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JOINT BASE MCGUIRE-DIX-LAKEHURST COMMUNITY ACTION PLAN

2022-2024

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Community Action Plan Face Sheet

Name of Installation: Joint Base McGuire-Dix-Lakehurst, New Jersey

Demographics of Installation. Complete as much of the below table as possible.

Total Air Force Active Duty Assigned	1,386
Total Air Force Active Reserves Assigned	309
Total Air Force Traditional Reserves Assigned	827
Total Air Force Civilian Assigned	3,273
Total Air Force Population	**5,795**
Total Army Active Duty Assigned	22
Total Army Active Reserves Assigned	319
Total Army Traditional Reserves Assigned	707
Total Army Civilian Assigned	774
Total Army Population	**1,822**
Total Coast Guard/Navy/Space Force Active Duty Assigned	364
Total Coast Guard/Navy/Space Force Reserves Assigned	6
Total Coast Guard/Navy/Space Force Assigned	519
Total Coast Guard/Navy/Space Force Civilian Assigned	2270
Total Coast Guard/Navy/Space Force Population	**3,159**
Total DoD civilians (appropriated and non-appropriated fund, full and part time employees--not contractors)	**6,317**
Total Dependent Population	**7,013**
Total Student Population	**10,606**
Total Prisoner Population	**4,516**
Total retiree population	**44,000**
Total population serviced	**77,911**

*Demographics given by 87 ABW/BO 1 December 2021

SYNOPSIS

Joint Base McGuire-Dix-Lakehurst conducted four two-hour workshops to review sources of information, areas of concern, recommend goals and areas of targeted focus for the upcoming two years. Participants included helping agencies from multiple services, some senior enlisted personnel and representation from our joint service partners.

The overarching focus determined by the Community Action Team (CAT) is to decrease Interpersonal Violence. Helping agencies indicated large broad brush events had little return on the time investment. This drove goals and plans in our Installation Community Action Plan. We wanted to focus on targeting specific areas of concern down to the squadron level or in small groups. Through review and analysis the two specific challenges are: Suicidal Ideations, Suicide Attempts and Suicides and Ineffective Communication within Relationships were addressed.

Sources of Information:
Subject matter expert (SME) data summaries, DEOCS reports, Focus Groups, and STRIKE Team results.

CAT in depth analysis indicated the below gaps and challenges we propose to address in the 2022-2024 CAP:

Goal 1: safeTALK- Increase intervention skills
Provide the JB MDL community a stronger skill set for increasing open and direct conversations about suicide to reduce stigma, foster connectedness and increase the ability to recognize the signs associated with suicidal thoughts and intervene.

a. **Policy/Program/Practice/Process (P4):** LivingWorks safeTALK is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources
Over the course of their training, safeTALK participants will learn to:
-Notice and respond to situations where suicide thoughts might be present
-Recognize that invitations for help are often overlooked
-Move beyond the common tendency to miss, dismiss, and avoid suicide
-Apply the TALK steps: Tell, Ask, Listen, and KeepSafe
-Know community resources and how to connect someone with thoughts of suicide to them for further help
The goal is to incorporate safeTALK into the ALS curriculum that way every young supervisor has the opportunity to learn crucial skills. Each individual will be asked to self-rate their level of perceived ability to help someone in crisis. This will provide a comparison from before and after taking the class.
Challenges: honest feedback on surveys.
Initial focus: ALS students. Then open to a larger population pending budget and facilitator ability.
Primary POC: Violence Prevention Integrator (VPI)

Goal 2: Effective Communication in Relationships
Many of the sources indicated Ineffective Communications and Lack of Trust are a challenge in relationships at JB MDL. This is reflected in both relationships at work and at home. Feedback and surveys indicate the there is a lack of trust in leadership as well as elevated cases from Family Advocacy. Evidence has indicated that effective communications, creating healthy boundaries and understanding

each other's personalities have been linked to healthy relationships. Our intervention will be targeted to improve health relationships, this should reciprocate to increased effective communication with leadership.

a. **Policy/Program/Practice/Process (P4):** Communication for Healthy Relationships- in and out of the work place workshop**.**

At this time, we know that issues within personal relationships are a top concern at our installation, but we have been unable to identify more specifically what those issues are. JB MDL CAT will be making focus groups and assessments targeted on communication within the workplace and the home. Additionally with the assistance of EO, VPI and FAP. The CAT will be creating a 1 hour workshop that focuses on effective communications, creating healthy boundaries and understanding each other's personalities. Our program will be targeted to improve healthy relationships, this should reciprocate to increased effective communication with leadership.

