

Enclosure f

UNITED STATES SPECIAL OPERATIONS COMMAND

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MacDill Air Force Base, Florida 33621-5323

USSOCOM DIRECTIVE

Number 10-12

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Organization and Functions

U.S. SPECIAL OPERATIONS COMMAND PRESERVATION OF THE FORCE AND FAMILY

TABLE OF CONTENTS

	Paragraph	Page
SECTION I. PURPOSE AND OVERVIEW		
Purpose	1	2
Scope	2	2
Applicability	3	2
Policy	4	2
Program Overview	5	2
SECTION II. ROLES AND RESPONSIBILITIES		
Commander, U.S. Special Operations Command (CDRUSSOCOM) USSOCOM Component and Theater Special Operations Command (TSOC) Command Teams.....	6	8
Headquarters (HQ) USSOCOM Directors and Special Staff.....	7	8
Proponent.....	8	9
	9	11
APPENDIXES		
A – Metrics		A-1
B – Spiritual Plan of Action and Milestones (POA&M).....		B-1
GLOSSARY		GL-1
FIGURE		
1. - USSOCOM Preservation of the Force and Family (POTFF) Key Concept.....		3
TABLE		
A-1. Physical Domain		A-1

*This Directive supersedes D 10-12, 11 April 2017. (See Summary of Changes on Page 12)

2

SECTION I – PURPOSE AND OVERVIEW

1. Purpose. Provide an overview of the USSOCOM POTFF program, responsibilities of the 5 POTFF Domains, and POTFF execution guidance.

2. Scope. This directive defines minimum requirements of the USSOCOM POTFF program across the 5 domains; Physical, Psychological, Cognitive, Social & Family, and Spiritual. POTFF is a CDRs program to maximize the human performance of the Special Operations Force (SOF) enterprise.

3. Applicability. The services described in this directive are provided to SOF (as defined in 10 U.S. Code (U.S.C.) § 167) and their eligible family members. This directive applies to HQ USSOCOM, Components, TSOCS, and assigned and attached forces. These organizations and forces compose the USSOCOM enterprise and will be referred to as the SOF enterprise throughout this directive.

4. Policy. This directive ensures USSOCOM complies with U.S.C., and Department of Defense (DOD) policies, directives, and guidance applicable to the programming, budgeting, development, and execution of POTFF. The terms and provisions of this directive are not intended to modify or otherwise affect statutory provisions and those regulations, DOD directives, or service directives establishing Service Member and family support programs. To avoid a potential Anti-Deficiency Act Violation, POTFF elements must ensure costs associated with support to family members are authorized by statutes. Whenever doubt exists, the POTFF element must contact their servicing comptroller and judge advocate for guidance. This directive is not intended to supplant existing command-sponsored Service Member and family support programs; however, it defines the minimum requirements of the holistic POTFF program.

5. Program Overview. The first SOF truth is “humans are more important than hardware.” In keeping with this truth, preserving the force is one of the highest priorities for the command. Therefore, it is essential to identify and implement innovative and valuable solutions across the SOF enterprise aimed to improve the short- and long-term well-being and performance of SOF and their families. The overarching POTFF program leverages and integrates all available assets and services, including those provided by the DOD, Defense Health Agency, local installations, Military Services, and POTFF contract providers. POTFF is designed to address SOF-peculiar demands and gaps in DOD and Service-provided services based on the uniqueness of the SOF enterprise. The CDRUSSOCOM recognizes in order to ensure the readiness and mission effectiveness of the force, the command must seek to understand and assist SOF’s human performance from a holistic perspective. Therefore, the SOF enterprise shall implement programs that support POTFF along 5 domains: Physical, Psychological, Cognitive, Social & Family, and Spiritual.

a. Each Component and TSOC within the SOF enterprise will provide programs across the 5 domains and will coordinate these programs to ensure SOF objectives for an integrated and holistic system of care are realized for the SOF enterprise. Component and TSOC command teams will appoint a dedicated POTFF lead to support the identification, implementation, and execution of existing and planned programs. To the extent possible, Component and TSOC POTFF leads should be a principle duty. Component and TSOC leads, on behalf of their respective CDRs, will plan, program, budget, and execute resources for Component POTFF programs and activities.

Component and TSOC leads will provide oversight of POTFF program execution and resources within their respective commands. Component and TSOC leads will coordinate with USSOCOM POTFF to ensure compliance with prescribed POTFF policies and to ensure adequate resources are allocated to meet Component and TSOC POTFF requirements. The structure of Component and unit-level POTFF programs will vary depending on their unique composition, culture, geographic dispersion, and missions. Figure 1 illustrates how the 5 POTFF domains form an integrated and holistic approach to optimize and sustain human performance to best meet the operational demands for the duration of a SOF career.

