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INTEGRATED RESILIENCE

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SUMMARY OF CHANGES

This document has been substantially revised and should be reviewed in its entirety. Changes include the enhancement of the integrated primary prevention workforce, incorporating DoDI 6400.11, *DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders* and changes to the Command Climate Assessments and Suicide Prevention Program.

Chapter 1

PROGRAM OVERVIEW

1.1. Overview. Establishes guidance for resilience and Integrated Primary Prevention (IPP) of interpersonal and self-directed violence programs, activities, True North (TN) assets, Community Action Board (CAB) and Community Action Team (CAT) functions at each level of the DAF. **Note**: For the purpose of this publication, resilience focuses on the total force's quality of life and ability to adapt to changing conditions and prepare for, withstand, and rapidly recover from disruption to accomplish the DAF mission.

1.1.1. Recognizes that programs and activities that support resilience and IPP are key elements of Comprehensive Airman Fitness (CAF) and USSF Total Force Fitness (TFF) frameworks. These frameworks support the well-being of total force members while sustaining their ability to accomplish the DAF mission.

1.1.2. Establishes command relationships, authorities, and responsibilities that empower leaders, Airmen, and Guardians to foster dignity, mutual respect, inclusion, and trust.

1.1.3. Assigns roles and responsibilities to DAF stakeholders and functional agencies. This includes Air Force Personnel Center (AFPC), Major Command (MAJCOM) and Field Command (FLDCOM) Prevention Program Managers, Installation Primary Prevention Workforce (IPPW), MAJCOM True North Program Managers (M-TNPM), and installation-level True North Program Managers (I-TNPM).

1.1.4. Provides the authority and criteria to establish and implement DAF, MAJCOM/FLDCOM, and installation CAB and CAT.

1.1.5. Establishes requirements for programs and activities that support resilience and IPP (e.g., training and education).

1.2. Background. Interpersonal and self-directed violence have a profound and negative effect on Airmen and Guardians, families, communities, and ultimately mission readiness. These forms of violence are inconsistent with DAF values. In response, the DAF established the Integrated Resilience Directorate (AF/A1Z) at the headquarters level to integrate and consolidate programs and activities that support resilience and IPP. This includes eliminating ineffective redundancies, streamlining multiagency communication and collaboration, and implementing evidence-based policy, practices, programs, and processes best suited for the DAF. The DAF is committed to the CAF and USSF TFF frameworks that prioritize Airmen and Guardians' well-being and performance, and the overall sustainment of a resilient and ready total force.

1.3. Comprehensive Airman Fitness (CAF). Consistent with Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3405.01, *Chairman's Total Force Fitness Framework*; CAF is a holistic, strength-based, and integrated framework that plays a role in sustaining a fit, resilient, and ready force. It includes fitness in the mental, physical, social, and spiritual domains, and incorporates the wingman concept of Airmen taking care of Airmen. CAF is not a standalone program but encompasses multiagency programs and activities across the DAF. It is a cultural shift in how we view and maintain fitness in a more comprehensive manner and enables Airmen to collectively align behaviors and actions with our core values to ensure accountability. Leaders and individuals throughout the total force are to understand, support, and promote the CAF framework. Refer to **Table 1.1** for the four domains and their corresponding tenets.

Table 1.1. Comprehensive Airman Fitness Domains and Tenets.

Fitness Domain	Domain Tenets
Mental	Awareness – Adaptability – Decision Making – Positive Thinking
Physical	Endurance – Recovery – Nutrition – Strength
Social	Communication – Connectedness – Social Support – Teamwork
Spiritual	Belief – Virtues – Values – Fulfillment – Meaning – Purpose

1.4. USSF Total Force Fitness. Space Force recognizes strengthening robust resiliency requires multiple approaches that address the evolving needs of Guardians. The Space Force uses the Total Force Fitness (TFF) framework to strengthen psychological safety, build trust, and foster genuine connections between team members and expanding capabilities with primary prevention and resilience skills. Refer to **Table 1.2** for domains. USSF IPP efforts are enhanced with the Holistic Health Approach (HHA). HHA is an innovative, science-based approach to wellness, utilizing Guardian Resilience Teams (GRT), to emphasize TFF and promote positive behaviors. The goal of HHA is to optimize overall health and maintain a higher level of individual and unit readiness. HHA is comprised of three elements intended to promote long-term and short-term health goals across all TFF domains: Continuous Fitness Assessment (CFA), Performance Health Optimization (PHO), and Education. GRTs will use a comprehensive, collaborative, and holistic approach to increase positive behaviors and reduce harmful behaviors via performance optimization, medical care provision, mental health care and support, spiritual assistance, and prevention skill-building and education.

Table 1.2. USSF Total Force Fitness.

Fitness Domains	Physical, Environmental, Medical and Dental, Nutritional, Spiritual, Psychological, Behavioral, Social

1.5. Resilience Program. The resilience program focuses on building community and personal resilience that enables individual and collective capacity to respond to, withstand and recover from adversity and change. Resilience skills equip Airmen and Guardians with the knowledge, skills, and tools required to continually assess and adjust to their environment. It empowers Airmen and Guardians to maintain the necessary balance of cognitive skills, physical endurance, emotional stamina, social connectedness, and spiritual well-being to thrive and carry out the DAF mission. The resilience program is led by MAJCOM/FLDCOM Integrated Resilience Divisions and the installation IPPW. **Note:** Air National Guard (ANG) resilience programs are led by a member selected by the wing/installation commander as an additional duty in collaboration with the active component host workforce. Air Force Reserve (AFR) resilience programs are supported by the host installation IPPW.

1.6. Integrated Primary Prevention Program (IPP). The IPP program focuses on non-clinical primary prevention of interpersonal and self-directed violence—stopping it before it occurs. It collaboratively identifies, implements, and assesses public health-informed and evidence-based prevention policies, practices, programs, and processes to eliminate interpersonal and self-directed violence. This involves an integrated, multiagency, and collaborative approach with other DAF programs (e.g., Sexual Assault Prevention and Response Program, Family Advocacy Program, Equal Opportunity, Diversity, Equity, Inclusion, and Accessibility and other programs as

appropriate) on prevention efforts. Ultimately, these efforts contribute to the well-being of Airmen, Guardians, DAF Civilians, and their families, improving personnel performance and sustaining a ready total force. The IPP program is led by MAJCOM/FLDCOM Integrated Resilience Divisions and the installation IPPW. Interpersonal and self-directed violence includes sexual assault, dating violence, domestic abuse, child abuse, harassment, and suicide. Refer to **Attachment 1** for definitions of the forms of interpersonal and self-directed violence; distinctions between primary, secondary, and tertiary prevention; and universal, selected and indicated prevention strategies. **Note:** The Integrated Prevention Chief at host AFR wings manages the installation prevention workforce. Installation IPPW collaborates and provides total force prevention efforts across the installation. ANG members will follow guidance published by CNGB that Integrated Primary Prevention Specialist at a Joint Air Base will report directly to the Integrated Primary Prevention Manager at the Joint Forces Headquarters or equivalent.

1.7. Community Action Board (CAB) and Community Action Team (CAT). CABs and CATs are senior leader driven forums to identify and resolve quality of life issues, and promote primary prevention efforts and continuum of care impacting total force readiness. These forums incorporate and reinforce the CAF and USSF TFF frameworks. They promote collaboration among helping agencies to reduce redundancies, identify gaps in service, and develop and implement local solutions to support the total force. Refer to **Chapter 4** for additional guidance.

1.8. True North (TN) Program. TN provides leadership at all levels the tools to enhance total force and family well-being, increase resilience, promote protective factors and positive outcomes, improve mission readiness, and optimize performance of the human weapon system. This is done by providing decentralized care options through placement of licensed mental health providers and religious support teams (RST) closer to the Airmen they support, normalizing help-seeking behavior as a strength and destigmatizing seeking mental health care. TN is led by MAJCOM TN Program Managers (TNPM)s and Installation TN Program Managers (ITNPM), Clinical Managers (CM) and/or Lead Licensed Clinical Social Workers (LCSW).

1.9. Applicability and Scope. This publication applies to all DAF civilian employees, uniformed members of the Regular Air Force, the Air Force Reserve, the ANG, the United States Space Force, the Civil Air Patrol when conducting missions as the official Air Force Auxiliary, military dependents, and those with a contractual obligation to abide by the terms of DAF issuances.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Headquarters Air Force (HAF).

2.1.1. The Assistant Secretary of the Air Force, Manpower and Reserve Affairs (SAF/MR) is responsible for the DAF IPP and resilience policy and compliance. This includes providing strategic, long-range, personnel and manpower oversight for policies that impact the health and well-being of Regular Air Force and Space Force, Reserve, Air National Guard, and civilian members to include families. SAF/MR advocates for DoD policy and legislative changes to promote and sustain CAF and the USSF TFF.

2.1.2. The General Counsel (SAF/GC) is responsible for developing, establishing, and interpreting legal policy and providing legal advice at the HAF for all aspects of resilience and violence prevention programs and activities.

2.1.3. Inspector General (SAF/IG) provides administrative guidance and oversight to the Air Force Office of Special Investigations (AFOSI) as referenced in Headquarters Air Force Mission Directive (HAFMD) 1-20, *The Inspector General*.

2.1.4. Director of Public Affairs (SAF/PA) provides official guidance and support on matters related to Integrated Resilience, IPP programs, CAB and CAT as referenced in HAFMD 1-28, *Director of Public Affairs*.

2.1.5. Vice Chief of Staff of the Air Force (AF/CV) and Vice Chief of Space Operations (VCSO) establish and co-chair the DAF CAB, set CAB membership policy at all levels, and resources requirements. AF/CV and VCSO direct new initiatives through the DAF CAB to respond to emerging resilience and IPP trends and findings.

2.1.6. Deputy Chief of Staff, Manpower, Personnel and Services (AF/A1) provides guidance and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, personnel, and budgets addressing resilience, IPP, and CABs/CATs. AF/A1 provides functional oversight, guidance, and policy for the Deployment Transition Center processes. **Note:** Deployment Transition Center augment existing DAF redeployment and post-deployment programs by providing critical reintegration and decompression time to meet the needs of Airmen and Guardians regularly exposed to significant risk of death in direct combat or regularly exposed to traumatic events. Deployment Transition Centers are not a Mental Health Treatment Center and will not be used to duplicate existing programs.

2.1.7. Director, Integrated Resilience (AF/A1Z) oversees and implements the DAF's Integrated Resilience program to include the IPP, TN Program, and CAB/CAT. This includes incorporating and reinforcing the DAF prevention system, CAF, and USSF TFF frameworks as appropriate.

2.1.7.1. Provide standardized policies, practices, programs, and activities that support resilience, prevention of harmful behaviors, and the roles of the IPPW and IPP support, True North Program Manager (TNPM), and Installation True North Program Manager (ITNPM). This also includes any other personnel or functions identified to assist in the implementation of programs and activities that support resilience, violence prevention, and IPP as referenced in this publication such as IPPW support personnel.

2.1.7.2. Represent the DAF on DoD and sister service working groups (e.g., integrated product teams) related to resilience and IPP when requested.

2.1.7.3. Develop and implement evidence-based and informed programs and activities that support resilience and IPP policies, plans, programs, research, assessments, and communication. This includes incorporating and reinforcing strength-based approaches and the CAF and USSF TFF frameworks.

2.1.7.4. Provide Airmen, Guardians, and family members with skills, tools, and resources with fidelity to meet their needs at the right time that support resilience and IPP.

2.1.7.5. Encourage early help-seeking behaviors with Airmen, Guardians, DAF Civilians, family members, and reduce and eliminate stigma, utilizing the Spectrum of Resilience.

2.1.7.6. Promote protective factors to reduce risk and prevent multiple forms of interpersonal and self-directed violence. This includes encouraging healthy and adaptive behaviors.

2.1.7.7. Engage government, academia, and industry to advance research-based programs and activities that support resilience and IPP.

2.1.7.8. Approve required training for the IPPW and other personnel (where appropriate) in the implementation of this publication.

2.1.7.9. Develop and standardize metrics and methods (e.g., tools and instruments) to measure the effectiveness of programs and activities that support resilience and IPP. Data metric tools will include Air Force Reserve Component (ARC) culture, needs, and requirements.

2.1.7.10. Ensure aggregate IPP data elements (e.g., protective and risk factors for sexual assault, domestic abuse, child maltreatment, harassment, and suicide) required for identifying and understanding trends are made available to IPPW. **Note:** Data collected will not be used to determine prevalence estimates as referenced in DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm*.

2.1.7.11. Provide policy and guidance on funding and spending for all Integrated Resilience Programs as referenced in DAFI 65-605 V1, *Budget Guidance and Procedures*.

2.1.7.12. Ensure programs and activities that support resilience and IPP are coordinated with and integrated through CABs/CATs.

2.1.7.13. Coordinate with the Inspector General on resilience, IPP and TN programs, and CAB/CAT efforts as appropriate.

2.1.7.14. Serve as the Office of Primary Responsibility (OPR) for the DAF Sexual Assault Prevention and Response Program.

2.1.7.15. Serve as the OPR for non-clinical IPP elements of the DAF Suicide Prevention Program

2.1.7.16. Ensure compliance with DoD requirements by establishing DAF policies, standards, and procedures for the primary prevention of harmful behaviors.

2.1.7.17. A1Z will appoint and designate a DAF Primary Prevention Research Coordinator (PPRC) to support the IPPW as described in DoDI 6400.11.

2.1.7.18. Serve as the OPR for the TN Program.

2.1.8. Director, Quality of Life and Resilience (USSF/S1Q) coordinates closely with AF/A1Z to implement the Space Force Integrated Resilience program to include resilience, IPP, CAB and CAT as a sister service under the DAF. This includes incorporating and reinforcing the DAF Prevention System and USSF TFF, as appropriate.

2.1.8.1. Represents the USSF on Department of Defense (DoD), sister service, and DAF working groups related to resilience and IPP.

2.1.9. AFPC, Directorate of Airman and Family Care, Integrated Resilience (AFPC/DPFZ), provides operational guidance to MAJCOM/FLDCOM and installation prevention personnel, TNPM, ITNPM, and CABs/CATs on IPP, TN program, and resilience programs and activities. Operational guidance includes developing, implementing, and managing program operations and training; providing awareness of evidence-based and evidence informed prevention and resilience activities and resources; and developing supplemental guidance in coordination with and approval from AF/A1Z.

2.1.9.1. Develop and implement education, training, and awareness materials for the total force and families that support resilience and IPP.

2.1.9.1.1. Ensure training provided includes quality improvement and evaluation methods to measure effectiveness and outcomes.

2.1.9.1.2. Coordinate with AF/A1Z and relevant stakeholders to evaluate mandatory annual training for each subject matter.

2.1.9.2. Develop and implement required training for the IPPW and IPP support personnel, TN personnel, and other personnel (where appropriate) in the implementation of this publication.

2.1.9.3. Ensure prevention training curriculum complies with all federal statues, regulations, policies, and standards.

2.1.9.4. Oversee execution of MAJCOM/FLDCOM Integrated Resilience portfolio funding (SAPR, resilience, TN, prevention, and special initiatives). Partner with AF/A1Z and MAJCOMs/FLDCOMs to identify resources, resolve accounting errors and ensure funds are executed as referenced in established program guidelines.

2.1.9.5. Provide operational guidance for the IPPW utilizing support personnel positions to include Master Resilience Trainers (MRTs) and Violence Prevention Trainers (VPTs), now called Integrated Primary Prevention Trainers (IPPT).

2.1.9.6. Manage recognition and awards for Integrated Resilience portfolio.

2.1.9.7. Respond to all Integrated Resilience operational inquiries from the MAJCOMs/FLDCOMs.

2.1.9.8. Provide operational guidance and materials to the MAJCOMs/FLDCOMs for prevention months and campaigns.

2.1.9.9. Assist AF/A1Z in responding to Congressional, DoD Offices/Organizations, DAF, sister service headquarters and other strategic partner inquiries.

2.1.9.10. In collaboration with AF/A1Z, cultivate and maintain strategic partnerships with applicable internal and external stakeholders.

2.1.10. The Judge Advocate General (AF/JA) is responsible for developing, establishing, interpreting, and executing legal policy and providing legal advice at the HAF and through AF/JA functional channels for all aspects of resilience and violence prevention programs and activities. AF/JA is also responsible for ensuring military justice data elements required for identifying and understanding trends related to unhealthy environments are made available to installation Violence Prevention Integrators unless otherwise limited (for example, the attorney work product privilege, the attorney-client privilege, the Privacy Act of 1974 under 5 USC § 552a, *Records Maintained on Individuals*).

2.1.11. Surgeon General (AF/SG) the SG is the principal advisor on all health and medical matters of the DAF, pursuant to 10 USC § 9036(b), *Surgeon General: Appointment; Duties*. Further, the SG will recruit, organize, train, and equip medical personnel of the Air Force. AF/SG ensures aggregate health information data elements required for identifying and understanding trends related to total force comprehensive fitness are made available to prevention personnel. AF/SG also ensures appropriate functional agencies participate on CABs/CATs, provide subject matter expertise, and enter clinical mental health data related to suicide and suicide attempts into the DoD Suicide Event Report. Ensures AFR tenant locations receive aggregate trend data, upon request for reserve members. Ensures installations participate in Connect to Care.

2.1.12. Chief of Chaplains (AF/HC) provides oversight for Chaplain Corps policies and advises leaders on the spiritual domain of CAF while contributing substantially to the other three domains. AF/HC ensures appropriate personnel participate on CABs/CATs and that aggregate spiritual health data elements required for identifying and understanding trends related to fitness domains are made available to the IPPW and TN personnel. Ensure AFR tenant locations receive aggregate trend data, upon request for reserve members and ensures installations participate in Connect to Care. **Note:** At ARC tenant locations, aggregate data can be provided to CAT Chair.

2.1.13. Deputy Chief of Staff, Logistics, Engineering and Force Protection (AF/A4) provides oversight for security and law enforcement policies, guidelines, and procedures on interpersonal and self-directed violence. AF/A4 ensures appropriate personnel participate on CABs/CATs and that aggregate data elements required for identifying and understanding trends related to Airmen and Guardians comprehensive fitness are made available to the IPPW. **Note:** At ARC tenant locations, aggregate data can be provided to CAT Chair.

2.1.14. Chief of Air Force Reserve (AF/RE) implements, resources, and reports on programs that support resilience and IPP for Air Force Reserve personnel as referenced in this publication. This includes ensuring Reserve personnel are appropriately trained in programs and activities that support resilience and IPP.

2.1.15. Chief National Guard Bureau (CNGB) implements, resources, and reports on programs that support resilience and IPP for NG personnel as referenced in DoDI 6400.11 Change 1 and corresponding National Guard Bureau policy. This includes ensuring ANG

personnel are appropriately trained in programs and activities that support IPP and the overall National Guard Prevention System.

2.1.16. Headquarters Air Education and Training Command (HQ AETC) develops and distributes, in coordination with AF/A1 and AFPC, training and materials that support resilience and IPP for all levels of accession, technical training, and professional military education. HQ AETC manages the in-residence Master Resilience Trainer Course based on need and available funding.

2.1.17. United States Air Force Academy (USAFA) develops and distributes, in coordination with AF/A1 and AFPC, training and materials that support resilience and IPP to academy personnel, cadets, and other personnel as appropriate.

2.1.18. Air Force Office of Special Investigations (AFOSI) Detachment commanders must ensure all requested data about a death by suicide or suicide attempt is entered into the DoD Suicide Event Report entry within the required timeframe. **Note:** Although AFOSI does not investigate suicide attempts, any data obtained about an attempt must be provided for the DoD Suicide Event Report. Criminal investigations maintain primacy to DoD Suicide Event Report completion.

2.2. Installation Level.

2.2.1. Installation Commander.

2.2.1.1. Ensure a DoD Suicide Event Report entry is completed for all deaths by suicide within 60 days and suicide attempts within 30 days.

2.2.1.2. The role of leaders and supervisors in supporting resilience and IPP is critical. Specifically, this includes empowering support personnel in their areas of responsibility to promote resilience and violence prevention.

2.2.2. Medical Treatment Facility Service commander and Air Reserve Component Medical Group commander (or RMU squadron commander) will:

2.2.2.1. Serve as OPR for all clinical aspects of TN Program and suicide prevention to include implementing clinical guidelines for managing suicidal patients and other requirements as referenced in DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System*.

2.2.2.2. Appoint in writing the DPH (or appointed designee) to manage and will enter requested data into the DoD Suicide Event Report central database. This includes coordinating with the Prevention Analyst on DoD Suicide Event Report data entry compliance. **Note:** For ANG, the CAB Executive Director will appoint in writing the appropriate personnel to manage DoD Suicide Event Report entries and coordinate with the installation DPH (or appointed designee) on DoD Suicide Event Report data entry compliance.

2.2.3. Installation Director of Psychological Health (DPH) (or Appointed Designee) will:

2.2.3.1. Be responsible for all clinical aspects of suicide prevention to include advising leaders on managing Airmen and Guardians in distress.

2.2.3.2. Be appointed by the Medical Treatment Facility commander or Air Reserve Component Medical Group commander (if applicable). **Note:** Refer to AFI 44-172, *Mental Health*, for additional guidance.

2.2.3.3. Coordinate with Air Force Office of Special Investigations (AFOSI) and commanders (or civilian equivalent) to complete DoD Suicide Event Report entries for all deaths by suicide and suicide attempts. **Note:** Prevention Analysts will only facilitate data sharing and communication between the aforementioned entities and will not access or review any associated sensitive personally identifiable and confidential information. Prevention Analysts will not be authorized to access the DoD Suicide Event Report to enter or retrieve death by suicide or suicide attempt data.

2.2.3.4. Coordinate with the IPPW to ensure the wing/installation Inspector General has program support for the total force as necessary to conduct inspections for the IPP.

2.2.3.5. Inform and train installation senior leaders (i.e., command chief, first sergeant, and/or E-5 supervisors and above) on procedures for mental health care access.

Chapter 3

TRAINING

3.1. Training Overview. The DAF will provide Airmen and Guardians with knowledge, skills, and tools that support resilience and IPP. This helps build foundational life skills that will allow them to thrive personally and professionally. Moreover, this institutionalizes an environment that inspires courage and confidence to confront attitudes and behaviors that erode the DAF core values.

3.1.1. Training will incorporate Congressional, DoD, and DAF training requirements and core competencies as referenced in DoDIs 6400.09, 6400.11, and 6495.02, *Sexual Assault Prevention and Response: Education and Training*. Suicide prevention training requirements will be met as a standalone or as part of an IPP training as determined by AFPC.

3.1.2. Training will incorporate evidence-based programs, activities, and adult learning theory principles equal to an Airman or Guardian's rank and level of responsibility. The continuum of learning will gradually increase their level of knowledge, and provide necessary skills that support resilience and IPP, aligned with Airmen and Guardian career progression.

3.2. Training Tracking.

3.2.1. Commanders (or equivalent) and supervisors at all levels will ensure all uniformed Airmen, Guardians and DAF civilian personnel complete any required resilience and IPP training. Training will be tracked by Unit Training Managers (UTM) or Unit Ancillary Training Monitors (UATM).

3.2.1.1. Total force personnel assigned to installations as tenant units will provide proof of training to their host UTM or UATM.

3.2.2. UTMs or UATMs will document, track, and report resilience and IPP training in the MyLearning system or as determined by the DAF Community Action Board (CAB) and/or AF/A1Z. This includes providing resilience and IPP training completion statistics upon request from the installation CAB, IPPW, or ANG designee.

