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# Evaluation Design for the Department of the Air Force's True North Program

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Development of a Logic Model and Program Measures



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## About This Report

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Developing strong resiliency and care solutions for airmen and guardians is key to human capital development and force readiness. The True North program is one of the Department of the Air Force's (DAF's) most significant recent investments in promoting the resiliency of its people. Assessing the program's level of success, justifying funding, and informing decisions about the program's future will require a rigorous evaluation. The objectives of this project were to (1) identify desired outcomes for members participating in the program; (2) define appropriate measures of effectiveness that could be used in evaluating the True North program; and (3) establish recommendations for ongoing internal evaluation of the program.

The research reported here was commissioned by the Department of the Air Force and conducted within RAND Project AIR FORCE as part of a fiscal year 2022 project, "Evaluation of True North and Airman, Guardian, and Family Program Effectiveness."

This report is one in a series of closely related RAND publications on this topic. These closely related reports share some material, including shared recommendations that are applicable across the programs (see Trail et al., forthcoming).

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for the data-gathering effort related to this research. In addition, we thank our dedicated reviewers, Kristie Gore and Peter Mendel, for their thoughtful comments on the report.

## Summary

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In support of a True North program evaluation, the RAND Corporation's Project AIR FORCE (PAF) was asked to (1) identify desired outcomes for members participating in the programs; (2) define appropriate measures of effectiveness that could be applied to the True North program; and (3) establish recommendations for ongoing internal evaluation.

## Approach

The True North program encompasses selected installation welcome centers, embedded religious support teams (RSTs), and embedded mental health (EMH) teams. To determine how the Department of the Air Force (DAF) might evaluate this program and its components, PAF researchers reviewed relevant policies and procedures and literature relevant to the program components. We also conducted interviews with 17 True North program personnel and 21 group and squadron commanders. We developed a program logic model to determine potential evaluation measures.

## Key Findings

Our research yielded the following key findings:

- Research shows promising impacts of embedded behavioral health, including in military, education, and health care settings. These impacts include greater service use, increases in accuracy of diagnosis, and greater continuity of care.
- Our interviews found that True North program personnel perceived positive outcomes from the program, but our research also showed that challenges with funding changes and delays in embedding personnel can limit program effectiveness.
- Interviewees indicated that wing chaplains often provide helpful supplemental funding to RSTs, but disagreement exists about the level at which RSTs should be embedded.
- Many locations within the True North program do not have True North welcome centers.
- Critical elements of determining the effectiveness of the True North program will be assessing whether the program has received all requisite inputs and whether activities have been implemented as intended.

## Recommendations

As a result of our research, we recommend the following:

- Adopt and communicate the program logic models in ways that ensure that stakeholders know and understand them.
- Continue to engage stakeholders in the evaluation design process.

- Implement assessment tools that are aligned with the program logic model.
- Present the results of evaluations in ways that are clear and useful for stakeholders.
- Modify the program logic model, as needed, drawing from the results of evaluations.
- If DAF Air Force Integrated Resilience considers creating or using a database to track True North measures, involve stakeholders in its development.

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# 1. Introduction

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Developing strong resiliency and care solutions for airmen and guardians is key to human capital development and force readiness. In support of this, the Department of the Air Force (DAF) has developed the True North program. The program is intended to promote resilience by embedding support services within units. The program is DAF's most-substantial recent investment in promoting resilience among its people. To determine whether and how to adjust the True North program, justify funding, and inform decisions regarding future expansion or reduction of the program, the program needs to be evaluated. To assist with the development of a True North program evaluation, the RAND Corporation's Project AIR FORCE (PAF) was asked to (1) define appropriate measures of effectiveness that could be applied to the True North program; (2) identify desired outcomes for members participating in the programs; and (3) establish recommendations for ongoing internal evaluation of the program. This report summarizes the results of these efforts.

## True North Program Description

In December 2016, Vice Chief of Staff of the Air Force General Stephen W. Wilson chartered Task Force True North to address limitations in programs intended to promote resiliency and well-being among airmen. This task force originally comprised five initiatives, namely welcome centers, religious support teams (RSTs), embedded mental health (EMH) teams, operational support teams, and a program to support individualized concerns called NORTH STAR (DiNicola et al., 2020).<sup>1</sup> Over time, the operational support teams and NORTH STAR initiatives were dropped to streamline the effort, and the True North program encompassed the remaining three initiatives, described below (see DAF, 2021a).

After a one-year beta test of True North across four installations that had greater occurrences and higher risk of suicide, sexual assault, workplace violence, domestic violence, and child neglect, the program was expanded to an additional 12 similarly high-risk DAF installations. Within these installations, groups and squadrons with higher occurrences of these negative outcomes were prioritized (in many cases, not all groups and squadrons on a particular installation have access to the True North-specific services).

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<sup>1</sup> Much of the description of True North is drawn from prior RAND reports, with some adjustments based on our discussions with DAF staff (DiNicola et al., 2020; Schaefer et al., 2022).

## *Welcome Centers*

True North welcome centers are intended to reduce the burden and stress on airmen and guardians during a permanent change of station (PCS). Thus, True North's installation-level welcome centers are a single point of reception for newly arrived individuals. Rather than requiring that individuals and their families travel to multiple locations across an installation for in-processing, installation welcome centers are a one-stop location for the needs of airmen, guardians, and their families. These welcome centers are intended to support service members with force support (e.g., personnel management issues), finance (e.g., travel vouchers), traffic management (e.g., scheduling household good delivery), medical care (e.g., TriCare), orientation and onboarding, first-term airmen needs, and other installation and unit in-processing. Notably, these welcome centers are not present at all installations that have a unit participating in the True North program.

## *Religious Support Teams*

True North also includes RSTs. RSTs provide religious and spiritual support to units. They operate largely independently of wing or installation Chaplain Corps programs, such that they are not required to but may participate in worship services or other programs if they may benefit their supported unit or units. Specifically, RSTs provide pastoral care and counseling, crisis intervention counseling, ministry and support to religious activities, spiritual resiliency programming, and leadership advice on religious and spiritual matters. All members of RSTs are uniformed personnel. The teams consist of an enlisted religious affairs airman (RAA) and chaplain. Notably, not all units participating in the True North program have RSTs. For example, their programming tends to be situated at the group level, with one or more supported subordinate units.

RSTs seek to provide airmen, guardians, and their families with the tools and skills necessary to remain spiritually fit. DAF includes spiritual fitness as a pillar of Comprehensive Airman Fitness (CAF) and defines it as "the ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions" (DAF, 2014). Although this can include religious beliefs, it also covers values and principles not associated with religion. Therefore, RSTs are available to provide support to all unit members, regardless of religious affiliation.

## *Embedded Mental Health Teams*

EMH teams are a core component of the True North program. EMH teams embed in selected groups or squadrons. These teams are intended to promote resilient behavior, decrease stigma around accessing mental health care and resiliency support, encourage help-seeking behavior, prevent negative personal and professional outcomes, intervene early, and enhance mission effectiveness. The teams provide guidance and consultation to commanders regarding the mental health of units and unit members, deliver mental health education and counseling to unit

members, conduct behavioral assessments/screening, and, when necessary, refer unit members to a military treatment facility (MTF). An EMH team might include a clinical psychologist, licensed clinical social worker (LCSW), and a mental health technician. EMH team members are contracted civilian professionals, unlike other True North program personnel (e.g., uniformed RST members). This influences recruitment and retention of personnel in these positions.

### *Program Management and Coordination*

Each installation with an element of the True North program has a dedicated program manager who oversees the three elements and works closely with the staff responsible for providing these services. In particular, the program manager provides support and supervision to welcome center staff, RST members, and EMH providers during hiring, during onboarding, and throughout any shifts in program responsibilities. The True North program managers are critical in facilitating communication and sharing changes or concerns between the base and DAF Integrated Resilience (A1Z).

The program manager also aides in coordination across the three elements, when needed. In some cases, the RSTs and EMH teams might share insights about observations in their units to work toward bringing the appropriate resources to the airmen and guardians in those units. These shared insights sometimes result in an event or trip that is co-led by the RSTs and EMH teams. Both RSTs and EMH teams also coordinate with welcome center staff to ensure that the appropriate information is shared with incoming airmen, guardians, and their families about the services available and to directly set up appointments when necessary.

## **Methods**

As mentioned previously, this project was developed to support the design of an evaluation of the True North program and its three elements. To do so, we used various methods to collect data and information. We used these to develop a program logic model—a graphical depiction of the program’s inputs, activities, outputs, and outcomes—and corresponding measures for evaluation.

### *Review of Policy and Procedures*

As part of the development of the program logic model, we used relevant policies and documentation on the True North program provided by the project sponsor. The documents included a draft DAF Manual 90-5002 (DAF, 2021a); a draft True North program and evaluation guide; a draft Task Force True North evaluation plan, including draft matrices (DAF, 2021b); and a bulleted background paper on True North. These documents helped us to determine the intended elements of the True North program, expected outcomes, and current program metrics.

## *Literature Review*

To develop an understanding of the evidence on True North and programs or services that use similar strategies and principles, we reviewed the published and gray literature. Our search and synthesis focused particularly on the provision of and considerations regarding embedded behavioral health services, welcome centers or newcomer orientation, and RSTs or pastoral care in military and civilian contexts.<sup>2</sup> We used various search engines (Google Scholar, Taylor & Francis Online, American Psychological Association [APA] PsycNet) to conduct online searches between January and April 2022. For EBH services, we used “True North,” “embedded behavioral health,” “embeddedness,” “embedded providers,” and “EBH” as our primary search terms. For welcome centers, we used “orientation,” “socialization,” “onboarding,” “one stop,” “welcome center,” “newcomer,” “new hire,” “student,” “service member,” and “military” as our search terms. For RSTs, we used “religious support,” “chaplain,” “pastoral care,” “embed\*,” “military,” “health\*,” “workplace chaplain\*,” “corporate chaplain\*,” and “clinic\*” as our search terms.

We created an annotated bibliography detailing the methods and findings of all returned articles determined to be relevant to our evaluation of True North. We then reviewed articles that were cited by the initially returned articles and those publications that have subsequently cited the returned articles, adding their methods and findings to our annotated bibliography when we deemed them to be relevant and rigorous contributions to the literature. We used the bibliography entries ( $N = 38$  for EBH;  $N = 9$  for welcome centers;  $N = 24$  for RSTs) to synthesize the findings and gaps across this literature base. We focused on research addressing embeddedness because of the emphasis that True North places on embedding support services in units. The relatively smaller bodies of relevant, rigorous evidence on welcome centers and RSTs drove us to focus primarily on insights that can be drawn for True North related to EBH services.

## *Interviews*

To gain insights on how the True North program has been implemented and developed across units and installations, we interviewed True North program personnel and commanders of units with an embedded True North component. We used two protocols: one geared toward True North program personnel and one geared toward commanders. Both protocols were developed to address the three key objectives of the study and included questions on the needs of airmen and guardians who make use of True North, as well as perceptions of True North and of those who use True North’s services. The protocols also included questions about the aims of the broader True North program and the goals and activities of the individual elements of True North. Both

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<sup>2</sup> In addition to a growing literature on embedded behavioral health (EBH) in the U.S. military, particularly in the Army, our search revealed a growing emphasis on embeddedness (and efforts to establish evidence on the impact and implementation of EBH approaches) in civilian contexts, particularly in health care, education, and law enforcement.

commanders and program personnel were asked about the success of each of these elements and about what factors affect (either positively or negatively) the effectiveness of the elements. Program personnel were also asked about the data collected to track performance. Both protocols also included questions about the strengths and weaknesses of embedding teams and services within units. Notably, however, the protocols did not explicitly assess perceived needs of different demographic subgroups (e.g., minority, junior rank), and we did not speak with individuals who used True North services. See Appendix A for the full set of questions included in the protocols.

We conducted 38 interviews. Seventeen of these interviews were with True North program personnel—most of whom were the installation’s True North program manager—and 21 interviews were with group and squadron commanders overseeing units in which True North was embedded (either an EMH team at the squadron level or an RST at the group level). Fifteen installations with True North were represented by the interviewees, covering all installations with running True North programs.

Of note, interviewees referred only to *airmen* in their responses, although these programs apply to both airmen (service personnel in the U.S. Air Force) and guardians (service personnel in the U.S. Space Force), and the interview questions included both. To maintain the accuracy of what was shared by interviewees, this report refers to *airmen* when detailing information from the interviews. Not all installations with True North have both airmen and guardians in their units, and several only have Air Force personnel. Therefore, the extent to which results apply to both airmen and guardians is limited to only the units in our sample with both Air Force and Space Force personnel.

Once all interviews were completed, the notes were coded into themes by a coding team of two using Dedoose’s qualitative analysis software. A set of parent codes were developed using the structure of the protocol, and, as coders sorted comments into these high-level codes, child codes were created to identify themes and key points that came up across interviews. To establish consistency in code application, the coders each worked through the same two interview notes and discussed differences in how codes were applied. Because the coding scheme was high-level and used largely straightforward information being shared, there were few discrepancies. Still, the coding team met regularly to discuss code application and confirm any areas that were not apparent. These themes were used to develop the findings presented in Chapter 3.