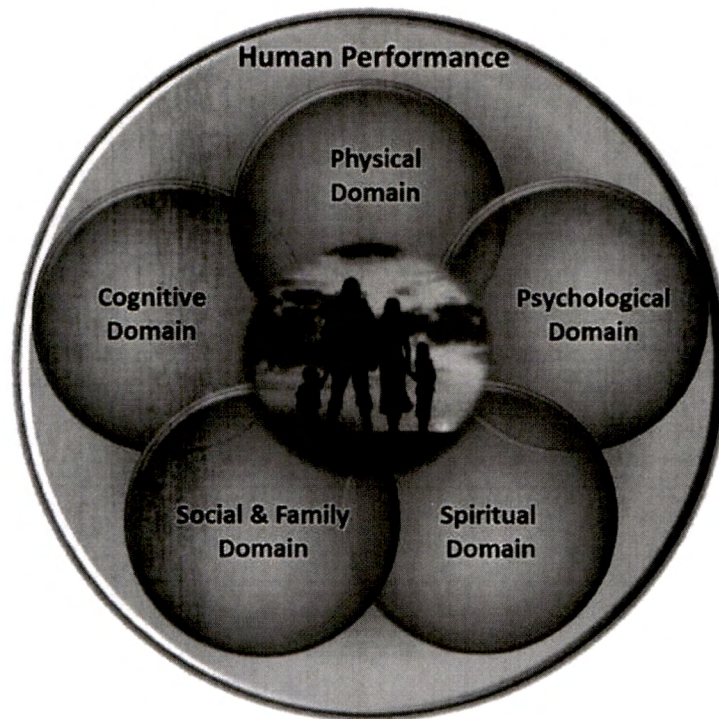


Figure 1. USSOCOM Preservation of the Force and Family (POTFF) Key Concept.

b. The Components and TSOCs will implement a comprehensive evaluation and assessment plan to monitor and provide feedback on the utilization of POTFF resources and for evaluating indicators of POTFF-related performance of SOF and their families. This evaluation and assessment plan must include Measures of Performance (MOP), Measures of Effectiveness (MOE), and Return on investment (ROI). This plan will assist with programming and resource allocation for execution of USSOCOM-sponsored POTFF programs. Components and TSOCs will collect and report data to the HQ POTFF office related to the provision of services by all POTFF staff as outlined in Appendix A. This data will serve as a basis for determining the allocation of POTFF staff and funding for all USSOCOM units. The Smartabase application will be used as the primary tool for recording POTFF care and services, assessments, and other related activities.

c. The POTFF program embeds personnel at the lowest level possible, often reporting directly to the unit leadership.

By fully integrating POTFF personnel within the unit, assets are able to build trust with unit leaders, SOF, and families to identify early indicators of opportunities for intervention. POTFF leverages this embedded model to create integrated, multi-domain, cross-functional teams that provide holistic support across the all 5 domains.

(1) **Physical Domain.** The Physical Domain intent is to enhance SOF mission readiness and operational availability through sports medicine, strength and conditioning, and nutrition to optimize physical training, mitigate injury, and increase career longevity. The Physical Domain will progress toward this end state by strategically engaging along the following 4 Lines of Effort (LOE):

(a) **Optimize.** Optimal physical performance cannot be achieved unless the Physical Domain ensures daily program integration between sports medicine, strength and conditioning, nutrition while engaging with the other POTFF domains to reinforce a multi-disciplinary and holistic approach to overall human performance. Optimization of physical performance in the case of SOF will be short, medium, and long-term efforts, to support mission readiness, operational availability, and higher quality of life upon SOF career retirement.

(b) **Recover.** Early access to care and services is critical for optimal physical performance outcomes, operational availability, and to demonstrate overall program effectiveness. Recovery is an essential component to human performance. It is vital to ensure SOF has early and frequent access to care and employ the appropriate healing strategies to include sleep, nutrition, and rest to optimize performance and mitigate performance degradation.

(c) **Advance.** The Physical Domain will leverage innovation in science and technology to advance the physical performance training and treatment of SOF. This LOE can only be achieved with ongoing training of staff members and reinforcement of communication and collaboration amongst DOD entities, academia, industry, and HQ USSOCOM entities such as SOF Acquisitions, Technology & Logistics, Science and Technology Directorate (SOF AT&L-ST), Warrior Care Program (SOCS-WCP), and the Command Surgeon's Office (SOCS-SG). All Research, Development, Technology, & Evaluation (RDT&E) and other related activities that are conducted, supported, or assisted by HQ USSOCOM, Components, or TSOCs will be reported and tracked at the HQ USSOCOM level, and shall be evaluated to determine if the activity falls under the definition of Human Subject Research pursuant to DOD Instruction (DODI) 3216.02 and applicable Military Service and USSOCOM policies and regulations.

