ACPHP Checklist					**Location:**		**Date:**			
Functional Area: 1. Program / Service Integration					**Evaluator:**					
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Commanders all levels	1.1	Is a health promotion policy published that includes suicide prevention efforts?	1.1.a	Policy with executable suicide prevention efforts.	AR 600-63 Para 1-25 (a)					
Commanders all levels	**1.2**	**Is a policy established that ensures Soldiers with behavioral health and / or substance abuse problems are not belittled or humiliated for seeking or receiving assistance?**	**1.2.a**	**Policy establishing zero tolerance for humiliating behavior.**	**AR 600-63 Para 1-25 (e)**					
Commanders all levels	1.3	Are Soldiers with suicide risk symptoms / behaviors managed in a consistent manner IAW TRADOC Regulation 350-6, are not belittled, humiliated or ostracized by other Soldiers, and are not identified through special markings or clothing (i.e., Soldiers wear reflective training vests with signs identifying them as high-risk individuals).	1.3.a	Positive command climate.	AR 600-63 Para 1-25 (e)					
Commanders all levels	1.4	Are policies in place for unit watch, weapons profiles, and other unit-related procedures that relate to suicide risk symptoms or suicide-related events?	1.4.a	Standardized procedures in the management and supervision of at risk Soldiers.	AR 600-63 Para 1-25 (h)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Commanders all levels	1.5	Are Soldiers undergoing multiple disciplinary actions and have multiple risk factors referred to appropriate support services to mitigate risk?	1.5.a	Soldier participation in support services.	AR 600-63 Para 1-25 (i)					
Commanders all levels	1.6	Are Families, unit members and co-workers who experience loss due to suicide offered long-term assistance?	1.6.a	Standardized procedures in the management and referral of Families, unit members and co workers experiencing suicide.	AR 600-63 Para 1-25 (j)					
Commanders all levels	1.7	Are AR 15-6 investigations conducted on every suicide?	1.7.a	Completed investigation.	AR 600-63 Para 1-25 (o)					
ACOM, ASCC, DRU Commanders	1.8	Has a Suicide Prevention Program Manager (SPPM) been appointed?	1.8.a	Commander appointment letter.	AR 600-63 Para 1-20 (c)					
Senior Commanders										
Garrison Commanders										
State Adjutant Generals										
USAR DRU / Major Subordinate Command Commanders										

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commanders	1.9	Is a comprehensive, all encompassing health promotion, risk reduction and suicide prevention-related strategy established?	1.9.a	Strategy links installation / garrison / MTF staffs and activities.	ACPHP Annex D					
State Adjutant Generals USAR DRU / Major Subordinate Command Commanders Medical Department Command / Center Commanders			1.9.b	Strategy is readily recognizable and acknowledged by the unit commanders, Soldiers, DA Civilians, and Family members.						

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
ACOM, ASCC, DRU Commanders Senior Commander Garrison Commander State Adjutant Generals USAR DRU / Major Subordinate Command Commanders Medical Department Command / Center Commanders Garrison Commander	1.10	Is health promotion, risk reduction and suicide prevention strategy formally published in a blueprint / wire diagram?	1.10.a	Blueprint / wire diagram outlines the interdependent and dependent relationships of multiple staffs / agencies / and programs supporting the strategy.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief Public Affairs ACOM, ASCC, DRU Commanders Senior Commander Garrison Commander State Adjutant Generals USAR DRU / Major Subordinate Command Commanders	1.11	Is an aggressive marketing, advertising and outreach plan established?	1.11.a	Plan is designed to heighten awareness of Soldiers, DA Civilian and Family members' awareness of health promotion, risk reduction and suicide prevention-related strategy.	ACPHP Annex D AR 600-63-Para 2-1 e					
Medical Department Command / Center Commanders			1.11.b	Plan clearly depicts staff / agency charters, programs and other services.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief Public Affairs ACOM, ASCC, DRU Commanders Senior Commander Garrison Commander State Adjutant Generals USAR DRU / Major Subordinate Command Commanders Medical Department Command / Center Commanders	1.12	Is a formal process / system to assess, report, and measure effectiveness of marketing and advertisement strategy established?	1.12.a	Process measures strategic goals, program / service objectives, and customer feedback, with mechanisms to adjust your strategy based on lessons learned.	ACPHP Annex D					
Senior Commanders Garrison Commanders	1.13	Is appropriate senior leadership attending meetings of installation / garrison / MTF health promotion, risk reduction and suicide prevention programs / councils / committees, task forces / etc.	1.13.a	Senior leadership ensures that groups are empowered to make decisions and allocate resources appropriately.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Judge Advocate General Senior Commander Garrison Commander State Adjutant Generals USAR DRU / Major Subordinate Command Commanders Medical Department Command / Center Commanders Commanders at all levels	1.14	Do Installation / Garrison staffs / agencies provide a comprehensive report of all Soldier medico-legal actions and trends across the installation / command?	1.14.a	Report is designed to inform / standardize Soldier medico-legal actions and to reduce risks associated with policy, program, and process gaps / seams.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Judge Advocate General Senior Commander Garrison Commander State Adjutant Generals USAR DRU / Major Subordinate Command Commanders Medical Department Command / Center Commanders Commanders at all levels	1.15	Do Installation / Garrison staffs / agencies integrate specific Soldier information to integrate Soldier medico-legal processes (administrative separations, MMRB, MEB, PEB, disciplinary actions, WTU referrals, etc.)	1.15.a	Information is shared among "need to know" commanders and "help providers" (law enforcement, behavioral health, clinical and non-clinical ASAP and FAP).	ACPHP Annex D					
Commanders at all levels	1.16	Is there a "commander's forum" to share observations / TTPs / lessons learned from suicide events?	1.16.a	Commander's forum focuses on successful intervention and events that led to Soldiers deaths.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commanders	1.17	Are MOAs in place to allow all primary and behavioral health care providers to be integrated under a central authority Installation Commander and MTF Commander?	1.17.a	MOA provides comprehensive, seamless primary / behavioral health care in MTFs, reduces provider-patient workload, and enhances provider professional development.	ACPHP Annex D					
Medical Department Command / Center Commanders			1.17.b	MOA has a provision to "surge" medical capabilities and capacity upon unit redeployment.						
