



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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ARNG-ARZ

23 November 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army National Guard (ARNG) Resilience, Risk Reduction and Suicide Prevention (R3SP) Campaign Plan

1. References:

- a. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP), 8 November 2010.
- b. AR 600-63, Army Health Promotion, 20 September 2009
- c. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 December 2009
- d. Army Suicide Prevention Program Guide for Installations and Units, 15 March 2008
- e. ACE Intervention Card, GTA 12-01-003, May 2008.
- f. U.S Army Medical Department (AMEDD) Suicide Events Reports (ASER), 10 June 2003
- g. AR 600-85, Army Substance Abuse Program (ASAP), 2 December 2009
- h. AR 165-1, Army Chaplain Corps Activities, 3 December 2009
- i. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, 4 December 2008
- j. AR 600-20, Army Command Policy, 30 November 2009
- k. ANRG Policy Memo, "Suicide Investigation Policy Amendment," 1 October 2010
- l. NGB Policy Memo, "National Guard Bureau Policy Implementation Guidance for the Department of Defense Yellow Ribbon Reintegration Program," 17 July 2009
- m. FORSCOM Policy Memo, "United States Army Forces Command Soldier Risk Policy and Tool (FSRPT)," 31 December 10
- o. The Deputy Chief of Staff, Army G1, Home page - Commander Tool Kit (<http://www.armyg1.army.mil/hr/suicide/>)
- p. Army Comprehensive Soldier Fitness Program Home page (<http://www.army.mil/csf/>)

2. Situation: In calendar year 2010, the ARNG suicide rate exceeds 100 suicides committed by ARNG Soldiers. This unprecedented increase from the previous three years of recorded suicide is a lagging indication of the challenges and stress of serving as a Citizen / Soldier for an

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operational reserve compounded by many of the socio-economic indicators such as increased unemployment and joblessness rates amongst the population as a whole.

3. Mission: The ARNG Campaign Plan will be implemented to become the core framework by which leaders should direct actions necessary to implement immediate but enduring solutions that will promote resilience amongst our Soldiers and Family Members, develop and enhance leader skills to recognize and mitigate high stress and at-risk factors, and facilitate the longer term reduction in ARNG at-risk behaviors and suicidal actions. This plan outlines the goals and responsibilities for implementing and maintaining an aggressive, holistic Resilience, Risk Reduction, and Suicide Prevention (R3SP) Program. This R3SP Campaign Plan applies to all Leaders, Soldiers, Family Members, and Civilians within the force.

- a. Establishes oversight for the R3SP Campaign.
- b. Provides a basis for modifying and strengthening existing R3SP services and programs.
- c. Establishes minimum training requirements.
- d. Recommends the establishment of a Resilience, Risk Reduction and Suicide Prevention (R3SP) Council at each JFHQ.
- e. Recommends the Chief of Staff serve as the integration and synchronization element of the JFHQ R3SP Council.
- f. Provides guidance for the implementation of formal and integrated R3SP training in each State and Territory beginning in the Recruit Sustainment Program (RSP) and including all levels of Professional Military Education for Officers, NCOs and civilians as well as stand-alone courses that specifically train R3SP skills.
- g. Provides the guidelines for reporting of suicides and the completion of the VCSA 37-line report, the ARNG SRG 6-line report, an AR 15-6 investigation for each suicide IAW Director, Army National Guard policy and the initiation of a Line of Duty investigation IAW AR 600-8, Paragraph 4-11, as applicable.
- h. Establishes the requirement to submit an overview of the State R3SP plan using the template provided in Annex G within 30 days of issuance of this campaign plan.
- i. Identifies the following Lines of Effort (LOE) and the proposed Leader or Staff proponent for related efforts:
 - (1) LOE 1: Develop, implement and supervise an integrated / synchronized framework for JFHQ staff focus on R/RR/SP efforts (CofS).
 - (2) LOE 2: Provide accessible behavioral health care including embedded behavioral health (TBH), tele-behavioral health, periodic Behavioral Health screenings / assessment and case management as well as Substance Abuse Treatment (Surgeon).
 - (3) LOE 3: Promote pre-accession screening; Integrate resilience and risk reduction into Recruiting and Retention efforts including the GAT and CRMs, RSP Resilience and Peer Support / Soldier to Soldier (S2S) Programs (Recruiting and Retention Command).

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(4) LOE 4: Create a climate that de-stigmatizes help-seeking behavior; promotes Peer Support and reinforces the Family as the first line of defense (State and Unit Leadership).

(5) LOE 5: Establish a Substance Abuse (SA) prevention, outreach and treatment pilot program for DAT failures and post-mob PHDRA referrals and service related issues (G1 – Prevention and Outreach / Surgeon - Treatment).

(6) LOE 6: Establish an ARNG Master Resilience Training (MRT) program with supporting Resilience Training Assistance (RTAs) and integrate resilience, risk reduction and suicide prevention training into the Officer, NCO and civilian education process including R3SP orientation and familiarization training within existing courses taught at the Regional Training Institute (G3).

(7) LOE 7: Establish an ARNG web presence to promote resilience, risk reduction and suicide prevention awareness; utilize Social Media to promote Peer Support and leader engagement and provide doctrinal materials for the use of Social Networking to promote awareness and between-drill interaction (G6).

(8) LOE 8: Utilize employment assistance and education outreach programs and initiatives to reduce unemployment / underemployment and promote education and professional development to improve financial stability and readiness for ARNG Soldiers and Families (G1).

(9) LOE 9: Develop, disseminate and refine a Strategic Communications (STRATCOM) plan to inform and educate the ARNG leaders, Soldiers and Family members of the focus and intent of the R3SP efforts (G5).

(10) LOE 10: Establish the roles and responsibilities of the First Line Leader (FLL) as the primary advocate for R3SP functions at the squad / section / team level by providing awareness, information, tools and initiatives to promote this role.

Staff Integration / Unity of Effort

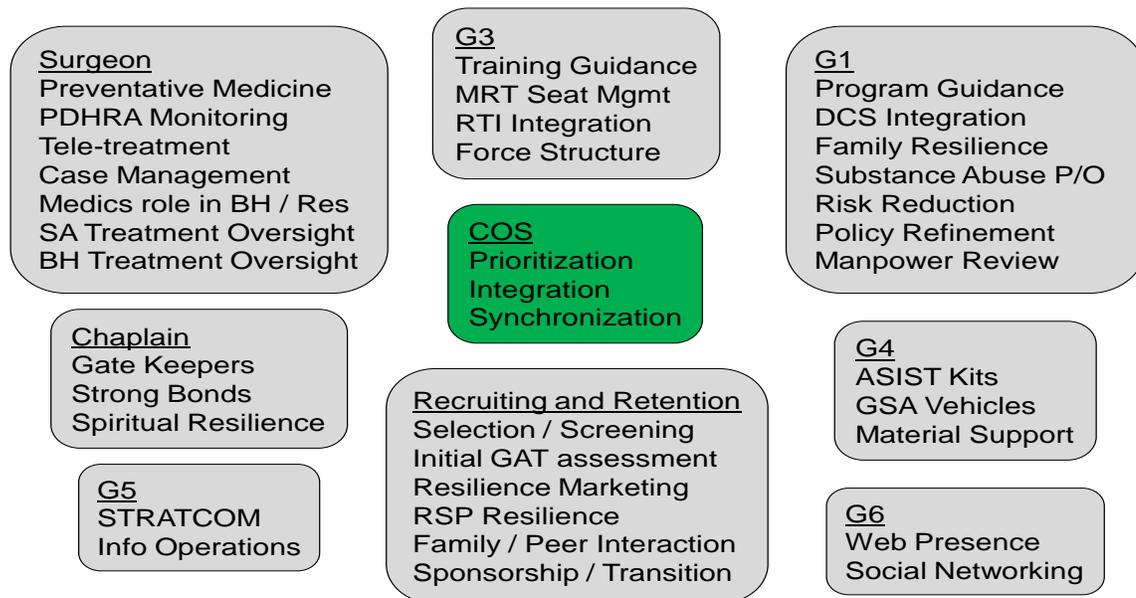


Figure 1. Key Stakeholders and Enablers for R3SP Efforts

j. Identifies the following stakeholders and enablers for ARNG resilience, risk reduction and suicide prevention efforts (see Figure 1 above):

- (1) State leadership
- (2) JFHQ / DIV Primary and Special Staff
- (3) Gatekeepers (Chaplains, Chaplain Assistants, Behavioral Health Officers, Substance Abuse Counselors, etc.)
- (4) Unit Leadership
- (5) First Line Leaders and supervisors
- (6) Soldiers / Peers
- (7) Family Members
- (8) Civilians and Contractors
- (9) Employers

k. Defines the ARNG Resilience, Risk Reduction and Suicide Prevention Model (Figure 2) to provide lifecycle management and focus of R3 efforts from enlistment through retirement through the identification of decisive points, shaping actions and stakeholders to develop and sustain resilience and continually monitor and manage risk.

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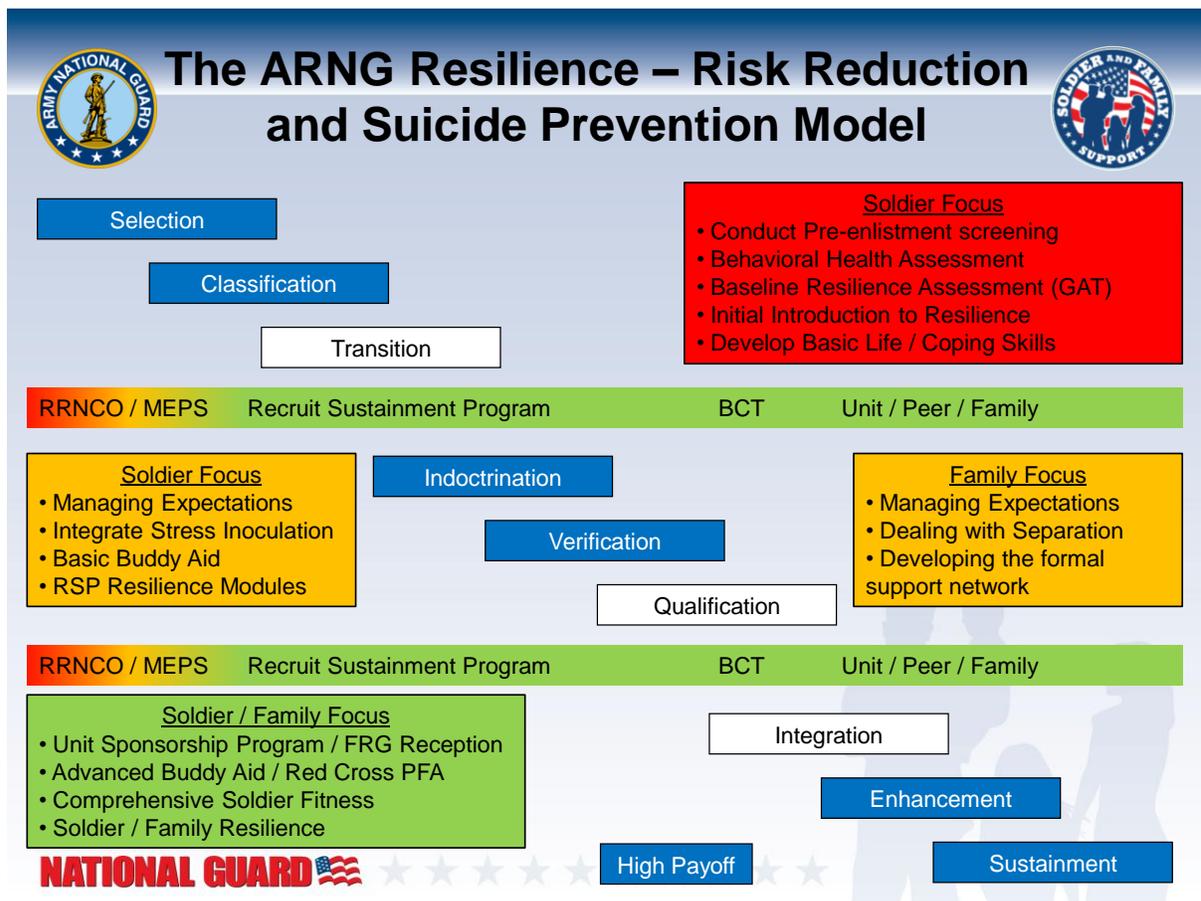


Figure 2. ARNG R3SP Model

(1) Selection of quality Soldiers who possess the basic skill sets and sufficient resilience to adapt to the challenges of their transition into the ARNG and their preparation for Basic Combat Training (BCT) and MOS qualification, transition to their assigned unit and potential deployment or mobilizations

(2) Classifying the resilience of these Soldiers through their Military Entry Processing (MEPS) assessment, observation, NCO supervision and completion of the Global Assessment Tool shortly after enlistment to determine their baseline resilience level

(3) Transition from student or citizen to BCT-ready Soldier through their experience within the ARNG Recruit Sustainment program including the formal introduction of the Peer Support Program (Soldier to Soldier (S2S)), establishing a support network including fellow Soldiers, Family Members and friends, managing expectations and increasing their resilience through training and NCO supervision

(4) Indoctrination of the Soldier and ARNG family into the organization through formal unit sponsorship, leadership interaction for the Soldier, and Family Readiness Group (FRG) interaction for the Family

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(5) Verification of the Soldier's and Family's increased resilience levels through completion of the respective GAT tests and continued observation and support provided by unit and FRG leadership

(6) Qualifying the Soldier and Family for the rigors and challenges of operational requirements including separation / deployment

(7) Integrating the Soldier into the family, community, workforce, etc upon return from short-term missions or extended deployment to facilitate post-traumatic growth, stability and successful transition from Soldier to citizen, Family Member, parent, etc.

(8) Enhancing the resilience and risk reduction skill sets and abilities developed during the Soldier's service

(9) Sustaining the resilience level of the Soldier and Family for the duration of their service in the ARNG.

4. Execution:

a. **Director, ARNG Intent.** The intent is to promote resilience in our Soldiers and families, develop leaders who can recognize high stress or risk factors in our ranks and mitigate them through interaction or intervention with the end result being a reduction in the ARNG suicide rate. We should conduct a thorough, comprehensive analysis of existing resilience and risk reduction systems and processes to take immediate action to adapt and improve enduring resilience, risk reduction and suicide related programs and operations.

(1) JFHQ should ensure they have appointed a Resilience and Risk Reduction Program manager (R3PM); the current Suicide Program Prevention Manager (SPPM) position description is in the process of conversion to the R3PM and an R3 Specialist position to provide additional flexibility in manning this position. The R3PM is responsible for managing the R3SP Action Plan with the Chief of Staff leading the integration and synchronization efforts of the Staff to ensure unity of effort and coordinated action. It is recommended that the R3PM be a full-time Soldier without any collateral duties. The recommended grades of the R3PM are a Non-Commissioned Officer (NCO) in the grade of E-7 or above, a Warrant Officer in the grade of W-2 or above, or an Officer in the grade of O-3 or above based upon the assigned strength and geographical dispersion of the respective state.

(2) Each unit down to the Company / Battery / Troop level should appoint a Suicide Intervention Officer (SIO), E-6 or above, as an additional duty via a Memorandum for Record. The SIO should be the lead suicide prevention trainer and serve as the primary gatekeeper for the unit. SIOs should attend the ASIST course and be conversant in both ACE training programs. It is also recommended that Combat Medics, MOS 68W, are trained in basic resilience, behavioral health awareness and suicide intervention skills.

(3) All Soldiers should be given the ACE (Ask, Care, Escort) suicide-response pocket cards (GTA 12-01-003), if they don't already possess them and be inspected by first line leadership periodically to ensure they are carried on the Soldier or leader while on duty.

(4) Officers and NCOs should receive FORSCOM Soldier risk policy tool training on leader functions as it relates to recognizing and dealing with at-risk or high stress factors and suicidal behaviors.

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(5) Resilience, risk reduction and suicide prevention training should be integrated into all phases of the Yellow Ribbon Program (YRP) IAW established YRP policy.

(6) JFHQ should have at least two Master Resilience Trainers (MRTs) and two Applied Suicide Intervention Skills (T4T) Suicide Prevention Trainers; additional training seats for MRT will be allocated by NGB as available based upon assigned strength, upcoming deployments and state at-risk factors. Resilience and ASIST Suicide Prevention education models should be integrated into the overall R3SP Program, when possible. A complete program description of the MRT Course is available at https://secureweb2.hqda.pentagon.mil/.../Master_Resilience_Training_Course.asp, and a description of ASIST can be found at <http://www.livingworks.net>.

(7) Each Battalion and Brigade should have a MRT, E-7 or above, as an additional duty via a Memorandum for Record. The unit MRTs should attend the MRT Course and submit a DA 4187 submitted upon return to have the accompanying Additional Skill Identifier (ASI) permanently awarded so they can be identified through the TAPDB-G personnel database. MRTs at these levels should be able to teach Soldiers and Families within their command and be conversant in advising the Battalion / Brigade Commanders on resilience training.

(8) The R3SP Council should oversee Resilience, Risk Reduction and Suicide Prevention Program Management and develop an R3SP program based on the key activities listed below, at a minimum:

(a) Education: Resilience and risk reduction education is a continuous process throughout the training year as well as when units are in the ARFORGEN or deployment cycle. MRTs and R3PMs should utilize a combination of available training materials, products and programs to ensure the Army, ARNG & Command visions for resilience and risk reduction are internalized by every Leader, Soldier and Family Member. Additionally, MRTs and R3PMs should leverage annual "focus months" directed by HQDA and State Leadership that highlight awareness and focus on resilience, suicide prevention and family. For example, Suicide Prevention Month occurs every September and affords R3PMs and Commanders at all levels the opportunity to place additional emphasis on the need for risk reduction prevention training as well as informing their units on the human cost of suicide and its associated second and third order effects.

(b) Resilience Support Network: JFHQ MRTs, in conjunction with the Family Programs Office, Family Assistance Centers, Employer Support of the Guard and Reserve Office and related State/local/community agencies, should establish a Soldier-Family Support Network to enable the resilience and stability of Soldiers, families and civilians.

(c) Crisis Intervention: The JFHQ R3PM, in conjunction with the Director of Psychological Health and State Surgeon's Office, should develop a list of community resources and develop memorandums of agreement (MOAs) with these agencies providing resources in the realm of crisis intervention and postvention.

(d) Treatment: The JFHQ R3PM, in conjunction with the State Surgeon's office and State Director of Psychological Health (DPH), should develop a list of community treatment resources and develop MOAs with these agencies providing treatment.

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(e) Post-Suicide Intervention. The JFHQ R3PM should create Standard Operating Procedures (SOPs) for dealing with postvention incidents. These SOPs should include battle drills for the various levels of response from JFHQ down to Company level. All aspects of the postvention should include support services to the Family, the Soldier's unit, conducting an AR 15-6 investigation, and any epidemiological survey.

5. Concept of Operation:

a. General.

(1) Access to Care: JFHQ should ensure that Soldiers have access to quality behavioral health care and substance abuse treatment, regardless of status or deployment history as available. Priority of effort should include being able to identify and utilize internal resources in addition to local, State and federal assets. Behavioral health (BH) and substance abuse (SA) issues take a significant toll on the readiness of the ARNG. Leaders must understand that BH wellness is not simply the absence of psychiatric or psychological problems; BH promotion influences overall well-being and promote a healthy and ready force. It involves a complex network of factors from wide-ranging social and programmatic areas (for example, medical, housing, finance, social services, education, etc). Likewise, when BH problems are not addressed, they can be manifest in alcohol and substance misuse, leading to a comorbidity of both a BH concern (for example, depression, anxiety or post-traumatic stress) and substance abuse. Thus, for BH promotion efforts to be successful, efforts must take a multi-sectoral approach and address the challenge of promoting BH by targeting interventions at multiple BH-related areas. The three cornerstones of effective strategies to promote optimal BH include:

- (a) Strengthening individuals
- (b) Strengthening communities
- (c) Reducing structural barriers to well-being

(2) De-Stigmatization of Seeking Behavioral Health Assistance and Services: Commanders at all echelons should encourage their Soldiers to seek counseling or reach out to a fellow Soldier or superior in conjunction with heightened awareness of Peers and Family members through use of Peer to Peer support training (i.e. Soldier to Soldier). Leaders must create a command climate supportive of behavioral health programs and treatment. Leaders who are experiencing stressors should seek help and should de-stigmatize behavioral health counseling by setting an example for their subordinates to follow.

(3) Well-Being: Leaders at all levels should encourage their Soldiers to live healthy lives and to avoid high-risk behaviors. Commanders should utilize existing Army and ARNG resilience and risk reduction STRATCOM materials to engage Soldiers in areas such as physical fitness, nutrition, substance abuse, and behavioral health among others.

b. Resilience, Risk Reduction and Suicide Prevention Council (R3SPC). The R3SPC should be an enduring senior JFHQ-level advisory body focused on R3SP governance, policies, structure, process and programs. This Council should act to rapidly assess, adjust and approve all tasks related to R3SP.

(a) Senior JFHQ Leadership: Appoints the Chair of the Council and retains final approval authority of tasks presented by the Council and / or ARNG staff and proponents.

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- (1) Nominate out-of-cycle policy and / or resource solutions.
 - (2) Provide oversight, synchronize efforts, and resolve issues.
 - (3) Identify priorities and establish the R3SP focus.
 - (4) Approve published minutes for each meeting.
 - (5) Recommend implementation of solutions.
 - (6) Establish subgroups and assign work to members to achieve R3SP objectives.
 - (7) Have tasking authority to assign work to other organizations to achieve R3SP objectives.
- (b) JFHQ/DIV Staff and Proponents: Provides representatives to the Council as specified in the charter (sample included in Annex H).
- (c) Council Members: The members normally serve for a minimum of 1 year, subject to reappointment at the end of the year. Members should have authority and responsibility to provide resources to assist with achievement of R3SP Council goals. The membership should include the following (also in Figure 3):
- (1) Chief of Staff or Designated Chair.
 - (2) Deputy Chair to serve as Coordinator.
 - (3) State Command Sergeant Major.
 - (4) J-1/G-1, Human Resources.
 - (5) Family Programs Director.
 - (6) J-4/G-4, Logistics.
 - (7) J-3/G-3, Plans, Training, and Mobilization.
 - (8) J-6/G-6, Information Management.
 - (9) J-8/G-8, Finance.
 - (10) State Surgeon.
 - (11) State Chaplain.
 - (12) Public Affairs Officer.
 - (13) State Judge Advocate General.
 - (14) Recruiting and Retention Commander.

