



PREVENTION EVALUATION AT HIGH- AND LOW-RISK INSTALLATIONS: DATA COLLECTION OVERVIEW

ROADMAP FOR TODAY'S TRAINING

Introduce RAND's Project

Provide an Overview of:

- How the Metrics Were Developed
- How the Metrics Will Be Scored

Provide an Overview of:

- Process for Collecting Metrics
- Process for Generating Final Assessment Using Metrics

Describe Next Steps

PROJECT OBJECTIVES

To establish a process and metrics to conduct independent evaluations of installations with unhealthy and healthy climate.

To help DoD's Under Secretary for Personnel and Readiness, Office of Force Resiliency determine the gaps within the prevention infrastructure and other areas of climate at DoD sites that have healthy and unhealthy command climate.

INDICATORS OF PROJECT SUCCESS



New information not obtainable through other methods



Yield data that is actionable



A refined process and metrics for enduring high-risk installation evaluations

MOVING BEYOND
COMPLIANCE WITH
INTEGRATED VIOLENCE
PREVENTION (IVP)
POLICY

FOCUS OF PROJECT

Step 1

Compliance: Is the
requirement met?

Step 2

Quality: Is it implemented in
alignment with best practice?

Step 3

Effectiveness: Does it reduce
or stop violence?

KEY METHODS TO MEET PROJECT OBJECTIVES

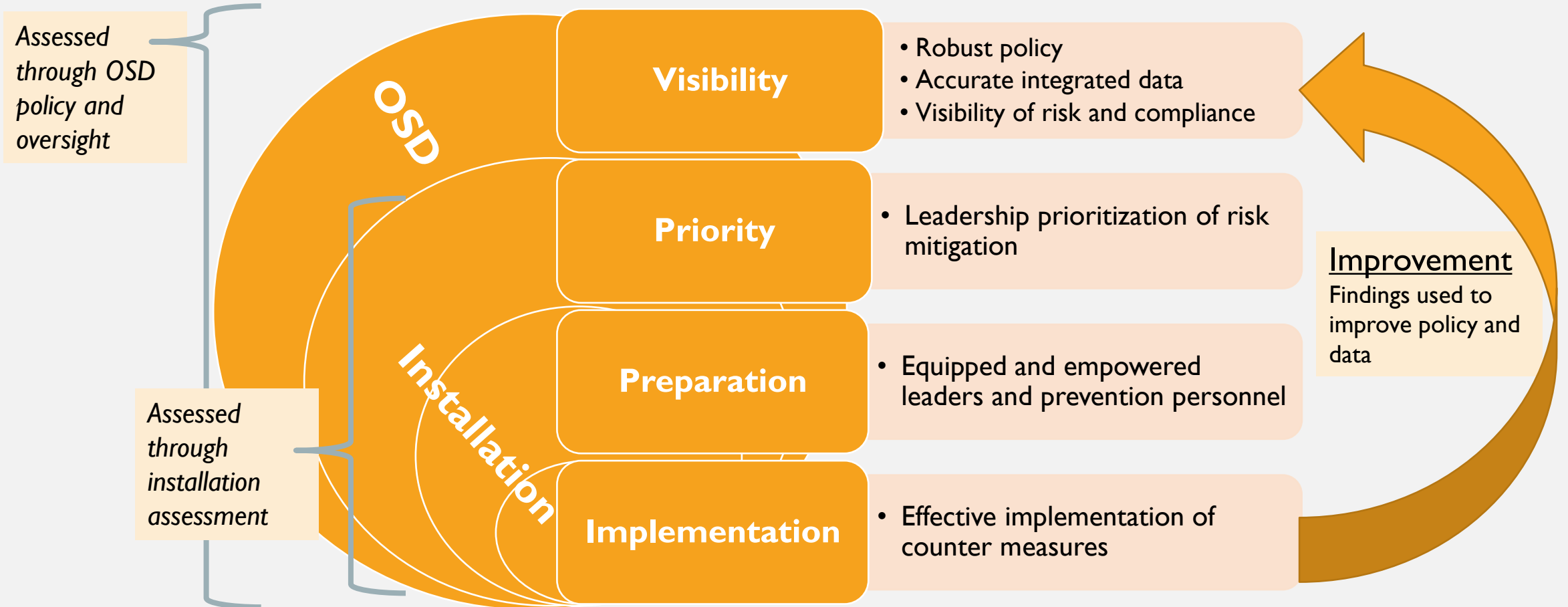
OBJECTIVE I. DEVELOP PROCESS AND METRICS FOR EVALUATING SITES

- Use DoD's Compliance Framework
- Gap analysis comparing existing compliance tools with the DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09)
- Literature review
- Expert consultation

OBJECTIVE II. IDENTIFY GAPS IN PREVENTION INFRASTRUCTURE AT SITES

- Site visits to collect metrics using four methods:
 1. Onsite discussions
 2. Document review (collected before and while onsite)
 3. Competency survey of leaders and prevention personnel
 4. Integrated prevention tabletop exercise