Senior Commander Medical Department Command / Center Commanders	1.18	Are redeploying BDE and BN commanders retained for 90-120 days during the reset phase to ensure leadership continuity and cognizant-mitigation of unit and Soldier stressors (e.g. complete PDHRA, insulate Soldier teams / networks, complete disciplinary / separation actions, integrate Soldier and Families, naturalize health promotion, etc.)?	1.18.a	Providing coordination directly with HRC / SLD on a case by case basis to provide balance between late changes of command (25-36 months) and the reset mitigation of high-risk Soldiers and Families.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Medical Department Command / Center Commanders	1.19	Are redeploying maneuver unit (DIV / BDE / BN) primary care and behavioral health care personnel retained for 90-120 days during the reset phase (as feasible) to ensure continuity care, cognizant-mitigation of unit and Soldier stressors, and sufficient treatment "handoff" to incoming medical personnel?	1.19.a	Providing coordination directly with HRC and local MTF commanders to retain or align PROFIS primary care providers with unit reset plans.	ACPHP Annex D					
Senior Commander	1.20	Are Commanders considering the retention of redeploying unit level Soldiers during the reset phase for 90-120 days to ensure team / network continuity and cognizant-mitigation of unit and Soldier stressors? (e.g., team-based re-integration, team-supported family re-integration, re-focus high-adrenaline behavior, etc.)?	1.20.a	Coordinating directly with AG / G1 to centrally manage retention of the full-spectrum of MOSs.	ACPHP Annex D					
Senior Commander Garrison Commander	1.21	Does the installation / garrison have regularly scheduled health promotion, risk reduction, suicide prevention awareness observation activities (annually, quarterly, monthly)?	1.21.a	Activities are formally scheduled on installation calendars and attended by appropriate senior leaders.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commander	1.22	Is a formal system or process to compare and bench policies, programs, and services with other like installations established?	1.22.a	Formal Process is designed to identify and incorporate "best-business practices".	ACPHP Annex D					
Senior Commander Garrison Commander Commanders at all levels	1.23	Did Deployed Commanders convene quarterly Suicide Prevention Review boards in theaters at the Corps/Division TF/JTF Level HQ, and report findings to DCS, G-1.	1.23.a	Report of findings.	**AR 600-63 Para 4-4 (l)(4)**					
Judge Advocate General Senior Commander Garrison Commander Medical Department Command / Center Commanders	1.24	Do Installation / Garrison staffs / agencies integrate and reconcile common medico-legal databases?	1.24.a	Information regarding Soldier medico-legal actions is accurate and timely.	ACPHP Annex D					
Senior Commander Garrison Commander	1.25	Have task forces, committees and risk reduction teams been established to facilitate local health promotion initiatives to reduce high-risk behaviors and build resiliency?	1.25.a	Approved charter or commander appointment letter.	AR 600-63 Para 1-21/1-22					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commander	1.26	Has a Community Health Promotion Council (CHPC) or similar body been established and does it meet regularly?	1.26.a	CHPC integrates all staffs and agencies associated with providing health promotion, risk reduction and suicide prevention-related programs.	AR 600-63 Para 2-1 (d)					
Senior Commander Garrison Commander	1.27	Are comprehensive processes implemented to maximize use of information regarding health promotion, risk reduction and suicide prevention during recurring commanders reports, QTBs, USR briefs, etc.?	1.27.a	Process to maximize use of information is integrated into recurring commanders reports, QTBs, USR briefs, etc.	ACPHP Annex D AR 600-63 Para 2-1					
Senior Commander Garrison Commander	1.28	Did CHPC or SPTF establish policies and procedures for the implementation of a Suicide Response Team (SRT) for their respective installation or organization?	1.28.a	Defined roles and responsibilities of SRT.	AR 600-63 Para 4-4 (m) (5)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander	1.29	Are formal charters signed by the Installation / Garrison / MTF Commanders for all health promotion, risk reduction and suicide prevention-related programs, councils, committees, task forces, etc?	1.29.a	Charter clearly outlines the Organization structure.	AR 600-63 Para 2-1 (d) (3)					
			1.29.b	Charter clearly outlines the Mission.						
Senior Commander			1.29.c	Charter clearly outlines the scope and objectives integration with other councils / committees.						
Medical Department Command / Center Commanders			1.29.d	Charter clearly outlines the authorities.						
			1.29.e	Charter clearly outlines the membership and roles / responsibilities						
Senior Commander			1.29.f	Charter clearly outlines the meeting schedules.	AR 600-63 Para 2-1 (d) (3)					
			1.29.g	Charter clearly outlines the standard products and services.						