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(15) BCT Commanders or Brigade equivalent Commanders or their representative.

(16) Consultants, as needed, from external agencies to assist with safety, public affairs, personnel support and substance abuse / medical / dental / behavioral providers.

(17) Other agencies such as American Red Cross, Schools organizations, fitness/food service/nutrition advisors, and other selected community members.

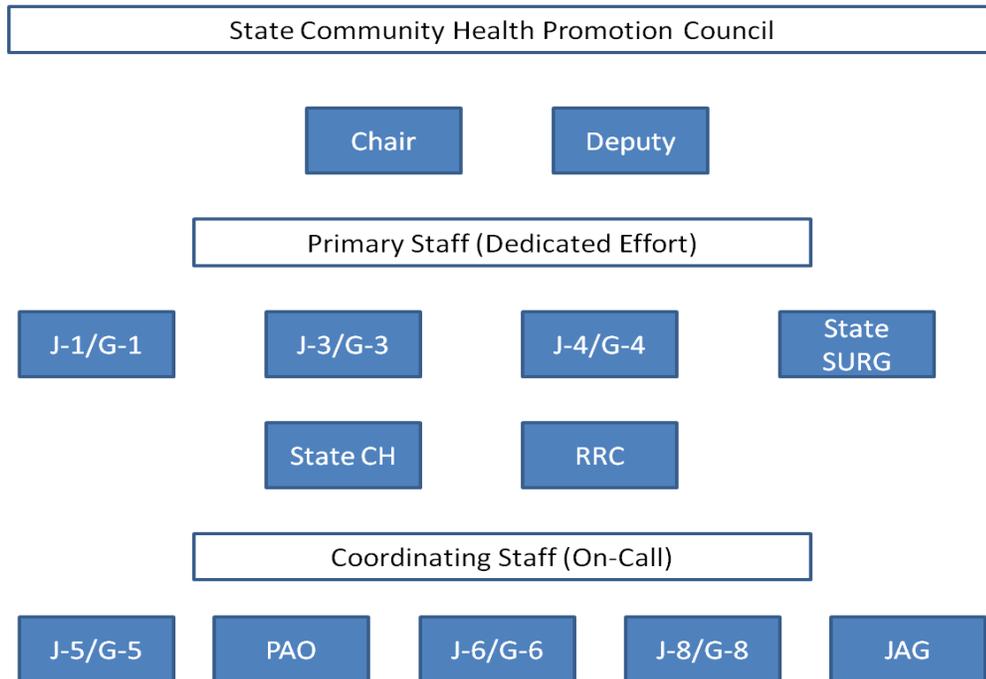


Figure 3. Recommended State Resilience, Risk Reduction and Suicide Prevention Council

(d) State R3SP Council goals. The Council should be organized to provide a comprehensive approach to resilience and health promotion, and be concerned with the environment and its relationship to people at the individual, organizational, and community levels. The Council should identify and eliminate redundancies and voids in programs and services by evaluating population needs, assessing existing programs, and coordinating targeted interventions. Additionally, it should ensure health promotion programs comprise the following functional areas:

- (1) Health education/health promotion processes to raise individual and community awareness.
- (2) Behavioral health interventions to improve psychological health and reduce self-destructive behaviors.
- (3) Physical programs directed towards achieving optimal physical wellness.
- (4) Spiritual programs to foster spiritual awareness and enrichment.

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(5) Environmental and social programs that promote and sustain healthy lifestyles, strengthen community action, and encourage proactive public health policies.

(e) Support to the Council: Each of the Council members should designate a supporting member who is available to the Council to serve as their representative in their absence

(f) Council Validation of the State R3SP Campaign Plan: The Council should review and approve this plan prior to submission to NGB.

(g) Council Process.

(1) Orientation Meeting: The orientation meeting is used to develop and/or validate tasks/actions/programs and their impact on R3SP.

(2) Regular Meeting Cycle: Following the initial Council orientation meeting, regular Council meetings should take place on a designated schedule. These meetings are intended to highlight actions within programs and how to continue to improve / synchronize them to ensure maximum effectiveness. Council meetings should include the following:

- (a) Roll Call of Council members present
- (b) Review of prior meeting minutes
- (c) Discussion of prior due-outs to the Chair
- (d) Introduction and approval / rejection of new tasks or projects
- (e) Review and discussion of open tasks and status change requests

(3) Meeting deliverables: The Council members act as advisors to the TAG on R3SP programs and services. The principal tasks are to:

- (a) Assess community needs.
- (b) Analyze data resulting from program assessments or evaluations.
- (c) Inventory resources.
- (d) Develop, implement, and evaluate courses of action to address identified community needs.
- (e) Integrate existing health promotion programs with other similar installation and community programs.
- (f) Develop a comprehensive marketing plan based on existing resources and demographics.
- (g) Report progress, challenges, and successes to the TAG.

c. **Resilience Training.** Resilience training is an important component of a holistic approach to comprehensive Soldier and family fitness. Resilient Soldiers and their Family Members have

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developed the life and coping skills necessary to successfully handle the stressors in their lives as well as the ability to bounce back and have positive growth when a traumatic event occurs. This growth is known as post-traumatic growth and is the desired outcome of the resilience program.

(1) ARNG Resilience Program: The ARNG framework system is fundamentally intended to integrate and synchronize resilience processes, programs, issues, and initiatives across the ARNG. This approach will facilitate senior ARNG leader decision-making related to resilience program priorities and funding. It includes but is not limited to many of the formal resilience programs currently in use or under development including Army Comprehensive Soldier Fitness (CSF), the Kansas National Guard (KSNG) Flash Forward Program, NGB Warrior Care, the Soldier to Soldier (S2S) Peer Support Program and others as applicable. The following actions should be taken:

(a) Establish strategic oversight of resilience processes, to include the Master Resilience Trainer (MRT) Course, certification of Resilience Training Assistant (RTAs) and other formal processes that focus on resilience and coping skills. Strategic integration provides more effective stewardship of resources, establishes “unity of effort” for resilience program priorities, and supports the remaining objectives of this action plan.

(b) Address resilience from a holistic perspective across the State’s entire ARNG community. Such an approach leads to improved prioritization, results oriented decisions and effective resource stewardship and management.

(c) Define goals, strategies, and objectives to guide progress toward a defined strategic end state. Precisely developed milestones provide necessary discipline to a complex system and guard against creating false expectations.

(d) Evaluate performance, progress and results and ensure the program defines achievable and measurable standards as applicable. Performance measurement and evaluation enable more informed policy decisions and help determine the effectiveness of resilience strategies while avoiding program overlap, redundancy or potential program gaps.

(e) Develop a Strategic Communications (STRATCOM) plan to raise awareness and understanding of the importance of resilience, its impact on Soldiers, civilians, and Family Members and its relevance to the ARNG roles and missions.

(2) ARNG Resilience and Army Comprehensive Soldier Fitness (CSF): The Army established CSF in order to increase the resilience and performance of Soldiers, Family members, and Department of the Army Civilians (DACs). CSF is a holistic approach that trains specific resilience techniques through a program of continuous self-development designed to increase physical, emotional, social, spiritual, and family strengths. The ARNG supports CSF as an element of the overall ARNG Resilience program to develop a fit, resilient, and ready ARNG. As part of the ARNG Resilience Program, CSF is a long term strategy to expand the assessment and training of every member of the Army, ARNG, and Army Reserve. It provides instruction on specific mental and physical skills that Soldiers and Family Members can use to enhance performance when facing challenges, regardless of whether those challenges are in their personal / professional lives, during drill, or in combat. First line leaders (FLLs) are taught how to instill and sustain these qualities in their subordinates as part of their leadership training.

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(a) Focus on Five Dimensions: The ARNG intent is to have a holistic fitness program that should build the resilience and enhance the performance of Soldiers and their families. The five dimensions that are targeted are:

1) Emotional: Approaching life's challenges in a positive, uplifting, optimistic way; demonstrate self control, stamina and good character with choices and actions.

2) Social: Developing and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication, including a comfortable exchange of ideas, views and experiences.

3) Family: Being part of a family unit that is safe, supportive and loving and provides the resources needed for all members to live in a healthy and secure environment.

4) Spiritual: Strengthening a set of beliefs, principles or values that sustain a person beyond family; seeking institutional and societal sources of strength.

5) Physical: Performing and excelling in physical activities that require aerobic fitness, endurance, strength, healthy body composition and flexibility derived through exercise, nutrition and training. This last dimension is addressed through physical fitness training and assessed using the Army Physical Fitness Test (APFT).

(b) The Soldier Fitness Tracker (SFT) Website: This tool will also allow unit leaders to verify which Soldiers have started and completed the Global Assessment Tool (GAT) although individual Resilience baseline information or module completion is not accessible to unit leadership. In other words, leaders can only do roll-up of which personnel have taken the GAT and which ones have not yet completed it; they cannot see the individual or collective GAT results or the CRMs recommended to their Soldiers. The Global Assessment Tool (GAT) is a survey-based instrument used to assess the dimensions of emotional, spiritual, social, and family fitness. It has the following components:

1) Soldier GAT: The Soldier GAT enables each Soldier, over time from accession and at intervals over a career, to see his or her performance change in response to training, experience, and maturity. It is comprised of a series of questions, drawn from scientifically validated scales, and is administered online via Army Knowledge Online (AKO). The assessment takes about 15 - 20 minutes to complete and estimates an individual's fitness in these dimensions of strength. Individual GAT results are completely confidential; furthermore, the results are linked to Comprehensive Resilience Modules (CRMs). Additionally, the SFT enables automatic development of individualized profiles through the Comprehensive Resilience Modules (CRMs). Soldiers should take the GAT upon entry into the RSP and when first assigned to their unit following Initial Entry Training and annually or based upon their deployment cycle.

2) Family GAT: The Family GAT allows Family Members to assess themselves on the dimensions of emotional, spiritual, social, and family fitness. The survey will take about 15-20 minutes and the Family Member will be presented with a rapid estimate of their individual fitness in these four dimensions. The family version of the Global Assessment Tool is similar to the Soldier GAT, but it doesn't ask questions that aren't relevant to Family Members, such as the perceived readiness of the Soldier's unit. Instead, it poses questions related to the readiness of the family in facing an upcoming deployment, such as "Do you think your family is ready for the potential of your Soldier's deployment?" Family members can now get their own, unique ID,

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user name and password directly with the Soldier Fitness Tracker without having a sponsored Army Knowledge Online Account. They will need to provide their social security numbers which will be verified against DEERS records. The link to the Family GAT is <http://www.army.mil/csf/>.

3) Comprehensive Resilience Modules (CRMs): The CRMs are available following the completion of the GAT online and are linked to the Soldier's current level of performance in each dimension. The CRMs are self-development modules and have been designed to help the Soldier or Family member increase strength and resilience in the Emotional, Family, Social and Spiritual dimensions. Soldiers are required to complete one module in each dimension and can take additional modules at any time. Soldiers also have the choice to take the modules in any order; however, it is recommended that they take them in sequential order as listed under each Dimension to maximize their learning experience. A complete listing of the available CRMs is included in Annex B – Resources and References.

4) Resilience Training Assistants (RTAs) – Additional guidance to be published:

i. NGB-SFS will release guidance on the selection, certification and utilization of Resilience Training Assistance (RTAs) in Dec 10. State and unit leadership should encourage the use of RTAs to support resilience training. Master resilience trainers (MRTs) are highly encouraged to train a cadre of RTAs assist with the execution of resilience training within their units. RTAs should be utilized as the force pool for any future MRT manning requirements with their certification processed adapted for implementation during the traditional IADT training period.

ii. RTA selection criteria: RTA candidates need to meet the same standards as Master Resilience Trainers. Soldiers who are in good standing and demonstrate personal and emotional commitment to resilience training should be selected for RTA instruction. RTAs will receive a CSF approved certificate of completion for RTA training but are not authorized the 8r ASI or points toward promotion.

iii. RTAs must complete the RTA training plan in order to be recognized as an approved RTA. RTA training will be taught by a certified 8r MRT and consist of the 25 hour block of MRT core competencies and along with an additional 8 hour block of instruction on deployment cycle and performance enhancement training. CSF recommends that the 25 hour block of instruction be taught over a 2-4 day period. The 8 hour block of instruction does not have to be contiguous with the 25 hour block of instruction. RTA training should be delivered in small groups with no more than 10-12 students per training class.

iv. The RTA training plan is to be administered by an MRT using CSF approved training materials. RTA training materials can be found on the CSF/MRT website once activated or on the student handout CD currently provided to each MRT.

d. Prevention Training. Commanders should incorporate prevention training into Short Range Training Guidance and Yearly Training Calendar planning. Training should be allotted no less than two hours per year for M-Day soldiers and 4 hours for AGR and ADOS. These can be done in two/four 60-minute blocks of instruction each year or be done all at once. Training can be more frequently for units that have been assessed with high risk behavior based off the Unit Risk Inventory (URI) or the Reintegration Unit Risk (RURI).

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(1) Focus on Substance Abuse Prevention and Treatment: Substance abuse prevention must be a comprehensive program that reduces abuse through awareness, identification, education, and rehabilitation services comprised of inpatient and outpatient treatment. (See AR 600–85.) Alcohol and drug abuse are incompatible with readiness. Studies have shown that ARNG Soldiers, percentage wise, account for more abusers than the other Reserve Components. Training should discuss the following:

- (a) Common alcohol and substance abuse warning signs
- (b) AR 600-85 Policy, TAG Policy
- (c) Commanders' actions to retain/not retain abusers
- (d) Separation procedures for those involved in two serious incidents within 1 year for alcohol
- (e) Treatment resources and how to access them
- (f) Consequences of alcohol and other drugs of abuse

(2) Focus on Domestic Violence Prevention: The impact of domestic violence on Soldier and family readiness is no less significant than substance abuse prevention. However, prevention requires a more sophisticated approach and collaboration with local authorities in that incidents may occur when Soldiers are not in a duty status which means the units may often be unaware of the violence unless made aware by the victim or law enforcement. Training for domestic violence prevention should discuss the following:

- (a) The crime of domestic violence
- (b) The impact of a conviction on a Soldier's status and his/her family
- (c) The Commander's responsibility and possible treatment resources, if possible
- (d) Harmful stress coping mechanisms, such as aggression (acting out, fighting, or attacking others to deal with internal troubles)
- (e) Resources to aid the family/victims, if applicable

(3) Focus on Sexual Assault Prevention: Sexual assault has no place in any organization, and thus, the ARNG is committed to eliminate incidents of sexual assault through a comprehensive policy that centers on awareness and prevention, training and education, victim advocacy, response, reporting, and accountability. (See AR 600–20.) Training related to sexual assaults should include the following:

- (a) Ways to promote sensitive care and confidentiality for victims
- (b) Procedures to report incidents of sexual assault
- (c) Difference between restricted and non-restricted reporting for victims

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(d) Option for victim access to medical care, counseling, and advocacy without an investigation

(e) Resources to support victims and hotlines for help

(4) Focus on Suicide Prevention: The success of suicide prevention is predicated on the existence of proactive, caring, and courageous Soldiers, Family members, and Civilians who recognize imminent danger and take immediate action to save a life. Training must emphasize a community approach to prevention and discuss the following:

(a) Common suicide warning behaviors

(b) Harmful stress coping mechanisms, such as self-mutilation (cutting, burning, hitting or injuring any part of the body in order to deal with emotional, mental or physical pain)

(c) Treatment resources and how to access them

(d) Resources during deployment and how to access them

(e) Causes of stress that are known to lead to suicidal gestures or suicides

(f) Resources for suicide prevention and hotlines for help

e. **Risk Reduction.** Ensure Command recognition for successful intervention efforts. Stress can debilitate even the strongest Leader, Soldier or Family Member. Stress can be manifested in many forms and can result in subtle or notable changes in the Soldier's behavior including job performance problems, family problems, uncharacteristic alcohol and drug abuse, uncharacteristic misconduct, mental health problems, and ultimately, suicidal behavior. In turn, the strain from stress can impact ARNG force protection, unit mission readiness, and the Soldiers' long-term health and well being. Most stress issues do not need to become BH problems and early intervention is the key to success.

(1) Stress Management: Effective stress management training is of great value in risk reduction. The following are training opportunities in which effective stress management can be introduced:

(a) Officer, NCO and civilian professional-development classes

(b) Family member orientation programs. These programs can be conducted at Family Readiness Group meetings and should include information about management and agencies that help deal with stress

(c) Command orientation courses

(d) Family support group meetings

(e) Unit holiday safety briefings

(f) Chaplain training conferences

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(g) Yellow Ribbon Program events

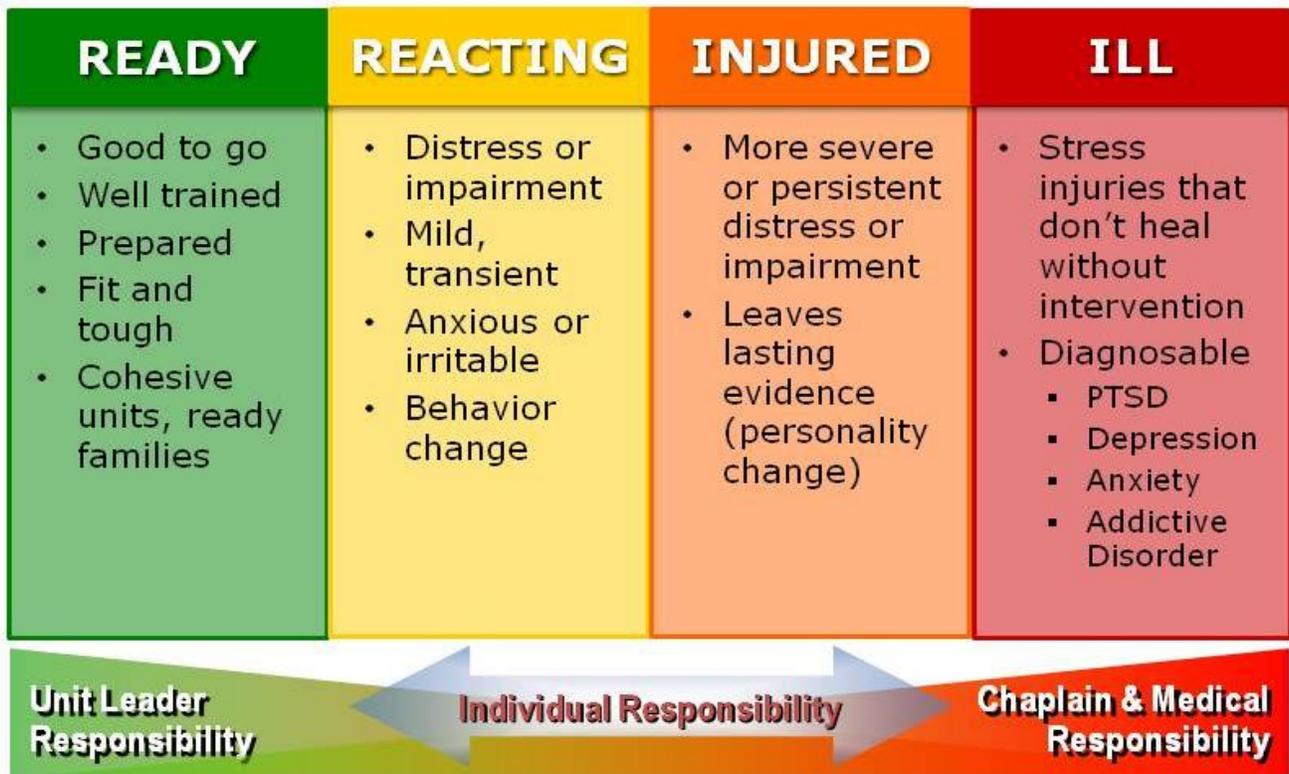


Figure 4. Stress Continuum.

(2) Stress Continuum Color Zones: The above diagram, Figure 4, is called the Stress Continuum. It is a tool used to identify stress levels in individuals and units. The critical question is, “Where is your Soldier on this continuum?” The various color zones are represented as:

(a) Green Zone - READY: The Soldier is not currently affected by distress or loss of function. The Soldier is resilient and ready with sound behavioral health. It is the Unit Leader’s responsibility to help sustain the Soldier in this zone.

(b) Yellow Zone – REACTING: The Soldier is experiencing temporary mild distress or some impairment. After the stressful conditions are passed, the Soldier returns to the Ready zone. The Soldier should begin to recognize signs that stressors are beginning to have an impact on his/her behaviors and emotions. Some distress is normal.

(c) Orange Zone - INJURED: The Soldier is experiencing severe distress or some loss of function. At this stage, it is very important for the Soldier or someone in the unit or family such as the first line leader, Peer or Family Member, to recognize the severity of the stress / strain on him / her and take action to seek help or intervention support.

(d) Red Zone - ILL: The Soldier is experiencing severe distress such as PTSD, anxiety, depression or even an addictive disorder such as alcohol or substance misuse. Once a Soldier reaches this zone, a trained individual in counseling, behavioral health care, or

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substance abuse treatment must be involved to help prevent the Soldier from harming himself / herself or others.

(e) Identification and Crisis Intervention: Leaders should be trained to recognize the basic symptoms of serious mood disorders such as depression and substance abuse. The intent is not to train leaders to make a clinical diagnosis, but to alert the chain of command of a particular concern. This allows the leadership to make an informed, “pre-emptive” decision to refer this Soldier to a professional behavioral health official. In addition, all leaders should be familiar with those risk factors, stressors and potential suicidal “triggers” and know when one of their Soldiers or civilians are experiencing a crisis and might be at-risk.

1) For Soldiers not on active duty, civilian medical care is the primary mode of treatment. Other agencies or individuals providing crisis coverage include chaplains, military police, and individual units. Procedures for continuous crisis intervention services should be well defined in the resilience, risk reduction and suicide prevention plan including battle drills, contact information and strip maps to supporting facilities.

2) Persons who are new to ARNG require special assistance in their orientation and in-processing beginning with their interaction with their Recruiting and Retention NCO, through their RSP experience and until they transition to their first unit of assignment. This is an ideal time to evaluate individuals for the presence of high risk behaviors and / or suicide risk factors. Unit commanders and supervisors should know about these risks and be alert to monitoring these factors while in-processing new arrivals. A strong sponsorship program is an effective tool for identifying persons who may be at high risk of suicide, especially for Soldiers transitioning from another Active or Reserve Component who will be indoctrinated through the RSP.