3.2.3. IPPW (or ANG designee) will ensure UTMs and/or UATMs are provided the necessary information to track training.

3.2.4. IPPW and IPP support personnel will track and report their completion of initial training, annual refresher training, and other professional development training as determined by AFPC.

3.3. Total Force Training Requirements. Annual Training. To meet Congressional, DoD, and DAF requirements, uniformed Airmen and Guardians and DAF civilian personnel (appropriated and non-appropriated funded) will complete annual resilience and IPP training as determined by AFPC as referenced in DoDI 6400.09, DoDI 6400.11 Change 1, DoDI 6495.02 and other statutory and DoD policy requirements. Annual total force SAPR and Suicide Prevention Training will count towards a deployer's pre-deployment training. Annual training will not be implemented for deployed personnel while in the Area of Responsibility. Foundational and annual training is recommended for DAF family members, DoD contractors, and local national employees.

3.3.1. First Term Airman Center/First Term Enlisted Course Training. Uniformed Airmen and Guardians at their first duty station will complete in-person resilience and IPP training as guidance is referenced in DAFI 36-2670, *Total Force Development*.

3.3.2. Resilience Training. Resilience training will be completed as directed by AF/A1Z, AFPC, MAJCOM/FLDCOM, Director Air National Guard, and/or installation leadership. Leaders are encouraged to coordinate with the IPPW to determine local issues and needs to tailor specific activities.

3.3.2.1. All resilience trainings conducted by Master Resilience Trainers (MRT) and Resilience Training Assistants (RTA) will use AF/A1Z approved curriculum.

3.3.2.2. Spouse volunteers trained as RTAs will only conduct resilience training for spouse and family groups using AF/A1Z approved curriculum.

3.3.3. Leadership Training. Resilience and IPP training will be included at all levels of Professional Military Education, commander courses, executive group development, senior spouse orientations, and other venues as directed by the DAF CAB and/or AFPC as referenced in DoDI 6400.09 and 6400.11. This will include developing interpersonal and leadership skills required to fulfill their responsibilities relative to IPP (e.g., suicide prevention), resilience, and total fitness of Airmen and Guardians as referenced in DoDI 6400.09 (pre-command, other specific leadership levels as described in DoDI 6495.02, Volume 2: General Officer/Flag Officer and Senior Executive Service, Senior Enlisted Leaders, basic military instructors, recruiters, supervisors/managers of civilian personnel). Leadership training will also include annual training requirement for the Brandon Act as referenced in § 704, Public Law 117.81, *National Defense Authorization Action for Fiscal Year 2022* and DoDI 6490.03, *Deployment Health*, (1) How to recognize personnel who may require MHEs based on the individual being an imminent danger to self or others, as demonstrated by individual behavior or an apparent mental health concern. (2) The process of and how a service member may obtain self-initiated referral for MHE and privacy protection.

3.3.4. Accessions Training. Resilience and IPP training will be included at all accessions sources for new uniformed Airmen and Guardians as directed by the DAF CAB, AF/A1Z and/or AFPC as referenced in DoDI 6400.09.

3.3.5. As referenced in DODI 6495.02, Section 4 provide basic knowledge and skills related to sexual assault prevention and response to all new DAF civilian personnel; and to begin acculturating them into the military and DAF core values.

3.4. IPPW and IPP Support Personnel Training Requirements.

3.4.1. Integrated Primary Prevention Workforce Training. IPPW and IPP support personnel will complete initial training to ensure baseline resilience and/or primary prevention knowledge, this includes SPARX Knowledge training provided by DoD. **(T-0)** IPPW will complete annual training and other professional development as directed by AFPC- to maintain proficiency and be current with national or local evidence-based programs and activities impacting their scope of work. **(T-1)** Except for new member CAB/CAT orientation, trainings will be facilitated by AFPC and AF/A1Z unless otherwise directed. **(T-1)** Training may be conducted through in-person sessions, webinars, telephone conferences, computer based training, or other appropriate forums as determined by AFPC. ANG IPPWs will follow National Guard training guidance.

3.4.2. Resilience Trainers. MRTs and RTAs (or equivalent) will successfully meet eligibility and training criteria to conduct resilience training. **(T-1)** MRTs and RTAs (or equivalent) will comply with responsibilities aligned with these roles as determined by AF/A1Z in coordination with AFPC. **(T-1)** MRTs and RTAs roles are an additional duty.

3.4.2.1. MRT and RTA duty identifier tabs may be worn while performing official duties as determined by their associated installation program managers. Program managers are responsible for defining the applicable duties and responsibilities associated with their programs.

3.4.2.2. Only personnel awarded the appropriate Special Experience Identifier (SEI) [Enlisted – 107; Officer – YAB] may wear the MRT duty identifier tab while performing official duties. RTAs must receive approval from their respective installation program manager prior to wear.

3.4.2.3. Duty identifier patches and tabs are not mandatory wear items, therefore, the MRT or RTA duty identifier tab will be purchased at the member's own expense.

3.4.3. Integrated Primary Prevention Trainers. Integrated Primary Prevention Trainers (IPPT), formerly, Violence Prevention Trainers (VPTs), will successfully meet eligibility and training criteria to conduct IPP training. **(T-1)** IPPTs (or equivalent) will comply with responsibilities aligned with this role as determined by AFPC. **(T-1)** IPPTs are an additional duty. **Note:** Does not apply to ANG.

3.5. Pre-and Post-Deployment Training.

3.5.1. Pre-Deployment: Provide event and condition-based learning that prepares individuals and squadrons to conduct prevention activities within a contingency environment and with different available resources. Promote DAF core values - Integrity First, Service Before Self and Excellence in All that We Do (USAF) & Character, Connection, Commitment & Courage (USSF) to reinforce social norms that prevent sexual assault and other related violent, harmful, or abusive acts across the continuum of harm. Support and maintain protective and professional organizational climates that ensure the safety of all team members.

3.5.2. Post-Deployment: Will prepare individuals and squadrons for reintegration. **(T-2)** Will be conducted as referenced in DoDI 6400.09 and service guidelines. **(T-0)** Focus on aspects of prevention activities that may be different during reintegration (e.g., connectedness, healthy coping, help-seeking, and healthy relationship skills).

3.6. Resilience Tactical Pause (RTP).

3.6.1. All Regular DAF squadrons will conduct RTPs as determined by their MAJCOMs/FLDCOMs. **(T-2)**

3.6.2. RTPs are small group discussions focused on Airmen and/ or Guardian connectedness and sense of purpose to increase unit cohesion, trust, and confidence in command teams.

3.6.3. RTPs do not replace resilience down days; RTPs are deliberate time to promote trust and confidence in leadership, drive awareness, and to highlight the importance of candid feedback about how we can better support our Airmen and Guardians.

3.7. Resilience Teams.

3.7.1. DAF squadrons should establish squadron resilience teams (comprised of MRTs and RTAs) of sufficient size to meet squadron resilience training needs as determined by the commander. **Note:** AFR tenant squadrons will be supported by host installation MRTs/RTAs. MRT/RTA requirements and implementation will be determined by HQ Air Force Reserve Command (AFRC) /A1ZR for AFR.

3.7.2. Resilience teams should facilitate RTPs and regularly scheduled small group discussions focusing on prevention activities that promote belongingness, inclusion, well-being, breaking down barriers, creating strong connections, and building a culture strengthened by CAF/USSF TFF domains.

3.8. Master Resilience Trainer/ Resilience Training Assistant.

3.8.1. Master Resilience Trainer (MRT). Air Force Reserve MRT/RTA training requirements will be determined by AFRC 8C Functional Manager. **Note:** ANG will follow National Guard training guidance. AFRC MRT/RTA requirements and implementation will be determined by HQ AFRC/A1Z.

3.8.1.1. Completes the MRT course. **(T-2)**

3.8.1.2. Provides First Term Airmen Center (FTAC)/ First Term Enlisted Course (FTEC) resilience training and offers resilience training for squadrons and family members as requested. **(T-2)**

3.8.1.3. Coordinates and schedules resilience training through the IPPW (Prevention Coordination Specialist). **(T-3)**

3.8.1.4. Uses data collection tools provided to collect and report evaluation data during all training. **(T-3)**

3.9. Resilience Training Assistant (RTA).

3.9.1. Must complete RTA training and ensure training is tracked locally. **(T-3)** Prevention Coordination Specialist ensures RTA candidates complete Air University RTA computer based training or local train-the-trainer course.

3.9.2. Assist installation MRTs in delivering squadron resilience training.

3.9.3. Deliver small group training, normally not to exceed 10 participants and more than one skill in any one session.

3.10. MRT Responsibilities.

3.10.1. **Airmen Development Advisors (ADA) or Space Force Equivalent:**

3.10.1.1. ADA will be formally trained as an MRT.

3.10.1.2. ADA MRT will conduct formal installation level accessions Professional Military Education (PME) resilience integration.

3.10.2. Unit MRT:

3.10.2.1. Commanders will identify MRTs and RTAs as required to meet unit needs; MRT and RTA roles are an additional duty. **(T-2)**

3.10.2.2. Commander's Key Support Program with Key Support Liaisons as volunteers (Key Volunteer for the ANG) appointees may be used as RTAs for assigned unit spouses.

3.10.3. Wing/Installation Lead MRT:

3.10.3.1. Each installation will appoint a wing/installation a Lead MRT that will report to the Prevention Coordination Specialist. **Note:** Tenant AFR wings are supported by the host MRT/RTA designees. MRT/RTA requirements at AFR host installation and implementation will be determined by HQ AFRC/A1Z.

3.10.3.2. The lead MRT is an invited member of the CAT to work with the Prevention Coordination Specialist on MRT related needs.

3.10.3.3. The Installation Prevention Coordination Specialist is the PM for interviews, nominations, and requirements of the wing/installation Lead MRT position.

3.10.3.4. Alternate wing/installation MRT is authorized in cases where needed.

3.10.3.5. Collaborates with squadron lead MRTs to ensure DAF MRT Tracker reflects accurate unit/installation resilience trainer manning. Will report installation MRT and RTA manning to the installation CAT.

3.10.4. Squadron Lead MRT:

3.10.4.1. Each squadron commander will appoint a squadron lead MRT. **Note:** AFR tenant squadrons will be supported by active duty MRTs/RTAs. AFR MRT/RTA requirements and implementation at AFR host installation will be determined by HQ AFRC/A1Z.

3.10.4.2. Will track all MRTs and RTAs locally, to include Spouse MRTs.

3.10.4.3. Squadron MRTs will report MRT and RTA strengths to the wing/installation MRT.

3.10.5. Readiness Non-Commissioned Officer (RNCO):

3.10.5.1. RNCO will be formally trained as an MRT. **Note:** AFR RNCO MRT requirements will be determined by AFRC/A1Z and the AFRC 8C Functional Manager.

3.10.5.2. RNCO, for return deployment and spouse and family related resilience, provide education through Military and Family Readiness Center.

Chapter 4

COMMUNITY ACTION BOARD AND COMMUNITY ACTION TEAM

4.1. Overview. The DAF is committed to maintaining mission readiness through multi-agency collaboration and integration of programs and activities that address individual, family, and community concerns (e.g., resilience and IPP). Community Action Boards (CAB) and Community Action Teams (CAT) at all levels serve as dedicated and integrated forums that inform leadership of these concerns and identify solutions.

4.1.1. CABs/CATs are built on a holistic, integrated prevention, CAF and USSF TFF frameworks. This structure assists the total force in successfully managing the demands of military life and ensures mission readiness. Leaders and individuals throughout the total force are to understand, support, and promote CAF and USSF TFF frameworks.

4.1.2. CAB/CAT serves as the DAF's prevention system that collaborates with leaders and prevention stakeholders within the military and civilian community to optimize the access and usage of resources and data informed actions as referenced in DoDI 6400.09 and DoDI 6400.11. **(T-0)** CAB/CAT will discontinue any recommendations or prevention activities that are not data informed as referenced in DoDI 6400.09 and DoDI 6400.11. **(T-0)**

4.2. General Requirements.

4.2.1. Location. CABs/CATs are required at DAF, MAJCOMs/FLDCOMs, and all DAF installations, including Air Force-led joint bases, Air Force Reserve, and ANG installations. **(T-1) Note:** Regular Air Force and Space Force commanders will provide support to Air Reserve Component commanders as necessary at host installations to fully comply with all requirements. **(T-1)**

4.2.1.1. For Air Force-led joint bases, local procedures will ensure all community issues are addressed jointly with supported sister services invited to participate in CAB/CAT meetings and activities, or a joint base equivalent. **(T-2)** At joint base locations where the DAF is the supported component, memoranda of understanding will be sought to allow CAB/CAT activities or to participate with the supporting service's activities to meet the intent of this publication. **(T-2) Note:** Air Reserve Component wing/installations should participate in host CAB/CAT and IPPW will assist with ARC driven CAB/CAT initiatives.

4.2.1.2. All other locations with DAF communities (e.g., Geographically Separated Units) will work with their higher headquarters and nearest DAF installations to establish local solutions to meet the intent of this publication. **(T-1)**

4.2.2. Frequency. CATs at all levels will meet ideally monthly, but no less than 10 per year to ensure effective and efficient execution of programs and activities that support resilience and IPP for their locations. **(T-1)** Refer to **Table 4.1** for CAB/CAT meeting frequency at each level.

4.2.3. Membership. CABs/CATs at all levels will be composed of key functional agencies and stakeholders to support quality of life and well-being issues including programs and activities that support resilience and IPP at their locations. **(T-1)** Members of the installation CAB must be the senior representative for their functional agency. **(T-1)** Contractors will not serve as

CAB/CAT voting members. **(T-1)** Refer to **Table 4.1** for membership at each level. The CAB Chair may determine additional CAB/CAT members as needed. **(T-3)**

4.2.4. Recordkeeping. CABs/CATs will prepare and distribute an agenda in advance of each meeting. **(T-2)** CABs/CATs will take minutes and record attendees by name and functional agency. Documentation will be signed and filed in a CAB/CAT membership accessible repository within 30 days after the meeting. **(T-2)**

4.2.4.1. Official CAT minutes will be signed by the CAT Chair and distributed to members. **(T-2)**

4.2.4.2. Official CAB minutes will follow the MAJCOM/FLDCOM or installation coordination protocol and signed by the CAB Chair and distributed to the CAB members. **(T-2)**

4.2.4.3. All official minutes will be maintained for two years as guidance is referenced in AFI 33-322 and disposed of as guidance is referenced in the Air Force Records Disposition Schedule in the Air Force Records Information Management System. **(T-1)**

4.2.4.4. MAJCOMs/FLDCOMs will ensure installation-level and MAJCOM/FLDCOM-level meeting notes are provided to AFPC.

4.2.5. Funding. CABs/CATs are cross-functional forums and do not have assigned budgets. Funding for multi-agency initiatives will be provided by the participating functional agencies and supplemented when needed by CAB Chair resources. **(T-2)**

4.2.6. Administrative Support. Leadership at all levels will ensure adequate administrative and logistical support for CAB/CAT functions and initiatives. **(T-2)** The Integrated Resilience Office (IRO) will be designated as office of record for all CAB/CAT documentation. **(T-2)**

4.2.7. Communication. CAB/CAT functions require effective communication channels to identify and address issues submitted through appropriate processes, sufficiently researched, and addressed at the most immediate level for resolution or submission to higher headquarters. CAB Chairs may authorize the Integrated Prevention and Response Director (delegated to the Integrated Prevention Chief but not below) to interact directly with higher headquarters counterparts. However, this authority will not eliminate the responsibility of senior leadership to keep informed of CAB/CAT issues and proposed actions.

4.2.8. Self-Assessment. Commanders (or equivalent) at all levels will ensure appropriate internal mechanisms exist to track compliance of requirements as described in this publication. **(T-1)** Refer to DAFI 90-302, *The Inspection System of the Department of the Air Force*, for additional guidance on self- assessments. AF/A1Z may periodically utilize a Self-Assessment Communicator to gain timely visibility on CAB/CAT status, compliance, and risk. Compliance with a Self-Assessment Communicator does not relieve MAJCOM/FLDCOMs, installations, or Airmen and Guardians from complying with all statutory and regulatory requirements in DAF policies or other directives at the local, state, or federal level.

4.2.9. New Member Orientation. Providing an orientation to new CAB/CAT members ensures effective, efficient, integrated, and collaborative implementation of programs and activities that support resilience and IPP at their respective locations.

4.2.9.1. The CAB Executive Director and CAT Chair will facilitate and document initial orientation for newly assigned CAB/CAT members on roles and responsibilities within 90

days of assumption of command or assignment. **(T-2)** Installations will utilize AFPC developed standardized orientation brief. Documentation of orientation will be kept with CAB/CAT meeting minutes as outlined in **paragraph 4.2.4**. **(T-2)**

4.2.9.2. An overview orientation of CAB/CAT roles and functions will be included in all commander's courses. **(T-1)**

4.3. Responsibilities and Functions.

4.3.1. CAB at their respective levels will:

4.3.1.1. Function as a cross-organizational leadership decision-making forum to identify, resolve, or elevate issues (e.g., resilience and interpersonal and self-directed violence) that impact the total force. **(T-1)** This includes collaborating among helping agencies and stakeholders to eliminate ineffective redundancies, identify gaps in service, implement local solutions, and elevate issues to higher headquarters.

4.3.1.2. Promote a total force environment that encourages help-seeking, reinforces consistent messaging, and empowers Airmen and Guardians to intervene when peers are in distress. **(T-0) Note:** Air Force Reserve and Air National Guard tenant wings will participate with host installation CAB.

4.3.1.3. Evaluate CAT programs and activities effectiveness through reported metrics to understand current climate, values, beliefs, and quality of life concerns. **(T-1)**

4.3.1.4. Direct and approve programs and activities that support resilience and IPP to address emerging trends. **(T-1)** This can be done by reviewing data, research, and lessons learned to determine which evidence-based policies, programs, and practices should be implemented. The CAB will ensure these programs and activities are integrated into the community. **(T-2) Note:** Evidence-based policies, programs, and practices must be vetted from government, academic, or reputable industry sources. **(T-1)**

4.3.1.5. Approve, track, and evaluate progress of the Comprehensive Integrated Primary Prevention Plan (CIPP), formerly the Community Action Plan (CAP), and metrics at their respective level (e.g., installation CAB approves installation CIPP Plan). **(T-1)** The installation CAB will provide a copy of their approved CIPP Plan to the MAJCOM/FLDCOM CAB for review. **(T-1)**

4.3.1.6. Document meeting activities, monitor forum participation, share promising practices, and monitor training of CAB/CAT members. **(T-1)**

4.3.1.7. Review and report annually, or as directed, resilience and IPP training completion to the next level of command CAB. **(T-1)** Tracking required training should be done by formal coordination with the installation UTM.

4.3.1.8. Elevate issues to the next level CAB that cannot be resolved within the local CAB scope and capabilities, or requires legislative or policy actions from Congress, DoD, DAF, or MAJCOM/FLDCOM. **(T-2)** The CAB Chair will consider and approve all elevated submissions. **(T-1)**

4.3.1.9. Conduct forums or other activities as directed by the DAF CAB and/or AF/A1Z to identify and address significant resilience and IPP issues requiring resolution. **(T-1)**

4.3.2. Community Action Teams (CAT) at their respective levels will:

4.3.2.1. Function as the working group of the CAB to identify, assess, and prioritize community issues (e.g., resilience and interpersonal and self-directed violence) to assist with the development and implementation of the CIPP Plan to address local needs. **(T-1)** **Note:** Each Joint Base Air Force location will host a local CAT that feeds into the installation Support Component CAB (or equivalent and where available). **(T-2)**

4.3.2.2. Enhance collaboration between helping agencies, identify gaps in programs and activities, eliminate redundancies, and improve resilience support programs and activities.

4.3.2.3. Ensure CAT members develop, collect, and share pertinent data from their respective functional community to analyze for trends and implications. **(T-1)** This includes regularly sharing metrics for planning, programs and activities that support resilience and IPP. Review quality of life, resilience, and IPP related aggregate data to develop, propose, and implement evidence-based programs and activities. **(T-0)**

4.3.2.4. Ensure CAT members bring all programs and activities that support resilience and IPP for integration and alignment with evidence-based practices, policies, programs, and processes. **(T-1)** This ensures all efforts are a part of a comprehensive and coordinated plan.

4.3.2.5. Review quality of life, resilience, and IPP related aggregate data (e.g. Defense Organizational Climate Survey (DEOCS), Defense Organizational Climate Pulse (DOCP) to develop, propose, and implement evidenced base programs and activities. **(T-0)**

4.3.2.6. Utilize a variety of methods and tools (e.g., focus groups, surveys, town meetings, interviews, forums, member agency trend analyses or other collected data, etc.) to develop and implement integrated solutions that cannot be resolved by individual CAT agencies. **(T-2)**

4.3.2.7. Identify, collect, and track risk and protective factors to help select programs and activities that support resilience and IPP that may increase protective factors and reduce or eliminate interpersonal and self-directed violence. **(T-1)**

4.3.2.8. Identify positive and negative data trends, assess institutional risk, and propose solutions for these issues to the CAB for review and approval. **(T-1)**

4.3.2.9. Assist with the development and implementation of the annual CIPP Plan using an approved product or tool. **(T-1)**

4.3.2.10. Track and analyze trends related to all non-medical helping agency counseling workload (e.g., types of service sought) and topics of client concerns. **(T-2)** This may help determine programs and activities that support resilience and IPP that may be needed.

4.3.2.11. Document and up-channel meeting activities, monitor forum participation, share promising practices, and monitor training of CAB/CAT members. **(T-2)**

4.3.2.12. The DAF CAT will establish standardized key indicator metrics to monitor, evaluate, and report measurable information on DAF-wide protective factor behaviors, risk behaviors, and counseling services data being utilized at helping agencies. **(T-1)**

4.3.3. Promising Practices. CABs/CATs will look for opportunities to up-channel to higher headquarters potential promising evidence-based and evidence-informed practices, policies, programs, and processes that support resilience and IPP. **(T-2)**

4.3.3.1. DAF and MAJCOM/FLDCOM CABs/CATs will share their installation CABs/CATs promising evidence-based programs and activities that support resilience and IPP submitted to them by installations. **(T-2)**

4.3.3.2. CAB/CAT meeting minutes will document when promising evidence-based programs and activities that support resilience and IPP are identified, recommended, or shared at the respective meetings. **(T-1)**

4.3.3.3. Any recommendations that cannot be approved or disapproved because of lack of sufficient authority or resources will be referred to the next level CAB/CAT for review. **(T-2)**

Table 4.1. Community Action Board/Community Action Team: Membership and Frequency.