Senior Commander			1.29.h	Charter clearly outlines the protocols for assessments, measuring, reporting, and incorporating lessons learned.	AR 600-63 Para 2-1 (d) (3)					
Medical Department Command / Center Commanders			1.29.i	Charter clearly outlines the marketing / outreach plan.						

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Garrison Commander Garrison Command Chaplain	1.30	Are Chaplains members of the CHPC?	1.30.a	Membership annotated in CHPC charter.	AR 600-63 Para 2-2 (f) (11)					
						N/A	Not MET	Partially MET	MET	
				Total						

ACPHP Checklist					Location:	Date:				
Functional Area: 2. Specific Programs / Staffs					Evaluator:					
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Senior Commander Garrison Commander	2.1	Is there a designated leader in charge of installation Health Promotion Programs and affiliated services?	2.1.a	Designated leader on orders.	ACPHP Annex D					
Senior Commander Garrison Commander Medical Department Command / Center Commanders	2.2	Is there a unit-based behavioral health and comprehensive fitness program with appropriate designated counselors and clinical supervision?	2.2.a	Program of record.	ACPHP Annex D					
ACSIM Senior Commander Garrison Commander Medical Department Command / Center Commanders Commanders at all levels	2.3	Are behavioral health initiatives coordinated with unit chaplains, unit medical personnel, CSCT's and MFLCs to deliver health programs, risk reduction, and suicide prevention-related information and services at the Soldier /unit level?	2.3.a	Seamlessly linked services provided to the Soldier.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commander Medical Department Command / Center Commanders	2.4	Do you have a comprehensive Installation / Garrison strategy (plan) to combat the stigma associated with Soldiers seeking behavioral health care?	2.4.a	Plan includes guidance added to Leader and Soldier counseling, leaders attend mass screening with their Soldiers, incorporate importance of behavioral health in training guidance and forums.	ACPHP Annex D					
Medical Department Command / Center Commanders Garrison Command Chaplain	2.5	Are chaplains integrated with behavioral health specialists in units, and with CSCTs and MFLCs to provide multi-disciplinary support?	2.5.a	Chaplains provide multi-disciplinary support, naturalized referrals, and reduce stigma associated with help seeking behavior.	ACPHP Annex D					
The Surgeon General ACSIM Senior Commander Garrison Commander Medical Department Command / Center Commanders	2.6	Are adequate numbers of ASAP and FAP staff (clinical and non-clinical) to provide timely support to Soldiers and Family members?	2.6.a	No backlog or waiting list for services.	ACPHP Annex D					
			2.6.b	Education and training forums are small enough to encourage dialog / group participation.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
ACSIM Senior Commander Garrison Commander Medical Department Command / Center Commanders	2.7	Is ASAP staff (clinical and non-clinical) co-located and interact regularly?	2.7.a	ASAP staff shares information on substance abuse cases / trends to better inform health promotion, risk reduction and suicide prevention-related programs.	ACPHP Annex D					
Senior Commander Garrison Commander Medical Department Command / Center Commanders	2.8	Are processes in place to systematically track, monitor, and report ASAP / FAP / AFAP and other personnel strength / hiring / retention / qualification / certification issues?	2.8.a	Ensure adequate staff is available to support commanders.	ACPHP Annex D					
Medical Department Command / Center Commanders Commanders at all levels	2.9	Are commanders directly involved in formulating ASAP treatment plans / contracts with counselors and referred Soldiers to ensure leadership commitment to recovery programs?	2.9.a	Commanders are directly involved in formulating ASAP treatment plans / contracts with counselors and referred Soldiers	ACPHP Annex D					
Garrison Commanders	2.10	Are procedures established for the ADCO to receive information (abstracts) derived from Centralized Operations Police Suite (COPS)?	2.10.a	Procedures in place for ADCOS to receive information on a recurring basis to maximize information sharing related to high risk behavior	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Surgeon General Medical Department Command / Center Commanders	2.11	Are Military Health System (MHS) personnel providing direct oversight of network inpatient detoxification and recovery programs?	2.11.a	MHS personnel provide direct oversight to maintain situational awareness of Soldier recovery.	ACPHP Annex D					
Surgeon General Medical Department Command / Center Commanders	2.12	Are systems in place to ensure timely communication among Military Health system personnel, ASAP, and DA Civilian inpatient / detoxification facilities?	2.12.a	Plan to facilitate timely communication of MHS personnel, ASAP, and DA Civilian inpatient / detoxification personnel.	ACPHP Annex D					
Surgeon General Medical Department Command / Center Commanders	2.13	Are DA Civilian inpatient / detoxification facilities located physically close enough to installation - with enough bed space- to ensure timely transfer of care to those off-post facilities?	2.13.a	Off-post DA Civilian inpatient / detoxification facilities are co-located close enough - with enough bed space - to ensure timely transfer of care.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
ACSIM	2.14	Are Military and Family Life Consultants (MFLC) readily available to Soldiers and Families?	2.14.a	MFCLs are incorporated into commander / unit programs, and fully integrated with other help providers to ensure seamless coverage between contact and referral.	ACPHP Annex D					
						N/A	Not MET	Partially MET	MET	
				Total						

ACPHP Checklist					**Location:**		**Date:**			
Functional Area: 3. Primary and Behavioral Health Care					**Evaluator:**					
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Garrison Commander Medical Department Command / Center Commander	3.1	Are the primary health care and behavioral health care providers co-located?	3.1.a	Primary health care and behavioral health care providers co-located to provide comprehensive medical treatment, share treatment plan information, and reduce stigma with patient health.	ACPHP Annex D					