### Interview Recruitment and Limitations

We recruited interviewees in two batches. In the first batch, we invited all program managers from the 15 installations with True North program; all program managers were able to join these interviews. Although outside the scope of the project’s resources for interviews, we acknowledge that there would be value in directly interviewing the True North program providers to better understand the intricacies of these programs. The second batch of invitations went to a set of

group commanders, squadron commanders, and first sergeants identified by the program managers as those overseeing units with True North programs who could speak to how the program is working in their unit. This did not include all group commanders, squadron commanders, or first sergeants from each unit at each installation, but we scheduled interviews with at least one commander or first sergeant from 13 of the 15 installations. Two installations were not able to participate because of a lack of response to requests or a lack of contact information from the program manager.

The interview findings described in this report are, of course, limited in their generalizability by the interviewees who contributed to the data collection effort. One such limitation was the inability to meet with each of the True North program providers across the installations to get their perspectives. In some cases, program managers brought a provider with them to speak to the efforts, but additional interviews with providers might have resulted in greater detail about the services provided. Another limitation is that interviews did not include more commanders or first sergeants of the units with embedded True North services. Although we spoke with several commanders and first sergeants of such units, speaking with at least one from each installation and, ideally, at least one from each unit would give a much clearer picture of how True North functions across the installations.

### *Logic Model*

Following the review of program materials and the interviews, we met to create a draft logic model describing the inputs, activities, outputs, and the expected outcomes and impact of True North programming (W.K. Kellogg Foundation, 2004). Following team iteration to consensus, the draft logic model was shared with A1Z personnel to review and validate the model. We finalized the model using their inputs, which improved alignment of the final model with the working models of leaders and staff members most familiar with the program.

## Organization of This Report

The remaining chapters in this report provide additional information and recommendations. Chapter 2 reviews previous research on attributes relevant to the True North program, such as embedding counselors with groups. Chapter 3 presents the results of our interviews with True North program personnel and commanders. Chapter 4 describes the True North program logic model and measures that apply to different components of this model. Chapter 5 presents recommendations for DAF to consider as it continues to evaluate the True North program. Two appendixes complement our research. Appendix A provides our interview protocols, and Appendix B provides potential measures for an evaluation of True North.

## 2. Research on True North Embedded Mental Health Teams, Related Models of Care, and Other Embedded Supports

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The existing research contains strong evidence for the potential for EBH models of care to engage airmen proactively and encourage them to seek help when they need it. However, to implement EBH with fidelity for impact, there are important considerations regarding Health Insurance Portability and Accountability Act (HIPAA), dual agency, and provider training. Gaps in training and challenges faced during implementation have historically limited the potential of EBH as a strategy for service members. Fortunately, several recent implementation studies and documented expert panels provide recommendations for staffing, training, and implementation. We integrated evidence on EBH with profiles of these recommendations in this review. Because of the limited research on the True North program itself, we did not limit our review of EBH to solely the True North program context.<sup>3</sup>

### Evidence on Embedded Behavioral Health

EBH is an early intervention and treatment model in which a behavioral health provider is attached with the unit, deploys with the unit, or serves alongside the unit (DiNicola et al., 2020). EBH strategies are intended to engage target populations—in the True North case, airmen, guardians, and their families—proactively, encourage them to seek help when they need it, and place services and resources in locations where individuals can more easily access them. In the DAF context, embeddedness might counteract the stigma surrounding accessing resources, particularly mental health resources (Bryan and Morrow, 2011). EBH has been rapidly expanded into conventional force units within DAF and throughout the military. This expansion has contributed to growing evidence on the strengths and challenges associated with embeddedness.

The provision of EBH has grounding in the research literature, particularly in military (e.g., Hoyt, 2006), education (e.g., Dobbie and Fryer, 2011; Hill, 2020), and health care (e.g., Muther et al., 2015; Purnell et al., 2016) contexts. Meadows and colleagues (2019) identified evidence-informed building blocks of resilience and readiness, including mental and behavioral health, coping strategies and skills, and social and emotional competencies. All these building blocks can be bolstered by “social supports,” such as EMH professionals and chaplains. Indeed, early

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<sup>3</sup> Following Section 723 of the National Defense Authorization Act for fiscal year 2006, the Secretary of Defense established a task force to examine mental health and the Armed Forces, culminating in a report assessing mental health-related matters and making recommendations for improving mental health services for members of the Armed Forces. This report made a series of recommendations, one of which was to embed mental health providers in units (Defense Health Board Task Force on Mental Health, June 2007).



work examining embeddedness argued that behavioral health professionals should be embedded, following the model of military chaplains, for the most effective, knowledgeable, and comprehensive intervention (Hoyt, 2006).

Russell and colleagues (2014) evaluated outcomes for Army National Guard reservists and found that having EBH providers in reserve units might have a positive effect on soldiers reporting close relationship impairment. Bryan and Morrow (2011) examined outcomes of individuals in the Air Force Security Forces, Defender's Edge program and found that the regular presence of an embedded psychologist with the unit was well received by individuals.

In a mixed-methods analysis, DiNicola and colleagues (2020) found that four of the five Task Force True North initiatives showed promise: welcome centers, RSTs, EMH teams, and operational support teams.<sup>4</sup> Challenges centered on contracting company performance, provider fit, and airman participation. Other research has found that provider training and fit are an important dimension of successful embeddedness programs, particularly in the EBH space (Ogle et al., 2019; Srinivasan, 2016).

Hryshko-Mullen (2020) focused on experiences that surfaced during a two-day symposium to address ethical aspects of an expanding role of psychologists as EBH providers in DAF. The symposium highlighted gaps between traditional psychology training programs and what the embedded role entails, particularly the ethical challenges of EBH psychologists. To fill this gap, training for EBH is happening within professional contexts (e.g., a five-day training course in how to embed into a military work environment offered at 711th Human Performance Wing in the Air Force Research Laboratory at Wright-Patterson Air Force Base). The providers at the symposium used the APA Ethics Code as a framework and identified key ethical issues of EBH in DAF that centered on tension between professional ethics and organizational demands, challenges related to managing psychological service delivery and recordkeeping, and privacy and confidentiality (American Psychological Association, 2002).

The symposium's focus on ethical operation echoes other research in DAF contexts: Ogle and colleagues (2019) found that the most important tasks across the areas of activity for EBH providers is the ability to practice effectively and ethically outside a traditional clinical setting and communicate with unit leaders effectively regarding ethical and appropriate courses of action. This suggests that these inputs, or elements associated with these aspects, are worthwhile to consider in an evaluation. Other provider knowledge, skills, abilities, and other attributes (KSAOs) that appear important for successful EBH services are interpersonal communication, confidence to engage with unit members, and ability to integrate into a unit and tailor efforts to unit culture and context (Ogle et al., 2019).

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<sup>4</sup> Operational support teams embedded mental and musculoskeletal health and resilience personnel in units for 90-day rotations. These were later removed from the True North program.



## *Considerations Regarding Embedded Behavioral Health Planning and Implementation*

Military EBH research literature presents a few common concerns: HIPAA tensions, navigating dual agency, and training for EBH providers. Under the HIPAA Military Command Exception, medical providers can disclose the protected health information (PHI) of service members to their commanding officer or other appropriate command authorities. However, this exception does not require that medical providers do so. Consequently, medical providers, including EBH professionals, encounter tensions as they weigh whether and what is necessary to disclose to their patients' commanding officers. Relatedly, EBH providers navigate the challenges of having multiple-role relationships with members of their unit and balancing the needs of service members with the needs of the unit and mission, also known as dual agency (Hrshko-Mullen, 2020). EBH providers must balance their professional, clinical relationships with unit members with accessibility and engagement to individual unit members and the unit overall. Furthermore, it might be difficult for providers to balance the needs of the service member with the needs of the unit and mission (Barron, Ogle, and Rowe, 2022). Taken together, PHI disclosure considerations and navigating dual agency can present frequent decision points for EBH providers that have the potential to affect their interpersonal relationships and clinical engagement with unit members.

### **Building Trust and Ensuring Privacy**

Indeed, a primary area of concern raised by EBH professionals regarding embedded practice is around ethics and confidentiality (Hrshko-Mullen, 2020; Ogle et al., 2019). Similarly, both enlisted personnel and officers cite privacy concerns as inhibiting their mental or behavioral support seeking. Service members have noted a preference for self-management that might be partially rooted in low trust in behavioral health professionals (Adler et al., 2015).

These concerns are grounded in practicality: It is possible that information shared with EBH professionals will be disclosed to military command. HIPAA permits PHI of Armed Forces personnel to be disclosed to military command under special circumstances. Commonly referred to as the Military Command Exception, covered entities, such as MTFs, might disclose the PHI of Armed Forces personnel to command authorities for authorized activities. Service members might remain hesitant to seek behavioral health treatment because of concerns about trust, privacy, and the potential impact on their professional trajectory (Tanielian et al., 2016).

Therefore, as noted by Srinivasan and DiBenigno (2016), it is critical that EBH professionals and stakeholders are aware of HIPAA limitations in the military context and that professionals are clear about what information is disclosable to leadership to build trust and reduce reticence to seek and receive care. As covered entities under HIPAA, EBH providers are not permitted to notify a service member's commander when the member obtains behavioral health services unless certain conditions are met, such as displaying a serious risk of harm to self, others, or the mission (see U.S. Department of Defense [DoD], 2021, for conditions of disclosure). Disclosures are limited to the minimum amount of information to satisfy the purpose of the disclosure,

typically including diagnosis, treatment prescribed or planned, impact on duty or mission, recommended duty restrictions, and implications for the safety of self or others, as well as ways in which the command can support or assist the service member's treatment. Such disclosure tends to be made at the discretion of the EBH provider (DoD, 2021).

Research has identified some organizational barriers related to trust and privacy that might affect help seeking. Service members noted that lack of confidentiality regarding their use of services, difficulty attending appointments during the workday, perceived risk of losing a security clearance, and the potential for treatment information to inform career-related decisions made by commanding officers were factors in their decision to seek behavioral health care (Benjamin, 2011; Greene-Shortridge et al., 2007; Vogt, 2011). These organizational barriers represent potential avenues for policy change that could influence service members' help-seeking behaviors. In contrast, qualitative evidence has shown that the ability of EBH providers to interact with service members frequently and engage in "walk-around" care contributes to the development of rapport and trust and normalizes accessing EBH services (Ho et al., 2019).

#### Training for Embedded Behavioral Health Provision in Military Contexts

Given that the challenges regarding PHI disclosure and navigating dual agency are unique to the military context, military EBH research commonly identifies the shortcomings of EBH provider preparation, gaps in training, and opportunities for improving foundational training requirements and ongoing professional development. Specialized EBH training is not standard in clinical training or stipulated in licensing requirements for mental health professionals, and there are not recommendations in the current literature regarding the content or length of EBH foundational training. EBH professionals must be prepared to serve in multi-dimensional, community-based clinical roles. Research on the U.S. Army EBH model revealed that the most common tasks for providers and mental health technicians are educating individuals with subclinical problems, tailoring health promotion programs to unit needs, advising leaders on how to support distressed personnel, triaging individuals to the most appropriate clinical or nonclinical services, and developing relationships with support agencies (Ogle et al., 2019). Accordingly, it is important that EBH professionals receive foundational training on EBH provision, as well as ongoing professional development that addresses the unique needs and challenges of providing care in an embedded context.

Srinivasan and DiBenigno's (2016) study of the implementation of EBH in the Army suggested the following key training areas for clinical care providers who are transitioning into EBH environments:

- military structure and culture
- program procedures
- HIPAA limitations in the military context
- informed consent procedures
- local standard operating procedures.

After initial EBH training, it is important to integrate training opportunities for ongoing development. Some of these training opportunities may be delivered *just-in-time*, in response to acute needs or events across the Air Force or in particular units. There is also enough evidence of on-the-job tasks of EBH providers and their ongoing challenges to guide some ongoing professional development.

However, there is limited empirical evidence on training for EBH roles. Recently published research demonstrates the potential effectiveness of situational judgement tests in improving post-training test scores and self-assessment of competencies (ethical decisionmaking, leadership consultation, balancing professional relationships, unit engagement, triage to correct services, and teaming) for EBH providers who took the Air Force's formal EBH training course (Barron, Ogle, and Rowe, 2022). Future expansion of initially promising training strategies, further research with comparison groups, and the development of screening instruments for readiness for independent clinical practice and goodness-of-fit would be valuable expansions in this nascent research area.

#### Evidence-Informed Checklists for EBH Implementation

Srinivasan (2016) examined EBH at four Army installations and drew lessons learned for both management and clinical practices. Informed by this research, they developed planning and implementation phase checklists for EBH models. Their checklists were intended to script processes that would increase access to care and reduce stigma around care seeking. The checklists were developed using analysis of challenges experienced on Army installations during both EBH planning and implementation.

In the planning phase, the behavioral health chief on the installation is responsible for overseeing and executing the following six-step process:

1. establish an EBH leadership team
2. identify operational units on the installation
3. define the EBH implementation timeline and staffing plan
4. educate the senior commander on the EBH model to obtain buy-in
5. train the clinical care team to operate as EBH
6. establish the infrastructure necessary to support EBH operations.