Each individual will be asked to self-rate their level of perceived level of effective communication and how it affects their relationships. There will be a pre, post and 6-month follow up surveys.

Challenges: Buy in from units and dependents

Primary POC: Community Support Coordinator and Community Action Team (CAT) support

This Community Action Plan (CAP) is to be approved by the Community Action Board (CAB) Chair and the CAB Executive Director IAW AFI 90-5001, 4.3.1.5.

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Crista Brady-Szabo, GS-12, DAFC
CAB Executive Director
CAT Chair

B. WESLEY ADAMS, Colonel, USAF
Installation Commander, Joint Base McGuire-Dix-Lakehurst
Commander, 87th Air Base Wing
CAB Chair

safeTALK

STEP 1: Identifying Your Priority Problem Tool

Completed by: Janis Doss   **Date:** 29 Nov 21   **P⁴:** safeTALK

Risk factors or problem areas to decrease or protective factors to promote	What do various data sources say about these risk and protective factors? List the data and the source.	List any resources that currently address this risk or protective factor. Include - resource name - target population - Any data that show whether it is or is not impacting the risk or protective factor.	Is there any data to suggest the issue is getting better, worse, or staying the same? If available, look at previous years of data (from column 2).	Is addressing this risk factor a low, medium, or high priority? Consider leadership priorities, duplication with other initiatives, and available resources.
Suicidal Ideations, Suicide Attempts and Suicides.	Statistical data indicates there are 11 unit in RG 1, 11 units in RG 2 on JB MDL according to 711th HPW Unit Suicide Risk Stratification.	- AMC We Care...We Connect Resilience - Suicide Prevention VR Goggles - Population – Total base - Existing data cannot be correlated to indicate if existing programs are effecting the rate of suicidal ideation.	HAF monthly reports indicate the suicide trend is better than last three years but numbers continue to be alarming. Additional, data provided by the Director of Psychological Health indicating base occurrences and helping service utilization. MH on base also provided data showing an increase in high interest cases related to suicidal ideation on base.	High

STEP 2: SMART Desired Outcomes Tool

Completed by: Janis Doss	Date: 29 Nov 21	P⁴: safeTALK

Priority Problem (from Step 1)	Goal	SMART Desired Outcome
Suicidal Ideation, Attempt & Suicides	Provide the JB MDL community a stronger skill set for increasing open and direct conversations about suicide to reduce stigma, foster connectedness and increase the ability to recognize the signs associated with suicidal thoughts and intervene.	Upon completion of safeTALK training, participants will report feeling more comfortable/confident openly and directly talking about suicide, recognizing the signs of suicidal thoughts and intervening when necessary by conducting a warm hand-off to a helping agency when necessary.

SMART Checklist		Participants will rate the quality of training rate the training as an 8 or higher on a scale of 1 (very bad) to 10 (very good)
What SPECIFIC knowledge, skills, attitude, or behavior are we expecting to change?	Ability to have open and direct conversations about suicide, foster connectedness and increase recognition of signs associated with suicidal thoughts and intervene.	
How much change is expected, and how will change be MEASURED?	Increase in self-reported confidence talking openly and directly talking about suicide, recognizing the signs of suicidal thoughts, and intervening to keep safe until a warm hand-off to a helping agency. Quality will be measured via self-reported satisfaction with training via training evaluations.	
How do you know this change is ACHIEVABLE (i.e., possible) in terms of what we are attempting to change?	Evidence has indicated suicide prevention gatekeeper training is believed to reduce suicides through increased alertness for signs of suicidal ideation and proper intervention.	
How do you know this change is REALISTIC? I.e., is the specific change logically related to the problem(s) identified (from a content perspective)?	It is reasonable to expect training will lead to increased suicidal ideation detection and referral for help, as well as open and more direct communication about suicide will lead to decreased stigma for help-seeking.	

By when, or in what **TIME FRAME**, is this change expected to occur?

Over the next two years.