DOD'S COMPLIANCE FRAMEWORK GUIDES THE PROJECT



OBJECTIVE I.
DEVELOP
PROCESS AND
METRICS FOR
EVALUATING
SITES

Metrics

Core metrics across all sites

Experimental metrics targeting specific prevention efforts

Process

On-site discussions

Document review

Competency survey

Scenario-based exercise

DOD COMPLIANCE FRAMEWORK + GAP ANALYSIS = NINE CORE AREAS FOR SITE EVALUATION

| CORE | PRIORITY: Does Leadership consistently emphasize as a priority.... | PREPARATION: Are Leaders and Prevention personnel equipped and empowered (with a clear line of site across the chain of command) to | IMPLEMENTATION: Are efforts implemented with quality and seamlessly integrated... |
|-------------------------------|--|---|---|
| Protective Environment | 1 | 2 | 3 |
| Integrated Primary Prevention | 4 | 5 | 6 |
| Stakeholder Engagement | 7 | 8 | 9 |

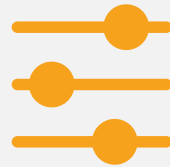
CORE DEFINITIONS

- **Priority:** Higher-level leadership sets the tone AND sustains consistent focus on harmful behaviors.
- **Preparation:** Prevention personnel and intermediate leadership are equipped with the ability, and exist within a structure, that incentivizes and supports addressing harmful behaviors.
- **Implementation:** Approach aligns with best practice and done well (i.e., with high quality).
- **Healthy and Protective Environment:** Command climates can positively or negatively impact behaviors such as sexual assault and harassment.
- **Integrated Prevention:** Effective prevention targets a mix of risk and protective factors that are both common across problem areas as well as unique aspects.
- **Stakeholder Engagement:** Outcomes can be improved when multiple stakeholders have genuine involvement in prevention activities.

DEFINITION OF METRIC

Data representative of an organization's actions, abilities, and overall quality

Metrics come in many different forms



A set of organizational criteria that can be used for self-assessment to determine the extent to which an installation's sexual assault prevention efforts align with best practices



An individual survey assessing practitioner competencies (skills, knowledge, etc.) for conducting sexual assault prevention



A checklist that asks whether certain policies are being enforced (yes or no)

FINDING THE RIGHT METRICS

Key Assumptions

- Must be tied to one of the nine areas (e.g., leadership priority for protective environment)
- Must reflect a concept that is either relevant across an installation (not specific to a single office or problem behavior) or would be insightful about a specific high-risk unit

Selection of Final Metrics

- Will be done with ***parsimony*** in mind (i.e., the fewest number of metrics that span across the nine areas for site evaluation)
- Must be ***feasible*** within the process/methods we have at our disposal
- Must ***not be duplicative*** of the other data that's already being collected

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- How the Metrics Will Be Scored

Provide an Overview of:

- Process for Collecting Metrics
- Process for Generating Final Assessment Using Metrics

Describe Next Steps

RAND GENERATED AN INITIAL LIST OF EVIDENCE-INFORMED SUBDIMENSIONS REFLECTING THE NINE DIMENSIONS

| CORE | PRIORITY: Does Leadership consistently emphasize as a priority.... | PREPARATION: Are Leaders and Prevention personnel equipped and empowered (with a clear line of site across the chain of command) to | IMPLEMENTATION: Are efforts implemented with quality and seamlessly integrated... |
|-------------------------------|--|--|--|
| Protective Environment | 1  | Subdimensions | 3 |
| Integrated Primary Prevention | 4 | <ul style="list-style-type: none"> • 1.1. Leaders consistently emphasize the importance of a healthy protective environment • 1.2. Leaders consistently deter negative behaviors • 1.3. Leaders hold subordinates accountable for timely action • 1.4. Leaders reinforce positive behaviors • 1.5. Leaders role models positive behaviors | 6 |
| Stakeholder Engagement | 7 | | 9 |

EXPERT PANEL HELPED DEVELOP AND REFINE FINAL SET OF SUBDIMENSIONS

Experts Names and Affiliation*

- Dr. Eric R. Pedersen, Senior behavioral scientist at the RAND Corporation
- Christine Gidycz, developer of The Ohio University Sexual Assault Risk Reduction Program
- Jacquelyn W. White, Emerita Professor of Psychology and former director of Women's and Gender Studies at the University of North Carolina at Greensboro, where she also served as Associate Dean for Research in the College of Arts and Sciences
- Andra Teten Tharp, Senior Prevention Advisor in the US Department of Defense Sexual Assault Prevention and Response Office
- Mark Greenberg, Emeritus Professor, Human Development and Family Studies, Founding Director, Edna Bennett Pierce Prevention Research Center, Penn State University

