Comprehensive Integrated Primary Prevention Plan Template (Extended)

## Background:

This document serves as a template to help the Integrated Primary Prevention Workforce (IPPW) in the development of a Comprehensive Integrated Primary Prevention (CIPP) plan. The sections below first identify [DoDI 6400.11](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) policy requirements followed by customizable examples to help with the development of the CIPP plan. Please consult with the IPPW lead to ensure the correct Service-specific template is used to design a research-based, CIPP plan. The completed CIPP plan will be uploaded as a Word document to the Office of People Analytics (OPA) portal (*insert link here*).

The document includes the following:

* CIPP Plan Sample Executive Summary (EXSUM)
* Step-by-Step Template of 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](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D): 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**](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) **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.**

CIPP Plan Sample Executive Summary (EXSUM)

The [DoDI 6400.11](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) 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 follow.

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| **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: Assessment Method 2: Assessment Method 3:  |
| **Integrated Prevention Goals** | Prevention System Goal(s):Shared Risk Factor Goal(s):Shared Protective Factor Goal(s): |
| **Desired Outcomes****Specific, Measurable, Achievable, Relevant, Time-related, Inclusive, Equitable (SMARTIE)** | Desired Outcome 1:Desired Outcome 2:Desired Outcome 3: |
| **Prevention Activities** |  Activity 1:Activity 2:Activity 3: |
| **Process & Outcome Evaluation Plan (i.e., summary of methods, measures, and timeline for evaluation of each desired outcome)** | Desired Outcome 1:Desired Outcome 2:Desired Outcome 3: |

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.

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| **COMMUNITY DETAILS** | **COMMUNITY** **LEADER** |
| **Community Name**: Click or tap here to enter text.**Service/Component**: Click or tap here to enter text.**Installation/Base/Ship**: Click or tap here to enter text. | **Name**: Click or tap here to enter text.**Service**: Click or tap here to enter text.**Phone**: Click or tap here to enter text.**E-mail**: Click or tap here to enter text. |
| 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** | Click or tap to enter a date. | [signature block] |

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

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| **CIPP PLAN POINT OF CONTACT** | **CIPP VERSION:** |
| **Name**:Click or tap here to enter text.**Service**: Click or tap here to enter text. | **Phone**: Click or tap here to enter text.**E-mail**: Click or tap here to enter text. | [ ]  **January CIPP** (Plan Due 1/31)[ ]  **July CIPP** (Updated Plan Due 7/31) |

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

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| **Command Climate Assessment (CCA) Information** | **Type of CCA:** |
| **Commander’s Name:**Click or tap here to enter text.**Unit**: Click or tap here to enter text. | **Date of CCA Review Session:** Click or tap here to enter text.**Date of CCA Results Sharing:** Click or tap here to enter text. | [ ]  **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).***

# Template of CIPP Plan Key Sections

[**DoDI 6400.11**](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) **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.

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| **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.  |
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| **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
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| 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): |

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| --- |
| Please describe in a few sentences |
|  |
| *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.

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| Please describe in a few sentences |

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

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| Please describe in a few sentences |
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| 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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| Please list prevention collaborators and responsibilities |
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| *Did you:* ☐ Distinguish between primary prevention efforts and response efforts?* ☐ Summarize overall roles of collaborators?

Please see [Department of Defense Instruction (DoDI) 6400.11](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3d%3d) for definition of primary prevention.[[1]](#footnote-2) |
|  |
| 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 AdministrationDescribe findings from CCAs, including annual CCAs and Change of Command CCAs.[[2]](#footnote-3) Address the following questions in your answer:* What units/echelons are included?
* Who in the units are included/excluded? (I.e., due to deployment or sick leave)
* When are CCAs administered?
* How are data at different echelons of your organization aggregated to the community level?

**Example**: |
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| Unit | DEOCS Completion Status | DEOCS Administration Date | Includes Subordinate Unit Data | Aggregation of Unit Data |
| 177 MP BDE | 50% | 1AUG23 | Yes |  |
| 210 MP BN | 70% | 1AUG23 | Yes |  |
| X MP BN | 100% | 1AUG22 | Yes |  |
| Y MP BN | 25% | 1AUG23 | No |  |

 |
| CCA MethodologyBesides 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 DataDescribe 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](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) defines each of these harmful behaviors in the glossary.

