



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND AND FORT KNOX  
1ST CAVALRY REGIMENT ROAD  
FORT KNOX, KENTUCKY 40121-5123

ATCC-ZB

MAY 07 2012

MEMORANDUM FOR

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

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

1. References:

- a. AR 600-63, Health Promotion, 7 May 2007/ Rapid Action Revision (RAR) Issue Date: 7 September 2010.
- b. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 Dec 2009

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

3. All commanders, leaders, supervisors, Soldiers, and DA Civilians are responsible for creating an environment that reduces the stigma of seeking help for behavioral health issues. On a daily basis, it is incumbent on all of us to be aware and recognize when someone may be at risk, and know we are all empowered to take appropriate action to save lives. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently punish or discourage Soldiers, their Families, or DA Civilians from seeking help.

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

5. One life lost to suicide is one life too many. Suicide prevention spans the gamut-of-effort from prevention to intervention to post-intervention. Each one of us has a personal role to play in preventing suicide. Commanders should utilize committees, task forces, and work groups (such as the Community Health Promotion Council) to

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assist them in identifying trends. Annual training and refresher training provide information for intervention. There are numerous resources available for those who are in need of help. The Army's "ACE" (Act, Care, Escort) initiative reflects this command's perspective on caring for the Army's most vital resource – our Soldiers, their Families, and civilians.

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

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

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

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

7. The success of our Army's health promotion, risk reduction and suicide prevention program depends on the concentrated focus of leaders on activities that encompass the physical, behavioral, spiritual, social, and cultural dimensions in our commands. The total effect of a solid program will be an overall improvement in unit and organizational performance and readiness through enhanced individual wellbeing. A healthy unit is Army Strong!



JEFFREY A. SMITH  
Major General, USA  
Commanding