



**UNITED STATES MARINE CORPS**  
3D MARINE LITTORAL REGIMENT  
3D MARINE DIVISION FMF  
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CO  
22 Oct 25

REGIMENTAL ORDER 5100.1C

From: Commanding Officer  
To: Distribution List

Subj: 3D MARINE LITTORAL REGIMENT FORCE PRESERVATION

Ref: (a) MCO 1500.60A Force Preservation Council  
(b) MCO 1700.41 Marine Corps Embedded Preventive Behavioral Health Capability  
(c) MCBUL 1500 CIRRAS Assignment as the Force Preservation Council Authorized Organizational Communication Tool dtd 1 October 2021  
(d) MARADMIN 464/20 Announcement and Implementation of Command Individual Risk and Resiliency Assessment System (CIRRAS)  
(e) IIIMEFO/MCIPAC-MCBBO 1500.6A Force Preservation through Total Fitness  
(f) 3D MARDIVO 5100.1E 3D Marine Division Force Preservation  
(g) SECNAVINST 1730.9E Privileged and Confidential Communications to Chaplains  
(h) NAVMC 1500.50 Command Individual Risk Resiliency Assessment System (CIRRAS) Functions

Encl: (1) 3d MLR Life Cycle of Total Fitness  
(2) Parameters of Intervention  
(3) A Holistic and Comprehensive Approach  
(4) New Join and Transition Brief Agenda  
(5) Force Preservation Risk Levels  
(6) Risk Assessment Mapping Process (RAMP)  
(7) Sample Appointment Letter, FPC Certifier  
(8) Force Preservation Council Memorandum Template  
(9) Sample Delegation of Authority Letter, Access to PHI  
(10) Privacy Act Statement, CIRRAS  
(11) CIRRAS Event Guide

1. Situation. As the inaugural Marine Littoral Regiment (MLR) in the United States Marine Corps, 3d MLR maintains an exceptionally high operational tempo as the force in readiness in a distributed maritime environment across the U.S. Indo-Pacific Command Area of Responsibility. Marines and Sailors must possess the mental, physical, spiritual, and social resiliency to fight now. This Order establishes policy for the 3d MLR Force Preservation Program which includes organization of a Force Preservation Team (FPT) and the conduct of Force Preservation Councils (FPCs).

2. Mission. 3d MLR conducts holistic, integrated, and effective Force Preservation and total wellness processes, per the provisions of references (a) through (h), to ensure Marines, Sailors, and their families are ready and resilient in mind, body, spirit, and social fitness to deliver combat overmatch.

3. Execution.

a. Commander's Intent. To establish policy in support of a proactive Force Preservation Program to enhance the quality of life, combat survivability, and long-term resiliency of every member of 3d MLR. We take care of the mission, our people, and our gear. We act with honor, integrity, and discipline. We lead with competence, courage, and compassion. Central to all of these is the protection of our greatest and most irreplaceable asset: Marines and Sailors. In this dynamic environment, we must train and equip them to fight and win on both the tactical and ethical battlefield while we cultivate in them values of honor, courage, and commitment, ultimately producing from them morally guided warfighters who will eventually return to society as healthy and contributing American citizens.

b. Concept of Operations. There are only two kinds of people in this Regiment: leaders, and those aspiring to be leaders. All Marines and Sailors fulfill a vital role in fostering a culture of total fitness, culminating in a command climate indicative of our values and virtues. This Order codifies the FPT and its functions per reference (a), the monthly requirement of FPCs per reference (a), (e), and (f) and includes requirements for the Command Individual Risk and Resiliency Assessment System (CIRRAS) per references (c) and (d). All measures shall be conducted as prescribed to enhance individual and unit operational readiness and all methods must maintain strict adherence to protections of Protected Health Information (PHI) and Personally Identifiable Information (PII).

(1) Force Preservation Team.

(a) While Force Preservation is a priority for all leaders, the FPT spearheads the collective effort through an interdisciplinary and collaborative approach to this total fitness imperative (Enclosures 1, 2). Per reference (a), 3d MLR maintains a FPT as a preventative capability tasked with employment of existing programs, introduction of timely initiatives based on identified needs, and engagement of intervention and postvention measures to address destructive behaviors (Enclosure 3). Collected and analyzed data should identify indicators and trends which drive mitigation efforts. The FPT shall offer informed recommendations to support, sustain, advance, and advise commands in developing a culture of total fitness.

(b) The FPT shall convene monthly and is comprised of a uniformed FPT lead, appointed in writing, and subject matter experts (SMEs) from each area of total fitness (mind, body, spirit, social).

(c) At a minimum, membership in the FPT shall include:

1. Uniformed embedded mental health provider(s).
2. Medical officer or corpsman.
3. Embedded Athletic Trainer(s).
4. EPBHC Prevention Specialist.
5. Chaplain.
6. Military Family Life Counselor (MFLC).
7. Unit Readiness Coordinator(s).
8. Substance Abuse Control Officer (SACO).
9. Sexual Assault Response Coordinator (SARC).
10. Headquarters Company Command Team.
11. Communications Company Command Team.
12. Suicide Prevention Program Officer (SPPO).
13. Equal Opportunity Advisor.

(d) Other members of the FPT may include, but are not limited to:

1. Command Executive Officer/Sergeant Major.
2. Safety Officer.

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3. Legal Officer.
4. Command Financial Specialist.
5. Single Marine and Sailor Program (SM&SP) Representative(s).

(2) New Join and Transition Brief.

(a) The FPT conducts monthly consolidated New Join and Transition Brief (Enclosure 4) to support service members at these pivotal stages in their careers and lives. Designed as touchpoints for follow-on care or resource referral, FPT stakeholders engage participants in an informal informational brief on available resources, avenues of support, and strategies for holistic wellness and vocational and relational success at all stages: onboarding, sustainment, and departure.

