



# Army Center for Substance Abuse Programs





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SEP 08 2016

ARNG-HRS

MEMORANDUM FOR The Adjutants General of All States, Puerto Rico, the U.S. Virgin Islands, and Guam; and the Commanding General of the District of Columbia

SUBJECT: Administration of the Army National Guard (ARNG) Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (R-URI) Surveys to High OPTEMPO ARNG Units

1. Purpose. This memorandum provides supplemental guidance to Personnel Policy Operational Memorandum 15-002 (see enclosure 1) for high OPTEMPO units conducting additional UR/R-URI tasks. High OPTEMPO units are units with 20 or more assigned personnel that are conducting an extended annual training (3 weeks or more), Combat Training Center rotation, OCONUS training exercise, or combat deployment (enclosure 2).

2. Background. The ARNG is incorporating UR/R-URI report data and the subsequent Risk Mitigation Plans (RMPs) into our leadership culture. The goal is to reduce overall risk and efficiently coordinate risk mitigation resources.

3. Way Ahead. Effective 1 October 2016, high OPTEMPO units will conduct a URI and administer the FY 17 Supplemental Questionnaire (enclosure 3) within 120-180 days prior to training or deployment. Commanders also will create or update their RMPs before training/deployment. In addition, high OPTEMPO units will conduct an R-URI and administer the FY 17 Supplemental Questionnaire within 60-90 days of completing their extended training or redeployment. Commanders will create the RMPs within 60 days of receiving their R-URI report.

4. My point of contact is COL Shawn Edwards, Chief, Soldier and Family Support Division, at DSN 327-7597, 703-607-7597, or shawn.r.edwards.mi@mail.mil.

- 4 Encls
- 1. References
- 2-3. as
- 4. FY 17 Implementation Guidance

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Director, Army National Guard

Risk Reduction Programs / Initiatives: The following programs, initiatives, and concepts will be used by the state to help leaders assess and reduce risk.

- The NCNG will continue to implement the RANGER-6 Battle Buddy/Wingman program
- (2) Units will coordinate with the Prevention, Training, and Outreach (PTO) office to implement the **Unit Risk Inventory (URI) and Redeployment Unit Risk Inventory (R-URI)** pre and post deployment as required.
- (3) PTO will continue to coordinate with the NCARNG Yellow Ribbon Program to conduct substance abuse prevention training at Yellow Ribbon events as required.





## Best Practices

### Practice

•The NCARNG Substance Abuse Program (NCARNGSAP) office will continue to implement the program elements of (Service, Assessment, and Prevention).

### Effect

- Service-Provide the Substance Abuse Services Initiative (SASI) No Cost Voucher for all Soldiers to ensure they receive an opportunity to obtain a free Substance Use Assessment.
- Assessment-Collaborate with Readiness NCOs to schedule Unit Risk Inventory (URI) mail-outs.
- Prevention-Collaborate with Readiness NCOs to schedule Strong Choices Prevention training.

## Trends Noticed

FY15 (1,772 of 10,182) Soldiers completed Strong Choices prevention training.

•FY15 (2,813 of 10, 182) Soldiers completed the Unit Risk Inventory.

•FY15 (216) Unit Prevention Leaders received Strong Choices Training

## Success Stories

The NCARNGSAP showed improvement in program facilitation for FY15. However, note that end of year results show sparse participation in the use of prevention tools; Strong Choices prevention training (17%) and Unit Risk Inventory assessment (28%) of the NCARNG total strength (10,182). Recommendation: "The focus of effort for FY16 will be to increase Soldier participation by strongly encouraging Commanders to have an (80%) or greater E-6 and below yearly completion rate. E-6 and below represent (80%) of NCARNG structure. Encouragement of this rank category would facilitate an increase of program participation for FY16. Commanders are encouraged to make continued use of Risk Reduction tools."

## Assistance Needed

### Where Assistance is Needed

FY16 Strong Choices prevention training completion

FY16 Unit Risk Inventory (URI) completion

FY16 Reintegration-Unit Risk Inventory completion

### Recommended Approach

- Socialize the benefit of Strong Choices prevention training to MSC Commanders; encouraging training completion for Soldiers (E-6 and below)



# Unit Risk Inventory Survey Summary

## NC ARNG - UNIT ABC

### Part I - Alcohol Use Disorders Identification Test (AUDIT) Results

#### Problem Drinkers [Questions 1-10]

- 26% Unit ABC
- 9% NORTH CAROLINA NG
- 10% Army National Guard

Part II - Unit's Risk Profile Related to Alcohol, Drugs, and Other Factors. Survey questions refer to respondents' behavior within the past 12 months. [Questions 33-35 identifies harm to self]

\* indicates the unit had a greater percentage of unfavorable responses compared to either its State or Army National Guard RRP. \*Unit had 2X or greater percentage than RRP

Unit ABC	NCNG	USARNG	Suicide	
* 19%	6%	5%	Have had suicidal thoughts.	[33]
25%	33%	34%	Of those having suicidal thoughts made a plan.	[34]
* 4%	1%	1%	Have attempted suicide.	[35]