Surgeon General Garrison Commander Medical Department Command / Center Commander	3.2	Are Corps / DIV / BDE primary / behavioral health providers treating patients in properly resourced (e.g., facility, equipment, and specialty consultation and services, etc.) MTFs?	3.2.a	Soldiers receive comprehensive, state-of-the-art medical health care commensurate with Family medical health care.	ACPHP Annex D					
Surgeon General Medical Department Command / Center Commander	3.3	Are MTF coordinators linked to Corps / DIV / BCT surgeons to coordinate / schedule facility access to patient care?	3.3.a	MTF commander's comprehensive medical care plan addresses the linkage of MTF coordinators and Corp / DIV / BCT surgeons.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Medical Department Command / Center Commander	3.4	Are medical / clinic operating hours convenient for Soldier and Family care access and maximum facility usage?	3.4.a	There is sufficient clinical support staff (fulltime, part time employees, and RC providers) to expand operating hours.	ACPHP Annex D					
Medical Department Command / Center Commander	3.5	Does the MTF have a quality assurance process by which "at risk medication" prescriptions are tracked and peer reviewed?	3.5.a	"At risk medication" prescribing includes (label or off label use) drug combinations comprised of three or more of the following: opiod narcotics, anxiolytics, antipsychotics, sedative-hypnotics, mood stabilizers, and anti-convulsants.	ACPHP Annex D					
Medical Department Command / Center Commander	3.6	Does the Behavioral Health Department provide psychotherapy for Soldiers being prescribed multiple psychotropic medications as deemed appropriate?	3.6.a	Soldiers being prescribed multiple psychotropic medications receive psychotherapy as deemed appropriate.	ACPHP Annex D					
Medical Department Command / Center Commander	3.7	Is there a comprehensive alternative pain management approach for Soldiers coping with chronic pain to reduce the dependency on opiod narcotics exist?	3.7.a	Alternative treatment modalities for pain such as spinal cord stimulation, acupuncture services, and biofeedback, etc are available.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Medical Department Command / Center Commander	3.8	Does installation have an SRP screening process that uses a face-to-face interview with either a behavioral health specialist or primary care specialist with behavioral health specialist as back-up?	3.8.a	Installation has an SRP screening process that uses a face-to-face interview with either a behavioral health specialist or primary care specialist with behavioral health specialist as back-up.	ACPHP Annex D					
Medical Department Command / Center Commander	3.9	Has the installation implemented a coordinated program of periodic screening, triage, and multidisciplinary treatment to support Soldiers and their Families? Have on-line programs been implemented to increase screening rates and improve efficiency?	3.9.a	Installation has implemented a coordinated program of periodic screening, triage, and multidisciplinary treatment to support Soldiers and their Families.	ACPHP Annex D					
			3.9.b	On-line programs (e.g. Automated Behavioral Health Clinic) have been implemented.	ACPHP Annex D					
Medical Department Command / Center Commander	3.10	Do systems / processes exist to leverage medical screening information (e.g., PHA, PDHA, PDHRA, screenings for TBI and PTSD, etc.)?	3.10.a	Commanders are notified of Soldier compliance and risk factors revealed by medical screening information to ensure appropriate referrals and subsequent treatment plans.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Medical Department Command / Center Commander	3.11	Is there a "medical care provider forum" to increase collaboration or improve identification of at-risk Soldier and Families to maximize their care and enhance general suicide prevention measures?	3.11.a	Medical care provider forum exists to increase collaboration or improve identification of at-risk Soldier and Families.	ACPHP Annex D					
Medical Department Command / Center Commander	3.12	Is there a holistic and comprehensive case management system to synchronize individual / Family case file management to integrate and coordinate a treatment plan that is all inclusive to ensure the effort is simultaneously coordinated among all care providers?	3.12.a	A comprehensive case management system to synchronize individual / Family case file management is in place and fully functional.	ACPHP Annex D					
Medical Department Command / Center Commander	3.13	Do PTSD / mTBI programs fully utilize opportunities for collateral contacts with spouses and other Family members to assess and validate symptoms associated with PTSD / mTBI?	3.13.a	Program fully utilizes opportunities for collateral contacts with spouses and other Family members to assess and validate symptoms associated with PTSD / mTBI.	ACPHP Annex D					
Medical Department Command / Center Commander	3.14	Do PTSD / mTBI programs fully utilize opportunities for individual and Family psychotherapy to assist with resolution of symptoms and improve coping and subsequent recovery?	3.14.a	Program fully utilizes opportunities for individual and Family psychotherapy to assist with resolution of symptoms and improve coping and subsequent recovery.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Medical Department Command / Center Commander	3.15	Do PTSD / mTBI programs utilize neuropsychological / psychological assessment to validate complaints and symptoms, quantify defects prior to developing a plan of treatment and again after treatment to assist with determination of return to duty or referral to MEB?	3.15.a	PTSD / mTBI program utilizes neuropsychological / psychological assessment to validate complaints and symptoms, quantify defects prior to developing a plan of treatment and again after treatment to assist with determination of return to duty or referral to MEB.	ACPHP Annex D					
Senior Commander Garrison Commanders Medical Department Command / Center Commander	3.16	Do Review of Care meetings include all providers involved in the care of an individual soldier?	3.16.a	All providers involved in the care of an individual soldier are included in the review of care meetings.	ACPHP Annex D					
