



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 25<sup>TH</sup> INFANTRY DIVISION AND U.S. ARMY HAWAII  
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**13 JUN 2019**

APVG-CG

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: 25th Infantry Division (25ID) and U.S. Army Hawaii (USARHAW) Policy Letter #9 – Ready and Resilient, Risk Reduction, and Value of Life (Suicide Prevention)**

**1. References.**

- a. HQDA OPORD - Enduring Personal Readiness and Resilience, 30 Nov 16.
- b. AR 600-63, Army Health Promotion, 14 Apr 15.
- c. AR 350-53, Comprehensive Soldier and Family Fitness (CSF2), 19 Jun 20.
- d. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 Apr 15.
- e. AR DIR 2018-07 (Prioritizing Efforts-Readiness and Lethality), 13 Apr 18.
- f. AR DIR 2018-23 (Improving the Effectiveness of Essential and Important Army Programs: Sexual Harassment/Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience), 08 Nov 18.
- g. Memorandum, Secretary of the Army, Prioritizing Efforts-Readiness and Lethality (Update 7), 25 May 18.
- h. USARPAC Value of Life (Suicide Prevention) Policy Memorandum SUS38, 11 Apr 19.
- i. 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. 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 and USARHAW units will:

a. Focus on risk assessment, prevention, and intervention.

(1) The Risk Reduction Program offers the Unit Risk Inventory (URI) and the Reintegration Unit Risk Inventory (R-URI). These surveys are anonymous questionnaires designed to screen for high-risk behaviors and attitudes that compromise unit readiness. The results of the URI/R-URI are used to adjust training and prevention efforts within the unit. The URI is also a great tool for incoming leadership teams to assess the climate within their new unit.

(2) In an effort to promote 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.

(a) Units should also develop mitigation strategies and identify best or promising practices for building protective factors with a focus on prevention.

(3) 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 of strength: emotional, physical, social, family, and spiritual.

(4) Units will appoint a Master Resilience Trainer (MRT) with Additional Skill Identifier (ASI) 8R, 8J, 8K, or 8L on additional duty orders for each brigade and battalion. The appointed MRT will serve as the Ready and Resilient (R2) Manager, the principle advisor to the BDE/BN Commander on R2, will coordinate R2 training requirements, and prepare for Organizational Inspection Program (OIP) inspections.

(a) Units will appoint MRT at all levels down to company.

(b) Leaders will ensure MRT training is scheduled and conducted monthly to train the 12 resilience skills annually.

(5) Commanders will incorporate suicide prevention training into the overall training plan for the unit, with annual suicide prevention training being conducted face to face. Unit leaders will lead the training and may use assets such as chaplains, legal representatives, MRTs, or other subject matter experts. Commanders will determine the duration, location, and means for conducting training but are highly encouraged to execute the following face-to-face suicide prevention training:

(a) Ask, Care, Escort (ACE) and ACE-Suicide Intervention training (ACE-SI) training.

(b) ACE – Family member and DA Civilian training.

(c) Ready and Resilient (R2) Performance Center Engage training.

(6) Commanders will retain records of Soldiers' training and utilize Digital Training Management System (DTMS) to record Soldier and unit records and proficiencies.

b. Promote resources.

(1) The Installation Suicide Prevention Program Manager can be reached at 1-808-655-9105.

(2) The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Immediate assistance can be obtained by dialing 1-800-273-TALK (8255).

(3) Military and Family Life Consultants (MFLC) and unit Chaplains are also a significant source of support.

(4) In the event of a known or suspected suicide, 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.

4. In an effort to evaluate Suicide Prevention Program needs and coordinate prevention activities, the Garrison will establish a Suicide Prevention Task Force (SPTF) IAW DA Pam 600-24. The SPTF is a consortium of suicide prevention stakeholders that meet monthly to review mandatory training, identify potential prevention areas, conduct analyses, and make recommendations to the 25ID and USARHAW leadership regarding prevention efforts and policy guidance.

5. The success of our Army's readiness and resilience, 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 ensure that all Soldiers, DA Civilians, and Families are informed of this policy.

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SUBJECT: 25th Infantry Division (25ID) and U.S. Army Hawaii (USARHAW) Policy  
Letter #9 – Ready and Resilient, Risk Reduction, and Value of Life (Suicide Prevention)

7. This policy letter remains in effect until superseded or rescinded in writing.
8. The point of contact of this policy letter is the Ready and Resilient Program Specialist at (808) 656-0884.



RONALD P. CLARK  
Major General, USA  
Commanding