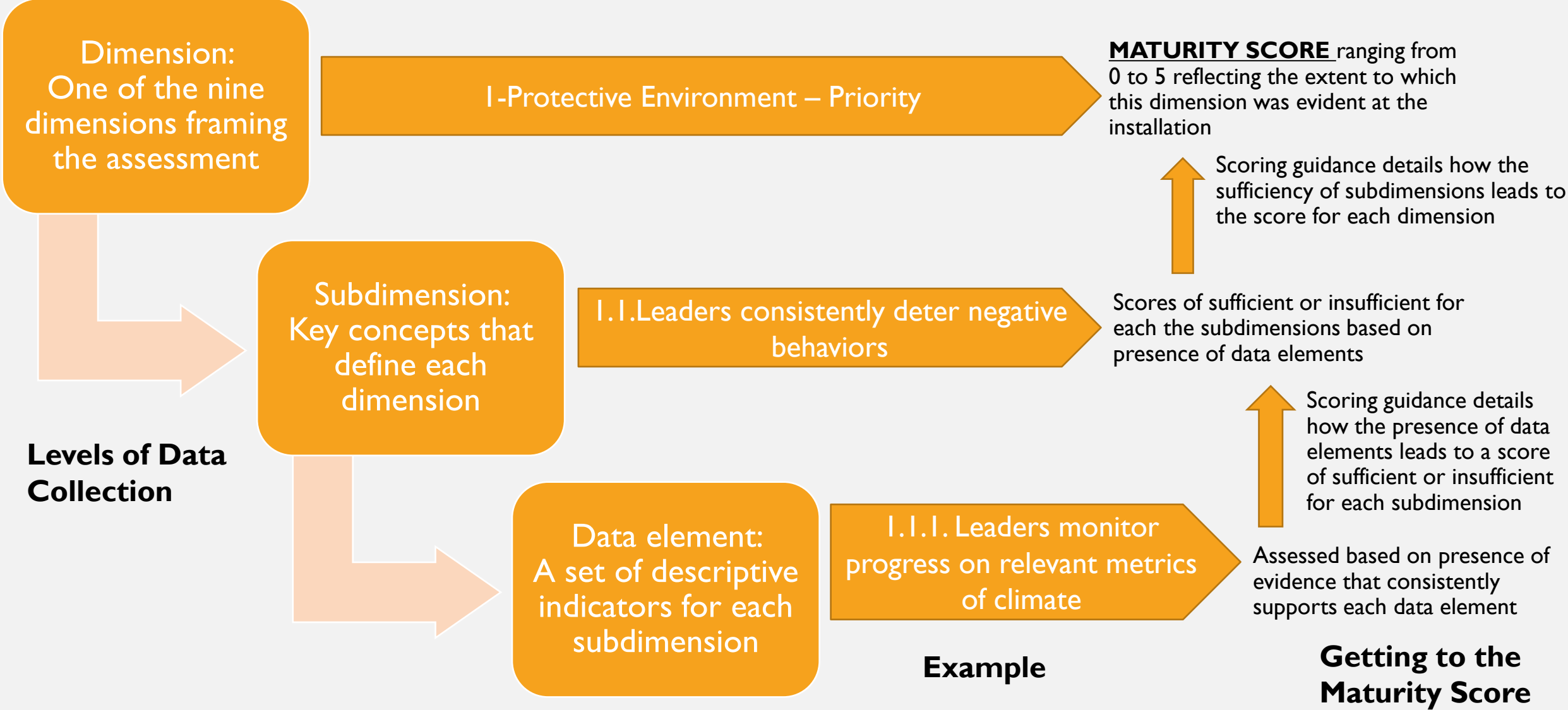
**Affiliation at the time they provided feedback.*

Used RAND Appropriateness Method to derive final set of metrics.

Consensus ratings from experts on the importance and validity of the metrics.

- **Validity** was defined as having adequate scientific evidence or professional consensus exists to support a link between the metric and the effectiveness of efforts to prevent self-directed harm and abusive and harmful behaviors
- **Importance** was defined as adherence to the subdimension is a primary driver of the effectiveness of efforts to prevent self-directed harm and abusive and harmful behaviors.


THEN RAND DEVELOPED AN APPROACH TO GENERATE SCORES FOR EACH DIMENSION



MATURITY SCORING SYSTEM TRACKS PROGRESS

- A set of characteristics, attributes, indicators, or patterns that represent progression and achievement in a particular domain or discipline
- Evaluate against benchmarks of best practices and may incorporate standards or other codes of practice that are important in a particular domain or discipline.
- Architecturally, maturity models typically have “levels” along an evolutionary scale that defines measurable transitions from one level to another.

EXAMPLE OF HOW TO GENERATE ONE OF THE NINE MATURITY SCORES

| CORE | PRIORITY: Does Leadership consistently emphasize as a priority.... | PREPARATION: Are Leaders and Prevention personnel equipped and empowered (with a clear line of site across the chain of command) to | IMPLEMENTATION: Are efforts implemented with quality and seamlessly integrated... |
|-------------------------------|---|---|--|
| Protective Environment | 1  | Subdimensions <ul style="list-style-type: none"> • 1.1. Leaders consistently emphasize the importance of a healthy protective environment • 1.2. Leaders consistently deter negative behaviors • 1.3. Leaders hold subordinates accountable for timely action • 1.4. Leaders reinforce positive behaviors • 1.5. Leaders model positive behaviors | 3 |
| Integrated Primary Prevention | 4 | | 6 |
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PROTECTIVE ENVIRONMENT: PRIORITY

Protective Environment—Priority
has 5 subdimensions.

