Comprehensive Integrated Primary Prevention Plan Template (Extended)

Background:

This document serves as an example of a Comprehensive Integrated Primary Prevention (CIPP) plan. The sections below first identify DoDI 6400.11 policy requirements followed by a fictitious installation example to help with the development of the CIPP plan. Selected prevention strategies provided in this example are not sponsored and should be updated to align with the installation's specific needs.

The document includes the following:

- CIPP Plan Sample Executive Summary (EXSUM)
- Step-by-Step Template to CIPP Plan Key Sections
- CIPP Plan Approval Information
- Sample Document for Collaborators and Signatures
- Sample Logic Model

Roles and Responsibilities:

- ✓ **Office of the Secretary of Defense Office of Force Resiliency (OSD OFR):** OSD OFR will provide guidance on how to complete the CIPP plan. OSD OFR guidance details key sections to satisfy the requirements set by DoDI 6400.11: DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders. OSD OFR will develop a training module to equip the IPPW with the necessary knowledge and skills to complete a CIPP plan. In addition, OSD OFR will provide evaluation oversight of CIPP plans.

- ✓ **Military Department, Service, and National Guard Bureau IPPW:** The IPPW at the Military Department, Service, and National Guard Bureau branch will decide how to structure the CIPP plans across each echelon. Military Department, Service, and the National Guard Bureau IPPW will decide on any additional sections required by the Components to complete a CIPP plan. Additionally, IPPW across all organizations must complete a CIPP plan, including DoD and OSD components. It is up to each organization to decide what population the operational CIPP will include.

- ✓ **Installation IPPW:** The IPPW at the installation level will be responsible for carrying out the CIPP plan in their local community and uploading results to the portal. Any higher echelon reporting duties will be defined by Service headquarters.

> **DoDI 6400.11 Requirement:**
>
> - ✓ **By January 31 each year: Submit initial CIPP plan to the DEOCS portal.**
> - ✓ **By July 31 each year: Submit updated CIPP plan with progress toward goals and outcomes.**

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CIPP Plan Sample Executive Summary (EXSUM)

The DoDI 6400.11 requires that each plan is approved by the "senior-most" leader overseeing the community addressed within the CIPP plan. DoD and OSD Components will define for themselves who this leader or leaders are, based on Service and/or local needs.

The table below summarizes CIPP plan key requirements for leaders.

This summary does not replace the more detailed content that follows.

SUMMARY OF CIPP PLAN REQUIREMENTS
Community Physical Location (Base/Ship and Geographic Location):
Community/Unit/Organization/Command:

Needs Assessment (Method(s) Used)	**Assessment Method 1:** Incident reports (Alcohol-related incident reports, DUIs) **Assessment Method 2:** Climate Assessments (e.g., Defense Organizational Climate Survey [DEOCS], and the Defense Organizational Climate Pulse [DOCP]), Command Climate Assessments (CCAs), Workplace Gender Relations Assessment (WGRA), and the Status of Forces Survey-Active Duty (SOFS-A) **Assessment Method 3:** Installation data and trends (e.g., Family Advocacy Program [FAP], Chaplains, Alcohol, Drug Abuse Prevention and Treatment Program [ADAPT], Sexual Assault Prevention and Response [SAPR], and Suicide)
Integrated Prevention Goals	**Prevention System Goal(s):** • Hire the Integrated Primary Prevention Workforce to fill remaining billets with qualified candidates • Create data sharing systems among prevention collaborators to improve the integration of expertise across activities **Shared Risk Factor Goal(s):** Reduce the quantity of drinking among Service members **Shared Protective Factor Goal(s):** Improve leadership competencies; Strengthen social support for sub-populations in the military community
Desired Outcomes Specific, Measurable, Achievable, Relevant, Time-related, Inclusive, Equitable (SMARTIE)	**Desired Outcome 1:** In two years, 75% of Service members who participated in the alcohol-related intervention will report a decrease in the average number of drinks consumed, as measured by analyzing installation data, and comparing alcohol-related incidence data with last year's records. **Desired Outcome 2:** Perceptions of toxic leadership will decrease by 60% in three years following the implementation of

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	the leadership style training, as measured by comparing CCA results and reporting trends. **Desired Outcome 3:** In two years, average levels of satisfaction with aspects of the military by Service member sub-populations at Installation X will increase from 50% to 56%, as measured by the SOFS-A.
Prevention Activities	**Activity 1:** Implement research informed alcohol education program (e.g., ECheckup or Alcohol101+) **Activity 2:** Establish a research informed leadership style training or workplace program (e.g., Leadership/manager style training or workplace programs like Civility, Respect, and Engagement in the Workforce program) **Activity 3:** Partner with a nonprofit to plan social events that advocate, connect, and provide support to junior enlisted and/or sub-populations of the military community to address gender-based needs and change social norms
Process & Outcome Evaluation Plan (i.e., summary of methods, measures, and timeline for evaluation of each desired outcome)	**Desired Outcome 1:** One-time activity for Service members ranked E1-E4, self-guided training to reduce drinking. Program will run for two years and undergo a six month evaluation for changes in drinking habits among participants, followed by a review and evaluation of effectiveness at the two year mark for continuation. Measured by: Daily Drinking Questionnaire, installation data, and alcohol related incidents **Desired Outcome 2:** Training module conducted over 5 sessions, targeted to non-commissioned officers (NCOs) and senior non-commissioned officers (SNCOs) to improve leadership competencies among senior leadership. This training module will be offered biannually for three years. One-year following implementation, levels of trust among leadership will be reviewed using the DEOCS. After three-years, the program will undergo an initial evaluation of effectiveness on the installation. Measured by: CCAs **Desired Outcome 3:** Social events once per quarter, in-person. Three years for initial evaluation of effectiveness on the installation. Measured by: The DOCP and the SOFS-A

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CIPP Plan Approval Information

The IPPW completes and then submits the CIPP plan to the community leader for approval. The community leader is the "senior-most" leader within the community addressed in the CIPP plan. The community referenced consists of all people represented in the CIPP plan, which will be defined by each Component.

