs</td>
</tr>
</tbody>
</table>

*Violence, abuse, and harm includes sexual assault, suicide, harassment, domestic abuse, child abuse, problematic sexual behavior among children and youth, and substance misuse*
## DoD-Specific Initiatives

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</thead>
<tbody>
<tr>
<td>Secretary of Defense Immediate Actions</td>
<td>Feb 2021</td>
<td>Accelerated prevention efforts to assess compliance, increase visibility of climate, and train prevention personnel</td>
<td>Violence, abuse, and harm</td>
<td>Before it occurs</td>
</tr>
<tr>
<td>Independent Review Commission on Sexual Assault in the Military</td>
<td>July 2021</td>
<td>Provided recommendations to enhance prevention of harmful behaviors</td>
<td>Violence, abuse, and harm</td>
<td>Before it occurs</td>
</tr>
<tr>
<td>Prevention Plan of Action 2.0 (IRC Rec 2.8)</td>
<td>May 2022</td>
<td>Updated PPOA to expand scope and align to IRC recommendations</td>
<td>Violence, abuse, and harm</td>
<td>Before it occurs</td>
</tr>
<tr>
<td>Prevention Workforce Model (IRC Rec 2.2a)</td>
<td>June 2022</td>
<td>Outlines roles and responsibilities of workforce at each echelon</td>
<td>Violence, abuse, and harm</td>
<td>Before it occurs</td>
</tr>
</tbody>
</table>
PPOA focuses on data-driven, holistic prevention approaches and the DoD system elements that facilitate their success, measurement, and sustainability.
Prevention Collaboration Forum Roles and Responsibilities

- Develop common definitions and collaborative strategies for prevention before, during, and after violent or harmful events to align and enhance relevant Office of the Secretary of Defense level policies, programs, and practices.

- Strengthen and promote readiness of the Total Force through integrated policies, collaborative direction of research, alignment of resources, analysis of gaps, and synchronization of activities with stakeholders overseeing policies on the prevention of readiness detracting behaviors that contribute to violence and harm to self and others.

- PCF falls under the purview of the Under Secretary of Defense for Personnel & Readiness (USD(P&R)) and is Chaired by the Executive Director Force Resiliency (EDFR).

- PCF is the primary oversight body for DoDI 6400.09, “DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm.”

- Current charter is dated February 2020, signed by Under Secretary Donovan.
PCF Organization and Membership

- PCF member offices are aligned to different organizations within the Office of the Under Secretary of Defense (Personnel and Readiness) (shown in parentheses).
- The PCF brings together these offices to develop integrated policy, research, and strategy.
Violence Prevention Cell (VPC)

**Mission Statement:** Strengthen and promote the readiness of the Total Force through integrated policies; collaborative direction of research; alignment of resources; analysis of gaps; and synchronization of activities with stakeholders overseeing policies on the prevention of readiness detracting behaviors that contribute to violence and harm to self and other.

**Background and High Profile Reports:**

- After the Prevention Collaboration Forum (PCF) was chartered in 2020, the VPC was established to support the activities of the PCF, develop and monitor integrated policy, and synchronize efforts towards a more rigorous DoD prevention model.

- In February 2021, the Secretary of Defense directed the establishment of the Independent Review Commission (IRC) on Sexual Assault in the Military and three immediate actions:
  - Action 1: Assess Compliance with Sexual Assault and Harassment Policies and Integrated Violence Prevention Efforts (Completed)
  - Action 2: Conduct On-Site Installation Evaluations (OSIE) and Provide Quarterly Reports on Command Climate (*Report released March 31, 2022*)
  - Action 3: Establish a Violence Prevention Workforce (*Analysis Completed October 1, 2021, Training to be Completed FY22*)

- VPC was identified as the office of primary responsibility for policy, guidance, oversight or implementation of 19 approved IRC recommendations.
IRC Recommendations: Prevention-Related

19 IRC approved recommendations address sexual assault and sexual harassment in the context of a broader integrated prevention approach

• 1 with oversight by SAPRO, 2 with support from SAPRO (3.6, 2.1b)
  • 2.6a: Dedicated prevention research center