# RISK MITIGATION COMPARISON TOOL (FY 17 VS FY 16)

	<u>FY 17</u>	<u>FY16</u>
Soldiers Surveyed:	45	95
Date Administered:	8 Jul 17	5 Dec 15

Category	Risk Identifiers	Sig Risk Changes	Change in # of Soldiers at Risk	Analysis of RRP F15 results
Suicide	Have had suicidal thoughts		<b>17 more Soldiers</b>	<p><b>Those reporting having had suicidal thoughts are:</b></p> <p><b>4.4 times</b> more likely to have driven under the influence</p> <p><b>6.2 times</b> more likely to have committed an illegal act while drinking</p> <p><b>8.4 times</b> more likely to have used illegal drugs in the past year</p>
	Of those having suicidal thoughts made a plan. *		<b>3 more Soldiers</b>	
	Have attempted suicide. *		<b>1 more Soldier</b>	





# Summary of NC National Guard Programs



- NCNG Integrated Behavioral Health System (IBHS): integrates military, State, VA, and community resources staffed 24/7 by licensed NCNG clinicians. Over the past 2 years, IBHS intervened on 172 imminently suicidal, homicidal, and/or psychotic situations requiring immediate intervention, hospitalization, or imprisonment. Over 1,900 calls in 2 years – half from SMs and half from leaders asking for help with their Soldiers.
- TAG video project: Each drill, all units watch 15 minutes of a video showing NC SMs discussing how they used professional mental health assistance and used the battle buddy system.
- Quick Scripts: Each drill, a different script is read regarding components of resiliency such as finances, sleep, hygiene, or stress.





# BEST PRACTICES IMPLEMENTATION GUIDELINES (1 OF 4)



- Establishing Memorandums of Understanding between the State National Guard and community behavioral health groups to establish an emergent care BH network.
- Utilizing the Military and Community Network to develop and maintain a collaborative network including the community, military, government, and private sectors that creates awareness of challenges, identifies resources, and provides services to all Service Members and their families throughout the deployment cycle.
- The formal sharing of best practices and lessons learned amongst units and organizations through web portals and state/unit leadership training and workshops.
- Development and integration of Resilience and Risk Reduction training into the state's Recruit Sustainment Program including the utilization of the Global Assessment Tool and online modules for self-paced resilience training.
- The use of annual State-wide health promotion and prevention workshops including current best practices and lessons learned on resilience and suicide prevention.





# BEST PRACTICES IMPLEMENTATION GUIDELINES (2 of 4)



- Partnerships with national, state, and community organizations, such as the American Red Cross chapters, local behavioral health providers, state universities, and local chapters of the American Foundation for Suicide Prevention.
- State J9 Directorates designed to assist Service Members, Families, and Employers using a task organized effort to provide a unified focus for benefits and services for the Service Member and family.
- The use of social media to reach at-risk individuals, promote peer support, and integrate the family into the resilience and risk reduction efforts of the state and unit.
- Building a pillar of resilience by supporting and formalizing Soldier-to-Soldier and Soldier-to-Veteran relationships.
- The use of Soldier peers to decrease stigma surrounding seeking and receiving assistance for health, mental health, financial, and other common concerns.
- Formal or on-call Crisis Response Teams to evaluate, analyze, and advise unit representatives, Soldiers, and/or their families on situations that develop between the traditional drilling periods or require emergent care or intervention.







# BEST PRACTICES IMPLEMENTATION GUIDELINES (3 of 4)



- Incorporated Soldier-focused piece of the State's comprehensive Deployment Cycle Support (DCS) program - Road to Reintegration.
- Referring soldiers to local behavioral health facilities such as the VA to receive long-term care for any mental health condition they may have. Units have been diligent in following up with the soldiers after being discharged from these facilities.
- Teaching Suicide Prevention and components of Resilience during Yellow Ribbon events, PDHRA events, and through an annual Suicide Prevention Stand-down during the month of September.
- Establishment of R3SP page on the State-ARNG Portal Share Point) and posted critical information for Full Time Support Personnel and Leaders in regards to resources for Suicide Prevention and Resilience.
- Using leadership emphasis including annual guidance, leader evaluations and gatekeeper oversight to create a climate that encourages help-seeking and help-receiving behaviors and acknowledging that it takes strength to ask for help. (Unit ownership, command emphasis, and Soldier-led teams).





# BEST PRACTICES IMPLEMENTATION GUIDELINES (4 of 4)



- Continued reinforcement of the command message “It’s ok if you are not ok”; this assures an “at risk” Soldier that they will be taken care of by the organization through web presence, social media, and the leadership.
- Utilizing STRONG BONDS, the Chaplain-led program which assists Commanders in building individual resilience by strengthening the NCNG Family. The core mission of the Strong Bonds program is to increase individual Soldier and Family member readiness through relationship education and skills training
- A Family Reintegration Initiative, draws upon family strength and resiliency to facilitate healthy communication between family members coping with reintegration challenges after a parent returns from deployment.
- The State Leadership (TAG) should engage the State Superintendent of Schools and the Board of Higher Education to provide awareness to educators. This outreach may be expanded to provide awareness and a resource guide to the State elementary and middle school administrators, counselors, psychologists, and educators to better support military children.





# North Carolina



# National Guard

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Questions ?