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| Data and/or Report | Harmful Behavior(s) | Prevalence | Military Community | Relevance to Own Community |
| OSIE Dashboard | Suicide | 7 suicides in the last two years | USS Resiliency | Units from CCA are on this Ship |

 |
| 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).
* Describe any data or reports from other data sources used to understand the prevalence of harmful behaviors in the military community.[[3]](#footnote-4)

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| 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 member working in the unit. | Service members report junior NCOs remain disconnected following the recent DEOCS report. |

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| Data LimitationsBriefly 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. Please describe in a few sentences |
| **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
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| **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). |

* Identify *strengths* and *areas of improvement* in resources, programs, and policies relevant to the prevention system.

**Scope***:* Prevention system needs may differ for IPPWs who are covering an entire region or installation vs. those embedded in specific units. Activities relevant at the installation level would be outside the sphere of influence for an IPPW located within a unit. Similarly, prevention system needs will differ for the IPPW completing a CIPP plan at the operational level vs. the tactical level.Risk and Protective FactorsDescribe 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 FactorsExamples:* Lack of sleep could impact suicide attempts, domestic abuse, and child abuse
* Binge drinking could impact suicide, domestic abuse, and sexual assault

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

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| **Harmful Behaviors** | **Risk****Factor(s)** | **Protective Factor(s)** | **DEOCS Scores vs. DoD Benchmarks** | **Summary****of Data** |
| **Sexual Assault** |  |  |  |  |
| **Sexual Harassment** |  |  |  |  |
| **Retaliation** |  |  | 1.5 |  |
| **Suicide** |  |  |  |  |
| **Domestic Abuse** |  |  |  |  |
| **Child Abuse** |  |  |  |  |

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| **Shared Risk and/or Protective Factor(s)** | **Impact on Which Harmful Behavior(s)** |
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| *See* ***Appendix B*** *for priority areas to be included (multiple priority areas are required to be included)* |
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| *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?
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**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.

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| Please summarize in a few sentences |

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| *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?
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**Prevention System Needs**

Summarize the needs of your military community’s prevention system. Please see [Prevention Plan of Action 2.0](https://www.sapr.mil/sites/default/files/PPoA_2.0.pdf) for reference to the different sections of the prevention system.

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| **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) |

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| 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](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf).
* Address goals across the social ecological model
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| **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
 |
| 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 Factor Goals:*(e.g., reduce harmful stereotypes around masculinity and help-seeking)*1. Individual level goals
2. Interpersonal level goals
3. Organizational level goals

**Shared Protective Factor Goals:***(e.g., junior enlisted Service members feel more socially supported)*1. Individual level goals
2. Interpersonal level goals
3. Organizational level goals
 |
| *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 prioritized 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 at least one desired outcome. Please specify whether the outcome is short-term (<1 year), intermediate (1-2 years), or long-term (3-5 years).  |
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| **Desired Outcomes Must**:* Be aligned with at least one goal
* Specify what will change
* Specify who will change
* Specify how much they will change (measurable)
* Specify relevance to DoD or local priorities
* Specify by when change will occur (short-intermediate-long term)
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| **Goal** | **Outcomes** |
| ***Example:*** *Obtain the technology and resources to gather data on risk and protective factors in the military community.* | **Short-Term Outcomes:** *Example: By next year, we will designate the expertise, technology, and manpower to collect and analyze qualitative data across units X, Y, and Z at Fort Delta.* |
| **Intermediate Outcomes:** |
| **Long-Term Outcomes:**  |
| ***Example:*** *Reduce harmful stereotypes around masculinity and help-seeking.* | **Short-Term Outcomes:**  |
| **Intermediate Outcomes:** *Example: In two years, 30% more men at Fort Delta will report they are willing to seek help if experiencing a personal crisis.* |
| **Long-Term Outcomes:** |
| ***Example:*** *Junior enlisted Service members feel more socially supported.* | **Short-Term Outcomes:** |
| **Intermediate Outcomes:** |
| **Long-Term Outcomes:** *Example: In five years, average levels of social support reported by junior enlisted Soldiers at Fort Delta will increase from 2.5 to 3.5.* |
| ***Example:*** *Service members report more trust in their immediate leadership.* | **Short-Term Outcomes:** *Example: By next year, average levels of trust in immediate leadership across Fort Delta will increase from 3.0 to 3.5.* |
| **Intermediate Outcomes:** |
| **Long-Term Outcomes:** |