In addition to laying out a process for initial planning, Srinivasan and DiBenigno (2016) also provided a detailed planning phase checklist that can serve as a foundation for planning iterative change to EBH implementation. They noted that the checklists are to be living documents that evolve as researchers and users uncover new challenges and solutions to planning and implementing EBH across contexts. Generally, this suggests that training and documentation are critical inputs for embedded programs.

## *Embedded Behavioral Health in the True North Context*

There is some initial evidence of the implementation of EBH in the Task Force True North context. DiNicola and colleagues (2020) interviewed key stakeholders at the four beta test locations and surfaced several successes and many challenges for EMH teams. Unit leadership reported that airmen trust providers and more are seeking help as a result of the EMH teams initiative. Additionally, EMH team members reported receiving strong support from leadership.

However, the positive introduction of the EMH team initiative was hindered by several challenges. The contracted workforce, alongside poor administrative processes and inconsistent human resources policy at the contracting company, made it difficult to appropriately staff EMH teams and, consequently, for airmen to set up a consistent schedule with EMH team members. Additionally, there was high turnover, which undermined trust building between airmen and EMH teams. Further compounding these issues, onboarding of EMH team members requires education and, to provide limited-scope counseling sessions, additional credentialing from DAF, which can take months, leaving units without fully staffed EMH teams for prolonged periods of time. Altogether, these personnel hiring, training, and retention issues resulted in a heavy workload for EMH teams that required them to be in the clinic for more time rather than embedded within their units.

Unit leadership and EMH team interviewees also reported issues with EMH teams' ability to reach and relate to airmen. Some EMH team members could not reach airmen working in secure areas because they lacked the necessary security clearances. Additionally, EMH teams often did not have strong Air Force knowledge, which limited their ability to engage with and provide care for airmen and to advise commanders.

DiNicola and colleagues (2020) found that interviewees reported several challenges related to the relationships between EMH teams and mental health clinics (MHCs). Overall, there were tensions between EMH teams and MHC staff that the researchers found to be caused by three issues: MHC understaffing and the imposition of the burden of certifying and training new EMH teams; MHC staff concerns about the quality and competence of EMH team members; and conflicts arising from different groups being assigned to work in the same space, leveraging finite resources and reporting to different authorities.

## **Evidence on Embedded Welcome Centers**

Our review of the evidence related to welcome centers, one-stop shops for airman and family in-processing, revealed a robust literature on newcomer orientation but little research closely related to one-stop welcome centers and True North welcome centers, in particular. Organizational socialization and administrative intake are important processes for moving new employees or service members from being organizational outsiders to organizational insiders and ensuring their seamless completion of administrative tasks, both of which promote their timely transition to becoming effective members of the organization (see Bauer and Erdogan, 2011).

Organizational efforts, such as formal orientation and support for newcomers by organizational insiders, can promote newcomers' adjustment and promote positive individual and organizational outcomes. Evidence generally suggests the effectiveness of organization-level orientation programs for new employees (e.g., Klein and Weaver, 2006) and students (following Pascarella, Terenzini, and Wolfle, 1986). Research has demonstrated that the provision of comprehensive and realistic information on the role, organization, and environment, as well as support and reassurance, are important dimensions of newcomer orientation (Wanous and Reichers, 2001). Newcomer orientation efforts promote socialization related to organizational goals and values, history, and people and can promote organizational commitment (Klein and Weaver, 2006). Orientation efforts facilitated by individuals, rather than computer-based modules, promote better socialization in socially rich content areas; social- and computer-based orientation have similar effectiveness for information-based orientation efforts (Wesson and Gogus, 2005).

In the military service member context, research has shown that a lack of comprehensive and standardized processes for onboarding can exacerbate stress for service members and their families (Kintzle et al., 2023). Systematized efforts to administratively onboard and socialize airmen and their families to new installations have promise for promoting integration and well-being and reducing stress. RAND research found that four pilot True North welcome centers were generally successful in accomplishing their goals of providing a single destination for airman and family administrative onboarding and orientation (DiNicola et al., 2020).

## Evidence on Workplace Chaplaincy and Religious Support

Considerations regarding the evaluation of the RST facet of True North can draw insights from the perspectives of the historical and growing literature related to workplace chaplaincy and religious support. Our review of the evidence related to RSTs—an embedded chaplain and a religious affairs airman working as a group asset to provide accessible religious, spiritual, and personal support to airmen and their families—revealed evidence of the perceived effectiveness of pastoral care in global military (e.g., Grimell, 2022; Layson et al., 2022; Seddon et al., 2011; Smith-McDonald, Morin, and Brémault-Phillips, 2018) and clinical contexts (e.g., Bay et al., 2008; Vandecreek and Lucas, 2014) and a generally robust disciplinary research base related to religious support and human well-being.

Workplace chaplaincy is pastoral care serving the specific personal, social, and spiritual needs of people in workplaces (Wolf and Feldbauer-Durstmüller, 2023).<sup>5</sup> The history of workplace chaplaincy is rooted in military and health care chaplaincy (e.g., Callis et al., 2022; Whitworth et al., 2021). Workplace chaplaincy has the potential to improve both individual and

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<sup>5</sup> For a thorough review of the civilian workplace chaplaincy literature, please see Wolf and Felbauer-Durstmüller, 2018; Wolf and Felbauer-Durstmüller, 2023.

workplace outcomes for employees. For instance, workplace chaplaincy has been shown to reduce employee turnover rates and improve working atmosphere (e.g., Callis et al., 2021). In civilian settings, workplace chaplains are most frequently consulted about psychological issues and relationship matters (Nimon, Philibert, and Allen, 2008).

Workplace chaplaincy is often offered as a complement to other Employee Assistance Program (EAP) facets. However, some organizations have adopted chaplaincy programs as EAP alternatives (Nimon, Philibert, and Allen, 2008). Consequently, workplace chaplains serve several functions, including administration, crisis intervention, clerical, and counseling (Nimon, Philibert, and Allen, 2008). In these functions, they contribute to a variety of positive outcomes: Chaplains support and enhance a positive organizational culture; provide psychosocial and pastoral care support; help to bridge cultural divides; and enhance organizational efforts in religious diversity (Miller, Ngunjiri, and LoRusso, 2017).<sup>6</sup>

Research has defined two models of chaplaincy: (1) in-house managed and staffed chaplains and (2) externally sourced agency-provided chaplains (Miller, Ngunjiri, and LoRusso, 2017). There are benefits and drawbacks to both, largely centering on the relative balance between organization-specific expertise and administrative and development concerns (Miller, Ngunjiri, and LoRusso, 2017). The U.S. military model of leveraging chaplains who are commissioned officers and have received a clerical endorsement is consistent with evidence regarding the importance of relevant workplace expertise, particularly for chaplains serving individuals who undertake demanding and potentially traumatic work (Whitworth et al., 2021).

### *Chaplains and Religious Support in the Military*

Chaplains can play an important role in supporting the spiritual and emotional needs of service members and helping the military accomplish their missions. Studies have found that service members who receive religious support from chaplains report higher levels of well-being and lower levels of stress and depression (Besterman-Dahan et al., 2012). A recent, thorough literature review concludes that embedded chaplains constitute trusted, confidential, and holistic support for military personnel (Layson et al., 2022). Chaplains can be a valuable resource for service members who might be struggling with trauma, moral or ethical dilemmas, relationship problems, substance abuse, and grief (Whitworth et al., 2021). Military chaplains serve a critical and sensitive role as the only support service providers who have protected rights to ensure confidentiality (Whitworth et al., 2021). However, there are some concerns about the role and efficacy of chaplains in the military. The presence of chaplains and religious support in workplace settings broadly and in the military particularly might create an environment that is exclusionary to nonreligious service members or those of minority faiths. Furthermore, although

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<sup>6</sup> Some organizations are hesitant to adopt workplace chaplaincy, most often because of a lack of understanding of the role of chaplains and laws pertaining to chaplaincy and spirituality in the workplace, concerns about religious discrimination, proselytizing, and business disruptions (Miller, Ngunjiri, and LoRusso, 2017).



military chaplaincy can be quite impactful, without the appropriate training and staffing, its impact may be limited.

The work of military chaplains is demanding given the increasing cultural, ethnic, and religious diversity, as well as varying religiosity of service members (Grimell, 2022). Despite low religiosity among service members, diminishing or compromising chaplain supports would leave a substantial gap in staff well-being services (Layson et al., 2022). The intersecting roles in delivering care to service members with mental health issues provide opportunities for collaboration between chaplains and mental health professionals to better promote service member well-being (Cooper et al., 2022).

Like the service members they serve, chaplains are at risk for military-related trauma experiences (Whitworth et al., 2021). Although they exhibit a greater number of protective factors and fewer risk factors relative to service members, it is important to strategically support the behavioral health of chaplains. Strategies for this support include increased and targeted psychoeducation efforts, expanded use of camaraderie-based approaches, incorporation of chaplain's faith, increased use of narrative and cognitive interventions, and advocating for chaplains (Whitworth et al., 2021).

Overall, research suggests that chaplains and religious support can be an important resource for service members. It is important to ensure that their roles are clearly defined and that they are appropriately trained and resourced to support service members of all beliefs and backgrounds, as well as maintain their own well-being.

## Summary

Across the research on EBH strategies, there is strong evidence for the potential for EBH to engage airmen proactively and encourage them to seek help when they need it, potentially counteracting stigma surrounding mental health resources and improving airman outcomes. However, the implementation of EBH through True North, as well as in other military contexts, has revealed gaps in training and challenges faced during implementation that have limited the potential of EBH as a strategy for service members. Several recent implementation studies and documented expert panels (profiled in this review) provide recommendations for staffing, training, and implementation. Evidence related to embedded orientation and pastoral care supports is more limited but supports the use of welcome centers and RSTs to reduce stress, accelerate integration, and promote well-being and sense of belonging. Furthermore, collaboration between EBH professionals and embedded chaplains might yield greater benefits for airmen and their families. Important for the present project, this research also suggests various concepts that might apply to, and be measured as part of, an evaluation of the True North program, which we later address in our logic model.

### 3. Interview Feedback on True North

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This chapter details findings from our interviews with unit commanders and True North program personnel. We conducted these interviews to better understand the program goals and inputs from the perspectives of those whose units might be influenced by the program and from those who are implementing the program. This allowed us to better understand current attributes of implementation on the ground. For a description of our interview approach, see the “Methods” section of Chapter 1. This chapter starts with an overview of the program’s goals before summarizing key findings about the individual components of True North—EMH teams, RSTs, and welcome centers. The chapter concludes with a set of findings related to the broader program, including its perceived effectiveness, challenges, and other topics identified as important by interviewees.

#### True North Program Goals

Program managers and commanders identified the same key goal of True North: provide support to airmen to reduce negative behaviors and outcomes and increase resiliency. The interviews showed that the main negative outcomes the program is intended to prevent are mental health crises and suicides. Most respondents recognized that—in the military broadly and especially in high-stress units, such as maintenance—suicidal ideation is a common occurrence, and True North is seen as a program that can decrease suicidal ideation before it progresses to attempted or completed suicide. Interviewees also pointed to other behavioral health issues that might result in crises, including anxiety, depression, panic attacks, and alcohol/substance abuse, which True North providers work to address. Beyond mental health and related crises, respondents mentioned interpersonal violence, including domestic abuse, sexual assault, and violence toward others, as additional negative outcomes that the program is intended to reduce.

In addition to decreasing negative outcomes, True North seeks to reduce the impact of general life stressors on airmen. One theme that arose across most of the interviews was that airmen use True North providers as an avenue to seek advice and resources. The two main topics that interviewees indicated airmen bring to True North providers are life stressors (e.g., finances, relationship and marriage issues, missing family and friends from home, and grief) and job stressors (e.g., conflict management, behavioral issues, dealing with high-stress situations, and communication issues). Interviewees commented that younger airmen were the most common users of True North for these issues. Interviewees often attributed this to the subset of airmen who are only a few years out of high school and struggling to develop everyday skills and knowledge. Some respondents noted that these younger airmen need help adjusting to life in the Air Force away from their homes. As one stated,



Really what we're seeing is it's predominantly airmen who are experiencing some challenges with adapting to military life. I would also say adapting to adulthood. Increase in responsibility, being out on your own away from family or your upbringing, for the first time, in many cases. Earning your own paycheck, living in your own space, being responsible for bills. Adulting, if you will, for common slang terminology.

### *How True North Prevents Negative Outcomes*

Respondents noted multiple ways in which True North addresses the needs of airmen. A major theme that emerged from the interviews was that most of the support provided by True North providers (both EMH providers and chaplains) is preventative, focused on dealing with stressors and issues before they turn into high-impact problems. These preventative efforts centered on two key activities of the program: outreach, which builds trust and increases use of counseling, and education.