3) Leaders, Peers and Family Members should continuously monitor Soldiers, subordinates and themselves for the presence of high risk behaviors and / or suicide risk factors.

4) JFHQ Substance Abuse program offices (including adolescent substance abuse counseling services offices): Questions about drug and alcohol abuse should be routine when assessing at-risk or suicide risk factors because substance abuse is often found in crisis situations.

5) Ongoing Monitoring and Long-Term Treatment. Actively monitoring Soldiers identified as having behavior problems, being substance abusers or as being at high risk of suicide is an important part of risk reduction and suicide prevention. Interagency cooperation and communication are keys to helping commanders complete assessments and determine the appropriate course of action. Long-term risk reduction / suicide prevention for individuals at-risk depends upon treatment of the underlying disorder(s) and the resolution of conditions that produced the current crisis. Effective treatment depends on the availability of behavioral health professionals (psychiatrists, psychologists, psychiatric nurses, and social workers) who are properly trained for the population they serve.

6) Unit Risk Inventories. Commanders of companies, detachments, and equivalent units should ensure the Unit Risk Inventory (URI) and the Reintegration Unit Risk Inventory (R-URI) are administered. This requirement is per both the Department of the Army Policy Memo, “Deployment Cycle Support (DCS) Directive,” dated 26 March 2007, and AR600-85, paragraph 2-32m. The URI assesses units while at home station, and should be administered NLT 30

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days prior to deployment. The R-URI assesses issues affecting unit readiness and personnel well being that may have occurred during deployment or since returning, and should be administered at 90-180 days after returning home from an operational deployment. Each is intended to:

- a) Screen for high-risk behaviors and attitudes that compromise unit readiness.
- b) Ask about alcohol and drug abuse, personal and unit relationships, domestic violence, suicide, crime, perception of the Army environment and financial problems.
- c) Provide a picture of a unit's self reported high-risk behaviors.

6. Measure of Effectiveness. This Army National Guard R3SP Campaign Plan and its programs should enable the following:

- a. A reduction in high risk behaviors to include—substance use / abuse rates, Military Justice actions, accidents, physical fitness failures, divorces, domestic violence, sexual assaults, and ultimately, suicides.
- b. An increase in Soldier, Peer, Leader and Family Member knowledge of how to build resilience, eliminate or mitigate high-risk behaviors, minimize stressors, identify problems, seek help, and support / help other Soldiers and friends.
- c. An increase in unit readiness as reported through Unit Status and Strength Maintenance reporting.

7. Leader, Staff and Noncommissioned Officer Responsibilities and Actions:

- a. Common to all:
 - (1) Initiate proactive measures to promote resilience, reduce risk and prevent loss of life within their units due to suicide; reduce the impact on the unit and survivors if a suicide takes place.
 - (2) Encourage and support various resilience, life coping skills and risk reduction programs available within the State and within the local community. These programs should focus on developing Soldier and Family life skills such as improving personal and marital relationships, managing finances, dealing with stress or conflict, and preventing alcohol and drug abuse.
 - (3) Create an organizational / command climate that cultivates and encourages help-seeking behavior including the use of periodic messages of concern, announcements, or statements that emphasize promoting the health, welfare, and readiness of the military community, encouraging help-seeking behaviors, and providing support for those who seek help without fear of retribution or stigma.
 - (4) Review all applicable policies and guidance and eliminate any state or local policy that inadvertently discriminates, punishes, or discourages any Soldier, Family Member or civilian

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from receiving professional counseling or support for those who seek help without fear of retribution or stigma.

(5) Monitor Soldier and Family Member access to services and programs that support the resolution of behavioral health, family, and personal problems that lead to high stress or suicidal behavior.

(6) Ensure resilience, risk reduction and suicide awareness / prevention training is provided to all Soldiers, Family Members and civilians as applicable.

(7) Coordinate training events for all noncommissioned officers (NCOs), officers, and Army civilian supervisors on recognizing symptoms of behavioral health disorders and potential triggers or causes of suicide and other harmful, dysfunctional behavior.

(8) Ensure those within the organization / command who are under stress, show signs of at-risk behavior, are experiencing a major life crisis or have experienced a significant loss have an appropriate level of supervision and assistance as well as access to support and treatment commensurate with their duty status.

(9) Ensure all Gatekeepers within their organizations / commands receive suicide prevention training which includes recognizing potential danger and warning signs, suicidal risk estimation, confidentiality requirements, how to conduct unit suicide prevention training, and intervention and referral techniques based upon the individuals assessed risk level.

(10) Conduct suicide surveillance, analysis, and submit timely reports to inform the chain of command of any potential at-risk or suicidal behavior and immediately recognize and identify triggers that could potentially raise the level of risk for the organization / unit.

b. The Adjutant General (TAG) should:

(1) Lead the State's efforts to monitor and synchronize all Army National Guard actions by developing policy, providing guidance and implementing programs in support of the State's resilience, risk reduction and suicide prevention efforts.

(2) Convene a meeting of Army Staff with resilience, suicide prevention, substance abuse prevention and suicide prevention reduction as special topics.

(3) Ensure that every Soldier and Family Member receives applicable training on resilience, risk reduction and suicide prevention.

(4) Meet the regulatory requirements IAW with AR 600-63 including the following:

(a) Publish a health promotion policy supporting healthy behaviors including risk reduction and suicide prevention efforts.

(b) Ensure that Soldiers identified with high risk symptoms / behaviors are managed in a consistent manner.

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(c) Promote the “Soldier to Soldier (S2S)” Peer Support Program for all Soldiers throughout their lifecycle including assignment to the RSP, deployment and reintegration.

(d) Ensure that Soldiers are treated with dignity and respect and encouraged to seek assistance if they are experiencing challenges or have been identified with behavioral health or substance abuse symptoms.

(e) Ensure that policies are in place for unit watch, weapons profiles, and other unit-related procedures that relate to high risk symptoms or suicide-related events.

(f) Ensure Soldiers are referred who undergoing multiple disciplinary actions and / or with multiple risk factors to appropriate behavioral health, substance abuse and family support services, as available.

(g) Ensure that families, unit members and co-workers who experience loss due to suicide are offered long-term assistance including the resources listed in Annex B of this plan and extract from Annex D of DA PAM 600-24.

(h) Initiate proactive measures to prevent loss of life due to suicide and reduce the impact on survivors if a suicide takes place.

(i) Ensure an AR 15-6 investigation is completed for every suspected or confirmed suicide. The initial Serious Incident Report listing the mechanism of death (based on command or police information) should be the impetus for beginning the AR 15-6 investigation.

(j) Ensure commanders initiate a Line of Duty (LOD) for all Soldiers in Title 10 / 32 statuses that die by suicide. In cases where Soldiers who die by suicide are not in a Title 10 / 32 status, it is recommended that an LOD be initiated in cases where the Soldier has deployed. Contributing factors caused by the deployment may exist such as post-traumatic stress disorder, traumatic brain injury, and depression.

(k) Ensure there is a process to share information with qualified and cleared medical providers, investigators, and command leadership including but not limited to behavioral problems, family / relationship problems, financial problems, and any other information relating to the Soldier’s (or Soldier’s family’s) physical or behavioral health. All efforts should be made to ensure confidentiality rights are not violated. In any case, professional discretion should always be exercised in identifying what information is required to fulfill necessary functions.

(l) Establish a Resilience, Risk Reduction and Suicide Prevention Council to facilitate command / unit level initiatives to build resilience and reduce high risk behaviors.

(m) Develop and disseminate instructions to all units and organizations to schedule and complete resilience, risk reduction and prevention training for all Soldiers and Family Members annually or more frequently as required; monitor and maintain records of compliance with annual training.

c. State Command Sergeant Major (CSM) should:

(1) Provide advice to the Adjutant General in regard to resilience, risk reduction and suicide prevention matters.

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(2) Ensure all NCOs are trained as Gatekeepers for suicide prevention and are capable of mentoring their Soldiers in basic suicide prevention and use of Ask, Care, Escort (ACE).

(3) Incorporate NCO responsibilities regarding resilience training into NCODP programs statewide.

(4) Mentor both senior and first line leaders in leadership techniques with a goal of getting back to basics and genuine concern for Soldiers as published in "The New Norm" by the ARNG CSM.

(5) Ensure Soldier to Soldier (S2S) Peer Support programs are implemented correctly and that training is conducted to standard.

(6) Chair an NCO resilience council at the state level to provide information to senior leaders on best practices and lessons learned for implementation state and nationwide.

(7) Promote policy and practices which create a culture of resilience, reduce stigma and encourage help seeking behavior.

(8) Serve as the proponent for ARNG Resilience and Risk Reduction publications and designate the information that should be carried by all leaders and Soldiers while on duty.

d. Chief of Staff (CofS) should:

(1) Integrate and synchronize the resilience, risk reduction and suicide prevention efforts of the primary and special staff in accordance with the TAG's guidance and intent.

(2) Assume overall responsibility for ensuring the State has a Resilience, Risk Reduction and Suicide Prevention Council.

(3) Ensure the State appoints a Resilience and Risk Reduction Program Prevention Manager (R3PM) and has at least two Applied Suicide Intervention Skills (T4T) Suicide Prevention Trainers.

(4) Ensure that all gatekeepers, such as Chaplains and Behavioral Specialists, in the ranks of 2LT through MAJ, E-5 through E-7 and any Warrant Officers and who have received the T4T ASIST training conducted by LivingWorks (<http://www.livingworks.net>) are awarded the appropriate ASI of "1S," Suicide Intervention Skills Trainer so they can be identified in TAPDB-G. As directed in AR 165-1, ensure chaplains are not assigned as Suicide Prevention Program Managers.

(5) Leverage annual "focus months" directed by HQDA and State Leadership that highlight awareness and focus on resilience, suicide prevention and family. For example, Suicide Prevention Month occurs every September and affords R3PMs and Commanders at all levels the opportunity to place additional emphasis on the need for risk reduction prevention training as well as informing their units on the human cost of suicide and its associated second and third order effects.

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(6) Ensure there are at least two Master Resilience Trainers (MRTs) at the JFHQ level. A complete program description of the MRT Course is available at https://secureweb2.hqda.pentagon.mil/.../Master_Resilience_Training_Course.asp.

(7) Reinforce the establishment and utilization of the Soldier and Family Support network in conjunction with the Family Programs Office, Family Assistance Centers, Employer Support of the Guard and Reserve Office and related State / local / community agencies to enable the resilience and stability of Soldiers, Families and civilians.

(8) Assist the TAG in monitoring and synchronizing actions to implement policy and guidance in support of the Army National Guard resilience, risk reduction and suicide prevention program.

(9) Oversee the applicable special staff functions to include Safety, Chaplain and Surgeon's offices in synchronizing resilience, risk-reduction, safety, and preventative medicine efforts to educate Soldiers, Leaders, and Families on symptoms, resources, and services.

e. The State Surgeon should:

(1) Designate Behavioral Health Professionals from the Joint Staff, Army Staff, and Medical Detachment to support the treatment and referral service in support of the state R3SP Plan.

(2) Assume overall responsibility for ensuring accessible behavioral health care to Soldiers regardless of status including embedded behavioral health (EBH), tele-behavioral health and other applicable services.

(3) Assume overall responsibility for de-stigmatization of help-seeking behavior; annual behavioral health screenings; and supervising additional post-deployment health reassessment (PDHRA) screenings at 180 / 365 days post de-mobilization to promote long-term post-deployment surveillance of potential at-risk Soldiers.

(4) Designate resources for case coordination (non-clinical) to provide improved monitoring of referrals, treatment processes and care integration of traditional Soldiers between drills.

(5) Oversee and monitor demobilization and annual behavioral health screenings to provide early identification and treatment of potential at-risk indicators, reduce stigma and preempt mBTI, PTSD and substance abuse issues.

(6) Assist Commanders in identifying, managing and monitoring Soldiers in need of substance abuse treatment and any follow-on monitoring.

(7) Develop a plan to train and use Medics as behavioral health screeners, intervention support and resilience enablers.

(8) Coordinate with the Recruiting and Retention Command to recruit Behavioral Health providers and promote retention of these low density positions.

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(9) Use and promote the distribution and awareness of U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) materials and training plans when conducting suicide prevention training at the unit level.

(10) Ensure there is a continuity of information flow regarding Soldiers arriving from other components or services to ensure continuity of care.

(11) Provide information and awareness on potential indicators of high-risk or at-risk behavior that may be observed by medical personnel or unit leadership including forms of self-mutilation or “cutting” or any examples of potential self inflicted wounds.

f. The State Chaplain should:

(1) Designate a Chaplain to serve on the Resilience, Risk Reduction and Suicide Prevention Council.

(2) Create a spiritual wellness plan as part of the State R3SP program to promote overall spiritual fitness for Soldiers and Family members.

(3) Plan, conduct and supervise Gatekeeper Training for Chaplains, Chaplain Assistants, and Behavioral-Health Specialists including mutual referrals, roles, responsibilities, and functions.

(4) Ensure Chaplains are not assigned as Suicide Prevention Program Managers. (IAW AR 165-1)

(5) Help the State to fill the Chaplaincy to appropriate levels using existing templates / rules of allocation in support of the Recruiting and Retention Commander.

(6) Formalize the process for Chaplains to refer Soldiers or Family Members to caregivers for issues beyond the Chaplain's scope of expertise and experience.

g. The Recruiting and Retention Commander should:

(1) Incorporate resilience and risk reduction training into the Recruit Sustainment Program (RSP) for all RSP Cadre and recruits within the program.

(2) Establish a process to review pre-accession screening for prior or potential behavioral health issues for all newly accessed Soldiers including interstate transfers; AC to RC; as well as non-prior service accessions.

(3) Ensure that all RSP Cadre and new recruits take the Global Assessment Tool (GAT) survey. After Cadre completes the GAT, they should take, at a minimum, the first set of Comprehensive Resilience Modules (CRMs). It is recommended that RSP recruits do the same. The GAT and CRMs are valid for twelve (12) months upon completion. When taken yearly, Soldiers can see their progress in developing resilience. Additionally, Commanders can verify which Soldiers have taken the GAT by entering the Unit Identification Code (UIC) into Soldier Fitness Tracker (SFT). However, Soldiers' individual GAT results and CRMs cannot be observed.

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(4) Monitor the number of Soldiers enlisting with waivers for pre-existing behavioral health issues or legal issues associated with high-risk behaviors and analyze against suicide data.

(5) Ensure that up to twenty-five percent (25%) of the full-time RSP Cadre complete the Master Resilience Training (MRT) Course in accordance with the training seats allocated by NGB.

(6) Ensure all new recruits attend available resilience, risk reduction and suicide prevention training.

(7) Ensure recruits' parents, family and significant others are integrated as part of recruits' resilience support network following enlistment through transition to their first unit of assignment.

(8) Place special emphasis on integration of young leaders and first term Soldiers in recruiting / retention efforts by highlighting applicable resilience techniques as well as educating them on crisis intervention, the ARNG culture and expectation of their Basic Combat Training (BCT) experience.

(9) Promote employer and educator support and awareness of accessible Soldier care resources.

(10) Brand the ARNG as an organization that values the Soldier, Family, and employers while promoting resilience and coping skills.

(11) Recruit behavioral health professionals and Chaplains to augment the R3SP effort.

(12) Develop and reinforce the use of social support networks for newly recruited Soldiers and Families.

(13) Develop a state marketing plan to brand resilience programs as an underlying theme of the Ready and Resilient National Guard.

(14) Incentivize Soldier participation and resilience building activities and behaviors.

(15) Form a partnership with Employer Support of the Guard and Reserve (ESGR) to enhance employment assistance to Soldiers to promote financial stability.

(16) Ensure the RSP leadership implements risk reduction strategies based upon the demographic at-risk factors of the RSP population.

(17) Ensure RSP leadership, cadre, and Soldiers have the capability to maintain communications via iPhone, cell phone, or other device or electronic means.

h. G1, Human Resources should:

(1) Assume overall responsibility for monitoring and synchronizing actions to implement policy / resource improvements to Army National Guard suicide prevention, resilience, and risk reduction-related programs as a foundation of Personnel Readiness.

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(2) ICW with the G3, Training, decentralize master resilience training (MRT) and resilience familiarization within the State to include stress inoculation training and use of the Global Assessment Tool and Soldier Fitness Tracker.

(3) Develop and implement an aggressive substance abuse prevention and outreach program as a critical risk reduction effort.

(4) ICW ESGR and Recruiting and Retention, expand the role of the employer as a "first line defender" to identify and refer potential Soldier issues for intervention.

(5) Support the utilization of any ARNG "portals" or "dashboards" to enhance situational awareness of at-risk Soldiers or units and potential mitigation strategies.

(6) Promote situational awareness of triggers or indicators of high risk behaviors to narrow gaps in reporting, investigation, referral, discipline separations, etc.

(7) Promote access to social, financial, basic life-skills programs and resources for Soldiers and Families through a personnel services resource directory.

(8) Include Families in the development of outreach efforts related to increasing knowledge on topics such as ARFORGEN, benefits, ARNG and State culture, etc.

(9) Promote the education of Families (to include the Families or significant others of single Soldiers) on psychosocial milestones related to their Soldiers and themselves ICW the Recruiting and Retention Commander, State Education Office, etc.

(10) Synchronize resilience, risk-reduction, safety, and preventative medicine efforts to educate Soldiers, Leaders, and Families on symptoms, resources, and services ICW with the Safety Officer, State Surgeon, etc.

(11) Function as the proponent for the Unit Risk Inventories (URI) and Reintegration Unit Risk Inventories (R-URI).

(12) Provide guidance for the selection, training and utilization of Master Resilience Trainers to improve resilience and reduce risk at the State and unit level.

i. G3, Operations and Training should:

(1) ICW G1, assist with all appropriate tasks in support of the R3SP, to include items such as decentralized master resilience training, integration of R3SP training into the RTI training curriculum, leader stress management control training, risk reduction training, etc.

(2) Assume overall responsibility for the development and validation of resilience, crisis intervention, and stress inoculation programs of instruction at the State Regional Training Institute, along with supporting the Recruiting and Retention Commander in resilience training for the Recruit Sustainment Program sites.

(3) Manage the Master Resilience Trainer seats provided by the ARNG each year, and ensure Soldiers that receive training receive the appropriate ASI.

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(4) Update Commanders' and First Sergeants' training materials to include Soldier and Family sponsorship awareness.

(5) Assist in the development of a training support package related to ARNG culture for use with recruiting and retention.

(6) Explore options to incentivize or compensate Soldiers for resilience, risk reduction and suicide prevention training that is completed through distance education and / or during the M-day Soldier's off-duty time.

(7) Focus on acquiring force structure that supports the State R3SP efforts to include R3SP program manning, mental health and substance abuse services.

(8) Develop policy for standardizing requirements for mandatory R3SP leadership training for commanders and leaders.

(9) Ensure resilience and risk reduction training are incorporated into all OES, NCOES, PME and PCC courses conducted at the RTI.

(10) Assist in the certification of Resilience Training Assistants (RTA) to support MRT efforts to conduct resilience training at all levels.

j. G-4, Installation and Logistics should:

(1) Develop guidance for the State synchronization of armory programs, plans and response to natural or terrorist emergencies in support of unit risk reduction efforts.

(2) Assist in the conduct of an annual Family Assistance Center (FAC) exercise in conjunction with emergency planning to identify gaps in support between armories and FACs.

(3) Acquire and distribute Applied Suicide Intervention Skills (ASIST) training materials in support of ASIST training.

(4) Support ASIST training and personnel with transportation and logistics.

(5) Provide other resilience, risk reduction and suicide prevention materiel support as applicable.

k. G-5, Strategic Plans and Policy should:

(1) Develop a strategic communications message and a media campaign plan to increase awareness of suicide prevention and resilience support/resources.

(2) Support public STRATCOM campaigns for R3SP that help to sustain a successful campaign plan.

l. G6, Communication and Automation should:

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- (1) Brand ARNG and State websites with short, concise messages on resilience, risk reduction and suicide prevention information, support and services.
- (2) Develop a graphic (button) on ARNG websites to facilitate help seeking behavior, self-help and buddy aid.
- (3) Encourage content owners of ARNG public sites to promote resilience, risk reduction and suicide prevention information, support and services.
- (4) Disseminate R3SP information and notifications via the various information channels available at the State level.
- (5) Disseminate DARNG or CNGB memorandums to all National Guard affiliated accounts as applicable.
- (6) Enhance Leader, Soldier and Family Member situational awareness through the development of Social Networking guides and SOPs as well as providing "templates" for unit or individual support networking efforts.
- (7) Ensure statewide access to the Master Resilience Trainer website.
- (8) Assist in the development of R3SP social networking "fan pages" such as Facebook, Twitter, Flickr, YouTube, etc. to disseminate best practices and information that encourages open discussion and help seeking behavior.
- (9) Assist in the monitoring and oversight of Social networking sites to assist State and unit leadership in developing skills to identify at risk populations and ensure private communication to such populations when necessary.
- (10) Encourage Service Members and Families to share event information on social networking sites to increase awareness and participation.
- (11) Encourage leadership participation in social networking to show command support and commitment to the state R3SP Program.
- (12) Monitor compliance with established OPSEC guidelines when promoting participation in social networking and social media forums.

m. G8 should:

- (1) Assist with resourcing process for the R3SP programs
- (2) Monitor expenditures associated with R3SP programs to ensure compliance with budget and leadership guidance.
- (3) Conduct analysis of R3SP programs to validate requirements and coordinate with NGB to ensure validated requirements are included in the Program Objective Memoranda (POM) process.

