DEPARTMENT OF ARMY
HEADQUARTERS, 2ND INFANTRY DIVISION
ROK-US COMBINED DIVISION,
BUILDING P6500, UNIT# 15041
APO AP 92671-5041

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EAID-CG

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Letter #7—Health Promotion, Risk Reduction, and Suicide Prevention

1. This policy letter supersedes ali previous versions of Health Promotion policy letters. It remains in effect until rescinded or superseded.

2. References.

a. Army Directive 2018-23, Improving the Effectiveness of Essential and Important Army Programs, 8 November 2018.

b. Army Regulation 15-6, Procedures for Administrative Investigations and Board of Officers, 1 April 2016.

c. Army Regulation 350-53, Comprehensive Soldier and Family Fitness, 19 June 2014.

d. Army Regulation 600-63, Army Health Promotion, 14 April 2015.

e. Army Regulation 600-92, Suicide Prevention Program, 08 August 2023

f. Army Regulation 638-34, Army Fatal Incident Family Brief Program, 19 February 2015.

g. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.

h. Eighth Army Command Policy Letter #11, Value of Life: Army Health and Wellbeing Promotion, Ready and Resiliency, Risk Reduction, and Suicide Prevention Program, 3 October 2020.

3. Applicability. This policy letter applies to all personnel assigned to, attached to, or under the administrative control of 2ID/RUCD.

4. Purpose. This policy letter presents guidance and establishes policy towards sustaining the health and well-being of Soldiers, Family Members, and Army Civilians.

5. Background. The readiness of our Army is paramount to our ability to fight and win on the battlefield. Promoting healthy lifestyles, reducing risk-seeking behavior, and preventing suicides 8:re tantamount to ensuring our readiness. The Army's strategic approach to mitigating suicide and high-risk behavior helps build cohesive units.

6. Policy

a. All commanders, leaders, supervisors, Soldiers, and Army Civilians are responsible for creating an environment that promotes healthy behaviors and supports readiness and resilience. This is accomplished by leaders who are meaningfully engaged with their Soldiers in order to ensure both their personal and professional wellbeing.

b. Every Soldier is responsible for promoting an environment that values seeking healthcare when it is needed and fights to remove stigma related to seeking help from Behavioral Health. All Soldiers should know how to access these resources for the benefit of themselves and their peers.

c. Commanders, leaders, supervisors, Soldiers, and Army Civilians must familiarize themselves with the abundant health promotion and risk reduction resources available. The appendices provide full det ils on the following programs:

(1) 2ID/RUCD Suicide Prevention Program (Appendix A): Leaders will ensure all Soldiers and Army Civilians receive adequate and consistent suicide prevention and awareness training. Commanders will be familiar with regulations and policies regarding Behavioral Health care and know when and how to refer Soldiers for evaluation.

(2) Tracking of At-Risk Soldiers (Appendix B): Leaders will utilize the Soldier Leader Risk Reduction Tool (SLRRT) among other sources of information to foster personal and professional knowledge of their Soldiers. For Soldiers at increased levels of risk, leaders will regularly identify risk factors, stratify risk, implement measures to mitigate risk, and brief the chain of command on these Soldiers' status.

(3) Comprehensive Soldier and Family Fitness (CSF2) (Appendix C): Leaders will utilize the CSF2 program to promote optimal resilience in Soldiers and Families through frequent resilience training and promoting use of the many local health promotion resources.

7. Proponent. The proponent for this policy letter is the 21D/RUCD C-1, Ready and Resilient Program. The proponent can be contacted at DSN 756-7137.

CHARLES LOMBARDO
Major General, USA
Commanding

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Appendix A

The 2ID/RUCD Suicide Prevention Program entails the following responsibilities:

1. Major subordinate commands (MSCs) will establish a MSC Unit Health Promotion Team (UHPT), also known as a Ready and Resilient (R2) Team, and conduct monthly or quarterly meetings to identify and analyze risks that impact the "Fight Tonight" readiness and resilience of their Soldiers, Civilians, and family members. UHPTs will coordinate health promotion, risk reduction, and suicide prevention activities by sharing information, trends, best practices, lessons learned, and training developments with each other. MSCs will participate in the 2ID Commander's Ready and Resilient Council (CR2C) meetings and provide relevant health promotion data.

2. Leaders will emphasize the well-being of-members of the Army family in the context of health promotion, risk reduction, and suicide prevention. Commanders and first-line supervisors should constantly engage Soldiers, Army Civilians, and Family Members in these efforts and ensure effective suicide prevention and intervention programs are in place within their organizations.

