



Commanders:

The Sailor Assistance and Intercept for Life (SAIL) program is an outreach effort that provides rapid assistance, ongoing clinical case management, care coordination and reintegration assistance for Sailors identified as having experienced a suicide-related behavior (SRB). This program provides services in the 90 days following the SRB, the period of highest risk for a subsequent SRB. SAIL is designed to supplement mental health treatment. SAIL case managers initiate and provide continuous caring contacts with Sailors as well as maintain a collaborative relationship with health care providers and command leadership. SAIL is not a substitute for treatment but provides a clinical support network to assist the Sailor in navigating support services throughout their recovery process.

Suicide prevention requires ongoing efforts to promote health and a sense of community. Leaders play an important role in changing negative perceptions about seeking help and reducing barriers by remaining connected with their Sailors, recognizing signs of stress early and helping them feel comfortable in seeking help.

SAIL is a successful program for Sailors when there is command involvement. The Commander's Toolkit was developed to serve as a quick reference guide to assist unit commanders in successfully navigating their responsibilities after an SRB is reported and ensuring that the installation's SAIL program is operating in accordance with OPNAVINST 1720.4B and NAVADMIN 021/21. The toolkit includes information such as the SAIL program overview, the SAIL process, and the commander's role in SAIL and suicide prevention. If further consultation is needed, see your local installation SAIL case manager for additional support.

Respectfully,

Commander, Navy Installations Command Team

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# SAIL Program Overview

The Sailor Assistance and Intercept for Life (SAIL) program was first piloted in Navy Region Northwest in August 2016 and implemented Navywide in December 2016. SAIL is an evidence-based approach to intervention that provides rapid assistance, ongoing risk assessment, care coordination and reintegration assistance for Sailors identified with a suicide-related behavior (SRB). SAIL is not designed to replace suicide prevention efforts nor replace mental health services.

Primary responsibility for the SAIL program is shared between the Navy Suicide Prevention Branch (OPNAV N170B) and Commander, Navy Installations Command (CNIC). The SAIL program is endorsed by the Bureau of Medicine and Surgery (BUMED). SAIL case managers are Fleet and Family Support Center (FFSC) counselors who maintain contact with Sailors, health care providers and command leadership, providing assistance with care coordination and engaging additional resources as needed.

## Caring Contacts

SAIL is designed around a series of caring contacts within the first 90 days after a suicide-related behavior. After the Sailor is referred to SAIL and accepts SAIL services, the Sailor receives caring contacts at a minimum of 1, 3, 7, 14, 30, 60, and 90 days. Risk is assessed using the Columbia Suicide Severity Rating Scale (C-SSRS) and managed using the Veterans Affairs Safety Plan. Caring contacts begin after the Sailor is assessed by a military treatment facility (MTF) or emergency department behavioral health provider, the threat of imminent risk is diminished and the Sailor has accepted SAIL services. If the Sailor is admitted to inpatient or residential services, SAIL services will commence immediately upon discharge.

## Benefits

- Continuous contacts
- Individualized risk assessment
- Safety planning
- System navigation
- Command coordination
- Supportive environment focused on the Sailor's recovery
- Access to regional and local resources

## Why SAIL?

- The evidence shows that suicide-related behavior significantly increases the risk of suicide, and evidence-based interventions are needed within the immediate months following SRBs (90 days) to ensure a Sailor's safety.
- Programs that encourage support, provide ongoing caring contacts and help people navigate medical systems following an SRB reduce deaths by suicide.
- The most effective programs provide a range of different elements of support and collaboration with multiple stakeholders.
- According to the Navy Suicide Prevention Annual Multi-Disciplinary Case Review, about 40% of Sailors who died by suicide had a previous SRB.

## Making a Command Referral

Commands are the main source of SAIL referrals. OPNAVINST 1720.4B requires commanding officers (COs) to “ensure that Suicide Prevention Coordinators (SPCs) refer all Sailors who experienced suicide-related behaviors (SRBs) to the SAIL program.” Suicide Prevention Coordinators send a referral to the Suicide Prevention Branch (OPNAV N170B), which forwards the referral to CNIC Headquarters, Counseling, Advocacy and Prevention. CNIC sends the referral directly to the installation SAIL points of contact.

Commands are required to refer Sailors to SAIL if they exhibit suicidal behavior or ideation. New SAIL procedures noted in NAVADMIN 021/21 require commanding officers to instruct and verify that the Sailors who have experienced a suicide-related behavior contact the SAIL case manager at the nearest Fleet and Family Support Center. This proactive approach will help strengthen communication between Sailors and SAIL case managers by involving both in the initial contact process. After the Sailor is contacted, participation in the SAIL program remains voluntary.