STEP 3: Evidence Synthesis Tool

Assessment of Evidence-Based Approach for a Specific P⁴

Completed by: Janis Doss   **Date:** 29 Nov 21   **P⁴:** safeTALK

P⁴ features and how they relate to our needs, behaviors, or desired outcomes	Does the P⁴ have these features? (Yes/No)	Explain answer	What would we need to change to make the P⁴ fit our needs?
Has evidence of effectiveness	Yes	Eleven studies demonstrate safeTALK's efficacy across diverse populations (Bailey, E., et al., 2017; McLean, J., et al., 2007; Kaplan, G., 2018; Eynan, R., 2012; Mellanby, R. et al., 2010; McKay, K., 2012; Niagara Region, 2015; Robinson, J., Spittal, M., Gould, M., et. al. 2016; Holmes, G. et al., 2020; Kerr, Martin, Fleming, 2018; Holmes, G. et al., 2020; Burnette, C., Ramchand, R., & Ayer, L. 2015). Research indicates safeTALK is effective in increasing suicide-related knowledge, reducing stigma and negative attitudes about suicide, decreeing reluctance to get involved and increase skills in assisting those at risk for suicide through professional referrals.	No change needed.
Focuses clearly on one of our identified goals and outcomes	Yes	Upon completion of training, over 90% of participants will report via feedback forms they feel "more prepared" to talk directly and openly	No change needed.

Criteria		Explanation	Adaptations
		to a person with thoughts of suicide and rate the quality of training as an 8 or higher on a scale of 1 (very bad) to 10 (very good)	No changes needed.
Provides necessary activities and materials to support implementation	Yes	Participant resource kits and handouts may be purchased directly from LivingWorks. Trainers are provided all presentation resources.	No changes needed.
Employs teaching methods to actively involve participants	Yes	safeTALK is designed to be 3 to 4 hours, relies significantly on participants' responses and feedback, and provide skill building participation exercises.	No change needed.
Employs activities, instructional methods, and behavioral messages appropriate for our target population	Yes	safeTALK is designed so participants practice identifying warning signs or "suicidal invitations" and directly asking about suicidal thoughts.	No change needed.

STEP 4: P⁴ Fit Assessment Tool

Completed by: Janis Doss   **Date:** 29 Nov 21   **P⁴:** safeTALK

Does the P⁴ fit with the	Yes/No	What adaptations, if any, need to be made to increase the fit?
Target population's • Needs • Demographics (e.g., gender, pay grade, race/ethnicity) • Other important characteristics (e.g., education level, work schedules)	Yes	safeTALK is a very good fit. It was designed for diverse populations with supplemental training specifically for the US Air Force. The recommended populations are military, civilian employees and family members 15-years-old and older.
Community's • Cultural norms and values • Other important characteristics (e.g., rural or urban, U.S. or international)	Yes.	safeTALK training was specifically developed for the Air Force through funding provided by the Air Force Chaplain Corp.
Wing's • Leadership priorities • Current programming (e.g., Wingman Day, training schedule, other activities) • Other important characteristics (e.g., duty schedule)	Yes.	safeTALK has leadership endorsement, MAJCOM support and has been improved to meet the requirements of required annual suicide prevention training. safeTALK is offered at least once monthly and more classes are added as required.

STEP 5: Capacity Assessment Tool

Completed by: Janis Doss   **Date:** 29 Nov 21   **P⁴:** safeTALK

	What is needed?	Is there sufficient capacity?
1. Staff capacities		
Availability: Do you have the number of staff recommended for the P⁴? Do they have the needed time available? Consider any additional staff that might be needed—for example, to serve as backup in case of a facilitator's absence or transfer.	Ten safeTALK trainers are available. Most trainers appear to have the time available to facilitate safeTALK once or twice a month. The VPI has completed T4i training and can train more T4T trainers if required to sustain the program. Training was completed in June 2021.	Yes.
Qualifications: Are all staff (primary and backup) adequately qualified to deliver the P⁴? Consider • education and training • experience or skills • comfort with the topic	Trainers must complete the LivingWorks two-day Applied Suicide Intervention Skills Training (ASIST) and Training for Trainers (T4T) course in order to facilitate the training class.	Yes
2. Leadership capacities	What is needed?	Is there sufficient capacity?
Commitment: How committed is your organization leadership (at all levels) to the P⁴ you are considering? Does leadership support prevention staff? Is there a prevention champion who will help introduce and sustain new P⁴?	Very committed. Wing leadership has fully endorsed safeTALK training and AMC has approved it as one of four suicide prevention trainings authorized to me required annual suicide prevention training.	Yes
Communication: Are there clear channels of communication in place between levels of leadership (e.g., in case orders are needed to ensure participation)?.	Unit, Group and Wing leaders have communicated support and recommended participation.	Yes
3. Technical capacities	What is needed?	Is there sufficient capacity?
Are any specific materials, equipment or technology needed (e.g., smartphones or computers with internet access)?	A safeTALK Resource kit is required for each participant. Additionally, trainers require audiovisual support (computer, speakers, screen or monitor) to deliver training.	Yes.
4. Financial and resource capacities (include in Step 6 budget tool)	What is needed?	Is there sufficient capacity?