Outreach was mentioned by a majority of the interviewees as a key way in which True North builds trust between airmen and counselors. This leads airmen to seek counseling early, before problems lead to more-negative outcomes. Many respondents viewed the main activity of the EMH and RSTs as getting out into the unit and becoming familiar with the airmen. Instead of being a resource that airmen need to seek out themselves, True North providers were described as active and visible members of the unit. This visibility allowed airmen to get comfortable with the providers and accept that they are there to help, not to get airmen in trouble. Because of these everyday interactions, interviewees indicated they were able to recognize when airmen needed help and offer them limited scope counseling. Interviewees noted that airmen were also likely to ask for counseling on their own behalf because of the development of trust.

The other key mechanism used by True North providers to prevent negative outcomes was education. Responses from both True North personnel and commanders showcased the wide array of educational events that True North providers hosted, all aimed at teaching airmen useful skills focused on different aspects of their life, job, and overall well-being. The education does not stop with providers; commanders also play an important role. Some interviewees mentioned that, although the program enforces confidentiality about the airmen, providers can share general summaries of how the unit is doing to the commander. The commander might then better understand the climate of the unit and work with the providers to educate the airmen and create an environment that better fosters its members' well-being.

Many respondents said that this combination of counseling and education provides airmen with the skills needed to cope with and manage their stress, ultimately preventing the negative outcomes previously outlined in this report. At an even higher level, they said that these efforts come together to support the underlying goal of True North: increase airmen resiliency. Whether it is through counseling or educational events, respondents focused on the program's aim of helping airmen through their stressors and providing them the resources to deal with their

problems so they can live healthier, more-resilient lives. In listing the ways True North achieves its goals, one interviewee stated,

. . . whether it's full scope counseling, limited scope counseling, education, and outreach, [helping] them become more resilient especially when they're facing tougher situations. We have our social workers and embedded religious support teams, and they're there to integrate within the unit to help our airmen understand that it's okay to seek mental health if you need it while providing tools to someone who may not need to speak to something specific. It's a resource for our commanders to tap into our professional social workers to help them lead their units toward success in the mission and ensuring they're taking care of their airmen at the same time.

## True North Program Elements

The True North program consists of three elements: the EMH team, the RST, and the welcome center. When asked about specific program elements, however, an overwhelming majority of respondents identified the EMH providers as the core component of True North. When asked about the program overall, many respondents focused on the EMH providers, resulting in a deeper insight into this component above and beyond the others.

### *Embedded Mental Health*

The goal of the EMH teams is closely aligned with the overall goal of True North: decrease negative outcomes and increase resilience among airmen. Interviewees shared that there was a perception of EMH providers as a support system and resource to talk to and confide in for airmen. One interviewee detailed this effect by saying,

We're putting in their environment people who are trained to see things and offer resources they don't know they need. If they're going through a divorce and it's affecting other aspects of life, they may not know to ask for mental health support. When the mental health provider says is anything going on and they tell them about it, they'll say well there's some tools and techniques to help.

EMH providers use a variety of activities and resources to help airmen. One of the critical responsibilities of the EMH providers is spending time with the airmen in their unit so that airmen become familiar with them. Many respondents indicated that the EMH providers spent most of their time—especially during their first several months—in the field where airmen work, eat, and congregate—instead of in their offices. This was identified as an integral component of building trust and allowing the airmen to see the provider as both a professional resource and a familiar face. Interviewees emphasized that this time also gave the EMH providers a better sense of the climate in the unit, allowing for another of their critical responsibilities: sharing generalized information with commanders about their units and the needs of their airmen. This information sharing was seen by interviewees as a key way in which commanders were able to

work toward creating a better, healthier, and less stressful environment that would benefit the airmen's resilience.

Another positive outcome of the providers' time spent in units, as identified by interviewees, was the increased willingness of airmen to seek help when they felt comfortable with the EMH provider. This allows the EMH team to provide limited-scope counseling to airmen as needed, fulfilling another of its responsibilities. Beyond helping airmen through specific and unique challenges, interviewees noted that EMH providers use these sessions to get a better understanding of general needs in the unit. The providers can then take this insight and develop outreach, educational resources, and events (including family outings, meals, panel discussions, book clubs, and trainings) for airmen. Interviewees shared that, often, these efforts expand on the resources the EMH team provides in limited-scope counseling, helping the resources reach a broader set of airmen than just those who seek out help directly from the provider. Although EMH providers cannot share specifics from their limited scope counseling sessions with unit leadership, these sessions can also inform the insight that is shared with unit leadership. One respondent summarized these activities as follows:

What I can tell you is in our discussions with [the EMH provider], our biggest focus area other than immediacy of seeing people when they come to you and ask for help, but what are those preventative services that we can provide to maybe help strengthen resiliency to where maybe we see less of those folks reaching out because they're getting help ahead of time. . . . Right now [the provider is] working with each of the units and reaching out to the airmen in small group functions and then also through a survey to know what kind of classes or services are they looking for specifically that can help them out.

All these EMH team activities are expected to contribute to the well-being of the airmen and enable them to practice positive, healthy behaviors and be a more resilient force.

### Success of Embedded Mental Health Teams

Many respondents perceived that EMH teams were successful early in the program; commanders and program managers alike talked about the positive changes seen after airmen use the EMH services. In several cases, interviewees were able to recount stories and positive experiences that were shared with them by airmen. One interviewee stated:

What I have seen, for the folks who go visit, they come out better, healthier, learn better mechanisms, positive, healthy mechanisms. Not always relief but rejuvenated to discuss what was going on with them, and not being judged by who helped. We had some suicidal ideation, and we had several saves.

Having witnessed these changes among airmen, respondents were confident that the providers were succeeding. Interviewees also pointed to the level of trust the airmen have with the providers as an indicator of success. Several noted that the EMH teams were effective in creating bonds with the airmen and establishing a level of comfort. One commander shared that the unit's EMH provider "saved a life two weeks ago"—after a suicide attempt, the EMH

provider was the only person the airman was willing to speak with. In noting how this trust in the provider can result in the long-term success of the program for their unit, the same commander said: “The trust is built, [the EMH provider has] done a great job of building the trust so the program has enough trust that they will trust the next person that comes in. [The EMH provider is] extremely beneficial.” Furthermore, several respondents remarked that the amount of people that seek True North services is on its own an indicator of a successful program. Some interviewees commented that their provider is always busy, whether planning events, doing limited-scope counseling, or walking around with the airmen.

### Challenges Faced by Embedded Mental Health Teams

Although most interviewees perceived the EMH teams to be successful, they also made note of the difficulty measuring this success. A few mentioned that the program was still working toward full implementation and was not yet ready to gather outcome data. Providers were still in the process of building trust with airmen, and some were not yet credentialed to provide counseling, two of their main responsibilities. Despite promising early usage data, it was hard to equate service access to program success.

Funding arose as a major theme across interviews as one of the main factors hindering the effectiveness of the EMH team. Because of the DAF-wide redistribution of funding for True North, many installations experienced decreased budgets for their programs. This, in turn, reduced the number of providers program managers could hire. Many interviewees stated that their EMH providers were busy and overworked. Instead of having an entire team, including multiple LCSWs and mental health technicians, as originally intended, all the work was falling on the one or two providers they were able to hire.

Program managers also experienced challenges with filling the few billets they were authorized to fill. Several program managers shared that, nationwide, both in the military and civilian labor markets, there is a lack of available mental health providers. They noted that trying to be competitive with civilian jobs is difficult because, for the most part, working as an EMH provider requires moving to a military installation that is not centrally located and taking a pay cut. As one interviewee stated,

It’s hard finding the right person that meets that criterion to interview for the job. Or you find interested people, there’s locality issue, pay gap. Those are hard things we’re finding. Would a base in a major city have the same problems? From being out here in a rural community . . . we experience a shortfall of available providers that are willing to come out and take these jobs. When we do hire someone, are they willing to come here and how long can they stay? Trying to find a backfill in a year or two is a struggle.

Because of these difficulties, interviewees indicated that many installations struggled to fill the positions, which delayed the program from getting up and running. They also commented that some installations are still struggling to find providers, which means that their airmen are

lacking behavioral health services and unable to get the resources they need to prevent negative outcomes.

### Personality of Embedded Mental Health Providers

One last factor that interviewees identified as influencing the effectiveness of the EMH team was the individual personalities of the providers. Some respondents noted that the success of the providers depended on how extroverted and welcoming they were. Interviewees said that the providers who were comfortable spending all their time out with the units succeeded in building trust and getting the airmen comfortable enough to want to seek help. The providers that spent their time alone in their offices waiting for airmen to come to them were less effective in building that connection, and thus less effective in helping airmen decrease negative behaviors. As one respondent said,

A lot of it too, for all providers, is personality-driven. If you have a provider who is more of an introvert, it's hard sometimes for people to build that trust and confidence in day-to-day interactions with the LCSWs. With mine I'm fortunate that she is super-charismatic. She's always present, out and about. She doesn't spend all her time in the offices. She almost spends about 80 percent of her time out talking to airmen and building that trust and confidence.

### *Religious Support Teams*

When asked about the RSTs, respondents noted that their goals and responsibilities are like the EMH teams, but their approaches are different. Although the goal of the EMH providers was to increase resiliency through mental health, the RST providers (chaplains and RAAs) focused on increasing resiliency through spiritual fitness.

Interviewees identified one of the main responsibilities of RSTs as interacting with the airmen in their assigned unit to better understand their individual needs. RSTs often host events to help address these needs, particularly when they seem common across at least a subset of the unit. Some of the events shared by interviewees covered such topics as marriage and families and often included spouses and children in an excursion or class. Additional offerings from RSTs include family counseling, marriage retreats, unit cohesion events, and group skills training.

When asked to summarize the responsibilities of the RST providers, one respondent said,

It's much the same as mental health providers. They can provide some education and stuff and they can provide some counseling within their scope. . . . They're very big on outreach. They do a lot of events. They are able to see all sorts of individuals, all classifications—enlisted, activity duty, family. They're big on family events, relationship events, strong family bonds, resilient airmen.

### Success of Religious Support Teams

Several interviewees attributed the success of the RSTs to their funding, noting that, because the wing chaplains supplement their funding, RSTs often have more funds available to them than other True North elements (namely, EMH teams). As one interviewee shared:

[The RST provider] has a [True North] budget he shares with the commanders. That has been a godsend for the squadron and being able to alleviate the financial burden of being able to provide fun things for folks to do. I use him for different vendors. We bought ornaments, we gave key spouse resilience, all kinds of things.

This additional funding was described as a highly valuable resource because it allows the RSTs to host bigger events and contribute additional resources to the commanders.

Embedding the RSTs in the units was also identified by interviewees as a key driver of the program's success. A few respondents mentioned how the RSTs are not notably different from the main installation or wing chaplains when considering the resources they provide, but that the RSTs are able to have a greater impact on airmen outside the chapel, embedded in the groups. As one interviewee stated:

We have a wing chaplain that sits at the wing and tries to meet the religious requirements for a wing, but with over 20 locations it's difficult. Now we have two at the groups, they can go out and meet the needs, whether individual, family members, retirement, weddings.

A few others shared this sentiment and acknowledged the success of the RST chaplains is likely a result of them being able to focus on an individual unit instead of being spread across the entire installation or wing.

### Challenges Faced by Religious Support Teams

This separation from the installation or wing chapel, however, was not considered favorable by all interviewees. Some respondents did not see the benefit of having RSTs embedded because their responsibilities were no different than the installation or wing chaplains. As one interviewee stated:

I wouldn't say from that perspective what they're doing under the umbrella of True North is any different than what many of them have been doing their entire careers. Based on installation size and chaplain manning, a lot of installations have had that ability to have embedded chaplains and enlisted religious support airmen as well. That hasn't changed.

Although this sentiment was not shared by all interviewees, a few did not see the value of having RSTs embedded at the group level.

According to interviewees, one of the main barriers to the success of the RSTs was the coronavirus 2019 (COVID-19) pandemic. Several respondents shared that their RSTs were pulled away from their embedded duties to work with the installation or wing chapel on religious accommodations for the COVID-19 vaccine—which mostly involved the completion of forms and other paperwork. Program managers and commanders alike shared their frustration over their RSTs spending so much of their time on these types of tasks instead of interacting with and helping the airmen in their units. Essentially, many interviewees saw this as a burden that got in the way of achieving the main goal of the program: improving resiliency.



## *Welcome Center*

Although interviewees clearly considered the EMH teams and RSTs as valuable assets to achieving True North's goal, the value provided by the welcome centers was less clear to them. Not every installation represented by our interviewees had a functioning True North welcome center. The interviewees whose installations had them, for the most part, voiced their support for the effort and acknowledged how easy it made transitioning onto the new installation, especially for young airmen who have little or no experience with PCS moves. Respondents described the goal of the welcome center as being a one-stop shop for airmen to help them learn about the available resources on the installation and in the surrounding area and to help complete their in-processing requirements. Many interviewees shared that, before the True North welcome center was stood up, airmen would have to travel around their installation to each individual office, including the medical facility, housing office, and finance office, to set everything up for themselves and their families. With the welcome center, all the departments and offices are centrally located or at least have a representative available to speak with in that central location. Each one has time to brief new airmen and meet with them one-on-one if needed, making it quicker and more efficient to complete everything on the airman's in-processing checklist.