(b) New-join status includes all those reporting on Permanent Change of Station (PCS) or Permanent Change of Assignment (PCA) Orders and those attaching via Temporary Additional Duty (TAD) and Fleet Assistance Program (FAP) Orders for a period greater than 30 days.

(c) Transition status includes those within 90 days of PCS or End of Active Service (EAS). This brief does not replace any other existing requirement of the Transition Readiness Program (TRP).

(d) All first-tour service members (i.e., those reporting to 3d MLR as their first duty assignment) must also attend a breakout workshop, normally held in the afternoon of the New Join and Transition Brief session. Curriculum for this 4.5-hour interactive session consists of the evidence-based "Prime for Life 4.5" alcohol abuse prevention course facilitated by the Marine Corps Base Hawaii (MCBH) Substance Abuse Counseling Center (SACC).

(3) Force Preservation Council.

(a) In accordance with reference (e) and (f), 3d MLR conducts a monthly FPC. The FPC is an integral component of the overall Force Preservation effort. The FPC is not a means for disciplinary action or an avenue of separation, but rather a tool to prevent these outcomes. Proper conduct of FPCs informs and equips leaders to ensure qualified resources are directed to specific points of need and proactive mitigation plans are emplaced to prevent destructive behaviors both during and beyond the lifecycle of a service member's tenure at 3d MLR (Enclosures 1, 2).

(b) Regimental FPC membership, at a minimum, shall include the following:

1. CIRRAS FPC Certifier.
2. FPT Lead.
3. Uniformed embedded mental health provider(s).
4. Medical Officer.
5. OSCAR Mental Health Professional.
6. EPBHC Prevention Specialist.
7. Chaplain.
8. Military Family Life Counselor (MFLC).

(c) Other members of the FPC may include, but are not limited to:

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1. Equal Opportunity Advisor.
2. Staff Judge Advocate (SJA).
3. Equal Opportunity Advisor.
4. Sexual Assault Response Coordinator (SARC).

(d) CIRRAS data, compiled from Marine Corps Total Force System (MCTFS) and leader input, will be used for the FPC, but shall not be the basis of any performance, selection, promotion, or disciplinary action.

c. Tasks.

(1) Regimental Commanding Officer.

(a) Chair a monthly FPC and provide support as needed to subordinate elements and to the FPT.

(2) Subordinate Unit Commanding Officers.

(a) Establish and implement, in writing, a FPC policy or Standard Operating Procedure (SOP) which is available to all and includes:

1. Procedures to consider every member of the command on at least a monthly basis. In addition, in accordance with reference (a), all new joins (PCS/PCA, TAD in excess of 30 days, and FAP) will be assigned an Elevated Risk Determination for 90 days from the join date and will be discussed at company level monthly FPCs.

2. Procedures to identify those members requiring additional resources, risk mitigation plans, and/or additional mentoring or FPT support.

3. Training requirements for all FPC members and attendees, to include documented annual PII and HIPAA certification.

4. Safeguarding procedures for PHI and PII disclosures in the conduct of all FPC meetings and activities.

5. Procedures which establishes CIRRAS as the only tool for FPC records, in which individual profiles are consistently and accurately populated with input of command-generated data.

6. Procedures governing CIRRAS user access (e.g., auditing process to grant or remove user roles).

7. Procedures for assessment of both newly-joined and outbound members of the command.

8. Procedures for records management of additional paperwork, electronic files, or other work product in the course of FPC matters. CIRRAS is the sole means of FPC data input unless extenuating circumstances prohibit its use. In those exceptional cases, records management personnel shall be consulted and the Regimental Commander should be notified.

(b) Appoint at least one FPC Certifier in writing (Enclosure 7) and ensure all training requirements are met to certify FPCs via CIRRAS. Note, the current version of CIRRAS allows up to three (3) individuals assigned to this role.

(c) Chair a monthly FPC utilizing CIRRAS to review personnel based on individual risk assessment and document accordingly (Enclosure 8). This requirement is in addition to the "START/END" feature in CIRRAS and each Memorandum for Record shall be maintained for three years per Reference (a).

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(d) Provide a unit brief on Force Preservation Readiness at the Regimental FPC which includes a review of risk management, resiliency factors, mitigation strategies, and other applicable action plans.

(3) Adjutants/Administrative Chiefs.

(a) Facilitate access to records, to include necessary service member and unit information, in support of the medical provider or appointed Marine Officer for reporting requirements which include PHI or PII.

(b) Serve as or support the Unit Administrator for CIRRAS program.

(c) Ensure all users granted access to CIRRAS have completed required training and retain copies of all training certificates and appointment letters. These must be recertified annually and all expired certifications should be removed from record.

(d) Perform monthly auditing of all CIRRAS users, ensuring all who have access possess current PII and HIPAA training certifications and a valid need-to-know.

(4) Chaplains and Military Family Life Counselors.

(a) Serve as advisors to the command and FPT for total fitness screening processes.

(b) Provide individual counsel and guidance and input to commanders regarding individual and unit level concerns, stressors, and mitigation efforts in accordance with confidentiality restrictions.

(c) Any input Chaplains may offer via CIRRAS and/or during FPC discussions must be within the parameters of privileged and confidential communication in accordance with reference (g).

(d) As any member involved in a FPC process, must possess current training certification in HIPAA and PII.

(5) Force Preservation Team Lead.

(a) As coordinator of day-to-day efforts of the FPT, advises unit leaders on total fitness and liaisons with higher headquarters on Force Preservation matters in real time. The FPT Lead will attend the Regimental FPC.

(b) Assists and advises in the development of strategic prevention planning with primary support from the MLR Embedded Preventative Behavioral Health Capability (EPBHC) Prevention Specialist.

(c) As any member involved in a FPC process, must possess current training certification in HIPAA and PII.