Is there a cost or fee to use the P⁴? Are printed materials needed (including curriculum and recruiting flyers)? Are there any other needs (e.g., transportation, space, evaluation materials and efforts)?	There are cost with executing safeTALK suicide prevention training. Each participant kits costs $10.75. If additional T4T trainings are required, each trainer kit is $360.75.	Yes.
5. Collaboration or partnership capacities	**What is needed?**	**Is there sufficient capacity?**
What relationships with other organizations are needed to do this P⁴? Are memoranda of understanding or memoranda of agreement or MOAs for collaboration with nonmilitary entities needed?	A vital part of safeTALK is suicide alert helpers being able to conduct a warm-handoff of a person with thoughts of suicide to a KeepSafe Connection Applied Suicide Prevention Intervention Skills Training (ASIST) trained helper or professional helping agency). Participants are provide contact information for base, local and national helping resources.	Yes.

STEP 6: P⁴ Work Plan Tool

Completed by: Janis Doss **Date: 29 Nov 21** **P⁴: safeTALK**

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Complete
Allocate funding from budget for participant kits and trainer kits as required.	Annually	CSC	15 Sep 22
Complete job description (Role of safeTALK trainers)	31 Jan 22	VPI	Pending
Tasks: Policies and Procedures	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Generate Statement of Understanding between VPI, potential trainer and trainer's commander identifying trainer commitment, availability and responsibilities.	31 Jan 22	VPI	Pending
Quarterly reminder email messages to Unit Training Manager regarding annual training requirements and class schedules.	Every quarter.	VPI	Recurring
Tasks: P⁴ Preparation	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Train additional T4T trainers.	As required.	VPI	TBD

Tasks	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Complete
Quarterly safeTALK trainer status of training meetings.	Every quarter.	VPI	Recurring
Tasks: p⁴ Recruitment and Retention	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Recruit six additional safeTALK T4T trainers when existing trainers drop below 70%.	As required.	VPI	TBD
Recruit attendees to ensure a minimum of 10 participants are registered for each class.	Each class.	VPI	Recurring
Tasks: Implementation	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Create detailed schedule of monthly classes for one year. Modify by adding classes as required.	31 Jan 22	VPI	31 Jan 22
Send reminders to UTMs, Superintendents, First Sergeants and the Wing reminding them about safeTALK and how to access it (Appointment Plus)	Every quarter.	VPI	TDB
Evaluate efficacy the end of each CY quarter.	Every quarter.	VPI	Recurring
Have participants complete feedback forms every class, review and provide to VPI.	After every class.	safeTALK Trainers	Recurring
Evaluate feedback forms for confidence in openly and directly having a conversation with a person experiencing suicidal thoughts, as well as overall rating of the class.	Every quarter.	VPI	Recurring
Enter the collected data into a spreadsheet, review data quality and make adjustments as needed and report findings to CAT/CAB quarterly.	Every quarter.	VPI	Recurring
If the evaluation results are adequate enough to continue the performance P_4, decide which changes to make to improve the performance outcomes and attendance, using the GTO Step 9 continuous quality improvement (CQI) process and tools. Adjust goals and outcomes and reassess fit and capacity in light of implementation; update the Work Plan Tool with lessons learned from implementation.	Within 16 months	CAT breakout group assignments to be determined depending on changes needed	Recurring

Finalize documentation, inventory any additional supplies required, and begin planning the next steps	Within 18 mon	VPI	Recurring