COMMUNITY DETAILS	COMMUNITY LEADER
Community Name*: Installation X **Service/Component**: United States Army **Installation/Base/Ship**: Installation	**Name**: General Liam Smith **Service**: United States Army **Phone***: 888-888-8888 **E-mail**: LSmithEmail@mail.mil
When *not* deployed, are all units/organizations in this CIPP community co-located at the Installation/Base/Ship identified above? ☒ Yes ☐ No	
Community Leader Approval 1/29/2023	Signature block

The CIPP plan point of contact is the IPPW responsible for creating and adapting the CIPP plan.

CIPP PLAN POINT OF CONTACT		CIPP VERSION:
Name: Jennifer Song **Service**: Army	**Phone**: 777-777-7777 **E-mail**: JennSongEmail@mail.mil	☒ **January CIPP** (Plan Due 1/31) ☐ **July CIPP** (Updated Plan Due 7/31)

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For additional details on required data when uploading a CIPP, please see Appendix A.

Command Climate Assessment (CCA) Information		Type of CCA:
Commander's Name: Captain John Lorton **Unit**: Alpha	**Date of CCA Review Session:** December 05, 2023 **Date of CCA Results Sharing:** January 04, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Naomi Silver **Unit**: Bravo	**Date of CCA Review Session:** December 04, 2023 **Date of CCA Results Sharing:** January 04, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Jacob Bo **Unit**: Charlie	**Date of CCA Review Session:** October 06, 2023 **Date of CCA Results Sharing:** November 03, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Derwin Swan **Unit**: Delta	**Date of CCA Review Session:** December 07, 2023 **Date of CCA Results Sharing:** January 04, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Anthony Chair **Unit**: Echo	**Date of CCA Review Session:** January 08, 2023 **Date of CCA Results Sharing:** January 26, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Cameron Logan **Unit**: Foxtrot	**Date of CCA Review Session:** October 26, 2023	☒ **Annual CCA** (August 1 – November 30)

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	Date of CCA Results Sharing: November 23, 2023	☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Melanie Grimm **Unit**: Golf	**Date of CCA Review Session:** December 07, 2023 **Date of CCA Results Sharing:** January 04, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Hector Vegas **Unit**: Hotel	**Date of CCA Review Session:** January 04, 2023 **Date of CCA Results Sharing:** January 18, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Malik Far **Unit**: India	**Date of CCA Review Session:** October 25, 2023 **Date of CCA Results Sharing:** November 16, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)
Commander's Name: Captain Richard Gilbert **Unit**: Juliet	**Date of CCA Review Session:** October 25, 2023 **Date of CCA Results Sharing:** November 17, 2023	☒ **Annual CCA** (August 1 – November 30) ☐ **Change of Command CCA** (Within 90 days of change in command/office)

Copy and paste as many times as applicable (multiple units should be reflected in the CIPP Plan).

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Template to CIPP Plan Key Sections

DoDI 6400.11 Requirement. The CIPP Plan Must:

✓ Be informed by data and findings from command climate assessments and other prevention research and evaluation findings within their organization.
✓ Define the population the plan includes and at what echelon (e.g., installation, vessel, wing, battalion, office).
✓ Include targeted actions at each echelon.
✓ Describe strengths and areas for improvement.
✓ Indicate which data sources were considered.
✓ Identify recommendations for implementation by unit commanders and organizational leaders.
✓ Contain approval from the designated leader who is overseeing the plan.

This template highlights the **key sections** to be completed when developing a CIPP plan. The template provides requirements, examples, and recommendations, but is not a comprehensive CIPP plan. Please tailor the template and add additional sections as necessary to fit the needs and requirements of your organization.

1a. Needs Assessment

A needs assessment is a systematic gathering of information that outlines prevention needs by identifying gaps, redundancies, and assets in a military community. This section on data and methodology should describe the various types of data you will use to understand the needs of your military community. The needs assessment should occur "within the area of responsibility" or at the echelon for which the IPPWs are completing the CIPP plan.

Needs Assessment Must:
✓ Contain a formal (explicit documentation) needs assessment
✓ Describe the target population in sufficient detail (e.g., demographics)
✓ Utilize specific data sources
✓ Contain more than one data source
✓ Identify what the local (or regional if plan covers more than a single installation) prevention needs are

1b. Define the Community

Describe the organizational units and population(s) targeted by this plan, and their respective level(s) or echelon (e.g., wing, brigade, ship, office):

This CIPP will address the needs of the entire installation as well as establish targeted prevention programs to sub-populations within certain military units that are at increased risk for harmful behaviors based on the needs assessment (e.g., those who identify as women or families).

Units: Alpha, Bravo, Charlie, Delta, Echo, Foxtrot, Golf, Hotel, India, and Juliet

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Potential populations for inclusion:
☒ Active-duty population, including officers and enlisted population
☐ Students, TDY, or other transitory Service members
☐ Reserve or National Guard populations
☒ Military spouses and dependents (if applicable to Service member quality of life)
☒ DoD civilians
☒ Demographic groups (e.g., % married, % with dependents, race/ethnicity, sex/gender)
☒ Military Characteristics (e.g., rank, MOS category)
☒ Any unique missions or unit features (e.g., rotational, shift work, immediate response force)

Approximate the total number of individuals included in the target population. If applicable, break down by type (e.g., active duty, reserves, civilian, family members). If calculating the population is challenging, explain why.