Medical Department Command / Center Commander	3.17	Do PTSD / mTBI programs utilize Rehabilitation Psychologists as treatment providers?	3.17.a	Rehabilitation Psychologists as treatment providers are utilized with the PTSD / mTBI programs.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist						**Location:**				**Date:**
Functional Area: 4. Family / Friends Participation						**Evaluator:**				
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Commanders at all levels	4.1	Do means exist to connect Soldier Families (e.g., spouse, children, parents) and, in particular, single-Soldier Families (e.g., parents, fiancé, and children) with commanders and their programs?	4.1.a	Soldier Families connected with commanders and their programs.	ACPHP Annex D					
Commanders at all levels	4.2	Are Soldier Families (e.g., spouses, fiancé, children, and parents) included in reintegration training?	4.2.a	Soldier Families in integrated training.	ACPHP Annex D					
Senior Commander Garrison Commander	4.3	Has the senior commander implemented a program to actively engage leaders and their spouses / fiancés / parents/ children in support of a comprehensive, health promotion, risk reduction, overall fitness plan to strength relationships and support networks?	4.3.a	Viable program in place to meet the requirements of the task.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commander	4.4	Has a review of the OPTEMPO of the units assigned to the installation been completed in order to synchronize / implement Soldier and Family resiliency-focused programs to improve total Family wellness / quality of life?	4.4.a	Soldier and Family resiliency-focused programs synchronized to the units OPTEMPO.	ACPHP Annex D					
ACOM, ASCC, DRU Commanders Senior Commander Garrison Commander Commanders at all levels Garrison Command Chaplain	4.5	Are training and retreat programs, which are intended to improve resiliency, (i.e., Strong Bonds, Battle mind, ASIST, etc.), adequately funded to allow participation? Is there a backlog or wait list? Are additional resources required?	4.5.a	Training and retreat programs, which are intended to improve resiliency, (i.e., Strong Bonds, Battle mind, ASIST, etc.), are adequately funded.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist			**Location:**			**Date:**				
Functional Area: 5. Warrior Transition Units			**Evaluator:**							
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Commanders at all levels WTU Commanders	5.1	Does WTU have policies and programs to monitor and optimize Soldier return to duty?	5.1.a	Policies and programs in place to optimize return of Soldiers to duty.	ACPHP Annex D					
Commanders at all levels WTU Commanders	5.2	Does a system / criteria exist to vet each Soldier recommended for assignment to the WTU to ensure Soldiers remain with their units / teams as appropriate, and that only Soldiers who clearly require WTU-level management are assigned to the WTU.	5.2.a	Approved criteria to vet Soldiers for assignment to WTU.	ACPHP Annex D					
Commanders at all levels WTU Commanders	5.3	Does the installation / WTU have clear policy and criteria for nominating and vetting WTU cadre?	5.3.a	Only Officers and NCOs who have demonstrated success in prior equivalent-level leadership roles are assigned to WTU leadership positions.	ACPHP Annex D					
Commanders at all levels WTU Commanders	5.4	Do WTUs track and report pharmaceutical usage to Senior Command leadership?	5.4.a	Pharmaceutical usage tracked and reported to Senior Command leadership.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Commanders at all levels WTU Commanders	5.5	Are Opiod narcotic prescriptions in the WTU / WTB limited to 7 days (with commander's authority to exempt on an individual basis)?	5.5.a	Seven day prescription limit of Opiod narcotic prescriptions.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist			**Location:**		**Date:**					
Functional Area: 6. Reducing High-risk Behavior			**Evaluator:**							
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Senior Commander Garrison Commander Commanders at all levels	6.1	Are subordinate commanders encouraged at all levels to comply with regulatory guidance to initiate or process administratively separate Soldiers for misconduct to include serious drug / alcohol or multiple drug / alcohol incidents?	6.1.a	Commanders are encouraged at all levels to comply with regulatory guidance to initiate or process administratively separate Soldiers for misconduct to include serious drug / alcohol or multiple drug / alcohol incidents.	ACPHP Annex D					
Senior Commander Garrison Commander Commanders at all levels	6.2	Has the installation implemented policies and programs to identify and assist Soldiers who enlist with waivers for significant pre-existing conditions?	6.2.a	Policies and programs in place to identify and assist Soldiers who enlist with waivers for significant pre-existing conditions.	ACPHP Annex D					
Senior Commander Garrison Commander Commanders at all levels	6.3	Do commanders refer Soldiers to ASAP who have either a positive urinalysis or a drug / alcohol related incident IAW AR 600-85?	6.3.a	Commanders refer Soldiers to ASAP IAW AR 600-85.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Medical Department Command / Center Commander Commanders at all levels	6.4	Do Soldiers receive an individual comprehensive evaluation within 12 working days of being referred to ASAP counselors IAW AR 600-85?	6.4.a	Soldiers receive an individual comprehensive evaluation within 12 working days of being referred to ASAP counselors IAW AR 600-85.	ACPHP Annex D AR 600-85					
Medical Department Command / Center Commander Commanders at all levels	6.5	Are ASAP timelines (referrals and ASAP intervention) reported to the Senior Commander?	6.5.a	ASAP timelines (referrals and ASAP intervention) are reported to the Senior Commander.	ACPHP Annex D AR 600-85					
ACSIM Senior Commander Garrison Commander	6.6	Does installation offer MWR adventure-type activity programs to Soldiers to divert / reduce Soldier combat-related adrenaline-rush that leads to inappropriate high risk / adrenaline seeking activities?	6.6.a	Installation MWR participates in Adventure Quest.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
			Total							

ACPHP Checklist					**Location:**		**Date:**			