STEP 6: Process Evaluation Planner Tool

Completed by: Janis Doss   **Date:** 29 Nov 21

P⁴: safeTALK

Process evaluation question	Constructs or domains to measure	Measures and process of data collection	Anticipated schedule for data collection and analysis
1. Who did the P⁴ reach? Did it reach the intended audience?	Class demographics.	Class rosters and VPI maintained attendance spreadsheet.	Data collected each class and analyzed quarterly.
2. Was the P⁴ implemented as planned? Why or why not?	Consistency of training.	Annual training calendar.	Data collected each class and analyzed quarterly.
3. What did participants think of the P⁴ (e.g., satisfaction, perceived relevance, likelihood to recommend)?	Self-reported preparedness to recognize and intervene and quality of training.	Participant feedback forms. Students indicate how prepared they feel upon completion and rate satisfaction with training.	Data collected each class and analyzed quarterly.
4. What did staff and volunteers think of the P⁴ perceptions (e.g., whether trainees appeared engaged, suggestions for improvement, etc.)?	Trainer rating of safeTALK training experience.	safeTALK trainer feedback upon completion of training each class.	Data collected each class and analyzed quarterly.
5. Did implementation align with the GTO Step 6 Work Plan?	Yes.		
6. OTHER. For example, was there evidence of leadership support?	Leadership support of safeTALK training.	VPI monitor leadership messaging in support of safeTALK.	Monitored monthly.

STEP 6: P4 Outcome Evaluation Planner Tool

Completed by: Janis Doss   **Date:** 29 Nov 21   **P⁴:** safeTALK

Desired Outcome (copy and paste from Step 2)	Evaluation Design	Measure or Scale Name and Source	Items to Include
Upon completion of safeTALK training, participants will report feeling more comfortable/confident openly and directly talking about suicide, recognizing the signs of suicide and intervening when necessary by conducting a warm hand-off to a helping agency when necessary.	☐ Pre-/post- with comparison group ☐ Pre-/post- ☐ **Post- only**	The safeTALK Resource Kit Feedback Form contains a Likert-scale of "Well Prepared, Mostly Prepared, Partly Prepared and Not Prepared."	Participant feedback forms.
Participants will rate the quality of training rate the training as an 8 or higher on a scale of 1 (very bad) to 10 (very good).	☐ Pre-/post- with comparison group ☐ Pre-/post- ☐ **Post- only**	The safeTALK Resource Kit Feedback Form contains a measure asking participants to rate the training on a scale of 1 (very bad) to 10 (very good).	Participant feedback forms.

STEPS 1-6: Community Action Plan Overview Tool

Completed by: Janis Doss | **Date:** 29 Nov 21 | **P⁴:** safeTALK

What challenges is your Community Action Plan addressing? (summarize GTO Step 1)	What are the goals for your Community Action Plan? (from GTO Step 2)	What are your desired outcomes? Specifically include: What will change (knowledge, attitude or behavior), by how much, for whom, and when change is expected	What P⁴ are you using to achieve these desired outcomes? (finalized by GTO Step 6)	How will you assess the quality of your P⁴? PROCESS EVAL (from GTO Step 6)	How will you assess the outcomes of your P⁴? OUTCOME EVAL (from GTO Step 6)	How will you monitor population changes in the initial problem over time? (see GTO Steps 1 and 6)
Suicidal Ideations, Suicide Attempts and Suicides.	Provide the JB MDL community a stronger skill set for increasing open and direct conversations about suicide to reduce stigma, foster connectedness and increase the ability to recognize the signs associated with suicidal thoughts and intervene.	Upon completion of safeTALK training, participants will report feeling more comfortable/confident openly and directly talking about suicide, recognizing the signs of suicide and intervening when necessary by conducting a warm hand-off to a helping agency when necessary.	safeTALK Suicide Alertness Training	Feedback Form with a measure asking participants to rate the training on a scale of 1 (very bad) to 10 (very good).	Feedback Form with a Likert-scale of "Well Prepared, Mostly Prepared, Partly Prepared and Not Prepared."	Sign-in rosters indicate participant status (military, civilian or family member).