### Success of Welcome Centers

This shift was considered by interviewees as a great improvement and resulted in generally positive perceptions of the welcome center. One commander shared:

It's very different than when I was a lieutenant. Welcome centers are phenomenal here about informing the airmen of resources available to them from finance to [military personnel flight], to day-to-day, to include mental health stuff, [military and family life counseling], chaplain, True North. It does a good job explaining everything available to the airmen coming into the base.

Another benefit of the welcome center identified by interviewees was the opportunity to have family members involved in receiving the support provided by this effort, whereas EMH teams and RSTs typically do not work directly with family members. Welcome centers regularly invite families to in-processing briefs, and some even provide play areas for children when parents are unable to find other childcare. Ultimately, program managers and commanders emphasized the welcome center's main function as an efficient one-stop-shop for getting airmen and their families acclimated to the installation, completing their in-processing checklist, and learning about the available resources. Therefore, the effort can directly help airmen deal with potential life stressors and focus on their responsibilities.

### Challenges Faced by Welcome Centers

Although most interviewees from installations with established welcome centers supported them, some had other thoughts. A few commanders acknowledged their installation had a welcome center as part of True North but admitted that they were not involved with it and did

not know anything about it. Another interviewee suggested that the prioritization of briefings could be better timed to allow airmen to get settled:

We need to change it from welcome to sustainment. You don't know when you'll need their resources. They may provide them early on, but you're worried about finding a house, getting kids to school, getting to work, you're not worried about some of the stuff the welcome center brings up until after three months. Maybe push their briefs until after people are settled. They're not focused on some things they talk about. They need to focus on money, housing, and food to start.

Respondents without a True North welcome center on installation shared different criticism of the concept. A few interviewees noted how in-processing briefs were already being done by each department, and commanders and leadership did not see a need to consolidate them. As one interviewee said,

There's already a whole structure that does welcoming and newcomer briefings. That was poorly thought through. . . . We were going to do that anyway. It's not hard to get on the agenda. Everyone's on that agenda. Violence prevention, [equal opportunity], community support. . . . They already have a brief in that meeting anyway. We didn't need a welcome center to get five minutes of time to speak to the new people."

The same interviewee shared frustration that the welcome center feels like it does not "fit" with the rest of the True North elements because it does not seem to have nearly the impact on airmen as the other elements do, and that spending time and funding on this effort is a "distraction" from the rest of True North. Although this was by far the most negative view of the welcome center, others did echo a similar sentiment that they did not view the welcome center as part of the broader True North program.

## True North Program-Wide Findings

There are several factors that cut across two or all three of the elements that affect True North at the program level. The rest of this chapter details these cross-cutting considerations as raised by interviewees. Although some align with those discussed in the previous element-specific sections, there is value in addressing these topics at a broader level as part of building a logic model inclusive of all elements of the True North program.

### *Success of True North*

Despite the varying perceptions of success across each of the True North elements, interviewees shared positive views of the program overall and noted that airmen and unit leadership view the program just as positively. Both program managers and commanders mentioned instances where they had seen airmen seek out True North's services and, as a result, were more positive and seemed better able to deal with the stressors they were facing, both in life and in work. Even without observing these differences, interviewees emphasized that the



utilization rates of True North's services should serve as an indicator of the impact the program has had. Respondents shared that airmen regularly participate both in limited-scope counseling with EMH providers, and in events hosted by each of the three elements. Beyond attendance and participation, interviewees shared anecdotes of airmen requesting additional services that they would be interested in, including a specific instance in which a commander stopped offering morning mindfulness exercises, and the airmen in that unit requested their True North providers find a way to bring those exercises back. According to program managers and unit commanders, this kind of use and general buy-in signals that airmen like the program, find value in the elements, and are actively using the resources to better themselves.

Interviewees identified the embedded nature of EMH teams and RSTs as one of the key components contributing to True North's success, mainly because of the accessibility that comes with embedding services. Having providers spend a significant portion of their time walking around units, interacting with airmen in their spaces, serves several functions that benefit airmen and improve the success of the services. First and foremost, the activity is believed to increase familiarity with the members of the unit through small everyday interactions. This, combined with attending events held by True North providers, is believed to result in the development of stronger relationships and a sense of trust between the providers and the airmen. One interviewee summarized this by saying, "Proximity matters. Having them there and seeing the provider walking around shop, they might crawl under the plane with the airmen. That builds trust and confidence for airmen to go utilize the program."

Taking this a step further, interviewees commented that the trust that comes from familiarity helps to normalize the act of seeking help from the True North providers. Interviewees shared that having the opportunity to speak casually with the providers gives airmen the opportunity to learn about the resources and services they offer, while simultaneously growing more comfortable with the concept of talking to the providers. Although not an immediate result, eventually this can lead to a decrease in the stigma that exists around seeking help, and interviewees noted that this is one of the key ways that True North helps to destigmatize help-seeking behavior. Furthermore, these everyday conversations provide an opportunity for EMH and RST providers to better understand the stress being experienced by airmen, which can help them determine the appropriate resources to offer to the unit and make it less alarming to the airman when an EMH provider suggests scheduling a limited-scope counseling session to continue talking.

Overall, the key perceived benefit of True North and the embedded nature of EMH teams and RSTs is the proximity and accessibility of the True North providers to airmen. The proximity is believed to increase opportunities to provide tools and resources to airmen to help them mitigate stressors or issues in their lives, helping them become more resilient service members.

## *Challenges Faced by True North*

Despite the many successes of the True North program, respondents also acknowledged its shortfalls. By far, the biggest limitation to its success was funding; interviewees noted insufficient funding, a reduction in what was already considered insufficient funding, and restrictions in how the funding can be used. The majority of respondents talked about the changes made to the budget of True North across DAF. Interviewees shared that, because of the redistribution of funding away from True North programs, many installations lost billeted positions they were previously authorized to fill, resulting in low manning among True North's EMH teams, as well as the installations' mental health clinics. Beyond the manning limitations created by the decreased funding, many interviewees shared a common concern that DAF does not appear to value the program, despite messaging indicating that this is an important issue across DoD. As one interviewee stated, "this is one of the programs that if DoD is going to say it's important then they got to have that funding. The people are going to get it done but it needs to be funded in order to be successful." Similarly, other interviewees shared a confidence that the main restriction to the success of True North—beyond the stigma of seeking help, the lack of feedback from users, and any lack of support from commanders—was insufficient funding. This was identified as a key issue regardless of the program element being discussed; funding was a concern for EMH teams, RSTs, and welcome centers. Notably, several commanders shared that they felt they needed to find a way to supplement the funding for the programs—especially EMH teams—out of their unit's budget to ensure that their airmen could utilize the services, even with their already limited budgets.

Another challenge to True North's success identified by interviewees was the difficulty in standing up the True North services across installations because of a lack of guidance provided by DAF to program managers and commanders. Additional frustrations with the startup of True North included a feeling of being "rushed" to get services up and running before they were given assets to do so. Several program managers shared that they were still trying to get the program organized and set up when their providers arrived to their installation. One interview participant suggested a different timeline to allow program managers the time needed to set up True North effectively:

If you're going to bring the program manager, it would be better if they came on a year prior to the embedded assets. You need that person to have relationships and get assistance. If you give them a year to plan for it so they can execute the budget and hiring, educate commanders, give briefs, that way when the fiscal year comes, they can hit the ground running. It's tough when they walk in the same time as the social worker.

Several respondents also noted an unclear chain of command, whereby providers report to both unit commanders and program managers, resulting in confusion and complicated navigation of roles to make sure providers have the support they need without being tasked by too many different entities. The lack of organization, guidance, and time when setting up the True North

programs stood out to several interviewees as a challenge both for their installations and future installations attempting to implement such services.

### *Impact of Commanders*

True North program personnel and unit commanders alike shared a similar sentiment when it came to how commanders can affect the success of True North: Their buy-in is critical. Interviewees emphasized that the level of support from commanders has a direct impact on the ability of the providers to truly be embedded in the units. Commanders are responsible for including the True North providers in the unit and making them fit in as part of the team, often by including them in commanders' calls, disciplinary roll-ups, and unit leadership meetings. Similarly, commanders can show their support for the effort by securing a physical office space for the providers in an area that is accessible to the unit's airmen but in a discrete enough location that airmen can access it without being in direct sight of leadership (and, ideally, other airmen). Furthermore, interviewees emphasized the importance of commanders allowing airmen to take time out of their day to talk to the providers and seek resources when they need them and assuring airmen that using True North resources will not hurt their military career or mission in general.

Interviewees identified these displays of commander buy-in as important steps to help normalize the help-seeking behavior that True North is focused on. When airmen see their commanders including True North providers as part of the leadership team and even using the resources themselves, it helps decrease the stigma of seeking help when needed.

On the other hand, respondents also noted how much commanders can inhibit the success of True North by not supporting the goals or displaying their buy-in. Several interviewees shared the belief that a unit without commander support and buy-in will not be able to sustain True North's services, largely because airmen will not feel empowered to use them when they need to.

### *Evaluating True North*

True North program personnel and commanders alike shared concerns over the lack of data they currently have to assess the success, effectiveness, and overall value of True North services beyond the anecdotes from their own personal observations and stories that have been shared with them of others' experiences. This is partly because of a general lack of opportunities for feedback from users because of the voluntary nature of providing feedback. However, interviewees identified the fact that True North and the individual program elements are still very new to most installations as the main reason they felt they did not have the information they needed to assess True North's success. For some, although True North had been associated with the installation for up to a year, EMH providers had only just begun their work in the past few months, and several still did not have all their providers in place (because of the aforementioned funding issues and hiring difficulties). In locations where True North was in place for longer (some up to four years), the regular turnover of EMH providers and general low manning for

many units made it difficult for program personnel to assess how effective they were in their units. As previously mentioned, the development of trust between the provider and airmen in their unit was critical to the program, so regular turnover of providers results in the feeling of “starting over” in several units. The one thing providers and managers can track is utilization, but as one interviewee summarized: “We have that information now, it’s great to show utilization. I don’t think utilization speaks to impact.”

The other challenge in assessing program outcomes as identified by interviewees was the perceived difficulty of “proving a negative” when it comes to determining whether a lack or decrease of negative outcomes is really attributable to the program’s making a difference or if those negative outcomes just were not going to occur in the first place. Interviewees were unfamiliar with prevention evaluation strategies and posed scenarios that are not good evaluation targets. For example, a unit with True North services experienced two suicides one year but no suicides the next year—can the lack of suicides be attributed to the presence of True North providers, or were there just no potential suicides that year? Interviewees also tended to focus on utilization alone as a program output: “The resource is available, its being used, I don’t need data to prove to me it’s working. The fact people go to seek that resource, to me it spells its effective. Period.” However, utilization, although an important metric of program reach, does not by itself indicate whether the program is reaching all who need the service, whether it is equitably reaching those who need the service, or whether the service is effective in attaining its ultimate intended impact—in the case of True North, decreasing negative outcomes for service members related to mental health, coping with stress, and resilience.