• 19 with oversight or policy support by Violence Prevention Cell and PCF
  • 2.1a-c: Leadership development for prevention (competencies/accountability)
  • 2.2a-c: Prevention workforce (model/credential)
  • 2.3a: Community and organizational level prevention activities
  • 2.3b: Non-clinical alcohol policy office of primary responsibility
  • 2.4: Modernize prevention education
  • 2.5a-b: Targeted outreach and support for at-risk Service members
  • 2.6b: Policies that restrict prevention research
  • 2.7b: Support for NGB prevention oversight
  • 2.8: Update prevention strategies to align with IRC recommendations
  • 3.2: Educate about harmful behaviors in context of core values
  • 3.6: Leadership development to foster healthy climates
  • 3.7a-c: Climate assessment, tools, and benchmarks
On-Site Installation Evaluations
Secretary of Defense Immediate Action #2
Key Takeaways

• OSIEs are innovative, global, and recurring activities to help leaders up and down the chain of command identify key information to support improvements to command climates – not only to prevent sexual assault and harassment but also to prevent other harmful behaviors such as suicide.

• OSIEs are intended to enhance violence prevention capabilities and support ongoing efforts to implement the recommendations of the Independent Review Commission on Sexual Assault in the Military (IRC).
OSIE Framework

Five points of failure – Visibility, Priority, Preparation, Implementation, and Improvement – derived from the *Fort Hood Report of the Independent Review Committee* constitute the key framework elements.
Overview of On-Site Installation Evaluations

Goal: Pilot process and metrics to establish enduring evaluation capability

- Effective prevention decreases risk factors and increases protective factors
- On-site evaluations will answer: Are prevention capabilities poised to address the risk detected on the Defense Organizational Climate Survey (DEOCS)?
  - If so, what is going right that could be replicated elsewhere?
  - If not, what concrete actions could be taken to improve the installation’s ability to address risk and enhance promise?
Installation Selection

Methodology
• Conducted Force-wide DEOCS January through June 2021
• Calculated risk and protective percentile scores for units and installations
• Selected 20 sites that were outliers for risk or promise
  • Included promising units in high risk installations and promising installations**
• Completed site visits
  • Part 1: 13 OSIEs July - September 2021
  • Part 2: 7 OSIEs November 2021 – January 2022 (noted in italics)

Army
• Fort Polk, Leesville, LA
• Fort Bliss, El Paso, TX**
• Army Reserve, Fraser, MI**
• U.S. Army Garrison Ansbach (Urlas Training Area), Germany
• U.S. Army Garrison Bavaria (Hohenfels-Grafenwhoer), Germany
• U.S. Army Garrison Rheinland-Pfalz (Smith Barracks), Germany
• U.S. Army Garrison Rheinland-Pfalz (Kaiserslautern), Germany
• U.S. Army Garrison Stuttgart (Panzer Kaserne), Germany

Navy
• Naval Station Rota, Rota, Spain
• Naval Station Norfolk, Norfolk, VA
• Saratoga Springs Naval Station, Saratoga Springs, NY

Marine Corps
• Marine Corps Air Station Miramar, San Diego, CA
• Marine Corps Base Camp Pendleton, San Diego, CA
• Marine Corps Base Hawaii, Kaneohe Bay, HI

Air Force
• Dyess Air Force Base, Abilene, TX**
• Laughlin Air Force Base, Del Rio, TX
• Joint Base Elmendorf-Richardson, Anchorage, AK

Space Force
• Vandenberg Space Force Base, Santa Maria, CA

National Guard
• Kentucky National Guard**
• Army National Guard, Fort Custer, MI
OSIE On-Site Evaluation Methodology

- On-site teams verified policy compliance self-assessments
- Prevention capability evaluation focused on nine requirements in DoDI 6400.09. Scores for each metric depict alignment of current efforts with best practice:

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>PREPARATION</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHY &amp; PROTECTIVE ENVIRONMENT</td>
<td>Leaders prioritize fostering a protective environment by their actions and communications.</td>
<td>Leaders employ practices known to support a protective environment</td>
</tr>
<tr>
<td>INTEGRATED PREVENTION</td>
<td>Leaders prioritize prevention activities.</td>
<td>Prevention activities target risk and protective factors across multiple negative behaviors and evaluated.</td>
</tr>
<tr>
<td>SERVICE MEMBER ENGAGEMENT</td>
<td>Leaders prioritize engaging stakeholders.</td>
<td>Stakeholders are genuinely engaged in prevention activities across multiple planning stages.</td>
</tr>
</tbody>
</table>
OSIE Findings