(d) **Prevent.** In an effort to improve SOF career longevity and quality of life, the Physical Domain will synchronize preventive efforts within POTFF and across the force to mitigate immediate and long-term impact through predictive model development.

(e) **End State.** The end state of the Physical Domain is to optimize and sustain physical performance for individual and collective SOF readiness.

(2) **Psychological Domain.** The Psychological Domain intent is to maximize the psychological performance, health, and resilience of the SOF enterprise to meet operational demands, now and in the future. This domain's primary priorities are Assessment and Selection, Behavioral Health, and Suicide Prevention. The Psychological Domain will meet the desired end state through the following 4 LOEs:

(a) **Assess and Select.** The Assessment and Selection LOE aims to support leadership's selection of SOF personnel. Specially trained professionals provide assessments that identify, predict, and enhance attributes that contribute to individual success in SOF.

(b) **Treat.** Embedded behavioral health professionals provide timely, evidence-based interventions across the continuum of care to promote mission effectiveness and optimize performance.

(c) **Enhance.** Psychological Domain professionals enhance individual and group performance through education, training, coaching, feedback, and consultation. In coordination with unit leaders, these professionals leverage opportunities to increase individual and organizational psychological health and deployment readiness.

(d) **Evaluate.** Psychological Domain personnel will collect and implement individual and unit performance metrics to ensure POTFF is meeting unit, SOF, and family needs. Performance metrics will provide each Command with MOE for the POTFF program, and along with MOP, will enable POTFF to demonstrate ROI.

(e) **End State.** The end state of the Psychological Domain is to enhance the psychological health of SOF to optimize performance, promote resilience, and decrease stigma.

(3) **Cognitive Domain.** The Cognitive Domain is designed to enhance, monitor, advance, and protect the cognitive health and performance of SOF to meet operational demands now and in the future. The goal is to maximize cognitive functioning of individual and collective SOF through appropriate monitoring, assessing, and training. The primary priorities of the Cognitive Domain include cognitive enhancement, exposure monitoring, and brain health protection. The Cognitive Domain is organized across the following four LOEs:

(a) **Enhance.** The first LOE is focused on 3 objectives. First, develop and implement evidence-based enhancement, sustainment, and training strategies. Intent is to collect usable data and create training plans on multiple aspects of cognitive function - including attention, processing speed, visual and verbal reasoning, visual and verbal memory, and executive functioning. Objective 2 is to track these performance scores and provide relevant feedback to SOF. Intent is to give members feedback of their current and historical performance referenced against their own prior scores and that of similar demographics. Objective 3 is the utilization of objective cognitive performance data to create/build predictive models for the betterment of SOF individual and collective performance.

(b) **Monitor.** The second line of effort is focused on the Command's ability to monitor SOF brain health from accession and throughout their career to document and inform risk reduction for exposures that negatively affect cognitive function. Objective one is to document symptoms, histories, and blast exposures. Intent is to identify subjectively, exposures SOF experience to inform the development of objective measures, risk reduction focus areas, and tailored protection objectives. Objective 2 establishes longitudinal surveillance across the SOF career. Intent is to translate identified exposures into objective career-long exposure histories. Objective three collects data to define Residual Low Level Blast Exposure thresholds to mitigate injury within SOF. Intent is shape policy and practice via an understanding of the injury/impact that SOF experience from the cumulative exposures of sub-concussive blasts during their career.

(c) **Advance.** The third line of effort is focused on leveraging innovations in science and technology to further cognitive function and protection for SOF. The first objective is to communicate SOF requirements to DOD, academia, and industry. This informs and influences the development of solutions for SOF-peculiar gaps within the Cognitive Domain. The final objective of the Advance LOE is to establish sound transition paths to enable implementation of advancements out to SOF in the operational field.

(d) **Protect.** The final LOE is centered on synchronizing all internal and external efforts to implement protection measures for SOF cognitive performance. The first objective is to draft and implement policy that improves cognitive safety and reduces risk of blast or impact injury. The second objective is to continually identify best practices that minimize exposure from across USSOCOM, DOD, and beyond. The intent is to distribute those best practices for implementation throughout the SOF Enterprise. Finally, this LOE identifies requirements and leverages SOF AT&L to innovate, field, and sustain materiel solutions that protect cognition for SOF individuals and units.

(e) **End State.** By executing accurate assessments, enhancement training, monitoring, and protection from brain injury exposure, the Cognitive Domain will optimize the cognitive functioning of individual and collective SOF now and into the future.

(f) **Unique Governance.** At HQ USSOCOM, the Cognitive Domain has a unique governance structure. Under the guidance of an Executive Steering Committee, the POTFF leads the overall domain and the Enhance LOE, while the Command Surgeon leads the Monitor LOE and SOF AT&L-ST leads the Advance LOE. Each of these directorates leverages their portfolio and expertise to collaboratively shape and inform the Protect LOE.

