MEMORANDUM FOR

Commanders, Fort Knox Partners in Excellence
Commanders, All Units Reporting Directly to this Headquarters
Deputy Chiefs of General Staff and Chiefs of Special Staff Offices, HQ USACC

SUBJECT: Policy Letter 8 – Promoting Health, Reducing Risk, and Preventing Suicide

1. References:

   a. AR 600-63 (Health Promotion), 7 May 2007/ Rapid Action Revision (RAR) Issue
      Date: 7 September 2010.

   b. DA PAM 600-24 (Health Promotion, Risk Reduction, and Suicide Prevention), 17
      Dec 2009.

2. Sustaining the health and well being of our Soldiers, Department of the Army (DA)
   Civilians, and Family members is one of the most important responsibilities of leaders and
   personnel at all levels and directly impacts on unit readiness. Promotion of healthy
   lifestyles, reducing risk-seeking behavior, and preventing suicide are a priority for this
   command and all tenant organizations on Fort Knox.

3. All commanders, leaders, supervisors, Soldiers, and DA 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 and recognize when
   someone may be at risk, and know we are all empowered to take appropriate action to save
   lives. Each of us is responsible for eliminating policies, procedures, and actions that
   inadvertently punish or discourage Soldiers, their Families, or DA Civilians from seeking
   help.

4. To this end, I charge everyone to ensure that no Soldier is belittled for requesting
   assistance from behavioral health professionals or social workers. Similarly, we must
   ensure civilian employees are encouraged to access available help. Leaders must utilize
   an extraordinary degree of discretion when identifying and sharing information regarding
   Soldiers and DA Civilians seeking help.

5. One 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. Commanders should utilize committees, task forces, and work
   groups (such as the Community Health Promotion Council) to assist them in identifying
   trends. Annual training and refresher training provide information for intervention. There
are numerous resources available for those who are in need of help. The Army’s “ACE” (Act, Care, Escort) initiative reflects this command’s perspective on caring for the Army’s most vital resource – our Soldiers, their Families, and civilians.

6. Commanders and leaders at all levels must be more than passively involved. I expect commanders to ensure all leaders are educated regarding behavioral health issues such as suicidal ideation, substance abuse, and other high-risk behavior and the effects it can have on unit climate. To assist in this effort:

   a. Commanders of redeploying Soldiers will administer the Reintegration Unit Risk Inventory (URI) between 90 and 180 days after redeployment. Additionally, Fort Knox and USACC commanders may administer the URI as a prevention tool.

   b. The use of the Army Center for Substance Abuse Program’s Risk Reduction Program (RRP) is another tool that is designed to help commanders identify trends. Each brigade commander (or higher) on Fort Knox is expected to brief the status of their programs during the quarterly FKKY CHPC. The RRP “shot group” chart from the previous quarter will also be addressed by each commander.

   c. Soldiers be will referred to the Army Substance Abuse Program counseling center for an evaluation within five working days of the commander becoming aware of any Soldier who tests positive for controlled substances, has a DUI incident, or whom there is an apparent abuse of alcohol or controlled substances. The goal is to return abusers to full duty status with positive, productive, and healthy lifestyles.

7. 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 wellbeing. A healthy unit is Army Strong!

8. The proponents for this policy are the Fort Knox ASAP Program Manager, 502-624-7031 and the USACC ASAP Program Manager, 502-624-5297.

   [Signature]

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   Brigadier General, USA
   Commanding