3. Commanders at all levels ensure suicide awareness and prevention training is provided to all Soldiers and Civilians. ***Ask, Care, Escort (ACE) training is the Army-approved suicide prevention and awareness training model for all Soldiers, leaders, Army Civilians, and Family Members.*** Annually, all Soldiers and leaders (to include Army Civilian leaders) will receive the appropriate ACE training. Completion of training will be documented in the Digital Training Management System (DTMS) and the Individual Training Record (ITR).

a. The key learning objective of ACE is awareness training (risk factors, warning signs, and resources). The following topics will be included in the annual training: the importance of BH, stress reduction, life-coping skills, alcohol and/or drug abuse avoidance, financial responsibility, conflict management, and marriage and Family-life skills.

b. There are no specific qualifications required to conduct ACE training. Commanders may select key personnel to serve as ACE trainers for their organizations. However, chaplains and their assistants in UMTs will assist commanders in providing suicide prevention and awareness training for Soldiers, Army Civilians, and Family Members in their respective units and communities.

c. ACE-SI is a 4-hour training module for all company-level junior leaders and first-line supervisors to include squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, company commanders, and Army Civilians assigned at the company level (E-6 and above). This is a one-time training requirement. Completion of this requirement will be annotated in the ITR.

d. All Companies will maintain at least one ACE-SI Tier II Trainer. ACE-SI trainers are also selected by commanders and are certified by attending ACE-SI Tier II (Train the Trainer) course conducted by the Installation Suicide Prevention Program Manager in partnership with the R2 Performance Center.

e. Brigades and Battalions will identify one SM to serve as a suicide prevention coordinator. This SM will be ACE-SI Tier II trained and on appointment orders. The SM will coordinate ACE-SI training for the unit and facilitate SAV and OIP inspections.

4. MSCs are required to maintain an active Suicide Response Team (SRT). The SRT is expected to convene within 24 hours of a suicide or a suicide attempt and assist the commander in assessing the situation and determining appropriate courses of action. The SRT is made up of key personnel, at the discretion of the Commander, which may include Chaplain, BHO, Surgeon, unit Command Team, etc. The SRT will also take actions necessary to provide for the immediate welfare of Families who have suffered a suicide or suicide attempt.

5. The SRT will conduct a case review and will submit a DA Form 7747, Commander's Suspected Suicide Event Report, IAW regulatory guidance and unit standard operating procedures pertaining to Fatality Review Boards (FRB)/Suicide FRBs. The DA Form 7747 must be submitted at three specific times:

a. Part I of DA 7747 will be submitted within 24 hours of incident.

b. Part II of DA 7747 will be submitted within 5 days of the incident.

c. Part III of DA 7747 will be submitted within 60 days of the incident.

6. Within 48 hours of a fatality, the 8A Commanding General (CG) convenes either a SRT Review or Initial Fatality Review (IFR) and receives results and recommendations from selected commanders and staff following those reviews. The SRT/IFR includes all available initial information and reports are discussed and reviewed to ensure the CG has a timely understanding of the incident. The decedent's MSC/BDE Commander will schedule the initial review. The MSC/BDE Commander will present the initial review.

7. Within 60 days of a fatality, the 8A CG convenes a review board with select 8A staff and MSC/Brigade command teams. If the fatality is assessed to be suicide related, a Suspected Suicide Fatality Review and Analysis Board (S2FRAB) will be executed. If the fatality was non-suicide related a Fatality Review Board (FRB) will convene. Both the S2FRAB and FRB are chaired by the 8A CG and briefed by the decedent's MSC Commander.

8. Commanders will ensure suspected suicides are investigated IAW AR 15-6, AR 600-8-4, and AR 600-63.

9. 0-6 Commanders or 0-6 designees must offer a death investigation briefing to the deceased Soldier's primary next of kin (NOK) in accordance with AR 638-34.

10. Commanders will immediately refer any Soldier who attempts to commit suicide or exhibits suicidal behavior for a behavioral health evaluation. Soldiers who are referred for a behavioral health evaluation will be escorted to their appointment. The Soldier's chain of command will ensure that Soldiers attend all sessions and will follow up with the behavioral healthcare provider for any special instructions regarding the Soldier's care.

11. Commanders will ensure daily patient tracking of all hospitalized Soldiers by their battalion medical providers and ensure proper medical care coordination throughout hospitalization and after discharge. Commanders are expected to ensure visitation of all hospitalized Soldiers by the direct chain of command within 48 hours of admission to provide these Soldiers and/or their Families with all required support and assistance.

12. Following a suicide attempt and at the discretion of the Commander, a Soldier Risk Management Forum (SRMF) will be held at the MSC level. Upon notification of scheduled SRMF, BN and CO CMD Teams will prepare to attend and to discuss contributing factors, lessons learned, and tangible recommendations to increase resiliency and decrease risk.