(4) **Social & Family Domain.** The Social & Family Domain is designed to strengthen the social and family health and performance of SOF and their families to positively impact the readiness of SOF. The goal is to improve the quality and health of relationships for SOF and their families by providing relevant family programs and using appropriate assessments. The Social & Family Domain is uniquely resourced through the authority granted to the CDRUSSOCOM by 10 U.S.C., §1788a to adapt Service-provided programs and/or develop innovative programs to address SOF-unique gaps in Service-provided family program capabilities. Requests for funding and execution of family programs will comply with the requirements and processes in USSOCOM Policy Memorandum (PM) 19-02, *Management of Family Pilot Programs Funded through Section 555 of the 2018 National Defense Authorization Act*, 17 January 2019. Authorized programs include Family Orientation, Information, and Referrals; Pre- and Post-deployment Preparation, Reintegration, and Decompression; Service Member and Family Resilience and Relational Enhancement; and Preparation and Readiness for Transition. As such, the Social & Family Domain is structured along the following four LOEs:

(a) **Integrate.** The first LOE is focused on integrating SOF and their families into units, duty stations, and communities. The intent is to provide SOF-specific programs that orient, inform, and refer SOF and their families to the services and resources available to them. These programs and referrals are important when the family initially moves to a new area, but are also critical throughout their tour as situations change and different services are needed.

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(b) **Strengthen.** The second LOE focuses on building resilient families able to withstand the rigors of SOF operational tempo and unique deployment cycles. Intent is to create programs to prepare, reintegrate, and decompress SOF and their families based around individual unit deployment cycles. SOF often deploy more often and in small teams, so tailored flexibility is critical to this LOE's success.

(c) **Connect.** The third LOE revolves around the central belief that human performance is strengthened by strong familial and social bonds. This LOE provides relational enhancement programs to connect SOF to their families, peers, and local community. Central to this LOE are programs that provide training to build familial relationships. Additionally, this LOE seeks to build strong social support networks within the unit and the local community through collaborative connection programs.

(d) **Prepare.** The final LOE concentrates on preparing SOF and their families for transition, whether that be to a new unit, a new circumstance, or to a new post-service career. Providing programs that leverage peer-to-peer networks bridges the gap during these transitional phases. This LOE integrates and supports all Service, DOD, and installation transition programs and provides programs that fill gaps in provided resources. While transitions may create stress for SOF and their families, the intensity and unique nature of a SOF career make this LOE crucial to overall human performance.

(e) **End State.** The end state of the Social & Family Domain is to optimize the support systems needed to encourage healthy relationships, empower use of resources, and increase social connectedness and family readiness.

(5) **Spiritual Domain.** The Spiritual Domain is designed to provide, connect, strengthen, and assess the spiritual fitness of individual and collective SOF. Spirituality supports human performance by fostering spiritual practices, spiritual resilience, character ethics, values and beliefs, meaning and purpose, and belonging. Spirituality is incredibly individualized and the Spiritual Domain provides support to all, regardless of belief. This domain focuses on both vertical spirituality (between an individual and a higher power) and horizontal spirituality (between an individual and their fellow humans). The Spiritual Domain is organized into LOEs across 4 priorities— provide spiritual support, connect to purpose and belonging, strengthen individual character, and assess spiritual fitness.

(a) **Provide.** The first LOE provides support to spirituality through counseling, support of individual beliefs, and facilitation of spiritual practices. The Religious Support Team (RST) plays a critical role in a unit's POTFF program by supporting spiritual fitness and unit morale. Chaplains and their assistants will protect confidential communications to the fullest extent of the law and DOD or Military Service policies. This LOE aims to increase vertical spirituality by supporting individual beliefs and faith through spiritual guidance and mentorship. Additionally, this LOE prioritizes the facilitation of spiritual and religious practices, whether accomplished by RSTs, places of worship, or other avenues of spiritual support.

(b) **Connect.** The second LOE focuses on the critical importance of an individual's purpose and belonging within overall human performance. The objective is educating the force on the role spiritual connectedness plays within human performance.

This is accomplished by strengthening the belief that an individual is “*part of something greater than themselves.*” This LOE, in collaboration with the Social & Family Domain, provides programs that bolster relational belonging, purpose, and connectedness to enhance an individual’s sense of broader community. Local programs and Spiritual Domain Plan of Action and Milestones (POA&M) (See Appendix B) exist to achieve this objective. Programs supported under this LOE are not authorized under 10 U.S.C. §1788a or 10 U.S.C. §1789.

