



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND INFANTRY DIVISION
UNIT #15041
APO, AP 96258

22 APR. 2016.

EIAD-CG

30 July 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter #01-4, Comprehensive Soldier and Family Fitness Program (CSF2)

1. References

- a. Department of Defense Directive 6490.04, Mental Health Evaluations of Members of the Armed Forces, 4 MAR 2013.
- b. AR 600-63, Army Health Promotion, 14 APR 2015.
- c. AR 638-34, Army Fatal Incident Family Brief Program, 19 FEB 2015.
- d. Army Directive 2010-01, Conduct of Army Regulation 15-6 Investigations into Suspected Suicides and Requirements for Suicide Incident Family Briefs, 26 Mar 10.
- e. USFK Regulation 40-216, Referral of Personnel for Mental Health Evaluation, 10 Dec 09.
- f. AR 350-34, Comprehensive Soldier and Family Fitness, 19 JUN 2014.
- g. FRAGO 14-10-24 to OPORD 14-049, Task 76, Psychotropic and Narcotic Drug Profile Management, 17 Oct 14.
- h. 2ID Suicide Incident Action Plan, 10 March 15.

2. This policy letter supersedes 2ID Policy Letter #45 (Soldier Well-Being) dated 23 September 2011. It remains in effect until rescinded or superseded. The program is renamed Comprehensive Soldier and Family Fitness Program (CSF2) IAW reference f.

3. PURPOSE. This policy letter promulgates my directives to leaders and military personnel at all echelons within the 2nd Infantry Division (21D) for the immediate and active utilization of programs that promote Soldier and family fitness. The policy letter also provides guidance on the responsibilities of 2ID Commanders with respect to suicide prevention.

SUBJECT: Policy Letter# 1-4, Comprehensive Soldier and Family Fitness Program (CSF2)

4. APPLICABILITY. This policy letter applies to all military personnel assigned or attached to 2ID.

5. POLICY. Commanders will send a welcome letter (sample at Enclosure 1) to the next of kin (NOK) for all newly assigned personnel. The welcome letter will contain phone numbers that NOK may use to contact both the chain of command and the Division Emergency Operations Center. Proper phone prefixes will be applied for a CONUS commercial call to a USFK DSN.

a. HQDA 3/5/7 has mandated a Comprehensive Soldier & Family Fitness (CSF2) program for Soldiers. CSF2 is designed to build resilience and enhance performance of Soldiers, their Families, and Army Civilians. In order to support, maintain and enhance an ongoing culture of resilience, 2ID will:

(1) Maintain and support Resilience Centers (RC) at the following locations, Camp Casey (210 FA BDE), Camp Hovey (Rotational ABCT), Camp Red Cloud (HHBN), K-16 (2CAB), and Camp Humphreys (2CAB). RCs are permanent-designated spaces that are manned by host 2ID units and utilized specifically for resilience training and will maintain a resilience focused training environment that includes the posting of resiliency posters, provision of division mandated handouts, documents, and surveys.

(2) Maintain one designated, and division approved, full-time senior MRT at the brigade and battalion level, with one Resilience Training Assistant (RTA) maintained per company in order to support the BDE's quarterly training requirements.

(3) Ensure every Soldier receives two hours of CSF2 approved resilience training modules (both fundamental resilience skills and enhanced performance) per quarter. All Soldiers will also complete one online Comprehensive Resilience Module (CRM) per quarter, for a total of 4 CRMs per year in the following domains: Family, Emotional, and Social. Spiritual dimension CRMs are voluntary. Soldiers will not be mandated or directed to complete Spiritual dimension CRMs.

(4) Track that Soldiers have completed their annual Global Assessment Training (GAT), either at the WRC and/or within 30 days of arrival to their home unit.

(5) Commanders will ensure timely visitation of all hospitalized Soldiers by their direct chain of command, NLT within 48-hrs after admission in order to ensure these Soldiers and/or their families are provided the support and assistance required throughout their hospitalization.

