



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, NATIONAL TRAINING CENTER AND FORT IRWIN
FORT IRWIN, CA 92310-5000

23MAY12

AFZJ-CG

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: NTC Policy Letter 07, Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP) Program

1. PURPOSE: To define the NTC and Fort Irwin policy concerning Health Promotion, Risk Reduction and Suicide Prevention (HP/RR/SP) Program procedures and policies, create the Community Health Promotion Council (CHPC) Working Group, and to direct the involvement of the chain of command.

2. APPLICABILITY: This policy applies to all Soldiers, Family Members, Department of the Army Civilians, and units at the National Training Center and Fort Irwin.

3. REFERENCES:

a. Army Campaign Plan for Health Promotion & Risk Reduction FY 2011 (HP & RR FY11), July 2011.

b. AR 600-63, Army Health Promotion, 07 May 2007, RAR 07 September 2010.

c. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 December 2009, RAR 07 September 2010.

d. Army Suicide Prevention Program Guide for Installations and Units, 15 March 2008.

e. AR 600-85, Army Substance Abuse Program (ASAP), 2 February 2009.

f. Army Health Promotion, Risk Reduction and Suicide Prevention (HP/RR/SP) Report 2010 (The Red Book), July 2010.

4. BACKGROUND: All military forces have experienced increases in suicide during the last ten years of continuous combat operations in Afghanistan and Iraq; especially the Army, which has borne the brunt of combat in these theaters.

5. POLICY.

a. GOALS: The NTC and Fort Irwin HP/RR/SP Program will support the Army Campaign Plan for Health Promotion & Risk Reduction through training, education and awareness, and assisting commanders in creating and fostering an environment where:

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(1) Soldiers, Family members, and DA Civilians at risk for suicidal behavior are identified and receive successful intervention and appropriate care.

(2) Help-seeking behavior is encouraged and accepted as a sign of individual strength, courage and maturity.

(3) Positive life-coping skills are taught and reinforced by all leaders.

(4) Fort Irwin suicide trends (completed and attempted) are significantly reduced compared to previous rates and Civilian demographics.

b. IMPLEMENTATION:

(1) Appointment of the CHPC Working Group: The Garrison will establish a CHPC Working Group to plan, implement, and manage the local HP/RR/SP Program. The working group is a sub-committee of the Community Health Promotion Council (CHPC). The membership of this working group will be tailored to meet local needs.

(a) The CHPC Working Group will accomplish its mission by facilitating internal communications within the Fort Irwin community on issues related to at-risk behavior. The working group will collect and analyze data as well as identify trends and intervention shortfalls.

(b) The working group will make policy recommendations to assist commanders in directly helping Soldiers, Family members, and DA Civilians suffering from mental distress and address forms of at-risk behavior at the earliest possible stage, and improves compliance with existing regulatory requirements and traditional processes at installation and unit level.

(2) HP/RR/SP Training: Commands will ensure Soldiers, DA Civilians, and Family members are informed and procedures are in place for DA mandated HP/RR/SP training. Commanders will incorporate annual Suicide Prevention Training into Short Range Training Guidance and Yearly Training Calendar planning. Training will be more frequent for units that have been assessed with high risk behavior based off the Unit Risk Inventory (URI) or the Reintegration Unit Risk Inventory (RURI).

(3) Unit Gatekeepers: Each unit down to the Company/Troop level will appoint a Suicide Intervention Officer (SIO), E-6 or above, as an additional duty via a Memorandum for Record. The SIO will be the lead SP trainer and serve as the primary gatekeeper for the unit. SIOs will complete Applied Suicide Intervention Skills Training (ASIST), which is the Army-approved training for gatekeepers.

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(4) All Commanders, DES, CID, MEDDAC, Chaplains, PAO, DHR, SJA, ACS, DFMWR, DPT, CYSS, and other installation, organization, and community agencies, as needed, will support and enforce all requirements of cited references of paragraph 3 in this policy letter.

6. The proponent for this policy letter is the Alcohol Drug Control Officer, Army Substance Abuse Program, at 380-4035.



TERRY FERRELL
Brigadier General, USA
Commanding

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