Community Action Board/Community Action Team: Membership and Frequency
DAF Community Action Board
Voting Members: CAB Chair, Chief Master Sergeant of the Air Force (AF/CMSAF), Chief Master Sergeant of the Space Force (SF/CMSSF), Manpower, Personnel and Services (AF/A1), Chief Human Capital Officer (SF/S1), Operations, Plans and Requirements (AF/A3), Logistics, Engineering and Force Protection (AF/A4), Strategic Plans and Programs (AF/A5/8), Studies, Analysis and Assessments (AF/A9), Chief of Chaplains (AF/HC), Judge Advocate General (AF/JA), Chief, Air Force Reserve (AF/RE), Safety (AF/SE), Surgeon General (AF/SG), Director, Air National Guard (NGB/CF), Information Dominance and Chief Information Officer (SAF/CIO A6), Public Affairs (SAF/PA), Deputy Assistant Secretary for Budget (SAF/FMB), Assistant Secretary of the Air Force, Manpower and Reserve Affairs (SAF/MR), SF/S1 (Human Capital) S2 (Intel), S5/8 (Strategy & Resourcing), COO (Operations),SCTIO (Technology & Innovation) and others as determined by the CAB Chair Invited Non-Voting Member: Senior Spouse Representatives Required Attendees: CAB Executive Director/CAT Chair, Integrated Resilience (AF/A1Z), Quality of Life and Resilience (USSF/S1Q), Air Force Director of Psychological Health (DPH); MAJCOM/FLDCOM Deputy Commander (DCOM); MAJCOM/FLDCOM A1Z, MAJCOM/FLDCOM Prevention Program Manager; and all CAT members are encouraged to attend. Frequency: At least semiannually
DAF Community Action Team
Members: CAB Executive Director/CAT Chair, CMSAF, CMSSF, representatives from all CAB functional agencies, including A1 and S1, Integrated Resilience, Military and Family Readiness, Military and Family Services, A2/S2, A3, A4, A5/8/S5/8, A6, A9, SCTIO, HC, JA, MR (Diversity and Inclusion, Force Management Integration [MRM], Equal Opportunity [MRQ]), Reserve Affairs and Airman Readiness [MRR]), RE, SE, SG (Psychological Health, Family Advocacy, Health Promotion), NGB/CF, FMB, MRM, PA, and others as determined by the CAB Chair Frequency: Ideally monthly, but no less than 10 per year
MAJCOM/FLDCOM Community Action Board
Voting Members: CAB Chair, Command Chief (CCC), A1/S1, A2/S2, A3, A4, A5/8/S5/8, A6, A9, HC, JA, SE, SG, PA, Financial Management (FM), Air Force Reserve Component (ARC) (Air Force Reserve Command (AFRC) and ANG, Space Force equivalents and others as determined by the CAB Chair Invited Non-Voting Member: Senior Spouse Representatives Required Attendees: Installation Commanders, CAB Executive Director/CAT Chair, Prevention Program Manager (PPM), Sexual Assault Prevention and Response Program Manager (SAPR PM),

Community Action Board/Community Action Team: Membership and Frequency
Integrated Response Program Manager, Behavior Health Consultant (BHC), TNPM, Additional duty Lead LCSW, all CAT members encouraged to attend. Frequency: At least semiannually
MAJCOM/FLDCOM Community Action Team Members: Installation Commanders, CAB Executive Director, CAT Chair, counterparts of DAF-level CAT members, PPM, SAPR Program Manager, Integrated Response PM, BHC, a Command Junior Officer, an Enlisted Personnel (as appropriate), TNPM, and others as determined by the CAB Chair Frequency: Ideally monthly, but no less than 10 per year
Installation Community Action Board Voting Members: CAB Chair, CCC, HC, SE, PA, SJA, All Delta Commanders, Group Commanders, AC and AFR DPH, Civil Engineering Squadron (CES/CC), Force Support Squadron (FSS/CC), Comptroller Squadron (CPTS/CC), Security Forces Squadron (SFS/CC), Senior Individual Mobilization Augmentee (IMA), ARC/CCs, a First Sergeant, Tenant Unit Commanders, others as determined by the CAB Chair Invited Non-Voting Member: Senior Spouse Representatives, Key Support Liaisons as appropriate. Required Attendees: CAB Executive Director/CAT Chair, Prevention Analyst, Prevention Coordination Specialist, SARC, DPH, ITNPM or Additional Duty Lead LCSW; all CAT members encouraged to attend. Frequency: At least quarterly; AFRC host semiannually; tenant annually
Installation Community Action Team Members: CAB Executive Director, CAT Chair, counterparts of MAJCOM/FLDCOM-level CAT members, Chaplains, IPPW, AC and AFR DPH, Senior IMA, AFR and ANG tenant wings, ITNPM or Additional Duty Lead LCSW, Drug Demand Reduction and others as determined by the CAB Chair **Note:** Members must be the senior representative for their functional agency Frequency: Ideally monthly, but no less than 10 per year; AFRC host 10 per year; tenant quarterly

Chapter 5

SUICIDE PREVENTION PROGRAM

5.1. Overview. The DAF Suicide Prevention Program is a commander's program based on a public-health approach to prevention. The Integrated Prevention Chief is the OPR for the primary prevention responsibilities and will collaborate with the Mental Health professionals, and other Community Action Team (CAT) agencies in cultivating a fit and ready force by implementing suicide prevention, cultural wellness, and resiliency programs to reduce deaths by suicide, suicide attempts and related behaviors. This chapter implements and supplements elements of DoDI 6490.16. Refer to DoDI 6490.16 to ensure full compliance of suicide prevention requirements. Refer to AFI 44-172, *Mental Health*, for DAF information on clinical aspects of suicide prevention. Refer to DAFI 51-201, *Administration of Military Justice*, for guidance and oversight of the Limited Privilege Suicide Prevention (LPSP) Program.

5.2. General Requirements.

5.2.1. DAF Suicide Prevention Program 15 Elements. The DAF Suicide Prevention Program is a community prevention program that has demonstrated evidence of effectiveness. The original 11 Elements of the program were developed, based on a public health approach, to assist leaders at all levels to effectively implement the Suicide Prevention Program in 1996. This instruction adds 4 new elements to the original program that represent program modernization and continuous quality improvement. The installation Integrated Prevention Chief and MAJCOM/FLDCOM Suicide Prevention Program Manager in coordination with CAT members are responsible for ensuring each of the 15 Elements is executed. The DAF's 15 Elements include:

5.2.2. Element 1: Leadership Involvement. DAF military and civilian leaders will build environments that promote healthy and adaptive behaviors, foster the wingman culture and Guardian Spirit, and encourage responsible and early help-seeking. **(T-0)** Leaders will ensure adequate resourcing, effective policy and program implementation, and frequent communication and messaging to encourage leadership engagement at all levels. **(T-0)**

5.2.3. Element 2: Training.

5.2.3.1. Suicide Prevention Training. All total force Airmen and Guardians will complete annual suicide prevention training as designated by AF/A1Z and developed by AFPC.

5.2.3.2. Professional Military Education (PME). PME will develop leaders with interpersonal and leadership skills relative to suicide prevention (whether as a standalone or as part of IPP). **(T-0)** Leaders will understand what policies and practices promote or discourage help-seeking and resilience. **(T-0)** Leaders will develop skills to detect at-risk individuals and intervene early with Airmen and Guardians under stress. **(T-0)**

5.2.3.3. Family Member Training. Installation leaders will make efforts to ensure suicide prevention training is available to the family members of Airmen and Guardians. Training can be offered in-person or using the online DAF Family Member Suicide Prevention Training.

5.2.3.4. MAJCOM/FLDCOM A1Z/S1Zs will provide annual aggregate suicide prevention training completion metrics (whether as a standalone or as an IPP training) as directed by

AFPC as outlined in the annual training implementation guidance. **(T-1) Note:** ANG will determine how to track and report annual training completion.

5.2.4. Element 3: Guidelines for Commanders: Use of Helping Resources.

5.2.4.1. For enhancing protective factors and reducing risk within their squadrons, commanders (or civilian equivalents) are encouraged to consult with on-and off-installation resources. Helping resource agencies include the Chaplain Corps, Military and Family Readiness Center, installation prevention personnel, installation Director of Psychological Health (DPH), Fitness Center Staff, MTF Public Health, and Military OneSource.

5.2.4.2. Commanders (or civilian equivalent) are encouraged to partner and consult with mental health providers about uniformed Airmen and Guardians to improve duty performance. If a commander finds it necessary to order a member to the Military Treatment Facility for a mental health evaluation, or Family Advocacy Program or Alcohol and Drug Abuse Prevention and Treatment Program for assessment, the commander should reference guidance in DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*, AFI 44-172, AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, and DAFI 40-301, *Family Advocacy Program*. **(T-0)**

5.2.4.3. Commanders must be aware of the confidentiality limits for uniformed Airmen and Guardians of the different types of referrals and consult with the Staff Judge Advocate or designated legal advisor as needed. **(T-1)**

5.2.5. Element 4: Unit-based non-clinical preventive services. Helping agency professionals partner with unit leaders to provide services at the worksite to increase access, encourage help-seeking, and promote familiarity, rapport, and trust with uniformed Airmen and Guardians and their families. **(T-2)** These services also improve unit cohesion and effectiveness.

5.2.6. Element 5: Wingman/Guardian Concept. Wingmen/Guardians will practice healthy behaviors, encourage others to do the same, and build social connection with fellow Airmen, Guardians, and family members. **(T-1)** Wingmen/Guardians will foster a culture of early help-seeking and recognize the signs and symptoms of distress in themselves and others and take protective action. **(T-0)**

5.2.6.1. Managing Personnel in Distress. DAF personnel will take rapid action to ensure care of Airmen and Guardians who are a danger to themselves or others utilizing the Ask, Care, Escort (ACE) process. **(T-0)**

5.2.6.2. Building Connected Units. Airmen and Guardians will engage in prosocial efforts to strengthen wingmanship and Guardian Spirit, to include resilience training, as directed by AF/A1Z, AFPC, MAJCOM/FLDCOM or installation leadership.

5.2.7. Element 6: Investigative Interview Policy (Hand-Off Policy). Uniformed Airmen and Guardians facing criminal or administrative action, in combination with other factors, may be at risk for suicide. Following any subject interview, DAF investigators must hand-off that uniformed Airman directly to their commander or first sergeant through person-to-person documented contact and inform them of any perceived risk of suicide as referenced in investigative policies. **(T-1) Note:** For Air Force Reserve and ANG, when the commander or first sergeant is a traditional guardsman or reservist and not available/in military status, the

senior ranking unit member (E-7 or higher) on active status will receive person-to-person contact and in turn make notifications to the first sergeant and commander. **(T-1)** The investigator will notify the unit representative that the individual was interviewed and is under investigation. **(T-1)**

5.2.7.1. The commander or first sergeant will inquire about the uniformed Airman or Guardian's emotional state and contact Mental Health to discuss a possible Commander Directed Evaluation and possible placement in the Limited Privilege Suicide Prevention (LPSP) Program if risk of suicide is suspected. **(T-1)**

5.2.7.2. The commander or first sergeant will advise the uniformed Airman or Guardian facing criminal or administrative action of other available resources (e.g., Chaplain, Military and Family Life Counseling, etc.) that can provide stress management, crisis intervention, and other appropriate services. **(T-0)**

5.2.7.3. Uniformed Airmen and Guardians Under Investigation. Commanders and First Sergeants will use the Unit Commander/First Sergeant Checklist for Airmen and Guardians Under Investigation or Involved in the Military/Civilian Criminal Justice/Legal Systems when notified that a uniformed Airman or Guardian is under investigation under the Uniform Code of Military Justice or a civilian justice system. **(T-1)** This can assist with mitigating risk of death by suicide, suicide attempt, or other forms of harm. This checklist will be made available via AFPC/DPFZ SharePoint site.

5.2.7.4. Commanders and first sergeants will initiate the checklist after the uniformed Airman or Guardian has been informed of the investigation. **(T-1)** The checklist will be activated when the uniformed Airman or Guardian is informed of a Commander Directed Investigation. **(T-1)**

5.2.7.5. Commanders and first sergeants are encouraged to utilize the checklist for uniformed Airmen and Guardians who may benefit due to current, recent, or anticipated investigations or any legal issues. **(T-3)**

5.2.7.6. The Integrated Prevention and Response Director (IPRD)will provide commanders and first sergeants awareness of and access to the Squadron Commander/First Sergeant Checklist for Airmen and Guardians Under Investigation or Involved in Military/Civilian Criminal Justice/Legal Systems. **(T-1)**

5.2.8. Element 7: Post-Suicide Response (Postvention). Suicide impacts units, coworkers, families, and friends and offering support is critical to individual and unit resilience. Squadron leaders will manage post-suicide responses by implementing the DAF Leader's Suicide Postvention Support and Post Suicide Attempt and Support Reintegration Guides. **(T-0)** This includes supporting affected personnel through the grieving process by consulting with Chaplains, Mental Health, and DPH as needed. The IPRD will provide commanders and first sergeants awareness of and access to the DAF Leader's Postvention Support and Post Suicide Attempt and Support Reintegration Guides, via AFPC/DPFZ SharePoint site. **(T-0)**

5.2.8.1. Memorial Ceremonies and Services. Commanders (or equivalent) are encouraged to conduct unit memorial ceremonies and services when an Airman or Guardian dies by suicide. **(T-3)** Commanders should avoid idealizing or eulogizing the act or method of suicide as any public communication after a suicide could possibly increase the suicide risk of those receiving the communications. **(T-3)**

5.2.8.2. Suicide Response Preparation. Suicide is a leading manner of Airman and Guardian death and must be responded to with dignity, respect, and compassion. installation Disaster Mental Health (DMH) teams must practice post-suicide response annually to gain mastery of this function. The CAB members must review the DAF Leader's Suicide Postvention Support Guide on an annual basis, as well as any locally developed versions, with installation leadership.

5.2.9. Element 8: CAB and CAT. Prevention Analysts will coordinate with CAB and CAT to help integrate, coordinate, and track suicide prevention programs and activities (whether as a standalone or as part of IPP) to ensure initiatives are targeted, effective, and reduce suicide as well as other risks of interpersonal violence. **(T-1)** Refer to **Chapter 4** for additional guidance. Prevention Plans. The installation CIPP Plan must incorporate at least one (1) suicide prevention effort. Suicide prevention efforts should be based upon available data sources and evidence-based practices.

5.2.10. Element 9: Limited Privilege Suicide Prevention Program (LPSP). The objective of the LPSP program is to identify and treat Airmen and Guardians who, because of the stress of impending disciplinary action under the UCMJ, are at risk for suicide. To encourage and facilitate treatment, the LPSP program limits the use of certain confidential communications in disciplinary actions and service characterization in administrative separations. Refer to DAFI 51-201, *Administration of Military Justice*.

5.2.10.1. Any Airman or Guardian who has been officially notified, verbally or in writing that he or she is under investigation or is suspected of having committed an offense under the UCMJ is eligible for the LPSP program. Eligible Airmen and Guardians should be informed of the LPSP program and, when appropriate, encouraged to seek treatment from a mental health provider. Any person may inform the member about the program, including defense counsel and defense paralegals, commanders, first sergeants, supervisors, and all those involved in the military justice process. (DAFI 51-201)

5.2.10.2. Initiation and Duration. An Airman or Guardian enters the LPSP program when, after the notification they are under investigation, the Airman or Guardian receives treatment or care from a mental health provider (MHP). This may be the result of a command directed mental health evaluation, on the Airman's or Guardian's own initiative, or a continuation of ongoing or previous treatment. CDE's should reference guidance provided in DoDI 6490.04 and AFI 44-172, paragraph 6.3. **(T-0)** Duration. The limited protections provided by the LPSP program will apply until the member is no longer receiving mental health treatment or until the investigation and subsequent disciplinary action, if any, is closed. (DAFI 51-201).

5.2.10.3. Responsibilities (DAFI 51-201). Counseling, therapy or treatment, and admissions can all qualify under this program if provided by a military Mental Health Provider (MHP) licensed as referenced in AFI 44-172, Mental health facilities provide patient care as referenced in their own regulations and guidance. Commanders' direct mental health evaluations as referenced in DoDI 6490.04 and AFI 44-172, paragraph 6.3. **(T-0)**. The servicing legal office will provide legal advice to the mental health facility and treatment providers regarding the LPSP program. Legal offices are responsible for training those involved in the military justice process on the LPSP program.

5.2.11. Element 10: Commander Consultation Tools. Commanders (or civilian equivalent) will utilize Command Climate Assessment (CCA) and other tools (e.g., DAF Combined Mishap Reduction System, etc.) to identify strengths and challenges within their organizations to implement strategies to enhance Airmen and Guardians well-being and resilience. **(T-1)** Commanders are encouraged to consult with IPPW and CAT members to help select tools, interpret results, and develop action plans for their units.

5.2.12. Element 11: Suicide Event Tracking: DoD Suicide Event Report. Commanders (or civilian equivalent) will ensure all DAF deaths by suicide and suicide attempts are entered into DoD Suicide Event Report central database at **www.dodser.health.mil** within the established timeframes. **(T-0)** Data entry will be ensured by affected squadron commander in coordination with AFOSI and the DPH (or designee). **(T-0) Note:** For ANG, DoD Suicide Event Report entries are completed by the appropriate assigned personnel.

5.2.13. Element 12: Time-Based Prevention. Timed based prevention targets safe storage of lethal means, particularly firearms and medications as these are most involved in death by suicide and suicide attempts by DAF personnel (respectively). Recognizing the relationship between effective suicide prevention and ready access to lethal means, leaders at all levels will comply with DoD requirements (e.g., gun locks, safe storage, danger to self or others procedures). **(T-0)**

5.2.13.1. Leaders will encourage safe storage of lethal means using the Safes, Locks, or Outside the home (SLO) messaging guidance provided by the DAF CAB, CAT, AF/A1Z and any supplemental MAJCOM/FLDCOM or installation guidance.

5.2.13.2. Commanders will ensure Airmen and Guardians are briefed on installation Personally Owned Firearms (POF) policies during in processing to include information about safe storage options as referenced in AFMAN 31-101, Volume 1, *Integrated Defense Planning*.

5.2.13.3. MAJCOM/FLDCOM and installation CABs and CATs will examine opportunities to expand counseling on access to lethal means as part of the CIPP Plan development process.

5.2.13.4. Installations will utilize the Time-Based Prevention Implementation and Evaluation Plan to enact and evaluate local lethal means safety initiatives.

5.2.14. Element 13: Family Member Engagement.

5.2.14.1. Family Member Partners. Family members are key allies in resilience and prevention. CABs and CATs will examine opportunities to increase family member engagement in resilience and prevention activities during CIPP Plan development.

5.2.14.2. Key Support Liaison Training. Key Support Liaisons will complete annual suicide prevention training as designated by DAFI 36-3009, *Military and Family Readiness Centers*, paragraph 4.9.2.6.. Suicide prevention training content will be established by AFPC and coordinated with the Military and Family Readiness Operations Division (AFPC/DPFF).

5.2.15. Element 14: Self-Assessment, Inspection, and Evaluation.

5.2.15.1. Self-Assessment. Commanders (or equivalent) at all levels will ensure appropriate internal mechanisms exist to track compliance of requirements as described in

this publication (e.g., DAF Suicide Prevention Program 15 Elements). **(T-1)** Refer to AFI 90-201, *The Air Force Inspection System* for additional guidance on self-assessments. AF/A1Z annually requires the completion of Management Internal Control Toolkit's Self-Assessment Communicator to gain timely visibility on suicide prevention status, compliance, and risk. Compliance with a Self-Assessment Communicator does not relieve MAJCOMs/FLDCOMs, installations, or Airmen and Guardians from complying with all statutory and regulatory requirements in DAF policies or other directives at the local, state, or federal level.

5.2.15.2. Inspection. The Inspector General will conduct inspections of the Suicide Prevention Program. **(T-1)** MAJCOM/FLDCOM Suicide Prevention Program Manager (PPM) and installation Prevention Analyst will provide program support to the MAJCOM/FLDCOM and Installation Inspector General to accomplish inspections and will coordinate with Behavioral Health Consultants (or designee), DPH (or designee), and AFOSI on inspections as appropriate. **(T-1)** Refer to AFI 90-201 for additional guidance on inspections.

5.2.15.3. Evaluation. Any suicide prevention initiatives implemented at the MAJCOM/FLDCOM, and installation level must include an evaluation plan. Evaluation data and results will be provided to AF/A1Z upon request. Evaluations must be compliant with the DoD Suicide Prevention Evaluation Guidance (DoDI 60-9004.16 and guided by the DAF Suicide Prevention Program Evaluation Plan).

5.2.16. Element 15: Suicide Analysis Boards (SAB). SABs are one of multiple Vice Chief of Staff of the Air Force directed initiatives to improve suicide prevention, intervention, and postvention policies, procedures, practices, or programs across the DAF. SABs meet the DoD requirement to establish suicide event boards as directed in DoDI 6490.16, *Defense*. SABs bring together DAF leaders (military and civilian) and subject matter experts to review suicide death data and analyses to improve prevention and postvention policies and procedures. SABs provide a continuous improvement function for all prevention activities included in installation CIPP Plans.

5.3. Responsibilities and Functions.

5.3.1. DAF Suicide and Suicide Attempt Statistics. The Office of the Armed Forces Medical Examiner (AFME) verifies and reports deaths by suicide for the active component and, to the extent applicable, the Air Reserve Component. DSPO coordinates with AFME on suicide related data. **(T-0)** AF/A1Z will make these statistics available to MAJCOMs/FLDCOMs and installations, when appropriate, as resources for training, awareness, and other prevention efforts. **(T-1)**

5.3.2. Director, Integrated Resilience (AF/A1Z) serves as the OPR for non-clinical IPP elements of the DAF Suicide Prevention Program. This includes guiding MAJCOM/FLDCOM and IPPW personnel on implementing and managing the Suicide Prevention Program and coordinating with the medical community.

5.3.2.1. Ensure compliance with DoD requirement by establishing DAF policies, standards, and procedures for the primary prevention of suicide.

5.3.2.2. Ensure DAF data for deaths by suicide and suicide attempts are entered into the DoD Suicide Event Report database utilizing DoD Form 2996, as required. **(T-0)**

Commanders and first sergeants are encouraged to utilize the safety checklist for uniformed Airmen or Guardians who may benefit due to current, recent, or anticipated investigations, involvement in a significant accident/mishap, or any legal issues. **(T-3)**

5.3.2.3. Designate personnel to manage and implement the DAF Suicide Prevention Program. **(T-0) Note:** The DAF Suicide Prevention Program Manager will serve in the capacity of the DoD required Suicide Prevention Program Manager.

5.3.2.4. Provide quarterly and annual death by suicide data to the Armed Forces Medical Examiner as required by DoD. This includes reporting military dependents suicide data (aggregate sums only) on a quarterly basis.

5.3.2.5. Analyze DAF entries in the DoD Suicide Event Report to provide standardized suicide metrics to the DAF CAB/CAT.

5.3.3. AFPC will:

5.3.3.1. Provide operational oversight and implementation of the Suicide Prevention Program and elements to the MAJCOMs/FLDCOMs.

5.3.3.2. Develop and implement suicide prevention education and training, whether as a standalone or as part of an IPP training, as required. Refer to **Chapter 3** for additional guidance.

5.3.3.3. Ensure uniformed total force and their families, DAF civilian personnel, and contractors are aware of suicide prevention resources on installations.

5.3.3.4. Develop and implement standardized processes, procedures, timelines, and reporting requirements for the SAB to include providing MAJCOM/FLDCOMs with a Standard Operating Procedure.

5.3.4. MAJCOM/FLDCOM PPMs will:

5.3.4.1. Serve as the primary Suicide Prevention Program OPR.

5.3.4.2. Promote consistent messaging on suicide prevention among CAB/CAT members and across the MAJCOM/FLDCOM. This includes coordinating and collaborating with Public Affairs, Behavioral Health Consultants, and Chaplains.

5.3.5. MAJCOM/FLDCOM Integrated Response PMs will:

5.3.5.1. Serve as the suicide postvention OPR and provide suicide metrics to the MAJCOM/FLDCOM CAB/CAT.

5.3.5.2. Ensure coordination with appropriate office/designee to verify deaths by suicides and suicide attempts are entered into the DoD Suicide Event Report for their respective MAJCOM/FLDCOM.

