





OVERVIEW

Recognizing and assisting Soldiers at Risk is a key component of Leadership and Soldier Readiness. All levels of leaders will use SRPT-K in order to recognize risk factors and foster a culture of concern that assists Soldiers in resolving their issues before escalation of accidents and harmful incidents. These tools are designed to individually assess Soldiers, identify those that may be at risk, provide leadership a mechanism to raise issues related to Soldiers at risk, and offer assistance to Soldiers where necessary. The assessments are based upon honest feedback from Soldiers, leader observations, and known issues. The overall process is as follows.

WHAT YOU CAN EXPECT FROM THE TOOLKIT

- Assessments that assist leaders in determining Soldiers that may be at risk for accidents, personal harm, harm to others, in need of assistance in resolving issues, or overall decreased readiness.
- A Decision Tree and Recommended Actions that assist leaders in determining the next appropriate level of response in order to get ahead of problems before they occur.
- Fostering a Command Climate with the Battalion Level Command as the center of gravity that allows Soldiers to identify issues and seek assistance from Leadership at all levels in order to resolve their issues.
- Leadership development in focusing on the human needs of our most precious resource and combat system, the Soldier.
- In-lieu of a Korea-specific SRPT-K being vetted, the FORSCOM Soldier Risk Policy & Tool assessment form in EXCEL will be utilized until further notice; it is Attachment J of this BDE Health Promotion Team package. The BDE Training Officer shall ensure that their BDE has the most current version of this tool by either ensuring Soldiers go to the FORSCOM website to utilize the tool or contact the Health Promotion Officer to obtain a current working copy in EXCEL each quarter.

Leadership Decision Matrix

Calculated Risk Level	Immediate Action	Leadership Monitoring & Review Authorities			
		 Section/Platoon	 Company	 Battalion	 Brigade
Low	<ul style="list-style-type: none"> -Squad Leader discusses Soldier with Platoon Level Leadership for awareness of Soldier risk and any differences in observations. - Soldier & Leaders work together to determine if resources are necessary to resolve issues. - Monitor Soldier for any changes. 	- Soldier monitored by Section/Platoon Leadership <u>Monthly</u> .	- Action Plans Reviewed by Company Leadership <u>Quarterly</u> .	NA	NA
Medium	<ul style="list-style-type: none"> - Squad Leader notifies Platoon Leadership - Platoon notifies Company - Discuss issues with leadership in order to mitigate risk and assist Soldier. 	- Soldier monitored by Section/Platoon Leadership <u>Weekly</u> .	-Action Plans Reviewed by Platoon Leadership <u>Monthly</u> .	NA	NA
High	<ul style="list-style-type: none"> - Squad Leader notifies Platoon Leadership - Platoon notifies Company 	- Soldier monitored by Section/Platoon Leadership <u>Weekly</u> .	-Soldier monitored by Company Leadership <u>Monthly</u> .	-Action Plans Reviewed by Battalion Leadership <u>Quarterly</u>	NA
Extremely High	<ul style="list-style-type: none"> - Squad Leader notifies Platoon Leadership - Platoon notifies Company - Company notifies Battalion. 	- Soldier monitored by Section/Platoon Leadership <u>Daily</u> .	-Soldier monitored by Company Leadership <u>Weekly</u> .	-Action Plans Reviewed by Battalion Leadership <u>Monthly</u> .	-Action Plans Reviewed by Brigade Leadership <u>Quarterly</u> .
Immediate Concern Any Soldier identified as being an immediate risk for potential harm to themselves or others.	<ul style="list-style-type: none"> - Leadership will initiate appropriate actions to ensure the safety and well-being of the Soldier - Soldiers will be referred by commanding officers for a Mental Health Evaluation IAW DoD Directive 6490.1. 		<ul style="list-style-type: none"> - Company Leadership will submit a written SIR IAW with BDE/Corps Policy. 		