## Conclusion

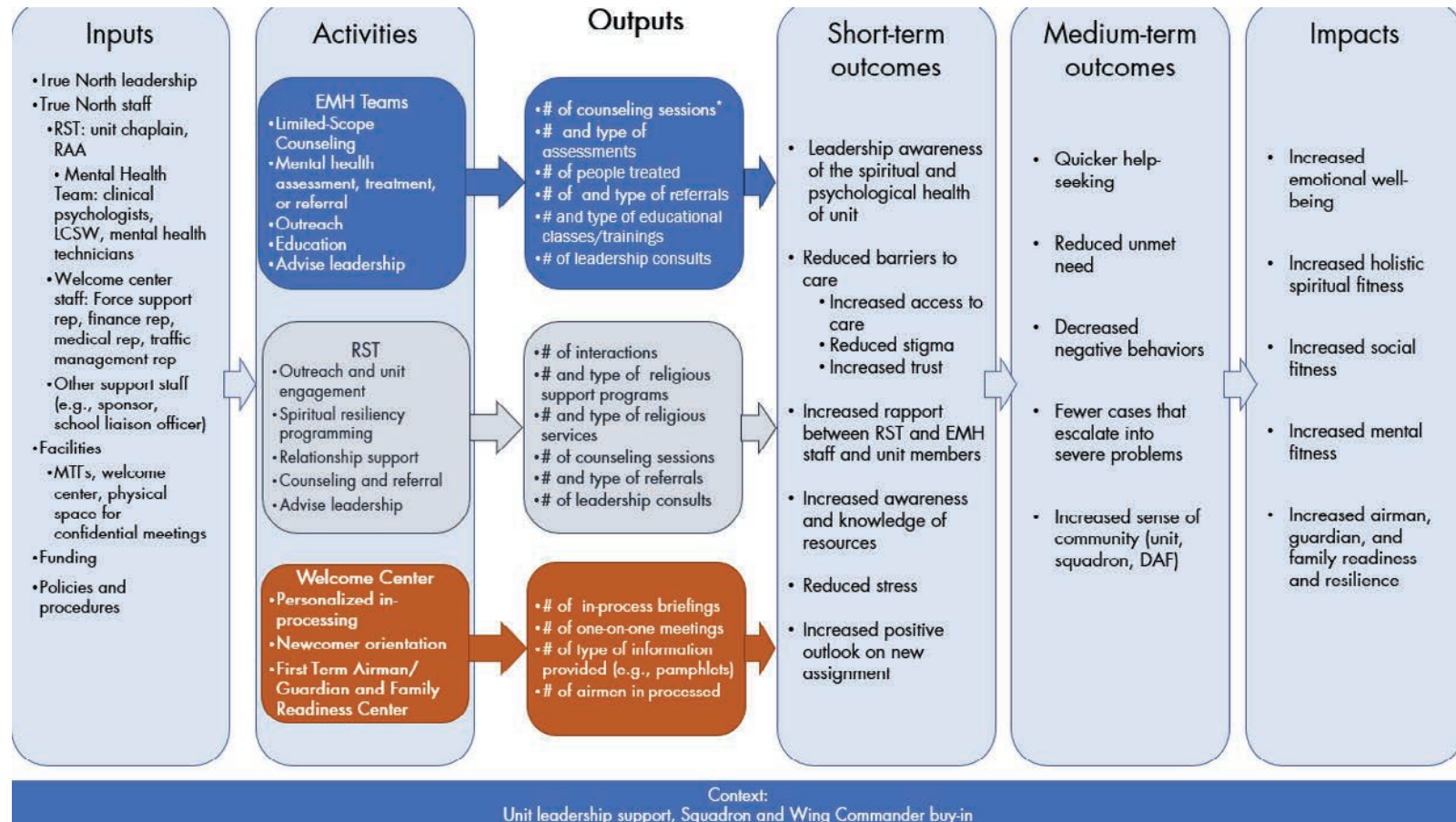
Overall, despite varying views of the success of different elements of the True North program, the interviews made it clear that True North services—especially EMH teams—are highly valued by program managers, commanders, and airmen. Interviewees aligned in their support for True North’s efforts to increase resiliency of airmen by making resources accessible, destigmatizing help-seeking behavior, and decreasing negative outcomes. Although interviewees identified several challenges and areas for improvement across the program, they emphasized their appreciation for the opportunity to bring these important resources and services to their airmen, as well as their desire to make the program as effective and impactful as possible. Overall, these interviews provided detailed information regarding the implementation of the program, which can help to inform the design of a program evaluation, starting with the program logic model presented in the next chapter.

## 4. True North Logic Model and Measures

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We developed a logic model describing the relationships between True North’s resources, the support it provides to airmen and guardians, and the expected outcomes of the program. To do so, we synthesized information from the variety of sources detailed in the previous chapters, including True North program materials and websites, interviews with True North leaders and staff, and reports on the True North program. We shared the draft logic model with A1Z personnel in November 2021 to solicit suggested edits and revisions. We finalized the model using these inputs, which improved alignment of the final model with the working models of leaders and staff members most familiar with the program. Figure 4.1 depicts the expected relationships between program inputs, activities, and the outcomes the program is designed to achieve.

Figure 4.1. True North Program Logic Model



NOTE: Rep = representative; # = number. \* denotes that number should be interpreted relative to the number of people in the unit.



## True North Logic Model

### *Inputs*

In Figure 4.1 the left-most column lists the inputs necessary to support and run True North programming. Staff members are the most critical input, as none of the work at an installation can be accomplished without a qualified and well-trained workforce. Specific roles are listed in the figure and can be grouped into program leadership, the RST, the EMH team, and the welcome center team. For staff members to conduct the work of True North, they also need adequate funding, appropriate facilities, and guidance via policies and procedures. In the language of logic models: If these inputs are available, then True North activities can take place.

### *Activities*

The ongoing work of True North includes outreach and engagement with the unit and advising leadership on an as needed basis. The RSTs offer spiritual and religious programming, relationship support, counseling, and referrals. EMH teams provide counseling, mental health assessment, treatment, and referrals; they also provide more-general education to unit members, either individually or as groups. The welcome center's daily work activities include providing newcomer orientation sessions and personalized in-processing for airmen and guardians who are transitioning to the location. By successfully engaging in these tasks, True North staff produce the countable products listed as outputs.

### *Outputs*

Outputs provide a simplified description of the work True North staff members have completed. These types of measures are often available in clinical record management systems or other utilization-tracking databases. For RSTs, activities are countable and can include the number of interactions, spiritual and religious services, religious support programs, counseling sessions, referrals, and leadership consults. EMH teams' support to a unit can be summarized in a simplified form as clients, counseling sessions, assessments, referrals, educational sessions, and leadership consults. The welcome center's productivity involves the number of newcomer orientations, meetings, and airmen in-processed, as well as the amount and type of information provided to transitioning airmen. Although not depicted in Figure 4.1, the tasks reflected in output counts must also be performed with fidelity (i.e., implemented as intended) to the program's standards and with positive rapport between the staff member and airmen. In the language of a logic model: If these outputs are produced, then the activities will have a direct effect on airmen and leaders. The immediate observable changes among the people that the program serves are the short-term outcomes described next.

### *Short-Term Outcomes*

Using True North program documentation and staff member interviews, we identified several program goals that occur immediately after airmen interact with True North programming or within a few weeks of the interaction. In the figure, these are listed as short-term outcomes. After a consultation with RST and EMH teams, unit leaders should have an improved understanding of the spiritual and psychological health of the unit. Outreach activities and contact with the embedded teams are intended to improve rapport and trust between unit members and embedded staff members, and to simplify access to care. Informal and formal educational activities are intended to increase unit members' awareness of resources and reduce stigma surrounding accessing resources. Finally, use of the welcome center should reduce the stress that airmen experience during a transition and support a positive outlook on their new assignment.

### *Medium-Term Outcomes*

Some of True North's goals are unlikely to be achieved immediately after an interaction, but rather are expected to emerge after RST and EMH teams have provided continual unit support (for several weeks or months) through ongoing outreach, consistent programming, and many individual sessions. We would not recommend measuring True North's success in achieving medium-term outcomes until a program at an installation has been operational for one year, at a minimum. As listed in Figure 4.1, the early support and interventions provided by True North are expected to prevent the emergence of or additional incidents or escalation of negative behaviors, such as sexual harassment, alcohol misuse, and suicidal ideation. This prevention function is expected to occur because the education- and rapport-building that True North invests in has increased the likelihood that airmen seek help early before a problem becomes a crisis. Finally, units that are well supported emotionally and religiously might experience a greater sense of community.

### *Impacts*

The goals of True North include improved emotional, spiritual, social, and mental fitness, as well as improved readiness and resilience. The underlying logic is that when units have ready access to trusted spiritual and emotional support, they will use these services as needed and soon after a problem arises. If staff members subsequently provide high-quality and effective care (or support transitions to higher levels of care, when necessary), then those airmen served will ultimately be more fit and resilient to life's challenges. It is important to acknowledge that these impacts are dependent on all links in the logic chain functioning as intended. If, for example, True North's outreach efforts fail to improve trust and rapport with unit members (short-term outcome), then the expected medium-term outcomes and impacts are also unlikely to occur. Consider also that the ultimate impacts are all multidetermined. For example, emotional fitness can be influenced by embedded support and, at the same time, also be influenced by operational



tempo, strong leadership, a recent vacation, financial stress, and family functioning. Such multidetermination will make it challenging to ascribe observed changes at the impact level to True North specifically, although there are controlled evaluation designs that could account for these nonprogram influences on key impact indicators.

## Interactions Among Components

As shown in Figure 4.1, the RSTs, EMH teams, and the welcome center largely operate on parallel tracks, each with their own staff engaged in unique activities and producing their own outputs. However, all the components of True North are expected to influence similar outcomes and impacts (e.g., quicker help seeking and improved mental fitness). Program staff did not offer hypotheses about how the three components of True North combine to produce the expected outcomes or impacts. We expect that the initial evaluation priority will be to determine whether these three components are effective in concert. That is, does airmen fitness and readiness improve when a unit has True North resources, relative to the fitness and readiness of airmen or units without True North? Should the combined services prove to be effective, subsequent research could be conducted to determine the relative contribution of each component and the interactions between them to identify the critical components of the program.

## Measures for Evaluating True North

Logic models can be useful tools to visualize what a program is seeking to change and how the developers expect the program to influence the process leading to the change. In addition to organizing the underlying logic of how the program is expected to work, they also serve as a roadmap by which to evaluate whether the program is being implemented as intended and whether it is achieving the expected outcomes.

Because every component included in the logic model is considered to play a potentially important role in achieving the final impact, a thorough evaluation will include measures or metrics for each element in the model. If an expected outcome is not achieved, evaluators can follow the logical chain backtoward to find the broken link and then focus their repair efforts on the properly diagnosed problem. For example, if an evaluation were to show that the rapport between True North staff and unit members had not improved (short-term outcome), following the chain backward might reveal that staff had not been circulating in their unit and recorded few interactions outside scheduled counseling sessions (output). Tracing the problem back further could show that only 50 percent of True North billets were filled (input), forcing staff members to focus their limited resources on the most pressing counseling needs. With this information in hand, leaders would understand that repairing the problem will require resolving recruitment and hiring problems and is unlikely to be fixed by criticizing staff for not spending enough time circulating with the unit, nor by training staff on how to establish rapport. If the logical chain in the model is traced backward without finding weak links, it is possible that the program theory is

incorrect. Perhaps the intervention targets the wrong lever by which to influence the targeted outcomes.

Determining whether each element of the logic model has been achieved will require accessing a variety of data sources. Different observers will each be able to provide the most accurate assessment of different parts of the model. For example, staff members will likely provide the most accurate information about how many sessions they conducted, whereas unit members will provide the most accurate information about whether they know about available resources. We expect that the data necessary to evaluate True North will come from up to six different sources (described in the sections that follow).

Finally, lest an evaluation of True North seem like an impossibly large undertaking, we should note that it is very rare for any single evaluation or continuous quality improvement system to measure every element of a logic model. Rather, in keeping with the available resources for evaluation, most program evaluations target only a subset of the model. Priorities for evaluation depend on the program context but could include an assessment of suspected weak links in the model, an outcome of particular interest to leadership, or an expected easy win to improve morale before turning to more challenging components. An evaluation of True North will likely rely on one or more of the following data sources. These various categories of measures might also compare responses of and utilization by various demographic subgroups, including gender and race/ethnicity subgroups.

### *Administrative Data*

Administrative data are those elements of the program that are tracked as part of running and managing the program. They might be managed in house; for example, an internal utilization tracker that relies on calendar schedules to output the number of sessions staff members completed in a given time period. Or they might be collected as part of other systems; for example, human resources records of billets that are filled versus unfilled.

### *Qualitative Assessments*

Not all data need to be numeric or quantitative in form. Some research questions are answered best by talking with stakeholders either formally (e.g., a focus group) or informally. Seeking information about what is working well and what can be improved from program users and leaders provides real-time information to help guide the program. This can also be a useful way to measure logic model elements for which a single person is the expert. For example, if unit commanders' visibility on their unit's spiritual and psychological health is an important outcome, the easiest way to gather that information might be to simply ask the unit commander. These conversations tend to work best when directed up the chain of command (either literally or figuratively) so that the interviewee feels comfortable providing both positive and negative feedback.

Qualitative information, such as informal conversations with unit members, can be a useful way to surface positive input about the program. Users will readily tell staff members that they appreciated a service or that it helped them to resolve or cope with the problem they were facing. These kudos and success stories are an important part of building and maintaining staff morale. At the same time, these conversations alone will be unlikely to provide information about program components that still need to be improved. Understandably, many users will be reluctant to reveal their negative opinions or impressions of a program to staff members or leadership who are doing their best to help.

### *Program User Survey*

Because qualitative information can reflect more-positive opinions, we also recommend a brief survey that users could fill out following a training or session or that could be emailed to them after they use True North services. If these surveys are confidential, they could effectively measure user satisfaction with True North services across the full range of experiences, both positive and negative.

### *Unit Airmen and Guardian Survey*

For some kinds of information, it will be important to gather input from service members across the unit, not only the airmen and guardians who make use of the available services. For example, if an evaluator is interested in understanding what the barriers are to accessing True North, users might not be aware of all the barriers that impeded nonusers. Instead, this information must be gathered from unit members that did not access True North services. We recommend conducting a survey of all unit members, no more often than annually, that can assess whether unit members perceive less stigma around help seeking, are more trustful of True North staff, and are knowledgeable about the resources that are available to them if they need the support. Such a survey could also help strengthen understanding of different cohorts.

### *Staff Interviews or Surveys*

Staff training, support, and morale are important inputs to a well-run and successful program. Staff members are in the best position to tell an evaluator whether these inputs have been met. This information can be gathered qualitatively, if the interviewer holds no authority over the staff member and can keep the information that the employee shares confidential. Information gathered by someone who holds authority over the staff member should not be considered valid, because staff members might find it unwise to share negative information about their workplace with someone who controls or influences their employment. An alternative is to gather the same information via a staff member survey with confidentiality protections to ensure that individual staff member responses cannot be viewed by superiors.