COMMUNICATION FOR HEALTHY REALATIONSHIPS

IN AND OUT OF THE WORK PLACE

STEP 1: Identifying Your Priority Problem Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P⁴:** Communication for Healthy Relationships- in and out of the work place

Risk factors or problem areas to decrease or protective factors to promote	What do various data sources say about these risk and protective factors? List the data and the source.	List any resources that currently address this risk or protective factor. Include - resource name - target population - Any data that show whether it is or is not impacting the risk or protective factor.	Is there any data to suggest the issue is getting better, worse, or staying the same? If available, look at previous years of data (from column 2).	Is addressing this risk factor a low, medium, or high priority? Consider leadership priorities, duplication with other initiatives, and available resources.
Ineffective Communication w/ Relationships	- Contributing factor to increased interpersonal violence - The risk factors are linked to greater chance of IPV - DEOCS data - high rates of FAP reports/increased severity	- AMC We Care...We Connect - Resilience Classes - Stress Skills/ True Colors - 5 love languages - Anger Management - EAP classes - MOS classes - Dispute resolution, conflict management	Trust/Communication - new DEOCS suggests this is becoming an increasing issue on JB MDL From 2019-2021 FAP reports increased by 51%. AMC VPPM highlighted JB MDL using AFNET data as highest # DV cases for all of AMC bases	Medium

STEP 2: SMART Desired Outcomes Tool

Completed by: Crista Brady-Szabo   **Date: 29 Nov 21**

P⁴: Communication for Healthy Relationships- in and out of the work place

Priority Problem (from Step 1)	Goal	SMART Desired Outcome
Ineffective Communication w/ Relationships	Cultivate an environment of trust and effective communication amongst all Airmen and Civ. Integrate skills to decrease IPV on JB MDL.	Upon completion of program JB MDL will show a decrease of reports in IPV and/or severity of its reports.

SMART Checklist

What **SPECIFIC** *knowledge, skills, attitude, or behavior* are we expecting to change?	Ability to use classes on JB MDL that have a direct correlations to communication, understanding individual differences and increasing interpersonal skills to aid in the decrease of IPV.
How much change is expected, and how will change be **MEASURED**?	Targeted population is 10% of each unit. 10% increase of improved effective communication skills.
How do you know this change is **ACHIEVABLE** (i.e., possible) in terms of what we are attempting to change?	Evidence has indicated that effective communications, creating healthy boundaries and understanding each personalities have been linked to healthy relationships. Our intervention will be targeted to improve health relationships, this should reciprocate to increased effective communication with leadership.
How do you know this change is **REALISTIC**? I.e., is the specific change logically related to the problem(s) identified (from a content perspective)?	It is reasonable to expect training will lead to decreased cases of IPV, as well affect leadership trust/communication is a positive manner.
By when, or in what **TIME FRAME**, is this change expected to occur?	Over the next two years.

STEP 3: Evidence Synthesis Tool

Assessment of Evidence-Based Approach for a Specific P[4]

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P[4]:** Communication for Healthy Relationships- in and out of the work place

P[4] features and how they relate to our needs, behaviors, or desired outcomes	Does the P[4] have these features? (Yes/No)	Explain answer	What would we need to change to make the P[4] fit our needs?
	Yes	Effective communication is essential to practice and can result in improved interpersonal relationships at the workplace. Effective communication is shaped by basic techniques such as open-ended questions, listening, empathy, and assertiveness. Grover SM. Shaping effective communication skills and therapeutic relationships at work: the foundation of collaboration. AAOHN J. 2005 Apr; 53(4):177-82; quiz 186-7. PMID: 15853294	No change needed
Has evidence of effectiveness		DoDI 6400.09, September 11, 2020 DoD integrated primary prevention policies and programs will foster healthy behaviors, life skills, and stress management early on and will reinforce these behaviors and skills using appropriate educational strategies to maintain proficiency throughout one's military career or civilian employment cycle by developing the skills for Effective communication (e.g., conflict management, assertive communication of sexual boundaries and consent, bystander intervention).	
Focuses clearly on one of our identified goals and outcomes	Yes	This workshop will cover communications, healthy boundaries and conflict management skills in an interactive way.	No changes needed

Provides necessary activities and materials to support implementation	Yes	Participants will be given a PowerPoint, surveys and access to a tool kit of other classes if they chose to do more self-improvement	No changes needed
Employs teaching methods to actively involve participants	Yes	The workshop will be designed to created positive engagement	No changes needed
Employs activities, instructional methods, and behavioral messages appropriate for our target population	Yes	The workshop will be designed to created positive engagement	No changes needed