Guidance for Company Leadership

General Guidance

The SRPT-K provides Soldiers and their first line supervisors a detailed assessment of categorical and overall risk. In addition, the tool provides the opportunity for leadership development at all levels by recognizing appropriate response and resources available to assist Soldiers in dealing with the complexities of life. The tool will assist Leaders with asking the right questions. It provides helpful recommendations for medical, family, and financial assistance that might not be known by all Soldiers such as young Active-Duty Soldiers and young first line Leaders. The tool is *not* all-inclusive. Leaders are encouraged to use their Chain of Command, other leaders, and local resources to find the best possible solutions to their Soldiers' individual needs. The information gathered with this tool should NOT be used to harass Soldiers or cause further isolation because of issues.

Although Soldiers maintain the right to refuse to answer any of the questions, the overall purpose is to assist the Soldier. This tool should be used to encourage an open counseling session and truthful answers. Any information concerning possible illegal behavior derived solely from the tool and counseling session cannot be used for UCMJ or adverse administrative action. Additionally, information gathered will be safeguarded and any unauthorized disclosure may result in UCMJ action against the person who released the information.

Additional Information

In addition to this tool, Company Commanders should request the following information to assist in identifying Soldiers at Risk in their company:

- 1 – Contact PMO for detailed traffic incidents for all Soldiers assigned to the unit.
- 2 – Contact PMO for any information that may be available for registered Sex Offenders within the unit.
- 3 – Contact PMO for any information that may be available for registered Domestic Abuse Offenders within the unit.
- 4 – Contact PMO for any information that may be available regarding convicted Felons within the unit.
- 5 – Contact PMO for any information that may be available for outstanding stateside warrants issued for those assigned.
- 4 – Visit the U.S. Army Combat Readiness/Safety Center, <https://safety.army.mil>, for additional resources and training aids such as Online Safety Training, the Leader's Corner for resources, Leader's Risk Assessment, Individual Risk Assessment, and Suicide Prevention Risk Factor Assessment Card.
- 5 – Ensure Soldiers on profile are dispositioned appropriately to include if a MMR2 or Medical Evaluation Board is applicable.

The tool may also be used by Company Leadership to recognize trends in negative or risky behaviors and respond with specialized training, group activities, MWR events, or other appropriate response methods. It may assist in developing unit training plans and focusing mandatory training such as Equal Opportunity, Sexual Assault, etc.

The tool may be used as a guide for discussion during Battalion Level Leadership Round Table discussions. It will assist leaders at all levels in establishing a baseline for Soldiers at Risk and following their progress as they navigate through life's difficult challenges and significant events.

Guidance for Battalion Leadership

General Guidance

This toolkit provides Battalion Level Leadership the opportunity to mentor Leaders at all levels on the Human Aspect of Leadership. It is recognized that the Army is promoting junior leaders more quickly and requiring strong focus of METL training as we navigate units through constant ARFORGEN cycles. This combination of efforts may result in Squad, Platoon, and Company Leaders who are struggling with leading Soldiers through the complexities of life. The failure to get in front of some of these complexities results in accidents, incidents of harm, sexual assaults, drops in readiness rates, and in the most severe cases – Suicide.

This toolkit will assist in fostering a Command Climate that encourages honest communication, Army Values, and genuine concern for Soldiers. If used with the right intentions, it will assist in reducing negative attitudes toward getting care when it is needed and abusing the system for perceived individual gain. Essential to these common goals is the Battalion Leadership connection to recognizing when it is time to separate a Soldier. These types of decisions require maturity in Leadership found at the Battalion Level. Every attempt should be made to rehabilitate a Soldier, but there are decisive points when it is recognized that the Soldier is no longer making progress or has failed to meet the standards and it is time to separate for the health of the organization.