- Population of 10,335 Service members and families living at installation X
    - 4,000 Active duty assigned
    - 1020 Civilians
    - 235 Reserves
    - 5,080 Family Members
    - 60% married with children
    - 65% White, 20% Black,10% Hispanic/Latina, and 5% Other
- Installation X is home to the Infantry Division and has a large population of military police MOS. It is recognized as a premier location to lead, train, and maintain while preparing Service members to deploy. Approximately 80% of a Service member's day at this installation consists of trainings to prepare for deployment.

Describe any exceptions or populations NOT included in this plan due to organizational constraints or jurisdictional considerations (if none, state "none").

None

1c. Forming a Prevention Collaborators Group and Clarifying Roles

Describe the leadership and prevention collaborators with prevention responsibilities supporting your military community and their roles. Collaborators can include SAPR, FAP, MEO, chaplains, counselors, operational staff, leaders, healthcare community, and other personnel who have a vested interest in preventing harmful behaviors.

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Prevention collaborators at Installation X are involved in ongoing bidirectional exchange of information and services such as provision of resources, technical support, trainings, best-practices, and data. They convene on a monthly basis with leadership, and aim to facilitate the integration of prevention strategies that enhance collective impact and minimize duplication of efforts. In addition to their monthly meeting, prevention collaborators maintain ongoing discussions with each other through email or small group conversations. These conversations involve active communication from the following prevention collaborators at Installation X.

- Substance use personnel
  - Provide data from the Daily Drinking Questionnaire to the prevention collaborators to inform them of the current drinking habits among Service members stationed at Installation X.
- Sexual Assault Prevention and Response (SAPR) personnel
  - Present sexual assault and harassment trends to the prevention collaborators, and strategize with them on ways to integrate efforts that target shared risk factors.
- Family Advocacy Program (FAP) personnel
  - Collaborate with the IPPW to conduct monthly events that orient and connect families to the military community.
  - Work with the prevention collaborators to integrate other prevention service information into FAP outreach materials.
  - Report trends of child abuse and neglect to the prevention collaborators to inform activities that reduce the risk of multiple harmful behaviors.
- Healthcare personnel
  - Provide prevention collaborators with a report on common risk factors identified at Installation X and inform them of individuals that were screened as high risk for harmful behaviors.
- Behavioral health personnel
  - Provide prevention resources acquired from the prevention collaborators to Service members and their families.
  - Update prevention collaborators on trends for behavioral health service usage among Service members.
- Military Equal Opportunity (MEO) personnel
  - Conduct education and training sessions with Service members to prevent MEO cases. Implements a quarterly equal opportunity training to Service members. Feedback from these trainings are shared with the prevention collaborators to inform efforts.
- Integrated Primary Prevention Workforce (IPPW) personnel
  - Facilitate monthly meetings with the prevention collaborators to share resources and strategize on prevention needs.
  - Analyze Service member feedback from IPPW events and report on trends to prevention collaborators to inform efforts.
  - Work with the prevention collaborators to implement primary prevention efforts to Service members that target multiple harmful behaviors.
- Chaplains
  - Attend monthly meetings with prevention collaborators to receive resources that can be relayed to Service members.
- Senior Leaders
  - Attend monthly meetings with the prevention collaborators and champion efforts.

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> o Shares materials provided during the monthly meeting with leaders and Service members to promote prevention and connect them to resources.

Did you:
☐ Distinguish between primary prevention efforts and response efforts?
☒ Summarize overall roles of collaborators?

Please see Department of Defense Instruction (DoDI) 6400.11 for definition of primary prevention.[1]

1d. Collect and Analyze Data

Command Climate Assessments (CCAs)
CCAs primarily serve as an organizational development tool to help commanders and leaders build positive organizational climates. CCAs allow unit commanders and organizational leaders to identify areas for improvement and take appropriate actions to address challenges within their organization. CCAs also allow decision-makers at the strategic level to direct resources to the units, organizations, or locations that are most in need of prevention support.

CCA Administration
Describe findings from CCAs, including annual CCAs and Change of Command CCAs.[2] Address the following questions in your answer:
- What units/echelons are included?
- Who in the units are included/excluded? (e.g., due to deployment or sick leave)
- When is the DEOCS administered?
- How are data at different echelons of your organization aggregated to the community level?

Example:

Unit	DEOCS Response Rate[3]	DEOCS Administration Date	Includes Subordinate Unit Data	Aggregation of Unit Data
220 Combat Arms BN	50%	1AUG23	Yes	Alpha and Bravo expressed concerns about

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[1] DoD Instruction 6400.11, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders." Effective December 20, 2022 (whs.mil)

[2] Note that Change of Command CCAs do not require a DEOCS.

[3] Office of People Analytics defines *DEOCS response rate* as the percentage of unit or organization members who have returned a DEOCS survey, or the number of DEOCS surveys returned divided by the number of participants registered.

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				readiness for deployment
177 Combat Support BDE	70%	1AUG23	Yes	Charlie, Echo, and India report an increase in drinking prior to deployment
177 MP BN	100%	1AUG22	Yes	Cohesion and morale are extremely low for Foxtrot, Golf, and Hotel
Y Engineers BN	25%	1AUG23	No	70% of Delta respondents believe their commander exemplifies toxic leadership tendencies Reports of social Isolation and mistrust in leadership are high for Juliet

CCA Methodology
Besides the annual DEOCS, describe what additional data is used by organizations in your community to better understand command climate (e.g., Defense Organizational Climate Pulse (DOCP) surveys, focus groups, interviews, administrative data, data from collaborators).

Other Needs Assessment Data Sources
Findings from CCAs constitute one important source of data, but these findings should be combined with information from other sources and collaborators to assess risk and protective factors in the military community.

Prevalence Data
Describe any data or reports used to understand the prevalence and incidence of harmful behaviors in the military community. Include sexual assault, harassment, retaliation, suicide, domestic abuse, and child abuse within your military community. DoDI 6400.11 defines each of these harmful behaviors in the glossary.