13. MSCs will conduct internal BDE R2 Team/Unit Health Promotion Team (UHPT) meetings quarterly. All Commanders should review any recent suicides prior to their quarterly UHPT meeting. This can include an evaluation of more detailed findings from any investigation not available during the SRT and a discussion of risk and resiliency factors.

14. The Korea-wide Suicide Crisis Lifeline - 0808-555-118; DSN 118 is a 24/7, toll-free hotline where the Military/Veteran's Crisis Line can be reached by pressing "1."; the Community Resource Guide (CRG); Military Family Life Counselors (MFLC); on-call duty Chaplains and Behavioral Health providers.

Appendix B

1. The Soldier Leader Risk Reduction Tool (SLRRT) is a series of questions about the physical, emotional/behavioral, occupational, social/interpersonal, and legal/disciplinary aspects of Soldiers. The Soldiers' responses may help leaders form a more comprehensive picture of the individual to connect them to the appropriate resources when necessary. The tool is designed to foster open dialogue between leaders and subordinates and assist leaders in identifying at-risk Soldiers. The SLRRT serves as a guide during the developmental counseling process and is not to be used as a single measure of a Soldier's level of functioning or to predict high-risk behaviors.

2. All first-line supervisors, including squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, company commanders, and Army Civilians assigned to the company level, will complete the SLRRT with their subordinate Soldiers within thirty days of arrival to 2ID/RUCD and quarterly thereafter.

3. Leaders should use the SLRRT along with other sources of information such as personal observations, reliable reporting sources, and past counseling sessions to help determine a Soldier's level of functioning and refer for assistance as indicated. First-line leaders stratify each Soldier's risk level using the criteria below (see Guide for Use of the U.S. Army SLRRT for further details):

a. Low Risk: Soldier has no significant problems or has a problem for which he/she is receiving appropriate support. The potential for adverse outcomes appears to be low.

b. Medium Risk: Behaviors or concerns place the Soldier at risk of serious problems if not addressed through appropriate action (e.g., Soldier experiencing serious financial problems, family/relationship, alcohol problems, or other concerns and is having trouble getting adequate assistance, Soldier exhibits a pattern of serious risk-taking behavior).

c. High Risk: Behavior or concerns place the Soldier or others in danger or harm's way (e.g., life-threatening risk-taking behavior, serious performance problems that jeopardize team members' safety, threat to self or others).

4. First-line leaders will send weekly updates to their respective Chain of Command for Soldiers they deem to be at-risk for adverse outcomes. Company Commanders will brief Battalion Commanders monthly to quarterly (at minimum) regarding the status of medium- and high-risk Soldiers. Battalion Commanders should use an easily readable graphic that contains all pertinent data, such as the Risk Reduction Baseball Card, for tracking Soldiers' risk levels and response to interventions and assistance.

Appendix C

The Comprehensive Soldier and Family Fitness (CSF2) is a program designed to build resilience and enhance performance of Soldiers, their Family Members, and Army Civilians.

1. One designated, MRT Level 1, certified Master Resilience Trainer (MRT) will be maintained at the division, brigade, battalion, and company levels. Soldiers attending MRT Level 1 training must be in the rank of E6-E8, WO1-CW4, O1-O4, or E5 with an ETP, and have at least 6 months left before their DEROS. Resilience Training Assistant (RTA) may be used to assist MRTs with quarterly training requirements. If RTAs are used, they will be certified IAW AR 350-53. Brigade MRTs will serve as the MSC POC for SAV/OIP inspections.

2. Soldiers receive resilience training based on mission requirements and the commander's training guidance. At a minimum, Soldiers will be taught the following 3 skills every 12 months: Real Time Resilience, Activating Event, Thoughts, Consequence (ATC), and Assertive Communication. All training will be documented in DTMS.

3. Family members and DA Civilians are authorized and encouraged to participate in resilience and performance enhancement training, including the MRT certification courses, and are encouraged to take the Azimuth Check, formerly the Global Assessment Tool (GAT), via the ArmyFit website. Additional training can be scheduled through the R2 Performance Center.

4. All Soldiers are expected to complete their annual Azimuth Check (formerly the GAT) during unit in-processing to gain a holistic assessment of their resilience, strengths, and areas for improvement.

5. All leaders within 2ID/RUCD should be familiar with local resources that help promote individual resilience and advertise to their Soldiers how to access and make use of these resources. These resources include but are not limited to: Army Wellness Centers, Chaplains programs, Military Family Life Counselors (MFLC), Army Community Service (ACS), Family Advocacy Program (FAP), Warrior Food Pantry, the Ready and Resilient Performance Center (R2PC), BOSS, SHARP, Warrior Adventure Quest (WAQ), MWR, Outdoor Recreation and Leisure Travel, Financial Readiness, Army Substance Abuse Program, Red Cross, and host nation cultural programs.