5.3.6. Installation or Host Wing Commander will:

5.3.6.1. Oversee and implement the DAF Suicide Prevention Program. This responsibility may be delegated to the installation Vice Commander, but no further. **(T-1)**

5.3.6.2. Implement the DAF Suicide Prevention Program 15 Elements at their installations. **(T-0)**

5.3.6.3. Ensure DPH (or designee), AFOSI, Squadron Commanders (or civilian equivalent) collaborate to complete DoD Suicide Event Report entries for all deaths by suicide and suicide attempts. **(T-0) Note:** Criminal investigations maintain primacy to DoD Suicide Event Report completion.

5.3.6.4. Provide free access to service members for voluntary storage of privately owned firearms on the installations. **(T-1)**

5.3.6.5. Ensure measures are in place so service members under their command understand the procedures to request a referral for a MHE and provide resources ensuring Airmen and Guardians understand how to access helping resources, including the mental health services requested in a timely manner.

5.3.7. MAJCOM/FLDCOM Suicide Analysis Boards

5.3.7.1. SABs will be conducted on a schedule determined by AF/A1Z, to occur annually at a minimum. **(T-0)**

5.3.7.2. SABs will utilize standardized processes, procedures, timelines, and reporting requirements developed by AF/A1Z and operational guidance provided by AFPC. **(T-1)** AF/A1Z will be responsible for conducting suicide case reviews. The suicide case reviews will include a comprehensive review of available decedent records including investigative reports, personnel data, readiness, health records, and DoD suicide event reports. A comprehensive report with analysis and recommendations will be distributed by AF/A1Z to MAJCOMs/FLDCOMs and the Air Force Reserve Command/ANG each year.

5.3.7.2.1. AF/A1Z will only review death by suicide cases upon confirmation of a death by suicide by the Armed Forces Medical Examiner, as referenced in DoDI 6490.16, where the manner of death, as cited on the death certificate, is listed as "suicide," and a formal investigation has been completed. Suspected death by suicide events with ongoing active investigations will not be reviewed until they are completed (e.g., subsequent year). **(T-0)**

5.3.7.2.2. AF/A1Z will only review DAF civilian personnel death by suicide cases after receiving written permission from the deceased's personal representative. **(T-0)** Review of available DAF civilian personnel medical and/or mental health records requires authorization from the deceased's personal representative, utilizing DoD Form 2870, Authorization for Disclosure of Medical or Dental Information. **(T-0)**

5.3.7.2.3. AF/A1Z will comply with Health Insurance Portability and Accountability Act regulations with respect to obtaining the appropriate authorizations from deceased's personal representative. **(T-0)**

5.3.7.3. The MAJCOM/FLDCOM DCOM will serve as the Convening Authority for the SAB and appoint in writing a Board President and Board Members. **(T-1)** The Board President will be a senior leader from a MAJCOM/FLDCOM Staff (or equivalent). **(T-1)** The Air Force Reserve Command CAB Chair, or their designee, will serve as the Convening Authority. **(T-1)**

5.3.7.4. SABs will include participation from the Command Chief and MAJCOM/FLDCOM representatives from the Judge Advocate General, Surgeon General, and Office of Special Investigations. **(T-0)**

5.3.7.4.1. Optional, but recommended multidisciplinary personnel to consider include Chaplain, Integrated Response PM, Suicide Prevention Program Manager, Family Advocacy Program representative, SAPR PM, DPH, epidemiologist, senior DAF member with ability to provide context of DAF culture/work environment, junior DAF member with ability to provide context of DAF culture/work environment, Casualty Affairs/Mortuary Affairs, Equal Opportunity, or Inspector General, etc. **(T-1)**

5.3.7.4.2. The SAB Board President will consider the relationship of any senior leader or junior DAF members to ensure they currently do not have a death by suicide that is under review in their unit, enabling an objective approach throughout the SAB.

5.3.7.4.3. Utilizing the AF/A1Z suicide death analysis and recommendations, the SAB will:

5.3.7.4.3.1. Coordinate with the CAB/CAT to write or initiate suicide prevention focused activities, inclusive of a policy, procedure, practice, event, or program using the same format from their completed CIPP Plan. **(T-1)**

5.3.7.4.3.2. Review prior year installation CIPP Plans. Prevention activities included in the CIPP Plans will be assessed for strengths, weaknesses, opportunities, and threats as informed by available evidence and data. SAB members will not release nor disclose information received, discussed, or produced by the SAB without the prior consent of the Convening Authority. **(T-0)**

5.3.7.5. MAJCOMs/FLDCOMs will internally fund all SAB related support requirements.

5.3.7.6. SABs may require administrative support to help secure office space, equipment, and other essential resources. The Convening Authority or Board President may utilize the MAJCOM/FLDCOM Integrated Response PM or other appropriate personnel to provide logistical and administrative support.

5.3.7.7. MAJCOMs/FLDCOM and ANG will submit SAB reports to AFPC annually or as determined by AF/A1Z.

Chapter 6

INTEGRATED PRIMARY PREVENTION WORKFORCE

6.1. Overview. DoD has created the Integrated Primary Prevention Workforce (IPPW) to ensure the success of prevention efforts. While prevention and response are both necessary to decrease the impact of harm and violence in our military community, prevention is the best way to ensure future harm and violence never occur. Prevention activities are more successful when implemented by skilled professionals. The new IPPW will be skilled professionals trained in the Public Health approach, to promote the health of their military community, and partner with leaders to change policies and implement prevention activities. The IPPW consists of DoD civilian employees whose primary duties involve primary prevention of two or more harmful behaviors outside of a clinical setting and are subject to the background check requirements of DoDI 5200.02 and Enclosure 3 of DoDI 1402.05. IPPW positions correspond to Levels 3-5 in the DoD Prevention Workforce Model and require completion of DoD-approved training as referenced in **Table 6.1**. This workforce is augmented by civilian and military members, deemed IPP support, that conduct primary prevention activities in our community on a part-time basis, in addition to other primary assignment/duties supporting the prevention system.

Table 6.1. DoD IPP Personnel Training and Education System.

Level	Level 1	Level 2	Level 3	Level 4	Level 5
Role	Implementation support	Prevention support	Prevention specialist	Prevention lead	Prevention Program manager
Responsibilities	Training or facilitating	Supports planning, implementation, or evaluation of prevention activities	Leads planning, implementation, and evaluation of at least 2 prevention disciplines (e.g., suicide, sexual, assault, substance misuse, community crime)	Oversees planning, implementation, and evaluation of all prevention activities at the local level	Oversees and makes decisions regarding prevention activities; oversees identification, selection, and evaluation of prevention activities across multiple locations
Preparation Required	Training to deliver prevention activities and DoD-approved training (e.g., DoD SPARX Knowledge Training Part 1)1	DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2)1	DoD-approved training specific to prevention activities being delivered, and 20 hours of continuing education annually	DoD-approved training, and 30 hours of continuing education annually	DoD-approved training and experience in military setting, and 30 hours of continuing education annually
Selection Consideration	Facilitation skills, interest in prevention	Prevention experience and education in social sciences, public health, or criminal justice	Specialized prevention education and experience (bachelor's degree or higher in prevention-	Advanced, specialized prevention education and experience (master's degree or higher in	Advanced, specialized prevention education and experience applied in military settings (master's degree or higher in prevention-related field preferred)

			related field preferred)	prevention-related field preferred)	
Roles these Individuals will be able to Perform	Train or facilitate specific prevention activities	Provide support as needed for prevention	Use data to plan, implement, and evaluate prevention activities for their prevention discipline	Oversee planning, implementation, and evaluation of prevention activities; ensure consistent messaging across prevention activities or discipline; acceptable adaptations for prevention activities	Plan, implement, and evaluate prevention activities; empowered to advise leaders about which prevention activities to start and stop
Level	Level 1	Level 2	Level 3	Level 4	Level 5
DAF AC and AFR IPP Positions	PCIP/PAQ Interns (GS-9) Violence Prevention Trainers/ Integrated Primary Prevention Trainer	MAJCOM/FLDCOM TN Program Managers TN Program Managers and Providers MAJCOM/FLDCOM Response PM	Prevention Analyst Prevention Coordination Specialist Prevention Specialist PCIP/PAQ Interns (GS-11)	IPR Director Integrated Prevention Chief	AF/A1Z, USSF/S1Q, and AFPC/DPFZ Prevention Personnel MAJCOM/FLDCOM Prevention PMs
ANG IPPW Positions		Attorney Advisors (GS13)	Wing Primary Prevention Specialists (GS 9/ GS 11)	JFHQ Prevention Leads (GS 12)	NGB J1-W-P Prevention Personnel JFHQ Integrated Primary Prevention Manager (GS 13)
1 As of October 2022, DoD-approved trainings consist of the DoD SPARX Knowledge Training; Part 1 (4 hours) and Part 2 (60 hours).					

6.2. IPP Personnel will:

6.2.1. Identify and integrate data, research, and evaluation findings from various sources within relevant policy, laws, and regulations.

6.2.2. Develop and administer IPP activities.

6.2.3. Use data to conduct community needs assessments, select IPP activities, and evaluate activities as referenced in Prevention Plan of Action 2.0.

6.2.4. Assist commanders with the implementation of the Command Climate Assessment (CCA) requirements as referenced in DoDI 6400.11.

6.2.4.1. Interpret CCA results and advise commanders and leaders on the development of CCA-driven initiatives for inclusion in annual CIPP Plan.

6.2.4.2. Advise commanders/leaders with determining what additional data is needed to identify installation needs and implement appropriate evidenced based prevention activities.

6.2.4.3. Provide guidance on data analysis design and implementation.

6.2.4.4. Ensure completion of CCA and CIPP Plan training as directed by DoDI 6400.11

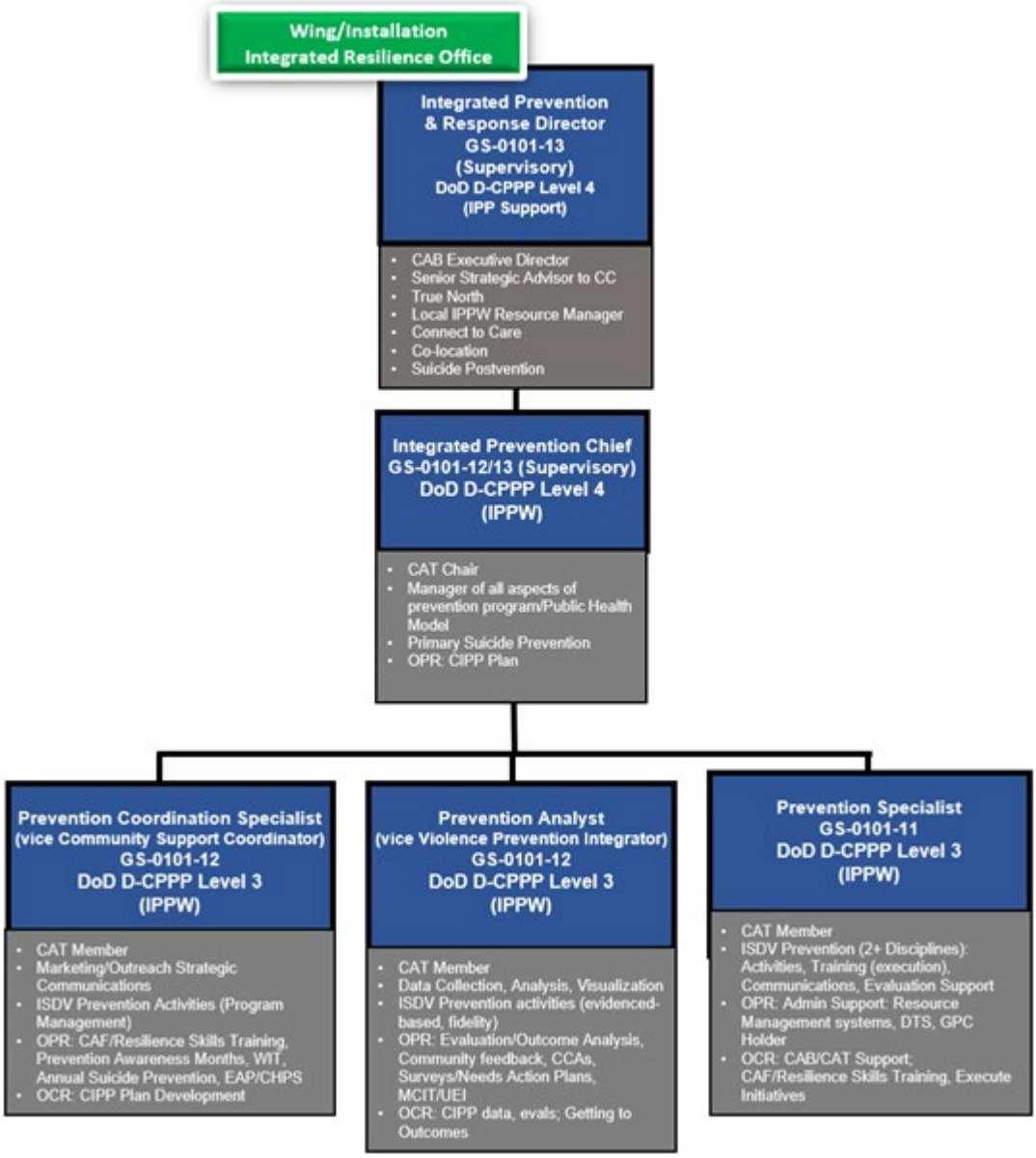
6.3. DoD Training, Education and Credentialing Requirements.

6.3.1. As referenced in DoDI 6400.11, IPP personnel are required to complete initial training, consisting of DoD-approved training courses. DoD uses a five-level education and training system. **Table 6.1** defines the roles and responsibilities for each level. IPP personnel will obtain and maintain the appropriate level of education for their role and setting.

6.3.2. IPP support personnel occupy Levels 1 and 2 in **Table 6.1**. The IPP support personnel, to include transitioning Volunteer Victim Advocates (VVAs), must complete a portion of the DoD-approved SPARX Knowledge training courses before engaging in IPP activities as determined by the DoD Component (see **Figure 6.1.** for role requirements).

6.3.3. DoD Credentialling. IPP personnel must obtain DoD Credentialing Program for Prevention Personnel (D-CPPP) within 90 days of hiring. It must be maintained throughout employment within the IPP Program. Members of the IPP support personnel must be trained (Levels 1 and 2) and credentialed (Level 2) before beginning engagement within IPP program activities.

Figure 6.1. Active Component IPP Roles and Responsibilities.



6.4. DAF IPPW Training Requirements. Tier I. DoD required SPARX Knowledge Parts I and II.

6.4.1. SPARX Part 1 consists of two Joint Knowledge Online (JKO) courses; titled PREV 001 – Violence: A Preventable Public Health Issue and 2) and PREV 002 – Sexual Assault in the Military and the Way.

6.4.2. SPARX Part II is a 2-week, 60-hour synchronous course which requires completion of Part I and sign up will be coordinated through AFPC.

6.4.3. Tier II. Self-Guided Learning. AFPC will maintain the Self-Guided Learning Checklist. This must be completed before registration for Air University Integrated Prevention Course. **Note:** ANG members will follow CNGB guidance.

6.4.4. Tier II includes JKO modules: 1) PREV 004 - How to Conduct a Command Climate Assessment (CCA) and Administer the DEOCS and 2) PREV 005 - Development of a Comprehensive Integrated Primary Prevention (CIPP) Plan.

6.4.5. Tier III. Air University Integrated Prevention Course. This includes one-week in residence at Maxwell Air Force Base and a subsequent billet specific, self-paced course in CANVAS to be completed within 60 days of completion of the week in residence.

6.4.6. Complete the following training:

6.4.6.1. Initial training. New member CAB/CAT orientation. **(T-1)** Refer to **Chapter 4** for additional guidance.

6.4.6.2. Annual refresher and professional development training as directed by AFPC.

6.5. IPPW Oversight. Wing/Installation leaders overseeing IPPW will:

6.5.1. Fully integrate IPPW into the organization by:

6.5.2. Ensuring suitability of personnel recruited for the IPP positions under their jurisdiction as referenced in DoDI 6400.11. **(T-0)**

6.5.3. Documenting compliance with training and continuing education requirements of their IPP personnel as referenced in DoDI 6400.11. **(T-0)**

6.5.4. Ensure their IPPW have access to adequate resources, funding, and professional development opportunities and authority to plan, implement, and evaluate prevention activities commensurate with their responsibilities.

6.5.5. Ensure formal mechanisms exist to allow for routine bi-directional exchange of feedback and information between all levels of prevention personnel and leadership (e.g., community of practice group, conference calls among command teams)

6.6. MAJCOM/FLDCOMs and Organizations above Wing/Installation Level.

6.6.1. MAJCOM/FLDCOM Deputy Commanders will:

6.6.1.1. Implement evidence based, data informed programs and activities that support resilience and IPP and MAJCOM/FLDCOM CAB and CAT consistent with this publication. This includes promoting prosocial behaviors (i.e., bystander intervention), encouraging help-seeking and resilience activities, proactively preventing interpersonal and self-directed violence, and reinforcing Airmen and Guardians conduct as directed in AFI 1-1, *AF Standards* and Space Force Handbook 1-1.

6.6.1.2. Monitor command climate; model healthy and safe relationships; promote a culture of dignity, respect, inclusion, and connectedness; and foster an environment that promotes help seeking and reduces stigma, as referenced in DoDI 6400.09. **(T-0)**

6.6.1.3. Maintain direct access to and communication with Prevention and Response Program Managers.

6.6.1.4. Serve as the MAJCOM/FLDCOM CAB Chair and direct new initiatives to respond to emerging resilience and IPP trends and findings. This responsibility will not be delegated any further. **(T-1)** Refer to **Chapter 4.** for additional guidance. The CAB Chair will:

6.6.1.4.1. Participate on the DAF CAB meetings.

6.6.1.4.2. Appoint the A1Z/S1Z Division Chief as the CAB Executive Director and IPP Program Manager as the CAT Chair (alternate can be Integrated Response Program Manager). **Note**: AFR will select appropriate personnel from AFRC/A1Z.

6.6.1.4.3. Designate the MAJCOM/A1Z/FLDCOM/S1Z as the office of record.

6.6.1.5. Serve as the MAJCOM/FLDCOM Suicide Analysis Board (SAB) Convening Authority. Refer to **Chapter 5.** for additional guidance.

6.6.1.6. Ensure resilience and IPP training and tracking is conducted as referenced in **Chapter 3**.

6.6.1.7. Ensure fiscal programs, budgets, and financial plans are developed for Integrated Resilience programs. Information copies of financial plans will be forwarded to AF/A1Z.

6.6.1.8. Ensure the Connect to Care (CTC) approach to care and support for all Airmen, Guardians, their family members, and DAF civilians is fully implemented and integrated into the community of care services across the installations. Ensure integration methods and a full analysis of strengths, weaknesses, opportunities for improvement, and threats are documented and discussed at installation CAB/CAT meetings as referenced in **Table 4.1**. **(T-1)**

6.6.1.8.1. CTC is the process of sharing information and/or referral of care between two or more service providers and leaders, using the local, frequently updated, CTC Service Provider Matrix with the goal of ensuring connection to appropriate services. CTC will be implemented at each installation.

6.6.1.8.2. CTC designated POCs will ensure the appropriate personnel at each installation receive the necessary CTC training and resources. **Note:** HQ AFRC/A1Z will determine CTC implementation and process for AFRC.

6.6.1.9. Ensure measures are in place so a service member under their command understands the procedures to request a referral for a MHE and provide resources ensuring Airmen and Guardians receive the mental health services requested in a timely manner (if eligible).

6.6.1.10. Ensure all aspects of Command Climate Assessments (CCAs) are conducted as referenced in DoDI 6400.11. **(T-0)** This includes ensuring commanders (or civilian equivalents) conduct change of command CCA activities within 90 days after assuming command or office and annually thereafter. **(T-0)**

6.6.1.10.1. Annual CCA activities include administering a DEOCS between 1 August and 30 November and beginning no later than 31 October. **(T-0)**

6.6.1.10.2. Ensure all service members and DAF civilians within the command have the opportunity to participate in CCAs. **(T-0)**

6.6.1.11. Ensure TN personnel are aligned and operating as referenced in this document and TN operational guidance. Coordinate on all requests to realign personnel in TN positions. **(T-1)**

6.6.1.12. Brandon Act implementation: Service members can initiate a referral process for a MHE through a commanding officer or supervisor who is in the grade above E5 on any basis at any time and in any environment. Each command will maintain a specific plan for making mental health referrals required by the Brandon Act, Section 704 of Public Law 117-91, implemented through DoD DTM 23-005, *Self-Initiated Referral Process for Mental Health Evaluations of Service Members.*

6.6.2. MAJCOM/FLDCOM A1Z/S1Z will:

6.6.2.1. Administer Integrated Resilience programs. **Note:** Air Force Reserve Command (AFRC) functional oversight applies to Air Force Reserve host installations. AFRC will work collaboratively with other MAJCOMs/FLDCOMs to ensure coordinated program guidance is provided to all Air Force Reserve tenant organizations. ANG will select appropriate personnel to implement these duties as needed.

6.6.2.2. Have direct access to the MAJCOM/FLDCOM DCOM and Senior Enlisted Leader.

6.6.2.3. Serve as the OPR for Integrated Resilience programs and activities and provide guidance to senior leadership and to MAJCOM/FLDCOM CAB/CAT members.

6.6.2.4. Ensure compliance with DoD and DAF standards, policies, guidance, and communication for resilience, and IPP.

6.6.2.5. Serve as the MAJCOM/FLDCOM CAB Executive Director and appoint the Prevention Program Manager as CAT Chair (alternate can be Integrated Response Program Manager). Refer to **Chapter 4.** for additional guidance.

6.6.2.5.1. Prepare and distribute agendas and keep minutes for all CAB/CAT meetings.

6.6.2.5.2. Coordinate forums or other activities that support resilience and IPP as directed by the DAF and MAJCOM/FLDCOM CABs, and/or AF/A1Z.

6.6.2.5.3. Promote multiagency collaboration between CAB/CAT members.

6.6.2.5.4. Ensure continuous focus remains on building and sustaining resilience, preventing harmful behaviors, and promoting CAF and USSF TFF.

6.6.2.5.5. Prepare and submit an executive summary to their MAJCOM/FLDCOM CAB that provides a year-end analysis of issues that were addressed.

6.6.2.6. Provide policy and operational guidance and monitor compliance of installation Integrated Resilience programs, including training, CAB/CAT and CIPP Plan led by the IPPW.

6.6.2.7. Comply with data calls and other requests as directed by the DAF CAB and/or AF/A1Z.

6.6.2.8. Manage the resilience program budget as referenced in DAFI 65-605 V1.

6.6.2.9. Ensure measures are in place so service members under their command understand the procedures to request a referral for a MHE and provide resources ensuring Airmen and Guardians receive the mental health services requested in a timely manner.

6.6.2.10. Ensure all TN personnel are assigned and operate as referenced in this document and TN operational guidance and will coordinate on all requests to realign TN positions. **(T-1)**

6.6.2.11. Complete the following training:

6.6.2.11.1. Initial training as directed by AFPC.

6.6.2.11.2. New member CAB/CAT orientation. Refer to **Chapter 4.** for additional guidance.

6.6.2.11.3. Annual refresher training as directed by AFPC.

6.6.3. MAJCOM/FLDCOM Prevention Program Manager will:

6.6.3.1. Administer their respective MAJCOM/FLDCOM resilience and IPP programs. This includes providing functional oversight and guidance to IPPW on this publication. **Note**: AFRC/A1Z will work collaboratively with other MAJCOMs/FLDCOMs to ensure coordinated program guidance is provided to all Air Force Reserve tenant organizations. ANG will refer to CNGB on IPPW training and responsibilities and Director Air National Guard resilience guidance.