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Comprehensive Integrated Prevention Plan Guide Example (Extended Version)

Data and/or Report	Harmful Behavior(s)	Prevalence	Military Community	Relevance to Own Community
OSIE Dashboard	• Suicide • Sexual harassment • Sexual assault	• 7 per 5,000 Service members died by suicide in the last two years • The estimated sexual harassment rate for women at Installation X was 26% for the last two years • The estimated sexual assault rate for women at Installation X was 5% for the last two years	Installation X	Units from CCA are on this installation

Additional Data Sources
Describe additional data sources other than CCAs used to understand and identify prevention needs at your installation (e.g., DOCP's fielded outside a CCA, capacity assessments, evaluation findings, prevention research).

Additional Data	Unit	Date	Number of Participants	Analysis	Key Finding
Focus Group	Co G, FF CA BN	12 JAN 23	44	Narrative inquiry to understand experiences of Service members working in the unit	Service members report junior NCOs remain disconnected following the recent DEOCS report

Data Limitations
Briefly describe any constraints or barriers to obtaining data on risk and protective factors in your military community. This may include data accessibility, survey response rate, or timing of data collection.

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Barriers include:
- o Limitations on data sharing agreements
- o Knowledge of existing data sources across the prevention collaborators and who can access that information (e.g., case investigation information)
- o Limited staff capacity due to high demand of resources among Service members. This leads to time constraints for prevention collaborators to meet and discuss data on shared risk and protective factors within the military community
- o Survey response rate is low among Service members due to competing priorities
- o Preventative Health Assessment Questionnaires are self-reported leading to survey biases that may affect the results

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1e. Description of Prevention Needs

Based on the data described above, your description of prevention needs should:

- Describe the prevalence and incidence of harmful behaviors in the military community
- Identify the populations who are at greatest risk for experiencing harmful behaviors
- Identify the most urgent prevention needs of your military community
- Summarize the needs of your military community's prevention system

Risk and Protective Factors
Describe the risk and protective factors that may be contributing to or alleviating harmful behaviors in your community. Summarize the data used to support your findings, including your aggregated DEOCS scores compared to DoD benchmarks.

Shared Risk and Protective Factors
Based upon available community data, which SHARED risk and protective factors may be contributing to or alleviating two or more forms of harmful behaviors in your community?

Shared Risk Factors
Examples:
- Lack of sleep could impact suicide attempts, domestic abuse, and child abuse
- Binge drinking could impact suicide, domestic abuse, and sexual assault

Shared Protective Factors
Examples:
- Strong social support networks can decrease the likelihood of sexual assault victimization, sexual harassment, and suicide
- Trust in leadership can decrease the likelihood of harassment and retaliation

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Comprehensive Integrated Prevention Plan Guide Example (Extended Version)

Harmful Behaviors	Risk Factor(s)	Protective Factor(s)	DEOCS Scores vs. DoD Benchmarks*	Summary of Data
Sexual Assault	Toxic leadership; Binge drinking; Alcohol impairing memory	Connectedness; Inclusion; Transformational leadership	N/A	Half of the sexual assault cases reported by Service members involved a perpetrator within their unit. Over the last 6 months, military police indicated that reports of sexual assault (SA) victimization on the installation are significantly higher among women.
Sexual Harassment	Toxic Leadership	Strong social support; Connectedness; Inclusion; Transformational leadership	N/A	Last year, equal opportunity (EO) indicated a 2% increase in sexual harassment reports involving Service members at the installation occurred off-duty and involved alcohol.
Retaliation	Toxic Leadership	Transformational leadership	N/A	Within the last 6 months, EO indicated a 4% increase in retaliation reports involving junior enlisted and their immediate supervisors.
Suicide	Toxic leadership; Binge drinking; Alcohol impairing memory	Connectedness; Inclusion; Transformational leadership	N/A	Installation X reported an uptick in deaths by suicide this year as reported in the Department of Defense Suicide Event Report (DoDSER) system, indicating a priority area. The Defense Suicide Prevention Office (DSPO) identifies trends for suicide among junior enlisted Service members.
Domestic Abuse	Toxic leadership; Binge drinking; Alcohol impairing memory	Connectedness; Inclusion; Transformational leadership	N/A	Reports for domestic abuse are on par with last year's case count. Military police reports indicated most domestic abuse cases involve alcohol use on the installation.
Child Abuse	Binge drinking; Alcohol impairing memory	Connectedness; Inclusion; Transformational leadership	N/A	Reports for child abuse reduced from 10 counts last year to 8 counts this year. Military police reports indicated fewer cases of child abuse and neglect within the community than last year.

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* EDFR is developing DEOCS benchmarks. The timeline and availability of the DEOCS benchmarks are to be determined.

Shared Risk and/or Protective Factor(s)	Impact on Which Harmful Behavior(s)
Substance abuse (risk factor)	Sexual assault, suicide, domestic abuse
Toxic leadership (risk factor)	Sexual harassment, harassment, retaliation, suicide
Transformational Leadership (protective factor)	Sexual harassment, harassment, retaliation, suicide
Strong Social Support (protective factor)	Suicide, domestic abuse, child abuse & neglect, sexual assault, and harassment
Connectedness (protective factor)	Suicide, domestic abuse, child abuse & neglect, sexual assault, and harassment
Inclusion (protective factor)	Suicide, sexual assault, and harassment

See **Appendix B** for priority areas to be included (multiple priority areas are required to be included)

Did you:
☐ Discuss DEOCS scores compared to DoD benchmarks?
☒ Discuss risk and protective factors documented in CCA results?
☒ Summarize trends across units or sub-populations of your military community?
☐ Summarize differences between units or sub-populations of your military community?
☒ Summarize any changes over time compared to previous years?