Functional Area: 7. Education / Training					**Evaluator:**					
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
DCS, G3/5/7 Judge Advocate General CG, TRADOC ACSIM Senior Commander Garrison Commander Medical Department Command / Center Commander	7.1	Does the Installation have a program for redeploying battalion and company commanders to provide refresher training on Soldier-specific administrative medico-legal requirements to reduce high-risk populations?	7.1.a	Installation has a program for redeploying battalion and company commanders to provide refresher training on Soldier-specific administrative medico-legal requirements to reduce high-risk populations.	ACPHP Annex D					
DCS, G3/5/7 CG, TRADOC ACSIM Senior Commander Garrison Commander	7.2	Is there a program to provide refresher training for incoming commanders and rear-DET commanders on policies and processes associated with disciplinary actions, disciplinary action reporting, administrative separation, and medical board processes / options?	7.2.a	Installation has a program to provide refresher training for incoming commanders and rear-DET commanders on policies and processes associated with disciplinary actions, disciplinary action reporting, administrative separation, and medical board processes / options.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
DCS, G3/5/7 CG, TRADOC ACSIM Senior Commander Garrison Commander	7.3	Have local Company Commander and First Sergeant Course Programs of Instruction regarding suicide prevention been updated to include the importance of developing positive life coping skills in their Soldiers?	7.3.a	Updated Suicide Prevention POIs include the importance of developing positive life coping skills in their Soldiers.	ACPHP Annex D					
Chief of Chaplains Garrison Command Chaplain	7.4	Do Chaplains on the installation / garrison have opportunities for (a) in-service training on counseling skills or (b) external training / certification that focus on comprehensive wellness, behavioral health referral consultations, and integration with the behavioral health community including behavioral health providers, CSCTs, ASAP, AFAP, MFCLs, etc.?	7.4.a	Chaplains have the opportunity to attend required training courses.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Suicide Prevention Program Manager	7.5	Is the Installation Suicide Prevention Program Manager tracking the number of ASIST Trainers and ASIST-level Crisis Intervention training personnel on post?	7.5.a	ASIST trainers and ASIST-level Crisis Intervention training personnel are being tracked by the ASPP Manager.	ACPHP Annex D					
DCS, G-1 Senior Commander Garrison Commander	7.6	Does the installation have at least two ASIST qualified trainers that can sponsor the 2-day ASIST workshop?	7.6.a	Minimum of two ASIST trainers are available to sponsor the 2-day ASIST workshop.	ACPHP Annex D					
DCS, G-1 Senior Commander Garrison Commander	7.7	Does the Installation have at least one ASIST-trained personnel at each community support agency (e.g., SJA, MP, ACS, etc.)?	7.7.a	Minimum of one ASIST trained personnel at each community support agency.	ACPHP Annex D					
DCS, G-1 Senior Commander Garrison Commander	7.8	Is the Suicide Stand-down and Prevention training (e.g., Beyond the Front, ACE, etc.) incorporated into annual / retraining / refresher training?	7.8.a	Army Suicide Stand-down and Prevention training incorporated into mandatory annual training.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commander Garrison Commander	7.9	Are training events coordinated for all noncommissioned officers (NCOs), officers, and Army DA Civilian supervisors on recognizing symptoms of behavioral health disorders and potential triggers or causes of suicide and other harmful, dysfunctional behavior?	7.9.a	Documented training records.	ACPHP Annex D					
DCS, G-1 Senior Commander Garrison Commander	7.10	Are all gatekeepers properly trained in suicide intervention skills training as directed by the DCS G-1 office?	7.10.a	Documented training records.	AR 600-63 Para 4-4 j(4)					
Garrison Command Chaplain	7.11	Did all UMT members and Family Life chaplains receive suicide prevention training which includes recognizing potential danger and warning signs, suicidal risk estimation, confidentiality requirements, how to conduct unit suicide prevention training, and intervention techniques to employ when it is known that a person they are counseling is at risk for suicide?	7.11.a	Documented training records.	AR 600-63 Para 4-4 J(6)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
DCS, G-1 Senior Commander Garrison Commander Commanders at all levels	7.12	Did all Army leaders receive training on the current Army policy toward suicide prevention, suicide risk identification, and early intervention with at-risk personnel?	7.12.a	Documented training records.	AR 600-63 Para 4-4 j(3)					
DCS, G-1 Senior Commander Garrison Commander Commanders at all levels	7.13	Did all Army Soldiers and DA Civilian employees receive annual basic suicide awareness and prevention training focusing on the identification of suicide warning and danger signs, and what lifesaving actions they should take?	7.13.a	Documented training records.	AR 600-63 Para 4-4 (j)(2)					
Chief of Chaplains Garrison Command Chaplain	7.14	Are all chaplains on the installation / garrison trained as gatekeepers?	7.14.a	Documented training records.	AR 600-63 Para 1-26 (b) Para 4-4 (j) (4), (6)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief of Chaplains Garrison Command Chaplain	7.15	Are all chaplains on the installation / garrison qualified to train the Army approved ACE suicide prevention and intervention training programs developed by the US Army Center for Health Promotion and Preventive Medicine (USACHPPM)?	7.15.a	Documented training records.	AR 600-63 Para 1-26 (c)					
Suicide Prevention Program Manager	7.16	Does the SPPM track the training of all Ask, Care, and Escort (ACE) -certified personnel and ACE training for the installation?	7.16.a	Established tracking and reporting system.	AR 600-63 Para 1-27 (d)					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist			**Location:**			**Date:**				
Functional Area: 8. Medico-legal Command Systems			**Evaluator:**							
						Rating				