The Maturity Score is based on
the sufficient presence of
these subdimensions:



5. Sufficient in all 5 subdimensions and consistent evidence that sufficiency has been maintained over time despite competing priorities
4. Sufficient in all 5 subdimensions
3. Sufficient in 4 out of 5 subdimensions
2. Sufficient in 3 out 5 subdimensions
1. Sufficient in 1 or 2 out of 5 subdimensions
0. No subdimensions are sufficient

EXAMPLE OF ONE OF THE NINE CELLS

| CORE | PRIORITY: Does Leadership consistently emphasize as a priority.... | PREPARATION: Are Leaders and Prevention personnel equipped and empowered (with a clear line of site across the chain of command) to | IMPLEMENTATION: Are efforts implemented with quality and seamlessly integrated... |
|-------------------------------|---|---|--|
| Protective Environment | 1 | <p style="text-align: center;">Subdimensions</p> <ul style="list-style-type: none"> • I.1. Leaders consistently emphasize the importance of a healthy protective environment • I.2. Leaders consistently deter negative behaviors • I.3. Leaders hold subordinates accountable for timely action • I.4. Leaders reinforce positive behaviors • I.5. Leaders role models positive behaviors | <p style="text-align: center;">Data Elements for I.1.</p> <ul style="list-style-type: none"> ☐ Installation leadership has an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide) ☐ Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to problem behaviors or disclosure of such behaviors) ☐ Leadership voice support of primary prevention activities such as education and training activities or information awareness campaigns ☐ Leaders have, follow, and widely share a strategic prevention plan AND revisits this statement/plan regularly |
| Integrated Primary Prevention | 4 | | |
| Stakeholder Engagement | 7 | | |

PROTECTIVE ENVIRONMENT: PRIORITY

Sufficient presence of these subdimensions is based on a rating of whether a set of between 1-5 data elements is absent or present at a site.

The definition of sufficient varies by subdimension and is based on the number of data elements.

Subdimension

Number of data elements

1.1



1.2



1.3



1.4



1.5



EXAMPLE OF ONE OF THE NINE CELLS

| CORE | PRIORITY: Does Leadership consistently emphasize as a priority.... | PREPARATION: Are Leaders and Prevention personnel equipped and empowered (with a focus on training) across the chain of command of site across the chain of command | IMPLEMENTATION: Are efforts implemented with quality |
|-------------------------------|---|---|---|
| Protective Environment | 1 | <p style="text-align: center;">Subdimensions</p> <ul style="list-style-type: none"> • 1.1. Leaders consistently emphasize the importance of a healthy protective environment • 1.2. Leaders consistently deter negative behaviors • 1.3. Leaders hold subordinates accountable for timely action • 1.4. Leaders reinforce positive behaviors • 1.5. Leaders model positive behaviors | <p><i>Sufficient = Consistent evidence supporting at least 3 out of 4</i></p> <p style="text-align: center;">Data Elements for 1.1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Installation leadership has an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide) <input type="checkbox"/> Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to problem behaviors or disclosure of such behaviors) <input type="checkbox"/> Leadership voice support of primary prevention activities such as education and training activities or information awareness campaigns <input type="checkbox"/> Leaders have, follow, and widely share a strategic prevention plan AND revisits this statement/plan regularly |
| Integrated Primary Prevention | 4 | | |
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EXAMPLE OF ONE OF THE NINE CELLS

| CORE | PRIORITY: Does Leadership consistently em priority.... | PREPARATION: Subdimensions | on personnel (with a comma | IMPLEMENTATION: Are efforts implemented with quality |
|-------------------------------|--|---|----------------------------------|---|
| Protective Environment | 1 | <ul style="list-style-type: none"> • 1.1. Leaders consistently emphasize the importance of a healthy protective environment • 1.2. Leaders consistently deter negative behaviors • 1.3. Leaders hold subordinates accountable for timely action • 1.4. Leaders reinforce positive behaviors • 1.5. Leaders model positive behaviors | | <p><i>Sufficient = Consistent evidence supporting both</i></p> <p>Data Elements for 1.2</p> <ul style="list-style-type: none"> ❑ Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020.03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1) ❑ Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to service members, DoD civilians, military families, and other personnel |
| Integrated Primary Prevention | 4 | | | |
| Stakeholder Engagement | 7 | | 8 | |

EXAMPLE OF ONE OF THE NINE CELLS

| | | Subdimensions | | |
|-------------------------------|---|---------------|--|--|
| CORE | PRIORITY: Does Leadership consistently em priority.... | | <ul style="list-style-type: none"> • 1.1. Leaders consistently emphasize the importance of a healthy protective environment • 1.2. Leaders consistently deter negative behaviors • 1.3. Leaders hold subordinate accountable for timely action • 1.4. Leaders reinforce positive behaviors • 1.5. Leaders model positive behaviors | IMPLEMENTATION: Are efforts implemented with quality and seamlessly integrated... <i>Sufficient = Consistent evidence supporting both</i> Data Elements for 1.3 <ul style="list-style-type: none"> ❑ Leadership holds subordinates responsible for ensuring timely discipline measures are taken for service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse) ❑ Leadership holds subordinates responsible for referring service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified |
| Protective Environment | 1 | | | |
| Integrated Primary Prevention | 4 | | | |
| Stakeholder Engagement | 7 | | 8 | 9 |

EXAMPLE OF ONE OF THE NINE CELLS

| CORE | PRIORITY: Does Leadership consistently emp priority.... | Subdimensions | | |
|-------------------------------|---|--|----------------------------|--|
| Protective Environment | 1 | <ul style="list-style-type: none"> 1.1. Leaders consistently emphasize the importance of a healthy protective environment 1.2. Leaders consistently deter negative behaviors 1.3. Leaders hold subordinates accountable for timely action 1.4. Leaders reinforce positive behaviors 1.5. Leaders model positive behaviors | on pers (with a comm | <p><i>Sufficient = Consistent evidence supporting each</i></p> <p>Data Elements for 1.4 and 1.5</p> <ul style="list-style-type: none"> ❑ Leadership rewards or recognizes appropriate behavior that support positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) ❑ Leadership are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion |
| Integrated Primary Prevention | 4 | | 5 | |
| Stakeholder Engagement | 7 | | 8 | 9 |