(6) Embedded Preventative Behavioral Health Capability (EPBHC).

(a) Per reference (b), utilizes evidence-based and Department of the Navy (DON) approved methods of strategic prevention, measurement, and data analysis in accordance with Department of Defense (DoD) standards for health prevention planning and operations.

(b) Advises commanders and the FPT on prevention processes, programs, and policies.

(c) As any member involved in a FPC process, must possess current training certification in HIPAA and PII.

d. Coordinating Instructions.

(1) FPC Training Requirements. Commanders shall ensure any and all attendees of a FPC (both CIRRAS users and non-users) possess valid PII and HIPAA certifications and will forward all certificates to the Unit

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Administrator for record, to include: MarineNet CIRRAS New User Training Course 1536; MarineNet DoN Annual PII training (DONPIIOIOA); and, Joint Knowledge Online (JKO) Health Insurance Portability and Accountability Act (HIPAA) & Privacy Act Training. Note the JKO HIPAA and PII trainings are annual requirements.

(2) Protected Health Information (PHI). Per Reference (a) and its associated provisions, Commanding Officers and/or those designated in writing by the Commanding Officer may receive PHI for the purpose of determining the impact of a service member's health status on the command's readiness and military mission. Any person who receives PHI in the course of a FPC (i.e., MFLC, EPBHC, DRC) must be designated in writing by the Commanding Officer (Enclosure 9).

(3) Reporting Requirements. Subordinate units will provide a Force Preservation Readiness Update during the Regimental FPC.

(4) FPC Risk Determination. The following represents a non-exhaustive list of factors which should be included in the determination of a risk level for an individual Marine or Sailor. These factors alone do not equate to a specific risk, as Commanders must also utilize their own judgement when assigning risk level (Enclosure 5).

(a) New Joins (within 30 days of arrival) / Return from TAD or FAP greater than 30 days. All new joins must be moved from low risk to elevated for 90 days.

(b) Permanent Change of Assignment or Station (PCA/PCS) / TAD or FAP greater than 30 Days.

(c) Assignment to Body Composition Program or failure of fitness test.

(d) Notification of pregnancy or parenthood/Loss of pregnancy or parenthood.

(e) Identification of chronic or severe medical issue (Med Board or LIMDU assignment).

(f) Critical incident involving Legal Action/ Divorce/Separation/Custody dispute.

(g) Movement into or out of geo-bachelor facility (all ranks).

(h) Death of a family member, friend, or colleague.

(i) Substance misuse/Mental or Behavioral Health concerns (assignment or self-referral to treatment).

(j) Identification of major life stressor in a "6F" category (Fidelity, Fighter, Fitness, Family, Finance, Future).

(5) CIRRAS.

(a) CIRRAS shall be used solely for the purpose of Force Preservation. The use of this system, or any information obtained therein, for any other purpose is strictly prohibited.

(b) Commanders shall assign CIRRAS users as appropriate and ensure roles and permissions are periodically reviewed. Reconciliation of roles shall be completed on a monthly basis. The most opportune time to accomplish this is at the FPC.

(c) Commanders must ensure compliance with all PHI and PII disclosure standards when conducting FPC functions. While service members may not opt out of CIRRAS information which is auto-populated through MCTFS, they may elect to decline disclosure of additional information for use in CIRRAS. When requesting any PII either in a face-to-face interaction or by any other means, a Privacy Act Statement (PAS) must be provided and the member must be clearly informed further disclosure of PII is completely voluntary (Enclosure 10). If the member declines to disclose further PII for CIRRAS, the counseling may continue, but the command may not enter any PII discussed into the CIRRAS profile.

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(d) Under extenuating circumstances when CIRRAS access is unavailable due to operational or other mission essential reason, commanders are authorized to follow a system where the intent of the FPC is achieved without CIRRAS input. Subordinate unit commanders shall notify the Regimental Commander if this occurs.

4. Administration and Logistics.

a. Administration. The FPT and FPC are separate and distinct from other mandated Safety councils.

b. Resources and Support. All leaders and FPT stakeholders are highly encouraged to familiarize with and utilize resources specified in reference (f). Unit leaders are encouraged to engage the FPT for advisement on matters of Force Preservation and total fitness.

5. Command and Signal.

a. Command. This order is applicable to all personnel of 3d MLR.