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n. Public Affairs (PA) should:

- (1) Develop a media campaign plan to increase awareness of suicide prevention and resilience support/resources.
- (2) Support public STRATCOM campaigns for R3SP that help to sustain a successful campaign plan.
- (3) Handle media inquiries related to resilience and risk reduction activities, suicide prevention efforts and actual suicide incidents.
- (4) Support awareness of the State and local agencies that can assist in crisis intervention including publishing articles on stress, depression, Family violence, and those agencies or organizations that can provide help or assistance.

o. Unit Leadership Should:

- (1) Ensure resilience, risk reduction and suicide prevention training is integrated into training schedules with focus on initial and sustainment training for all Soldiers as applicable.
- (2) Assign a Sponsor for all non-prior service (NPS) and prior service (PS) Soldiers to help integrate these new Soldiers and Families into the unit and act as their unit "Battle Buddy".
- (3) Ensure the Family Readiness Group (FRG) Leader is aware of all new Soldiers and makes every effort to meet the Soldier's family and facilitate their successful transition to the unit. Additionally, the Unit FRG Leader should advise the Soldier's family of all upcoming FRG activities for the year.
- (4) Utilize the Soldier and Family Member GAT and Comprehensive Resilience Modules (CRMs) to promote resilience, coping and life skills.
- (5) Appoint a Suicide Intervention Officer (SIO), E-6 or above, on an additional duty basis via a Memorandum for Record at the Company / Troop / Battery level. The SIO should be the lead suicide prevention trainer and serve as the primary gatekeeper for the unit. SIOs should attend the ASIST course and be conversant in both ACE training programs.
- (6) Utilize assigned or attached Combat Medics (MOS 68W) to reinforce unit intervention capabilities, promote resilience and monitor behavioral health issues following the proper training and / or certification in these processes.
- (7) Promote the three cornerstones of effective strategies to promote optimal behavioral health:
 - (a) Strengthening individuals.
 - (b) Strengthening communities.
 - (c) Reducing structural barriers to well-being.

SUBJECT: Army National Guard (ARNG) Resilience, Risk Reduction, and Suicide Prevention (R3SP) Campaign Plan

(8) Utilize the Recommended Leadership Critical Tasks list (Annex D) and the Leader Check List (E) to establish and sustain their resilience, risk reduction and suicide prevention program.

(9) Select Rear Detachment Leaders based on the following criteria:

(a) Ability to communicate in a respectful, yet firm manner and possess superior listening skills; ability to take verbal abuse

(b) Exhibits compassion

(c) High tolerance for stress; possess managerial and motivational skills

(10) Establish a rear detachment policy letter that addresses issues that directly impacts family resilience.

(11) Appoint Master Resilience Trainers (MRTs) at Brigade and Battalion and appoint Resilience Training Assistants (RTAs) at the company and platoon level.

8. The point of contact for this campaign plan is COL Gregg Bliss, ARNG Soldier and Family Support Division, at 703-607-7597 or gregg.bliss@us.army.mil.

Annexes:

A – Abbreviations

B – Resources and References

C – STRATCOM Plan (To be published)

D – State and Unit Leadership Best Practices

E – Leader R3SP METL

F – Staff R3SP METL

G – State R3SP Campaign Plan Template

H – Sample R3SP Council Charter

I – ARNG Suicide Reporting Procedures

ANNEX A TO ARNG R3SP CAMPAIGN PLAN: ABBREVIATIONS

ACE	ASK, CARE, ESCORT
ADCO	ALCOHOL AND DRUG CONTROL OFFICER
AMEDD	ARMY MEDICAL DEPARTMENT
ARFORGEN	ARMY FORCES GENERATION MODEL
ASAP	ARMY SUBSTANCE ABUSE PROGRAM
ASER	AMEDD SUICIDE EVENT REPORT
ASIST	APPLIED SUICIDE INTERVENTION SKILLS TRAINING
BH	BEHAVIORAL HEALTH
CH	CHAPLAIN
CHPC	COMMUNITY HEALTH PROMOTION COUNCIL
CRM	COMPREHENSIVE RESILIENCE MODULE
CSF	COMPREHENSIVE SOLDIER FITNESS
DOD	DEPARTMENT OF DEFENSE
DARNG	DIRECTOR, ARMY NATIONAL GUARD
DODSER	DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT
DPH	DIRECTOR OF PSYCHOLOGICAL HEALTH
FLL	FIRST LINE LEADER
GAT	GLOBAL ASSESSMENT TOOL
IMCOM	INSTALLATION MANAGEMENT COMMAND
LOD	LINE OF DUTY
MOA	MEMORANDUM OF AGREEMENT
MRT	MASTER RESILIENCE TRAINER
PC	PREVENTION COORDINATOR
PTO	PREVENTION, TREATMENT AND OUTREACH
R3I	RESILIENCE, RISK REDUCTION AND INTERVENTION
R3SP	RESILIENCE, RISK REDUCTION AND SUICIDE PREVENTION
RRC	RECRUITING AND RETENTION COMMANDER
RSP	RECRUIT SUSTAINMENT PROGRAM
RTA	RESILIENCE TRAINING ASSISTANT
SAPC	SUBSTANCE ABUSE PREVENTION COUNSELOR
SAPR	SEXUAL ASSAULT AND PREVENTION RESPONSE
SARC	SEXUAL ASSAULT RESPONSE COORDINATOR
SFT	SOLDIER FITNESS TRACKER
SHARP	SEXUAL HARASSMENT AND ASSAULT RESPONSE PROGRAM
SIO	SUICIDE INTERVENTION OFFICER
SIR	SERIOUS INCIDENT REPORT
SPPM	SUICIDE PREVENTION PROGRAM MANAGER
SPTF	SUICIDE PREVENTION TASK FORCE

ANNEX A TO ARNG R3SP CAMPAIGN PLAN: ABBREVIATIONS

STRATCOM
SRTG
UVA
VA
VCSA
YTC

STRATEGIC COMMUNICATION
SHORT RANGE TRAINING GUIDANCE
UNIT VICTIM ADVOCATE
VETERANS' ADMINISTRATION
VICE CHIEF OF STAFF OF THE ARMY
YEARLY TRAINING CALENDAR

Crisis Intervention and Other Resources

- Emergency - **911**
- Suicide Prevention Lifeline - **1-800-273-TALK (8255)**
<http://www.suicidepreventionlifeline.org>
- Wounded Soldier and Family Hotline - **1-800-984-8523**
- Army G-1, Army Well Being Liaison Office - **1-800-833-6622** <http://www.armywell-being.org>
- Military One Source - **1-800-342-9647** <http://www.militaryonesource.com>
- Real Warriors Campaign <http://www.realwarriors.net/>
- The Defense Center of Excellence (DCoE) - **1-866-966-1020**
<http://www.dcoe.health.mil/>

Resilience

- Comprehensive Soldier Fitness <http://www.army.mil/csf/>
- Comprehensive Soldier Fitness Brochure
http://www.army.mil/csf/downloads/csf_brochure.pdf
- Comprehensive Soldier Family Fitness Brochure
http://www.army.mil/csf/downloads/CSF_family_fit.pdf
- Comprehensive Soldier Fitness Poster Series <http://www.army.mil/csf/resources.html>
- Global Assessment Tool for Soldiers <https://www.sft.army.mil/>
- Global Assessment Tool for Families <https://www.sft.army.mil/sftfamily/>
- Global Assessment Tool for Civilians <https://www.sft.army.mil/Civilian/>
- Comprehensive Soldier Fitness Resilience Modules – used to enhance or improve current resilience dimensions (requires AKO Login and GAT completion)
 1. Emotional
 - a. What Is An Emotion
 - b. What Do Emotions Do
 - c. What Good Are Negative Emotions
 - d. What Good Are Positive Emotions
 - e. Put It In Perspective
 2. Social
 - a. Dynamics of Socially Resilient Teams
 - b. Team Diversity & Resilience

ANNEX B TO ARNG R3SP CAMPAIGN PLAN: RESOURCES AND REFERENCES

- c. Importance of Team Chemistry
 - d. Building Resilient Teams
 - e. Active Constructive Responding
3. Family
 - a. Trust and Insecurity
 - b. Hostile Interactions Following Arrival Home
 - c. Who is in Charge
 - d. Stranger in My Own Home
 - e. Effective Communication
 4. Spiritual
 - a. Spiritual Support
 - b. Rituals
 - c. Making Meaning
 - d. Meditation
 - e. Hunt the Good Stuff
- “Guard Card” – pocket tool containing warning signs and resources for Leaders, Soldiers and Family Members – request through email at arnqfamily@us.army.mil
 - Life Ties Family Resiliency Course <http://kansastag.ks.gov/RESIL.asp?PageID=343>
 - Psychological First Aid for Families for Deployments (American Red Cross)
<http://www.redcross.org/portal/site/en/menuitem.d8aaecf214c576bf971e4cfe43181aa0/?vgnextoid=0742cd7a973e3210VgnVCM10000089f0870aRCRD&vgnextfmt=def>

Risk Reduction & Suicide Prevention

- Air Force Wingman Project <http://www.wingmanproject.org/>
- American Association of Suicidology <http://www.suicidology.org/web/guest/home>
- Americas Heroes at Work <http://www.americasheroesatwork.gov/>
- Army Behavioral Health <http://www.behavioralhealth.army.mil/>
- Army Suicide Prevention Lessons Learned (AKO Login)
<https://www.us.army.mil/suite/page/614956>
- Army Wounded Warrior Program <http://www.aw2.army.mil/>
- Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/>
- Defense Center of Excellence (DCoE) <http://www.dcoe.health.mil/>
- Employer Statement of Support Program for the Guard and Reserve
<http://esgr.org/site/Programs/StatementofSupport.aspx>
- inTransition <http://www.health.mil/InTransition/default.aspx>
- Medal of Honor: Speak out <http://www.medalofhonorspeakout.org/>

ANNEX B TO ARNG R3SP CAMPAIGN PLAN: RESOURCES AND REFERENCES

- Mental Health Self-Assessment Program
<https://www.militarymentalhealth.org/Welcome.aspx>
- Military Health System http://www.health.mil/Themes/Suicide_Prevention.aspx
- Military One Source
<http://www.militaryonesource.com/home.aspx?MRole=&Branch=&Component=>
- National Guard Bureau Joint Services Support <http://www.guardfamily.org/>
- National Guard: Virtual Armory <http://www.virtualarmory.com/WellBeing/suicide.aspx>
- National Military Family Association <http://www.militaryfamily.org/>
- National Resource Directory <http://www.nationalresourcedirectory.gov/>
- National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org>
- Post-Deployment Health Reassessment Program (PDHRA)
<http://www.armyg1.army.mil/HR/pdhra/>
- Public Health Command (PHC) <http://phc.amedd.army.mil/Pages/default.aspx>
- Real Warrior <http://www.realwarriors.net/>
- Substance Abuse and Mental Health Services Administration (SAMSHA)
<http://www.samhsa.gov/>
- Suicide Prevention Resource Center (SPRC) <http://www.sprc.org/>
- Suicide Prevention and Awareness Training for Soldiers, Leaders and Civilians (ALARACT 345/2010) <http://www.armyg1.army.mil/hr/suicide/docs/ALARACT%20345-2010.pdf>
- Survivor Outreach Services
<https://www.myarmyonesource.com/familyprogramsandservices/familyprograms/survivoroutreachservices/default.aspx>
- The Connect Project for Suicide Prevention Connect <http://www.theconnectproject.org/>
- The Deputy Chief of Staff, Army G1 “Shoulder to Shoulder” and “Home Front” Videos
<http://www.armyg1.army.mil/hr/suicide/default.asp>
- Tragedy Assistance Program for Survivors (TAPS) <http://www.taps.org/>
- Unit Risk Inventory Use—Unit Risk Inventory (URI) and Reintegration URI
<http://acsap.army.mil/sso/pages/public/resources/rr-uri1.jsp>
- US Army Chaplains <http://www.chapnet.army.mil/>
- US Army Public Health Command - Suicide Prevention Resources thru AKO (AKO Login)
<https://www.us.army.mil/suite/page/334798>
- US Forces Command (FORSCOM) Risk Calculator Application
<https://fcportal.forscom.army.mil/Pages/Default.aspx>
- Wounded Warrior Resource Center <http://www.woundedwarriorresourcecenter.com/>

**ANNEX C TO ARNG R3SP CAMPAIGN PLAN: STRATEGIC COMMUNICATIONS
PLAN**

(TO BE PUBLISHED)

**ANNEX D TO ARNG R3SP CAMPAIGN PLAN: STATE AND UNIT LEADERSHIP
BEST PRACTICES**

- 1. Recognizing and Planning for Transitions..... D-2
 - a. Unit Integration / Reintegration D-2
 - b. Sponsorship..... D-3
 - c. Transition Accountability D-3
 - d. Deployment Transition Planning D-4
- 2. Leader-Subordinate Interaction D-5
 - a. Surveillance D-5
 - b. Counseling..... D-6
 - c. R3SP Training and Awareness..... D-6
 - d. Good Order and Discipline D-9
 - e. Accountability..... D-10
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- 3. Reporting of High-Risk Behavior and Referral to Programs / Services D-11
 - a. Command Reporting D-11
 - b. Program Referrals..... D-12
 - c. Information Sharing..... D-12
- 4. Providing State / Community Support..... D-13
 - a. Law Enforcement D-13
 - b. Joint Substance Abuse Program (JSAP) D-13
 - c. Armory Emergency Management (AEM) D-14
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1. Recognizing and Planning for Transitions

- Commanders educate leaders / front line supervisors on the relationship between transitions (e.g., deployments, interstate transfers, disciplinary actions, marriage, childbirth, etc.) and associated stress.

- Commanders incorporate unit, Soldier and Family transitions into their planning, operations and administrative battle rhythm. Guidance is routinely delegated down the chain of command to squad / section / team leaders.

a. Unit Integration / Reintegration

- Commanders utilize and support Yellow Ribbon Reintegration programs for Soldiers to mitigate the impacts of stress during critical periods of transition. These programs interface / synchronize with unit-level integration and reintegration programs.

- Leaders conduct initial counseling during integration / reintegration to increase Soldier awareness of unit and community policies, programs and services. This is particularly important but often overlooked during reintegration as an important measure to reset Soldiers at home-station.

- Commanders have active unit integration programs that ensure immediate accountability for incoming Soldiers, assign sponsors, and provide necessary support for stabilization.

- Integration programs focus on specific Soldier categories including leaders, career Soldiers, prior-service Soldiers, first-term Soldiers and single Soldiers.

- Integration programs focus on professional development (promotion status, training records, education, etc.), Soldier readiness (family care plans, MEDPROS, SGLI, etc.) and quality of life (employment, housing, commute, family assistance, etc.).

- Integration programs are aligned with morale, welfare and recreation (MWR) plans that promote unit / team cohesion and enable chain of command supervision.

- Leaders (battalion and below) inspect the implementation of integration programs.

- Units develop reintegration programs in coordination with their rear detachment that focus on activities appropriate for the first 90 days and 90-180 days to ensure continuous surveillance, detection, and intervention.

- Commanders at all levels must track and ensure that Inactive Ready Reserve Soldiers (IRR) attached to their units during deployment receive all required reintegration training and support before the Soldier returns to their home state and transitions back into the IRR.

- Reintegration programs recognize the effects of leader turnover (e.g., changes of command, transfers, PME, TDY, and internal moves) and include appropriate plans to ensure continuity and seamless transition.
- Reintegration programs leverage integration program protocols to focus on Soldier professional development, readiness and quality of life. For example, reintegrating Soldiers may need to attend PME, transfer to another unit / platoon / squad, resume or locate employment or purchase / repair transportation.
- Commanders identify returning Soldiers who may be at risk based on behavior / stress indicators and directing them to appropriate services (ensure confidentiality when identifying Soldiers to avoid stigma that may dampen intervention measures or help-seeking behavior).
- Reintegration programs emphasize appropriate State / community program referrals to mitigate deployment related stress / re-socialization including behavioral health / medical conditions, family reintegration, heightened adrenaline (compensation via motorcycle, sport cars, etc.), grief / guilt, team separation / transitions, alcohol binge drinking / tobacco cessation / substance abuse, financial counseling (bonus / combat pay), etc.

b. Sponsorship

- Commanders enforce the mandatory sponsorship requirements in AR 600-8-8, especially those for first-term / prior-Service Soldiers and their Family members.
- Commanders ensure that a trained sponsorship pool exists at the unit or level to respond to programmed and un-programmed arrivals.
- Commanders track their sponsorship programs based on their projected gains roster as part of their command and staff meetings. This includes Soldiers currently serving in the RSP who will be joining the unit upon completion of their Initial Active Duty Training (IADT).
- Sponsors provide the requisite time, leader emphasis, orientation, and resources to ensure that unit sponsorship is their primary duty.
- Commanders ensure that Rear Detachment sponsorship is provided to Family members during the deployment of the Soldier.

c. Transition Accountability

- Commanders maintain accountability of Soldiers while absent from the unit during drill or annual training due to PME, TDY, augmentee status, emergency leave, etc.
- Leaders appropriately document / verify all contact information on Soldier

absences and ensure appropriate risk assessment / travel preparation.

- Leaders conduct daily accountability formations during drill to ensure appropriate unit / Soldier status and maintain period phone or email contact with Soldiers between drills.

d. **Deployment Transition Planning** (This is not intended as a deployment checklist but emphasizes some programs and measures associated with promoting health and reducing risk identified during the Army Campaign that need additional leader emphasis.)

- Commanders effectively manage transitions of Soldiers to actively integrate into the unit and reintegrate back to home station / unit.

- Commanders meet pre-deployment Army Warrior Task resilience training certification requirement that became effective April 2010 with the assistance of certified Master Resilience Trainers.

- Rear Detachment leaders are selected and appropriately task organized to optimize rear detachment cohesion and effectiveness.

- Rear Detachment leaders are selected and integrated 180 days prior to deployment and retained 180 days following redeployment (to the extent possible).

- Systems are in place to transfer responsibility for and ensure continuity of pending disciplinary / administrative actions between deploying and rear detachment commanders.

- The Family Readiness Groups (FRGs) are active and organized to provide optimal support to the Families of Soldiers (in coordination with the Family Readiness Support Assistant [as available], Family Assistance Centers and Rear Detachment leaders).

- Commanders are effectively managing transitions of Soldiers to integrate Families into the unit FRG / plan.

- The FRG plan supports Families departing the community, geographically isolated Families and Families of single Soldiers.

- Leaders comprehensively screen Soldiers to ensure deployment readiness. Leaders should not place an over-reliance on SRP readiness but holistically view readiness across composite life cycle events (Soldier and Family transitions / stress such as compassionate reassignment / ill Family member / employment, behavioral / substance abuse program enrollment, ongoing disciplinary / administrative actions, spouse pregnancy, other risk indicators).

- Commanders collaborate with medical and behavioral health providers in

determining the impact of medical conditions (BH, mTBI, PTSD), the effects of treatment (e.g., medication side effects and multiple medication interactions) and continuity of care on Soldier deployability / employability.

- Commanders select Rear Detachment Leaders based on the following criteria:

- Ability to communicate in a respectful, yet firm manner and possess superior listening skills; ability to take verbal abuse
 - Exhibits compassion
 - High tolerance for stress; possess managerial and motivational skills
- Commanders establish a rear detachment policy letter or SOP that addresses issues that directly impact family resilience.

2. Leader-Subordinate Interaction

a. Surveillance

- Leaders identify Soldiers who may be at risk based on behavior / stress indicators and direct those to appropriate services (ensure confidentiality when identifying Soldiers to avoid stigma that may dampen intervention measures or help-seeking behavior).

- Leaders employ all available active and passive surveillance measures to detect Soldiers engaging in high risk behavior (urinalysis screening, unit surveys, unit commander's financial report, leader / peer / family reports, etc.).

- Commanders ensure that leaders down to the squad / section / team level know their Soldiers (e.g., family circumstances, living arrangements, interests, financial situation, education, career goals).

- IAW AR 600-20, Commanders conduct climate surveys within 90 days of assuming command and at least annually thereafter to increase leader awareness of potential unit and individual stress / risk factors.

- Brigade and higher commanders ensure that the Unit Risk Inventory (URI) is administered to all Soldiers at least 90 days before an operational deployment and returned to the JSAP Program NLT 60 days prior.

- Commanders ensure that the Reintegration Unit Risk Inventory (R-URI) is administered to all Soldiers between 60 and 180 days after returning from an operational deployment.

- Senior commanders encourage subordinate commanders (battalion and below) to administer the URI after changes of command to identify trends in high risk

behaviors.

- Commanders conduct 100% urinalysis of all Soldiers assigned rather than 100% of their unit end strength.
- Leaders at squad / section / team inspect POVs / motorcycles for appropriate licensing, vehicle operating condition, training and safety / emergency equipment.
- Commanders designate leader / team oversight for Soldiers under investigation or pending disciplinary / administrative actions.

b. Counseling

- Commanders ensure that first-line leaders conduct initial counseling with all Soldiers within the first 30 days of arrival to the unit / assumption of a new duty position.
- First-line leaders provide junior enlisted Soldiers with quarterly performance counseling. The counseling sessions are formally documented on DA Forms 4856.
- NCOs and Company-grade Officers receive formal performance counseling within 30 days of the beginning of the rating period and at least quarterly thereafter from raters.
- Leaders use informal / formal developmental counseling techniques (e.g., crisis / referral counseling) to help Soldiers manage composite life cycle events as appropriate.
- Leaders monitor the unit / organization counseling program to ensure Soldiers are receiving effective, documented and timely counseling, and that all counseling ties into performance evaluations.
- Leaders counsel Officers and NCOs on personal finances, including military programs and benefits (e.g., no pay due, TSP, educational benefits, survivor benefits, etc.).

c. Resilience, Risk Reduction & Suicide Prevention (R3SP) Training

- Commanders at all levels ensure that every Soldier and Family Member receives resilience training—annually and during predeployment and redeployment as an element of the Yellow Ribbon Program. Resilience training is an important component of a holistic approach to comprehensive Soldier and family fitness. Resilient Soldiers and their family members have the life and coping skills to better handle the stressors in their lives as well as to bounce back and have positive growth when a traumatic event occurs. This growth is known as post-traumatic growth.
- Commanders at all levels utilize Master Resilience Trainers and Resilience Training Assistants (RTAs) to implement resilience training within the unit – annually

and throughout the deployment cycle.

- Commanders at all levels develop and implement a comprehensive Soldier and family fitness program that incorporates all five dimensions of fitness utilizing all current and emerging ARNG local / national programs and best practices. The intent is to address our efforts to implement prevention efforts to reduce risk behaviors within our force:

- Focus on Five Dimensions. The intent is to have a holistic fitness program that will build the resilience and enhance the performance of Soldiers and their families. The five dimensions that are targeted are:

1. Emotional. Approaching life's challenges in a positive, optimistic way by demonstrating self control, stamina and good character with choices and actions.

2. Social. Developing and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication, including a comfortable exchange of ideas, views and experiences.

3. Family. Being part of a family unit that is safe, supportive and loving and provides the resources needed for all members to live in a healthy and secure environment.

4. Spiritual. Strengthening a set of beliefs, principles or values that sustain a person beyond family, institutional and societal sources of strength.