THREE “EXPERIMENTAL” METRICS FOCUS ON IMPLEMENTATION IN SPECIFIC AREAS

IMPLEMENTATION

10. High risk groups

11. Lethal means

12. Responsible alcohol use



- All three experimental metrics include **Subdimensions** assessing
 - whether the approach being implemented is:
 - Comprehensive**
 - Based on the latest research/evidence about what works
 - Evaluated
 - Continuously improved
 - Whether service members engagement and resistance to the approach is monitored and addressed

Lethal Means Subdimensions

Number of data elements

11.1



11.2



11.3



11.4



11.5



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- All three experimental metrics include **Subdimensions** assessing
 - (1) whether the approach being implemented is:
 - **Comprehensive**
 - Based on the latest research/evidence about what works
 - Evaluated
 - Continuously improved
 - (2) whether service members engagement and resistance to the approach is monitored and addressed
- **Data elements vary by content of specific area**

Data Elements for Comprehensive Lethal Means Approach

- Promotes public health messaging and education on how to recognize risk factors and how safe messaging can help protect or prevent suicide through messages tailored to service members
- Takes into account the various types of means and environmental conditions that contribute to deaths by suicide (e.g., firearms, opioids, bridges)
- Promotes awareness about the availability of lethal means safety programs (e.g., safe gun storage)
- Includes necessary onsite partners (e.g., public affairs, mental health, health clinics and hospitals) and offsite partners (e.g., firearm dealers, gun owners)
- Incorporate suicide awareness as a basic tenet of firearm safety and gun ownership

THREE “EXPERIMENTAL” METRICS FOCUS ON IMPLEMENTATION IN SPECIFIC AREAS

IMPLEMENTATION

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- All three experimental metrics include **Subdimensions** assessing
 - (1) whether the approach being implemented is:
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 - Evaluated
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- Data elements vary by content of the specific area

Data Elements for Comprehensive Lethal Means Approach (continued.....)

- Ensures safety and prevention efforts targeting periods of high suicide risk to put space and time between service members and lethal means (e.g., guns, prescription, over-the-counter medications, bridges, parking garages) and provide counseling and education
- Uses safety technologies to reduce access to lethal means (e.g., physical barriers, prescription lockboxes, crisis call boxes), particularly at places which may be considered suicide ‘hotspots’
- Ensures health clinics, hospitals, and mental health facilities use standardized protocols to allow for the early identification of suicide risk, safety planning interventions, and lethal means safety follow-up
- Ensure all health providers, law enforcement officers, and others that may be likely to come into contact with service members at-risk for suicide are trained on how to interact with and reduce access to lethal means among service members who may be at risk for suicide
- Allows for the safe disposal of opioids and other prescription and over-the-counter medications

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KEY METHODS TO MEET PROJECT OBJECTIVES

OBJECTIVE I. DEVELOP PROCESS AND METRICS FOR EVALUATING SITES

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- Gap analysis comparing existing compliance tools with the DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09)
- Literature review
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OBJECTIVE II. IDENTIFY GAPS IN PREVENTION INFRASTRUCTURE AT SITES

- Site visits to collect metrics using four methods:
 1. Onsite discussions
 2. Document review (collected before and while onsite)
 3. Competency survey of leaders and prevention personnel
 4. Integrated prevention tabletop exercise

I. ONSITE DISCUSSIONS - EXAMPLE SCHEDULE

DAY 1 TEAM ONE

0930-1030 O1-O3 Men
1100-1200 O4-O5 Men
1200-1330 Lunch
1330-1430 O6 Men
1500-1600 MEO/EEO Staff

DAY 2 TEAM ONE

0800-0900 E1-E4 Men (#1)
0930-1030 E1-E4 Men (#2)
1100-1200 E5-E6 Men
1200-1330 Lunch
1330-1430 E7-E9 Men
1500-1600 Community support services

DAY 3 TEAM ONE

0800-0900 Chaplains and MFLC
1030-1130 Physical health (primary care, ER)
1200-1330 Lunch
1330-1430 Sexual assault and Victim Advocates
1500-1600 IG and law enforcement

DAY 4 TEAM ONE

0800-0900 Farewell meeting with installation commander and command team

DAY 1 TEAM TWO

0800-0900 Installation command and command team

0930-1030 O1-O3 Women
1100-1200 O4-O5 Women
1200-1330 Lunch
(O6 women on Day 3)
1330-1600 Prevention Tabletop Exercise

DAY 2 TEAM TWO

0800-0900 E1-E4 Women (#1)
0930-1030 E1-E4 Women (#2)
1100-1200 E5-E6 Women
1200-1330 Lunch
1330-1430 E7-E9 Women
1500-1600 FRG/SFRG/FRP/ Key Spouse

DAY 3 TEAM TWO

0800-0900 Mental health
1030-1130 Substance abuse
1200-1330 Lunch
1330-1430 Family advocacy
1500-1600 O6 Women

DAY 4 TEAM TWO

0800-0900 Any remaining key prevention personnel

I. ONSITE DISCUSSIONS – STANDARDIZED PROTOCOLS PROVIDE DETAILED INSTRUCTIONS

LEADERS: E7-E9 - small group discussion protocol (Audience: E7-E9 who have leadership responsibilities)

Guidance to data collectors

Each question corresponds to specific data elements and specific sub-dimensions, which are listed in the boxes to the left (PE=Protective Environment, IP= Integrated Prevention, SE=Stakeholder Engagement).