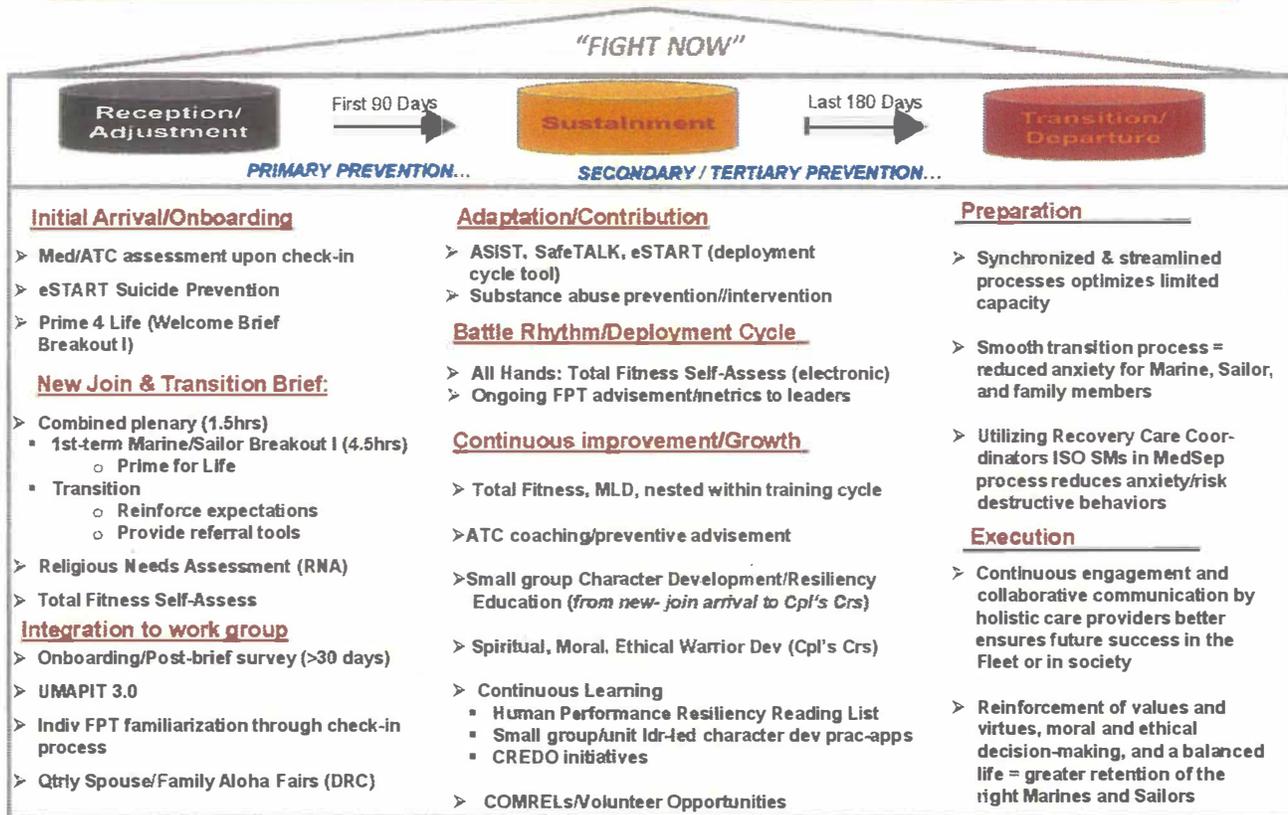
b. Signal. This Order is effective the date signed.



G. L. DIANA



## 3d MLR Life Cycle of Total Fitness



Enclosure (1)



## ***Parameters of Intervention***

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- **Primary** Prevention (e.g., all Marines or all new joins)

**A force sustainment prevention focused on the total population**

- **Secondary** Prevention (e.g., FPC's)

**An intervention designed to detect problems early and prevent progression**

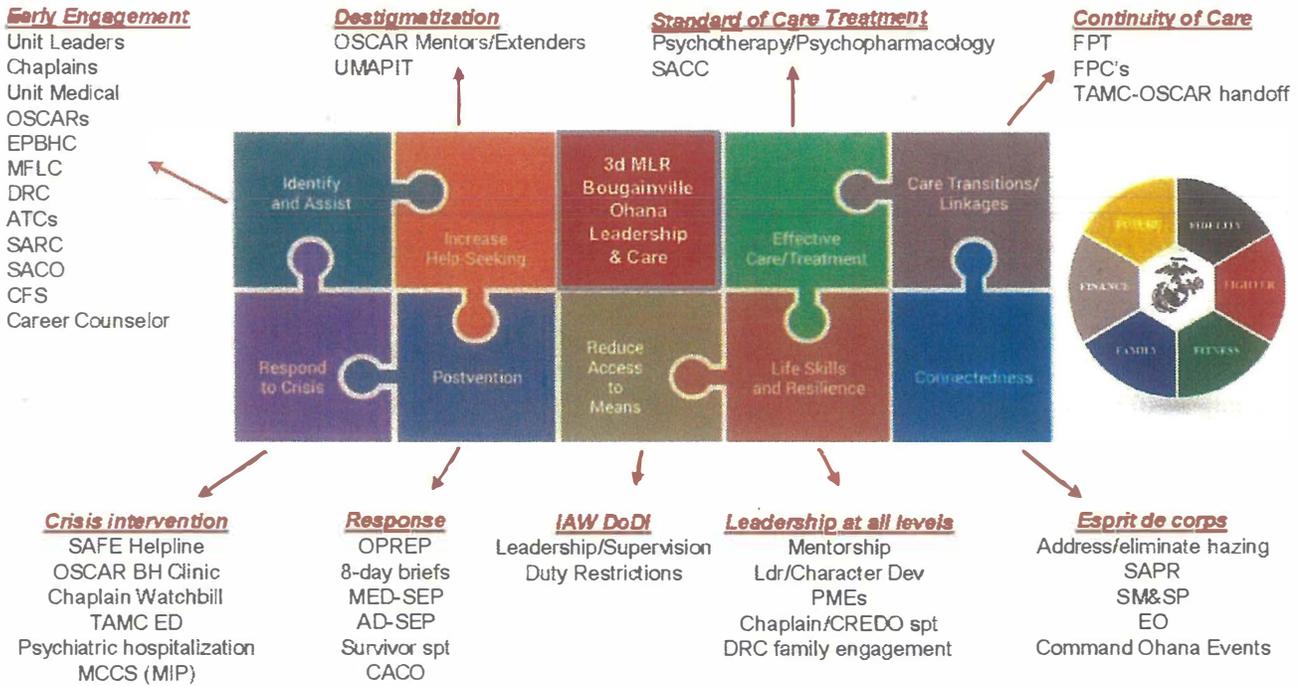
- **Tertiary** Prevention (e.g., OSCAR Clinic treatment)

**An intervention focused on recovery from illness and/or relapse prevention**

Enclosure (2)



## A Committed & Comprehensive Approach



**3d MLR Force Preservation Team (FPT)**  
 provides continuity, individual support, and command advisement  
 throughout all phases of this holistic care process.