Needs Assessment Findings
Based upon the data and findings described above, describe the needs of your military community and of your current prevention system.

Military Community
Summarize the prevention needs of your military community.

Most Urgent Prevention Needs
- Need to identify a list of accessible support systems and resources in the community
- Need to establish relationships with prevention collaborators to build upon existing prevention goals and develop new activities that target multiple harmful behaviors without duplicating efforts
- Offer activities that strengthen social support among junior enlisted and/or sub-populations that are at higher risk for harmful behaviors
- Conduct trainings that are didactic and build resilience towards prevalent risk factors such as drinking
- Conduct didactic leadership trainings that improve leadership competencies
- Increase weekend events held to build the family support network and deter drinking

Prevention System Needs
- Human Resources
- Data sharing agreements

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- Need to fill IPPW billets

Did you include:
☒ Needs based on existing prevalence information?
☒ Needs shown in CCA results (e.g., DEOCS benchmarks)?
☒ Needs based on shared risk and protective factors?
☒ Universal needs vs. targeted needs?

Prevention System Needs
Summarize the needs of your military community's prevention system. Please see Prevention Plan of Action 2.0 for reference to the different sections of the prevention system.

Human Resources (e.g., leadership, prevention workforce, and the military community)	**Infrastructure** (e.g., prevention-specific policy, resources, and data)	**Collaborative Relationships** (e.g., within and across organizations)

2. Integrated Prevention Goals

Based on the needs assessment, you will develop prevention goals that you will recommend to leadership. Integrated prevention goals:
- Align with existing prevention activities when possible
- Address the prioritized risk and protective factors identified in the needs assessment.
- Include specific goals for populations at greater risk for experiencing and inflicting harm.
- Align with DoD's integrated primary prevention strategies as articulated in DoDI 6400.09.
- Address goals across the social ecological model

Integrated Prevention Goals Must:
- ✓ Be explicitly identified
- ✓ Describe some future improvement or behavior change
- ✓ Reflect your **local** needs and leader/collaborator priorities
- ✓ Specify a target population
- ✓ Contain at least one goal that is thoroughly described for one harmful behavior
- ✓ Contain at least one goal that is explicitly described for two (or more) harmful behaviors

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Prevention System Goals:
Assess what is needed to successfully implement prevention activities *(e.g., obtain the technology and resources to gather data on risk and protective factors in the military community).*

Shared Risk and Protective Factor Goals:
a. Individual level goals: Reduce the quantity of drinking among Service members (Risk factor)
b. Interpersonal level goals: Improve leadership competencies (Protective factor)
c. Organizational level goals: Strengthen social support for sub-populations in the military community (Protective factor)

Do your goals:
☒ Address the prioritized risk and protective factors identified in the needs assessment?
☒ Describe some future improvement or behavior change?
☒ Include specific goals for populations at greater risk for experiencing and inflicting harm?
☒ Ensure that goals focus on shared risk and/or protective factors related to two more harmful behaviors?

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3. Desired Outcomes

Desired outcomes are the results that will occur if your CIPP is implemented as intended. Below, enter on the left the goals from Section 4 that leaders have <u>prioritized</u> within your military community. From these goals, you will create measurable outcomes and list them on the right.

Outcomes must be specific, measurable, achievable, relevant, time-related, and incorporate the principles of inclusion and equity (SMARTIE). Every goal should have <u>at least</u> one desired outcome. Please specify whether the outcome is short-term (<1 year), intermediate (1-2 years), or long-term (3-5 years).

Desired Outcomes Must:
✓ Be aligned with <u>at least one goal</u>
✓ Specify <u>what</u> will change
✓ Specify <u>who</u> will change
✓ Specify <u>how much</u> they will change (measurable)
✓ Specify <u>relevance</u> to DoD or local priorities
✓ Specify <u>by when</u> change will occur (short-intermediate-long term)

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Comprehensive Integrated Prevention Plan Guide Example (Extended Version)

Goal	Outcomes
Example*: Reduce drinking among Service members*	**Short-Term Outcomes:** Six months following the introduction of the activity, 40% of E1-E4 Service members on the installation will be enrolled in the program.
	Intermediate Outcomes: By six months after participating in the activity, participants will show a one-third average decrease in the number of drinks (i.e., alcohol) consumed, as measured by the Daily Drinking Questionnaire.
	Long-Term Outcomes: In two years, 75% of Service members that participated in the training will report an average decrease in the number of drinks consumed, as measured by analyzing installation data and comparing alcohol related incidence data with last year's records.
Example: Improve leadership competencies	**Short-Term Outcomes:** By six months following the introduction of the prevention activity, 70% of leaders on the installation will be enrolled in the program.
	Intermediate Outcomes: One year following implementation of the prevention activity, average levels of trust in immediate leadership across Fort Delta will increase from 3.0 to 3.5 as measured by the unit DEOCS.
	Long-Term Outcomes: Perceptions of toxic leadership will decrease by 60% in three years following the implementation of the activity as measured by comparing CCA results and reporting trends.
Example: Increase Service members from high-risk sub-populations who feel more socially supported	**Short-Term Outcomes:** Six months following the introduction of the quarterly social events, there will be an established communications plan in collaboration with nonprofit to maximize sub-population participation.
	Intermediate Outcomes: By nine months following the implementation of the events, 30% of women that attend will report increased trust to discuss gender-based needs, as measured by a 9-month pulse check questionnaire.
	Long-Term Outcomes: In two years, average levels of social support reported by Service member sub-populations at the installation will increase from 50% to 56% as measured by the SOFS-A.

Do your desired outcomes:
☒ Align with the CIPP goals?
☒ Specify what knowledge, attitudes, and/or behaviors will change or what future improvements will occur?
☒ Specify which populations will experience change?
☒ Adhere to the SMART-IE format?
☒ Align with DoDI 6400.09 and 6400.11?