- Part 1 OSIEs generally found compliance with sexual assault and sexual harassment reporting and response requirements, but significant gaps in prevention capabilities at the ground level.
- Part 2 OSIEs identified various issues, including the prioritization of mission at the expense of people, lack of accountability and challenges for access to resources in remote locations.
  - These sites highlighted command climate is critical in supporting or inhibiting prevention efforts.
- Findings underscore the importance of implementing the recommendations of the Independent Review Commission on Sexual Assault in the Military.
Characteristics of Promising OSIE Sites

• Accurate Understanding
  ➢ Leaders accurately perceived the needs of the most at-risk Service members
  ➢ Service members believed their leaders understood and were concerned about their needs, such as challenges with childcare and housing

• Transparency
  ➢ Prevention personnel and leaders self-identified gaps in prevention capabilities and policy compliance

• Shared Values
  ➢ Leaders throughout the chain of command communicated and reinforced that Service members’ wellbeing was part of the mission
Prevention Workforce
Secretary of Defense Immediate Action #3
IRC Recommendation 2.2 a-c
# Prevention vs. Response

<table>
<thead>
<tr>
<th>Focus</th>
<th>Response</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>▪ Provide support to those impacted by violence&lt;br&gt;▪ Hold perpetrators of interpersonal violence appropriately accountable&lt;br&gt;▪ Build community awareness&lt;br&gt;▪ Address myths and victim blaming</td>
<td>▪ Implement policies, programs, and practices that promote protective factors and reduce risk factors among individuals, in their relationships, and within organizations&lt;br&gt;▪ Prevent experiences of violence</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>▪ Those who experience violence&lt;br&gt;▪ Friends and family members of those who experience violence</td>
<td>▪ Everyone&lt;br&gt;▪ Groups at increased risk of experiencing violence</td>
</tr>
<tr>
<td><strong>Workforce Skill Sets</strong></td>
<td>▪ Advocacy (e.g., medical, policy, legal)&lt;br&gt;▪ Creating and improving systems for response and recovery&lt;br&gt;▪ Trauma-informed response&lt;br&gt;▪ Coordinated community response&lt;br&gt;▪ Providing supportive services (e.g., counseling, case management, medical care)</td>
<td>▪ Communications (e.g., public speaking, social marketing)&lt;br&gt;▪ Identify contributing factors&lt;br&gt;▪ Access, interpret and use data to inform prevention action&lt;br&gt;▪ Select and integrate research-based prevention activities that can address the problem comprehensively&lt;br&gt;▪ Implement prevention program, practice and policy with quality&lt;br&gt;▪ Evaluate prevention activities for return on investment</td>
</tr>
</tbody>
</table>
Workforce Achieves Change over Time

- Build Infrastructure
- Target Greatest Risk
- Ensure Competency
- Phased Hiring and Placement IOC: FY22
- Integrate Data
- Advise Leaders
- Collaborate with Prevention Stakeholders
- Prevention Planning
- Mitigate risk and enhance protective factors by implementing and evaluating comprehensive prevention
- Community Change FOC: FY28

Establishing Competent Workforce at All Levels is First Step to Community Change
Enterprise-Wide Solution

- Specific roles, duties, and competencies at each echelon
- Informed by prevention science

### Strategic

- **Overarching Responsibilities:**
  - Conduct robust primary prevention research to develop training materials
  - Collect and analyze data on the implementation and evaluation of prevention activities across Military Department, Military Service, DoD, and/or NGB
  - Translate findings into policy and guidance
  - Utilize data to prioritize and gauge prevention efforts and resource needs
  - Determine and connect with resources to meet identified need areas
  - Collaborate with other strategic-level stakeholders
- **Roles:** Prevention Director/Program Head, Prevention Researcher, Prevention Policy Analyst

### Operational

- **Overarching Responsibilities:**
  - Apply strategic guidance to organizational sphere of influence
  - Provide tools and technical assistance to prevention professionals at the tactical level
  - Utilize data to prioritize and gauge prevention efforts and resource needs
  - Develop and oversee prevention program activities and budgets
  - Collaborate with other operational-level stakeholders
  - Determine and provide for resources to meet identified need areas
  - Advise operational-level leadership
- **Roles:** Prevention Program Manager, Prevention Support