(6) Commanders will ensure daily patient tracking of all hospitalized Soldiers by their battalion medical providers to ensure proper medical care coordination throughout their Soldiers' hospitalization.

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(7) Commanders will immediately refer a Soldier for a behavioral health evaluation when the Soldier attempts to commit suicide, expresses a suicidal ideation, or engages in behavior that displays a suicidal gesture.

(8) All referrals for a behavioral health evaluation will adhere to the procedures established under DOD Directive 6490.04 Conduct of AR 15-6 Investigations into Suspected Soldier Suicides and Requirements for Suicide Incident Family Briefs, AR 600-63 Army Health Promotion, DA PAM 600-24 Suicide Prevention, and US Forces Korea Regulation 40-216 Referral of Personnel for Mental Health Evaluation.

(9) Soldiers who are referred for a behavioral health evaluation will be escorted to their appointments to ensure that all sessions are met. The Soldier's chain of command will follow-up all behavioral health appointments with the behavioral health care provider for any special instructions regarding Soldier care.

(10) Company Commanders will maintain active eProfile accounts (<https://medpros.mods.army.mil/eprofile/>) to review and validate Soldier physical and behavioral health profiles.

d. Commanders will initiate the following investigations under the following circumstances:

Investigation Types	Investigation Initiation Factors	Authorities
Administrative Investigation in accordance with AR 15-6 and Army Directive 2010-01	Every suicide and equivocal death which is being investigated as a possible suicide	AR 600-63, para 1-24.o DA Pam 600-24, para 2-5.a(12)
Line of Duty Investigation (LOD) in accordance with AR 600-8-4	For all deaths and injuries arising from suicide-related events (equivocal deaths, attempts, and acts of self harm) for Soldiers in an active duty or IDT status	AR 600-63, para 4-4.m(2)(d) DA Pam 600-24, para 2-10.b
Conduct an inquiry in accordance with Commander's Suspected Suicide Event Report (CSSER)	Every suicide attempt, suicidal ideation and suicidal gesture	AR 600-63, para 1-25 DA PAM 600-24, para 2-5.a(14)

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e. Army Directive (AD) 2010-01 (enclosure 1) provides guidance on the conduct of AR 15-6 investigations related to deaths resulting from suicides. In addition to consulting unit legal advisor before initiating an investigation, the investigating officer (IO) must coordinate with the LOD officer, the CID office that investigated the suicide, the Division Psychiatrist, and the Office of the Armed Forces Medical Examiner throughout the investigation. Furthermore, the IO must use the list of open-ended questions outlined in the AD 2010-01. The findings and recommendations of the investigations will be submitted to the Division Psychiatrist for tracking purposes.

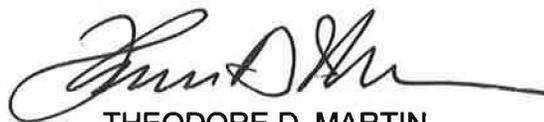
f. In addition to the AR 15-6 investigation, colonel-level Commanders or colonel-level designees appointed by me must offer a death investigation briefing to the deceased Soldier's primary next of kin in accordance with AR 638-34.

g. If a Soldier attempts to commit suicide, expresses a suicidal ideation, or engages in behavior that displays a suicidal gesture, Commanders will at a minimum initiate a Commander's Inquiry to determine the possible causes for the Soldier's actions and to assess their unit's response.

h. Commanders will ensure that various incentives and programs, as per policy letter #1-3, are integrated into their Soldiers' well-being, to include recognition of interventions. Recommendations for "star notes" from the 2ID Commanding General are highly encouraged for deserving cases.

i. Commanders will ensure that Soldiers are aware of the Strong Bonds program regardless of marital status or religious reference.

6. PROPONENT. Division Surgeon Office is the proponent for this policy. The proponent can be contacted at DSN 315-732-6020.



