



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST CAVALRY DIVISION
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FORT CAVAZOS, TEXAS 76544-5000

AFVA-CG

06 August 2024

MEMORANDUM FOR RECORD

SUBJECT: Policy Letter, 1st Cavalry Division Policy on Health Promotion and Suicide Prevention

1. References:

- a. Army Regulation (AR) 600-63, Army Health Promotion, 14 April 2015.
- b. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.
- c. AR 600-92, Army Suicide Prevention Program, 8 August 2023.
- d. Fort Cavazos Policy Letter, Health Promotion and Suicide Prevention, 8 August 2023.

2. Applicability. This policy applies to all personnel assigned, attached, or under operational control to the 1st Cavalry Division.

3. Policy. This policy provides guidance for the First Team's participation and support of the Fort Cavazos Suicide Prevention Action Plan (SPAP)

a. The First Team values their Soldiers and Families and promotes their well-being through respect, positive support, and helpful resources aimed to help Soldiers alleviate stress, increase individual resiliency, and promote healthy outlets. The First Team aims to promote an environment where Soldiers can feel open and supported by their command teams with access to various behavioral health, suicide prevention, and wellness resources.

b. Suicide is a potentially preventable tragedy that must be addressed. Engaged leadership is essential in combating suicide. It is the responsibility of Army leaders at echelon to do their part to ensure Soldiers, Civilians, and Family Members know the resources available to them to combat suicide in the home and the workplace, while they provide an environment that fosters a healthy dialogue about mental health and suicide prevention.

4. Command Expectations. Commanders and supervisors at all levels are uniquely positioned to impact Soldier physical and mental health and suicide

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prevention activities within their formations and must ensure that the following measures are implemented.

- a. Suicide Awareness and Prevention Training is conducted in accordance with Reference c.
- b. Implement the measures outlined in paragraph 5 of the Fort Cavazos Health Promotion and Suicide Prevention policy (Reference d).
- c. Remain sensitive and responsive to the needs of Soldiers who are in Garrison or who are in a pre/post or in a current deployment status as well as needs of Army Civilians, Family Members, and Retirees.
- d. Encourage all Soldiers, Army Civilians, and Family Members to practice a lifestyle that improves and protects physical, psychological and spiritual well-being: including maintaining an active and tobacco-free lifestyle, appropriate and safe use of alcohol, and adequate sleep.
- e. Ensure that Soldiers identified with elevated suicidal risk or previous suicidal behaviors are not belittled, humiliated or ostracized by other Soldiers or other members of Command and are not identified through special markings or clothing (for example, having Soldiers wear reflective training vests with signs identifying them as high-risk individuals).
- f. Ensure inclusion of available embedded Behavioral Health Officer (BHO) or primary behavioral health provider to liaison and facilitate Soldiers' behavioral health needs and to provide proper support and consultation to Command Teams especially in cases of escalating dangerous behavior, suicide attempt and/or post psychiatric hospitalization. Knowledge of Service Member's crisis safety plan so Command may better respond and be involved in proper safety planning to decrease likelihood of future suicidal behavior.
- g. Ensure gaining and departing Soldiers are allowed to re-establish and coordinate medical care previously received to limit any delay in necessary treatment.
- h. Promote the battle buddy system throughout the Regionally Aligned Readiness and Modernization Model (ReARMM) for all Soldiers regardless of rank, position, and organizational affiliation.
- i. Ensure that policies are in place and enforced (such as At-Risk Case Tracking; OTSG/MEDCOM Policy Memo 21-011; AR 600-92) regarding protective

measures for identified at-risk Soldiers, weapons profiles and other unit-related procedures that relate to suicide-risk symptoms or suicide-related events.

j. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) by only sharing a Soldier's information with individuals who have a need to know. If a Commander or health care professional has any questions regarding who is authorized to receive a Soldier's information, they should contact the servicing judge advocate or legal advisor and Protected Health Information guidance before sharing any information (MEDCEN Reg 40-52; DODM 6025.18).

k. Proactively work with Soldiers who have permanent profiles (especially Behavioral Health) to ensure that appropriate assignments, schools, educational opportunities, training, temporary duty, promotions, and accommodations are made when needed.

l. Actively support and facilitate the processing of high-risk Soldiers pending administrative separation in a timely manner to minimize possibility of any delay and/or decompensation. Also provide additional consideration for Service Members retiring or pending ETS who may be vulnerable due to their pending transition.

m. If the Soldier is determined to be high risk for suicidal and/or homicidal behavior and has privately owned weapons on-post, work with your legal office and a behavioral health provider to restrict that Soldier's access to those weapons in accordance with Reference c. If the Soldier at risk has privately owned weapons off-post, request that the Soldier bring the weapons to the unit for storage in the unit arms room. Consult with your legal office if an at-risk Soldier is unwilling to voluntarily surrender his or her off-post privately owned weapons.

5. Training. Adequate training can expose and reinforce Soldier's resilience, decrease the worsening maladaptive coping strategies, and emphasize the importance of open communication about behavioral health and healthy outlets for coping with stress.

a. Brigade and Battalion Commanders will publish a command policy that operationalizes and describes unit activities to promote resilience, protective factors and positive behaviors, prevent harmful behaviors (to include procedures for management and tracking of Soldiers at risk for suicide), and execute the three components of suicide prevention (prevention, intervention, postvention). Monitor efforts across prevention, intervention, and postvention.

b. Provide annual suicide prevention and awareness training to all personnel,

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including all Army components, Army civilians and Family members. Incorporate suicide prevention and resiliency training into the annual training guidance. The Master Resilience Training (MRT) program is prevention and resiliency training required quarterly each year.

c. Maintain accurate records of Soldier's annual suicide and MRT prevention awareness training and track and assess mandatory suicide and MRT prevention training of individual Soldiers.

d. Establish a unit Ready and Resilient (R2) forum process to provide early detection of risk behavior through systematic assessment, utilize visibility tools and understanding of local resources; implement timely, local, and targeted responses for prevention, intervention, and postvention; and enhance readiness and resilience of unit Soldiers and their Families, and DA Civilians. Coordinate with supporting medical and BH providers, unit ministry team, and MFLC for support.

6. Reporting. Ensure proper tracking, reporting and investigation of suspected and confirmed suicides or suicidal behavior. Support Criminal Investigation Division investigators, Line of Duty investigations, and Psychological Autopsies.

a. Activate a Suicide Response Team (SRT) and begin postvention activities within 24 hours and no later than 48 hours of a death by suicide and suicide attempt.

b. Record and report all suicides, to include deaths being investigated as suspected suicides, using the DA Form 7747.

c. Implement and enforce the periodic health assessment process and the Deployment Health Assessment Program to enable the early identification and treatment of physical and behavioral health issues at critical stages in the deployment cycle.

7. Point of Contact. The point of contact for this policy is the 1st Cavalry Division Surgeon's Office at (254) 287-9392.



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Commanding