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4a. Prevention Activities Description

You should combine universal and targeted prevention activities across the social ecology to form a comprehensive prevention approach within your military community. The activities you implement should help you achieve the desired outcomes listed above.

Prevention Activities Must:
✓ Be research-based or research-informed.
✓ Specify a target population (i.e., who will receive it).
✓ Specify individuals responsible (i.e., agency/ies, groups, or individuals).
✓ Specify a timeline (i.e., when activity will begin and end).
✓ Specify dose for each activity (i.e., number of hours, sessions).
✓ Coordinate with existing installation programs/activities when possible.
✓ Include at least one activity that targets a specific sub-group of servicemembers deemed to be high-risk.
✓ Include at least one universal activity (i.e., intended for the entire population).

Prevention Activity Selection Guidance
Aligned with DoDI 6400.09, there are six categories of prevention strategies (or overall direction or actions) that reduce risk and increase protective factors across two or more harmful behaviors.[4]
- Protective environments and healthy climates
- Skill Development
- Military dependent support
- Financial readiness
- Substance use
- Targeted primary prevention

Prevention activities are programs, policies, or practices that are rooted in a particular prevention strategy. Prevention activities selected must be research-based or research-informed.

Depending on your desired outcomes, you may not have activities for every strategy in DoDI 6400.09. However, you should prioritize activities that address risk and protective factors that are shared across two or more harmful behaviors.

List below the prevention activities you will implement in your community, and include the information listed for each activity. Each commander or leader within your community must be assigned oversight for at least one activity.

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[4] DoDI 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm" Effective September 11, 2020 (whs.mil).

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Individual-Level Activities (e.g., intervention(s) for at-risk individuals or universal activities for individuals like skill-building)	**Targeted risk or protective factors:** Alcohol misuse, DUIs, and alcohol related incidents
	Targeted harmful behaviors: Suicide, problematic drinking, harassment, sexual assault, domestic violence
	Targeted population: Service members ranked E1-E4
	Prevention Activity Category: Substance use
	Desired outcome (from previous section): By six months after participating in the activity, participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire
	Activity: Research informed alcohol education program (e.g., ECheckup or Alcohol101+)
	New activity or continuation of an activity: New
	Activity timeline: Projected to be implemented in Summer 202X. The program will run for two years, followed by a review and evaluation of effectiveness for future continuation
	Activity dosage: One-time, individual, self-guided
	External community agencies (if applicable): N/A
	Potential Barriers to Implementation: Consider constraints (e.g., bias) for self-reporting measures and willingness to participate due to competing priorities
	Implementation POC: IPPW staff
	Commander/leader responsible for implementation oversight: General Liam Smith
Interpersonal-Level Activities (e.g., intervention(s) for small groups or teams, such as communication or trust building)	**Targeted risk or protective factors:** Transformational leadership, command climate, and toxic leadership
	Targeted harmful behaviors: Retaliation, harassment, suicide, sexual assault
	Targeted population: Non-Commissioned Officers and Senior Non-Commissioned Officers
	Prevention Activity Category: Skill development
	Desired outcome (from previous section): Perceptions of toxic leadership will decrease by 60% in three years following the implementation of the activity as measured by comparing CCA results and reporting trends
	Activity: Research informed leadership style training or workplace program (e.g., Leadership/manager style training or workplace programs like Civility, Respect, and Engagement in the Workforce program)
	New activity or continuation of an activity: New
	Activity timeline: Projected to be implemented in Summer 202X. After three years, the program will undergo an initial evaluation of effectiveness on the installation
	Activity dosage: In-person training conducted over 5 sessions. This training will be provided biannually, in a group setting

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	External community agencies (if applicable): N/A **Potential Barriers to Implementation:** Leadership buy-in, time constraints for participation **Implementation POC:** IPPW **Commander/leader responsible for implementation oversight:** General Liam Smith
Organizational-Level Activities (e.g., policy changes, installation changes, etc.)	**Targeted risk or protective factors:** Social support, positive social norms, community engagement, and social isolation **Targeted harmful behaviors:** Sexual assault, sexual harassment, and suicide **Targeted population:** Junior enlisted, Service members that identify as women **Prevention Activity Category:** Connectedness **Desired outcome (from previous section):** Develop strong support networks for sub-populations of the military community **Activity:** Partner with a nonprofit to plan social events that advocate, connect, and provide support to junior enlisted and/or sub-populations of the military community to address gender-based needs and change social norms **New activity or continuation of an activity:** New **Activity timeline:** Projected to be implemented in Winter 202X. Two years for initial evaluation of effectiveness on the installation **Activity dosage:** Once per quarter, in-person group setting **External community agencies (if applicable):** Moral, Welfare, and Recreation (MWR) **Potential Barriers to Implementation:** Willingness to participate due to stigma or lack of trust **Implementation POC:** IPPW & Nonprofit **Commander/leader responsible for implementation oversight:** General Liam Smith

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Do your prevention activities:
☒ Align with each desired outcome?
☒ Specify a target population (i.e., who will receive it)?
☒ Specify individuals responsible (this includes agency, groups, or specific individuals such as leaders)?
☒ Specify a timeline (i.e., when the activity will begin and end)?
☒ Specify the doses for each activity?
☒ Align with existing prevention activities, when possible?

4b. Prevention Activities Logic Model

See **Appendix C** for Logic Model Template. Please adapt the template as needed.

A logic model is a tool intended to help define an activity's impact and goals. It depicts the relationship between an activity's inputs (e.g., resources), actions (e.g., time and frequency), outputs (e.g., number of collaborators involved) and the intended effects. The intended effects span across the social ecological model, intending to impact the individual level, relationships, and the community.