6.6.3.2. Have direct access to the MAJCOM/FLDCOM DCOM and Senior Enlisted Leader.

6.6.3.3. Serve as the OPR for IPP programs and activities and provide guidance to senior leadership and MAJCOM/FLDCOM CAB/CAT members on IPP.

6.6.3.4. Serve as CAT Chair and participate in other forums addressing IPP.

6.6.3.5. Conduct, at a minimum, annual reviews of IPP activities, reviews may be accomplished using existing CAB/CAT forums.

6.6.3.6. Ensure IPP programs and activities align with the prevention system, data informed actions, applicable components, and CCA results.

6.6.3.7. Ensure IPPW disseminates and monitors training as referenced in **Chapter 3**.

6.6.3.8. Manage the IPP program budget as referenced in DAFI 65-605 V1.

6.6.3.9. Ensure installation IPP Chiefs (or designee) coordinate with medical personnel (e.g., DPH or Mental Health Flight commander), AFOSI, Squadron/Unit commanders (or civilian equivalent).

6.6.3.10. Complete the following training:

6.6.3.10.1. Initial training as directed by AFPC.

6.6.3.10.2. New member CAB/CAT orientation. Refer to **Chapter 4.** for additional guidance.

6.6.3.10.3. Annual refresher training as directed by AFPC.

6.6.4. Response Program Manager will:

6.6.4.1. As IPP support, administer their respective MAJCOM/FLDCOM Response programs. This includes providing functional oversight and guidance to IPRD on this publication.

6.6.4.2. Have direct access to the MAJCOM/FLDCOM DCOM and Senior Enlisted Leader.

6.6.4.3. Serve as the OPR for response programs and activities and provide guidance to senior leadership and MAJCOM/FLDCOM CAB/CAT members on co-location, non-clinical suicide postvention, and Connect to Care.

6.6.4.4. Ensures all MAJCOM/FLDCOM and installation response partners, leadership, and the community understands risk and protective factors associated with self-directed harm and prohibited abusive or harmful acts from a public health perspective.

6.6.4.5. Builds and maintains relationships with response organizations on and off base; judge advocates, investigation (Office of Special Investigation), medical (the Surgeon General's office), chaplains, law enforcement (Security Forces), etc.

6.6.4.6. Serves as a key member of the SAB and Disaster Mental Health Response Team.

6.6.4.7. Complete the following training:

6.6.4.7.1. Initial training as directed by AFPC.

6.6.4.7.2. New member CAB/CAT orientation. Refer to **Chapter 4.** for additional guidance.

6.6.4.7.3. Annual refresher training as directed by AFPC.

6.6.5. MAJCOM True North Program Manager (TNPM) will:

6.6.5.1. Administer their respective MAJCOM TN Program. This includes providing functional oversight and guidance to installation-level TN personnel on this publication.

6.6.5.2. Have direct access to the MAJCOM DCOM and SEL.

6.6.5.3. Serve as the OPR for the TN Program and activities and provide guidance to senior leadership and to MAJCOM CAB/CAT members on TN.

6.6.5.4. Collaborate and coordinate with the appropriate installation personnel on resilience, IPP programs and activities, and MAJCOM CAB/CAT initiatives.

6.6.5.5. Participate on their respective MAJCOM CAB/CAT and other forums addressing resilience and IPP.

6.6.5.6. Complete the following training:

6.6.5.6.1. Initial training as directed by AFPC.

6.6.5.6.2. New member CAB/CAT orientation. Refer to **Chapter 4.** for additional guidance.

6.6.5.6.3. Annual refresher training as directed by AFPC.

6.6.5.7. Ensure ITNPMs, CMs, and Lead LCSWs implement installation TN Programs that include integration with resilience and IPP programs and participate with their respective CAB/CATs and integrate with the Military Treatment Facility (MTF). Where

no ITNPM, CM or Lead LCSW exists or is allocated, TNPM will be responsible for ITNPM obligations and tasks and will ensure an additional duty Lead LCSW is appointed and assist with obligations and tasks.

6.6.5.8. Provide guidance and support to installation-level TN personnel on TN and other issues as needed.

6.6.5.9. Comply with data calls and other requests and ensure installation TN personnel report data and comply with data calls and other requests, as directed by the DAF CAB, AF/A1Z, and AFPC.

6.6.5.10. Manage the TN program budget as referenced in DAFI 65-605, V1 and ensure Religious Support Team funds are executed IAW DAFI 52-105, *Chaplain Corp Resourcing*.

6.6.5.11. Ensure MAJCOM Commanders have measures in place, so service members understand the procedures to request a referral for an MHE.

6.6.6. MAJCOM/FLDCOM Behavioral Health Consultants (or designee) will:

6.6.6.1. Ensure clinical components of the Suicide Prevention Program are in compliance with DoD and DAF requirements. Refer to DoDI 6490.16 and current DHA and DAF Mental Health guidance.

6.6.6.2. Confirm with Prevention Program Managers (where available) that deaths by suicide and suicide attempts in their respective MAJCOM/FLDCOM are entered into the DoD Suicide Event Report.

6.6.6.3. Ensure installation DPH (or designee), AFOSI, and squadron/unit commanders (or civilian equivalent) complete respective components of DoD Suicide Event Report for all deaths by suicide and suicide attempts.

6.6.6.4. Inform and train commanders on procedures for mental health care access.

6.7. Installation Level. Installation commander or host wing commander (or equivalent) will:

6.7.1. Recognize leadership involvement in programs and activities that support resilience and IPP is critical in establishing a culture of prosocial and help-seeking behaviors, and intolerant of negative behaviors. Monitor command climate; model healthy and safe relationships; promote a culture of dignity, respect, inclusion, and connectedness; and foster an environment that promotes help seeking and reduces stigma, as referenced in DoDI 6400.09. **(T-0)**

6.7.2. Serve as the CAB Chair. Can be delegated to Deputy Commander, but no lower.

6.7.3. Invite a senior spouse to participate on installation CAB meetings.

6.7.4. Ensure Integrated Prevention and Response Director and installation level TN personnel have direct access to installation commander and the senior enlisted leader. This includes providing oversight on the installation integrated resilience programs. **Note:** For ANG, the wing/installation commander will assign appropriate member(s) to resilience and prevention efforts. For AFR host installation, the Integrated Prevention Chief will have direct access to installation commander and the senior enlisted leader.

6.7.5. Ensure a CCA is completed within 90 days after assuming command or office. **Note:** Change of Command CCA activities should not include DEOCS, provided one has been

administered within the annual window between August and November. **(T-0)** Commanders at all levels (and civilian equivalents) will ensure Airmen and Guardians (military and civilian) in their command or organization have the opportunity to participate in all CCAs including DEOCS. **(T-0)** Contractor personnel will not participate in CCAs. **(T-0)** Civilian or military foreign nationals may participate in a CCA, subject to Department of Defense Human Resources Activity (DoDHRA) approval. **(T-0)** For more information on CCAs, please refer to **Chapter 7**.

6.7.6. Ensure IPPW and TN personnel have access to aggregate local data that is non-personally identifiable, non-protected health, or other non-confidential information from appropriate functional agencies. **(T-1)** Data will be used to support resilience and prevention strategies (e.g., CIPP Plan). **(T-1)**

6.7.7. Promote a total force environment as directed in AFI 1-1, *AF Standards*, Space Force Handbook 1-1, *Guardian Spirit*, and AFI 1-2 *Commander's Responsibilities.* **(T-1)** This includes encouraging and providing access to early help-seeking and resilience programs and activities, proactively preventing interpersonal and self-directed violence, and reinforcing Airmen and Guardians commitment to core values and conduct.

6.7.8. Ensure all IPPW and TN personnel are appropriately resourced and provided office space, training and awareness venues, and supplies. **(T-2)**

6.7.9. Ensure fiscal budgets and financial plans are developed and properly executed for Integrated Resilience programs. **(T-2)** Information copies of the financial plans will be forwarded to the MAJCOM/FLDCOM. **(T-2)** **Note:** For ANG, the wing/installation commander will make procurement decisions. **(T-2)** Ensure proper execution of prevention and resilience funds.

6.7.10. Oversee the overall development and implementation of the installation CIPP Plans. Refer to **Chapter 4** for additional guidance.

6.7.11. Ensure compliance of DoD and DAF suicide prevention requirements. **(T-0)** This responsibility may be delegated to the installation deputy commander, but no further. **(T-1)** Refer to **Chapter 5.** for additional guidance.

6.7.12. Ensure compliance with DoD and DAF prevention requirements as referenced in DoDI 6400.09 and 6400.11. **(T-0)**

6.7.13. Ensure relevant functional agencies and subject matter experts support and collaborate on programs and activities that support resilience and IPP, to include Connect to Care. **(T-1)**

6.7.13.1. Ensure functional agencies and subject matter experts include other organizational representatives involved in interpersonal and self-directed violence-focused prevention, response, and resilience programs. **(T-1)**

6.7.13.2. Ensure leads of Sexual Assault Prevention Response (SAPR), Equal Opportunity (EO), Family Advocacy Program (FAP), Victim and Witness Assistance Program (VWAP), mental healthcare, medical care, Victims' Counsel (VC), Chaplains, and other appropriate service providers meet quarterly to foster liaisons, confirm CTC is being used, identify any challenges, and examine barriers to reporting. **(T-0)** Issues and solutions from the leads of these service providers will be briefed to the installation commander or Senior

Mission Commander as a part of the Quarterly Case Management Group meeting held to review and improve response system function at the installation. **(T-1)**

6.7.14. Ensure an additional duty Lead LCSW is appointed in writing when the installation does not have funded manpower for an ITNPM/CM/Lead LCSW. **(T-1)**

6.7.15. Ensure measures are in place so service members under their command understand the procedures to request a referral through their healthcare team or a supervisor-facilitated referral for an MHE. Provide appropriate duty time to allow the member to be seen in a timely manner.

6.7.16. Ensure TN personnel are assigned and utilized as referenced in this document and TN Operational Guidance **(T-1)**

6.7.17. Oversee the development and implementation of the installation CIPP Plan coordinated through the CAT and approved by the CAB.

6.8. DAF level IPPW.

6.8.1. The DAF IPPW will provide program management and serve as subject matter experts for the Installation Primary Prevention (IPP) programs. **(T-1)** This includes implementing a prevention system and policies as referenced in DoDI 6400.09 and DoDI 6400.11 to integrate and institutionalize IPP programs and activities across the installation. **(T-0)** The IPPW will serve in non-clinical roles when addressing IPP. **(T-1)** ANG will appoint appropriate personnel to implement these duties IAW CNGB and DANG policy. **(T-2)** DAF prevention system includes addressing targeting activities for legacy prevention programs (suicide, domestic abuse, workplace violence and sexual assault and harassment) and using universal prevention strategies that target two or more risk and protective factors at one time. See **Figure 6.2**.

6.8.1.1. Regardless of prior certifications or licensures, IPPW will not serve in the capacity of or be dually appointed as Sexual Assault Response Coordinators (SARC), Sexual Assault Prevention and Response Victim Advocates (SAPR VA), ANG Suicide Prevention Program Managers or clinical practitioners. **(T-1)** ANG will appoint personnel as appropriate.

6.8.2. Serve as the OPR for IPP programs and activities. **(T-1)** This includes providing guidance to leadership, CAB, and CAT members on IPP **(T-1)** This also includes disseminating information on IPP strategies and risk and protective factors.

6.8.3. Serve as the OPR for the non-clinical and primary prevention responsibilities of the installation Suicide Prevention Program in coordination and collaboration with the DPH (or appointed designee), and other CAT agencies as appropriate. **(T-0)** The Integrated Prevention Chief serves as the DoD required installation Suicide Prevention Program Manager. **(T-0)** ANG will appoint appropriate personnel to implement these duties IAW CNGB and DANG policy. **(T-0)** Refer to DoDI 6400.11, Chapter 5 for additional guidance.

6.8.3.1. Ensure overall program compliance and coordination with the installation CAB/CAT and the functional agencies addressing deaths by suicide and suicide attempts. **(T-0)**

6.8.3.1.1. Confirm with DPH, AFOSI, and Squadron/Unit Commanders (or civilian equivalent) that death by suicide and suicide attempt data is entered into the DoD Suicide Event Report central database. **(T-1)** IPRD and IPPW personnel will only facilitate data sharing and communication between the aforementioned entities and will

not access or review any associated sensitive personally identifiable and confidential information. **(T-0)** IPPW will not be authorized to access the DoD Suicide Event Report to enter or retrieve death by suicide or suicide attempt data. **(T-0)**

6.8.3.1.2. Engage military, government, industry, academia, and other stakeholders that may be directly or indirectly involved in IPP activities for the total force. **(T-2)** This includes participating (where available and appropriate) in community meetings, conferences, council meetings, other venues, and forums, and through appropriate data collection. **Note:** Ensure a license to collect and compile information is submitted to obtain a DoD Report Control Symbol and/or an Office of Management and Budget Control Number as appropriate and as referenced in 44 USC, Chapter 35, Subchapter I, Section 3501-3521, *Federal Information Policy*. **(T-0)** Refer to AFI 33-324, *The Air Force Information Collections and Reports Management Program* for additional guidance on information collecting and reporting of internal and public requirements.

6.8.3.1.3. Provide program support to the wing/installation Inspector General to accomplish the Suicide Prevention program inspection. **(T-1)**

6.8.3.1.4. Ensure any AF/A1Z directed Self-Assessment Communicators for suicide prevention (e.g., DAF Suicide Prevention program 15 Elements) are completed in coordination with appropriate personnel. **(T-1)**

6.8.3.1.5. Provide commanders and first sergeants awareness of and access to the DAF Leader's Post-Suicide and Suicide Attempt guides to manage post-suicide responses. **(T-0)** The checklists will be made available via AFPC SharePoint.

6.8.3.1.6. Provide commanders and first sergeants awareness of and access to the Squadron Commander/First Sergeant Checklist for Airmen and Guardians Under Investigation or Involved in Military/Civilian Criminal Justice/Legal Systems. **(T-1)** This can assist with mitigating risk of deaths by suicide, suicide attempts, or other forms of harm. This checklist will be made available via AFPC SharePoint.

6.8.3.1.7. Promote consistent messaging on suicide prevention among CAB/CAT members and across the installation. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.8.3.1.8. Serve as the OPR for the installation prevention system and data informed actions as referenced in DoDI 6400.09 that:

6.8.3.1.8.1. Identifies risk and protective factors and emerging issues for their targeted population that include but are not limited to risk factors for service members, their families and/or DoD personnel that address abuse to self or others and factors that affect the workplace as referenced in DoDI 6400.09. **(T-0)**

6.8.3.1.8.2. Identifies prevention programs policies and practices that are based on research informed practices as referenced in DoDI 6400.09. **(T-0)**

6.8.3.1.8.3. Include quality implementation measures and evaluation of prevention activities. **(T-0)** Evaluation activities must follow policies concerning privacy, ethics, human subjects, data-sharing, as referenced in DoDI 6400.09.

6.8.3.1.9. Serve as the OPR for non-clinical primary prevention of domestic abuse and child Abuse in coordination with FAP and other CAT agencies as appropriate. Promote

year-long consistent messaging on domestic abuse and child abuse prevention among CAB/CAT members and across the installation as referenced in DoDI 6400.09. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.8.3.1.10. Serve as OPR for non-clinical primary prevention of workplace violence in coordination with EO, SAPR, civilian personnel office, and other CAT agencies as appropriate.

6.8.3.1.11. Promote consistent messaging on prevention of workplace violence among CAB/CAT members and across the installation as referenced in DoDI 6400.09, DoDI 1020.03, *Harassment Prevention and Response In The Armed Forces*, and DoDI 1020.04, *Harassment Prevention and Response for DoD Civilian Employees*. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.8.3.1.12. Publish workplace violence IPP guidance and procedures, and training to prevent harassment in collaboration with EO, SAPR, civilian personnel office, and other CAT agencies as appropriate.

6.8.3.1.13. Ensure compliance with DoD and DAF standards, policies, guidance, and communication on resilience, IPP and TN. **(T-0)**

6.8.3.2. Participate on the installation CAB/CAT and other relevant collaborative forums addressing IPP. **(T-1)**

6.8.3.3. Develop and implement the IPP components of the installation CIPP Plans in coordination with the CAT. **(T-1)** Refer to **Chapter 4** for additional guidance.

6.8.3.4. Complete the following additional position specific trainings:

6.8.3.5. New member CAB/CAT orientation. **(T-1)** Refer to **Chapter 4.** for additional guidance.

6.8.3.5.1. Annual refresher training as directed by AFPC. **(T-2)**

6.8.3.5.2. Professional development as directed.

6.8.3.5.3. Complete CCA and CIPP Plan trainings in Joint Knowledge Online (JKO).

6.8.3.5.4. Ensure IPP training for all uniformed Airmen, Guardians, and DAF civilian personnel (appropriated and non-appropriated fund) is conducted and tracked as directed by the DAF CAB and/or AF/A1Z and AFPC. **(T-0)** Refer to **Chapter 3** for additional guidance.

6.8.3.6. Compile and assess aggregate local data (non-personally identifiable, non-protected health, or other non-confidential information) to identify risk and protective factors. **(T-1)** This data will determine which evidence-based programs and activities best meet the needs of an installation. **Note:** IPPW personnel will not be authorized to attend Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information about individuals seeking support services, receiving disciplinary action, or for other circumstances as determined by the DAF CAB and/or AF/A1Z. **(T-1)** ANG assigns any or all duties to an individual who also participates in the Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information as part of their duties (e.g., DPH, SARC, etc.). That individual will only access aggregate local

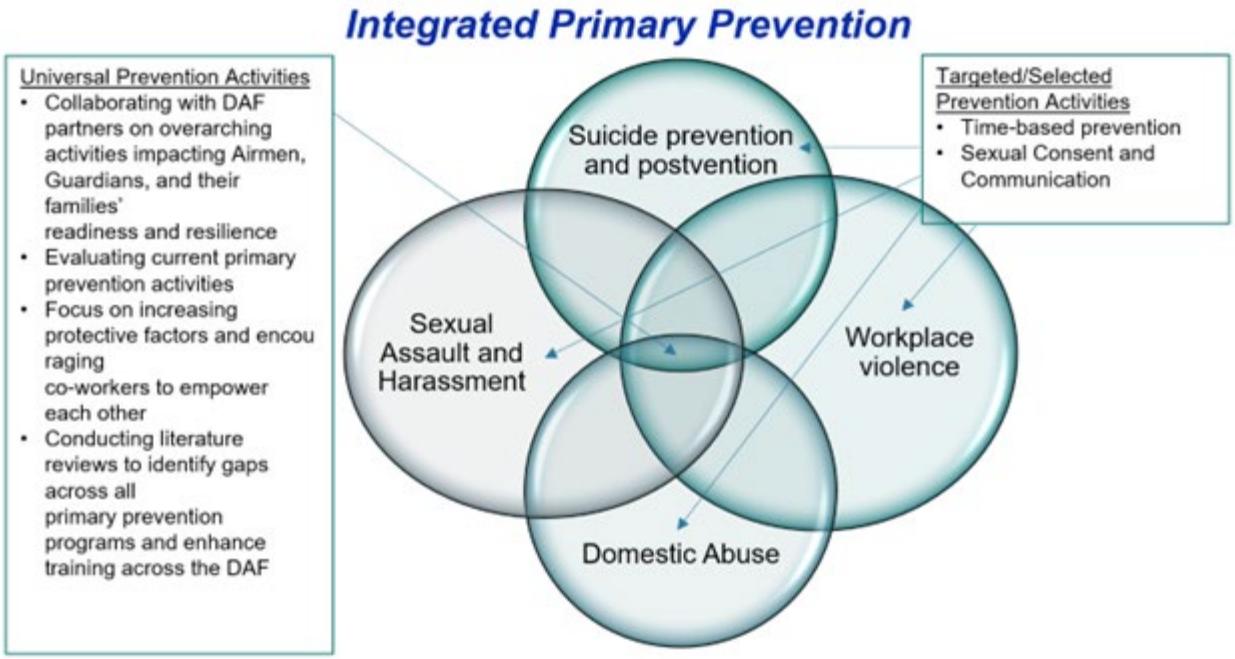
data and will not use any personally identifiable, protected health, or other confidential information when serving in the capacity of the OPR . **(T-1)**

6.8.3.7. Coordinate and collaborate with leaders and prevention stakeholders to improve and integrate IPP programs and activities with quality-of-life concerns. **(T-1)** This includes ensuring effective communication, information sharing, and education and outreach activities across the installation by developing and/or harnessing existing tools and resources. This may also include conducting primary prevention research, assessments, and evaluations to determine effectiveness of strategies, programs, and activities. **Note:** Awareness raising will not replace or diminish the priority of skill building that supports resilience and IPP. **(T-1)** This does not restrict other functional agencies from engaging in prevention activities, but rather ensures there is coordination and collaboration through the CAT.

6.8.3.8. Consult with appropriate functional agencies to develop recommended data informed solutions to individual, family, and community IPP and other related issues. **(T-1)**

6.8.3.9. VVAs transitioning out of the role as required by IRC requirements, may be appropriate to augment IPP efforts. As such they will be credentialed and subject to IPP support personnel (DoD level 2) requirements as referenced in DoDI 6400.11 via IPPW.

Figure 6.2. Integrated Primary Prevention Figure.



6.9. Installation Integrated Prevention and Response Director (IPRD) will:

6.9.1. As IPP support, provide senior strategic prevention and response advisement and serve as subject matter expert for the installation IPP program. **(T-1)** This includes implementing policies, practices, and programs of a prevention system as referenced in DoDI 6400.09 and DoDI 6400.11 to integrate and institutionalize IPP and resilience across the installation. **(T-0)** IPRD will serve in non-clinical roles when addressing IPP. **(T-1)**

6.9.2. Have direct access to the installation or host wing/installation commander and senior enlisted leader. **(T-1)**

6.9.3. As the CAB Executive Director, serve as the OPR for the installation IPP system, IPP programs and activities. **(T-1)** This includes providing guidance to leadership and CAB and CAT members on primary prevention, disseminating information on primary prevention strategies and risk and protective factors.

6.9.4. Collaborate with the DPH (or appointed designee) to ensure implementation of the prevention system as a part of the continuum of care.

6.9.5. Ensures prevention programs, policies, and practices are based on research informed practices as referenced in DoDI 6400.09, including quality implementation measures and evaluation of prevention activities. **(T-0)** Evaluation activities must follow policies concerning privacy, ethics, human subjects, and data-sharing, as referenced in DoDI 6400.09.

6.9.6. Coordinate and provide subject matter expertise to leadership on TN, suicide postvention, Connect to Care and Victim Support Co-location.

6.9.7. Confirm with AFOSI, squadron/unit commanders (or civilian equivalent) and the DPH that death by suicide and suicide attempt data to be entered into the DoD Suicide Event Report central database. **(T-1)** IPRD will only facilitate data sharing and communication between the entities and will not access or review any associated sensitive personally identifiable and confidential information. **(T-0)** The IPRD will not be authorized to access the DoD Suicide Event Report to enter or retrieve death by suicide or suicide attempt data. **(T-0) Note:** For AFR at the MAJCOM confirm with AFOSI Liaison and MAJCOM DPH (or civilian equivalent) that death by suicide and suicide attempt data is provided to the wing DPH to be entered into the DoD Suicide Event Report central database.