Additionally, command referrals are mandatory and must be made by submitting an email to [mill\\_n17\\_SAIL.fct@navy.mil](mailto:mill_n17_SAIL.fct@navy.mil). Please include SAIL in the subject line. The email should include the following information:

1. OPREP/SITREP DTG
2. Date of incident
3. Sailor’s last name
4. Sailor’s first name
5. Sailor’s middle initial
6. Sailor’s rank
7. Sailor’s work phone
8. Sailor’s email address
9. Sailor’s current location (city, state, country)
10. For Reserve Component Sailors only, indicate status (FTS, SELRES on orders, SELRES not on orders)
11. Base/installation
12. Region
13. Commanding officer’s name
14. Commanding officer’s phone number
15. Commanding officer’s email address

*If you are unable to send an encrypted message to the mailbox listed above, please try the following:*

1. Go to <https://dod411.gds.disa.mil>
2. Enter the email of the functional account ([mill\\_n17\\_SAIL.fct@navy.mil](mailto:mill_n17_SAIL.fct@navy.mil))
3. Click “Search”
4. Click “BUPERS”
5. Click the appropriate download link (usually: “Download Certificate(s) as Card Outlook & Internet Explorer or Netscape 7.x Required”)
6. Select Certificate
7. Click “Save”
8. Once the certificate is downloaded, member can send encrypted emails to functional account

*If you have any questions, please contact the Navy Suicide Prevention Branch (901-874-6613/DSN 882).*

## Suicide Prevention Coordinator Responsibilities

- Receive required OPNAV N170B SPC training as soon as possible after designation.
- Ensure that Sailors who experienced an SRB are referred to SAIL and make contact with a SAIL case manager.
- Ensure educational materials, helpful resources and leadership messages are accessible throughout the command.
- Schedule annual suicide prevention General Military Training (may use local resources including chaplains to facilitate).
- Ensure crisis response plan is updated.
- Be familiar with reporting requirements and procedures (See Commanding Officer's Suicide Prevention Handbook in reference section). Maintain collaboration with other SPCs and tailor OPNAV N170B resources to command efforts.
- SPCs do not serve as the command POC for receiving updates on SAIL cases from the SAIL case manager.

## Making a SAIL Referral for Sailors in Pre-Trial Confinement

Per OPNAV 1720.4B, no exemptions exist for commanding officers to complete referrals to SAIL due to a Sailor being in pre-trial confinement.

- Commands must ensure that Sailors in pre-trial confinement are referred to the SAIL program and provide the needed support to allow Sailors to make regular contact with the SAIL case manager.
- Commands must ensure the brig staff provide appropriate accommodations to allow the Sailor to receive SAIL services (telephonically or in person).
- Commands must enable coordination and communication between brig staff and SAIL case managers about any high-risk concerns assessed by the SAIL case manager and provide recommendations for actions to ensure the safety of the Sailor and brig staff.
- Commands should ensure every Sailor who has experienced an SRB is in immediate contact (telephonically or in person) with the SAIL case manager at the designated appointment times.

## Non-Command Referral Process

The non-command referral option was developed to ensure all Sailors are offered SAIL services. Commands are required to submit referrals as directed in the command referral process. However, it is important that commands are aware that the non-command referral option exists because they will be contacted by the SAIL case manager when a non-command referral is completed for a Sailor within their command. This option allows for any community stakeholder to complete a referral directly to the installation FFSC. This option also allows a Sailor to initiate a self-referral.

Non-command referrals are made by contacting the installation FFSC and requesting SAIL services. In the case of a non-command referral:

- The FFSC will contact the command in accordance with local protocols regarding escorting the Sailor to a military treatment facility or a local civilian hospital emergency department if the Sailor has not already been assessed by a competent medical authority.
- After being escorted to the military treatment facility, if the Sailor is assessed and referred for outpatient services, he or she is then able to receive SAIL services.
- If the Sailor is assessed and admitted for inpatient hospitalization, a SAIL services caring contact will start immediately upon discharge to outpatient care.

***Completion of an OPREP Unit SITREP for an SRB does not automatically generate a referral to SAIL. The unit SPC must also complete the command referral in order for the SAIL referral to be received.***

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## The SAIL Process: What to Expect

Within one business day from receipt of the referral, the SAIL case manager will contact the command telephonically to confirm that the referral has been made and verify contact information for the Sailor. During this phone call, the command will have the opportunity to ask questions and voice any additional concerns about the Sailor. The SAIL case manager will then reach out to the Sailor to introduce the program, discuss the voluntary nature of the program, offer services, and to schedule an initial assessment within one day.