Specific Guidance

Battalion Level Leadership must be completing the following tasks in order to contribute to recognizing Soldiers at Risk and providing mentorship/guidance to subordinate Leaders:

- 1. Army Readiness Assessment Program (ARAP).** All Battalion Commanders must participate in this program. ARAP was designed as a Battalion Commander's tool addressing root causes of accidental loss by focusing on organizational safety climate and culture. ARAP is comprised of a 63-question online assessment, filled out by employees & Soldiers anonymously, that captures unit posture on command and control, standards of performance, accountability and risk management. ARAP provides battalion-level commanders with data on their formation's readiness posture.
- 2. Army Center for Substance Abuse (ACSAP) Risk Reduction Program.** Battalion Commanders must be committed to using this program to identify units at risk and assist with Leadership development of subordinate leaders. The program uses the Unit Risk Inventories (URI) and Reintegration Unit Risk Inventories (R-URI) in order to screen for high-risk behaviors and attitudes affecting unit readiness and personnel wellbeing that may have occurred during deployment or since redeployment. Individuals self report high risk behaviors anonymously in the form of an Army approved climate survey. Leaders have access to several web enabled reports, specifically the Risk Factor Shot Group Report, that assist in determining units at risk. Contact your local ASAP Risk Reduction Officer for access to this online service.
- 3. Battalion Level Round Table Leadership Discussions.** Battalion Level Leadership must schedule recurring round table discussions that focus on Soldiers at Risk. These sessions should allow Company Level Leadership the opportunity to discuss the Level 2 and 3 Risk Soldiers identified in their unit. The discussion should center on the current status of the Soldier, actions taken to assist the Soldier, future actions, and additional resources required for the Soldier. It should allow for peer to peer assistance as well as mentorship from the next higher level of Command.

Guidance for Brigade Leadership

General Guidance

In order to support the Battalion Level Command as the Center of Gravity in the management of risk as it is related to Soldier Readiness, each Brigade will establish a wellness program. The program will focus on the Comprehensive Fitness of all Soldiers affording them the opportunity to obtain or maintain a healthy level of fitness; physically, socially, emotionally, spiritually, and with their Families.

Fundamentally, the program will combine monthly high risk Soldier management with quarterly comprehensive unit wellness reviews embedded in the training management process. Brigade senior leaders will empower first line supervisors with the capability to counsel, monitor, and develop Soldiers in all 6 strengths of fitness (Discipline, Physical, Emotional, Social, Spiritual, and Family) as well as their mission essential tasks. Engaged leadership empowered by squad/platoon, company, and battalion level identification and discussion processes results in high risk Soldier identification and management. This process combined with additional, deliberately executed intelligence gathering including the Risk Reduction Review will drive quarterly unit wellness assessments and associated strategy development for individual Soldier mitigation and collective unit training.

Brigade commanders should consider the establishment of a Brigade Health Promotion Program that includes a Master Resilience Training Facilitator as the Brigade Health Promotion OIC/NCOIC and a Unit Health Promotion Team that serves to facilitate strategy development and execution by subordinate battalions. The Program is led by the Brigade Commander and Command Sergeant Major and managed daily by the Deputy Commander and Health Promotion OIC/NCOIC.

Specific Guidance

1. Develop, implement, and sustain a program that monitors the identification of Low, Medium, High, Extremely High and Immediate Concern Soldiers, reviews intervention strategies, and focuses unit training plans on trends in risky behaviors. The program must foster a culture of concern and support the Battalion level command as the center of gravity.
2. Establish a Brigade Health Promotion Program. Membership should include resources such as Brigade Chaplain, Surgeon, Safety Officer, Military Family Life Consultant, Equal Opportunity, and BOSS representation (see Appendix A).
3. Incorporate Squad/Platoon and Company level tools in order to assist with daily/weekly/monthly/quarterly counseling at the first line supervisor level focused on both positive and negative factors impacting a Soldier's professional and personal life.
4. Incorporate Risk Reduction/Comprehensive Soldier Fitness/Wellness training into BDE training guidance.
5. Become the conduit to remove road blocks outside the unit hindering successful implementation of this policy as an Active Participant in the Area Community Health Promotion Council (Appendix L).