### 3d MLR New Join and Transition Brief



## Agenda

Time	Brief	Presenter
0800-0810	Regimental Commanding Officer	
0810-0820	Regimental SgtMaj	
0820-0830	Request Mast	SgtMaj
0830-0850	3d MLR 101	S-3
0850-0900	Break	
0900-0905	3d LCT Video	
0905-0915	Suicide Prevention Program Officer	SPPQ
0915-0920	Physical Fitness	RAS
0920-0925	Warrior Athletes	ATC
0925-0930	Mental Readiness	OSCAR MHP
0930-0935	Spiritual Fitness	Chaplain
0935-0940	Individual & Family Readiness	URC
0940-0945	Military and Family Balance	MFLC
0945-0950	3d LLB Video	
0950-1000	Break	
1000-1005	3d LAAB Video	
1005-1010	Fiscal Fitness	RAS
1010-1015	Single Marine and Single Sailor	SMP Rep
1015-1020	Equal Opportunity	EOA
1020-1025	Sexual Assault	SAPR
1025-1040	Legal Assistance	LSSS
1040-1050	Safety/Motorcycle Safety	Safety
1050-1100	Substance Misuse	SACO
1100-1105	Victim Witness Assistance Program	S-1
1105-1110	S1 Contact & Personnel Updates	S-1
1110-1115	OPSEC	S-39
1115-1120	Career Planner	Career Planner
1120-1125	Total Fitness	EPBHC Prevention Specialist
1120-1130	Wrap up	EPBHC Specialist

Enclosure (4)

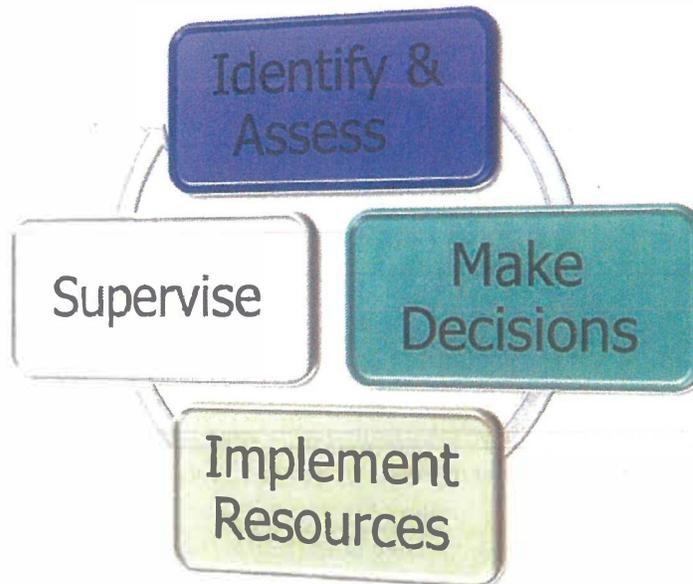


## Force Preservation Risk Levels

Risk Determination	Definition
Low Risk	The green "Ready" zone is defined as encompassing adaptive coping, effective daily life functioning, and personal well-being. This zone does not represent the absence of stress, but the stress state of individuals who are physically and psychologically functioning up to their full capacity, in spite of stressors. These individuals are potential role models to call upon to support the improvement of fellow Marines who occupy other categories.
Elevated Risk	The yellow "Reacting" zone is defined as encompassing periods of mild and temporary impairment due to stress. Yellow zone reactions are temporary and reversible. Company Commanders may assign any Marine they deem at an elevated probability for an incident to the elevated-risk category.
Medium Risk	The orange "Injured" zone is defined as encompassing more severe and persistent forms of distress or stress to the mind, brain, or spirit. Company Commanders may assign any Marine they deem at a medium probability for an incident to the medium-risk category.
High Risk	The red "ill" zone is defined as mental illness arising in individuals exposed to combat or other operational stressors. Clinical mental illness/disorders can only be diagnosed by health professionals. Company Commanders may assign any Marine they deem at a potentially high probability for an incident to the high-risk category.  Marines who have had an drug or alcohol related incident, have been formally assessed at level I or higher for spouse or domestic violence, have been stopped by law enforcement authorities for reckless driving, have been found guilty in a summary, special or general court-martial, have attempted suicide or have suicidal ideations, or are diagnosed with severe depression should be placed in this category.

Enclosure (5)

### Risk Assessment Mapping Process (RAMP)



1. RAMP is a cyclic process to continuously assess and mitigate risk and/or stress. **RAMP does not replace engaged leadership**, but is an additional resource to assist the commander by correlating existing assessments already in use. This optional method can help the commander and the FPC with the following:
  - a. Identifying a problem and assessing the impact on individual and unit readiness.
  - b. Making decisions to improve the well-being of the individual.
  - c. Implementing appropriate resources to reduce risk or stress to an acceptable level.
  - d. Supervising the individual through peers support, leadership, and mentoring.
2. RAMP uses basic risk management principles from MCTP 6-10A "Sustaining the Transformation," as the guiding process in support of the mitigation plan for the commander.
3. RAMP "maps," or ties, current matrices used by the Marine Corps to ensure uniformity/standardization and to provide appropriate trend analysis.

**RAMP Matrix Procedures**



Identify Assess			Make Decisions Implement Controls		Supervise
Initial Assessment Correlation Matrix			Combat Operational Stress Control	Marine Total Fitness Cords	Final Assessment Matrix
Risks	Levels	Colors			
Critical	High	Red	Ill	Drained	Application of Resources (Controls) reduces level of severity and probability
Serious	Medium	Orange	Injured	Depleted	
Moderate	Elevated	Yellow	Reacting	Stressed	
Minor/Negligible	Low	Green	Ready	Fit	

4. Identify/Assess (Initial Assessment)

- Through the FPC, identify the risk and/or stressor affecting the individual and the unit's readiness.
  - Identify the specific activity, life event, risk, or stressor.
  - There are five sample risk/stress assessment matrices (described in the following pages) which commonly affect Service Members. Note, these are not all-inclusive and commanders have the latitude to add, adjust, or modify these matrices.
- Assess the risk and/or stress as an expression of potential harm/severity as described below:
  - Risks: Critical, Serious, Moderate, or Minor/Negligible
  - Levels: High, Medium, Elevated, or Low
  - Colors: Red, Orange, Yellow, or Green

For uniformity and standardization across the Marine Corps, risks-levels-colors correlate to one other and express the same meaning.