INTRODUCTION (to be read aloud to the group)

Thank you for taking the time to talk today about how we are addressing harmful behavior of service members. I have questions for you and other leaders to help prevent and address self-directed harm and abusive and other harmful behaviors like alcohol misuse, sexual assault, and domestic violence.

As you know, our discussion today is part of an effort by the Office of Secretary of Defense to improve prevention efforts across the enterprise. Our team is from RAND and we are here along with others from a range of Department of Defense Offices that focus on prevention including the Office of Force Resiliency and the Sexual Assault Prevention and Response Office. In case you are not familiar with RAND, our organization is a non-profit research organization that does public policy research.

CONSENT (to be read aloud to the group)

Before we begin, I want to assure you that your answers will be held in strict confidence. [If more than one person in the room: However, there are others in the room so please do not say anything you do not want others to know.] While onsite we are having discussions with many service members and leaders and conducting a survey. We are also reviewing documents, data, and other information collected from your installation. Findings from across these sources will be reported in a memo to OFR to inform their future prevention planning. We will not report your responses individually and we will not name you specifically in any documents. We will be taking

PROTECTIVE ENVIRONMENT

PRIORITY

- | | |
|-----|---|
| PE1 | 1. Does the installation commander have a mission or vision for addressing multiple harmful behaviors (suicide, assault/harassment, problematic alcohol use)? 1. [If YES, Potential Probes:] <ul style="list-style-type: none"> ▪ What is it? Who has seen it? ▪ How often is it updated? |
| PE2 | 2. How do you enforce policies regarding a range of violations (assault/harassment, alcohol use, suicide)? 1. Can you give me an example in the past 3 months of how you have enforced these policies for the service member? Is this an unusual example or something you expect to see? 3. What metrics do you monitor as indicators of climate (e.g., sick call, disciplinary actions, etc.)? 4. How do you determine if efforts to address the area(s) of concern have been effective? |
| PE3 | 5. What role do you expect for your subordinates in addressing reported cases of harmful behaviors? 1. Probes: 2. What are the timeframes in which you expect action on their part? 3. How do you determine if subordinates are fulfilling their roles? 4. If they are not fulfilling expectations or requirements, how do you address this? 6. What role do you expect for your subordinates in referring service members with harmful behaviors to appropriate resources? 1. Probes: 2. What are the timeframes in which you expect action on their part? 3. How do you determine if subordinates are fulfilling their roles? If they are not, how do you address this? |

LEADERS: O4-O5; O6 - small group/interview protocol (Audience: These questions can be used for the O4-5 group & the O6 interview)

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INTRODUCTION (to be read aloud to the group)

Thank you for taking the time to talk today about how [FILL IN INSTALLATION NAME] approaches addressing harmful behavior of service members. I have questions for you about how you work with service members and other leaders to help prevent and address self-directed harm and abusive and other harmful behaviors like alcohol misuse, sexual assault, and domestic violence.

As you know, our discussion today is part of an effort by the Office of Secretary of Defense to improve prevention efforts across the enterprise. Our team is from RAND and we are here along with others from a range of Department of Defense Offices that focus on prevention including the Office of Force Resiliency and the Sexual Assault Prevention and Response Office. In case you are not familiar with RAND, our organization is a non-profit research organization that does public policy research.

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2. DOCUMENT REVIEW

RAND'S DATA CALL
ASKS ABOUT FLAGSHIP
PREVENTION EFFORTS
AND OTHER ACTIVITIES

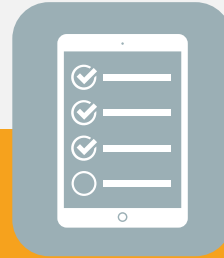
Flagship efforts

- For multiple harmful behaviors (problematic alcohol use, sexual assault, etc)
- Asks for details of the effort (e.g., the evidence base, numbers of service members exposed, number of times run, evaluation outcomes)

Additional activities

- Communication between leadership and service member
- Presence of “Integrator” groups (i.e., stakeholder groups)
- Evaluation reports from prevention activities

3. COMPETENCY SURVEY ASSESSES INDIVIDUAL KNOWLEDGE & SKILLS



- Completed by leaders and prevention personnel at each site at the end of the discussion groups
- Assesses knowledge and skills needed to:
 - Build a protective environment (e.g., understand how the environment can cause or maintain harmful behaviors)
 - Conduct high-quality prevention (e.g., understand the key ingredients of evidence-based prevention for sexual assault)
 - Engage service members in reducing self-directed harm, abusive and harmful behaviors (e.g., work with service members in such a way that they have meaningful input into decisions about prevention activities)

4. INTEGRATED PREVENTION TABLETOP EXERCISE TAPS KNOWLEDGE AND SKILLS IN A 'REAL WORLD' MANNER

Step 1

Agenda and
ground
rules

Step 2

Introduce
situation

Step 3

Unfolding/
breaking
news

Step 4

Debriefing/
self-evaluation

TWO OBJECTIVES



To exercise how
your installation
would work together
to address harmful
behaviors



To determine where
strengths and
weaknesses may lie
with respect to
integrated prevention
planning and capacity