### Tactical

- **Overarching Responsibilities:**
  - Collect and analyze data in order to adapt, implement, and evaluate prevention activities
  - Utilize data to prioritize and gauge prevention efforts and resource needs
  - Collaborate with local stakeholders
  - Advise tactical-level leadership
- **Roles:** Prevention Lead, Prevention Specialist, Implementation Support
## Prevention Credentialing System

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Type of Setting</th>
<th>Collateral duty?</th>
<th>Roles individuals will be able to perform</th>
<th>Roles individuals will not be able to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation support</td>
<td>Trainer or facilitator</td>
<td>All settings will require implementation support</td>
<td>Yes</td>
<td>Train/facilitate specific prevention activity</td>
<td>No other role except train/ facilitate</td>
</tr>
<tr>
<td>Prevention support</td>
<td>Supports planning, implementation, and/or evaluation of prevention activities</td>
<td>Complex, large, higher echelons</td>
<td>Yes</td>
<td>Provide support as needed for prevention</td>
<td>Train/facilitate and support prevention specialist/lead in other prevention activities</td>
</tr>
<tr>
<td>Prevention specialist</td>
<td>Leads planning, implementation and evaluation of at least 2 prevention disciplines (e.g., suicide, sexual assault, substance abuse)</td>
<td>All settings will require a prevention specialist</td>
<td>No</td>
<td>Use data to plan, implement, and evaluate prevention activities for their prevention discipline</td>
<td>Decision-making about which prevention activities to start/stop; funding for specific prevention activities; adaptations for prevention activities</td>
</tr>
<tr>
<td>Prevention lead</td>
<td>Oversees planning, implementation and evaluation of all prevention activities at the local level</td>
<td>All settings will require a prevention lead</td>
<td>No</td>
<td>Oversee planning, implementation, and evaluation of prevention activities; ensure consistent messaging across prevention activities/discipline; acceptable adaptations for prevention activities</td>
<td>Making decisions about which prevention activities to start/stop; funding for specific prevention activities</td>
</tr>
<tr>
<td>Prevention program manager</td>
<td>Oversees &amp; makes final decisions regarding prevention activities; oversees identification, selection, &amp; evaluation of prevention activities across multiple locations</td>
<td>Intermediate (e.g., major command) or strategic levels</td>
<td>No</td>
<td>Plan, implement, and evaluate prevention activities; empowered to make decisions about which prevention activities to start/stop; Funding decisions for specific prevention activities</td>
<td></td>
</tr>
</tbody>
</table>
Workforce Foundational Training

- 800+ personnel trained to date, estimated 1,000 by end of FY22

- DoD SPARX Knowledge is designed to:
  - Increase the capacity of the prevention workforce in the public health approach to prevention
  - Provide foundational knowledge necessary to select, adapt, support, implement, and evaluate prevention activities, which are necessary for preventing self-harm and prohibited abusive and harmful acts
  - Be delivered with a mix of didactic lessons, large group discussion, small group exercises, and polling

- **Part 1:** asynchronous virtual training; consists of 2 courses, 4 hours total

- **Part 2:** synchronous virtual training; consists of 6 modules and 18 lessons, focuses on knowledge application and skill development to support the prevention process and system, 60 hours total
Summary and Way Forward

• DoD has made progress establishing the guidance and infrastructure for a dedicated, integrated, competent prevention workforce, including:
  ➢ Completing the Prevention Workforce Model
  ➢ Revising and expanding the Department’s Prevention Plan of Action (PPOA 2.0)
  ➢ Training over 800 current, collateral duty prevention personnel
  ➢ Institutionalizing IRC prevention workforce, leadership, research, and oversight actions, as well as update command climate assessment requirements

• Over 2,000 new prevention personnel will be hired at all echelons in most DoD locations over the next 6 years using a phased recruitment strategy
  ➢ Military spouses
  ➢ Direct hiring authorities
  ➢ Internships
  ➢ Hiring events and outreach

• Over the coming months, DoD will:
  ➢ Establish a prevention workforce credential
  ➢ Initiate multiple pilot projects to evaluate prevention outcomes
  ➢ Use Deputy Secretary’s quarterly senior leadership forum to review Service progress, resolve challenges, and share best practices
Questions?
Public Meeting Concluded

Meeting minutes will be available for public review on

www.sapr.mil/DAC-PSM