DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D INFANTRY DIVISION
ROK/US COMBINED DIVISION
BUILDING P6500, UNIT #15041
APO AP 96271-5041

EAID-CG

28 JAN 2020

MEMORANDUM FOR SEE DISTRIBUTION

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

1. This policy letter supersedes all 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 It remains in effect until rescinded or superseded.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 638-34, Army Fatal Incident Family Brief Program, 19 February 2015.

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

g. 8th Army Command Policy Letter #11, Army Suicide Prevention Program, 6 June 2019.

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 are tantamount to ensuring our readiness. The Army's strategic approach to mitigating suicide and high-risk behavior helps build cohesive units.

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6. Policy.

a. All commanders, leaders, supervisors, Soldiers, and Army Civilians are responsible for creating an environment that promotes healthy behaviors that support 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 details 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 in order 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) Leaders will utilize the Comprehensive Soldier and Family Fitness (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 2ID/RUCD Division Surgeon Office. The proponent can be contacted at DSN 756-7377.

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Major General, USA
Commanding

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Appendix A
Appendix B
Appendix C

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APPENDIX A

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

1. Major subordinate commands (MSCs) will establish a Brigade Health Promotion Team (BHPT) 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. BHPTs 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 on their local Commander's Ready and Resilient Council (CR2C) and provide relevant suicide prevention 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-Suicide Intervention (ACE-SI) is the 8A standard for individual Suicide Prevention training. ACE-SI training has four (4) key lessons: (1) suicide's impact and your role; (2) risk factors, protective factors, and stigma; (3) warning signs and intervention; and (4) resources.

a. All companies will maintain at least one ACE-SI trainer.

b. All Soldiers and Civilians must receive annual face-to-face training covering the four ACE-SI key lessons. Commanders will determine the duration, location, and means for conducting ACE-SI training.

c. An additional four hours of ACE-SI training is required for junior leaders, first sergeants, executive officers, commanders, and Army Civilians at the Company level IAW AR 600-63. This one time requirement builds intervention skills in a suicide situation. At their discretion, commanders may choose to replace this supplementary ACE-SI training with Applied Suicide Intervention Skills Training (ASIST).

4. MSCs are required to maintain an active Suicide Response Team (SRT). The SRT is expected to convene within 48 hours of a suicide or a suicide attempt and assist the commander in assessing the situation and determining appropriate courses of action. 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, to the 2ID/RUCD G1 within five working days of the crisis. The report will describe the subject's: personal identifying information, details of death, history of prior suicide attempts, personality and lifestyle, family and relationship history, known legal problems, occupational function, financial issues, and history of alcohol or drug use.

6. 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 make it to all sessions and will follow up with the behavioral healthcare provider for any special instructions regarding the Soldier's care. Company Commanders should maintain active eProfile accounts at https://medpros.mods.army.mil/eprofile/ to review and validate Soldier physical and behavioral health profiles.

7. 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.

8. Commanders will ensure suspected suicides are investigated in accordance with 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 NOK in accordance with AR 638-34.

APPENDIX B

Leaders must at all times know their Soldiers, both personally and professionally, in order to be effective leaders and to be able to identify which of their Soldiers are at higher risk for negative outcomes.

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 their Soldiers. The Soldiers' responses may help leaders form a more comprehensive picture of the individual in order 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 will 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 appear 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 or other concerns and is experiencing difficulty in 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, and division-approved, full-time senior Master Resilience Trainer (MRT) should be maintained at the brigade and battalion level, with one Resilience Training Assistant (RTA) maintained per company in order to support the brigade's quarterly training requirements.

2. Every Soldier is expected to receive two hours of CSF2-approved resilience training (fundamental resilience skills or enhanced performance) per quarter.

3. All Soldiers are expected to complete their annual Global Assessment Tool (GAT) to gain a holistic assessment of their resilience, strengths, and areas for improvement.

4. Leaders who identify Soldiers struggling with resilience should consider enrolling them for attendance at one of the 2ID/RUCD Warrior Resilience Workshops, which take place at least quarterly in both Area I and Area III. Workshop attendance can be coordinated by contacting the brigade's Behavioral Health Officers.

5. All leaders within 2ID/RUCD should be familiar with local resources that help promote individual resilience such as Army Wellness Centers and the Ready and Resilient Performance Center.

6. In order to optimize health, leaders must know and advertise to their Soldiers how to access and make use of any and all local resources, to include MWR, USO, BOSS, Leisure Travel, SHARP, EO, Army Community Services (ACS), Red Cross, Army Substance Abuse Program, Financial Readiness Programs, Army Emergency Relief, Family Advocacy Programs, and Military Family Life Counselors.

7. Commanders will send a welcome letter to all newly assigned personnel's next of kin (NOK). The welcome letter will contain phone numbers that the 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.