## *Secondary Data Sources*

Not all data need be collected by the program itself. Using existing data for a new purpose (secondary data) can provide more efficient and cost-effective evaluation opportunities. The DoD Office of People Analytics (OPA) oversees, delivers, and evaluates several very large surveys, some of which measure outcomes that are included in the True North logic model. The Defense Organizational Climate Survey (DEOCS) is delivered to units around the time of a commander change and then annually thereafter (Clare et al., 2020). Many of the short-term outcomes identified for True North (sense of community, stress) are measured by the DEOCS. Medium-term outcomes, such as alcohol misuse and sexually harassing behaviors, are also included. The easiest way to access these data for a True North unit would be to coordinate with the unit commander to request that they share their aggregated data with the True North evaluator. Data can also be accessed directly via OPA; the regulatory processes to access DEOCS summaries via this route are challenging to navigate but not insurmountable.

There are other secondary data sources that measure the negative behaviors that True North seeks to prevent, such as the Workplace and Gender Relations Survey of Active Component Service Members (WGRA), which measures sexual assault and sexual harassment (Breslin et al., 2019); the Workplace Equal Opportunity Survey, which measures workplace harassment and discrimination on the basis of race or ethnicity, hazing, and bullying (Daniel et al., 2019); annual Family Advocacy Program Reports (DoD, 2021), which report annual domestic abuse and intimate partner abuse reports; and the classified Defense Readiness Reporting System, which tracks unit readiness scores. One disadvantage is that these sources release reports only annually or even less often. In addition, evaluators might not be able to access unit-level data but instead only installation-level or even Air Force-wide measures, which are likely affected by many factors in addition to True North.

## **Example Measures**

Appendix B includes measurement strategies for each element of the logic model, including data sources or collection strategies and example items, where relevant. These descriptions used a combination of a review of the PsycTESTS database; a review of DoD data sources, such as the DEOCS; and among survey researchers on the project team. The measures listed provide examples of items that might be used but do not constitute an exhaustive list of all possible measures for each construct. As noted above, analyses of measures might also compare information regarding different demographic subgroups.

## *True North Inputs*

The most critical inputs for the True North program are the staff members who will be managing and delivering the services. We proposed a variety of metrics to establish the availability of staff and the extent to which they are well supported. These include metrics that

are assessed with administrative data, such as the number and percentage of billets that are filled (adequate labor availability), number and percentage of staff losses in the past year (turnover), average staff tenure (organizational memory), and the percentage of staff who received their required training in the past year (preparation). As any team member will report, a well-functioning staff depends on more than simple numbers. A brief survey of True North staff, delivered no more often than annually, could include measures to assess staff members' beliefs that they are well prepared for their duties, their sense of pride and accomplishment in the work, and their overall morale.

Other True North inputs include facilities, funding, and policies and procedures. As described in Appendix B, measures could be as simple as the program manager's qualitative assessment of the adequacy of these inputs, or, for a more complete picture, a small number of items could be included on the staff survey. For example, to measure the adequacy of policies and procedures, a survey item could ask staff members the extent to which they agree with the statement "The written guidance for my job is clear, complete, and helpful."

### *True North Activities and Outputs*

Outputs include the countable services that provide a simplified summary of the work completed by True North staff. These include the number of programs or services, counseling sessions, leadership consults, and referrals provided by RST and EMH team members. The work of the welcome center can be summarized as the number of in-processing briefings delivered annually and the percentage of airmen and guardians who complete their in-processing in a single day. We recommend that these numbers be interpreted in relation to the number of airmen and guardians in the unit. This ensures that staff members who serve smaller units are not penalized for this. For example, a True North team that delivers 50 counseling sessions to a unit of 500 should be interpreted as accomplishing the same amount of unit support work as a team that delivers 100 counseling sessions to a unit of 1,000.

In Appendix B, we detail two additional forms of output measures. First, we recommend that outreach activities can be measured as the percentage of unit airmen and guardians who are aware of True North services and staff and, of these, the percentage who have a positive opinion of True North. Second, the quality of the countable services delivered can be assessed, at least partially, by measuring the extent to which users of True North services found the support to be helpful. Analyses of these measures might consider differences in response rates and responses among different subgroups.

It is important to interpret outputs relative to the extent to which True North has been fully implemented and the available billets are filled. A team operating with only 50 percent of its billets filled should not be held to the same standards as a team with 100 percent of its staff fully trained and operational. Evaluators should consider whether and when a newly emerging program or team is ready for an evaluation and delay evaluation for programs that are not yet sufficiently operational.

### *True North Short-Term Outcomes*

Short-term outcomes occur immediately following the provision of True North support services. In Appendix B, we provide an example measure for each short-term outcome described in the logic model. Commanders are expected to be in the best position to judge whether they have adequate awareness of the spiritual and psychological health of their unit. True North leaders should have informal conversations with unit leadership to learn from them what their concerns are in these domains and the extent to which they believe they have adequate visibility on unit spiritual and psychological health. Unit members will be in the best position to describe their perceptions of True North staff, the stigma they self-assign to help seeking, their current stress, and outlook on their assignment. A survey delivered to unit airmen and guardians annually (at the most) could gather this information. Several DoD measures are fielded at least annually as part of the DEOCS. If the evaluator can access these data through the unit commander or DoD OPA, questions about these data can be dropped from unit airmen and guardian surveys, which, in turn, saves service members time and reduces survey fatigue. These include DoD-established measures of military stress, morale, cohesion, and engagement (Clare et al., 2020).

### *True North Medium-Term Outcomes*

Medium-term outcomes are not expected to be observable until at least one year after True North services were originally offered to a unit. Sense of community and the occurrence of negative behaviors are both assessed in the annual DEOCS, and unit-level data might be available through the unit commander or DoD OPA. To assess the medium-term outcome of “increased sense of community,” evaluators could use the DEOCS cohesion scale, which includes items such as the level of agreement with the statement that “Service members in your unit work well as a team.” Improved scores on the unit cohesion scale after True North becomes available would provide an indicator that True North might be meeting its goals. The DEOCS also includes measures of several negative behaviors that could be used to determine whether True North is associated with a decline in problematic behavior in the unit. These include scales to assess alcohol misuse, racially harassing behaviors, and sexist and sexually harassing behavior. Although True North services should theoretically also reduce more severe behaviors, such as sexual assault, domestic violence, and suicide, we do not recommend that these measures be included in an evaluation of True North. These behaviors occur too infrequently to serve as reliable indicators of the impact of True North.

To determine whether unmet need is declining with the advent of True North services, unit airmen and guardians could receive a survey that includes a revised version of the 2017 U.S. Air Force Community Feedback Tool (Sims et al., 2019). This measure can be used to determine the percentage of unit members who report a significant problem for which they could not access any services or could not access satisfactory services and to track whether that percentage



declines after unit members have access to True North services. The measure will require adaptation to select those domains likely to be influenced by True North (e.g., relationship problems) and to remove domains that are not a focus of True North services (e.g., financial difficulties).

Finally, in Appendix B, we offer a survey item for a unit airmen and guardian survey or a user survey that assesses the duration of time the respondent has been affected by a particular problem. This item can be used to assess whether the True North medium-term outcome “quicker help seeking” has been achieved.

### *True North Impact*

Ultimately, provided True North functions as intended, the program is expected to lead to improved emotional, spiritual, social, and mental fitness among unit airmen and guardians. In Appendix B, we provide variants in the impact measures to target slightly different impacts (i.e., program effectiveness, user improvement, general unit health). To measure emotional fitness, evaluators should consider the Emotional Well-Being subscale of the Medical Outcomes Study (MOS) 36-item Short Form Survey Instrument (SF-36) (Hays, Sherbourne, and Mazel, 1995); for spiritual fitness, either the World Health Organization Quality of Life—Spirituality, Religion, and Personal Beliefs Questionnaire (Saxena and World Health Organization Quality of Life Spirituality, Religion, and Personal Beliefs Group, 2006) or the Spiritual Fitness Scale (Hammer, Cragun, and Hwang, 2013); for social fitness, the MOS Social Support Survey (Gjesfjeld, Greeno, and Kim, 2008); and for mental fitness, the MOS SF-36, Role Limitations Due to Emotional Problems Subscale (Hays, Sherbourne, and Mazel, 1995).<sup>7</sup>

The Air Force measures unit readiness with a standardized set of metrics that are collected in the classified Defense Readiness Reporting System. It might be possible to use these data as part of a formal evaluation of True North; however, it is unlikely that they will be available for regular monitoring to support continuous quality improvement. For a more-regular check on unit readiness, program leaders might wish to have informal conversations with unit commanders to assess whether they are satisfied with the current readiness of the unit.

Psychological resilience is the ability to recover quickly from difficulties and traumatic experiences. Most people will be resilient in the face of trauma (Bonnano, 2021). The typical response to trauma is to either maintain baseline functioning or to experience a brief period of elevated trauma symptoms that resolve naturally within weeks or, at most, within approximately two months (Bonnano, 2021). One of the hypothesized impacts of True North is an increase in the number of trauma-exposed unit members who experience this rapid return to baseline. Given that resilience can be observed only after a person has been exposed to a trauma and not all unit

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<sup>7</sup> The MOS SF-36 has been shown to have acceptable psychometric properties (Hayes, Sherbourne, and Mazel, 1995). These include reliable, multi-item scales allowing for group comparison and items that meet standard convergent and discriminant validity criteria.



airmen and guardians will experience trauma in a given year, this is a challenging construct to include in program evaluation. On an individual level, True North staff can offer support, as needed, to airmen and guardians who experience a traumatic event and can monitor their return to baseline functioning through occasional check ins. The return to baseline functioning, using the above provided measures, could be considered indicative of resilience, including psychological resilience.

## Summary

The logic model of True North services and goals outlined in this chapter provides a roadmap of the theoretically critical elements of the program and the logic that underlies the hypothesis that True North services will lead to a positive impact on the Air Force units that the program serves. The model can also be used as an evaluation planning tool that describes the processes and outcomes that any assessment of True North should consider measuring. Finally, when True North staff and leaders are ready to undertake an evaluation of the program and have selected the elements that are most critical to measure in the evaluation, we provide suggestions for data sources, data collection strategies, and measures linked to each element in the logic chain.

## 5. Summary and Recommendations

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In this chapter, we summarize our findings and make recommendations regarding True North program evaluation.

### Research on True North Embedded Mental Health Teams and Related Models of Care

Our review of research and literature relevant to the True North program found support for embedding professionals within groups, such that doing so is likely to improve access to services and result in more-comprehensive care overall. In addition, EBH is associated with increased utilization of services, longer retention in treatment, and increased accuracy of diagnoses (e.g., Beehler et al., 2015). For this embedded support to be most effective, researchers recommend well-outlined processes for communication with commanders and care provision. They also recommend foundational training, taking time to build trust, and working to ensure privacy.

### Interview Feedback on True North

True North personnel and commanders provided detailed feedback on their perceptions of and experiences with the True North program. In doing so, they noted that the program is most useful to younger personnel, who often struggle with life skills. Interviewees perceived that embedding personnel, particularly EMH teams, in units promoted trust and facilitated help seeking. They also indicated that continuous interactions with airmen allowed True North personnel to develop a deep understanding of mental health issues and concerns among unit members. These general trends can be communicated to commanders, assisting them with better understanding the current state of their unit, and can inform the provision of educational materials and events for unit members.

Although True North consists of welcome centers, RSTs, and EMH teams, interviewees overwhelmingly focused on EMH teams, suggesting that these teams are a critical component of the True North program. Overall, interviewees perceived the True North program to be a success but also commented on challenges with implementation and measurement. Addressing implementation challenges, many interviewees discussed reductions and pauses in program funding. They also noted challenges in hiring True North program personnel and lengthy processes for education and certification. For evaluation purposes, this suggests that a process evaluation, or, possibly, a formative evaluation might be more critical for A1Z to engage in now and in the near future.

## True North Logic Model and Measures

Drawing on the literature review, provided documentation, and interviews with personnel and commanders, we developed a logic model to outline the underlying elements and theory of the True North program. Identifying these elements might facilitate program evaluation by informing what aspects of the program should be measured. The types of data collection to consider for a program evaluation include existing administrative data, qualitative assessments (e.g., interviews, focus groups), surveys of users, surveys of units, staff interviews and surveys, and secondary data analysis of DoD-administered surveys (e.g., DEOCS, WGRA). In Chapter 4, we also outlined specific measures that A1Z might consider for a True North program evaluation.

## Recommendations

**Adopt and communicate the program logic models in ways that ensure that stakeholders know and understand them.** A1Z should adopt the proposed logic model described in this report to guide implementation priorities and evaluation designs. The inputs, activities, outputs, outcomes, and impacts that are outlined in this model will help to illustrate and communicate the design, current weaknesses, and goals of True North to DAF senior leadership and other stakeholders. For example, the logic model could be used to show that challenges obtaining necessary inputs (e.g., qualified staff) can limit necessary program activities (frequent unit outreach), which will lead to program outcomes not being achieved. This could help leaders to understand that processes to secure the necessary inputs and ensure that all activities are implemented with fidelity need to be the priority in the first years of a program's existence. Only after these components of the model have been accomplished is it reasonable to expect that program outcomes can be achieved and measured in an outcome evaluation.