STEP 4: P⁴ Fit Assessment Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P⁴:** Communication for Healthy Relationships- in and out of the work place

Does the P⁴ fit with the	Yes/No	What adaptations, if any, need to be made to increase the fit?
Target population's • Needs • Demographics (e.g., gender, pay grade, race/ethnicity) • Other important characteristics (e.g., education level, work schedules)	Yes	Evidence has shown the increasing communication skill and conflict management it can improve relationship. The workshop will be made to target different learning styles.
Community's • Cultural norms and values • Other important characteristics (e.g., rural or urban, U.S. or international)	Yes	This workshop will be made in alignment with EO conflict management training and evidence base resource for effective commutation. This will be facilitated by MRTs, VPI and the CSC
Wing's • Leadership priorities • Current programming (e.g., Wingman Day, training schedule, other activities) • Other important characteristics (e.g., duty schedule)	Yes	Wing leadership has given us their support to create classes that target the needs of our community

STEP 5: Capacity Assessment Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P⁴:** Communication for Healthy Relationships- in and out of the work place

	What is needed?	Is there sufficient capacity?
1. Staff capacities		
Availability: Do you have the number of staff recommended for the P⁴? Do they have the needed time available? Consider any additional staff that might be needed —for example, to serve as backup in case of a facilitator's absence or transfer.	Yes, we intend to use VPI facilitators, MRT/RTAs. In total we have over 50 facilitators. The VPI and CSC will take the lead of training and creating the class. EO will assist as SME	yes
Qualifications: Are all staff (primary and backup) adequately qualified to deliver the P⁴? Consider • education and training • experience or skills • comfort with the topic	Facilitators will be taught the curriculum and practice teach back with the assistance of the CSC/VPI. This is a facilitation class with activities. Our facilitators are not teaching the curriculum.	yes
2. Leadership capacities	**What is needed?**	**Is there sufficient capacity?**
Commitment: How committed is your organization leadership (at all levels) to the P⁴ you are considering? Does leadership support prevention staff? Is there a prevention champion who will help introduce and sustain new P⁴?	Very committed. Wing leadership has fully endorsed recommendation given by CAT. We will be asking at the next CAB from 10% of each unit to attend.	yes
Communication: Are there clear channels of communication in place between levels of leadership (e.g., in case orders are needed to ensure participation)?	Unit, Group and Wing leaders have communicated support and recommended participation.	yes
3. Technical capacities	**What is needed?**	**Is there sufficient capacity?**
Are any specific materials, equipment or technology needed (e.g., smartphones or computers with internet access)?	Little to no cost. Projector, power point and facilitator	yes
4. Financial and resource capacities (include in Step 6 budget tool)	**What is needed?**	**Is there sufficient capacity?**
Is there a cost or fee to use the P⁴? Are printed materials needed (including curriculum and recruiting flyers)? Are there any other needs (e.g., transportation, space, evaluation materials and efforts)?	n/a	Yes
5. Collaboration or partnership capacities	**What is needed?**	**Is there sufficient capacity?**
What relationships with other organizations are needed to do this P⁴? Are memoranda of understanding or memoranda of agreement or MOAs for collaboration with nonmilitary entities needed?	Collaboration w/ EO/FAP/VPI as SME and assistance in creating course materiel.	Yes

STEP 6: P⁴ Work Plan Tool

Completed by: Crista Brady-Szabo **Date: 29 Nov 21** **P⁴: Communication for Healthy Relationships- in and out of the work place**

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Complete
Allocate funding from budget for participant kits and trainer kits as required.	Annually	CSC	Pending
Create PowerPoint	15 Feb 2022	CSC	Pending
Create online tool kit	31 Mar 2022	CSC	Pending
Tasks: Policies and Procedures	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Generate Surveys pre, post, 6 month follow up	31 Jan 22	CSC	Pending
Generate excel tracker for attendees	31 Jan 22	CSC	Pending
Tasks: P⁴ Preparation	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Train Workshop facilitators.	As required.	CSC	TBD
Tasks: P⁴ Recruitment and Retention	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Recruit six additional facilitated when existing trainers drop below 70%.	As required.	VPI	TBD
Tasks: Implementation	**When Will It Be Done? (Time Frame)**	**Who Is Responsible?**	**Date Complete**
Create detailed schedule of monthly classes for one year. Modify by adding classes as required.	31 Jan 22	VPI	31 Jan 22
Enter the collected data into a spreadsheet, review data quality and make adjustments as needed and report findings to CAT/CAB quarterly.	Every quarter.	VPI	Recurring
If the evaluation results are adequate enough to continue the P4, decide which changes to make to improve the performance outcomes and attendance, using the GTO Step 9 continuous quality improvement (CQI) process and tools. Adjust goals and outcomes and reassess fit and capacity in light of implementation; update the Work Plan Tool with lessons learned from implementation.	Within 16 months	CAT breakout group assignments to be determined depending on changes needed	Recurring