6.9.7.1. Provide installation/ squadron commanders and first sergeants awareness of and access to the DAF Leader's Post-Suicide and Suicide Attempt guides to manage post-suicide responses. **(T-0)** The guides will be made available via the AFPC SharePoint site at **https://usaf.dps.mil/sites/afpc-home/DPF/DPFZ/SitePages/Home.aspx**.

6.9.7.2. Provide installation squadron commanders and first sergeants awareness of and access to the Squadron Commander/First Sergeant Guide for Airmen and Guardians Under Investigation or Involved in Military/Civilian Criminal Justice/Legal Systems. **(T-1)** This can assist with mitigating risk of a death by suicide, suicide attempt, or other forms of harm. This guide will be made available via AFPC SharePoint.

6.10. Installation Integrated Prevention Chief (IPC) will:

6.10.1. As IPPW, provide program management for the installation IPP and resilience programs. **(T-1)** This includes implementing policies, practices, and programs of a prevention system as referenced in DoDI 6400.09 and DoDI 6400.11 to integrate and institutionalize IPP and resilience across the installation. **(T-0)** IPCs will serve in non-clinical roles when addressing IPP. **(T-1) Note:** Ensure support is provided for AFR tenants. ANG will appoint appropriate personnel to implement these duties. **(T-2)**

6.10.2. In absence of the IPRD, has direct access to the installation or host wing/installation commander and senior enlisted leader. **(T-1)**

6.10.3. Serve as the OCR for IPP programs and activities. **(T-1)** This includes providing guidance to CAT members on IPP. ANG will appoint personnel as appropriate. **(T-1)** This includes disseminating information on IPP strategies and risk and protective factors.

6.10.4. Serve as the installation CAT Chair, and support IPRD with CAB execution.

6.10.4.1. Oversee preparation, distribution, and record maintenance of agendas and minutes for all CAT meetings. **(T-2)**

6.10.4.2. Support preparation and submission of an executive summary to respective MAJCOM/FLDCOM CAB that provides a year-end analysis of issues that were addressed. **(T-2)**

6.10.5. Serve as the OPR for the non-clinical primary prevention responsibilities of the installation Suicide Prevention Program in coordination and collaboration with the DPH (or appointed designee) and other CAT agencies. **(T-0)** ANG will appoint appropriate personnel to implement these duties. **(T-0)** Refer to **Chapter 5** for additional guidance.

6.10.5.1. Ensure overall program compliance and coordination with the installation CAB/CAT and the functional agencies addressing deaths by suicide and suicide attempts. **(T-0)**

6.10.5.2. For AFR MAJCOM IPC, will confirm with AFOSI Liaison and MAJCOM DPH(or civilian equivalent), squadron/unit commanders (or civilian equivalent) that death by suicide and suicide attempt data is provided to the wing DPH to be entered into the DoD Suicide Event Report central database. IPC will only facilitate data sharing and communication between the entities and will not access or review any associated sensitive personally identifiable and confidential information. **(T-0)** IPC will not be authorized to access the DoD Suicide Event Report to enter or retrieve death by suicide or suicide attempt data. **(T-0)**

6.10.5.3. Serve as the Suicide Prevention Program representative and provide primary prevention suicide metrics to the CAB/CAT. **(T-1) Note:** For ANG, the wing/installation commander will appoint a member to serve as the OPR for the installation suicide prevention program.

6.10.5.4. Provide program support to the wing/installation Inspector General to accomplish the Suicide Prevention Program inspection. **(T-1)**

6.10.5.5. Ensure any AF/A1Z directed Self-Assessment Communicators for suicide prevention (e.g., DAF Suicide Prevention Program 15 Elements) are completed in coordination with appropriate personnel. **(T-1)**

6.10.5.6. Promote consistent messaging on suicide prevention among CAB/CAT members and across the installation. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.10.5.7. Ensure suicide prevention (whether as a standalone or IPP) is incorporated into CAB/CAT initiatives and CIPP Plans. **(T-1) Note:** ANG wing/installation tenant commander will ensure suicide prevention is incorporated into installation CAB/CAT initiatives and CIPP Plan. **(T-2)**

6.10.6. Serve as the OCR for the installation prevention system and data informed actions as referenced in DoDI 6400.09.

6.10.6.1. Serve as the OPR for non-clinical primary prevention of domestic abuse and child abuse in coordination with FAP, and other CAT agencies. Promote consistent messaging on domestic abuse and child abuse prevention among CAB/CAT members and across the installation as referenced in DoDI 6400.09. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.10.6.2. Serve as OPR for non-clinical primary prevention of workplace violence in coordination with EO, Civilian Personnel), and other CAT agencies.

6.10.7. Participate on the installation CAB.

6.10.8. Lead installation CAT and other relevant collaborative forums addressing IPP. **(T-1)**

6.10.9. Lead development of the IPP components of the installation CIPP Plans and CAT. **(T-1)** Refer to **Chapter 4** for additional guidance.

6.10.10. Manage the IPP program budget as referenced in DAFI 65-605 V1. **(T-2)**

6.10.11. Ensure IPP and annual training for all Airmen, Guardians and DAF civilian personnel (appropriated and non-appropriated fund) is conducted and tracked as directed by the DAF CAB and/or AF/A1Z. **(T-0)** Refer to **Chapter 3** for additional guidance.

6.10.12. Serve as OCR to compile and assess aggregate local data (non-personally identifiable, non- protected health, or other non-confidential information) to identify risk and protective factors. **(T-1)** This data will help determine which evidence-based programs and activities best meet the needs of an installation.

6.10.13. Consult with appropriate functional agencies to develop recommended solutions to individual, family, and community IPP and other related issues. **(T-1)**

6.10.14. Manage the resilience program budget as referenced in DAFI 65-605 V1. **(T- 2)** **Note:** HQ AFRC/A1Z will oversee resilience budgets for Reserve host wings. Active-duty Prevention Coordination Specialist should coordinate with AFR tenant POC to ensure they collaborate on resilience initiatives and funding support.

6.11. Installation Prevention Coordination Specialist will:

6.11.1. As IPPW, provide program management and serve as subject matter expert for the installation resilience program. **(T-1) Note:** Ensure support is provided to AFR and ANG tenant wings.

6.11.2. Serve as OCR for non-clinical prevention of workplace violence in coordination with EO, Civilian Personnel and other CAT agencies.

6.11.3. Promote consistent messaging on prevention of workplace violence among CAB/CAT members and across the installation as referenced in DoDI 6400.09, DoDI 1020.03, *Harassment Prevention and Response in the Armed Forces,* DoDI 1020.04, *Harassment Prevention and Response for DoD Civilian Employees,* and DoDI 1438.06, *DoD Workplace Violence Prevention and Response Policy*. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.11.4. Publish workplace violence prevention guidance and procedures to prevent harassment in collaboration with EO, Civilian Personnel and other organizations.

6.11.5. Serve as the OCR for non-clinical primary prevention of domestic abuse and child abuse in coordination with FAP, and other CAT agencies. Promote consistent messaging on domestic abuse and child abuse prevention among CAB/CAT members and across the installation as referenced in DoDI 6400.09. **(T-0)** This includes coordinating and collaborating with Public Affairs, DPH, and Chaplain.

6.11.6. Serve as OCR for non-clinical primary prevention of workplace violence in coordination with EO, Civilian Personnel, and other CAT agencies.

6.11.7. Serve as the OPR for resilience programs and activities. **(T-1)** This includes providing guidance to leadership and CAB/CAT members on resilience. **Note:** ANG SARC may be appointed as the CAT Chair. **(T-2)**

6.11.8. Coordinate forums or other activities that support resilience and IPP as directed by the DAF, MAJCOM/FLDCOM, and installation CABs, and/or AF/A1Z.

6.11.8.1. Promote multiagency collaboration between CAB/CAT members.

6.11.8.2. Ensure continuous focus remains on building and sustaining resilience and preventing interpersonal and self-directed violence.

6.11.9. Oversee the overall development and implementation of the installation CIPP Plans. Refer to **Chapter 4** for additional guidance.

6.11.10. Complete the following additional training:

6.11.10.1. Master Resilience Trainer training. **(T-1)**

6.11.10.2. Ensure Master Resilience Trainers (MRT) and Resilience Training Assistants (RTA) are trained and equipped to conduct resilience training. **(T-2)** This includes scheduling and tracking completed trainings (e.g., First Term Airman Center Resilience Training) conducted by MRTs and RTAs. Refer to **Chapter 3** for additional guidance. **Note:** RTAs will not conduct resilience training without on-sight supervision from MRTs. **(T-1)**

6.11.11. Ensure resilience programs and activities on Joint Base environments and multi-component environments are conducted collaboratively with all branches and components of service. **(T-2)**

6.11.12. In collaboration with Prevention Analyst, review aggregate local data (non-personally identifiable, non-protected health, or other non-confidential information) to identify resilience and quality of life issues. **(T-1)** This data can help determine which programs and activities best meet the needs of the installation. **Note:** To reduce the risk for accidental disclosure, sexual assault data from the Defense Sexual Assault Incident Database (DSAID), DAF will adhere to DoD's data sharing best practices guidance.

6.11.13. OPR for designated awareness and prevention months in coordination with local prevention stakeholders (i.e., SAPR workforce, FAP, etc.), including Teen Dating Violence Prevention Month, Child Abuse Prevention and Awareness Month, Sexual Assault Awareness and Prevention Month, Domestic Violence (Domestic Abuse) Prevention and Awareness

Month, and Suicide Prevention and Awareness Month. Coordinate awareness month activities within IPPW and with other relevant stakeholders.

6.12. Installation Prevention Analyst will:

6.12.1. As IPPW, lead collection, analysis, interpretation, and visual implementation of data for the installation Integrated Resilience Office. **(T-1)**

6.12.1.1. Identify risk and protective factors and emerging issues for their targeted population that include but are not limited to risk factors for service members, their families and/or DoD personnel that address abuse to self or others and factors that affect the workplace as referenced in DoDI 6400.09. **(T-0)**

6.12.1.2. Identifies prevention programs, policies, and practices that are based on research informed practices as referenced in DoDI 6400.09. **(T-0)**

6.12.1.3. Include quality implementation measures and evaluation of prevention activities. **(T-0)** Evaluation activities must follow policies concerning privacy, ethics, human subjects, and data-sharing, as referenced in DoDI 6400.09.

6.12.1.4. Serve as OPR, to compile and assess aggregate local data (non-personally identifiable, non- protected health, or other non-confidential information) to identify risk and protective factors. **(T-1)** This data can help determine which evidence-based programs and activities best meet the needs of an installation. **Note:** Prevention Analysts will not be authorized to attend Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information about individuals seeking support services, receiving disciplinary action, or for other circumstances as determined by the DAF CAB and/or AF/A1Z. **(T-1)** If an AFR or ANG tenant wing assigns any or all Prevention Analyst duties to an individual who also participates in the Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information as part of their duties (e.g., DPH, SARC, etc.). That individual will only access aggregate local data and will not use any personally identifiable, protected health, or other confidential information when serving in the capacity of the Prevention Analyst. **(T-1)**

6.12.2. Support prevention partners, leadership, and the general population with understanding self-directed harm and prohibited abusive or harmful acts from a public health perspective and establishing a culture of prevention. **(T-1)**

6.12.3. Maintain consistent and reliable information to inform decision-making, strategies, policy, and program evaluation. **(T-1)**

6.12.4. Collaborates and integrates primary prevention efforts in areas such as sexual assault, family violence (includes domestic abuse and child abuse and neglect), workplace violence (includes sexual harassment, bullying and hazing), suicide, and alcohol and substance use/abuse/misuse prevention. **(T-1)**

6.12.5. Maintain responsibility for data management and routine analysis used in program evaluation and public health research within their community. **(T-1)**

6.12.6. Organizes all aspects of IPP program planning, assessment, evaluation, and continuous monitoring of prevention activities for the installation. **(T-1)**

6.12.7. Apply knowledge and understanding of evidence-based primary prevention strategies and programs to inform the installation prevention process. **(T-1)**

6.12.8. Complete the following additional training: Master Resilience Trainer training.

6.13. Installation Prevention Specialist will:

6.13.1. As IPPW, coordinate and integrate primary prevention activities to effectively prevent negative outcomes associated with sexual assault and harassment, family violence (including domestic abuse and child abuse and neglect), workplace violence (includes harassment, bullying and hazing), suicide, and alcohol abuse/misuse prevention, hereafter referred to as self-directed harm and prohibited abusive or harmful acts. **(T-1)**

6.13.2. Complete administrative functions, budget execution, and implementation of primary prevention education and training for the total base population.

6.13.3. Ensure primary prevention education and skill building of two or more behaviors is implemented as designed, monitored for fidelity, and evaluated as referenced in DoD and DAF guidance. **(T-1)**

6.13.4. Execute activities and provides training to installation personnel and community agencies concerning IPP. **(T-1)**

6.13.5. Support the installation CAB/CAT in executing established initiatives. **(T-1)**

6.13.5.1. Support preparation, distribution, and records maintenance for CAB/CAT meeting agendas and minutes.

6.13.6. Ensure program compliance with regulations, laws, policies, and directives associated with mandated administrative support programs.

6.13.6.1. Responsible for programs to include, but not limited to, task management, Government Travel Card (GTC), Defense Travel System (DTS), Government Purchase Card holder (GPC), office supplies and promotional materials that are affiliated with organizational function and/or program execution.

6.13.6.2. Attends required training and meetings as related to the prescribed office functions as necessary.

6.13.7. Maintain responsibility for working with base agencies to establish communications for the purpose of advertising or marketing programs to base-wide personnel. **(T-1)**

6.13.8. Develop, establish, update, and maintain office procedures and records/files of various types to ensure effective and efficient operation. **(T-1)**

6.13.9. Maintain updated documentation for tracking compliance with DAF, MAJCOM/FLDCOM or installation tasks as required. **(T-1)**

6.13.10. Complete the following additional training:

6.13.10.1. Master Resilience Trainer training and Wingman Intervention Program training. **(T-1)**

6.13.10.2. Track all initial and ongoing professional development training using an approved tool.

6.14. Installation True North Program Manager (ITNPM) will:

6.14.1. As IPP support, provide program management and serve as subject matter experts for non-clinical aspects of the installation TN Program. **(T-1)**

6.14.2. Have direct access to the installation or host wing/installation commander and senior enlisted leader. **(T-1)**

6.14.3. Serve as the OPR for TN programs and activities. **(T-1)** This includes providing guidance to leadership and CAB/CAT members on TN programs and activities.

6.14.4. Collaborate with the IPPW and helping agencies on resilience, IPP, and CAB/CAT initiatives. **(T-1)**

6.14.5. Coordinate and collaborate with functional agencies to improve and integrate the TN program and activities and quality of life concerns. **(T-1)** This includes ensuring effective communication, information sharing, and education and outreach activities across the installation by developing and/or harnessing existing tools and resources. **Note:** Awareness raising will not replace or diminish the priority of skill building that supports resilience and IPP. **(T-1)**

6.14.6. Consult with appropriate functional agencies to integrate TN with existing programs and tools to address individual, family, and community resilience, readiness, and other related issues.

6.14.7. Manage the TN Program budget as referenced in DAFI 65-605 V1 and ensure Religious Support Teams funds are also executed as referenced in DAFI 52-105. **(T-2)**

6.14.8. Review aggregate local data (non-personally identifiable, non-protected health, or other non-confidential information) to identify resilience and quality of life issues. **(T- 1)** This data can help determine which programs and activities best meet the needs of an installation and/or squadron and should be provided to TN embedded providers.

6.14.9. Coordinate with the TN CM or Lead LCSW and supporting the MTF Chief of Medical Staff (SGH) to ensure all TN Embedded Mental Health (EMH) providers are appropriately trained, privileged, and cleared to practice on the installation. **(T-1)**

6.14.10. Coordinate with the installation Senior Religious Support Team (Sr RST) for any spiritual or religious need and to ensure all embedded Religious Support Teams (RSTs) are appropriately staffed. **(T-1)**

6.14.11. Coordinate with appropriate agencies (Civilian Personnel, MAJCOM/FLDCOM, AFPC, MDG Credentialing Office, etc.) to assist installation commanders with filling TN vacancies. **(T-1)**

6.15. Installation True North Clinical Manager (CM) and /or Lead True North Licensed Clinical Social Worker (LCSW) will:

6.15.1. As IPP support, serve as the subject matter expert on clinical issues for TN EMH providers in consultation with the servicing Mental Health Clinic/MTF. **(T-1)**

6.15.2. Provide clinical oversight, functional supervision, consultation, and training to EMH providers and technicians regarding policies and procedures, clinical evaluations, assessment

measures, prevention and intervention services, documentation, and use of the electronic health record (EHR), as well as, professional and organizational consultation. **(T-1)**

6.15.2.1. Provide comprehensive training for EMH providers and technicians on the essential components of the EMH model, including use of the EHR, coding of clinical visits, unit circulation, command consultation, psychoeducation, referrals, unit needs assessments, team building, limited scope counseling (LSC), evidence-based interventions, skills sustainment within the MTF and other elements of specialty mental health care in the supporting MTF as required. **(T-1)**

6.15.2.2. Develop and implement a formal quality evaluation process to monitor clinical intervention services, evaluating self and other professional EMH staff and adjusting service delivery as needed to maximize intervention/treatment impact. **(T-1)**

6.15.2.3. Interface and communicate with supporting MTF Credentialing Privileging (CP) Program Office. Use DHA wording as referenced in DHA-PM 6025.13, Volume 6 to ensure all EMH personnel acting in a clinical capacity are appropriately privileged to provide services on the installation. **(T-1)**

6.15.2.4. Coordinate with installation TN PM, mental health flight leadership and other helping agency staff on all issues related to effectively implementing the EMH mission including but not limited to security, Operational Healthcare Unit (OHU) accreditation, logistics, credentialing and hiring actions. **(T-0)**

6.15.2.5. Develop, coordinate, and monitor status of memorandum of agreement (MOA) with the supporting MTF that details roles and responsibilities with respect to embedded unit care delivery on an installation to guide TN EMH personnel in providing clinical services inside and outside of the MTF, enabling the unit to obtain accreditation as an affiliate of the MTF as required by DHA policy. **(T-0)**

6.15.2.6. Ensure EMH providers establish a designated location in a unit where patient care can be provided that meets all the requirement for establishing OHU as referenced in DHA-PM 6025.13, Volume 5 which will be defined in a Memorandum of Agreement (MOA) with installation MTF. These OHUs must follow Occupational Safety and Health Administration (OSHA) guidelines, facility codes, and Military Health System (MHS) approved Accreditation Organization (AO) requirements to include but not limited to patient safety, infection prevention and control, environment of care, equipment safety, process improvement, and environmental hazards as referenced in AFI 44-108, AFMAN 48-149, and DHA-PM 6025.13, Vols 1-6. **(T-0)**

6.15.3. Serve as an EMH provider as needed. Must maintain professional credentialing and privileging requirements at the installation MTF IAW DoD, DHA, and DAF policy. **(T-0)**

6.16. Additional Duty Lead True North LCSW.

6.16.1. As IPP support, in the absence of funded manpower positions for an ITNPM, CM or Lead LCSW, additional duty Lead LCSW will be appointed in writing by the installation commander.

6.16.2. In absence of an ITNPM, has direct access to the installation or host wing commander and senior enlisted leader. **(T-1)**

6.16.3. Serve as the OPR for non-clinical TN programs and activities. **(T-1)** This includes providing guidance to leadership and CAB/CAT members on TN programs and activities.

6.16.4. Collaborate with IPPW and helping agencies on resilience, IPP, and CAB/CAT initiatives. **(T-1)**

6.16.5. Consult with appropriate functional agencies to integrate TN with existing programs and tools to address individual, family, and community resilience, readiness, and other related issues.

6.16.6. Manage clinical aspects of the True North Program in coordination and collaboration with the MTF commander or their designee. Ensure clinical aspects of the True North program are managed IAW all DHA, AF/SG, or AFMED guidance and directives and the True North operations guide **(T-1)**

6.16.7. Provide clinical oversight, functional supervision, consultation, and training to EMH providers and technicians regarding policies and procedures, clinical evaluations, assessment measures, prevention and intervention services, documentation, and use of the EHR (I) and professional and organizational consultation. **(T-1)**

6.16.8. In coordination with the Mental Health flight commander, DPH and/or SGH and the MTNPM:

6.16.8.1. Provide comprehensive training for EMH providers and technicians on the essential components of the EMH model, including use of tier, coding of clinical visits, unit circulation, command consultation, psychoeducation, referrals, unit needs assessments, team building, limited scope counseling (LSC), evidence-based interventions, skills sustainment within the MTF and other elements of specialty mental health care in the supporting MTF as required. **(T-1)**

6.16.8.2. Develop and implement a formal quality evaluation process to monitor clinical intervention services, evaluating self and other professional EMH staff and adjusting service delivery as needed to maximize intervention/treatment impact. **(T-1)**

6.16.8.3. Interface and communicate with supporting MTF personnel and/or SGH and Credentialing Office to ensure all EMH personnel acting in a clinical capacity are appropriately privileged to provide services on the installation. **(T-1)**

6.16.8.4. Coordinate with other helping agency staff on all issues related to effectively implementing the EMH mission including but not limited to security, logistics, credentialing and hiring actions. **(T-1)**

6.16.8.5. Develop, coordinate, and monitor status of OHA MOA with the installation MTF, which enables the unit to obtain accreditation as an affiliate of the MTF as required by DHA policy. **(T-1)**

6.16.8.6. Ensure unit facilities used for patient care meet the Military Health System (MHS) designated or approved AO requirements with support of the installation MTF per AFMAN 48-149 and DHA-PM 6025.13 Vols 1-6. Unit facilities must follow published DAF, DHA, and DoD guidance as applicable, including those governing patient safety, infection prevention and control, environment of care, equipment safety, process improvement, environmental hazards safety and facility maintenance including but not limited to AFI 44-108, AFMAN 48-149 and DHA-PM 6025.13. **(T-1)**

6.17. Leaders and Supervisors will:

6.17.1. Recognize that their involvement in programs and activities that support resilience and IPP is critical. **(T-1)**

6.17.2. Promote a culture of prosocial, healthy, and adaptive behaviors that encourages early help-seeking. **(T-0)** This includes not tolerating negative actions (e.g., hazing, belittling, humiliating, retaliation, etc.) that prevent Airmen and Guardians from help-seeking or professional care.

6.17.3. Reinforce the DAF core values and conduct as directed in AFI 1-1, AFI 1-2 and SF Handbook 1-1. **(T-1)** This includes ensuring Airmen and Guardians understand how resilience and interpersonal and self-directed violence impact their well-being and performance, unit morale, and ultimately DAF readiness.

6.17.4. Ensure any required resilience and primary prevention trainings are completed by uniformed Airmen and Guardians and DAF civilian personnel within their sphere of influence. **(T-0)** Refer to **Chapter 3** for additional guidance.

6.17.5. Complete any required resilience and IPP training as described in this publication. **(T-0)**

6.17.6. Learn signs of distress, and effective ways to discuss issues with subordinates. **(T-0)** This includes knowing where to refer Airmen and Guardians for help.

6.17.7. Engage installation CAT agencies to assist in improving programs and activities that support resilience and IPP within the unit as appropriate, to include Connect to Care. **(T-1)**

6.17.8. Ensure measures are in place so service members under their command understand the procedures to request a referral for a MHE and provide resources ensuring Airmen and Guardians receive the mental health services requested in a timely manner.