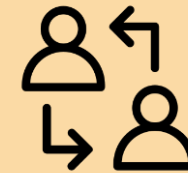
ASSESSES FOUR AREAS RELATED TO INTEGRATED PRIMARY PREVENTION

Partnerships



Work across multiple offices and personnel responsible for the prevention of harmful behaviors

Engagement

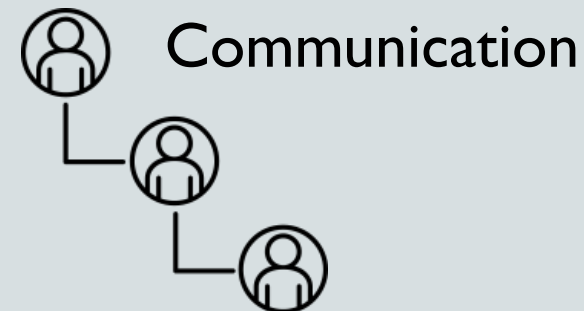


Improve prevention through interactions with service members, families, and community partners

Data Application



Learn about harmful behaviors and approaches to address them








Prioritize a line of sight across the chain of command

PROTECTIVE ENVIRONMENT: PRIORITY

Multiple data sources feed the scoring

The type and number of data sources used for rating each subdimension varies.

| Subdimension | Number of data elements | Methods informing rating |
|--------------|---|---|
| 1.1 |  | <ul style="list-style-type: none">• Onsite discussions• Data call• Command-installation self assessment |
| 1.2 |  | <ul style="list-style-type: none">• Onsite discussions• Command-installation self assessment |
| 1.3 |  | <ul style="list-style-type: none">• Onsite discussions• Data call• Command-installation self assessment• Tabletop exercise |
| 1.4 |  | <ul style="list-style-type: none">• Onsite discussions• Data call• Command-installation self assessment |
| 1.5 |  | <ul style="list-style-type: none">• Onsite discussions |

PROCESS TO GET TO FINAL PROFILE OF EACH SITE

Prior to visit:

Review compliance metrics, DEOCs and other background material from data call

While onsite:

Clean notes up at the end of each day

Within 24 hours:

Compile and share notes across site visit team; Enter survey data collected

Within 48 hours:

Review notes and any documents collected while onsite and independently **generate maturity initial ratings** and bullets describing site strengths/weaknesses

Within 72 hours:

Compile and share ratings and strengths/weaknesses across site visit team

Within 96 hours:

Discuss any discrepancies in ratings and **come to consensus on maturity ratings** for the site and site strengths/weaknesses

Within 120 hours:

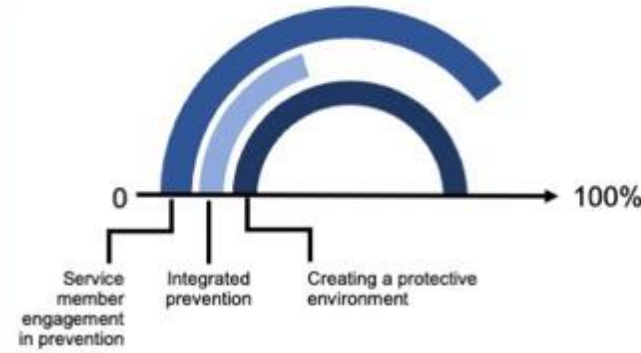
Submit final maturity ratings and strengths/weaknesses to site profile manager; Profile manager produces **final site profile**

**MATURITY SCORES WILL FEED INTO SIMPLE
VISUALIZATIONS FOR THE FINAL SITE PROFILE**

Final format TBD, but some sample visualizations are presented next!

What might be contributing to Installation XYZ's ability to address self-directed harm and abusive and harmful behaviors?

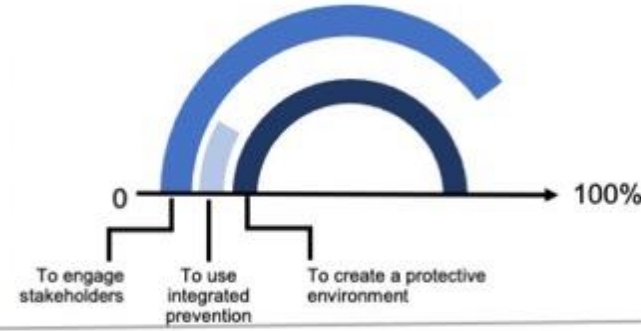
PREVENTION IS PRIORITIZED



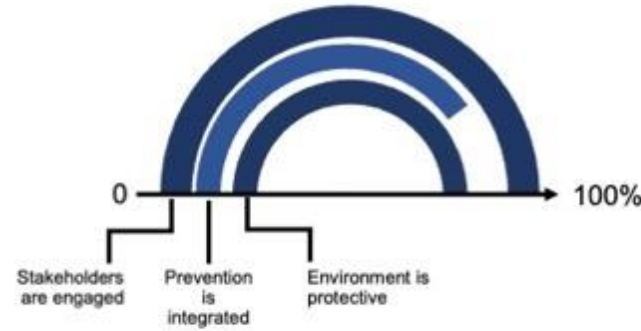
LEGEND

- 1 Little or no effort
- 2 Few efforts
- 3 Inconsistent efforts
- 4 Consistent efforts
- 5 Optimized efforts (those focused on improvement)

PEOPLE ARE PREPARED



PREVENTION IS DONE WELL





Strengths to leverage
Words go here and here and here and here.



