



DEPARTMENT OF THE ARMY
HEADQUARTERS, 10TH MOUNTAIN DIVISION (LIGHT INFANTRY) AND FORT DRUM
FORT DRUM, NEW YORK 13602-5000

AFDR-CG

09 September 2022

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Memorandum #6: Health Promotion, Risk Reduction, and Suicide Prevention

1. References.

- a. Army Regulation (AR) 600-63, Army Health Promotion, 14 April 2015
 - b. Department of the Army Pamphlet (DA PAM) 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015
2. This policy letter supersedes all previous versions of Health Promotion policy letters. It remains in effect until rescinded or superseded.
3. Applicability. This policy letter applies to all personnel assigned to, attached to, or under the administrative control of the 10th Mountain Division (Light Infantry).
4. Purpose. This policy letter presents guidance and establishes policy towards establishing health promotion, risk reduction, and suicide prevention efforts; improving the physical, behavioral, spiritual, environmental, and social health of all 10th Mountain Division (LI) Soldiers, Family members, and Army Civilians.
5. Background. The readiness of the 10th Mountain Division (LI) is paramount in our ability execute any mission in any AO. Sustaining the health and wellbeing of our Soldiers, Civilians and Families is a preeminent responsibility of leaders at every level throughout this command. Promoting healthy lifestyles, reducing risk-seeking behavior, and preventing suicides are a priority to this command. The 10th Mountain Division's (LI) 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 reduces the stigma of seeking help for behavioral health issues. On a daily basis, 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 actions to save lives.

b. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently discriminate, punish, or discourage Soldiers from seeking professional counseling. From prevention to intervention to post-intervention, all commanders, Soldiers, and Army Civilians should ensure that nobody is belittled for requesting assistance from behavioral health professionals and should encourage all others to access help available to them.

c. Each life lost to suicide is one life too many. Suicide prevention spans the gamut of effort from prevention, to intervention, to post-intervention. Each one of us has a personal role to play in preventing suicide. There are numerous resources available across the installation for those in need of help, including: your chain of command, the Embedded Behavioral Health Clinics, unit chaplains, unit physicians, and physician assistants, medics, first line leaders, and battle buddies.

d. Commanders, leaders, supervisors, Soldiers, and Army Civilians should familiarize themselves with the numerous resources available to those in need of help. In the appendices, leaders will find tools to help accomplish the intent of this policy. Listed below are some of the requirements:

(1) In accordance with Policy Letter #18, Increased Leader Visibility of Suicidal Soldiers and Dissemination of Lessons Learned, following any suicidal ideation or suicide attempt, the brigade commander will ensure that a leader conducts a personal interview with the Soldier for the purpose of supporting the Soldier and understanding surrounding the event. They will then share pertinent information and lessons learned up and down the chain of command as well as at the Installation Prevention Council and other applicable battle rhythm events. Please see the referenced memo for more specifics.

(2) Following any suicide death, a Suicide Response Team (SRT) will convene within 30 days. The meeting will be chaired by the Deputy Commanding General – Support. Required attendees include company, battalion, and brigade command teams, Installation Director of Psychological Health, Division Psychiatrist, and Suicide Prevention Program Manager (SPPM). Additional information will be gathered by the SPPM from other subject matter experts, to include casualty affairs, human resources, chaplain, public affairs, provost marshal/emergency services, staff judge advocate, medical treatment facility, criminal investigation department, and resilience. The purpose is to provide a holistic assessment of the Soldier through physical, behavioral, spiritual, family, and social lenses. It will also function as an AAR to determine timeline, risk and contributing factors, leadership engagement, mitigation actions, and lessons learned. Division level best practices will be shared with the brigade and battalion commanders.

(3) All Soldiers and Civilians must receive Ask, Care, Escort (ACE) training annually. All leaders E-5 and above, Officers, and Warrant Officers must receive Ask,

Care, Escort – Suicide Intervention (ACE-SI) v2.2 training once in their career. Each Company will have two certified ACE-SI v2.2 trainers that have completed the ACE-SI v2.2 Training for Trainers (ACE-SI v2.2 T4T). Company-level leaders should strive to establish Gatekeepers on every floor in their company barracks and ensure they have 1 Gatekeeper per 50 Soldiers in their formation. Gatekeepers have been trained by Fort Drum Army Substance Abuse Program (ASAP) with a two-day Applied Suicide Intervention Skills Training (ASIST) workshop for certification. The point of contact (POC) for ACE, ACE-SI v2.2, ACE-SI v2.2 T4T, and ASIST is the Soldier and Family Readiness Division (SFRD), Suicide Prevention Program at 315-772-9018. Resilience Trainers should be designated at the brigade, battalion, and company levels.

