



DEPARTMENT OF THE ARMY  
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK  
6661 WARRIOR TRAIL, BUILDING 350  
FORT POLK, LOUISIANA 71459-5339

MCHB-IP-HPP

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Memorandum G1-11 – Brigade/Battalion Health Promotion Teams (BHPT)

1. References.

- a. Army Regulation 600-63, Army Health Promotion, 14 April 2015.
- b. Headquarters Department of the Army, Execution Order 110-13, ISO Ready and Resilient Campaign Plan, 27 March 2013.
- c. U.S. Army Forces Command Operation Order, U.S. Army Forces Command Headquarters, Establish Community Health Promotion Council (CHPC), 13 April 2013.
- d. Guide for Use of the United States Army Soldier and Leader Risk Reduction Tool (USA SLRRT), 12 September 2012.

2. Applicability. This policy applies to Joint Readiness Training Center (JRTC) and Fort Polk units assigned and tenant.

3. This policy establishes specific requirements regarding the Brigade/Battalion Health Promotion Teams (BHPT) within JRTC and Fort Polk.

a. The BHPTs serve as the tactical execution of the Army's Campaign for Health Promotion, Risk Reduction and Suicide Prevention and synchronize programs and initiatives to reduce fragmentation. The team's focus is not on the individual review of cases but on the creation of a more holistic approach to addressing concerns within the Brigade and/or Battalion. The Health Promotion Officer serves as a process consultant and helps ensure visibility of Brigade and Battalion accomplishments through the Community Health Promotion Council, which aligns needs with garrison and medical agencies and expedites policy direction and resource allocation by the Commanding General.

b. The establishment of BHPTs is intended to do the following: provide early detection of risk behavior through systematic surveillance; implement timely, local and targeted responses; enhance readiness; and represent the interests of Brigade/Battalion Soldiers and Family Members at the installation.

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c. The BHPTs are composed of a myriad of organic stakeholders including: Brigade and Battalion Command Team, Master Resilience Trainer (MRT), Safety Officer, Brigade Surgeon or Physician's Assistant, Military Family Life Consultant, Staff Judge Advocate, Chaplain, personnel from S-1, S-2 and S-3, Unit Prevention Leader, Equal Opportunity Officer, SHARP, BOSS, Family Readiness Liaisons, and Behavioral Health professionals. Per the Commander's discretion, additional members can include installation subject matter experts or additional resources.

d. The performance metrics collected and assessed by the BHPTs will help identify health concerns, detect opportunities to build resilience and measure the performance of resources, the effectiveness of interventions and determine the ability to assess the overall health of the unit. The performance metrics used to guide the BHPTs include but are not limited to: Full Medical Readiness, Compliance with Annual Training Requirements, Alcohol and Substance Abuse Program referral and completion rates, Army Physical Fitness Test results, Serious Incident Reports, Drug offenses, Behavioral Health Follow-ups, Global Assessment Tool completion rates, Resiliency Training, and Domestic Violence incidents.

e. The BHPT will implement the Hero Assessment and Mitigation Plan (HAMP). The HAMP will allow commanders to have better visibility of their assigned personnel. The Health Promotion Operations Office will provide each MSC/BN commander with a bi-weekly visibility report. This report will systematically provide personnel information to commanders on newly assigned Soldiers who may be at-risk to themselves or others.

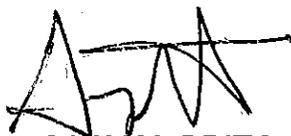
4. Responsibility. The BHPTs will meet at least quarterly and provide a dashboard report to the Brigade Command Group and Community Health Promotion Council (CHPC). Each BHPT is driven by Standard Operating Procedures that outline the mission, objectives, scope, membership, standard products/services and other components mandated in AR 600-63.

5. Soldiers must be assessed using the United States Army Soldier and Leader Risk Reduction Tool (USA SLRRT) in conjunction with DA Form 4856 within 30 days of arriving on the installation and routinely thereafter. The USA SLRRT is to be used to facilitate dialogue between the Soldier and leader to address issues concerning the Soldier or mitigate risk when necessary. Deciding whether a Soldier is low, moderate, or high risk is at the discretion of the leader and should be based on use of the USA SLRRT in combination with other sources of information. Only a battalion commander/equivalent or higher is authorized to downgrade a Soldier's high risk category.

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6. The point of contact for this policy is the Fort Polk Health Promotion Officer at 337-531-4076/2018.

A handwritten signature in black ink, appearing to read 'G. Brito', with a horizontal line extending to the right across the top of the signature.

GARY M. BRITO  
Brigadier General, USA  
Commanding

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