THEODORE D. MARTIN
Major General, US Army
Commanding

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HQ, 2nd Infantry Division
Camp Red Cloud, ROK
23 Mar 16

2ID TASKORD XXX (2ID Comprehensive Soldier and Family Fitness)

References:

- a. 8A OPORD 16-12-08-01 (8A Master Resilience Trainer (MRT) Course, 20 Jan 16.
- b. 2ID TASKORG 16-01-12-270.1 (2ID/RUCD MRT Course) 28 Jan 16.
- c. AR 350-53, Comprehensive Soldier and Family Fitness, 19 Jun 14.
- d. The Army's Comprehensive Soldier and Family official website: <http://armyfit.army.mil>

Time Zone Used Throughout Order: India

1. **SITUATION.** The Army established the Comprehensive Soldier and Family Fitness (CSF2) program to increase the fitness, health, and resilience of Soldier, Family members, and Army Civilians. To date, CSF2 has reached thousands of individuals across the Army and continues to build resilience throughout every level of the Army. CSF is at a critical "tipping point," as it is rapidly becoming part of our culture and lexicon. Research has shown that high psychological fitness is associated with good personnel actions and outcome, while low psychological fitness is associated with higher rates of a multitude of indiscipline. Maximizing psychological fitness is a readiness imperative. One of the Army top priorities is to develop a holistic fitness program for Soldiers, Family members, and Army Civilians IOT enhance performance and build resilience. 2ID/RUCD will now implement CSF2 program checklist at their level IOT support readiness and training.

2. **MISSION.** 2ID/RUCD will implement the CSF2 Command Inspection Program (CIP) checklist at the MSC level IOT provide 2ID Commander with an assessment of the unit's combat readiness.

3. EXECUTION.

a. Commander's Intent. To obtain a detailed assessment and combat readiness of all 2ID Soldiers, and Family members.

Key Task:

1) Identify a minimum of two Soldiers to perform duties outlined in AR 350-53, 19 Jun 14.

2) Gather resources to comply with 2ID CSF2 CIP Checklist Guide FY16 CSF2 as of 25 November 2015.

End State: To equip Soldiers with the skills to achieve balance in their lives and become resilient to the changing conditions affecting their lives and families.

b. Concept of the Operation. All MSCs comply with 2ID CSF2 CIP Checklist Guide (FY16 CSF2 Program as of 25 November 2015). MSCs are responsible for developing training plans, ensuring all Soldiers are available to attend training and complying with the standards that are outlined in AR 350-53.

c. Tasks to Subordinate Units. (2CAB, 210FA, 2ID SBDE, 23CBRNE, HHBN)

XX.C.1. Record MRT training statistics in Unit Status Report (USR) submissions and DTMS training records.

XX.C.2. Comply with the standards that are outline in AR 350-53(see enclosure 1, **CIP Checklist Guide FY16 CSF2 Program as of 25 November 2015**).

XX.C.3. **All units will appoint a unit primary and alternate CSF2 program manager with associated Appointment Orders to the DSO OPR MSG Davis NLT 14 APR 2016.** Both the Primary and Alternate CSF2 must be of the rank Sergeant or higher with an ASI-qualified (8R, 8J, 8K or 8L) MRT Instructor.

d. Tasks to Staff. N/A

e. Coordinating instructions. (2CAB, 210FA, 2ID SBDE, 23CBRNE, HHBN)

XX.F.1. MSCs and Subordinate units will review Army regulatory requirements outline in AR 350-53, 19 Jun 14 to insure compliance. (Refer to enclosures)

4. **SUSTAINMENT. None.**

5. **COMMAND AND SIGNAL:** OPR for this task is the Division Surgeon Office POC, MSG Terry L. Davis at DSN 732-7806 or on email at terry.l.davis89.mil@mail.mil.

Enclosures:



2IDCSF2 CIP
Checklist FY16.docx

1. 2ID CIP Checklist Guide FY16 Comprehensive Soldier and Family Fitness Program as of 25 November 2015.

ACKNOWLEDGE:

MARTIN
MG