Additionally, logic models set desired activity outcomes at multiple time points: short-term effects (intended to occur around ~6 months), intermediate effects (intended to occur around ~1-2 years), and long-term effects (intended to occur around ~3-5 years).

5. Continuous Evaluation Plan

Evaluation Instructions
At this point, you would have created goals, outcomes, and a logic model (Steps 2-4) for your prevention activities. Next step should be creation of an evaluation plan. Your evaluation plan will track your efforts over time to determine whether the prevention activities are being implemented as planned and whether they are achieving their desired effect.
An evaluation plan should consist of two sections:
1. Process evaluation - evaluation of activities and program outputs (e.g., number of leaders trained, number of meetings held with external collaborators).
2. Outcome evaluation - evaluation of desired outcomes (e.g., lower prevalence).

Is Your Evaluation Plan Achieving Desired Effect?
Check If Your Activity Was:
   ✓ Implemented according to schedule (timely)
   ✓ Fielded to the right population
   ✓ Fielded to the right number of participants
   ✓ Effectively delivered (with adequate resources and support)
   ✓ Received as intended by Service members
   ✓ Completed on schedule
   ✓ Completed with usable data or results

Process Evaluation

A process evaluation measures the first three sections of a logic model: inputs, activities, and outputs. A process evaluation answers question such as:

- Did you have sufficient resources such as staffing and funding?
- Were there any barriers or roadblocks to implementing your prevention activities?
- Were your prevention activities implemented as intended?
- How many participants did your prevention activity reach?
- Who will collect the data?
- How will the data be analyzed and by who?

Process Evaluation Planning

Describe the timeline and data you will use to track the outputs described in your logic model (e.g., dissemination indicators, collaborator participation, activity engagement, etc.).

- **Activity 1 (A1.)** Implement research informed alcohol education program
- **Overarching Outcome**: Reduce the quantity of drinking among Service members
- **Target population**: Service members of the rank of E1-E4
- **Implemented**: Activity has not been implemented yet. Projected to start Summer 202X
- **Staffing**: This program was led by IPPW staff (total: 2 staff members)
- **Funding**: Prevention program funding
- **Potential barriers**: Problems with data accuracy associated with self-assessment tools (e.g., social desirability bias); willingness to participate, since there are no consequences for not participating
  Participation: Within the first 6 months of implementation, 40% of E1-E4 soldiers on the installation were enrolled as measured by an attendance sheet
- **Evaluation**: IPPW will analyze trends on the Daily Drinking Questionnaire at the six-month mark of implementation. Later on, IPPW will analyze installation data and compare alcohol related incidence data with last year's records

- **Activity 2 (A2.)** Research informed leadership style training or workplace program
- **Overarching Outcome:** Improve leadership competencies among senior leadership
- **Target population:** Non-Commissioned Officers and Senior Non-Commissioned Officers
- **Implemented**: Activity has not been implemented yet. Projected to start Winter 202X
- **Staffing**: Two IPPW staff will facilitate each training session. A total of five in-person group seminars in three years will be conducted. IPPW staff will be onboarding during this period to maximize staffing capacity. Funding for this activity is to be determined
- **Potential barriers:** Leadership buy-in and time constraints for participation
- **Participation**: Within the first six months of implementation, 70% of leaders on the installation will be enrolled in the program
- **Evaluation**: IPPW will analyze indicators on the CCAs related to trust in leadership and toxic leadership to evaluate this activity

- **Activity 3 (A3.)** Partner with a nonprofit to plan social events that advocate, connect, and provide support to junior enlisted and/or sub-populations of the military community to address gender-based needs and change social norms

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- **Overarching outcome:** Service member sub-populations feel more socially supported
- **Target population**: Junior enlisted and/or sub-populations of the military community
- **Implementation**: Activity has not been implemented yet. Projected to start Summer 202X.
- **Staffing**: IPPW will collaborate with Morale, Welfare and Recreation (MWR) to host in-person, social events once per quarter. This effort does not have sufficient staffing capabilities at this time but is sufficiently funded through MWR.
- **Potential barriers:** Time constraints and willingness for participation
- **Evaluation:** IPPW will conduct a 9-month pulse survey with participants to level-set on perceptions of trust to discuss gender-based topics. Later on, IPPW will analyze indicators on the SOFS-A related to satisfaction with aspects of the military to evaluate this activity

Was your activity:
☒ Implemented according to schedule?
☒ Fielded to the right population?
☒ Fielded to the right number of participants?
☒ Effectively delivered (with adequate resources and support)?
☒ Received as intended by Service members (i.e., was it mocked or ridiculed)?
☒ Completed on schedule?
☒ Completed with usable data or results?

Outcome Evaluation

An outcome evaluation involves assessing whether your prevention activity had the intended effect. This means analyzing data to track progress on the short-term, intermediate, and long-term outcomes listed in your logic model.

An outcome evaluation can answer questions such as:

- How much did unit cohesion increase over one year? [Short-term]
- How much did sexist behaviors decrease between year one and year four as measured by the DEOCS? [Intermediate]
- What percentage of Service members at the installation/base/ship will report an inclusive workplace measured by the DEOCS within seven years? [Long-term]
- Who will collect the data?
- How will the data be analyzed and by whom?

Outcome Evaluation Planning

Describe the timeline, indicators, and data sources you will use for the outcome evaluation (e.g., surveys, focus groups, interviews, administrative data metrics), who will collect the data and how the data will be analyzed and by whom? Also include any potential barriers you foresee to measuring progress on your outcomes).