(4) Commanders will send a welcome letter (Appendix B) to all newly assigned personnel's next of kin. First line supervisors will counsel their subordinates within seven days of arrival to 10th Mountain Division (LI) and assess for baseline risk and record basic demographic information using the 10th Mountain Division (LI) Risk Determination Guide (Appendix A). Leaders should regularly reference and update their risk assessment. If the leader assesses the Soldier as high risk, they should utilize the High Risk baseball card for visibility. Commanders must ensure appropriate triage and care when a Soldier exhibits suicidal behavior, and must ensure visitation to hospitalized Soldiers.

(5) Aspects of physical health and wellness have direct implications on Soldier readiness, warfighting ability, work performance, and mental health. The physical dimension encompasses the areas of physical fitness and health, injury prevention, ergonomics, oral health, sleep hygiene, nutrition, and weight control.

(6) Enhanced spiritual fitness is reflection and practice of a lifestyle based on personal qualities needed to sustain one during times of stress, hardship, and tragedy. Commanders at all levels will encourage and provide for human self-development activities leading to increased spiritual fitness. Chaplains assigned under this command are the SMEs able to provide religiously informed spiritual guidance to Soldiers, Civilians and their Families upon request.

(7) Work schedules may be adjusted to permit health promotion education training, exercise, and spiritual fitness where possible and when it is consistent with the workload and mission. Mountain Family Time should be honored and enforced by all commanders unless specifically approved by the Commanding General.

(8) From a fundamental standpoint, the 10th Mountain Division (LI) ACE/CSSRS – Ask, Care Escort, and Colombia Suicide Severity Rating Scale - initiative reflects this command's perspective on caring for the Army's most valuable resource, our Soldiers, with a practical tool that Soldiers should carry at all times to assist anyone they encounter. Commanders will publicize the resources available on Fort Drum, as well as national outreach efforts, such as the National Suicide Prevention Lifeline, 1-800-273-

AFDR-CG

SUBJECT: Command Policy Memorandum #6: Health Promotion, Risk Reduction, and Suicide Prevention

TALK (8255); and the Military ONESOURCE Crisis Line Defense Center of Excellence Outreach Center, (800) 342-9647 or from outside the US, (484) 530-5908.

(9) Each MSC will participate in a combined local Mountain Wellness Council/ Commander's Ready and Resilient Council (CR2C). Commanders, command sergeants major and first sergeants will register for and maintain an active Army Vantage account with Commander's Risk Reduction Toolkit (CRRT) access in order to monitor and manage high-risk Soldier behaviors that negatively impact unit and Soldier well-being and readiness allowing for targeted prevention and intervention strategy planning. CRRT will be accessed every 30 days at a minimum. Account registration will be accomplished within 30 days of taking command or responsibility by visiting <https://vantage.army.mil>. POC for registration approval is the Soldier and Family Readiness Division (SFRD), Risk Reduction Program at 315-772-6705.

(10) In an effort to identify areas affecting Soldier and Unit readiness and well-being IAW AR 600-85, company level commanders will conduct a Unit Risk Inventory (URI) no earlier than 30 days prior to operational deployment as well as a Reintegration Unit Risk Inventory (RURI) survey within 30-90 days of return from deployment. IAW this policy, commanders will conduct a URI annually if one has not been completed in the previous 12 months. Commanders will arrange for survey administration by contacting the Soldier and Family Readiness Division (SFRD), Risk Reduction Program at 315-772-6705.

7. Proponent. The proponent for this policy letter is the Division Psychiatrist at DSN 774-0105.

2 Encls

1. Appendix A:
Risk Determination Guide
2. Appendix B: Welcome Letter



GREGORY K. ANDERSON
Major General, USA
Commanding

DISTRIBUTION:

A