5. Make Decisions/Implement Controls

- Through the FPC, make the appropriate decisions to improve both the well-being of the individual and the unit's readiness.
- Implement controls, resources, or measures such as medical, chaplain, counseling, legal, SACO, financial assistance, family services, etc.

6. Supervise; Residual risk/stress (Final Assessment)

- After controls, resources, or measures are in place, identify and select appropriate risk-level-color assessment as an expression of reduced harm/severity.

### Sample Assessment Matrices

Off-Duty Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	License suspended or revoke; No training or use of PPE	1	1	2	3
		II	History of unsafe acts; History of traffic violations and/or alcohol related offenses; inadequate training or limited use of PPE	1	2	3	4
		III	Recently purchased a motorcycle as first time owner; participates in high risk activities or sports	2	3	4	5
		IV	Fully trained, wears all PPE, and skilled for off-duty activities	3	4	5	5
<b>Risk Assessment Codes</b>							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Financial Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Bankruptcy; foreclosure; collection agency	1	1	2	3
		II	Past due on bills; late on payments	1	2	3	4
		III	High debt load; manages to pay bills and saves or invest money	2	3	4	5
		IV	No debts; pays bills on time; saves or invest money				5
<b>Stress Assessment Codes</b>							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Relationships Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Violence or abuse	1	1	2	3
		II	Recent divorce, separation or severely strained relationship	1	2	3	4
		III	Recent breakup or family/social discord/seeking counseling services	2	3	4	5
		IV	Healthy family/social relationship				5
<b>Stress Assessment Codes</b>							
1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Medical/Behavioral Health Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	Physical Evaluation Board; Separations; Substance abuse (Drugs/Alcohol)	1	1	2	3
		II	Receiving in/out patient treatments; Taking multiple medications (Psychotropic)	1	2	3	4
		III	Light or Limited Duty	2	3	4	5
		IV	Healthy or fit for duty				5
<b>Stress Assessment Codes</b> 1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

Performance Matrix			PROBABILITY				
			Likelihood of Occurrence Over Time				
			A Likely to impact individual readiness	B Probably impact individual readiness	C May impact individual readiness	D Unlikely to impact individual readiness	
SEVERITY	Factors & Stressors	I	History of willful TTP/SOP violations; Pending Court martial or administrative separation	1	1	2	3
		II	Inadequate skill or training; History of complacency or taking shortcuts; NIP; Competency Review Board; Adverse fitness report	1	2	3	4
		III	Training failure (Training & Readiness, PFT,CFT,Rifle Range); Counseling; Derogatory Page 11 entry; Assigned to BCP	2	3	4	5
		IV	On track for career progression				5
<b>Stress Assessment Codes</b> 1- Critical/High/Red 2-Serious/Medium/Orange 3- Moderate/Elevated/Yellow 4 & 5- Minor/Negligible/Low/Green							

The assessment codes, levels, and colors are simply an expression of a level of associated risk by combining the elements of severity (factors and stressors) and probability (likelihood of impacting individual/unit readiness over time).

This aggregated assessment of risk/stress is captured for each issue and is expressed as a single number displayed in the above assessment matrices.

Again, none of this can replace engaged 3d MLR leadership and knowledge of the individual stressors and struggles of Marines and Sailors by leaders entrusted with their care at the deckplate level. We leave no one behind at 3d MLR.

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**Sample Appointment Letter, FPC Certifier**



UNITED STATES MARINE CORPS  
3D MARINE LITTORAL REGIMENT  
3D MARINE DIVISION, FMF  
BOX 63004  
MCBH KANEHOHE BAY, HI 96863-3004

BY REF: V REFER TO:  
1500  
CO  
DD MMM YY

From: Commanding Officer, (Unit)  
To: SSgt John T. Smith 1234567890 (EDIPI)/0102 (MOS) USMC  
Subj: APPOINTMENT AS FORCE PRESERVATION COUNCIL CERTIFIER

Ref: (a) MCO 1500.60  
(b) MCBUL 1500

1. Pursuant the references, you are appointed as a FPC Certifier in the Command Individual Risk and Resiliency Assessment System (CIRRAS). You are directed to become familiar with the above reference and all other pertinent/applicable directives or instructions.
2. The Force Preservation Council (FPC) Certifiers have "Start FPC" and "End FPC" functionality within CIRRAS, enabling CO-level permissions and views while conducting an FPC. This allows the FPC certifier to use their computer to project CIRRAS during an FPC.
3. This appointment acknowledges that the following are true for the appointee:
  - a. The appointee requires access to CIRRAS to support their role within the unit's FPC process.
  - b. The appointee has completed Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Personally Identifiable Information (PII) training requirements.
3. This appointment shall remain in effect until the appointee leaves the unit, a replacement is designated in writing, or until revoked by the commanding officer.
4. The point of contact regarding this matter is (provide name, phone number, and email address).

I. M. COMMANDER  
(billet title)

Enclosure (7)



Subj: 3D MARINE LITTORAL REGIMENT FORCE PRESERVATION

**Sample PHI Delegation of Authority Letter**



**UNITED STATES MARINE CORPS**  
3D MARINE LITTORAL REGIMENT  
3D MARINE DIVISION, FMF  
BOX 63004  
MCBHI KANIKOHE BAY, HI 96863-3004

RegtO 5100.1

From: Commanding Officer, UNIT  
To:

Subj: DELEGATION OF AUTHORITY FOR ACCESS TO PROTECTED HEALTH INFORMATION

Rcf: (a) DTM 09-006 Revising Command notification Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel, 02 Jul 2009  
(b) Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)  
(c) DoD Directive 5400.11 - Department of Defense Privacy Program, 29 Jan 2019

1. In accordance with reference (a), I delegate authority to access the Protected Health Information (PHI) of members of my command to the following command personnel.