(c) **Strengthen.** The third LOE is designed to strengthen individual character through the development of ethical values, morals, and beliefs. The objective, in concert with Services’ core values, is to provide guidance, training, input, and resources to develop a holistic ethical decision making competency. This LOE synchronizes best practices and norms from a wide-range of academic, DOD, and faith traditions to support ethical decision making and applied moral practice.

(d) **Assess.** The final LOE highlights a continual assessment of SOF spiritual fitness to tailor individual unit programs and advance spiritual fitness comprehension. A major objective is to develop a standardized, tailorable, voluntary assessment to facilitate an individual’s Spiritual Fitness plan. USSOCOM has developed the Spiritual Fitness Scale which will be further refined and used as a measure of spiritual fitness within USSOCOM-funded programs. The Components and TSOCs will develop unit-specific spiritual fitness plans in coordination with POTFF analytics to ensure utilization of scientifically based programs and assessments. Additionally, these spiritual fitness measures and other assessments will be used to shape training and education of USSOCOM RSTs to better support SOF formations.

(e) **End State.** A robust program that provides, connects, strengthens, and assesses spiritual fitness, aiming to improve understanding of spiritual practice and religious expression, strengthening core beliefs, character ethics, and a sense of meaning and purpose.

SECTION II – ROLES AND RESPONSIBILITIES

6. Commander, U.S. Special Operations Command (CDRUSSOCOM). The CDRUSSOCOM established the POTFF to build and implement a holistic approach to address the pressure on our force. The CDRUSSOCOM is the primary POTFF champion and advocate. The CDRUSSOCOM will be prepared to coordinate and communicate with the Office of the Secretary of Defense, Congress, the Services, and other agencies as needed. The POTFF Director reports directly to the CDRUSSOCOM on matters affecting SOF readiness. At the direction of the CDRUSSOCOM, the POTFF Director will provide periodic updates to Component and TSOC command teams at commander’s conferences.

7. USSOCOM Component and Theater Special Operations Command (TSOC) Command Teams. The Component Command teams will identify requirements and oversee the development and implementation of programs to meet identified needs.

a. Command teams will establish facilities where an interdisciplinary team that includes a representative of each of the 5 POTFF domains can work together to form a seamless line of support to SOF and their families. These facilities will be dedicated to maximizing overall health and well-being of SOF and their families.

b. Appoint a military or government civilian POTFF lead to represent the command. Assign representative(s) to coordinate with the USSOCOM POTFF staff and represent their Component Commands in the development and dissemination of POTFF programs throughout USSOCOM. POTFF representatives will participate in routine video-teleconferences and on-site meetings with USSOCOM POTFF. Component Command and unit level POTFF representatives will serve as liaisons to USSOCOM POTFF to facilitate USSOCOM POTFF visits and focus groups at subordinate units to gauge the success of POTFF programs and determine POTFF-related requirements. POTFF representatives are responsible for representing their respective commanders in the planning, programming, budgeting, and execution of POTFF resources and provide general oversight of all POTFF-related personnel and funding (e.g., Warrior Rehabilitation Program funds) associated with Component-level POTFF programs.

c. Prepare supporting documentation for USSOCOM POTFF periodic reviews to nominate a new POTFF issue, action, recommendation, best practice, or program renewal/withdrawal as appropriate.

d. Component Commands will provide routine updates to the USSOCOM POTFF Director relating to the implementation of this directive and associated requirements.

8. Headquarters (HQ) USSOCOM Directors and Special Staff.

a. **USSOCOM POTFF Director.** The USSOCOM POTFF Director is the direct advisor and represents CDRUSSOCOM to subordinate commands on matters related to POTFF. The Director provides strategic guidance and support to subordinate commands on matters related to POTFF resources. The Director, in coordination with SOF AT&L-ST and other relevant stakeholders, will engage with academia and other non-DOD government agencies to explore emerging technologies and programs beneficial to our force and families. POTFF Director will act on CDR's behalf to plan, program, budget, and execute resources for POTFF programs and activities at the HQs level.

b. **USSOCOM Command Chaplain (SOCH).** SOCH advises the CDRUSSOCOM and his staff regarding Title 10 religious requirements, and performs duties as prescribed by Joint Staff and Military Services' regulations, directives and instructions. SOCH duties include the provision of support functions, programs, spiritual well-being, and religious impacts on the SOF community; serves as liaison for CDRUSSOCOM with DOD agencies, executive departments, Interagency, Joint Staff Chaplain, Services Chiefs of Chaplains, as well as public and private organizations; provides joint guidance and policy for religious and spiritual support function and activities throughout the SOF enterprise; and ensures the readiness and oversight of SOF RSTs throughout Component and TSOC commands integrating their efforts into a comprehensive strategic religious support plan. SOCH directs and manages the POTFF Spiritual Performance programs, facilitating RST members' professional development, special skills training, operational readiness, and spiritual well-being. SOCH collaborates with the POTFF in developing, collecting, and analyzing program metrics, and advises the POTFF regarding spiritual requirements and the impacts of spirituality on SOF and SOF resiliency.

c. **USSOCOM SOCS-SG.** SOCS-SG is the principal health advisor to CDRUSSOCOM on matters pertaining to the health and wellness of SOF.