5. Physical. Performing and excelling in physical activities that require aerobic fitness, endurance, strength, healthy body composition and flexibility derived through exercise, nutrition and training. This last dimension is addressed through physical fitness training and assessed using the Army Physical Fitness Test (APFT).

- Commanders at all levels ensure all Soldiers receive required training on risk reduction and suicide prevention topics IAW AR 350-1, including:

- Substance Abuse (in-processing, annually and redeployment). Substance abuse prevention must be a comprehensive program that reduces abuse through awareness, identification, education, and rehabilitation services comprised of inpatient and outpatient treatment. (See AR 600-85.) Alcohol and drug abuse are incompatible with readiness. Studies have shown that ARNG Soldiers, percentage wise, account for more abusers than the other Reserve Components. Training should discuss the following:

1. Alcohol and substance abuse warning behaviors.

2. Substance Abuse regulations, policies and services

3. Commanders' actions to retain / not retain abusers.

4. Separation procedures for those involved in two incidents within a year for alcohol.

5. Treatment resources and how to access them.

6. Limited Use Policy

7. Consequence of alcohol and other drug abuse

8. Incompatibility of alcohol and other drug abuse with physical and mental fitness and combat.

– Suicide Prevention (annually, predeployment and redeployment). The success of suicide prevention is predicated on the existence of proactive, caring, and courageous Soldiers, Family members, and Civilians who recognize imminent danger and take immediate action to save a life. Training must emphasize a community approach to prevention and discuss the following:

1. Common suicide warning behaviors.

2. Treatment resources and how to access them.

3. Resources during deployment and how to access them.

4. Causes of stress that are known to lead to suicidal gestures or suicides.

5. Resources for suicide prevention and hotlines for help.

– Sexual Assault Prevention and Response (annually, predeployment and redeployment). Sexual assault has no place in any organization, and thus, the ARNG is committed to eliminate incidents of sexual assault through a comprehensive policy that centers on awareness and prevention, training and education, victim advocacy, response, reporting, and accountability. Training related to sexual assaults should include the following:

1. Ways to promote sensitive care and confidentiality for victims.

2. Procedures to report incidents of sexual assault.

3. Difference between restricted and non-restricted reporting for victims.

4. Option for victim access to medical care, counseling, and advocacy without an investigation.

5. Resources to support victims and hotlines for help.

- Domestic Violence (annually and redeployment). The impact of domestic violence on Soldier and family readiness is no less significant than substance abuse prevention. However, prevention requires a more sophisticated approach and collaboration with local authorities in that incidents may occur when Soldiers are not in a duty status, which means the units may often be unaware of the violence unless made aware by the victim or law enforcement. Training for domestic violence prevention should discuss the following:

1. The crime of domestic violence.
2. The impact of a conviction on a Soldier's status and his / her family.
3. The Commander's responsibility and possible treatment resources.
4. Resources to aid the family / victims, if applicable.

- Traffic Safety (in-processing and annually)

- Commanders at all levels educate their Soldiers using a standardized program of instruction on the consequences of a domestic violence conviction (*Lautenberg Amendment*) as stated in AR 600-20 and other felony convictions.
- Commanders ensure all newly assigned Soldiers are briefed on Joint Substance Abuse Program (JSAP) policies and services within 30 days of arrival to the unit.
- Commanders ensure all newly assigned Soldiers are briefed on State and community programs and services that provide coping, financial management and stress management training and guidance.

d. **Good Order and Discipline**

- Commanders emphasize Soldier good order and discipline in the armory by periodically conducting unannounced urinalysis tests; local law enforcement visits; health, welfare and morale inspections; recognition ceremonies; safety briefings and accountability formations.
- Commanders have plans / procedures in place for armory Staff Duty Officers (SDO) or Charge of Quarters (CQ) during IDTs for detecting, intervening and reporting high risk indicators / incidents.
- Commanders ensure that all Soldiers are treated with dignity and respect if they are experiencing challenges or have been identified with stress / risk indicators.
- Commanders formally collaborate and share information with Directors of Psychological Health and Behavioral Health Officers concerning Soldiers at-risk of

violence when confiscating / re-issuing weapons.

- Commanders ensure that Soldiers, while on IDT and staying in a hotel sponsored through the unit, register their privately owned weapons with the Unit Armorer and store their privately owned weapons in the unit arms room. Review AR 190-11 and unit policy.

- When notified that a Soldier has a qualifying domestic violence conviction (as defined in AR 600-20) under the *Lautenberg Amendment*, Commanders take immediate action as required by Federal Law.

- Commanders at all levels appropriately address inappropriate behavior / substandard performance using flags, bars from reenlistment and other adverse personnel actions. Commanders use their discretion to direct the Soldiers to the required service for retaining the Soldiers, or process for discharge appropriately.

- Company leadership conducts monthly reviews with First line leaders to identify and assist Soldiers with financial and other stressful issues.

- Commanders facilitate Soldier attendance / participation at commander-directed / unit-scheduled medical / behavioral / administrative appointments. Commanders take appropriate action when a Soldier misses these appointments.

e. **Accountability**

- Commanders ensure Personnel Asset Inventories (PAI) are conducted at changes of command, before units change duty locations and whenever deemed necessary.

- Commanders ensure that Soldier's personal / government property is inventoried and appropriately stored when the Soldier is determined to be AWOL.

f. **Administrative Separations**

- After 45 days of receipt of the verified positive test, Commanders must counsel a soldier and refer them to a state certified facility for treatment. In addition, the commander must initiate the process for separation simultaneously (45 days of receipt of the verified positive drug test).

- Commanders initiate a separation action for soldiers who are involved in two serious incidents of alcohol-related misconduct within 12 months.

- Separation actions are forwarded to the separation authority, which will make a final determination on separating or retaining the Soldier.

- Commanders verify that the separation authority processes the administrative separation of Soldiers who are convicted of driving while intoxicated / driving under the influence a second time during their career.

- Commanders at all levels initiate administrative separation of high-risk Soldiers as appropriate, based upon a pattern of high-risk / criminal behavior (e.g., multiple felonies).

3. Reporting of High-Risk Behavior and Referral to Programs / Services

a. Command Reporting

- Commanders immediately report all drug related offenses (e.g., illegal possession, use, sale, or trafficking in drugs) to the appropriate authorities IAW the state and unit SOP.
- Commanders works with the Joint Substance Abuse Program (JSAP) office and Medical Review Officer (MRO), if a prescribed medication may be the suspected cause of an drug positive result.
- Commanders report suspected illicit pharmaceutical drug use to the appropriate authorities IAW with the State and unit SOP.
- Commanders immediately report all incidents of sexual harassment to the equality officer (EO).
- Commanders immediately report all incidents of sexual assault to the sexual assault and response coordinator and / or other authorities as designated by the State and unit SOP.
- Commander's inquiries pursuant to AR 15-6 and initiated for all suspected misconduct that does not meet the threshold for criminal investigation IAW AR 195-2. If the commander's inquiry subsequently determines that a crime may have been committed, the commander suspends the inquiry and refers the matter to higher headquarters for any further investigation.
- Battalion commanders complete DA Forms 4833 (*Commander's Report of Disciplinary and Administrative Action*) as applicable with supporting documentation (e.g., copies of Article 15s, court martial orders, reprimands) for all investigations and return the completed report within the required 90 days.
- Company, troop, and battery level commanders complete DA Forms 4833 as applicable with supporting documentation (e.g., copies of Article 15s, court martial orders, reprimands) in all cases.
- Commanders submit all delinquent DA Forms 4833 to the JFHQ. Senior commanders ensure all DA Forms 4833 are returned within the required timeframe.
- Unit commanders report AWOL Soldiers through the chain of command and / or IAW the unit SOP in a timely fashion following the accountability formation / AWOL determination.

- Commanders change the status of Soldiers to “dropped from rolls” (DFR) after a Soldier has been AWOL for 9 MUTAs and submit the DFR separation packet within 30 days of the DFR date.

- Commanders report suspected spouse and child abuse to the State protective agency / local law enforcement and to the Family Program Office.

b. Program Referrals

- Leaders evaluate and manage individual Soldier readiness across composite life cycle events by referring Soldiers to appropriate programs and services.

- Leaders ensure Families are aware of available R / RR / SP programs and services.

- When commanders recognize indicators of high risk behavior:
 - They refer Soldiers to appropriate program / service providers (e.g., FAC for financial issues, Family Program Office / Chaplain for Family issues, etc.).
 - They facilitate Soldier attendance / participation at these programs.
 - They take appropriate action when a Soldier does not participate in a command-referred program.

- When a commander identifies a Soldier through one (1) of the six (6) types of identifications in the AR 600-85, the Soldier is referred to a state-certified substance abuse facility for an assessment. The referral can be made directly by the commander or the commander/soldier can contact the JSAP office for assistance in making the referral.

- Commanders ensure that Soldiers who have demonstrated non-fatal suicide behaviors (attempts, ideations, self-harm, etc.) receive appropriate medical intervention (e.g., emergency medical services or behavioral health) and are tracked.

- Following incidents of blast / concussive / overpressure exposure, Soldiers at risk for mTBI are evaluated, treated and tracked as close to the time of injury as possible IAW the Army Campaign Plan for Warrior mTBI.

- Commanders inform Soldiers and Families of the availability of non-MTF behavioral health programs (e.g., TRIAP, TRICARE Telemental Health, Military OneSource, “Give an Hour”) and encouraging participation as appropriate.

c. Information Sharing

- Commanders communicate / staff R3SP policies and processes with other commanders to identify and implement best business practices.

- During a pending investigation of a suspected suicide or equivocal death, Commanders ensure their official interactions with the next of kin (NOK) are coordinated with as appropriate with local law enforcement, coroner, and / or the casualty assistance officer.

- Commanders and service providers understand the military exception for the release of protected health information (PHI) and information covered by the Privacy Act.

- State / Brigade / Battalion commanders establish a forum for subordinate commanders to share lessons learned from fatal and non-fatal suicidal behavior

- Counterdrug's JSAP office has a mutual agreement with State / local law enforcement to provide extracts on all incidents involving alcohol and / or drugs as available.

- Commanders coordinate with the State Surgeon's Office regarding medical profiles to ensure appropriate compliance, rehabilitation and reintegration (e.g., medical, behavioral health, substance abuse, family advocacy counseling).

4. Providing State / Community Support

a. Law Enforcement Utilization

- Commanders have established collaborative relationships with local law enforcement.

- Local law enforcement has a formalized system in place to assist with recovery of AWOL Soldiers.

- If applicable, Army Criminal Investigation Division (CID), Installation Provost Marshall (PM), Drug Suppression Teams (DST) that have supported criminal / death / drug surveillance, detection or intervention officials accurately classify offenses involving ARNG Soldiers and IAW AR 190-45 regarding information flow, jurisdiction and investigations of criminal activity.

b. Joint Substance Abuse Program (JSAP) Outreach, Education and Surveillance

- Joint Substance Abuse Program Coordinator (JSAPC)/ Medical Review Officers (MROs) notify commanders of Soldiers with positive urinalysis results immediately upon verification.

- Joint Substance Abuse Program Coordinators (JSAPC)/Joint substance Abuse Program Office (JSAPO)/Alcohol Drug Control Officers (ADCOs) monitor and evaluate the substance abuse program evaluation completion rate and provide quarterly reports to the Counterdrug Joint Substance Abuse Program office and commanders.

- JSAP Coordinators/Prevention Coordinators (PCs) match data collected on high-risk behavior incidents (quarterly risk reduction program report) with data available on the associated response (e.g., DA Forms 4833, 8003) to determine compliance with command referral requirements.

- JSAP Coordinators/Prevention Coordinators (PCs) proactively coordinate with Suicide Prevention Program Managers (SPPMs) and Directors of Psychological Health (DPHs) to comparatively analyze positive tests, high-risk behavior incidents and suicides to determine high risk indicators to enable commanders to better identify and support Soldiers exhibiting the indicators.

c. Armory Emergency Management (AEM)

- The armory has a family assistance emergency plan with procedures and protocols for mass casualty and crisis response situations.

- Armory emergency management programs and plans are synchronized and rehearsed to prevent gaps and duplication of effort among agencies.

5. Healthcare Wellness and Risk Reduction

- Commanders ensure all redeploying Soldiers are administered the Post Deployment Health Assessment (PDHA) during redeployment, and the Post Deployment Health Reassessment (PDHRA) 60-90 days after redeployment.

- Commanders ensure all Soldiers obtain appropriate clinical services for TBI or PTS(D), comorbid conditions (e.g. depression, substance abuse, adjustment disorder, anxiety, etc.), or physical ailments prior to release from active duty.

- Active and Reserve medical personnel share Soldier's relevant protected health information (PHI) with the unit commander when safety, readiness or welfare may be adversely impacted by a medical condition or treatment.

- When possible, MTFs and State Surgeon's Officers have a quality assurance and peer reviews by which "at risk medication" prescriptions are tracked when more than two psychiatric / psychotropic medications are prescribed.

- JFHQ have a system to ensure that all SIRs, AR 15-6 investigation reports and VCSA suicide reports are submitted within 15 days of the date of incident for all suicide behaviors / ideations that resulted in hospitalization or theater evacuation, and within 30 days of the date the event was determined for all suicide completions / fatalities.

- Behavioral health personnel are centrally managed at the JFHQ to optimize State / community medical capabilities.

- Non-MTF behavioral health programs are identified and readily available / offered to Soldiers and Families (e.g., TRIAP, TRICARE Tele-BH, Military OneSource, "Give

an Hour”).

- JFHQ and Staff are communicating / educating commanders at all levels on the full range of behavioral health / substance abuse programs offered to Soldiers and Families.

6. Survivor Outreach Services and Support

- Commanders ensure that families, unit members, and co-workers who experience loss due to suicide are offered long-term assistance including the resources listed in DA PAM 600-24.

- Leaders initiate proactive measures to prevent loss of life due to suicide and reduce the impact if a suicide takes place.

- Commanders ensure that survivors are offered casualty assistance IAW AR 600-8-1, Army Casualty Program 30 April 2007.

ANNEX E TO ARNG R3SP CAMPAIGN PLAN: LEADER MISSION ESSENTIAL TASKS (METL)

G = Guidance A = Assist E = Execute M = Monitor												
TAG	CSM	DIV	BDE	BN	CO	FLL	MRT	FRG	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
M	M	G	G	E	E	E	A	A	Create an SOP on how Soldier resilience issues will be managed by subordinate units and the JFHQ care advocacy.	Continuity of care and situational awareness for Soldiers suffering from a physical, mental, or substance abuse issue.		
M	M	M	M	E	E	E	E		Ensure all MRTs have been awarded the Additional Skill Identifier (ASI 8R).	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
G	G	M	M	M	M	E	A		Ensure all Soldiers have completed the Global Assessment Tool(GAT) and their prescribed Comprehensive Resilience Modules(CRMs) based off the GAT results.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
G	G	E	E	E	E	E	E	E	Identify and select qualified personnel to attend the Master Resilience Trainer (MRT) Course. Each 0-5/0-6 level command should have one additional duty MRT.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
G	G	E	E	E	E	E	E	E	Identify and select qualified personnel to become qualified as Resilience Training Assistants (RTSs) to support the efforts of the unit Master Resilience Trainer (MRT)	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
E	M	M	M	M	M	M	A	A	Issue guidance on management and use of Soldiers on INCAP, MRP, and CHBCO orders	Continuity of care and situational awareness for Soldiers suffering from a physical, mental, or substance abuse issue.		
G	G	E	E	E	E	E	A	A	Every leader should understand the process and channels for referring Soldiers to RRRSP services and requesting behavioral health support.	Soldiers are referred to help without delay.	AR 600-62, DA Pam 600-24	
E	M	M	M	M	M	M	A	A	Publish a policy to prevent belittling for Soldiers/Civilians for seeking help. Ensure all personnel are aware of the policy.	Policy establishing guidance to prevent humiliating behavior.	AR 600-63 Para 1-24 (e)	
G	M	E	E	E	E	E	A	A	Refer Soldiers undergoing multiple disciplinary actions who have multiple risk factors to appropriate support services to mitigate risk.	Soldier participation in support services.	AR 600-63 Para 1-24 (i)	
M	M	E	E	E	E	E			Refer all Soldiers who test positive on a UA, or who exhibit high risk behavior related to substance use for assessment and treatment.	Soldiers identified receive appropriate processing and care.	AR 600-85	
G	M	E	E	E	E	E	A	A	Incorporate an emphasis on suicide prevention into unit drill activities during the month of September.	Annual emphasis on suicide awareness and prevention.	AR 600-63, DA Pam 600-24	
G	M	E	E	E	E	E	A	A	Leaders manage Soldiers displaying suicide risk symptoms / behaviors in a way that protects their dignity and does not draw special or negative attention to their situation.	Suicidal Soldiers cared for in an affirming way, without being stigmatized.	AR 600-63 Para 1-24 (e)	

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TAG	CSM	DIV	BDE	BN	CO	FLL	MRT	FRG	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
G	M	E	E	E	E	E	A	A	Observations, TTPs and lessons learned from suicide and other related events should be shared through commander's forums, public affairs and command information channels for awareness and professional development.	Leaders are aware and incorporate lessons learned into their programs.	DA Pam 600-24	
M	M	E	E	E	E	E			Report every death, to include non-duty deaths, via SIR up to the ARNG Watch.	SIRs reported in a timely manner.	AR 190-40, Memorandum, NGB-ARO-FP, 2 November 2007	
E	E	E	E	E	E				Retain redeploying commanders, Sergeants Majors and First Sergeants for 90-120 days during the reset phase to ensure leadership continuity and cognizant-mitigation of unit and Soldier stressors	Continuity of leadership that enhances Soldier care during the post-deployment phase.	DA Pam 600-24	
G	M	E	E	E	E	M			Create an SOP on how Soldier resilience issues will be managed by subordinate units and the JFHQ care advocacy.	Continuity of care and situational awareness for Soldiers suffering from a physical, mental, or substance abuse issue.		
G	M	E	E	E	E	E		E	Family programs activities should include coverage for Single Soldiers, Married Soldiers, biological Family members and other support relationships.	Comprehensive coverage of all Soldiers, Family members and significant others.		
E	M	M	M	M	M	M			CHPC or SPTF should establish policies and procedures for the implementation of a state based Suicide Response Team (SRT).	Defined roles and responsibilities of SRT.	AR 600-63 Para 4-4 (m) (5)	
G	M	M	E	E	M				Ensure a Rear Detachment is established and sustained during the mobilization of Brigade/Battalion-size elements.	A Rear Detachment Commander and Staff are appointed to ensure seamless care and support of Home Station Soldiers and their Families, as well as those Soldiers returning for ordinary leave or casualty/injury.		
E	M	E	E	E	E	E			Establish a Suicide Response Team (SRT) to immediately assist commanders in coordinating and integrating "Postvention" activities in the event of an attempted / completed suicide.	State has qualified SRT to assist commanders in attempted / completed suicide event.	AR 600-63 Para 4-4 (m) (5)	
G	M	E	E	E	E	E		A	Every new Soldiers (non-prior service and prior service) is assigned a sponsor to help integrate the new Soldier into the unit and act as a Battle Buddy.	Soldiers are integrated into the unit and immediately connected with a support system.		
G	M	E	E	E	E	E		E	Unit Family Readiness Group (FRG) leader is aware of all new Soldiers and makes contact with the Soldier's Family to address any concerns and advise regarding upcoming FRG activities.	Soldiers and Families are connected to the FRG and know who to contact for help.		

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G	M	E	E	E	E	E	E		Incorporate the importance of maintaining good physical and behavioral health to include the value of seeking help in all initial and subsequent performance counseling to reduce stigma associated with help seeking behavior.	Help Seeking behavior is normalized as a positive.		
		E	E	E	E	E	E	E	Listings are compiled and disseminated of state and local services to support Soldier and Family well being.	Soldiers have ready access to referral sources.	AR 600-63, DA Pam 600-24	
	M	E	E	E	E	E			MMRB/MEB/PEB process is fully understood by First Line Leaders and their Soldiers who are involved in the process.	Soldiers go through the board process in a timely and informed manner		
G	M	E	E	E	E	E			Soldiers who interstate transfer are tracked and assisted to ensure a smooth handoff to gaining leadership, and to mitigate risk that comes with transition.	Reduced risk during interstate transfer.		
G	M	E	E	E	E	E			Unit commanders and Soldiers should receive timely adjudication of disability status, fitness for MOS, and fitness for duty as a result of MMRB / MEB / PEB.	Soldiers go through the board process in a timely and informed manner		
G	M	E	E	E	E	E	E		All military personnel are provided prevention education training (4 hrs AGR/ADOS - 4 hours, and M Day -2 hours)	Soldiers trained in substance abuse prevention	IAW AR 600-85	
G	M	E	E	E	E	E			Randomly select and drug test 10 percent of their assigned Soldiers each month OR 25 percent each quarter.	Soldiers at risk of substance abuse issues are identified and referred.	AR 600-85 Chapter 15-19	
G	M	E	E	E	E	E			The separation process is initiated for those who test positive on a UA or are identified in another fashion.	Soldiers are processed IAW regulations. Quality Soldiers are retained.	AR 600-85	
G	M	E	E	E	E	E			Track and Support Soldiers who have been referred for assessment and treatment through the full course of their recovery process.	Commanders are directly involved in Soldier recovery.	AR 600-85	
G	M	E	E	E	E	E			Unit Prevention Leaders (UPL) are trained on delivery of prevention education and certified in drug testing collection process.	Soldiers trained in substance abuse prevention and urinalysis collections process.	AR 600-85	
E	E	E	E	E	E	E			All Leaders receive the Ask, Care, and Escort (ACE) Leader Suicide Prevention Training annually.	Leaders are trained to use ACE to care for their Soldiers, and for suicide intervention	AR 600-63	
G	M	E	E	E	E	E			All Soldiers receive the Ask, Care, and Escort (ACE) Soldier Suicide Prevention Training annually.	Soldiers are trained to use ACE and how to seek help for themselves.	AR 600-63	
G	M	E	E	E	E	E			All Soldiers receive the Ask, Care, and Escort (ACE) Peer Intervention Suicide Prevention Training annually.	Soldier Peers/Buddies understand the ACE program and are ready to intervene.	AR 600-63	
G	M	E	E	E	E	E		A	All Family Members receive the Ask, Care, and Escort (ACE) Family Suicide Prevention Training annually.	Family Members understand the ACE program and are ready to intervene.	AR 600-63	

ANNEX E TO ARNG R3SP CAMPAIGN PLAN: LEADER MISSION ESSENTIAL TASKS (METL)

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G	M	E	E	E	E	E			Appoint Suicide Intervention Officers (SIO) at every company who are trained in Peer Intervention Training skills.	SIOs are in every company and trained with advanced suicide intervention skills.	(All States Log number P08-0009) Army National Guard (ARNG) Suicide Prevention Program Policy	
G	M	E	E	E	E	E			Identify Soldiers who were enlisted with waivers for significant pre-existing conditions. Provide assistance and support to mitigate risk.	Reduced risk of Soldiers who were enlisted with waivers.		
G	M	E	E						Initiate a Line of Duty (LOD) investigation on all Soldiers who die by suicide while in Title 10 / 32 active duty status, or whose death by suicide is possibly related to previous active duty service.	Line of Duty completed.		
G	M	E	E	E	E	E			Media rich suicide prevention training materials such as Shoulder to Shoulder, Beyond the Front, and Home Front are intergrated into unit level suicide prevention awareness training.	Soldiers receive training that is engaging	AR 600-62, DA Pam 600-24	
G	M	M	E	E	E	E	A	A	Ensure that Families and Unit Members who experience a loss due to suicide are offered long-term assistance.	Families and Unit Members receive casualty assistance and are linked to services and programs for financial and grief support.	AR 600-8-1, DA Pam 600-24	
G	M	E	E	E	E			A	Include RRRSP sessions for Soldiers and Families (e.g., spouses, fiancé, children, and parents) in all Yellow Ribbon events.	Reduced risk and improved resilience of Soldiers, Family members and significant others.		