6.18. Squadron Commanders (or civilian equivalent) will:

6.18.1. Enter all requested data about a suicide attempt within 30 days and a death by suicide within 60 days into DoD Suicide Event Report. **(T-1) Note:** For ANG, the assigned personnel will complete DoD Suicide Event Report entries with the required timeframes. **(T-0)** Refer to **Chapter 5** for additional guidance.

6.18.2. Oversee TN operations across the unit (group or squadron) and establish supervisory responsibility for the TN embedded mental health (EMH) providers, Mental Health (MH) Technicians, and Religious Affairs Airmen (RAA) within their unit. **(T-1)** as referenced in AFI 52-101, *Planning and Organizing*, Commanders will supervise squadron Chaplains.

6.18.3. Follow all DHA, AF/SG, and AFMED guidance and directives to report concerns of potentially inappropriate professional and/or medical conduct of TN EMH providers. Ensure installation-level TN personnel are informed of any concerns. MTF comments/concerns on clinical activity must be adhered to or acted upon.

6.18.4. Provide TN mental health providers and RSTs with private office space that is suitable for counseling and not within line of sight of the squadron leadership (commander, senior enlisted leader, first sergeant, etc.).

6.18.5. Ensure unit facilities used for patient care must meet the Military Health System (MHS) designated or approved Accreditation requirements with support of the MTF per AFMAN 48-149 and DHA-PM 6025.13. Unit facilities must follow published DAF, DHA, and DoD guidance as applicable, including those governing patient safety, infection prevention and control, environment of care, equipment safety, process improvement, environmental hazards safety and facility maintenance including but not limited to AFI 44-108, AFMAN 48-149 and DHA-PM 6025.13. **(T-1)**

6.18.6. Ensure measures are in place so service members under their command understand the procedures to request a referral through their healthcare team, a self-referral, or a supervisor-facilitated referral for an MHE. Provide appropriate duty time to allow the member to be seen in a timely manner.

6.18.7. Conduct CCAs IAW DoDI 6400.11. See **Chapter 7**.

Chapter 7

COMMAND CLIMATE ASSESSMENTS

7.1. Overview. Squadron commanders are ultimately responsible for meeting CCAs requirements and completing the process as required by DoDI 6400.11. Commanders and civilian organizational leaders must conduct Change of Command CCAs within 90 days after assuming command or leadership of an organization. **(T-0)** Commanders and organizational leaders must conduct an annual CCA, which includes administering a DEOCS between 1 August and 30 November, beginning no later than 31 October. **(T-0)** The CCAs will be administered by commanders (and civilian equivalents) at the squadron level (and equivalent organizations to include MAJCOM/FLDCOM and HQ Directorates) to capture all members within their respective units. **(T-1)** DAF members or units on joint bases, deployed locations or participating as a part of a unit that includes more than one military service branch will be included in the DAF CCA process. The installation IPPW will support all tenants on their respective installation (including AFR, ANG and Combatant Commands) to meet the requirements of annual and Change of Command CCAs, which may include drill weekend support, as needed and should include their community needs in the comprehensive installation CIPP Plan. A Defense Organizational Climate Pulse (DOCP) survey is the only approved survey tool to measure command climate between CCAs. Commanders may conduct a DOCP during a Change of Command CCA or between Annual CCAs to obtain additional data. They may choose the questions of the DOCP from a bank of questions maintained by DoDHRA. To minimize survey fatigue, a DOCP must not be administered more than once a year or within the 90 days before or after a DEOCS. **Note:** Command Climate Assessments are not to be used as an investigative tool in assessing or clarifying other reported incidents or allegations.

7.1.1. In accordance with DoDI 6400.11, the DAF IPPW will help squadron commanders (and civilian equivalents) decide what additional data is needed, interpret CCAs results through analysis, identify areas for improvement, and implement appropriate and effective responsive actions. **(T-0)** The IPPW should conduct interpretation and action planning collaboratively with other program specialists and prevention stakeholders. The IPPW will also ensure squadron commanders or organizational leaders share aggregated, de-identified CCA results through review sessions and out-briefs with commanders (and civilian equivalents). **(T-0)** The IPPW will support all squadrons within the installation to include AFR and ANG tenant units.

7.1.2. Squadron commanders (and civilian equivalents) will designate a representative to assist with the CCAs administration to include DEOCS and DOCP and gathering additional data as described in DoDI 6400.11. Commanders (and civilian equivalents) will identify and track the administrator through an appointment letter. **(T-0)** Administrators are responsible for all administrative duties related to CCA activities including requesting surveys, monitoring the survey response rates, keeping the requesting commander (and civilian equivalents) informed of the survey progress, gathering additional data and questions for the CCAs, and extending the survey close date as needed. **(T-0)** The designated CCA administrators will complete training on the policies, procedures, and processes associated with CCAs, before being appointed. Additional CCA information and resources are available at **https://www.prevention.mil/**.

7.1.3. The IPPW must conduct CCA review sessions with squadron commanders (and civilian equivalents) within 60 calendar days of the close of the DEOCS, or next drill period (for Annual CCAs). Within 120 calendar days after a commander (or civilian equivalent) assumes command (or office), or next drill period, to review the results of the CCA and collaborate on potential actions to improve or sustain their climate. **(T-0)**

7.1.3.1. After a Change in Command CCA and annual CCA, commanders and organizational leaders (and civilian equivalents) must:

7.1.3.1.1. Within 30 calendar days of the CCA review session or next drill period, share the current CCA results with their squadron or organization members:

7.1.3.1.2. Share with next higher level of command or leadership (and civilian equivalents); and 7.1.3.1.3. Share with any subordinate commanders or leaders (and civilian equivalents). **(T-0)**

7.1.3.2. The CCA results will include DEOCS results (for annual CCAs), insights from other data that is considered, and identified actions. **(T-0)**

7.1.4. The IPPW must incorporate the results of CCAs in the installation CIPP Plan.

7.1.4.1. Final and approved installation CIPP Plans are required to be uploaded into the Defense Climate portal annually by 31 January. Updates to the plan submitted in January, describing implementation progress and new information (e.g., findings from new Change of Command CCAs, new DOCPs, research, and evaluations) are due to be uploaded to the DEOCS portal annually by 31 July. Plans must note the dates of CCA review sessions with commanders and civilian equivalents. **(T-0)**

7.1.4.2. At a minimum, installation CIPP Plans must:

7.1.4.2.1. Describe strengths and areas for improvement. **(T-0)**

7.1.4.2.2. Indicate which data sources were considered (e.g., DEOCS, DOCP, records, reports, interview data, focus group data, other existing survey data). **(T-0)**

7.1.4.2.3. Identify recommendations for implementation by commanders and organizational leaders at each echelon as appropriate. **(T-0)**

7.1.4.2.4. Obtain approval from appropriate leader overseeing the plan development. **(T-0)**

7.1.4.2.5. Specifically outline how DEOCS factors that do not meet scoring benchmarks will be addressed. **(T-0)**

7.1.4.2.6. Record dates of the review sessions with the commanders or organizational leaders. **(T-0)**

7.2. Commanders. Commanders at all levels (and civilian equivalents) will ensure Airmen and Guardians (military and civilian) in their command or organization have the opportunity to participate in all CCA activities. **(T-0)** Contractor personnel will not participate in CCAs. **(T-0)** Civilian or military foreign nationals may participate in a CCA, subject to Department of Defense Human Resources Activity (DoDHRA) approval. **(T-0)**

7.3. Access to Information. The DoD Office of People Analytics generated survey reports and any reports derived from analyzing the organizational climate must be marked “Controlled

Unclassified Information (CUI).” (T-0). As the records custodian for DEOCS reports, the IPPW is responsible for ensuring Freedom of Information Act (FOIA), requests are processed IAW DoDD 5400.07, *DoD Freedom of Information Act (FOIA) Program* and DoDM 5400.07_AFMAN 33-302, *Freedom of Information Act Program*. Requests from other DoD entities and federal agencies, to include Congress, are not processed under the FOIA but as official use requests. Such requests also take into consideration Department of Defense Manual (DoDM) 5200.01, Volume 4, Enclosure 3, *DoD Information Security Program: Controlled Classified Information,* and DoDI 7650.01, *Government Accountability Office (GAO) and Comptroller General Requests for Access to Records*, and AFI 90-401, *Relations With Congress*. (T-0) Note: Do not include any classified material in the report.

7.3.1. FOIA Requests. DEOCS reports are subject to the Freedom of Information Act. Any request for release or denial of the Defense Organizational Climate Survey reports must adhere to the requirements enumerated in DoDD 5400.07 and DoDM 5400.07_AFMAN 33-302 in coordination with the installation FOIA office. (T-0) The Privacy Act does not apply to DEOCS reports. Designated officials and intra-agencies requesting access to DEOCS reports must submit a formal memorandum justifying the purpose for the request and how it will be used. (T-1) This request will be maintained by the installation IPPW, IAW Air Force Records Disposition Schedule in the Air Force Records Information Management System. (T-1) Note: IPPW must notify the respective commander(s) associated with the requested report that a request for report has been made, and that the installation IPPW is obligated to comply with or deny the request. (T-1)

7.3.2. Controlled Unclassified Information. Requests for DEOCS reports by intra-agencies (internal to the DAF) or designated officials and external agencies do require Freedom of Information Act requests and will be released by the installation IPPW in coordination with their local FOIA office, if such requests are in support of a lawful and authorized government purpose. **(T-1)** However, the request will be executed IAW DoDM 5200.01, Volume 4, Enclosure 3, Paragraph 2(d)(2)(3). **(T-0)** Designated officials and intra-agencies requesting access to DEOCS reports must submit a formal memorandum justifying the purpose for the request and how it will be used. **(T-1)** This request will be maintained by the installation IPPW, IAW Air Force Records Disposition Schedule in the Air Force Records Information Management System. **(T-1) Note:** IPPW must notify the respective commander(s) associated with the requested report that a request for report has been made, and that the installation IPPW is obligated to comply with or deny the request. **(T-1)**

7.4. Historical Reports. IPPW may release historical DEOCS reports and other relevant CCA documentation to appropriate unit commanders/organizational leaders in support of CCAs and CIPP Plan development.

7.4.1. IPPW, CCA administrators, current and incoming unit commanders/organizational leaders and next higher level of command must be able to access current and past aggregated, de-identified CCA results and CIPP Plans for the units/organizations under their purview. As referenced in DAFI 36-2710, *Equal Opportunity Program*, the Equal Opportunity Office should provide IPPW the last four DEOCS available for each unit at their installation for use in the annual CCAs. EO Offices may release records to commanders as referenced in DAFI 36-2710.

7.4.2. DEOCS and DOCP results, comments, and action plans must be retained by DoDHRA and available to authorized users within the DEOCS portal for up to 5 years. Squadron commanders and organizational leaders must retain additional materials related to their CCAs IAW their DoD Component's applicable data retention policies.

Chapter 8

COORDINATION AND COLLABORATION FOR DAF'S VICTIM SUPPORT CO-LOCATION MODEL AND CONNECT TO CARE APPROACH

8.1. Overview. The DAF is implementing a co-location model to improve ease of access to support services for victim/survivors, increase coordination and collaboration among co-located personnel, and enhance awareness of services provided to increase targeted and effective prevention activities. The framework for co-location will formalize roles and responsibilities to support the implementation of the "Operating Guidance for Co-Location Model and the Connect to Care Approach" Field Communication. Response personnel (SARC, SAPR VA, Domestic Abuse Victim Advocate (DAVA), VC, and Religious Support Team (RST)) will co-locate. Where feasible, the IPPW may co-locate with the Response personnel, however protections must be in place to ensure victim/survivors' privileged communication and confidentiality are not at risk or exposed within this co-located space (i.e., separate entrance, hallway, floor, or adjacent building). Co-located facilities must include separate and distinct prevention and response offices with appropriate signage. IPPW do not have privileged communication or confidentiality and subsequently may be called to disclose details of interactions and conversations witnessed or overheard in co-location facilities in investigative or legal processes. The most important goal of co-location is to embody a victim/survivor centered approach that is trauma informed and promotes trust in seeking supportive resources. Inability to implement co-location guidance must be communicated to AF/A1Z. **(T-1)**

8.1.1. The DAF-wide effort to integrate and physically co-locate Response professionals implements two Independent Review Commission recommendations outlined in the Secretary of Defense Memorandum, *Commencing DoD Actions and Implementation to Address Sexual Assault and Sexual Harassment in the Military,* dated 22 September 2021. **(T-0)**

8.1.1.1. IRC Requirement 4.1 c: Explore the co-location of SAPR and SHARP (on joint bases) with other special victim services, such as FAP, to improve coordination, collaboration, and consistency in victim support. **(T-0)**

8.1.1.2. IRC Requirement 4.3.a: Implement the No Wrong Door approach to sexual harassment, sexual assault, and domestic abuse across the services and NGB. Connect to Care is the DAF program for No Wrong Door. **(T-0)**

8.1.2. Co-location facilities will align with evidence-based, trauma informed principles to include the following considerations: location (accessibility and discretion; see **paragraph 1.6.14** of this instruction for SAPR requirements), safety, privacy/confidentiality, primary and secondary entrance/exit, access to parking lot, and appropriate signage. Co-location facilities and personnel recognize the physical environment must mirror victim/survivor-centered and trauma-informed care. A well-maintained environment reinforces that Airmen and Guardians will be cared for also. **(T-1)**

8.1.3. Integrated Prevention and Response Director is OPR on Victim Support Co-location. **Note:** For AFR, Prevention Chief is OPR.

8.1.3.1. Minimal functional space requirements include:

8.1.3.1.1. Individual private sound-proof offices with floor-to-ceiling walls and lockable doors for the SARC, SAPR VA, DAVA, VC, and RST for privacy.

8.1.3.1.2. Reception/waiting area with confidential triage area.

8.1.3.1.3. One meeting area with space for at least 12 individuals, with tables/tabletop working space, to perform coordination, collaboration, and training efforts.

8.1.3.1.4. Access to networks for specific functional requirements (e.g., Family Advocacy Program Network (FAPNet), Air Force Network (AFNet), etc.).

8.1.3.1.5. Electronic duress alarm notification system capability in coordination with installation security personnel.

8.1.4. Co-location marketing and information will complement and be in addition to stand-alone Response program information requirements as directed by parent instructions (e.g., SAPR DoDI 6495.03, Volume 1 and Volume 3 and DoDI 6400.06, *DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*). **(T-0)** Posting information aims to increase clarity and manage expectations to potential Airmen/Guardians and families seeking support services through co-location facilities. **(T-1)**

8.2. Co-Location and Connect to Care Personnel, Processes, and Procedures. DAF installations will adhere to co-location guidance and ensure appropriate oversight of co-location facilities operationalizing the Connect to Care (CTC) approach to support victims/survivors of sexual harassment, sexual assault, stalking, cyber harassment, domestic abuse and/or interpersonal violence. Guidance on managing and operating co-location aims to maximize coordination and collaboration at one common and accessible location. Response services utilization data may inform installation Response needs and prevention efforts. **(T-1)**

8.2.1. Co-location Model and CTC approach do not supersede existing DoD or DAF policies, guidance, or statutory mandates regarding SAPR, FAP, VC or HC roles, responsibilities, or resource/facility requirements. Data sharing will adhere to applicable laws and regulations. **(T-0)**

8.2.1.1. Co-location Response and IPPW personnel will work directly for and report to their own program and respective/designated chain of command(s). **(T-0)**

8.2.1.2. AFPC will develop and maintain co-location operational guidance. This operational guidance directs SAPR, FAP, HC, VC and IPPW coordination and collaboration within co-located operations. **(T-1)**

8.2.1.3. MAJCOM/FLDCOM A1Z/S1Z offices will provide AFPC co-location implementation updates referenced in AFPC's operational guidance. **(T-1)**

8.2.2. Response personnel from SAPR, FAP, VC, and HC in co-located facilities will provide victim/survivor centered support, trauma-informed care, and options for available services and referrals both on and off the installation. **(T-1)** Co-location personnel will ensure a CTC approach utilizing and offering person-centered referral options that can be accomplished in-person, virtually, or telephonically, based on the individual's preference. **(T-0)**

8.2.3. The leads of SAPR, FAP, VWAP, MH, medical, VC, EO, and HC will meet quarterly to foster liaisons, confirm CTC, and identify challenges. From these meetings, the SARC will report out service coordination and system challenges to the installation commander at the SAPR Quarterly Case Management Group, CAT, and CAB.

8.2.4. IPPW personnel in co-location will address primary prevention efforts and work with the CAT and CAB to identify and reduce risk factors, promote protective factors, and enhance resilience skills for Airmen/Guardians and families. **(T-0)**

8.2.4.1. Co-location IPPW personnel (e.g., serving as CAB Executive Director, CAT Chair) will ensure relevant prevention data (e.g., CCA, DEOCS, DOCP results) is shared with leadership, CAB/CAT stakeholders, and Response personnel to identify trends and/or target primary prevention initiatives. **(T-1)**

8.2.4.2. Co-location Response and IPPW personnel will only share and articulate non-PII, non-protected health or other non-confidential local aggregate data from response and primary prevention programs to mitigate community risk factors, promote community protective factors, and enhance overall primary prevention efforts. **(T-0)**

8.3. Data Collection and Sharing. Co-located personnel will regularly and routinely work with one another to identify gaps and opportunities to better support Airmen/Guardians and families. **(T-1)** Co-location personnel must adhere to all existing DoD, DAF and/or other relevant guidelines regarding data collection and sharing. **(T-0)**

8.3.1. All personnel with information related to individuals seeking co-location response services will safeguard the confidentiality of individuals seeking support, within the bounds of law and AFI 33-332, *Air Force Privacy and Civil Liberties Program*. No PII or records will be disclosed without the member's consent or otherwise required by law. Great care will be taken to ensure victim/survivors' privacy, privileged communication, and confidentiality are not at risk, if IPPW personnel are co-located. **(T-0)**

8.3.2. Co-location personnel will not collect data outside of their respective systems of records. **(T-0)** SAPR personnel will ensure reporting and referral data is input into the appropriate DSAID module (sexual assault reporting, retaliation related to sexual assault reporting, SAPR related inquiry), CATCH program, or MSHA database. **(T-0)**

8.3.3. IPPW personnel will ensure data analysis and interpretation support execution of co-location efforts for response and IPP. **(T-1)**

8.4. Training. Co-location Model enables enhanced coordination and collaboration to increase support, access, awareness, safety, and evaluation of intended outcomes. CTC training is mandatory for all co-location personnel. Documentation of completed training will be maintained by each individual co-location personnel. **(T-1)**

8.4.1. AFPC will develop and provide co-location training requirements at DAF installations. Training will highlight importance of co-location and CTC metrics to capture help-seeking and referral data. **(T-1)**

8.4.2. Co-location professionals may initiate local training efforts to increase knowledge, skills, and abilities or to better understand scope or limitations of each co-located professional's role (e.g., privacy, confidentiality, primary prevention, etc.). **(T-1)**

8.4.3. Co-location personnel will ensure CTC approach is utilized and offer person-centered referral options to victims/survivors that can be accomplished in-person, virtually, or telephonically, based on an individual's preference. **(T-0)**

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

5 USC § 552a, *Records Maintained on Individuals*, The Privacy Act of 1974

10 USC § 136, *Under Secretary of Defense for Personnel and Readiness*

10 USC § 9013, *Secretary of the Air Force*

10 USC § 9036(b), *Surgeon General: Appointment; Duties*

44 USC, Chapter 35, Subchapter I, § 3501-3521, *Federal Information Policy*

DoDD 5400.11, *DoD Privacy and Civil Liberties Programs,* 27 May 1971

DoDI 1020.03, *Harassment Prevention in the Armed Forces*, 8 February 2018

DoDI 1020.04, *Harassment Prevention and Responses for DoD Civilian Employees*, 30 June 2020

DoDI 1342.22, *Military Family Readiness*, 5 August 2021

DoDI 1438.06, *DoD Workplace Violence Prevention and Response Policy,* 16 January 2014

DoDI 6400.06, *DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,* 15 December 2021

DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm,* 11 September 2020

DoDI 6400.11, *DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders,* 20 December 2022

DoDI 6490.03, *Deployment Health*, 19 June 2019

DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*, 4 March 2013

DoDI 6490.16, *Defense Suicide Prevention Program*, 6 November 2017

DoDI 6495.02, *Sexual Assault Prevention and Response: Education and Training*, 9 April 2021

DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System,* 26 July 2023

CJCSI 3405.01, *Chairman's Total Force Fitness Framework*, 1 September 2011

HAFMD 1-20, *The Inspector General*, 75 January 2021

HAFMD 1-28, *Director of Public Affairs*, 1 February 2021

DAFPD 90-50, *Integrated Resilience*, 19 March 2024

DAFI 36-2710, *Equal Opportunity Program*, 23 May 2024

DAFI 36-3009, *Military and Family Readiness Centers*, 4 November 2022

DAFI 40-301, *Family Advocacy Program*, 13 November 2020

DAFI 51-201, *Administration of Military Justice*, 24 January 2024

DAFI 52-105, *Chaplain Corp Resourcing,* 21 December 2020

DAFI 90-302, *The Inspection System of the Department of the Air Force,* 15 March 2023

AFI 1-1, *Air Force Standards*, 18 August 2023

AFI 1-2, *Commander's Responsibilities*, 8 May 2014

AFI 33-322, *Records Management and Information Governance Program,* 23 March 2020

AFI 33-324, *The Air Force Information Collections and Reports Management Program*, 22 July 2019

AFI 33-332, *Air Force Privacy and Civil Liberties Program,* 10 March 2020

AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 18 July 2018

AFI 44-172, *Mental Health*, 13 November 2015

AFI 52-101, *Planning and Organizing,* 29 November 2023

AFI 90-302, *Inspection System of the Department of the Air Force*, 15 March 2023

DAFI 65-605 V1, *Budget Guidance and Technical Procedures,* 22 January 2022

DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023

AFMAN 31-101, Volume 1, *Integrated Defense Planning,* 12 March 2020

Air Force Vice Chief of Staff Memorandum, *Implementation of Commander/First Sergeant Checklist for Airmen Under Investigation*, 30 April 2021

Directive-Type Memorandum 23-005, *Self-Initiated Referral Process for Mental Health Evaluations of Service Members,* 5 May 2023

National Defense Authorization Act for Fiscal Year 2022, Pub. L. No. 117-81 (2021),

Space Force Handbook 1-1, *Guardian Spirit,* 3 April 2023

Prescribed Forms

None

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

DoD Form 2870, *Authorization for Disclosure of Medical or Dental Information*

DoD Form 2996, *Department of Defense Suicide Event Report*

Abbreviations and Acronyms

ADA—Airman Development Advisors

AFI—Air Force Instruction

AFMED—Air Force Medical Agency

AFOSI—Air Force Office of Special Investigations

ARC—Air Force Reserve Component

CAB—Community Action Board

CAF—Comprehensive Airman Fitness

CAT—Community Action Team

CCA—Command Climate Assessment

CCC—Command Chief

CIPP—Comprehensive Integrated Primary Prevention plan

CNGB—Chief of the National Guard Bureau

DAFI—Department of the Air Force Instruction

DAFMAN—Department of the Air Force Manual

DAFPD—Department of the Air Force Policy Directive

DANG—Director of the Air National Guard

DCOM—Deputy Commander

DEOCS—Defense Organizational Climate Survey

DHA—Defense Health Agency

DOCP—Defense Organizational Climate Pulse

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDHRA—Department of Defense Human Resources Activity

DoDI—Department of Defense Instruction

DoDSER—Department of Defense Suicide Event Report

DPH—Director of Psychological Health

EMH—Embedded Mental Health

EO—Equal Opportunity

FAP—Family Advocacy Program

FLDCOM—Field Command

HAF—Headquarters Air Force

IAW—In Accordance With

IPP—Integrated Primary Prevention

IPPW—Integrated Primary Prevention Workforce

ITNPM—Installation True North Program Manager

LCSW—Licensed Clinical Social Worker

MAJCOM—Major Command

MH—Mental Health

MHS—Military Health System

MRT—Master Resilience Trainer

MTF—Medical Treatment Facility

OHU—Operational Healthcare Unit

OPR—Office of Primary Responsibility

PME—Professional Military Education

PPM—Prevention Program Manager

RNCO—Readiness Non-Commissioned Officer

RST—Religious Support Team

RTA—Resilience Training Assistant

RTP—Resilience Tactical Pause

SAB—Suicide Analysis Board

SAPR VA—Sexual Assault Prevention and Response Victim Advocate

SARC—Sexual Assault Response Coordinator

SGH—Chief of Medical Staff

SrRST—Senior Religious Support Team

TN—True North

TNPM—True North Program Manager

UATM—Unit Ancillary Training Monitor

USC—United States Code

USSF—United States Space Force

UTM—Unit Training Manager

VPT—Violence Prevention Trainer

Office Symbols

AF/A1—Deputy Chief of Staff, Manpower, Personnel and Services

AF/A1Z—Director, Integrated Resilience

AF/A3—Deputy Chief of Staff, Operations, Plans and Requirements

AF/A4—Deputy Chief of Staff, Logistics, Engineering and Force Protection

AF/A5/8—Strategic Plans and Programs

AF/A9—Studies, Analysis and Assessments

AF/CV—Vice Chief of Staff of the Air Force

AF/CMSAF—Chief Master Sergeant of the Air Force

AF/HC—Chief of Chaplains

AF/JA—The Office of the Judge Advocate General

AF/RE—Chief of Air Force Reserve

AFRC—Air Force Reserve Command

AF/SE—Safety

AF/SG—Surgeon General

AFPC/DPFZ—Directorate of Airman and Family Care Integrated Resilience

HQ AETC—Headquarters Air Education and Training Command

NGB/CF—Director, Air National Guard

SAF/CIO A6—Information Dominance and Chief Information Officer

SAF/FMB—Deputy Assistant Secretary for Budget

SAF/GC—General Counsel

SAF/IG—Inspector General

SAF/MR—The Assistant Secretary of the Air Force, Manpower and Reserve Affairs

SAF/PA—Director of Public Affairs

USAFA—United States Air Force Academy

USSF/S1Z—Space Force Quality of Life and Resilience Directorate (FLDCOM)

USSF/S1Q—Space Force Quality of Life and Resilience Directorate (HQ)

USSF/VCSO—Vice Chief of Space Operations

USSF/CMSSF—Chief Master Sergeant of the Space Force

USSF/S1—Chief Human Capital Officer

Terms

Airman—Collectively refers to uniformed members of the United States Air Force, Department of the Air Force civilians, and members of the Civil Air Patrol when conducting missions for the Air Force as the official Air Force Auxiliary, unless otherwise stated.

