



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
POST OFFICE BOX 340
TRENTON, NEW JERSEY 08625-0340

CHRIS CHRISTIE
Governor
Commander-in-Chief

☆☆
GLENN K. RIETH
Major General
The Adjutant General

TAG MEMORANDUM 01-11

10 January 2011

MEMORANDUM FOR: See Distribution

SUBJECT: New Jersey National Guard Campaign Plan for Resilience, Risk Reduction and Suicide Prevention (R3SP)

1. References:

a. Army National Guard (ARNG) Resilience, Risk Reduction and Suicide Prevention (R3SP) Campaign Plan, dated 23 November 2010.

b. Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP), dated 8 November 2010.

2. Purpose: To codify and build an enduring program that enables leaders to direct actions and implement long term solutions to promote resilience in Soldiers, Airmen and Family members, develop leader skills to recognize and mitigate high stress and at-risk factors, and provide required services and support networks to reduce suicidal actions.

3. Applicability: This plan is applicable to all NJ National Guard units. This plan is directive in nature; in case of conflicts, Army/Air Force regulations, policies and directives from higher headquarters will take precedence. This is primarily an Army plan in its inception. The NJANG provides members to the Executive Council and develops an Air Guard plan based on forthcoming Air National Guard guidance.

4. TAG Intent: This program will build physical, mental, and spiritual wellness to achieve an immediate and lasting impact across the New Jersey National Guard. The NJ National Guard will integrate all available resources within the department and outside agencies to include Veterans and Non Governmental Organizations. Key tasks for this program include the establishment of a JFHQ Resilience, Risk Reduction and Suicide Prevention (R3SP) Council, integrating training requirements into existing guidance, training Master Resiliency Trainers (MRT), hiring a full time program manager and institute mandatory reporting requirements. The end state is to have an established R3SP that is foundational, integrated, evolving and enduring.

5. Coordinating Instructions:

a. Tasks to Subordinate Elements:

(1) Chief of Staff Army: Synchronizes and integrates state efforts to ensure that the R3SP program is effective and adaptive. As such the Army CofS will head the R3SP Council and publish appointment memo. Members will include: Army CoS, Air CoS, SCSM, SCCM, G1, Surgeon, Chaplain, PAO, JAG, RRC, R3SP Program Manager, G3, G6, G8, Family Programs, 50th IBCT, 57th TC, 42nd RSG, JT2DC, 254th Regt, 108th WG, 177th FW.

(2) G1: Assume overall responsibility and management of program. Establish a Substance Abuse (SA) prevention, outreach and treatment pilot program for DAT failures and post-mob PHDRA referrals and service related issues. Promote education and professional development to improve financial stability and readiness for ARNG Soldiers, Airmen and Families.

(3) State Program Manager: G1 Staff lead for R3SP, responsible for the Implementation of the program, oversight of train the trainer programs, tracking and reporting program effectiveness.

(4) State Chaplain: Create a spiritual wellness plan as part of the State R3SP program to promote overall spiritual fitness for Soldiers, Airmen and Family members. Plan, conduct and supervise Gatekeeper Training for Chaplains, Chaplain Assistants, and Behavioral-Health Specialists including mutual referrals, roles, responsibilities, and functions.

(5) State Surgeon: Provide access to behavioral health care, periodic behavioral health screenings / assessment and case management as well as Substance Abuse Treatment. Ensure that commanders are informed of crisis management referrals (meet criteria for Duty to Warn).

(6) RRC: Integrate resilience and risk reduction training into the Recruit Sustainment Program. Additionally, integrate R3SP into Recruiting and Retention efforts including the GAT and CRMs, RSP Resilience and Peer Support / Soldier to Soldier (S2S) Programs.

(7) G3: Resource a state level 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.

(8) G6: Link and promote the R3SP in NJARNG web applications; 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

(9) J1: Develop manning solution for a full-time program manager.

(10) J5/7: Refine JOC CCIR to include requirement to report sanitized referrals to the

State Psychological Health team for emergent and crisis management situations.

(11) Family Programs: Utilize employment assistance and education outreach programs and initiatives to reduce unemployment / underemployment.

(12) Commanders at all levels are directly responsible for the implementation of the R3SP program within their organization. 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.

(13) The State CSM and all subordinate CSMs will serve as the focal point for determining the effectiveness of our R3SP program. All CSMs will be actively involved in their organization's R3SP educational efforts to include family members. Senior NCO leadership is critical to the success and implementation of the R3SP program.

6. Concept of Operation:

a. The R3SP program incorporates Army Comprehensive Soldier / Airmen Fitness (CSF), stress control management, behavioral health care, substance abuse prevention, suicide prevention and arduous unit training that builds cohesive teams, esprit d'corps and communication between leaders, Soldiers and Airmen. Initially the JFHQ R3SP Council develops the program at the outset to get it moving across the NJNG, develops tasks and serves as the method for the COJS to synchronize and task the JFHQ Staff. The council will make recommendations on how to revise and implement guidance for this training year. Subsequently the G3 and R3SP program manager will develop guidance in the form of an Annex to the annual JFHQ operations order. The program manager will develop a state level R3SP program that endures over training year boundaries and serves as the basis for annual training guidance. The staff will support the program by resourcing it and by integrating R3SP into existing programs (RTI training events, Annual PHA, Army CSF).

b. TAG's Priorities. Establish JFHQ Council, revise and implement training guidance for TY11, select full-time program manager, forecast MRT training.

c. Methods. MRTs are the key building block in our foundation of the R3SP program, while RTAs are the cement that binds the foundation together. MRTs support M-Day Commanders by providing resilience training specific to the deployment cycle. RTAs support MRT efforts and / or to provide basic resilience familiarization and awareness training in the absence or non-availability of MRTs, particularly during deployments. MRTs and the JFHQ Program Director track and document training and events, to include AARs, photos, and informal feedback to commanders at all levels.

7. Commanders', Leaders and Non-Commissioned Officers' (NCOs') Critical Actions / Tasks:

a. Commanders and leaders at all levels will understand(?) the need for a comprehensive R3SP program and they will:

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(1) Educate themselves on the program and the network available to assist their Soldiers, Airmen, family members and civilian work force.

(2) Educate their Soldiers and Airmen on the program and the support network available.

(3) Create a climate that de-stigmatizes help-seeking behavior; promotes Peer Support and reinforces the Family as the first line of defense.

(4) Take immediate action when issues are identified and refer Soldiers, Airmen, family members and civilians to the appropriate "entrance point" to the network.

(5) Strive to get MRTs and RTAs trained and integrated into their organizations as directed. Each Brigade and Battalion level unit will have a trained MRT (E7 or above).

(6) Fully support FLLs in the training of CSF including appropriate training time in drill schedules.

(7) Integrate R3SP into their current TY-11 training plans.

8. This will be a Department team effort to ensure that all the programs available to assist Soldiers, Airmen, family members and civilian employees are fully integrated into the NJ R3SP program.

(NGNJ-COS)



GLENN K. RIETH
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