ANNEX F TO ARNG R3SP CAMPAIGN PLAN: STAFF MISSION ESSENTIAL TASKS (METL)

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TAG	CSM	CofS	J/G1	J/G3	J/G4	J/G5	Fam Prg Dir	SPPM	J/G6	J/G8	J/G5/ PA	Surg	Chap	RRC	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
M	M	M	G	A	A		E			A				A	Family programs activities should include coverage for Single Soldiers, Married Soldiers, biological Family members and other support relationships to include fiancés and girlfriends.	Comprehensive coverage of all Soldiers, Family members and significant others.		
M		M	G	A	A	A	E			A	A		A		Form partnerships and collaborations with schools, chaplains, military police, and national youth organizations to deliver programs more effectively. Child and Youth Programs can be an active member of the Boys and Girls Club of America, have 4-H Clubs, and implement programs promulgated by the National Alliance for Youth Sports.	Educate school and community personnel on the emotional cycle of deployment for military child and youth.	DoDI 1342.22, DoDI 1342.23, DOD 1342.17, NGR 600-12	
M		M	G				A								Oversee Family Readiness Support Assistants which support Family Readiness programs in an assigned command.	Assist the Commander in executing their Family Readiness Programs.	DoDI 1342.22, DoDI 1342.23, DOD 1342.17, NGR 600-12	
M		M	G	A	A		E								Oversee the operation and manning of the Family Assistance Centers (FACs) to facilitate commander's ability to provide comprehensive, coordinated, and responsive services which support readiness of uniformed Service Members, civilian employees and their Families.	Provide information, referral and emotional support to Families so that Service Members can focus on their mission. Services may include: legal assistance, TRICARE, DEERS / ID cards, outreach, information and referral to appropriate service agencies, problem solving and crisis resolution, accurate and current information and coordination with Rear	DoDI 1342.22, DoDI 1342.23, DOD 1342.17, NGR 600-12	
		G	A				E					A	A		Partner with the Joint Family Support Assistance Program (JFSAP) which augments existing family programs to provide a continuum of support and services based on member and family strengths and needs. JFSAP teams are comprised of one Military and Family Life Consultant (MFLC), one Child and Youth Behavioral (CYB) MFLC, one Military OneSource (MOS) Consultant, and one additional position (state choice of a MOS Consultant, MFLC, CYB-MFLC, or Personal Financial Counselor (PFC).	The support of Families who are geographically dispersed from a military installation. Services are delivered in local communities through collaborative partnerships with Federal, State, and local resources.	The National Defense Authorization Act of 2007. http://www.militaryhomefront.dod.mil/portal	
			G				A	A				A	A		Provide immediate, short term intervention and referral to appropriate agency or service to assist Service Members and Families facing crisis situations.	Involve Service Member's unit leadership, without breaching confidentiality while encouraging and fostering active unit participation in problem resolution.		
			G				A						E		Strong Bonds should be funded, promoted and conducted for maximum participation by couples, single Soldiers and significant others.	Soldiers and Families have strong and resilient relationships	AR 165-1	
			G				E	A							Family Programs make the Ask, Care, and Escort (ACE) Suicide Prevention Training for Families available to Family Members.	Family members are trained to use ACE to provide care and suicide intervention	AR 600-63	
		G	A											E	First Line Leaders and Sponsors attend the first Recruit Sustainment Program (RSP) drill with new non-prior service Soldiers.	RSP Soldiers are monitored and connected with their new unit.		
	M	G	A					A						A	All Soldiers are given the ACE (Ask, Care, Escort) suicide response pocket card and instructed to carry it with them at all times.	Soldiers have tools for buddy care and intervention.		
			G				A								Front Line Leaders maintain contact with Soldiers transferring to another state until they have reported and inprocessed in the gaining unit.	Reduced risk during interstate transfer.		

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		M	A	A									E		Incorporate the importance of maintaining good physical and behavioral health to include the value of seeking help in all initial and subsequent performance counseling to reduce stigma associated with help seeking behavior.	Help seeking behavior is normalized as a positive.		
		G	A										E		Track and Support Soldiers who have been referred for substance abuse assessment and treatment through the full course of their recovery process.	Commanders are directly involved in Soldier recovery.	AR 600-85	
		G	A										E		All RRRSP committies, councils, task forces to include the CHPC will establish a charter to give direction and boundaries to its operation. The charter will include organizational structure, mission, scope, objectives, integration with other councils/committees, authority, member roles/responsibilities and life cycle.	Committees, councils and task forces are organized and effective.	AR 600-63	
		G	E									A			Create an SOP on how Soldier resilience issues will be managed by subordinate units and the JFHQ care advocacy.	Continuity of care and situational awareness for Soldiers suffering from a physical, mental, or substance abuse issue.		
		M	G			E					A				Develop a comprehensive STRATCOM that aggressively markets key talking points related to RRRSP directly to Leaders, Soldiers and Families.	Comprehensive RRRSP STRATCOM		
G		E	A				A	A							Establish task forces, committees and risk reduction teams to facilitate local health promotion initiatives to reduce high-risk behaviors and build resilience.	Dedicated efforts in state to reduce high risk behavior and build resilience.	AR 600-63 Para 1-21 (a)	
		M	E				A	A							Identify best practices from local state and community organizations for incorporation into the state level RRRSP strategy.	Best practices incorporated into RRRSP STRATCOM	AR 600-63	
		G	E										A		Issue guidance on management and use of Soldiers on INCAP, MRP, and CHBCO orders.	Continuity of care and situational awareness for Soldiers suffering from a physical, mental, or substance abuse issue.		
G		E	A	A	A								A		Leaders ensure that committees, councils, and task forces are empowered to make decisions and allocate resources appropriately.	Committees, councils and task forces are empowered to be productive and effective.	AR 600-63	
		G	A										E		Recruit Sustainment Program (RSP) and Sponsorship Program (SP) integrate risk reduction, resilience and suicide prevention into the base-line knowledge of the Soldier and his/her family.	RSP and SP integration of risk reduction, resilience and suicide prevention.		
			E				A	A	A				A	A	Develop a State / Territory Resource Directory to increase access to social and basic life-skills programs and resources for Soldiers and Families.	Soldiers and Family have ready access to resources.		
		G	E				A		A				A	A	Develop an integrated portal / dashboard to enhance ARNG / Leader situational awareness into unit / Soldier stress window.	Leadership is aware of unit and Soldier risk.		
		G	E			A	A	A					A	A	Develop Memorandums of Agreement with state and local agencies to leverage services and resources for Soldiers and their Families in geographically dispersed areas.	Memorandums of Agreement with state and local agencies to leverage services and resources for Soldiers and their Families in geographically dispersed areas exist.	AR 600-63, DA Pam 600-24	

ANNEX F TO ARNG R3SP CAMPAIGN PLAN: STAFF MISSION ESSENTIAL TASKS (METL)

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M	M	G	A	A						A			E		Establish a system / process to ensure Warriors in Transition either at WTUs or Community Based Warrior Transition Units (CBWTU) are kept in contact by their state and unit leadership.	WTU and CBWTU Soldiers maintain a sense of connection and belonging with state organization.		
		M	E				A								MFLCs are readily available to Soldiers and Families, incorporated into commander / unit programs, and fully integrated with other helping providers to ensure seamless coverage between contact and referral.	Comprehensive behavioral health support to Soldiers and Families.		
G		E	A									A	A	A	Publish a policy to prevent belittling Soldiers/Civilians for seeking help. Ensure all personnel are aware of the policy.	Policy establishing guidance for humiliating behavior.	AR 600-63 Para 1-24 (e)	
		M	G				E	E				A	A	A	RRRSP POCs should develop cooperative relationships with leadership of local civic behavioral health and health promotion agencies to leverage state and community programs and resources for Soldiers and Families.	State's ARNG program nested into State Department of Mental Health Suicide Prevention Program.	AR 600-63, DA Pam 600-24	
G		M	E	A	A	A	A	A				A	A	A	Develop a state level suicide prevention policy which tailors the program to state specific resources, demographics and needs.	State-level suicide prevention policy tailored to state specific resources, demographics and needs.	AR 600-63, DA Pam 600-24	
		G	E											A	Establish a Suicide Response Team (SRT) to immediately assist commanders in coordinating and integrating "Postvention" activities in the event of a completed / attempted suicides.	State has qualified SRT to assist commanders in completed / attempted suicide events.	AR 600-63 Para 4-4 (m) (5)	
M		M	A	E											Establish a system to verify that suicide prevention training is taking place and that results are reported up the chain of command.	Tracking and reporting system in place for required suicide prevention training.	AR 600-63, DA Pam 600-24	
			G				A	E						A	Establish an SOP for the long term care, management and referral of Families, unit members and co-workers who have been affected by suicide.	Reduced risk in Families and Soldiers who have been affected by suicide.	AR 600-63 Para 1-24 (j)	
			G											A	Leaders manage Soldiers displaying suicide risk symptoms / behaviors in a way that protects their dignity and does not draw special or negative attention to their situation.	Suicidal Soldiers cared for in an affirming way, without being stigmatized.	AR 600-63 Para 1-24 (e)	
		M	A	E											Place annually required Suicide Prevention Training for Soldiers/Leaders in the Yearly Training Guidance.	Annual Suicide Prevention training.	AR 600-63, DA Pam 600-24	
			G	A	A									A	Publish SOP for unit watch, weapons profiles, and other unit-related procedures that relate to suicide risk symptoms or suicide-related events.	Standardized procedures in the management and supervision of at risk Soldiers.	AR 600-63 Para 1-24 (h)	
		M	G	A	A									A	Suicide Response Team members are notified of their responsibilities on the team and are on call to respond as needed.	State has qualified SRT to assist commanders in completed / attempted suicide events.	AR 600-63	
M		G	E											A	Updated current policies, processes, and SOPs to incorporate lessons learned from SIRs, 15-6 investigations and 37 line reports.	Current policies, processes and SOPs are relevant and effective.	AR 15-6, AR 600-63	
G		M	A	A	A	A	A	A	A	A	A	E	A	A	Publish a health promotion policy that includes suicide prevention efforts.	Policy with executable suicide prevention efforts.	AR 600-63 Para 1-24 (a)	
M		M	A	E											Report every death, to include non-duty deaths, via SIR up to the ARNG Watch within 48 hours of notification of death.	SIRs reported in a timely manner.	AR 190-40, Memorandum, NGB-ARO-FP, 2 November 2007	

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		M	A	E											Ensure all MRTs have been awarded the Additional Skill Identifier (ASI 8R).	Enhancement of Soldier and Family resilience	DA CSF EXORD	
		M	A					A				E	A	A	Refer Soldiers undergoing multiple disciplinary actions and who have multiple risk factors to appropriate support services to mitigate risk.	Soldier participation in support services.	AR 600-63 Para 1-24 (i)	
G		E	A								A	A			Appoint a primary resilience coordinator for the Joint Force Headquarters (JFHQ).	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
G		E	A	A	A	A	A	A	A	A	A	A	A		Develop a Risk Reduction, Resilience and Suicide Prevention (RRRSP) strategy which fully integrates all relevant staffs and supporting agencies.	A fully integrated strategy at the state level.	AR 600-63	
G		M	A	A	E	A	A	A	A	A	A	A	A		Establish a comprehensive State strategy to combat the stigma associated with Soldiers seeking behavioral health care.	Coordinated and comprehensive effort across each state to reduce stigma associated with Soldiers seeking behavioral health care.	AR 600-63, DA Pam 600-24	
G		E	A	A	A	A	A	A	A	A	A	A	A	A	Establish a Resilience and Risk Reduction Task Force to facilitate command / unit level health promotion initiatives to build resilience and reduce high risk behaviors.	Soldiers are resilient and high risk behaviors are reduced.		
G		M	E	A	A	A	A	A	A	A	A	A	A		Establish a State Resilience Plan and ensure Resilience training is a part of The Adjutant General's Short Range Training Guidance provided to subordinate units in the state.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
G		M	A	E				A							State has created a plan for implementing resilience in subordinate unit training as well as for families and children.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
		G	E									A			Appoint on orders a State Substance Abuse Program, Prevention Coordinator (PC) to oversee the PTO program for National Guard members and their family.	Coordinated and staffed substance abuse program.	IAW AR 600-85 and AFI 44-120	
		M	A										E		Designate a state Medical Review Officer (MRO) on appointment orders.	Coordinate and staff substance abuse program.	IAW AR 600-85 and AFI 44-120	
		M	A										E		Establish an Alcohol and Drug Interdiction Council (ADIC) to serve as an advisor to the State Adjutant General.	Coordinate and staff substance abuse program.	IAW AR 600-85 and AFI 44-120	
			E												JNGSAP Program Manager appointed on orders.	Coordinate and staff substance abuse program.	IAW AR 600-85 and AFI 44-120	
M		G	E	A								A			Joint National Guard Substance Abuse Program (JNGSAP) established at the state level.	Coordinate and staff substance abuse program.	IAW AR 600-85 and AFI 44-120	
		M	E					A							Appoint on orders a Suicide Prevention Program Manager (SPPM).	Commander appointment letter.	AR 600-63 Para 1-19 (c)	
G		E	A					A				A			AR 15-6 investigating officer appointed by the senior leadership at the JFHQ.	Quality and timely completion of 15-6 investigation.	AR 15-6	
		M	E	A				A				A			AR 15-6 investigation, and 37 Line report is forward to ARNG-HRF immediately upon completion by the state.	Suicide data readily available for development of lessons learned	AR 15-6, AR 600-63, DA Pam 600-24	
G		M	E					A				A	A		R3SP or SPTF should establish policies and procedures for the implementation of a state based Suicide Response Team (SRT).	Defined roles and responsibilities of SRT.	AR 600-63 Para 4-4 (m) (5)	
M		E	M					A							Conduct AR 15-6 investigation and complete a 37 Line report on every suicide or equivocal death within 10 days of notification of death.	Suicide data readily available for development of lessons learned	AR 600-63 Para 1-24 (o), AR 15-6	
			A	E				A							Designate September as Suicide Prevention Month on the Yearly Training Guidance.	Annual emphasis on suicide awareness and prevention.	AR 600-63, DA Pam 600-24	

ANNEX F TO ARNG R3SP CAMPAIGN PLAN: STAFF MISSION ESSENTIAL TASKS (METL)

G = Guidance A = Assist E = Execute M = Monitor																		
TAG	CSM	CofS	J/G1	J/G3	J/G4	J/G5	Fam Prg Dir	SPPM	J/G6	J/G8	J/G5/PA	Surg	Chap	RRC	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
G		E	A	A											Retain redeploying commanders, Sergeants Majors and First Sergeants for 90-120 days during the reset phase to ensure leadership continuity and cognizant-mitigation of unit and Soldier stressors	Continuity of leadership that enhances Soldier care during the post-deployment phase.	DA Pam 600-24	
G		E	A												State senior leadership reviews and signs off on AR 15-6 investigations.	Quality and timely completion of 15-6 investigation.	AR 15-6	
		M	A									E			Unit Prevention Leaders (UPL) are trained on delivery of prevention education and certified in drug testing collection process.	Soldiers trained in substance abuse prevention	AR 600-85	
		M	E	A					E						Create a strategy for monitoring Soldier use of the Comprehensive Soldier Fitness (CSF) Online Modules to remediate weaknesses in the Resilience domains.	Enhancement of Soldier and Family resilience	DA CSF EXORD	
		M	A	A						E			A	A	Establish a means for regular communication with state resilience experts i.e. email list, newsletter, blog, website, etc.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
M	M	E	A												State will leverage local resilience trainers to address state specific resilience issues.	Enhancement of Soldier and Family resilience.	DA CSF EXORD	
		M	E				A	A							RRRSP POCs should develop cooperative relationships with leadership of local civic behavioral health and health promotion agencies to leverage state and community programs and resources for Soldiers and Families.	State's ARNG program nested into State Department of Mental Health Suicide Prevention Program.	AR 600-63, DA Pam 600-24	
G	M	M	E	A				A	A		A				Soldier to Soldier (S2S) or similar peer support program implemented statewide.	Units have Soldiers trained in crisis intervention skills.	S2S Handbook	
		M	A	E								A	A		Soldiers from every unit are trained in crisis intervention skills as part of a state level peer support program.	Units have Soldiers trained in crisis intervention skills.	S2S Handbook	
		M	E				A	A					A	A	Identify best practices from local state and community organizations for incorporation into the state level RRRSP strategy.	Best practices incorporated into RRRSP STRATCOM	AR 600-63	
		M	A												Appoint on orders two Unit Victim Advocates (UVA) per battalion level organization.	Service members have access to a well-coordinated, highly responsive victim advocacy program	AR 600-8-8	
		M	A												Appoint one deployable SARC on orders per each brigade and higher organization.	Service members have access to a well-coordinated, highly responsive victim advocacy program.	AR 600-8-8	
		M	E						A						Create an SOP on how cases will be transferred from Title 32/Title 10 and vice versa and monitored. Ex. Sexual Assault Data Management System (SADMS).	Continuity of care for victims of sexual assault throughout the deployment cycle.	AR 600-8-8	
		M	E						A				A	A	Service members have access to a well-coordinated, highly responsive victim advocacy program.	Service members have access to a well-coordinated, highly responsive victim advocacy program.	AR 600-8-8	
		M	A	E											Sexual Assault Prevention and Response Program training is conducted annually, and documented on unit calendars.	Service members understand the requirements to refrain from inappropriate behavior and the recourses available to them if they have been harrassed or abused.	AR 600-8-8	
			E				A	A					A	A	Listing of state and local services that support Soldier and Family well being are publicized to the Armories.	Soldiers have ready access to referral sources.	AR 600-63, DA Pam 600-24	
			E	A				A							All certified Suicide Intervention Skills Training (ASIST) trainers will be awarded the ASIST Trainer Additional Skill Identifier (ASI) on orders.	Certified ASIST trainers are easily identified and their qualificaions validated.	AR 600-63, DA Pam 600-24	

ANNEX F TO ARNG R3SP CAMPAIGN PLAN: STAFF MISSION ESSENTIAL TASKS (METL)

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TAG	CSM	CofS	J/G1	J/G3	J/G4	J/G5	Fam Prg Dir	SPPM	J/G6	J/G8	J/G5/PA	Surg	Chap	RRC	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
		M	G	A				A				A	A		All personnel identified as Gatekeepers per AR 600-63 are trained in the two day Applied Suicide Intervention Skills Training (ASIST).	Trained and effective Gatekeepers	AR 600-63	
		M	A	A				A							Appoint Suicide Intervention Officers (SIO) at every company who are trained in Peer Intervention Training skills.	Soldiers at every company trained with advanced suicide intervention skills	(All States Log number P08-0009) Army National Guard (ARNG) Suicide Prevention Program Policy	
			A					E							Maintain a roster of Gatekeepers and their Suicide Intervention Skills Training (ASIST) training status	States maintain an adequate supply of certified ASIST Trainers	AR 600-63, DA Pam 600-24	
			A					E							Maintain at least two Suicide Intervention Skills Training (ASIST) qualified trainers at the State level who can facilitate the 2-day ASIST workshop.	States maintain an adequate supply of certified ASIST Trainers	AR 600-63, DA Pam 600-24	
			A					E							Publish protocols for execution of Suicide Prevention Month.	Effective and appropriate suicide prevention activities during Suicide Prevention Month.	AR 600-63, DA Pam 600-24	
			A	A				E							Suicide Prevention Month activities are tracked, and a consolidated report is forward to ARNG-HRF by 15 Oct.	Timely reporting of Suicide Prevention Month activities.	AR 600-63, DA Pam 600-24	
			A					E							Suicide prevention program is managed by the SPPM in accordance with current Army and ARNG regulations and policy.	Coordinated and consistent programs across the states.	AR 600-63, DA Pam 600-24	
			A					E							Track all personnel who are certified to facilitate the Ask, Care, and Escort (ACE) Army Suicide Intervention Training.	Trainers are easily identified and accessible.	AR 600-63 Para 1-26 (d)	
			A					E							Track certified Suicide Intervention Skills Training (ASIST) Trainers by name.	States maintain an adequate supply of certified ASIST Trainers	AR 600-63, DA Pam 600-24	
			E	A				A				A	A		Include RRRSP sessions for Soldiers and Families (e.g., spouses, fiancé, children, and parents) in all Yellow Ribbon events.	Reduced risk and improved resilience of Soldiers, Family members and significant others.		
			A					E			A				Media rich suicide prevention training materials such as Shoulder to Shoulder, Beyond the Front, and Home Front are intergrated into unit level suicide prevention awareness training.	Soldiers receive training the is engaging.		
M		G	A									E			Develop a clear and functional process which lays out the steps for commanders to request behavioral health support.	Formalized behavioral health functional process.		
M		G	A									E			Establish a system / process to ensure Soldiers needing care can be processed for Active Duty for Medical Extension (ADME) and Medical Retention Processing 2 (MRP2).	Soldiers are processed in a timely and efficient manner for ADME and MRP2.		
M		G	E									A			Every leader should understand the process and channels for referring Soldiers to RRRSP services and requesting behavioral health support.	Soldiers are referred to help without delay.	AR 600-63, DA Pam 600-24	
M		G	A									E			Listings of available medical and behavioral health services available to Soldiers are published, along with qualifying conditions, limitations and options.	Leaders have appropriate information available for referral of Soldiers to care.		
		G									A	E			Medical and behavioral health service listings are publicized to the Armories.	Leaders have appropriate information available for referral of Soldiers to care.		
		G	A									E			MMRB/MEB/PEB process is fully understood by First Line Leaders and their Soldiers who are involved in the process.	Soldiers go through the board process in a timely and informed manner.		