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Timeline	Indicators	Data Sources	Barriers
A1. **Reducing drink consumption:** Two years A2. **Improve leadership competencies:** Three years A3. **Increasing social supports:** Two years	A1. Reduce alcoholic drink consumption A2. Increase in trust among leaders, reduced reports of toxic leadership A3. Increase social supports, improve social change	A1. Daily Drinking Questionnaire, Alcohol related incidents A2. CCAs A3. Pulse check survey, SOFS-A	A1. Self-report measures, leadership buy-in, participation and willingness to participate (no consequences for not participating) A2. Leadership buy-in, time constraints for participation A3. Consider willingness to participate due to stigma or lack of trust

Communicating Evaluation Findings

Describe any reports or products (e.g., summaries, briefing decks, working group discussions, etc.) that will summarize the evaluation findings of your prevention activities. You may disseminate these findings formally or informally.

- Results from all programs will be presented during the all-hands meetings with leadership
- Results will be shared via slide deck during regional IPPW calls to share best practices
- In accordance with DoDI 6400.11, IPPW will review evaluation findings with unit commanders and/or organizational leaders. These review sessions will be recording in the CIPP
- In accordance with DoDI 6400.11, after a Change in Command CCA and Annual CCA, unit leaders and organizational leaders must meet within 30 days of the CCA review session or drill period. During this time, IPPW will brief unit commanders and/or organizational leaders on the evaluation results and discuss identified actions from the CIPP

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Collaborators and Signatures

Please list the unit/organization leaders included in this plan.

Obtain approval from the appropriate leader overseeing the plan development on the executive summary page of the CIPP.

PRINTED NAME AND SIGNATURES
• Liam Smith *Signature*
• John Lorton *Signature*
• Naomi Silver *Signature*
• Jacob Bo *Signature*
• Derwin Swan *Signature*
• Anthony Chair *Signature*

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• Cameron Logan *Signature*
• Melanie Grimm *Signature*
• Hector Vegas *Signature*
• Malik Far *Signature*
• Richard Gilbert *Signature*

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Logic Model Template

Please edit the logic model template as you see fit to best adapt the template to your Service and area of responsibility.

Click (insert link **here)** to download the Logic Model Template (fillable excel and PowerPoint versions).

Logic Model Template
for Comprehensive Integrated Primary Prevention (CIPP) Plan

INPUTS	ACTIVITIES	OUTPUTS	DESIRED OUTCOMES (Intended Activity Effects)**		
			SHORT-TERM OUTCOMES (~6 months)	INTERMEDIATE OUTCOMES (1-2 years)*	LONG-TERM OUTCOMES (3-5 years)*
Target Population : A1. E1 -E4 Service members A2. NCOs/SNCOs A3. E1 -E4 Service members & Women Service members	**Involvement:** A1.A2.A3. Led by IPPW Consult prevention collaborators (e.g., substance use personnel) A3. MWR	**Number of Collaborators Involved**: A1.A2.A3. 2 IPPW A1. 1 Substance use preventionist A3. 2 MWR staff	**Individual Level**		
			A1. Six months following the introduction of the activity, 40% of E1-E4 Service members on the installation will be enrolled in the program.	A1. By six months after participating in the activity, participants will show a one-third average decrease in the number of drinks (i.e., alcohol) consumed, as measured by the Daily Drinking Questionnaire.	A1. In two years, 75% of Service members that participated in the training will report an average decrease in the number of drinks consumed, as measured by analyzing installation data and comparing alcohol related incidence data with last year's records.
Collaborators Impacted: A1.A2.A3. leaders A1. Substance use preventionists A3. Moral, Welfare and Recreation (MWR)	**Communication:** A1.A2.A3. outreach through POD, flyers, verbal communication via leadership and colleagues	**Number of Risk and Protective Factors Impacted:** 5 risk factors 5 protective factors	**Interpersonal Level**		
Resources Required : A1.A2.A3. Staff, Climate assessments, outreach materials A1.A2. Training platform A3. Event supplies	**Time and Frequency** : A1. One -time, self - guided A2. One -time, over a total of five in -person seminars, self -guided A3. Once per quarter, in-person group setting	**Number of Harmful Behaviors Impacted (i.e., two or more)** : 5 harmful behaviors impacted	A2. By six months following the introduction of the prevention activity, 70% of leaders on the installation will be enrolled in the program.	A2. One year following implementation of the prevention activity, average levels of trust in immediate leadership across Fort Delta will increase from 3.0 to 3.5 as measured by the unit DEOCS	A2. Perceptions of toxic leadership will decrease by 60% in three years following the implementation of the activity as measured by comparing CCA results and reporting trends.
Targeted Risk Factors: A1. Alcohol misuse , DUIs, alcohol related incidents A2. Toxic leadership A3. Social isolation	**Prevention of Which Multiple Harmful Behaviors:** A1.A2.A3. Substance misuse, Suicide, sexual assault, harassment	**Prevention Activities:** 3 prevention activities	**Organizational Level**		
			A3. Six months following the introduction of the quarterly social events, there will be an established communications plan in collaboration with nonprofit to maximize sub-population participation.	A3. By nine months following the implementation of the events, 30% of women that attend will report increased trust to discuss gender based needs, as measured by a 9-month pulse check questionnaire.	A3. In two years, average levels of social support reported by Service member sub-populations at the installation will increase from 50% to 56% as measured by the SOFS-A.

Note: Activity 1 (A1.) Implement research informed alcohol education program; **Activity 2 (A2.)** Research informed leadership style training or workplace program; **Activity 3 (A3.)** Partner with a nonprofit to plan social events that advocate, connect, and provide support to junior enlisted d and/or sub-populations of the military community to address gender-based needs and change social norms.

Reference: The Social-Ecological Model: A Framework for Prevention |Violence Prevention | Injury Center | CDC

*Intermediate and long-term outcomes may be repeated throughout plans. Plans are intended to be updated every 6 months to reflect progress towards goals, but the goals may remain the same as progress is made.**Timelines of intended activity effects may need to be adjusted based on your Component (i.e., Reserves and National Guard). This serves as a template to be adapted.

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