Air Reserve Component (ARC)—The ANG and the Air Force Reserve while in the service of the United States.

Ask. Care. Escort. (ACE)—Ask: ask the person directly whether he or she is thinking of suicide. Care: listen calmly and closely and give the person a chance to talk out what's weighing on them. Escort: don't leave the person alone. Stay with them and escort them to health care or other trained

professionals, including chaplains, or, to their unit leadership, who can take the next steps in getting them help.

At-Risk—Individuals displaying risk factors that potentially place them at some risk for interpersonal and/or self-directed violence.

Bullying—Pursuant to DoDI 1020.03, a form of harassment that includes acts of by Service members or DoD civilian employees, with a nexus to military service, with the intent of harming a Service member either physically or psychologically, without a proper military or other governmental purpose. Bullying may involve the singling out of an individual from his or her coworkers, or unit, for ridicule because he or she is considered different or weak. It often involves an imbalance of power between the aggressor and the victim. Bullying can be conducted through the use of electronic devices or communications, and by other means including social media, as well as in person.

Case Management Group—A multi-disciplinary group that meets monthly to review individual cases of sexual assault, chaired by the installation or host wing commander. This group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services.

Central Registry Board (CRB)—The Central Registry Board is a multidisciplinary team of designated individuals working at the installation level tasked with determining whether a report of child abuse, neglect or domestic abuse meets the relevant DoD criteria for entry into the Air Force central registry as a child abuse or domestic abuse incident. These decisions are known as Incident Status Determinations.

Child Abuse—The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person will be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

Commander—An officer who occupies a position of command authorized by appointment or by assumption of command.

Community—Military and civilian personnel assigned to Department of the Air Force Installation or organization, their families, attached Reserve and Guard units, and retirees who utilize base services.

Community Action Board (CAB)—Senior leader-led decision forums (at Headquarters Air Force and Space Force, MAJCOM/FLDCOM, and installation level) that facilitate resilience and IPP policy, practices, and programs.

Community Action Team (CAT)—Functions as the action arm of the Community Action Board to develop and implement resilience and IPP policy, practices, and programs approved by the Community Action Board and that meet each community's unique needs.

Comprehensive Airman Fitness (CAF)—A holistic approach to fitness that includes fitness in the mental, physical, social, and spiritual domains. In practical application, Comprehensive Airman Fitness provides an integrated framework that encompasses and integrates many cross

functional education and training efforts, activities, and programs that contribute to mental, physical, social, and spiritual fitness.

Mental Fitness—The ability to effectively cope with unique mental stressors and challenges.

Physical Fitness—The ability to adopt and sustain healthy behaviors needed to enhance health and well-being.

Social Fitness—The ability to engage in healthy social networks that promote overall well-being and optimal performance.

Spiritual Fitness—The ability to adhere to beliefs, virtues or values needed to develop a fulfilling life with quality of service.

Comprehensive Integrated Primary Prevention (CIPP) Plan—The CIPP Plan documents the year-round community- level public health approach to evidence-based Integrated Primary Prevention strategy, planning and execution. It is designed collaboratively by commanders, Community Action Team (CAT) member agencies and Integrated Primary Prevention Workforce staff. It is informed by multiple data sources including Command Climate Assessments (CCA), program data and other harmful behavior indicators and includes evaluation to ensure effectiveness of Integrated Primary Prevention efforts.

Connect to Care—Information and/or referral of care between two or more service providers with the goal to ensure connection to appropriate services for Airmen, Guardians, their family members, and DoD Civilians.

Connect to Care Approach—A collaborative process across helping agencies to ensure personnel are taken care of; a warm hand-off between service providers across the DAF-wide comprehensive system of care and support.

Dating Violence—Physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It is a form of domestic abuse.

Department of Defense Suicide Event Report (DoDSER)—A report that characterizes service member death by suicide or suicide attempt data through a coordinated, web-based data collection system maintained by Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Domain—A sphere of knowledge, influence, or activity.

Domestic Abuse—Domestic violence, or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a person who is one or more of the following: 1. Current or former spouse. 2. Person with whom the alleged abuser shares a child in common. 3. Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile. 4. Person who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner.

Domestic Violence—An offense under the USC, the UCMJ, or State or local law involving the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person, who is one or more of the following: 1. Current or former spouse. 2. Person with whom the alleged abuser shares a child in common. 3. Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile. 4.

Person who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner as defined in DoDI 6400.06. This may include offenses as defined in Section 928b of Title 10, USC. With respect to eligibility for legal assistance, alleged domestic violence offense is defined in Section 1044 of Title 10, USC. (See Section 548 of PL 116-92).

Evidence-Based—A conclusion based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.

Evidence-Informed—Activities derived from prevention research, such as empirically supported theories, risk, and protective factors, as well as established principles of prevention, and community and contextual factors. Evidence-informed activities have not yet been evaluated for effectiveness.

Family Advocacy Program (FAP)—A DoD program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow-up, and reporting of child abuse and neglect, domestic abuse, and problematic sexual behavior in children and youth. FAPs consist of coordinated efforts designed to prevent and intervene in cases that impact military family readiness by promoting healthy relationships and families.

Fitness—The relationship between one's behaviors and attitudes and their positive or negative health outcomes that results in a state of complete mental, physical, social, and spiritual well-being and not merely the absence of disease or infirmity.

Guardian—Collectively refers to uniformed members of the United States

Space Force and Department of the Air Force civilians working for the United States Space Force.

Guardian Spirit, Space Force Handbook 1-1—The Guardian Spirit operationalizes the Guardian Commitment "I will" statements to personalize and express the four Guardian values - Character, Connection, Commitment and Courage in daily life.

Hazing—Pursuant to DoDI 1020.03, a form of harassment that includes conduct through which Service members or DoD employees, without a proper military or other governmental purpose, but with a nexus to Military Service, physically or psychologically injure or create a risk of physical or psychological injury to Service members for the purpose of: initiation into, admission into, affiliation with, change in status or position within, or continued membership in any military or DoD civilian organization. Hazing can be conducted through the use of electronic devices or communications, and by other means including social media, as well as in person.

Healthcare Provider/Personnel—Individuals who are employed or assigned as healthcare professionals or are privileged and credentialed to provide healthcare services at military medical treatment facilities; or those who provide such care at a deployed location or in an official capacity. Includes military personnel, DoD civilian employees and DoD contractor personnel.

Helping Professionals/Agencies—Includes, but is not limited to, Mental Health, Chaplains, Family Support, Family Advocacy, Law Enforcement, Legal, Health Promotion, Substance Abuse, Drug Demand Reduction, Equal Opportunity, Youth Programs, and Senior Enlisted Leader personnel.

Human Weapon System—Airmen, Guardians and civilians in the Department of Air Force and the role they play in warfighting. Maintenance of such includes all the domains of Total Fitness.

Interpersonal Violence—Intentional use of physical force or power, threatened or actual, against a person or group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This includes sexual assault, dating violence, domestic abuse, child abuse, and workplace violence (e.g., workplace harassment, sexual harassment, hazing, and bullying). Workplace harassment, sexual harassment, hazing, and bullying are collectively referred to as workplace violence. Interpersonal violence does not include any violence that is connected to requirements within the context of the profession of arms.

Integrated Prevention Chief—Leads the development, implementation and evaluation of all prevention and resilience efforts. Supervises IPPW Prevention Coordination Specialist, Prevention Analyst and Prevention Specialist.

Integrated Prevention and Response Director—Serves as the senior strategic advisor for all resilience, response, and IPP efforts at the local level. Serves as the key subject matter expert ensuring all installation prevention partners, leadership, and the community understands risk and protective factors associated with self-directed harm and prohibited abusive or harmful acts from a public health perspective.

Integrated Primary Prevention Program—Led by the Integrated Prevention and Response Director, focuses on the primary prevention of interpersonal and self-directed violence—stopping it before it occurs. The program collaboratively identifies, implements, and assesses public health-informed and evidence-based prevention policy, practices, and programs to eliminate interpersonal and self-directed violence, optimize Airmen and Guardians well-being and performance, and sustain and enhance a ready total force.

Integrated Primary Prevention Trainer—An individual trained and qualified to provide IPP training.

Intimate Partner—Within the context of eligibility for FAP services, a person who is or has been in a social relationship of a romantic or intimate nature with the alleged abuser, as determined by the length of the relationship, the type of relationship, and the frequency of interaction between the person and the alleged abuser. An intimate partner is informed by, but not limited to, the totality of factors such as:

1. Previous or ongoing consensual intimate or sexual behaviors. 2. History of ongoing dating or expressed interest in continued dating or the potential for an ongoing relationship (e.g., history of repeated break—ups and reconciliations). 3. Self-identification by the victim or alleged abuser as intimate partners or identification by others as a couple. 4. Emotional connectedness (e.g., relationship is a priority, partners may have discussed a future together). 5. Familiarity and knowledge of each other's lives.

Leadership—For the purpose of this instruction, leadership refers to all personnel in leadership or supervisory positions or who are responsible for services to improve the welfare and/or development of others. This would include, but not be limited to, commanders, first sergeants, and supervisory members in the rank of staff sergeant or GS-7 and above.

Limited Privilege Suicide Prevention (LPSP) Program—Department of the Air Force members enrolled in the Limited Privilege Suicide Prevention program are granted limited protection

regarding information revealed in or generated by their clinical relationship with mental health providers.

Maltreatment—A general term encompassing child abuse or neglect and partner abuse or spouse neglect.

Master Resilience Trainer (MRT)—An individual trained to deliver resilience training.

Non-Clinical—Generally means not diagnosing, prescribing, counseling, treating, providing direct patient care of any type, or using clinical tools and practices to assess a person's mental or physical health that is otherwise reserved for licensed or certified medical and social work personnel.

Outreach—Activities in support of maltreatment prevention. Does not include tertiary prevention (usually referred to as maltreatment intervention).

Personally Identifiable Information—Information which would disclose or tend to disclose the person's identity. Identifying personal information includes the person's name or a particularly identifying description (i.e., physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

Postvention—Response activities that should be undertaken in the immediate aftermath of a suicide attempt or death by suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional deaths by suicide. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Also known as "tertiary prevention."

Prevention—Any action, strategy, or policy aimed at stopping violence before it happens, enhancing personal resilience, and building communities where people thrive.

1. Primary Prevention aims to prevent violence before it ever occurs. Primary prevention efforts focus on reducing risk factors and strengthening protective factors. Prevention efforts address all levels of the social ecology, including those that address cultural norms and create healthy environments where people feel safe, respected, included, and empowered.

2. Secondary Prevention provides early detection and prompt intervention to provide short-term solutions for survivors and consequences for abusers. The goal is to minimize the short-term consequences of violence and prevent further occurrences.
3. Tertiary Prevention aims to reduce further complications of an existing problem by providing on-going support to victims and on- going accountability to abusers. The goal is to provide treatment, support, and rehabilitation to address the long-term consequences of violence.

Prevention Analyst—Responsible for data management and routine analysis used in program evaluation and public health research within their community. Maintains consistent and reliable information to inform decision-making, strategies, policy, and program evaluation.

Prevention Coordination Specialist—Develops and delivers integrated prevention and resilience programs, activities and resources specifically tailored to address personal readiness, local/unique risk and protective factors of the population served.

Prevention Specialist—Integrates primary prevention education and skill building with the goals of reducing risk factors and promoting common protective factors that are shared across multiple forms of violence, ensuring prevention education best practices are employed, and that a public health approach is executed in prevention training, education, and activities.

Prosocial Behavior—Voluntary actions that are intended to help or benefit another individual or group of individuals.

Protective Factors—Conditions or attributes (i.e., skills, resources, support systems, or coping strategies) that allow individuals, families, and/or communities deal more effectively with and/or reduce the likelihood of personal violence. Protective factors enhance resilience and may serve to counterbalance or mitigate risk factors. Protective factors may be personal (e.g., attitudes, values, and norms prohibiting suicide) or external or environmental (e.g., strong relationships, particularly with family members).

Public Health Approach—A prevention approach that impacts groups or populations of people versus treatment of individuals in three ways: universal, selected, indicated. Public health focuses on preventing personal violence before it ever occurs (primary prevention) and addresses a broad range of risk and protective factors. The public health approach values multi-disciplinary collaboration, which brings together many different perspectives and experience to enrich and strengthen the solutions for the many diverse communities.

1. Universal Prevention Strategies. A universal prevention strategy addresses the entire population (DoD, DAF, installation, unit) with messages and programs aimed at preventing or delaying the harmful behavior. The mission of universal prevention is to prevent the problem. All members of the population share the same general risk for a particular harmful behavior, although the risk may vary greatly among individuals.
2. Selected Prevention Strategies. A selective prevention strategy *targets* subsets of the total population that are deemed to be at risk for harmful behavior by virtue of their membership in a particular population segment--for example, Airmen who are 18-24 years old. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with specific harmful behaviors. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for a harmful behavior like substance abuse, while another person in the same subgroup may be abusing substances currently. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.
3. Indicated Prevention Strategies. (Not appropriate for IPPW work) An indicated strategy is designed to prevent the onset of clinical diagnosis level criteria for harmful behavior, but who are showing early danger signs, such as suicide ideation or misuse of alcohol and other drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with harmful behavior and to target them with specialized education or treatment. The individuals are exhibiting harmful behavior, but at a subclinical level. Indicated programs address risk factors associated with the individual, such as adjustment disorders, and alienation from unit and positive peer groups.

Religious Support Team (RST)—Consists of a Chaplain and Religious Affairs Airman who provide religious accommodation, spiritual fitness, and leadership advisement.

Reserve Components—Reserve Components of the Armed Forces of the United States are the Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

Resilience—The ability to adapt to changing conditions and prepare for, withstand, and rapidly recover from disruption.

Resilience Program—Led by Prevention Coordination Specialist, the IPPW and agency partners, equips Airmen and Guardians with the knowledge, skills, and tools required to continually assess and adjust to their environment. The program empowers Airmen and Guardians to maintain the necessary balance of cognitive skill, physical endurance, emotional stamina, social connectedness, and spiritual well-being to thrive and carry out the Department of the Air Force mission.

Resilience Training Assistant (RTA)—Individuals trained to assist installation Master Resilience Trainers in delivering unit resilience training.

Responders—Includes first responders, who are generally composed of personnel in the following disciplines or positions: Sexual Assault Response Coordinators, Sexual Assault Prevention and Response Victim Advocates, healthcare personnel, law enforcement, and Military Criminal Investigative Organizations. Other responders include Judge Advocates, Chaplains, and commanders, but are usually not first responders.

Retaliation—1. The taking or threatening to take an adverse personnel action, or withholding or threatening to withhold a favorable personnel action, with respect to a military member because the member reported a criminal offense, or 2. Ostracizing a military member, to include excluding from social acceptance, privilege, or friendship with the intent to discourage reporting of a criminal offense or otherwise discourage the due administration of justice.

Risk Factors—Conditions or attributes (e.g., relationship difficulties, substance abuse, legal, financial, medical, mental health, and occupational problems) that make it more likely individuals will develop a disorder or pre-dispose one to high-risk personal violence. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Self-Directed Violence—Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. This includes acts of fatal and nonfatal suicidal behavior, and non-suicidal self-injury.

Sexual Assault—Intentional sexual contact, characterized by use of force, threats, intimidation or abuse of authority or when the victim does not or cannot consent. The term includes a broad category of sexual offenses consisting of the following specific Uniform Code of Military Justice offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts.

Sexual Assault Prevention and Response Victim Advocate (SAPR VA)—A trained, certified individual that provides non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victim/survivors or Service member sexual harassment victim/survivors. The SAPR VA, on behalf of the victim/survivor, provides liaison assistance with other organizations and agencies on victim/survivor care matters and reports directly to the SARCs when performing victim advocacy duties.

Sexual Assault Response Coordinator (SARC)—The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care for sexual assault victims, and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution.

Sexual Harassment—Pursuant to DoDI 1020.03, conduct that Involves unwelcome sexual advances, requests for sexual favors, and deliberate or repeated offensive comments or gestures of a sexual nature when: Submission to such conduct is, either explicitly or implicitly, made a term or condition of a person's job, pay, or career; Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment. Is so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the environment as hostile or offensive. Any use or condonation, by any person in a supervisory or command position, of any form of sexual behavior to control, influence, or affect the career, pay, or job of a member of the Armed Forces or a civilian employee of the DoD. Any deliberate or repeated unwelcome verbal comments or gesture of a sexual nature by any member of the Armed Forces or a civilian employee of the DoD. There is no requirement for concrete psychological harm to the complainant for behavior to constitute sexual harassment. Behavior is sufficient to constitute sexual harassment if it is so severe or pervasive that a reasonable person would perceive, and the complainant does perceive, the environment as hostile or offensive.

Spectrum of Resilience—The Department of the Air Force Spectrum of Resilience represents the many sources of support Airmen, Guardians and their families can turn to in times of need. From individual skills in dealing with stress, close-relationships with family and loved ones, social-networks with peers and friends, front-line leaders available for guidance, the various support personnel, and prevention personnel to promote resilience, the many organizations that provide programs and education services, and the clinical professionals that provide care and crisis interventions. All together this spectrum of support provides the highest quality of care and strength whenever it is needed.

Spirituality—The means to find ultimate meaning and purpose in life.

Stakeholder—An individual or organization involved in, has a vested interest in, or is affected by the outcome of actions and decisions.

Strength-Based—An approach that emphasizes on an individual's and/or community's positive qualities, skills, and resources to resolve problems and encourage health promoting interactions.

Suicide—Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt—A nonfatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.

Suicide Ideation—Thinking about, considering, or planning suicide.

Suicide Prevention and Risk Reduction Committee—The Suicide Prevention and Risk Reduction Committee provides a forum for the Departments of Defense and Veterans Affairs to partner, collaborate and coordinate suicide prevention and risk reduction efforts. Members include

suicide prevention program managers from each of the services and representatives from the National Guard Bureau, Reserve Affairs, Veterans Affairs, Office of Armed Forces Medical Examiner, National Center for Telehealth and Technology, Substance Abuse, and Mental Health Services Administration and others.

Total Force—Department of the Air Force uniformed members (Regular Air Force, Space Force, Air Force Reserve, ANG, other Military Services) and their families, and Department of the Air Force civilian personnel (appropriated and non-appropriated funded).

USSF Total Force Fitness Framework—An integrated approach to optimize the well-being, readiness, and resilience of Guardian and families. TFF framework addresses eliminating the stigma and other factors that prevent seeking help early and focuses on achieving increased performance. TFF domains are:

- Physical Fitness. The ability to physically accomplish all aspects of the mission while remaining healthy and uninjured.

Environmental Fitness. The ability to perform mission-specific duties in any environment. Environmental fitness is composed of physiological readiness and personal protection that prepare Service members to perform their missions, while enduring various environmental stressors.
Medical and Dental Fitness. The ability to meet established standards for medical readiness.
Nutritional Fitness. The ability to recognize and select the requisite nutrition to sustain and optimize physical and cognitive performance and health.
Spiritual Fitness. The ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions.
Psychological Fitness. The ability to effectively cope with the unique mental stressors and challenges needed to ensure mission readiness.
Behavioral Fitness. The relationship between one's behaviors and health.
Social Fitness. The ability to engage in healthy social networks that promote overall well-being and optimal performance.

Violence—For the purpose of this instruction, violence refers to all actions, by individuals or groups of individuals, which bring damage to body, mind, or spirit of any total force member.

Well-Being—A state of being characterized by a sense of purpose and hope, positive emotions, and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), general life satisfaction, fulfillment, and positive functioning.

Wingman—A term used to describe one individual looking out for another, anticipating difficulties, and responding to maintain the welfare of a fellow wingman. The wingman's role is to add an element of mutual support that aids situational awareness and decision making, increasing the ability to successfully prevent or resolve difficulties.

Wingman/Guardian Concept—A culture of Airmen and Guardians taking care of Airmen and Guardians whether in uniform or not.

Workplace Violence—Any act of violent behavior, threats of physical violence, harassment, intimidation, bullying, verbal or non-verbal threat, or other threatening, disruptive behavior that occurs at or outside the work site. For the purpose of this publication, workplace harassment, sexual harassment, hazing, and bullying are collectively referred to as workplace violence.