- a. BILLET, UNIT
- b. BILLET, UNIT
- c. BILLET, UNIT
- d. BILLET, UNIT

2. I delegate authority to access the PHI involving general safety (harm to self, others or mission), inpatient care (hospital admission), substance abuse treatment programs, and command directed mental health evaluations, for the good order and discipline of the Command.

3. Personnel are directed to safeguard PHI in accordance with references (b) and (c).

4. This authority remains in place while they remain in their stated position or until rescinded in writing.

I. M COMMANDER

Enclosure (9)

Subj: 3D MARINE LITTORAL REGIMENT FORCE PRESERVATION

USMC COMMAND INDIVIDUAL RISK AND RESILIENCY ASSESSMENT SYSTEM (CIRRAS)
<p style="text-align: center;"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; Department of Defense (DoD) Instruction 6490.08, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members; DoD 6025.18-R, DoD Health Information Privacy Regulation; Marine Corps Order (MCO) 1500.60, Force Preservation Council (FPC) Program; MCO 3500.27C, Risk Management; MCO 1752.5C, Sexual Assault Prevention &amp; Response; MCO 5300.17A, Substance Abuse Program; MCO 5100.29B, Marine Corps Safety Program; MCO 5100.19F, Marine Corps Traffic Safety Program, and SORN M-5230-1.</p> <p><b>PRINCIPAL PURPOSE:</b> To enable USMC Commanding Officers and Senior Enlisted advisors to make informed and timely decisions on Force Preservation Risk Assessments to optimize individual/unit readiness and facilitate enterprise-wide risk management. Individual data will assist Commander's by quickly identifying those Marines or Service Members requiring immediate command attention.</p> <p><b>ROUTINE USES:</b> Information will be accessed by Commander's and their assigned Force Preservation Council Members with a need to know in to meet the purpose. Information may be disclosed to organizations authorized to provide services and resources in support of the Force Preservation Councils. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at <a href="https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/">https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/</a>.</p> <p><b>DISCLOSURE:</b> Voluntary; however, if the Military Service Member fails to provide the information requested, the USMC Commander and their Force Preservation Council will not be able to ensure mitigation services and or support is provided.</p>
<p><b>INSTRUCTIONS FOR USE:</b></p> <ol style="list-style-type: none"><li>1. This document shall be used when asking a Military Service Member for Personally Identifiable Information (PII) collected in support CIRRAS and the Force Preservation Council.</li><li>2. When asking the Military Service Member for PII face to face, please explain the Privacy Act Statement (PAS) and that disclosure of the PII is voluntary. Provide the Military Service Member with a copy of the PAS.</li><li>3. When asking the Military Service Member for PII by means other than face to face, please read and explain the PAS and that disclosure of the PII is voluntary. Provide the Military Service Member with a copy of the PAS if requested.</li></ol> <p><b>WHAT IS PII?</b></p> <p>The term PII refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual.</p>

FOR OFFICIAL USE ONLY

Enclosure (10)

# CIRRAS

## Event Entry Guide

### What Is the Purpose of Event Entries?

- ✓ Monitor risk and protective factors by providing data of major life/career events
- ✓ Mitigate adverse outcomes by connecting with resources and monitoring
  - ✓ Identify what resources/strategies work best for the individual
- ✓ Support transition to gaining commands and continuation of care/resources



### Event Entry Guidelines:

#### Minimum Amount Necessary

- **NO** Names
- **NO** specific legal information:  
*SAPR, investigation charges/details*
- **NO** specific health/ medical information:  
*Diagnosis, medicaitons etc*
- Medical issues should only include:  
LIMDU/Light Duty Status, Deployability, and expected recovery time.

#### Mitigate and Use Resources

- Anticipate future issues and connect with resources early
- Utilize resource guide as a checklist
- Offer multiple resources when available
- Follow up, include appointment dates if available
- Consider the whole picture and effects of event

#### Document

- Major life changes, positive & negative stressors.  
**Minimum of 2 event entries per year.**
- Record resources, supports and strategies used  
*Include whats working/helping*
- **Keep profiles in a 100% completed state.**
- Enter events or follow up as it happens.
- **Document warm handoffs to gaining commands with event entry.**

### Event Entry Examples

Date	Event Type	Issue/Event (Short Event Descriptor)	Mitigation Strategy/Resources (What are we doing to help)	Risk Recommendation
2024-08-15	Health and Fitness Related Event	Injury/LIMDU	Utilizing branch clinic/SMART Clinic. Expected recovery time 16 weeks. Non-deployable. Med team follow up.	ELEVATED
2024-08-15	Legal Related Event	SNM under NCIS investigation.	Referred to legal and Chaps. Command support and mentorship.	HIGH
2024-08-15	Relationships Related Event	Marital Issues.	Given contact information for Chaps/MFLC/CCP. Leadership follow up to confirm appointment.	ELEVATED
2024-08-15	Social and Spiritual Related Event	Anger and stress issues.	Referral to CCP for anger mgmt classes and counseling. First appointment 02 Sept 2022.	ELEVATED
2024-08-15	Training and Education Related Event	SNM dropped from PME.	Command mentorship. Referral to Chaps/MFLC for stress management.	ELEVATED
2024-08-15	Work Related Event	New Join	SNM joined unit on xx/xx/xxxx. Attended new join brief and profile completed within 30 days.	ELEVATED

**Transitions: PCS, PCA, TAD in excess of 30 days, and FAPs will be elevated for 90 days. Profiles must be complete within 30 days of transition.**