Areas for improvement
Words go here and here and here and here.



Data-driven decisions
Some words go here and here and here.

Highlight Text Could be added here

★
Placeholder

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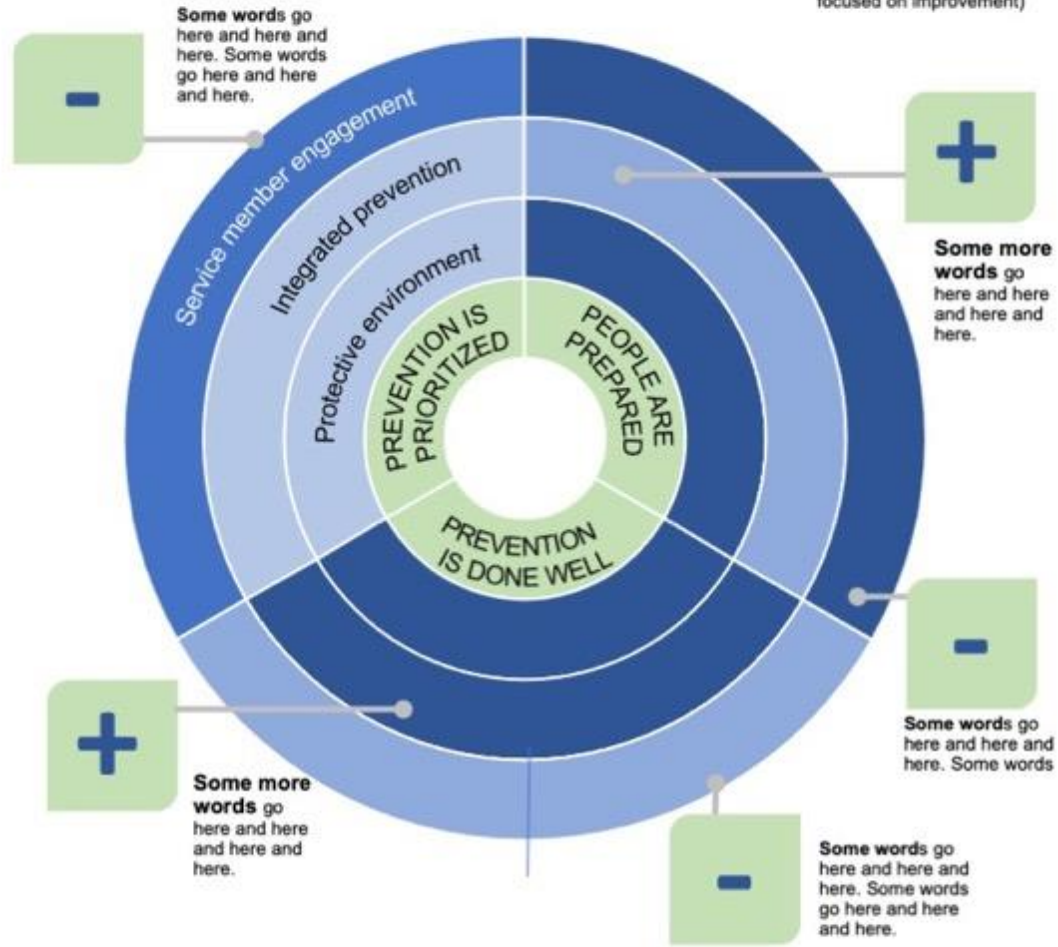
★
Placeholder

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Placeholder

What might be contributing to Installation XYZ's ability to address self-directed harm and abusive and harmful behaviors?

Legend

- 1 Little to no effort
- 2 Few efforts
- 3 Inconsistent efforts
- 4 Consistent efforts
- 5 Optimized efforts (those focused on improvement)



Strengths to leverage
Words go here and here and here and here.



Areas for improvement
Words go here and here and here and here.



78% Data-driven decisions
Some words go here and here and here.

What might be contributing to Installation XYZ's ability to address self-directed harm and abusive and harmful behaviors?



ROADMAP FOR TODAY'S TRAINING

Introduce RAND's Project

Provide an Overview of:

- How the Metrics Were Developed
- How the Metrics Will Be Scored

Provide an Overview of:

- Process for Collecting Metrics
- Process for Generating Final Assessment Using Metrics

Describe Next Steps

NEXT STEP IS TO PILOT
TEST & TRAIN DATA
COLLECTORS TO
RELIABILITY



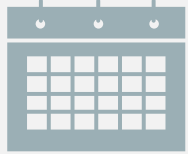
Pilot Test

- Assemble DoD representatives to review data collection methods and visualization options

Reliability training

- Assemble data collectors
- Present 'fake' data
- Have data collectors make ratings
- Discuss discrepancies

TIMELINE



Upcoming Deliverables

August 31, 2021*

- Site profiles

2020

Apr May Jun Jul Aug Sep Oct Nov Dec

2021

Jan Feb Mar Apr May Jun

Develop process and metrics

Conduct and summarize evaluations of sites (i.e., site profiles)

Lessons learned memo

RAND methods report

**Site profiles will be sent to OFR in batches as they are completed (i.e., on a rolling basis) and timing will be based on timing of completed site visit.*

QUESTIONS?

Joie Acosta
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