ANNEX F TO ARNG R3SP CAMPAIGN PLAN: STAFF MISSION ESSENTIAL TASKS (METL)

G = Guidance A = Assist E = Execute M = Monitor																		
TAG	CSM	CofS	J/G1	J/G3	J/G4	J/G5	Fam Prg Dir	SPPM	J/G6	J/G8	J/G5/PA	Surg	Chap	RRC	STANDARD	ENDSTATE	REFERENCES / TOOLS	STATUS
		G										E			Screening systems processes are leveraged to notify commanders of Soldier compliance and risk factors, for appropriate referrals and subsequent treatment plans.	Systems such as PHA, PDHRA, TBI and PTSD screening are used to enhance identification of at-risk Soldiers for referral and treatment.		
		G	A									E			Unit commanders and Soldiers should receive timely adjudication of disability status, fitness for MOS, and fitness for duty as a result of MMRB / MEB / PEB.	Soldiers go through the board process in a timely and informed manner.		
		G	E				A								Coordinates education through Yellow Ribbon Reintegration Program events that provide tools for Soldiers and Families to use to work through their challenges, and the ability to make better life choices.	Soldiers and Families utilize tools, overcome challenges, and are more resilient.	DoD and NGB YRRP implementation policy and guidance.	
		G	A	A	A		E								Facilitates education through Yellow Ribbon Reintegration Program events that provide practical tools such as financial management, healthcare access, and communication management.	Soldiers and Families utilize practical tools, overcome challenges, and stressful negative outcomes are limited.	DoD and NGB YRRP implementation policy and guidance.	
		G	A	A	A		E								Incorporate RRRSP activities into all phases of unit Yellow Ribbon Program events.	Yellow Ribbon Program implemented for all phases of the Deployment Cycle.	DoDI 1342.22, DoDI 1342.23, DOD 1342.17, NGR 600-12	
		G	E	A	A		A								Supports Yellow Ribbon Reintegration Program events, the creation and development of support networks, personal(other spouses, etc.), practical(lawyers, etc)	Soldiers and Families develop and utilize their "Go-to network" for required resources, thus limiting stressful situations.	DoD and NGB YRRP implementation policy and guidance.	
M		G	A	A	A			A		E					Assist with resourcing process for the R3SP programs	Fully funded R3SP program.		
M		G	A	A	A			A		E					Monitor expenditures associated with R3SP programs to ensure compliance with budget and leadership guidance.	Maintain budget compliance.		
M		G	A	A	A	A	A	A	A	E	A	A	A	A	Conduct analysis of R3SP programs to validate requirements and coordinate with NGB to ensure validated requirements are included in the Program Objective Memoranda (POM) process.	Complete full Program Objective Memoranda (POM) process.		

Annex G to R3SP Campaign Plan: State R3SP Campaign Plan Template

[DATE]

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: [State] Army National Guard Campaign Plan for Resilience, Risk Reduction and Suicide Prevention (R3SP)

1. References: Any applicable references

2. Situation: This paragraph should provide the State's current assessment of their status in regards to Resilience, Risk Reduction and Suicide Prevention (R3SP).

3. Mission: This paragraph establishes what the overall mission of the State's R3SP program will be. For instance, "The [State] Army National Guard Campaign Plan is the means by which leaders will direct actions necessary to implement immediate enduring solutions necessary to improve and, where necessary, immediately affect [State] Army National Guard resilience, risk reduction suicide prevention-related programs."

This paragraph should include but it not limited to:

- a. Who is the proponent for the State R3SP program
- b. Who is responsible for synchronizing and integrating state efforts
- c. State Lines of Effort (LOE)

4. Execution:

a. The Adjutant Generals Intent. This paragraph provides the TAG's specific intent; a general purpose or vision could be provided and should emphasize the physical, mental, and spiritual aspects of wellness to achieve an immediate and lasting impact.

b. Methods.

(1) Joint Forces Headquarters (JFHQ) Plan. The first component of the campaign should be to discuss how the JFHQ Staff will impact R3SP. It may also discuss the organizational structure for the State's conduct of the plan.

(2) Commander's Plan. The second component of this campaign plan is to promulgate recommended guidance for immediate implementation by unit Commanders at all levels.

(3) TAG's Priorities. The third component of this campaign plan is to determine the priorities associated with the critical tasks and objectives determined by the TAG to allow the staff and commanders to ensure their efforts and focus are consistent with the desired effects. All resources should be allocated in order of priority to accomplish the most in the least amount of time while remaining within the intent of the TAG's guidance.

Annex G to R3SP Campaign Plan: State R3SP Campaign Plan Template

(4) TAG's Desired End State. This final component should provide the desired endstate of all methods / actions implemented.

5. Concept of Operation: This paragraph should discuss the key components of the campaign plan, such as use of existing programs such as Army Comprehensive Soldier Fitness (CSF), other sources of resilience training, stress control management, behavioral health care, substance abuse prevention and suicide prevention. A diagram, such as the one below, can be used to graphically illustrate the concept or a component.

State Army National Guard Campaign Plan for Suicide Prevention

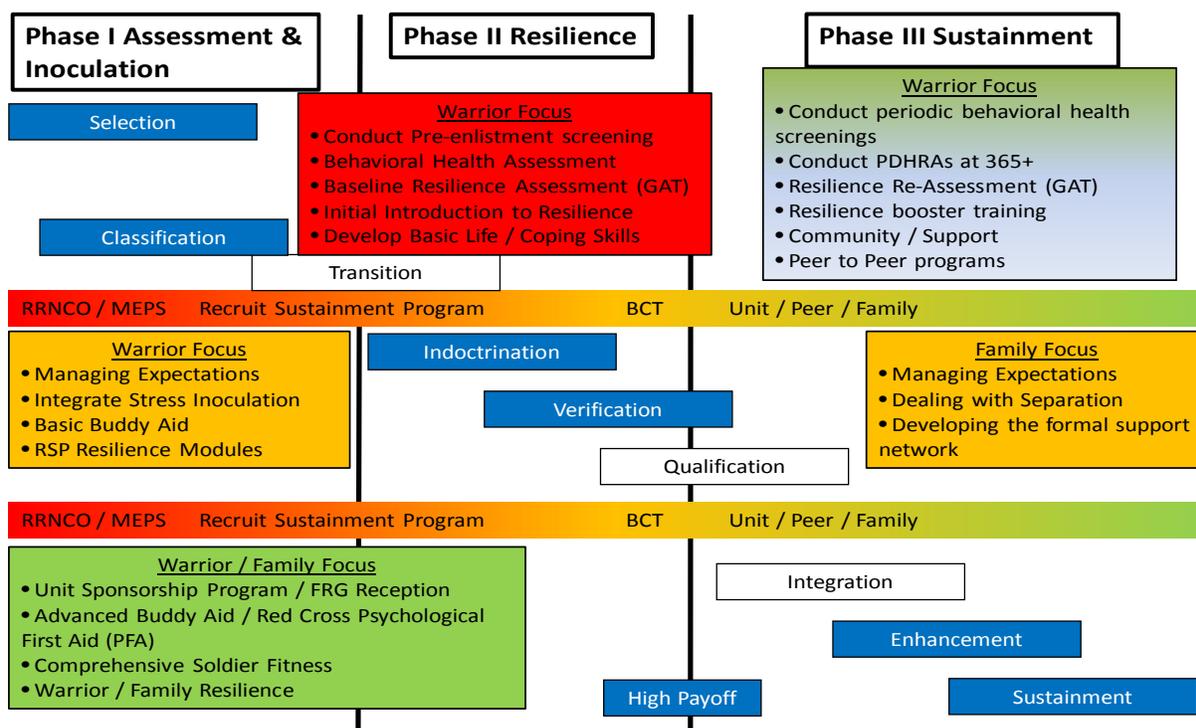


Figure 1. State Army National Campaign Plan for Suicide Prevention

a. Resilience Programs / Initiatives: Any programs, initiatives, concepts, etc. that are or will be used by the state to promote Soldier, Family and civilian resilience i.e. state developed resilience training or curriculum, Red Cross Psychological First Aid, etc.

b. Utilization of Master Resilience Trainers (MRTs): States should use MRTs in the following capacities and provide an overview of their plan to accomplish the following:

- (1) Support to M-Day Commanders in providing resilience training.
- (2) Support to Deploying Units to provide resilience training specific to the deployment cycle.
- (3) Support to events conducted in support of other State R3SP Programs.

Annex G to R3SP Campaign Plan: State R3SP Campaign Plan Template

(4) Integration of Resilience Training Assistants (RTAs) training to support MRT efforts and / or to provide basic resilience familiarization and awareness training in the absence or non-availability of MRTs, particularly during deployments.

(5) Tracking and documenting training and events, to include AARs, photos, and informal feedback to the State leadership and ARNG-HRF Resilience Coordinator.

c. Risk Reduction Programs / Initiatives: Any programs, initiatives, concepts, etc. that are or will be used by the state to help leaders assess and reduce risk i.e. the Unit Risk Assessment, Peer Support efforts.

d. Suicide Prevention Programs / Initiatives: Any programs, initiatives, concepts, etc. that are or will be used by the state to promote prevent suicides i.e. organized intervention teams, suicide prevention training, etc.

e. Integration of new Soldiers / transition from enlistment to first unit: How the state sponsors newly enlisted Soldiers and their families while promoting Recruiting and Retention oversight and RSP leadership interaction through transition to their assigned unit following Initial Entry Training (IET) completion. This is the most high-risk population in the ARNG so the formal efforts to establish resilience, reduce risk and formalize their peer and family support network should be outlined here.

f. Measures of Effectiveness. The Adjutant General and Staff determine those measures that should be used to assess the effectiveness of resilience, risk reduction suicide prevention-related programs that are being implemented throughout the [State] Army National Guard. These measures should be a viable indicator that the state program is setting the conditions for short term and long-term success.

g. Other Considerations may include task organization of any special purpose organizations created by this plan, methods of marketing or branding state efforts / programs, Family Readiness efforts, etc.

6. Commanders', Leaders and Non-Commissioned Officers' (NCOs') Critical Actions / Tasks: This paragraph should provide specific tasks and actions that are critical to the achievement of the State's R3SP efforts. The campaign plan should identify tasks that Commanders, Leaders and NCOs are directed to execute in order to achieve the plan's intent. Areas that should be addressed include resilience training (Comprehensive Soldier Fitness, Master Resilience Trainers, Global Assessment Tool), suicide prevention (Suicide Prevention Program Managers, Gatekeepers, Applied Suicide Intervention Skills Training) and substance abuse prevention (Prevention, Outreach).

XXXXXXXXXXXXX
Major General, GS
Adjutant General

DISTRIBUTION:

Annex G to R3SP Campaign Plan: State R3SP Campaign Plan Template

[Per State/Territory Policy]

ANNEX H TO R3SP CAMPAIGN PLAN: SAMPLE R3SP COUNCIL CHARTER

1. References:

- a. AR 15-1, Boards, Commissions, and Committees - Committee Management, 27 November 1992
- b. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP), 16 April 2009
- c. Army Health Promotion, Risk Reduction and Suicide Prevention Report, 29 July 2010
- d. "The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives: Final Report of the DoD Task Force Report on the Prevention of Suicide by Members of the Armed Forces," August 2010
- e. "Protecting the Force: Lessons from Fort Hood – Report of the DoD Independent Review," January 2010
- f. "Fort Hood Army Internal Review Team Report," August 2010
- g. Army National Guard Resilience, Risk Reduction and Suicide Prevention (R3SP) Campaign Plan, xx November 2010

2. This Annex provides an example charter for use by the States as appropriate.

3. Name/Effective Date: Under the authority of The Adjutant General, State of _____, the ___(State)_ Resilience, Risk Reduction and Suicide Prevention Council (R3SPC) is established as an intra-___(State)_ National Guard Council. This Council will terminate one year after its date of establishment, or as directed by The Adjutant General, State of _____.

4. Purposes: The R3SPC will support the analysis and development of resilience, risk reduction, and suicide prevention programs across the State of _____.

5. Direction and Control: _____ is appointed by the Adjutant General as the Chair of the R3SPC, with full authority to execute this Charter. The Chair will report directly to the Adjutant General. The Chair will transition based upon Adjutant General nomination and approval.

6. Council Objectives:

a. Provide ongoing support to the resilience, risk reduction, and suicide prevention efforts of the state of _____.

b. Provide the Adjutant General with a community of subject matter experts from a variety of disciplines to review and make recommendations for resilience, risk reduction, and suicide prevention programs and support.

c. Improve the health and well being of Soldiers and Families in the State of _____, ensuring that programs and support are optimized for effectiveness and economy of resources.

ANNEX H TO R3SP CAMPAIGN PLAN: SAMPLE R3SP COUNCIL CHARTER

d. Ensure a collaboration and cross-pollination of effort among the different military and civilian offices and programs in the State of _____ toward resilience, risk reduction, and suicide prevention for Soldiers and Families.

7. Organization and Responsibilities: The (State) R3SPC consists of representatives from the following offices and organizations.

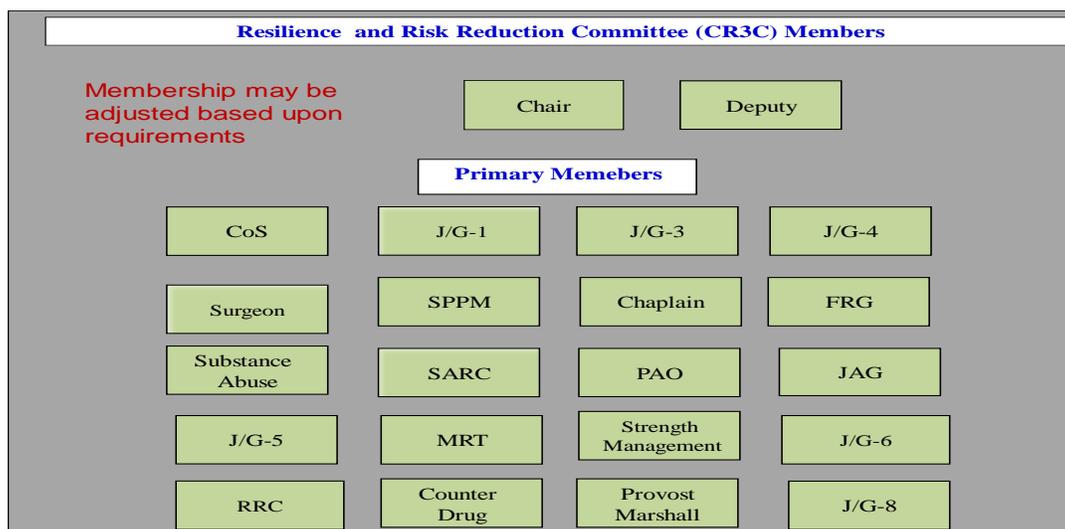


Figure 1. Membership.

a. Primary members: Primary members are assigned as ongoing participants of the committee and will meet on a regular basis for collaboration across disciplines for the sake of addressing the resilience and risk reduction needs of the state.

b. Alternate members: Alternate members may be assigned on an as needed basis to provide the committee with subject matter experts that may be lacking in specific functional areas.

8. Execution.

a. The council will meet monthly to develop recommendations for The Adjutant General on resilience and risk reduction program development and implementation. Recommendations will be developed using the following processes.

- 1). Assess state and community needs.
- 2). Inventory resources
- 3). Develop, implement and evaluate courses of action to address identified community needs.
- 4). Analyze data resulting from program assessments or evaluations.
- 5). Integrate existing health promotion programs with other similar state, military and community programs (reduce redundancy).

ANNEX H TO R3SP CAMPAIGN PLAN: SAMPLE R3SP COUNCIL CHARTER

6). Develop a comprehensive marketing plan based on existing resources and demographics.

7). Report progress, challenges and successes to senior state leadership.

b. A recorder will be appointed to capture key discussions and provide summaries of committee processes and decisions.

c. The R3SPC Director will keep the Adjutant General informed on a minimum of a quarterly basis with recommendations and progress on programs and initiatives.

Signed
Adjutant General

ANNEX I TO R3SP CAMPAIGN PLAN: SUICIDE REPORTING

1. Suicide Reporting is critical to preventing further suicides and should be accomplished in a timely matter. Investigations into the causal reasons are performed to gather lessons learned and provide insights to bring potential issues to the attention of the ARNG leadership. All ARNG suicides are briefed to the Vice Chief of Staff of the Army (VCSA) so sufficient detail must be provided in the various reports and investigations required by the Army Suicide Reporting process. In preparation of the VCSA briefing, the DARNG will conduct a monthly SRG VTC to facilitate an extensive review of suicide and suicide attempts risk factors or other circumstances that can aid in ongoing suicide prevention and shape the effort to promote resilience, reduce risk and prevent suicides using the ARNG 6 line report format. (See Appendices 4 and 5 to this Annex.)

a. Notifications: All suicide Serious Incident Reports (SIRs) should be sent to the ARNG Watch Center within 24 hours of the incident IAW with AR 190-45 & NGR 385-10.

b. Investigations.

(1) AR15-6 investigation will be conducted on all suicides IAW with DAARNG Suicide Investigation Policy 1 OCT 2010 and current policy. All JFHQs are expected to provide AR 15-6 investigations within 15 days after the incident to ARNG-HRF, along with death certificates and any available police reports, in order to ensure the cause of death is confirmed. The Adjutant General is sole authority to appoint an Investigative Officer and to concur/non-concur the findings of the investigation. (See Appendix 3 to this Annex.)

(2) Line of Duty (LOD) investigations should be completed for all Soldiers on Title 10 / 32 statuses whose cause of death is confirmed as suicide. It is recommended that previously deployed Soldiers, who die by suicide and who are not on status, should have LODs initiated as well.

c. Suicide Ideations and Attempts: JFHQs are encouraged to track suicide attempts and to report attempts to the National Guard Bureau's ARNG Watch Team, when possible. A Serious Incident Report (SIR) is sufficient for this purpose

d. Autopsies: Psychological autopsies will be made available at the request of the command or the Family.

e. Reports: A preliminary Vice Chief of Staff of the Army (VCSA) 37-line Report should be sent to ARNG-HRF within 5 days of the incident. If new information is gained as a result of the AR 15-6 investigation, an updated 37-line report should be forwarded to ARNG-HRF. The absence of police reports or death certificates should not delay the processing of the report. (See Appendices 1 and 2 to this Annex.)

f. Reporting process: The diagram below outlines the reporting process.