Organizational Level	**Task**		**Standard**		**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Senior Commander Garrison Commander Commanders at all levels	8.1	Are reporting / tracking systems in place to monitor compliance with regulatory guidance on administrative separations of Soldiers for misconduct, to include serious drug / alcohol or multiple drug / alcohol incidents and other serious criminal activity?	8.1.a	Operational tracking and reporting system.	ACPHP Annex D					
Senior Commander Garrison Commander Medical Department Command / Center Commander Commanders at all levels	8.2	Do unit commanders, medical health providers, ASAP / FAP clinicians and non-clinician personnel have a composite picture of high-risk Soldiers to sync medico-legal actions for Soldiers who commit multiple criminal / substance abuse events, prevent recidivism, and reduce high-risk Soldier populations?	8.2.a	Integrated and/or linked services to Soldier.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Surgeon General Medical Department Command / Center Commander	8.3	Does medical board policies permit unit commanders to refer a Soldier to the MMRB after a MEB / PEB determination to retain and MOS limited Soldier; extend the deadlines for MEB processing to complete the board in a single series of medical consults; authorize resumption of MEB processing for expired cases with only a file review as an option to expedite the case; and ensure adequate number of medical / legal personnel to expedite backlogs / surges for MEB / PEB services for pre- and post-deployment?	8.3.a	Established policy.	ACPHP Annex D					
Senior Commander Garrison Commander Medical Department Command / Center Commander Commanders at all levels	8.4	Do unit commanders and Soldiers receive timely adjudication of disability status, fitness for MOS, and fitness for duty as a result of MMRB / MEB / PEB?	8.4.a	Timely adjudication.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Surgeon General Senior Commander Garrison Commander Medical Department Command / Center Commander Commanders at all levels	8.5	Are procedures / policies in place for commanders to respond to Soldiers who refuse treatment "against medical advice (AMA)"?	8.5.a	Established policy.	ACPHP Annex D					
Senior Commander Garrison Commander Medical Department Command / Center Commander Commanders at all levels	8.6	Is there a method for tracking at risk Soldiers due to intra-post transfers between activities, units and tenants?	8.6.a	Operational tracking and reporting system.	ACPHP Annex D					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Commanders at all levels	8.7	Are commanders incorporating the importance of Soldier, DA Civilian, and Family physical and behavioral health in all initial and subsequent performance counseling to enhance program and services and reduce stigma associated with seeking behavior?	8.7.a	Initial and subsequent performance counseling includes the importance of Soldier, DA Civilian, and Family physical and behavioral health to enhance program and services and reduce stigma associated with seeking behavioral health.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist			**Location:**		**Date:**				
Functional Area: 9. Postvention and Investigations			**Evaluator:**						
					Rating				
Organizational Level	**Task**		**Standard**	**Reference**	**N/A**	**Not Met**	**Partially Met**	**Met**	**Discussion / Recommendation**
Surgeon General Medical Department Command / Center Commander	9.1	Does Quality Improvement / Quality Assurance Program perform root cause analysis on all deaths that occur within 31 days of the last scheduled appointment?	9.1.a Analysis report completed.	ACPHP Annex D					
Senior Commanders Garrison Commanders Commanders at all levels	9.2	Are there procedures in place for commanders to participate with the CAO to meet and talk with the family (spouse, parent, fiancé, etc.) in an incident related to suicide?	9.2.a Established and documented procedures.	ACPHP Annex D					
Senior Commanders Garrison Commanders Commanders at all levels	9.3	Is a Suicide Response Team (SRT) established to immediately assist commanders in coordinating and integrating "Postvention" activities in the event of a completed / attempted suicide?	9.3.a Installation has qualified SRT to assist commanders in completed / attempted suicide events.	AR 600-63 Para 4-4 (m) (5)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commanders Garrison Commanders Commanders at all levels	9.4	Are commanders appointing an AR 15-6 investigator for suicide or suspected suicide?	9.4.a	15-6 investigators are appointed to provide a comprehensive review of all possible causes; mental / physical illness, financial problems, failed relationships, other cumulative stress factors, trigger events, etc., to inform current and improve future programs and services.	AR 600-63 Para 4-4 m (2)(b)					
Senior Commanders Garrison Commanders Medical Department Command / Center Commander Commanders at all levels	9.5	Are AR 15-6 investigators deliberately scoped and appropriately timed to ensure effective coordination with CID and MTF personnel conducting official, ongoing Postvention activities (e.g., investigation, coordination of autopsy, ongoing toxicology, forensic exams, etc.)? Are 15-6 investigative officers coordinating with CID Special Agent in Charge and the MTF DoDSER Coordinator to synchronize efforts and ensure an accurate, inclusive, and synergistic 15-6 investigation?	9.5.a	Accurate and complete investigations.	AR 600-63 Para 4-4 m (2)(b)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Senior Commanders Garrison Commanders Commanders at all levels	9.6	Is CID coordinating with commanders regarding equivocal death investigations to ensure commanders take appropriate, timely actions (AR 15-6, LOD, etc.) in the event that the equivocal death is determined to be a suicide? Are you tracking general trends for all equivocal deaths resulting from high-risk behavior to inform current and improve future programs and services?	9.6.a	Completed trend analysis.	AR 600-63 Para 4-4 m (2)(c)(d)					
Senior Commanders Garrison Commanders Commanders at all levels	9.7	Are Line of Duty Determinations (LODs) being performed in all deaths and injuries arising from suicide-related events (equivocal deaths, attempts, and gestures, etc.)?	9.7.a	Completed LOD investigation.	AR 600-63 Para 4-4 m (2)(d)					
