DEPARTMENT OF THE ARMY
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APVG-CG

08 MAR 2017

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 25th Infantry Division Policy Letter #15 – Health Promotion, Risk Reduction, and Suicide Prevention

1. References.

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

b. AR 600-63, Army Health Promotion, 14 April 2015.

c. AR 350-53, Comprehensive Soldier and Family Fitness (CSF2), 19 June 2014.

d. HQDA OPORD - Enduring Personal Readiness and Resilience, 30 November 2016.

e. USARPAC Health Promotion and Suicide Prevention Policy Memorandum 16-01, 08 January 2016.

f. The Deputy Chief of Staff, Army G-1, "Commander's Toolkit for Suicide Prevention:" available at http://www.armyg1.army.mil/hr/suicide/commandertoolkit.asp.

2. Policy. The readiness of our Army is paramount in our ability to fight and win on the battlefield. Sustaining the health and well-being of our Soldiers, Family members, and Army Civilians is the principal responsibility of leaders and personnel at all levels. To accomplish this, we are adopting the Army initiative to 'Take Action.' We are going to take action to integrate the full spectrum of programs and services under the Ready and Resilient (R2) umbrella. Promoting healthy lifestyles, reducing risk-seeking behavior and preventing suicide are priorities in this Command.

3. Actions. All commanders, leaders, supervisors, Soldiers, and Army Civilians are responsible for creating an environment that reduces the stigma of seeking help for behavioral health issues. It is incumbent on all of us to be aware of and recognize when someone may be at risk, and to be empowered to take appropriate action to save lives. Each of us is responsible for eliminating policies, procedures and actions that inadvertently discriminate, punish, or discourage Soldiers or employees from seeking professional counseling. All 25ID units will:

a. Focus on prevention. In an effort to promote Division-wide health, Soldier readiness and well-being programs, units will conduct quarterly brigade-level Health Promotion Team (HPT) meetings which identify, measure, track, analyze, and discuss issues and trends within their formations. Units should also develop mitigation strategies and identify best or promising practices for building protective factors with a focus on prevention. Battalions will conduct monthly Health of the Force (HoF) meetings aimed at improving Soldier and Family resilience and identifying and focusing resources on Soldiers deemed to be at-risk in any of the five dimensions: emotional, physical, social, family and spiritual, to include financial distress. Units will appoint Master Resilience Trainers (MRT) at all levels down to company. Leaders will ensure CSF2 resilience training is scheduled and conducted monthly to train the 12 resilience skills annually.

b. Improve detection. Suicide detection spans the spectrum of efforts from awareness and prevention to intervention. The Army's "ACE" – Ask, Care, Escort – initiative reflects this command's perspective on caring for the Army's most vital resource, our Soldiers. Every unit will ensure at least a third of their formation to include DA Civilians are trained in Ask, Care, Escort-Suicide Intervention (ACE-SI). Units will make a concerted effort to train Family members to the same degree by inviting adult family members to ACE sessions and offering training to Family Readiness Groups. Each battalion will have one training-for-trainers (T4T) on appointment orders as ACE-SI instructors (ASI "1S"). Each company-sized element will have one (or more) ACE-SI tier-2 trainers (T2T) capable of teaching the 4 hour ACE-SI course. In addition, companies will continue to focus on training all junior and first line leaders in accordance with (IAW) AR 600-63, para 4-7h.

c. Promote education and resources. There are many resources available to Soldiers, DA Civilians, Leaders, Commanders, and Family members and should be posted in unit areas. The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-TALK (8255), the call is routed to the nearest crisis center in the national network of more than 150 crisis centers. Military One Source (1-800-342-9647) offers multiple basic services. Schofield Barracks Health Clinic offers behavioral health services to Military Dependents at the Child & Family Behavioral Health clinic (808-433-8140). Active Duty Service Members can receive behavioral health care at their assigned Embedded Behavioral Health clinic: 2BCT (433-8601), 3BCT (433-8880), Fires and Sustainment (433-8475) and CAB (433-8601). Another program is: "Kids Hurt Too Hawaii," which offers peer support groups and mentoring programs, education, training and workshops and crisis management for grieving children due to parental divorce or death in the family (808-545-5683). Military and Family Life Consultants (MFLC) and unit Chaplains are also a significant source of

support. In the event of a suicidal event, commanders can request a Suicide Response Team (SRT), which convenes to bring a variety of agencies to the table to problem solve and offer support to the Soldier and Command team. All leaders will conduct annual training on the current Army policy toward suicide prevention, suicide-risk identification, and the early intervention with at-risk personnel. This includes how to properly refer subordinates to the appropriate helping agency, and how to create an atmosphere within their commands that reduces stigma and encourages help-seeking behavior. This training can be found on the Army G-1 website at http://www.armyg1.army.mil/hr/suicide/. Another excellent resource is the Army Public Health Center website at https://phc.amedd.army.mil/topics/healthyliving/bh/Pages/SuicidePreventionEducation.aspx, which contains suicide prevention tips, research and self-assessment screening.

d. Integrate care. Leaders will utilize an extraordinary degree of discretion when identifying and sharing information regarding Soldiers and civilian personnel seeking help. To this end, ensure that no Soldier is belittled for requesting assistance from behavioral health professionals and social workers. Similarly, ensure civilian employees are encouraged to access help available for them.

4. To ensure oversight of the suicide prevention program, the division will establish a Suicide Prevention Response Board (SPRB). The SPRB is a consortium of behavioral health and suicide prevention stakeholders that meet monthly to review mandatory training, identify potential prevention areas, conduct analyses and make recommendations in order to facilitate supportive care plans and gain lessons learned for prevention programs.

5. The success of our Army's health promotion, risk reduction and suicide prevention program depends on the concentrated focus of leaders on activities that encompass the physical, behavioral, spiritual, social, and cultural dimensions in our commands. The total effect of a solid program will be an overall improvement in unit and organizational performance and readiness through enhanced individual well-being.

6. This policy will be permanently posted on unit bulletin boards. Commands, to Company level, will publish a Health Promotion and Suicide Prevention policy in sync with this policy.

7. This policy letter remains in effect until superseded or rescinded in writing.

8. The point of contact of this policy letter is LTC Joe A. Ratliff, 25ID G-1, at (808) 655-1803 or joe.a.ratliff.mil@mail.mil

CHRISTOPHER G. CAVOLI
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