Provides support and oversight for joint medical doctrine, organization, training, and equipping of SOF medical and non-medical forces and assists in deploying healthy and combat ready forces. Plans and synchronizes medical support for global SOF operations. Responsible for medical policy and guidance regarding clinical implementation, execution, and use of any material or device that impacts, relates to, or has medical implications across SOF, which includes those provided under the auspices of the POTFF program. SOCS-SG coordinates with the POTFF, SOCH, SOCS-WCP, and SOF AT&L to integrate operational and preventative medicine and force health protection for the benefit of the SOF enterprise.

d. **USSOCOM SOCS-WCP.** SOCS-WCP provides wounded, ill, and injured SOF warriors, and their families, a model advocacy program to enhance their quality of life; and in this capacity, directly collaborates with POTFF to improve readiness of the SOF Enterprise.

e. **SOF AT&L-ST Directorate.** The Biotechnologies and Human Interface Capability Focus Area under SOF AT&L-ST provides evidence-based, ethically-sound research and development (R&D) in three main lanes of effort: Biomedical, Human Performance, and Human Interface. Central management of USSOCOM funded human performance and medical R&D ensures economy of effort, eliminates redundancy, and promotes interoperability and the exchange of information within USSOCOM POTFF and the Global SOF Medical Network. All Components, to include Joint Special Operations Command, and the TSOCs will leverage SOF AT&L-ST to manage and fund research that aligns with the CDR's priorities and aids in enhancing local mission readiness. The Biomedical RDT&E Advisory Group and the Human Performance RDT&E Advisory Group are standing Joint SOF advisory boards to advise the Command and the SOF enterprise R&D efforts. All RDT&E and other related activities that are conducted, supported, or assisted by HQUSSOCOM, Components, or TSOCs will be reported and tracked at the HQUSSOCOM-level, and shall be evaluated to determine if the activity falls under the definition of Human Subject Research pursuant to DODI 3216.02 and applicable Military Service and USSOCOM policy and regulations.

f. **Special Operations Legislative Affairs (SOLA).** SOLA actively communicates the priorities and issues of USSOCOM POTFF to Congress. SOLA ensures the overall integration of POTFF's efforts as part of its routine Congressional engagements, develops comprehensive Congressional engagement strategies for senior leaders, and disseminates critical information on all major Congressional activities.

g. **Special Operations Inspector General (SOIG).** SOIG, on behalf of the CDRUSSOCOM, will provide independent professional SOIG services (audits, assistance, inspections, investigations) that aid USSOCOM leadership in improving accountability, efficiency, readiness, and mission effectiveness. POTFF will ensure proper integration into SOIG inspection program.

h. **Special Operations Judge Advocate (SOJA).** The SOJA advises POTFF Director and the POTFF staff regarding legal aspects of POTFF activities, including legislative authorities and responsibilities, domestic and international legal implications of POTFF operations, fiscal law, standards of conduct, ethics, acquisitions, and related legal matters.

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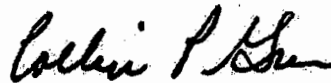
i. **Special Operations Financial Management (SOFM)/Chief Financial Officer.** The Director, SOFM/Chief Financial Officer, advises the CDRUSSOCOM, the USSOCOM Staff, the Components, and TSOCs on all financial management matters. Prepare, submit, and defend all budget products, and analyze the execution of the Command's funding and Congressional appropriation matters. Utilize a strategy-to-resource integration approach across the Planning, Programming, Budget, and Execution process.

j. **Directorate of Force Structure, Requirements, Resources, and Strategic Assessments (J8).** The Directorate J8 provides the CDRUSSOCOM a program of resourced requirements for the sustainment of current and future SOF mission capabilities designed to meet the needs of CDRUSSOCOM. The Directorate's responsibilities include conducting analysis and strategic assessments for programs and facilities, validating manpower and funding requirements, and developing, submitting, and defending the Program Objective Memorandum.

9. Proponent. The proponent for this directive is the Director, Preservation of the Force and Family (POTFF). Users are invited to send comments and suggested improvements to USSOCOM, ATTN: POTFF, 7701 Tampa Point Blvd., MacDill AFB, FL 33621-5323.

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SUMMARY OF CHANGES

THIS DIRECTIVE CONTAINS SUBSTANTIAL REVISIONS AND SHOULD BE READ IN ITS ENTIRETY.