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| *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](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf) and [6400.11](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D)?
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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.  |
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| **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).
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| **Prevention Activity Selection Guidance**Aligned with [DoDI 6400.09](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf), 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]](#footnote-5) * 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](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf). 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.  |
|  |
| **Individual-Level Activities** *(e.g., intervention(s) for at-risk individuals or universal activities for individuals like skill-building)* | Targeted risk or protective factors:Targeted harmful behaviors:Targeted population:Prevention Strategy:Desired outcome (from previous section):Activity:New activity or continuation of an activity:Activity timeline:Activity dosage:External community agencies (if applicable):Potential Barriers to Implementation:Implementation POC:Commander/leader responsible for implementation oversight: |
| **Interpersonal-Level Activities** *(e.g., intervention(s) for small groups or teams, such as communication or trust building)* | Targeted risk or protective factors:Targeted harmful behaviors:Targeted population:Prevention Strategy:Desired outcome (from previous section):Activity:New activity or continuation of an activity:Activity timeline:Activity dosage:External community agencies (if applicable):Potential Barriers to Implementation:Implementation POC:Commander/leader responsible for implementation oversight: |
| **Organizational-Level Activities** *(e.g., policy changes, installation changes, etc.)* | Targeted risk or protective factors:Targeted harmful behaviors:Targeted population:Prevention Strategy:Desired outcome (from previous section):Activity:New activity or continuation of an activity:Activity timeline:Activity dosage:External community agencies (if applicable):Potential Barriers to Implementation:Implementation POC:Commander/leader responsible for implementation oversight: |

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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?
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| 4b. Prevention Activities Logic Model |
| See [**Appendix C**](#_Appendix_C._Logic) 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).  |

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| 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).
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|  |
| **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 PlanningDescribe 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.). |
|  |
| Please describe in 5-10 sentences |
|  |
| *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 PlanningDescribe 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** |
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Communicating Evaluation FindingsDescribe 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. |
| Please describe in 5-10 sentences |

# 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.

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| **PRINTED NAME AND SIGNATURES** |
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# Appendix A: Example of Information Needed for Portal Upload

## CIPP Community Unit/Organization Information

Use this section to detail and track information about ALL of the units/organizations in this CIPP community. **TIP**: To add more units/organizations, simply copy and paste one of the tables in this form. Below are details about what type of information you should be adding for the different fields:

* **Name/Title**: Use the official name of the unit/organization.
* **Identification Code (UIC/RUC/PAS/OPFAC):** Every unit/organization has a corresponding identification code that can also vary by Service. Below are the recommended guidelines for each Service Component when identifying the unit/organizational identification codes:
	+ **Army**: Use the 6-character UIC, starting with W. For example, WG2KA0.
	+ **Navy**: Use the 5-digit Unit Identification Code, with or without a leading “N”. For example, 68849 or N68849.
	+ **Air Force**: Use the 8-digit PAS code. For example, RX1MFB35.
	+ **Space Force**: Use the 8-digit PAS code. For example, VQ4GFD0N.
	+ **Marine Corps**: Use the 5-digit RUC, with or without a leading “M”.
	For example, 31001 or M31001
	+ **Coast Guard**: Use the 5-digit OPFAC. For example, 15242.
	+ **DoD** **Civilians**: Use the 6-character UIC, starting with D. For example, DDAAJG. Can also use the identification code with which the majority of your unit or organization personnel are associated.
	+ **Joint Service**: Use the identification code with which the majority of your unit or organization personnel are associated.
* **Type**: See **Appendix X** (will be included on portal) for a list of unit/organization types by Service Component.
* **Installation/Base/Ship/Location**: Add the Installation/Base/Ship for each unit/organization if different than the community Installation/Base/Ship identified for the community (see Community Details section).
* **DEOCS ID**: List the DEOCS ID(s) that were used for the development of this CIPP plan. DEOCS ID can be found on the front page of DEOCS reports or on the DEOCS portal.
* **CIPP Review**: Enter the date that the CIPP was reviewed with the Unit Command/Organizational Leader for each unit/organization within this CIPP community. If no review of the CIPP happened with the unit/organization, note the reason.