**Continue to engage stakeholders in the evaluation design process.** As part of this project, we conducted interviews with True North program personnel and commanders to learn how the program was being implemented and what, if any, measures they believed would be most informative as part of evaluating the program. A1Z should continue to engage stakeholders in the evaluation design process. To ensure that the results and recommendations from the program evaluation are well understood and useful, A1Z should regularly solicit feedback from True North program personnel, commanders, and potentially others who influence or are affected by the program (e.g., MTF personnel). In seeking this feedback, A1Z will need to provide a clear description of what information they need to inform the design, why they need this information, what they will do with it, and when they need to obtain it. Occasionally, this might include requesting anonymous feedback, such as through an online survey, as this might increase individuals' comfort with providing concerns or critiques. This might also include consideration of the needs of diverse subgroups of airmen and guardians.

**Implement assessment tools that are aligned with the program logic model.** In Chapter 4 and Appendix B, we describe measures that are aligned with each component of the developed logic model. A1Z could use or draw from these measures as part of its continued True North program evaluation development. A1Z might also further consider diversity, equity, and inclusion elements, such as by considering the similarities and differences in responses across different demographic groups. However, when developing or adopting new, additional, or different measures beyond those provided in this report, A1Z personnel should clearly connect these measures to a particular element of the logic model. This will help to ensure that the most critical aspects of the program are being assessed and avoid the inclusion of minimally informative measures.

**Until the True North program has been fully implemented at all selected sites, A1Z should focus on process/implementation evaluation.** A previous RAND report (DiNicola et al., 2020) and our discussions with True North program personnel and commanders suggest that the True North program has experienced multiple changes in terms of inputs (e.g., funding) and scope (e.g., removal of initiatives). This suggests that a process evaluation that considers, among other things, the barriers to and facilitators of program implementation is needed before it will be possible to examine the outcomes of the program. If the program is not implemented with fidelity, then it is unlikely it will be able to achieve expected outcomes.

**If full program implementation is not feasible, then A1Z should perform a formative evaluation.** If the True North program continues to experience adjustments in scope, decreases in funding, and delays in educating and embedding selected personnel in units, then A1Z should pursue a formative evaluation, focusing on inputs. This type of evaluation determines whether the program is feasible and appropriate using the currently available resources.

**Present the results of evaluations in ways that are clear and useful for stakeholders.** When A1Z is communicating the results of program measures to others, it should include information about why the data were collected and how they were analyzed. A1Z should also provide distinct recommendations regarding how certain categories of stakeholders (e.g., commanders, EMH teams) can use the provided results. Rather than giving a recitation of the results, A1Z should provide audiences with actionable information, organized by how the information might be used. Presenting information in this way will help to reduce confusion and frustration, thereby increasing the utility of the evaluation.

**Modify the program logic model, as needed, drawing from the results of evaluations.** When changes are made to the True North program components and underlying theory regarding how the program operates, A1Z will need to modify the program logic model. In addition, it will also likely need to change, remove, or add evaluation measures that align with the current characteristics and expected outcomes of the program. In other words, the program logic model and evaluation design should not be considered unchangeable. However, they also should not be modified with such frequency that they cause confusion and delay the ability of program personnel to make requisite changes using evaluation results.

**If A1Z considers creating or using a database to track True North measures, involve stakeholders in its development.** A database on True North program components that is easy to access and use might allow A1Z to more rapidly obtain, analyze, and report program information than a series of surveys, independently maintained spreadsheets, or separate databases. However, if program personnel do not know how to access or enter information into such a database, then the data obtained will likely contain errors or omissions that reduce the utility of the database and results. Therefore, development of a database, spreadsheet, or other tracking system should incorporate stakeholder feedback, such as by ensuring that variables and values are intuitive and will be entered correctly.

## Appendix A. Interview Protocols

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### True North Program Personnel Protocol

#### A. Background

- A1. What is your profession or career field?
  - A1a. Are you a member of the military? If so, what is your rank?
- A2. How would you describe your position within True North?
- A3. How long have you been in your current position or assignment?
- A4. Could you provide a brief overview of what True North does?
  - A4a. Who do they target? About how many airmen, guardians, or family members [at your installation] use them annually?

#### B. Needs Raised by Those Who Use the Programs

- B1. In general, what are the most common needs of airmen and guardians who make use of True North? (*Probe areas that are not mentioned: What about . . . mental health needs? . . . spiritual needs? . . . social support needs? . . . financial needs?*)
  - B1a. Do you think the True North is resolving these needs or not? Please explain.
- B2. In your experience, how familiar are airmen and guardians with True North?
- B3. Are airmen and guardians who use True North viewed negatively or positively? Please explain.

#### C. Program Aims

- C1. Resilience is the ability to withstand, recover, and grow in the face of stressors and changing demands. What, if any, tools does True North provide to commanders to help increase the resilience of their unit and unit members?
  - C1a. How successful or unsuccessful has True North been in providing resiliency tools to commanders? Please explain. (*PROBE: What, if anything, limits the success of True North in providing resiliency tools to commanders?*)
- C2. What kinds of negative outcomes is True North intended to prevent?
- C3. How does True North decrease negative outcomes, such as suicide, sexual assault, domestic violence, workplace violence and child maltreatment?
  - C3a. Overall, how successful or unsuccessful has True North been in decreasing negative outcomes? Please explain. (*PROBE: What, if anything, limits the success of True North in decreasing negative outcomes?*)
  - C3b. Primary prevention aims to prevent negative outcomes before they occur. What does True North do that might be classified as primary prevention?
  - C3c. Secondary prevention aims to reduce the impact of negative outcomes that have already occurred. What does True North do that might be classified as secondary prevention?
- C4. How, if at all, does True North normalize, or destigmatize, help-seeking behavior?

- C4a. How successful or unsuccessful has True North been in normalizing or destigmatizing help-seeking behavior? Please explain. (*PROBE: What, if anything, limits the success of True North in normalizing help-seeking behavior?*)
- C5. What, if any, additional ways does True North enhance Force and family readiness?
- C6. If you were designing a study of True North, what information would you want to know about how the programs are influencing the lives of airmen and guardians? (*PROBE: In other words, what measures or metrics on True North would be helpful to you in your role?*)

#### D. True North Program Elements

- D1. What are the goals of True North Embedded Mental Health Teams?
- D2. How, if at all, do True North Embedded Mental Health teams at your installation improve mental health and resilience?
- D2a. How successful or unsuccessful have the True North Embedded Mental Health teams at your installation been at promoting mental health and resilience? Please explain.
- D2b. What, if any, data are collected to track the performance of True North Embedded Mental Health teams at your installation?
- D2c. What factors impact the effectiveness of True North Embedded Mental Health teams at your installation to improve mental health and resilience?
- D3. What are the goals of True North Religious Support Teams?
- D4. How, if at all, do True North Religious Support Teams at your installation equip individuals with the skills needed to remain spiritually fit?
- D4a. How successful or unsuccessful have the True North Religious Support Teams at your installation been at equipping individuals with the skills needed to remain spiritually fit? Please explain.
- D4b. What, if any, data are collected to track the performance of True North Religious Support Teams at your installation?
- D4c. What factors impact the effectiveness of True North Religious Support Teams at your installation to equip individuals with the skills needed to remain spiritually fit?
- D5. What are the goals of True North Welcome Centers?
- D6. How, if at all, does the True North Welcome Center at your installation improve the well-being of military and civilian personnel and their families?
- D6a. How successful or unsuccessful has the True North Welcome Center at your installation been at the well-being of military and civilian personnel and their families? Please explain.
- D6b. What, if any, data are collected to track the performance of the True North Welcome Center at your installation?
- D6c. What factors impact the effectiveness of the True North Welcome Center at your installation to improve the well-being of military and civilian personnel and their families?
- D7. How, if at all, do commanders impact the overall effectiveness of True North? (*PROBE: What actions can commanders take to improve the success of True North? What can they do to hinder success?*)
- D8. What are the strengths of embedding teams and services within units?
- D9. What are the weaknesses of embedding teams and services within units?



- D10. Are there any commanders who are familiar with True North who you could provide contact information for? These would be commanders over units who might make use of True North.

### *E. Summary and Conclusion*

- E1. Before we end the discussion, is there anything else that you would like to share with us about how to measure and assess the success of True North or how to make the program more effective?

## True North Commander Protocol

### *A. Background*

- A1. What is your profession or career field?  
A1a. Are you a member of the military? If so, what is your rank?  
A2. How long have you been in your current position or assignment?

### *B. Needs Raised by Those Who Use the Programs*

- B1. In general, what are the most common needs of airmen and guardians who make use of True North? (*Probe areas that are not mentioned: What about . . . mental health needs? . . . spiritual needs? . . . social support needs? . . . financial needs?*)  
B2. How familiar are airmen and guardians with True North?  
B3. Are airmen and guardians who use True North viewed negatively or positively? Please explain.

### *C. Program Aims*

- C1. Resilience is the ability to withstand, recover, and grow in the face of stressors and changing demands. What, if any, tools does True North provide to commanders to help increase the resilience of their unit and unit members?  
C1a. How successful or unsuccessful has True North been in providing resiliency tools to commanders? Please explain. (*PROBE: What, if anything, limits the success of True North in providing resiliency tools to commanders?*)  
C2. What kinds of negative outcomes is True North intended to prevent?  
C3. How does True North decrease negative outcomes, such as suicide, sexual assault, domestic violence, workplace violence and child maltreatment?  
C3a. Overall, how successful or unsuccessful has True North been in decreasing negative outcomes? Please explain.  
C3b. Primary prevention aims to prevent negative outcomes before they occur. What does True North do that might be classified as primary prevention?  
C3c. Secondary prevention aims to reduce the impact of negative outcomes that have already occurred. What does True North do that might be classified as secondary prevention?  
C4. How, if at all, does True North normalize, or destigmatize, help-seeking behavior?

- C4a. How successful or unsuccessful has True North been in normalizing or destigmatizing help-seeking behavior? Please explain. (*PROBE: What, if anything, limits the success of True North in normalizing help-seeking behavior?*)
- C5. What, if any, additional ways does True North enhance Force and family readiness?
- C6. If you were designing a study of True North, what information would you want to know about how the programs are influencing the lives of airmen and guardians? (*PROBE: In other words, what measures or metrics on True North would be helpful to you in your role?*)

#### *D. True North Program Elements*

- D1. How, if at all, do True North Embedded Mental Health teams at your installation improve mental health and resilience?
- D1a. How successful or unsuccessful have the True North Embedded Mental Health teams at your installation been at promoting mental health and resilience? Please explain.
- D1b. What factors impact the effectiveness of True North Embedded Mental Health teams at your installation to improve mental health and resilience?
- D2. How, if at all, do True North Religious Support Teams at your installation equip individuals with the skills needed to remain spiritually fit?
- D2a. How successful or unsuccessful have the True North Religious Support Teams at your installation been at equipping individuals with the skills needed to remain spiritually fit? Please explain.
- D2b. What, if any, data are collected to track the performance of True North Religious Support Teams at your installation?
- D2c. What factors impact the effectiveness of True North Religious Support Teams at your installation to equip individuals with the skills needed to remain spiritually fit?
- D3. How, if at all, does the True North Welcome Center at your installation improve the well-being of military and civilian personnel and their families?
- D3a. How successful or unsuccessful has the True North Welcome Center at your installation been at the well-being of military and civilian personnel and their families? Please explain.
- D3b. What, if any, data are collected to track the performance of the True North Welcome Center at your installation?
- D3c. What factors impact the effectiveness of the True North Welcome Center at your installation to improve the well-being of military and civilian personnel and their families?
- D4. How, if at all, do commanders impact the overall effectiveness of True North? (*PROBE: What actions can commanders take to improve the success of True North? What can they do to hinder success?*)
- D5. What are the strengths of embedding teams and services within units?
- D6. What are the weaknesses of embedding teams and services within units?

*E. Summary and Conclusion*

- E1. Before we end the discussion, is there anything else that you would like to share with us about how to measure and assess the success of True North or how to make the program more effective?

## Appendix B. Potential Measures for Evaluation of True North

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See associated spreadsheet, available at [www.rand.org/t/RRA1753-1](http://www.rand.org/t/RRA1753-1).

## Abbreviations

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A1Z	Department of the Air Force Integrated Resilience
APA	American Psychological Association
DAF	Department of the Air Force
DEOCS	Defense Organization Climate Survey
DoD	U.S. Department of Defense
EBH	embedded behavioral health
EMH	embedded mental health
HIPAA	Health Information Portability and Accountability Act
LCSW	licensed clinical social worker
MHC	mental health clinic
MOS	Medical Outcomes Study
MTF	military treatment facility
OPA	Office of People Analytics
PAF	RAND Project AIR FORCE
PCS	permanent change of station
PHI	protected health information
RAA	religious affairs airman
RST	religious support team
WGRA	Workplace and Gender Relations Survey of Active Duty Service Members

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