Force Preservation
AC/S G-10, II MEF
3 Jun 2014

Overall Classification: UNCLASSIFIED
The umbrella is only as strong as the fabric that binds the spokes together.
Background

• Force Preservation Evolution
  – Multiple programs fielded without requisite resources within the Operating Forces to manage and direct
  – Increased training and implementation requirements levied on Commanders
  – Achieve efficiency across similar behavioral lines of effort

Timeline:
  • Early 2012: Critical mass reached suicide, sexual assault, PTSD, TBI
  • Jun 2012: CG II MEF changes Safety Council to Force Preservation Council as a feeder to Service-level Executive Force Preservation Board
  • Oct-Nov 2012: OPT to develop Force Preservation construct under a General Staff section. Re-purposed existing structure.
  • Dec 2012: G-10 established.
  • May 2013: Fully incorporated into MEF Staff
G-10 will integrate directorate functional area execution in order to collaboratively guide II MEF force preservation and reserve integration program execution while facilitating major subordinate command and major subordinate element efforts.
AC/S G-10 Task Organization

G-10

SAFETY

PREVENTION MANAGEMENT
- OSCAR
- Suicide Prevention
- Substance Abuse
- MFLC
- Sexual Assault Prevention

EQUAL OPPORTUNITY

RESERVE AFFAIRS

FORCE PRESERVATION
Functions of G-10 Branches

• Safety
  – Ground
    • Provides guidance and oversight on II MEF Occupational Safety and Health (OSH) programs and other command directed safety initiatives
  – Aviation
    • Track and provide SME guidance for all II MEF aviation related mishaps, mishap reports, and mishap endorsements
  – Environmental
    • Provide professional and technical environmental oversight and compliance support to II MEF subordinate commands to ensure activities and operations are conducted in accordance with Federal, State, Executive, Department of Defense, Department of Navy, and Marine Corps environmental regulations, directives, and policies
Functions of G-10 Branches

• Prevention Management
  – Behavioral Health
    • II MEF Behavioral Health Department ensures that core behavioral health functions are properly executed (Suicide Prevention, Combat Operational Stress Control, Substance Abuse Prevention and Military and Family Life Consultant programs)
  – Sexual Assault Prevention & Response
    • Responsible for providing program management, evidence-based prevention training, and oversight of victim-centric services
    • Purpose is to eliminate incidents of sexual assault through a comprehensive program centered on awareness and prevention, training and education, reporting, response, victim advocacy, and accountability
Functions of G-10 Branches

• Equal Opportunity Advisor (EOA)
  – Provides guidance, advice and assistance on all EO matters. Directly assists Command Equal Opportunity Managers/Equal Opportunity Representatives (CEOMs/EORs) with their command EO program. Serves as the MEF’s POC to report all formal complaints of discrimination and sexual harassment to CMC (MPE) via the Discrimination and Sexual Harassment (DASH) reporting system

• Reserve Affairs
  – Unrelated to Force Preservation but within the G-10 construct due to AC/S G-10 role as Senior Reserve Integrator and director of Reserve Affairs and integration functions
Force Preservation Process

Formal Force Preservation process bridges across command levels.

Tactical:
Unit level FPC informs
MSC/E level which
informs the MEF

Operational:
MEF FPC informs
Service-level (BHBIAC)*

*Behavioral Health Brain Injury Advisory Council

Strategic Level Impact:
Force preservation efforts culminate by providing input to the Service-level decision making body:
Executive Force Preservation Board (EFPB)
# Force Preservation Summary

## Strengths
- Deliberate collaboration
- Integrated approach mutually supports individual functions
- Efficiencies gained by focusing on common concerns

## Successes
- Identified need for more focused leader involvement with individual Marines requiring I&W education
- Prevention vice response
- Functional area unity of effort
- Formalized FP process and FPCs

## Challenges
- Data management to inform decision making
- Multiple systems used for individual care impedes information flow, increases risk by reducing homogenous service delivery
- Less resources within subordinate commands

## Supporting Efforts
- Integrated Clinical Management-Risk Mitigation System
  - Enhances communication, analyzes risk in real-time, reduces human error, supports FPC, facilitate comm between key FP stake holders
- Inculcate force preservation thought into “Marine think” as foundation of prevention strategy
Force Preservation

QUESTIONS?