**Tip: Copy and paste table below to track information for portal upload.**

|  |  |  |
| --- | --- | --- |
| **Unit/Organization Details** | **Commander/Leader Information** | **CIPP Review** **(Date & Signature)** |
|  [ ]  | **Name/Title:**Click or tap here to enter text.**Identification Code**: UIC/RUC/PAS/OPFAC**Type**:Click or tap here to enter text.**Installation/Base/Ship**:Click or tap here to enter text. | **Name**:Click or tap here to enter text.**Service**: Click or tap here to enter text.**Rank**: Click or tap here to enter text.**Phone**: Click or tap here to enter text.**E**-**mail**: Click or tap here to enter text. | **Date**:

|  |
| --- |
| Click or tap to enter a date. |

 |
| **[ [Signature Block]** |
|  | **DEOCS ID(s) Associated with the Unit/Organization**: Click or tap here to enter text. |

# Appendix B: Priority Areas

## *Prevention Domains/Outcomes*

* + Child abuse
	+ Domestic abuse
	+ Readiness
	+ Retaliation
	+ Retention
	+ Sexual assault
	+ Sexual harassment
	+ Other harassment (e.g., hazing, bullying, race/ethnicity harassment)
	+ Suicide (e.g., ideation, attempts, and deaths)

## *Risk and Protective Factors*

* + Access to lethal means/Safe storage of lethal means
	+ Alcohol Impairing Memory
	+ Binge Drinking
	+ Child neglect
	+ Cohesion
	+ Collaboration
	+ Connectedness
	+ Consistent access/lack of access to high-quality behavioral health and medical services
	+ Engagement & Commitment
	+ Everyday stressors (e.g., parenting, chronic pain, legal problems, acculturation/coping skills)
	+ Fairness
	+ Finances/employment
	+ Financial readiness
	+ Health equity
	+ Hope/hopelessness or morale
	+ Inclusion
	+ Leadership (e.g., passive, toxic, supportive, transformational)
	+ Leadership Support
	+ Mental health (e.g., history of depression)
	+ Morale
	+ Norms (e.g., level of acceptance of violence, hyper-masculinity, traditional gender norms;
	social norms supportive or inhibitive of SV and male sexual entitlement)
	+ Passive Leadership
	+ Prior traumas (e.g., sexual, combat related)
	+ Problematic Sexual Behavior in Children and Youth
	+ Relationships (e.g., peers, family, partner) problems (e.g., loss of relationships, isolation), social connectedness (e.g., feeling connected to school, community, other institutions; support from partners, friends, and family)
	+ Racially Harassing Behaviors
	+ Sexist Behaviors
	+ Sexually Harassing Behaviors
	+ Social skills (e.g., problem solving skills, empathy, emotional regulation)
	+ Stalking
	+ Stress
	+ Toxic Leadership
	+ Transformational Leadership
	+ Unit or workplace climate (e.g., fair, inclusive, hostile, respect, cohesive)
	+ Violent Crime
	+ Use of alcohol or other substances (e.g., binge drinking or drug use)
	+ Work-life Balance
	+ Workplace Hostility

## *Ecological levels included in the prevention plan*

* + Individual
	+ Interpersonal
	+ Organizational

# [Appendix C](#_Appendix_C._Logic). 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.*

 Download the Logic Model Template (fillable excel and PowerPoint versions) on www.prevention.mil/Resources/Tools.

*Reference:* [*The Social-Ecological Model: A Framework for Prevention |Violence Prevention | Injury Center | CDC*](https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html)

\*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.

1. [DoD Instruction 6400.11, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders." Effective December 20, 2022 (whs.mil)](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3d%3d) [↑](#footnote-ref-2)
2. Note that Change of Command CCAs do not require a DEOCS. [↑](#footnote-ref-3)
3. [DoDI 6400.11](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D) defines each of these harmful behaviors in the glossary. [↑](#footnote-ref-4)
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)](https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf?ver=2020-09-11-104936-223). [↑](#footnote-ref-5)