RECORDS MANAGEMENT NOTICE: ALL RECORDS PERTAINING TO USSOCOM THAT ARE CREATED BASED ON THIS PUBLICATION MUST BE MAINTAINED AND RETAINED IN ACCORDANCE WITH THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF (CJCS) MANUAL 5760.01, VOLUMES I AND II; DOD DIRECTIVE (DODD) 5015.2, AND USSOCOM D 25-51, *RECORDS MANAGEMENT PROGRAM*.

APPENDIX A

METRICS

A-1. The Table below lists the minimum data collection requirements for all USSOCOM POTFF efforts. Unit may elect to collect additional data to inform their program evaluations.

Table A-1. Physical Domain.

Data Element	Unit of Measure	Measure	Periodicity	Data Collection Method	Reporting	Notes
Physical Performance.						
Utilization	Individual	Individual and Group Encounters and Time spent in direct encounters.	Continuous	Smartabase	Monthly	Utilization includes individual and group encounters and time spent in all encounters.
Physical Assessment	Individual	Strength, Aerobic Capacity, Body Composition.	Annually	Smartabase	Monthly	Component & TSOCs will determine appropriate test for the required measures.
Injuries/Severity	Individual	Type and Severity of injuries	Continuous	Smartabase	Monthly	
Access to Care or Service	Individual	Time from request for care or service to first in-person encounter.	Continuous	Smartabase	Monthly	
Operational Availability	Individual	Stratification of status: Green Status: Fully mission capable. Yellow: Some functional limitation for mission essential training/deployment participation. Red: Significant functional limitation member advised to not participate in mission essential training/deployment	Continuous	Smartabase	Monthly	
Quality of Life	Individual	Standard Form-10	Continuous	Smartabase	Monthly	Administered in conjunction with care for injuries.
Psychological Performance.						
Utilization	Individual	Individual and Group Encounters and Time spent in direct encounters	Continuous	Smartabase	Monthly	
Presenting Condition	Individual	DSM V Diagnosis/Other Conditions	Continuous	Smartabase	Monthly	Consultative/Administrative

METRICS (Cont.)

Table 1. Physical Domain (Cont.)

Data Element	Unit of Measure	Measure	Periodicity	Data Collection Method	Reporting	Notes
Psychological Performance (Cont.)						
Condition Acuity	Individual	Acuity will be assessed using instruments in the Behavioral Health Data Portal for Mood Disorders, Post-Traumatic Stress Disorder and Substance Use Disorders. All other diagnoses will be assessed using the World Health Organization Disability Assessment Scheduled 2.0.	Upon initiation and conclusion of care.	Smartabase	Monthly	Only applies to diagnosable conditions.
Access to Care/Services	Individual	Time from request for care or service to first in-person encounter.				
Cognitive.						
Utilization	Individual	Individual and Group Encounters and Time spent in direct encounters.	Continuous	Smartabase	Monthly	CEP and CPS encounters and interactions
Cognitive Assessment	Individual	Attention, accurate reaction time, inhibitory control, speed, visual acuity.	Annually	Smartabase	Monthly	USSOCOM, Components, and TSOCs will determine appropriate test for the required measures.
Family & Social.						
Utilization	Individual	Total number of participants per event.				
ENRICH Marital Satisfaction Scale	Couples	Participant in activities designed to improve marital relationships.	Pre/3-6 mos. post activity	Web-based survey	As required	All family activities must include an assessment.
Parent-Child Relationship Scale/Parent-Adolescent Scale	Parents	Participants in activities designed to improve parent/child relationships.	Pre/3-6 mos. post activity	Web-based survey	As required	All family activities must include an assessment.
Spiritual.						
Utilization	Individual	Applies to events funded by USSOCOM.	Pre/Post Activity	Web-based survey	As required	
Spiritual Fitness Scale	Individual		Pre/Post Activity	Web-based survey	As required	

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APPENDIX B

SPIRITUAL PLAN OF ACTION AND MILESTONES (POA&M)

B-1. Spiritual Domain POA&M Routing Process.

a. POA&M is developed by the unit RST (or Spiritual Community Program & Peer Network Coordinator, if the unit has one).