Senior Commanders Garrison Commanders Medical Department Command / Center Commander Commanders at all levels	9.8	Are post-suicide investigators coordinating and communicating with an appropriate MTF behavioral health officer to obtain an opinion from that officer regarding whether the Soldier who died of suicide was "mentally sound" at the time of the suicide incident?	9.8.a	Accurate and complete investigations.	AR 600-63 Para 4-4 m (2)(e)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
DCS, G-1 CG, CHPPM	9.9	Are Facilitator Guides updated to include instruction that dependants of active duty Soldiers generally will not receive Dependency and Indemnity Compensation (DIC) benefits from the VA in the event of suicide?	9.9.a	Documented training.	ACPHP Annex D					
Surgeon General CG, CHPPM Medical Department Command / Center Commander	9.10	Has MTF migrated from the Army Suicide Event Reporting (ASER) to the DoDSER for reporting suicide event data? If not, have you taken all necessary steps to expedite that migration?	9.10.a	Completed migration.	AR 600-63 Para 4-4 m (3)					
Surgeon General Medical Department Command / Center Commander	9.11	Is MTF working with CID, Fatality Review Board, and AR 15-6 / LOD investigator to ensure timely and accurate reporting of suicide-related event data on DoDSER?	9.11.a	Accurate and complete investigations.	ACPHP Annex D					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						

ACPHP Checklist	Location:	Date:
Functional Area: 10. Army National Guard	Evaluator:	

						Rating				
Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief, National Guard Bureau	10.1	Has state appointed Suicide Intervention Officers (SIO) at every company who are trained in Peer Intervention Training skills?	10.1.a	State-appointed Suicide Intervention Officers in place at every company.	ACPHP ANNEX D (ARNG version)					
			10.1.b	SIOs trained in Peer Intervention Training skills.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.2	Does state have a system in place to ensure that every death, to include non-duty deaths, are reported via SIR up to the ARNG Watch?	10.2.a	System in place to report every death via SIR to ARNG Watch.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.3	Has state placed a requirement in the Yearly Training Guidance for all units to provide annually required Suicide Prevention Training for Soldiers/Leaders?	10.3.a	Yearly Training Guidance includes annual Suicide Prevention Training for Soldiers/Leaders.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.4	Is there a system in place to verify that training is taking place and that results are reported up the chain of command?	10.4.a	Tracking and reporting system in place for required suicide prevention training.	ACPHP ANNEX D (ARNG version)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief, National Guard Bureau	10.5	Has state designated September as Suicide Prevention Month on the Yearly Training Guidance and established protocols to support units in their activities and to track/promote participation?	10.5.a	State designated September as Suicide Prevention Month on the Yearly Training Guidance.	ACPHP ANNEX D (ARNG version)					
			10.5.b	Protocols established to support units in their activities	ACPHP ANNEX D (ARNG version)					
			10.5.c	System to promote and track participation.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.6	Has state SPPM nested the ARNG program into the State Department of Mental Health Suicide Prevention Program?	10.6.a	State's ARNG program nested into State Department of Mental Health Suicide Prevention Program.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.7	Does state have a unique state level suicide prevention policy which tailors the program to state specific resources, demographics and needs?	10.7.a	State-level suicide prevention policy tailored to state specific resources, demographics and needs.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.8	Has state implemented the Yellow Ribbon Program for all phases of the Deployment Cycle?	10.8.a	Yellow Ribbon Program implemented for all phases of the Deployment Cycle.	ACPHP ANNEX D (ARNG version)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief, National Guard Bureau	10.9	Has state developed Memorandums of Agreement with state and local agencies to leverage services and resources for Soldiers and their Families in geographically dispersed areas?	10.9.a	Memorandums of Agreement with state and local agencies to leverage services and resources for Soldiers and their Families in geographically dispersed areas exist.	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.10	Has the SPPM made listings of available services throughout the state that support Soldier well being and health and publicized them to the Armories (e.g., VA hospitals and local clinics, Crisis hotlines/clinics, Community Health Clinics, local hospitals and emergency rooms, Army OneSource, and National internet sites and resources)?	10.10.a	SPPM compiled listings of state and local services to support Soldier and Family Well being.	ACPHP ANNEX D (ARNG version)					
			10.10.b	Listing of services publicized to the Armories	ACPHP ANNEX D (ARNG version)					
Chief, National Guard Bureau	10.11	Has state developed information papers to clarify with leaders and Soldiers regarding available medical and behavioral health services, qualifying conditions, limitations and options for both active duty and non-active duty Soldiers?	10.11.a	Information papers developed clarifying for leaders and Soldiers available medical and behavioral health services, qualifying conditions, limitations and options for both active duty and non-active duty Soldiers.	ACPHP ANNEX D (ARNG version)					

Organizational Level	Task		Standard		Reference	N/A	Not Met	Partially Met	Met	Discussion / Recommendation
Chief, National Guard Bureau	10.12	Has state developed policies, practices and resources to expand available medical and behavioral health services to the broadest possible extent throughout the state?	10.12.a	Developed policies, practices and resources to expand available medical and behavioral health services to the broadest possible extent throughout the state.	ACPHP ANNEX D (ARNG version)					
						N/A	**Not MET**	**Partially MET**	**MET**	
				Total						