### Common life events and risk factors

Financial	Health and Fitness	Housing	Legal	Relationships	Social and Spiritual	Training and Education	Transportation	Work Related
<ul style="list-style-type: none"> <li>• Poor Credit</li> <li>• Outstanding Debt</li> <li>• Supporting family of origin</li> </ul>	<ul style="list-style-type: none"> <li>• Failed PFT</li> <li>• Failed height/weight</li> <li>• Hygiene</li> <li>• Injury/medical</li> </ul>	<ul style="list-style-type: none"> <li>• BHA/OHA issues</li> <li>• Damage to Domicile</li> <li>• ERD</li> </ul>	<ul style="list-style-type: none"> <li>• ARI/DUI</li> <li>• Criminal charges</li> <li>• Estate settlement</li> <li>• PAC Violation</li> <li>• NCIS Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement/ Marriage</li> <li>• Separation/ Divorce</li> <li>• Death/ Loss</li> <li>• Pregnancy</li> <li>• Family Conflict/health</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Mental Health</li> <li>• Substance abuse</li> <li>• Belief changes or questioning</li> </ul>	<ul style="list-style-type: none"> <li>• MESEP</li> <li>• College</li> <li>• PME drop/fail</li> <li>• Skill bridge</li> </ul>	<ul style="list-style-type: none"> <li>• Automobile Accident</li> <li>• Lack of transportation</li> <li>• Revoked License</li> </ul>	<ul style="list-style-type: none"> <li>• Deployment</li> <li>• Leadership Conflict</li> <li>• Peer Conflict</li> <li>• Poor work performance</li> </ul>

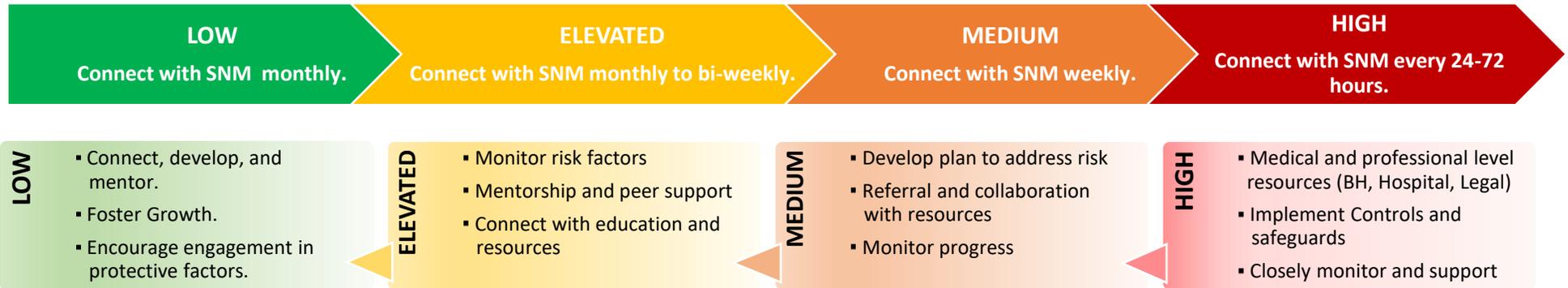
## What Are Risk Levels?

- ✓ **Non-punitive** levels assigned for awareness and tracking purposes.
- ✓ The complete picture of what the individual has “on their plate”.
  - ✓ Inclusive of positive and negative stressors.
- ✓ How often we are, and should be, connecting with the individuals.
  - ✓ How closely we are monitoring the individual or situation.

**Note: Elevation of risk level doesn't necessarily mean an individual isn't doing well - It means we are involved and tracking.**

## How often do we connect or follow up?

*\*More contact than minimum guidelines may be necessary depending on circumstances.*



## What does addressing risk level and documenting progression look like in CIRRAS?

Date	Event Type	Issue/Event	Mitigation Strategy/Resources	Risk Recommendation
2022-08-15	Health and Fitness Related Event	SACC Education	SNM <b>successfully completed</b> Prime For Life on 29 July 2022. No drinking order lifted.	<b>LOW</b>
2022-07-08	Health and Fitness Related Event	SACC Assessment/Evaluation	SNM completed Evaluation. SACC referred to Prime For Life, scheduled 29 July 2022. Command continues to monitor/mentor.	ELEVATED
2022-06-06	Health and Fitness Related Event	Referral to SACC after ARI	Assessment/Evaluation Scheduled 21 June 2022.	ELEVATED
2022-05-02	Legal Related Event	ARI and Curfew Violation	<b>Referral to SACC.</b> Command Mentorship. No drinking order in place.	<b>ELEVATED</b>

**Connect with resources ➡ Monitor progress ➡ Close the loop ➡ Reassess risk level**

### References

- (a) 45 cfr 164.512 Privacy Act
- (b) Command Individual Risk and Resiliency Assessment System (CIRRAS) User Guide [https://www.manpower.usmc.mil/webcenter/portal/MF/pages\\_page16](https://www.manpower.usmc.mil/webcenter/portal/MF/pages_page16)
- (c) DoD 6025.18, DoD Health Information Privacy Regulation
- (d) MCBUL 1500 DTD 01OCT21, (CIRRAS)
- (e) MCO 1500.60A, Force Preservation Council (FPC) Program

**Contact local S-1 or IPAC to request MCTFS updates when experiencing entry/viewing issues.**

**This guide is for quick reference and does not exhaust all examples. Review references or contact the following for further guidance or support.**

#### Prevention Specialist:

Seana Andrzejewski, EPBHC  
808-342-8933; seana.m.andrzejewski.civ@usmc.mil

#### CIRRAS 24/7 Help Desk Support

DSN: (312) 365-0533  
Commercial: (760) 725-0533

Email: [mctssambc4iscenter@usmc.mil](mailto:mctssambc4iscenter@usmc.mil)

Website: <https://mceits.usmc.mil/sites/MCTSSA>