(1) The Spiritual Domain POA&M should be routed/coordinated through Component/TSOC POTFF Team

(2) Prior to submission, include a legal review and resource manager review on unit letterhead.

b. The unit RST passes the Spiritual Domain POA&M up through the POTFF team to the Component/TSOCs.

c. The Component/TSOC POTFF team reviews and sends to the USSOCOM Spiritual Domain officer in charge and non-commissioned officer in charge.

d. The Spiritual Domain reviews and edits as necessary, then initiates an E-14 in the non-classified internet protocol router Enterprise Workflow Management System.

e. The E-14 will be reviewed by the USSOCOM POTFF Resource Manager (RM), POTFF Front Office, POTFF Deputy, Command Chaplain, and approved/disapproved by the POTFF Director. Once completed, the POA&M word document will be converted into a PDF with the electronic form 14 number for reference.

f. After approval, the completed PDF documents will be sent to the Component/TSOC POTFF team, the POTFF RM, the requesting unit RST, and the unit comptroller.

g. The USSOCOM POTFF RM will work with the unit comptroller to send the requested money to the unit. Component/TSOC POTFF team will also be required to submit a spend plan to USSOCOM POTFF RM.

h. Upon completion of the event, the assessments are due to the USSOCOM Spiritual Domain within 90 days. If assessments are not received, future POA&M approvals will not be granted to the unit.

i. Required Documents for Spiritual POA&M:

(1) POA&M.

(2) Legal and Resource Manger Review on Unit Letterhead.

(3) Spend Plan.

B-1

f

SPIRITUAL PLAN OF ACTION AND MILESTONES (POA&M) (Cont.)

j. Financial guidance for the Spiritual Domain POA&M Process:

(1) SOF Components and TSOCs will ensure they review and choose the appropriate authorities when developing spiritual activities and events designed to accomplish Spiritual Performance program goals. SOF families may only receive Major Force Program-11 (MFP-11) funded services pursuant 10 U.S.C., § 1788a.

(2) Spiritual Domain funding/authority is not included under 10 U.S.C., § 1789 or § 1788a. Therefore, funds cannot be used for families.

(3) Components and TSOCs will identify all authorities required MFP-11 SO-peculiar or Service-provided (MFP-2, etc.) to resource and conduct the activities/elements required to implement their Spiritual Domain program plans. Prior to requesting funds from the HQ USSOCOM POTFF Program Office, Components and TSOCs will conduct a legal and fiscal policy review to ensure the planned activities are permitted by statute and fiscal policy.

(4) Components and TSOCs submit Spiritual Domain POA&M to HQUSSOCOM POTFF Spiritual Domain that identifies personal expenses and authorized expenses by the appropriate authority.

A

GLOSSARY

SECTION I -- ABBREVIATIONS AND ACRONYMS

CDR	Commander
CDRUSSOCOM	Commander, U.S. Special Operations Command
CJCS	Chairman of the Joint Chiefs of Staff
DOD	Department of Defense
DODI	Department of Defense Instruction
FDO	Foreign Disclosure Act
FOIA	Freedom of Information Act
HQ	Headquarters
HQUSSOCOM	Headquarters, U.S. Special Operations Command
LOE	Lines of Effort
MFP-11	Major Force Program
MOE	Measures of Effectiveness
MOP	Measures of Performance
OPSEC	Operations Security
PM	Policy Memorandum
POA&M	Plan of Action and Milestones
POTFF	Preservation of the Force and Family
RDT&E	Research, Development, Technology, & Evaluation
R&D	research and development
RM	Records Manager
ROI	Return on Investment
RST	Religious Support Teams
SOCH	Special Operations Command Chaplain
SOCO	Special Operations Communication Office
SOF	Special Operations Forces
SOF AT&L	Special Operations Forces Acquisition, Technology, and Logistics
SOF AT&L-ST	SOF Acquisitions, Technology & Logistics-Science and Technology
SOCS-WCP	Warrior Care Program
SOCS-SG	Office of the Command Surgeon
SOJA	Special Operations Staff Judge Advocate
SOLA	Special Operations Legislative Affairs
TSOC	Theater Special Operations Command
U.S.C.	U.S. Code
USSOCOM	U.S. Special Operations Command

R

SECTION II -- REFERENCES

CJCS Instruction 3405.01, *Chairman's Total Force Fitness Framework*, 1 September 2011.

DODD 6490.02E, *Comprehensive Health Surveillance (Change 2)* 28 August 2017.

Joint Publication 4-02, *Joint Health Services (Change 1)*, 28 September 2018.

Report to CDRUSSOCOM, *Pressure on the Force and Family* 17 May 2011.

USSOCOM CDRs Guidance and Priorities, 24 April 2019.

USSOCOM D 10-1, *Terms of References—Roles, Missions, and Functions of Component Commands* 9 May 2018.

USSOCOM D 20-4, *Inspector General (IG) Program*, 14 September 2015.

USSOCOM PM 19-01, *Comprehensive Strategy for Special Operations Warfighter Brain Health*, 14 June 2019.

USSOCOM PM 19-02, *Management of Family Pilot Programs Funded through Section 555 of the 2018 National Defense Authorization Act*, 17 January 2019.

USSOCOM PM 19-03, *Suicide Prevention Policy*, 28 May 2019.

USSOCOM PM 19-08, *Mandatory Participation in Human Performance Program*, 17 January 2019.

GL-2

2