Finalize documentation, inventory any additional supplies required, and begin planning the next steps	Within 18 mon	VPI	Recurring

STEP 6: Process Evaluation Planner Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21

P⁴: Healthy Relationships

Process evaluation question	Constructs or domains to measure	Measures and process of data collection	Anticipated schedule for data collection and analysis
7. Who did the P⁴ reach? Did it reach the intended audience?	Class demographics.	Class rosters and VPI maintained attendance spreadsheet.	Data collected each class and analyzed quarterly.
8. Was the P⁴ implemented as planned? Why or why not?	Consistency of training.	Annual training calendar.	Data collected each class and analyzed quarterly.
9. What did participants think of the P⁴ (e.g., satisfaction, perceived relevance, likelihood to recommend)?	Self-reported preparedness to recognize and intervene and quality of training.	Participant feedback forms. Students indicate how prepared they feel upon completion and rate satisfaction with training.	Data collected each class and analyzed quarterly.
10. What did staff and volunteers think of the P⁴ perceptions (e.g., whether trainees appeared engaged, suggestions for improvement, etc.)?	Trainer rating of safeTALK training experience.	safeTALK trainer feedback upon completion of training each class.	Data collected each class and analyzed quarterly.
11. Did implementation align with the GTO Step 6 Work Plan?	Yes.		
12. OTHER. For example, was there evidence of leadership support?	Leadership support of safeTALK training.	VPI monitor leadership messaging in support of safeTALK.	Monitored monthly.

STEP 6: P4 Outcome Evaluation Planner Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P⁴:** Healthy Relationships

Desired Outcome (copy and paste from Step 2)	**Evaluation Design**	**Measure or Scale Name and Source**	**Items to Include**
Upon completion of program JB MDL will show a decrease of reports in IPV and/or severity of its reports.	☐ Pre-/post- with comparison group ☐ Pre-/post- ☐ **Post- only**	Post self-evaluations for individuals, and installation annual incident report comparison pre and post implementation.	Participant feedback forms, and annual Incident reports.

STEPS 1-6: Community Action Tool

Completed by: Crista Brady-Szabo   **Date:** 29 Nov 21   **P⁴:** Healthy Relationships

What challenges is your Community Action Plan addressing? (summarize GTO Step 1)	What are the goals for your Community Action Plan? (from GTO Step 2)	What are your desired outcomes? Specifically include: What will change (knowledge, attitude or behavior), by how much, for whom, and when change is expected	What P⁴ are you using to achieve these desired outcomes? (finalized by GTO Step 6)	How will you assess the quality of your P⁴? PROCESS EVAL (from GTO Step 6)	How will you assess the outcomes of your P⁴? OUTCOME EVAL (from GTO Step 6)	How will you monitor population changes in the initial problem over time? (see GTO Steps 1 and 6)
Ineffective Communication w/ Relationships	Cultivate an environment of trust and effective communication amongst all Airmen and Civ. Integrate skills to decrease IPV on JB MDL.	Communications, healthy boundaries and conflict management skills will be improved in participating members upon completion and spread across the instillation as more members participate and bring their skills back to the workplace. This effective communication will foster healthy behaviors, life skills, and stress management early on and will reinforce these behaviors and skills.	Members will participate in a workshop promoting a positive engagement that will cover communications, healthy boundaries and conflict management skills in an interactive way. Participants will be given a PowerPoint, surveys and access to a tool kit of other classes if they chose to do more self-improvement.	Post self-evaluations for individuals	Participant feedback forms, and annual incident reports.	Installation annual incident report comparison pre and post implementation.