ANNEX I TO R3SP CAMPAIGN PLAN: SUICIDE REPORTING

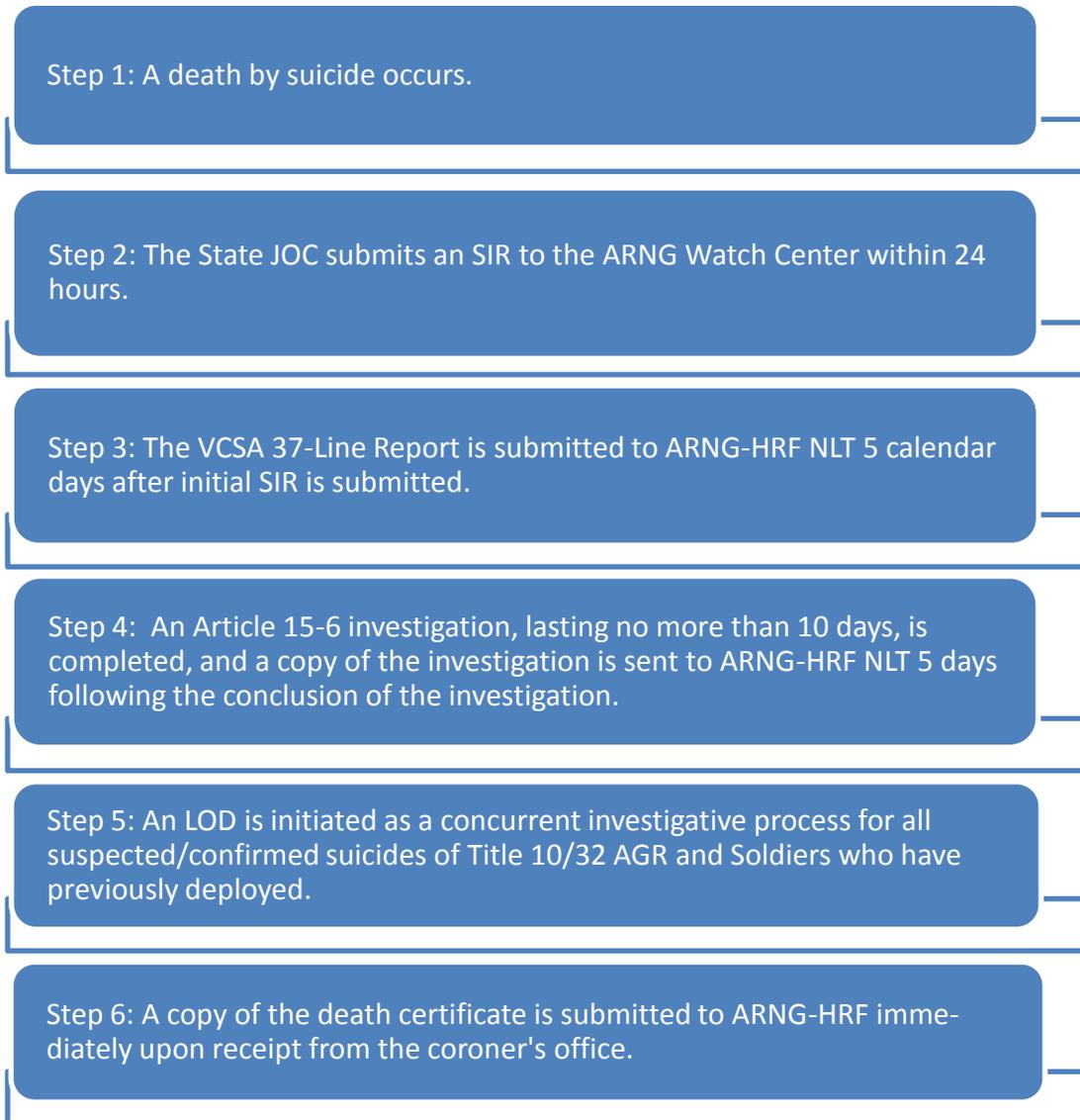


Figure I-1. Suicide Reporting Process Map

APPENDIX 1 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT

Rank, Last Name, Unit (CO/BN/BDE/DIV), Installation
As of 1300, 00 XXX 10

TF Comments:

(Details Page 2)

VCSA Comments:

Information Requirement Satisfied_____ More Information Required_____ See Me_____

Incident Summary

Line 1: Name:

Line 2: Rank:

Line 3: MOS:

Line 4: Time in Service:

Line 5: Age:

Line 6: Education (GED, High School...):

Line 7: GT Score:

Line 8: Marital/Significant Other Relationship and Status:

Line 9: Family Members Relationships (Mother/Father, Sister/Brother) and Status:

Line 10: Living Arrangements (Living with Friends):

Line 11: Unit:

Line 12: Date of last PCS:

Line 13: Arrival Date to Current Unit:

Line 14: Status of Unit at time of Incident (deployed, recently redeployed):

APPENDIX 1 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT

Line 15: Deployment History (# of deployments; date of last deployment):

Line 16: Pending Deployment (date):

Line 17: Recent Suicide Prevention Training:

Line 18: DTG Completed Suicide Stand-Down/Training (Phase #1):

Line 19: DTG Completed Suicide Chain-Teach/Training (Phase #2):

Line 20: DTG and location of incident (On/Off Post):

Line 21: Details of Suspected Suicide Event:

Line 22: Drug or Alcohol Involvement (Found at Scene/Witness Reports, etc.):

Line 23: Evidence of prior planning for suicide (Settling Affairs, etc.):

Line 24: Triggering Event (Argument, Breakup, Admonishment, etc):

Line 25: Pre-Death Signals/Indicators (Suicide Notes, Suicide Threats...):

Line 26: Previous Ideations/Attempts:

Line 27: Does suicide date coincide with other anniversary dates (Suicide or Deaths of Relatives, Divorce, Birthdays, etc):

Line 28: Mental/Physical Health History:

Line 29: Current Medications and History of Compliance:

Line 30: Illegal Use of Drug/Addiction to Alcohol History:

Line 31: Adverse Actions/Pending Adverse Actions:

Line 32: Financial Status:

Line 33: Legal Issues (Arrest, Divorce, Law Suit, etc.):

Line 34: Work Related Issues:

Line 35: Supervisor/peer hazing or maltreatment:

Line 36: Lifestyle, Personality:

Line 37: Gun Ownership/Type:

APPENDIX 2 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT EXAMPLE

Rank, Last Name, Unit (CO/BN/BDE/DIV), Installation
As of 1300, 00 XXX 10

TF Comments:

(Details Page 2)

VCSA Comments:

Information Requirement Satisfied____ More Information Required____ See Me____

Incident Summary

Line 1 Name: [REDACTED]

Line 2 Rank: [REDACTED]

Line 3 MOS: [REDACTED]

Line 4 Time in Service: 3 years, 5 months

Line 5 Age: 22 years

Line 6 Education: [REDACTED]
[REDACTED]

Line 7 Marital/Significant Other Relationship and Status: Single. On or about January 2009, She had ended an intermittent relationship with a boyfriend from college. According to her friends, the relationship had become estranged since he was still in college and she had graduated and moved on. According to [REDACTED] friends, the ending of this relationship had not been a significant stressor. Unknown to most of her friends, [REDACTED] had begun a new relationship soon after, and this one had been ended by her significant other just days before her death. One of [REDACTED] suicide notes was addressed to this individual.

Line 8 Family Members relationships and Status: [REDACTED] mother had, in the last year, become increasingly ill and is reported to have been “fragile” both mentally and physically Even so, their relationship remained close. [REDACTED] was by all reports closer to her father. [REDACTED] is also survived by an older brother with whom she was very close; she frequently stayed with her brother on IDT weekends.

APPENDIX 2 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT EXAMPLE

Line 9 Living Arrangements: [REDACTED] resided with her mother and father at [REDACTED]. [REDACTED] was provided housing, food and a vehicle (1996 Toyota Corolla) by her family at no cost.

Line 10 Unit: [REDACTED].

Line 11 Date of last PCS: Had been assigned to the [REDACTED] as her first unit upon enlistment to the [REDACTED] neither she nor the unit had been mobilized or deployed in that time.

Line 12 Arrival Date to Current Unit: [REDACTED]

Line 13 Status of Unit at time of Incident: In TY09, the unit was listed as AVAILABLE but was not sourced against a specific mission. In TY10 the unit is listed as RESET though had not been deployed. The [REDACTED] and its higher headquarters the [REDACTED] for which they maintain a constant readiness.

Line 14 Deployment History: Never been deployed. [REDACTED] This was a non-combat, training tour. [REDACTED] reported no injuries as a result of this training. By all reports she thoroughly enjoyed the experience. All members of the team sent to Israel likened the experience as more of a vacation than a duty assignment.

Line 15 Pending Deployment: None.

Line 16 Recent Suicide Prevention Training: Suicide prevention training was conducted on Sunday, 14 JUN 2009.

Line 17 DTG Completed Suicide Stand-Down/Training: Suicide Stand Down was conducted concurrently with above on 14 JUN 2009.

Line 18 DTG Completed Suicide Chain-Teach/Training: Suicide Chain - Teach/Training was conducted concurrently with above on 14 JUN 2009.

Line 19 DTG and location of incident: [REDACTED] body was found on Saturday, [REDACTED], 16:46 at [REDACTED]. Location was approximately one mile from her and her parent's home.

Line 20 Details of Suspected Suicide Event: On Wednesday, [REDACTED], approximately 12:00 [REDACTED] left work early, coworkers thought she was ill. On Thursday, 28 JAN, at approximately 13:00, [REDACTED] was reported missing by her parents. On Friday, 29 JAN, [REDACTED] (CPD) had the FBI "ping" her cell phone and reported it to be in the vicinity of the [REDACTED] near [REDACTED], a suburb of [REDACTED]. On Saturday, 30 JAN 2010, her car was found by her uncle at the [REDACTED]. Officers from the [REDACTED] arrived on scene, gained access to the car and found [REDACTED] dead inside with two suicide notes; one addressed to a friend, the

APPENDIX 2 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT EXAMPLE

other to her parents. According to the investigating officer, [REDACTED], she had taken an unknown quantity of what appeared to be sleeping medication in combination with an unknown quantity of alcohol. [REDACTED] advised that the official cause of death was pending completion of the toxicology report which was not expected until early [REDACTED]. The toxicology report is said to take 8-12 weeks.

Line 21 Drug or Alcohol Involvement: Sometime in the fall of 2009, [REDACTED] had gone to seek professional help for depression and at that time had been prescribed an anti-depressant. Neither her family nor friends knows the name of the doctor nor what medicine she was prescribed. By all reports she quit seeing the mental health professional after only a few visits and had quit taking the prescription after a short time as well. [REDACTED] had by all reports reduced her consumption of alcohol over the last year. According to friends, by the time of her suicide she didn't drink at all. However, in the car with her at the time of her death was a nearly empty large bottle of whiskey and an empty container of over the counter sleep medicine. Detectives suspect that she consumed a significant quantity of alcohol and an unknown quantity of over the counter sleeping medicine at the time of her death. Official determination of drug & alcohol involvement is pending the return of a toxicology report, which [REDACTED] Detectives expect to arrive in early April.

Line 22 Evidence of prior planning of the suicide: By all reports there was no sign that [REDACTED] was planning suicide.

Line 23 Triggering Event: I believe that while there may not have been a single triggering event, that the recent ending of a short-term relationship so soon after the ending of a previous long-term one, coupled with an ongoing personal / religious crisis that she had been struggling with since high school had a cumulative effect which led to a feeling of hopelessness and helplessness which she kept hidden from her family and friends.

Line 24 Pre-Death Signals/Indicators: On [REDACTED] while conducting annual Periodic Health Assessment / Soldier Readiness Process, [REDACTED] reported being depressed recently and loss of interest or pleasure in doing things. She went on to describe drinking 7-9 drinks, 2-4 times a month and weekly drinking 6 or more drinks on one occasion. She explained that she had been feeling "stressed about looking for a career after college, was down for a few days but am better now." Soldier declined referral. [REDACTED] had discovered that, at about this time, [REDACTED] had been seeing a mental health professional at the insistence of one of her civilian friends who had discovered suspicious cuts on [REDACTED] body. On [REDACTED], while conducting a PDHA/SRP in preparation for Operation Juniper Cobra (training trip to Israel) [REDACTED] reported her health was "very good" and that she had reduced her drinking by nearly half and was not feeling depressed. Throughout the day and evening of [REDACTED] sent a single text message, separately to four of her friends with affirmations of her love for them and thanking them for being such good friends. At the time, those friends considered the message odd but were not alarmed.

Line 25 Previous Gestures/Attempts: A close civilian friend of [REDACTED] had discovered what appeared to be self-inflicted cuts on [REDACTED] abdomen, upper arms and hips. [REDACTED] explained that they had been caused in the course of her work at Avery Animal Hospital but her friend was unconvinced and insisted that she see

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a mental health professional; which she did for approximately three times then quit going. By all reports [REDACTED] behavior had not been out of the ordinary before nor after the period she was being seen by the mental health professional. None of her coworkers or other friends were aware that she was being seen by a mental health professional, however, her father reported her, at the time she went missing, as having been "treated for depression."

Line 26 Mental/Physical Health History: On [REDACTED] reported on her PHA/SRP that she had been feeling depressed and lost interest / pleasure in doing things. As referenced above, in [REDACTED] had gone to see a mental health professional three times at the insistence of a close friend. On [REDACTED] reported on her PHA/SRP that she was feeling no depression nor any loss of interest/pleasure in doing things.

Line 27 Current medications and history of compliance: Spironolactone for acne, Yaz for birth control, both in accordance with indicated use, occasionally ibuprofen for sports related minor injuries (bruises, strains and aches). Yaz, Ethinyl Estradiol/Drospirenone has an infrequent side effect of severe depression. According to 25 reviews on www.webmd.com by those who use it, 13 reported varying levels of emotional distress, mood swings, irritability and depression. Some severe. According to individuals close to [REDACTED], she had been prescribed an anti-depressant but had only taken them for a short time, some time in August / September. None of her family or friends knew the prescribing physician nor the specific medicine, nor exactly when or for how long she had been taking it.

Line 28 Illegal Use of Drug/Addiction to Alcohol History: There have been no incidence of positive DAT tests in [REDACTED] records; military or civilian. According to her friends and fellow Soldiers, [REDACTED] was not using any illegal drugs and had quit drinking.

Line 29 Adverse Actions/Pending Adverse Actions: None, neither military nor civilian.

Line 30 Financial Status: By all accounts she paid what bills she had regularly and on time. Had a full time job and no housing expenses (lived with parents).

Line 31 Legal Issues: None.

Line 32 Work-Related Issues: None. By all reports, [REDACTED] got along well with military and civilian co workers, peers, subordinates and supervisors. [REDACTED] had built a reputation as a steady performer, extremely reliable, goal and result focused. Her steadfast dedication to mission accomplishment led to her being frequently referred to as the "Go To" Soldier whom the chain of command relied on.

Line 33 Lifestyle, Personality: [REDACTED], while attending college, was known to stay out all night at local clubs and was a somewhat heavy drinker. While this was certainly a risky behavior, she had undertaken to reduce and had, for the most part, eliminated this behavior in the months leading up to her suicide.

Line 34 Gun Ownership/Type: None, no firearm was involved in this incident.

APPENDIX 2 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA 37 LINE REPORT EXAMPLE

Line 35: Supervisor/peer hazing or maltreatment: Unknown

Line 36: Lifestyle, Personality: Unknown

Line 37: Gun Ownership/Type: Unknown

APPENDIX 3 to ANNEX I TO R3SP CAMPAIGN PLAN: AR 15-6 EXAMPLE

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS			
For use of this form, see AR 15-6; the proponent agency is OTJAG.			
IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS			
SECTION I - APPOINTMENT			
Appointed by	<div style="background-color: black; width: 100%; height: 15px;"></div>	(Appointing authority)	
on	<div style="background-color: black; width: 100%; height: 15px;"></div>	Attach inclosure 1: Letter of appointment or summary of oral appointment data. (See para 3-15, AR 15-6.)	
	(Date)		
SECTION II - SESSIONS			
The (investigation) (board)	commenced at <div style="background-color: black; width: 100%; height: 15px;"></div>	at	0800
	(Place)		(Time)
on	<div style="background-color: black; width: 100%; height: 15px;"></div>	(If a formal board met for more than one session, check here <input type="checkbox"/> . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.)	
	(Date)	The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)	
The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)			
The (investigating officer) (board)	finished gathering/hearing evidence at	1230	on <div style="background-color: black; width: 100%; height: 15px;"></div>
		(Time)	(Date)
	and completed findings and recommendations at	1600	on <div style="background-color: black; width: 100%; height: 15px;"></div>
		(Time)	(Date)
SECTION III - CHECKLIST FOR PROCEEDINGS			
A. COMPLETE IN ALL CASES			YES NO ^{1/} NA ^{2/}
1	Inclosures (para 3-15, AR 15-6)		
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
a.	The letter of appointment or a summary of oral appointment data?	X	□
b.	Copy of notice to respondent, if any? (See item 9, below)	□	X
c.	Other correspondence with respondent or counsel, if any?	□	X
d.	All other written communications to or from the appointing authority?	□	X
e.	Privacy Act Statements (Certificate, if statement provided orally)?	□	X
f.	Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?	□	X
g.	Information as to sessions of a formal board not included on page 1 of this report?	□	X
h.	Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?	□	X
FOOTNOTES: ^{1/} Explain all negative answers on an attached sheet.			
^{2/} Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.			

APPENDIX 3 to ANNEX I TO R3SP CAMPAIGN PLAN: AR 15-6 EXAMPLE

	YES	NO ^{1/}	NA ^{2/}
2 Exhibits (para 3-16, AR 15-6)			
a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)			
4 At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Was a quorum present at every session of the board (para 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Was each absence of any member properly excused (para 5-2a, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)			
9 Notice to respondents (para 5-5, AR 15-6):			
a. Is the method and date of delivery to the respondent indicated on each letter of notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the date of delivery at least five working days prior to the first session of the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does each letter of notification indicate —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) the date, hour, and place of the first session of the board concerning that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) the matter to be investigated, including specific allegations against the respondent, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) the respondent's rights with regard to counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) the name and address of each witness expected to be called by the recorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) the respondent's rights to be present, present evidence, and call witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was the respondent provided a copy of all unclassified documents in the case file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
a. Was he properly notified (para 5-5, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4a, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Counsel (para 5-6, AR 15-6):			
a. Was each respondent represented by counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and business address of counsel:			
(If counsel is a lawyer, check here <input type="checkbox"/>)			
b. Was respondent's counsel present at all open sessions of the board relating to that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
a. Was the challenge properly denied and by the appropriate officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did each member successfully challenged cease to participate in the proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Examine and object to the introduction of real and documentary evidence, including written statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Object to the testimony of witnesses and cross-examine witnesses other than his own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Call witnesses and otherwise introduce evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testify as a witness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTNOTES: 1/ Explain all negative answers on an attached sheet.			
2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.			

APPENDIX 3 to ANNEX I TO R3SP CAMPAIGN PLAN: AR 15-6 EXAMPLE

SECTION IV - FINDINGS (para 3-10, AR 15-6)
<p>The (investigating officer) (board) , having carefully considered the evidence, finds:</p> <p>Statements from individuals who knew him indicated that [REDACTED] was generally a positive and upbeat individual (EXHIBITS D, E). He was excited about attending MOS qualifying school and was engaged with planning for upcoming events (EXHIBIT D, E). He had just rejoined the Army after a 15-year break in service (EXHIBIT H). He had not yet received the Army's Suicide Prevention Training (EXHIBIT I).</p> <p>One statement indicated that [REDACTED] and his wife seemed happy together and [REDACTED] had volunteered to take over the Family Support responsibilities for the [REDACTED] (EXHIBIT E). [REDACTED] indicated in her conversation with [REDACTED] that [REDACTED] had previously had some "problems" but she had thought he was "over" them and everything was OK..</p> <p>[REDACTED] worked for the [REDACTED] in the Architecture department. A statement from a co-worker there indicated that his [REDACTED] were shocked when they learned of his suicide. None of them had seen anything to indicate that [REDACTED] was contemplating suicide (EXHIBIT D).</p> <p>There were several isolated possible suicidal indicators prior to his death. One statement indicated that [REDACTED] seemed like something was bothering him during his drill with the [REDACTED] but the individual making the statement did not ask him about it (EXHIBIT E). On the night of his death, he sent several texts to his wife. According to statements, these texts stated: "Goodbye," "I love you," and "there will be no tomorrow" (EXHIBIT C). Around the time of his death (just prior to 2200 on [REDACTED], [REDACTED]'s spouse called her daughter and asked her to check on [REDACTED] (EXHIBIT D). She did so and discovered his body (EXHIBIT C, D, E).</p> <p>The preponderance of the evidence considered in this investigation indicates that [REDACTED] died by suicide by hanging on [REDACTED] at approximately 2200 hours (Exhibit B, C). The preponderance of the evidence also indicates that the his military service was not the a factor in his suicide (EXHIBIT D, E, F) nor were there any preventive actions which the Army National Guard could have taken to prevent [REDACTED] suicide. The triggering event appears to be an argument with his spouse.</p> <p>Exhibits: A. Memorandum of Appointment as AR 15-6 Investigating Officer B. Police Report C. Memorandum of Conversation, Officer [REDACTED] D. Sworn Statement, [REDACTED] E. Sworn Statement, [REDACTED] F. Sworn Statement, [REDACTED] G. DD214 H. Army National Guard Retirement Points History Statement I. Memorandum of Conversation, [REDACTED]</p>
SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)
<p>In view of the above findings, the (investigating officer) (board) recommends:</p> <p>Due to the brief nature of [REDACTED] service with the [REDACTED] National Guard, there was very little opportunity for the unit to get to know [REDACTED]. Many of the warning signs of suicide are dependent on changes in behavior. That being said, two possible ways to mitigate this occurrence is to target newly assessed, prior service Soldiers for a psychological screening prior to enlistment, and to provide them with Suicide Prevention Training and Resiliency Training at the first formal training assembly following enlistment.</p> <p>The [REDACTED] National Guard should continue providing CNO/CAO services to the surviving family, connecting them with the Tragedy Assistance Program for Survivors (TAPS), Survivor Outreach Services (SOS), Military Family Life Consultants (MFLC), and other support groups and bereavement services as appropriate.</p>

APPENDIX 3 to ANNEX I TO R3SP CAMPAIGN PLAN: AR 15-6 EXAMPLE

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)	
THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)	
_____ (Recorder)	 _____ (Investigating Officer) (President)
_____ (Member)	_____ (Member)
_____ (Member)	_____ (Member)
SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)	
To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)	
_____ (Member)	_____ (Member)
SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)	
The findings and recommendations of the _____ (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)	
 _____	

VCSA SUICIDE REPORT FORMAT

BACKGROUND

Line 1: Rank / MOS / Time in Unit / Time in RSP/ Age / Race

Line 2: Brief description of Suicide Event - This should also include manner of death, date, location (home, office, etc.) and state.

Line 3: Medical / Behavioral Health History (include PDHA/PDHRA; current medications and compliance), Soldier's Medical Insurance Coverage (as applicable)

Line 4: Triggering event (extenuating relationships/family member factors; legal; financial; alcohol and or work related issues)

AFTER ACTION REVIEW

Line 5: First Line Leader supervision and interaction with Soldier prior to suicide /Unit actions / inaction (Identification of signals, corrective actions taken, etc.)

Line 6: Identification of Best Practices

**APPENDIX 5 to ANNEX I TO R3SP CAMPAIGN PLAN: VCSA SRG 6 LINE REPORT
EXAMPLE**

VCSA SUICIDE REPORT FORMAT

BACKGROUND FOR XXXXXXXXXXXXX(XXARNG)

Line 1: PFC / 21E / 11 months / 2 months 11 days/ 23 years of age / Caucasian

Line 2: On XX XXX 20XX, SM died of self-inflicted gunshot wound to head while at his home of record in XXXXXXXX(State). SM was intoxicated at the time of the suicide.

Line 3: Medical records did not indicate that the SM had medical or behavioral health issues despite the belief by some that he did have behavioral health issues. All pertinent questions during MEPS physical [REDACTED] had negative responses. In November [REDACTED], SM generated an unsigned PHA, also unsigned by a provider, which indicated alcohol use 2-3 times per week with excessive (6 or more drinks weekly) drinking. On [REDACTED], SM accomplished a full PHA with no indication of alcohol use.

Line 4: AR 15-6 investigation revealed troubled relationships with parents/girlfriend, excessive use of alcohol, unemployment and Article 15 while at BCT.

AFTER ACTION REVIEW

Line 5: The Squad Leader, First Sergeant and Commander counseled the SM regarding a domestic violence charge and alcohol use. The domestic violence charge was dismissed and SM indicated he was attending AA meetings. SM's father indicated that SM was attending bible studies with him and that the SM seemed fascinated with the afterlife and heaven. Parents were aware of SM's purchase of a weapon. A unit member did intervene, on one occasion, when he witnessed that SM was intoxicated. However, the AR 15-6 investigation also revealed that SM's battle buddy was aware of triggers (alcohol and drugs) and did not inform chain of command.

Line 6: In [REDACTED], TAG ordered stand down of all XXARNG and XXANG units to conduct training regarding suicide prevention. The Director of Psychological Health in conjunction with several community based behavioral health counselors focused the training on identification of coping mechanisms (positive and negative) and availability of resources. In addition, units conducted suicide prevention training for all service members that may have missed previous iterations. As a result of this training and increased awareness, the XXXX is experiencing an increase in self and peer referrals. Additionally, the XXARNG Medical Detachment is conducting behavioral health screenings as part of all PHAs and SRPs they conduct