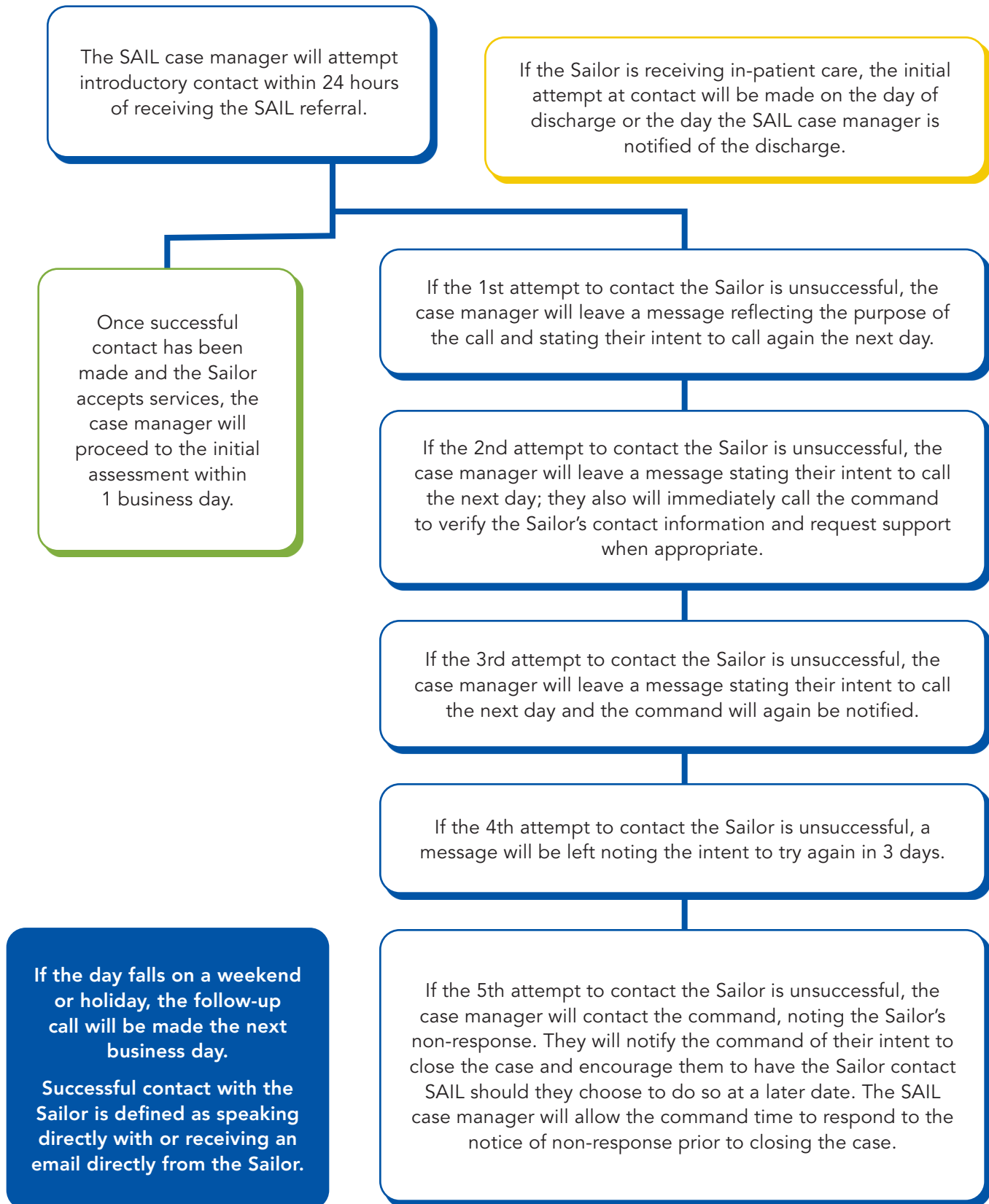
During the initial assessment, the Sailor and SAIL case manager will reach out to the command to begin establishing the supportive relationship that the command has in the Sailor's reintegration process. Command contact throughout the course of SAIL caring contacts has been established as a best practice, as both Sailors and commands have reported that the increased communication is beneficial for healthy behaviors and successful reintegration. The command will be kept informed and included in each appointment and as needed due to increased risk. At the conclusion of SAIL services, the command will be alerted that SAIL services are ending and will be advised on what to do if the Sailor's risk of suicide has returned.

If the Sailor is receiving in-patient care, the initial contact will be made on the day of discharge or the day the SAIL case manager is notified of discharge. See the Case Manager Initial Contact Timeline on page 8.

### **Note:**

- No criteria needs to be met regarding the severity of a recent ideation or attempt to qualify or be eligible for SAIL services. SAIL services may begin as soon as a referral is received. Even if a Sailor is waiting for outpatient treatment or declines outpatient treatment at an MTF, they may be seen for SAIL services.
- SAIL case managers define successful contact with the Sailor as speaking directly with or receiving an email directly from the Sailor.
- At times a Sailor may deny that an SRB occurred when assessed by the MTF, after the SAIL referral is completed by the command. In these cases, SAIL services will still be offered to the Sailor.

## Case Manager Initial Contact Timeline





## SAIL Caring Contacts Process

**1**

### ***Introductory Contact:***

The case manager contacts the Sailor to offer SAIL services and describes the type of support that SAIL will provide. If the Sailor accepts SAIL services, an appointment will be scheduled for the initial assessment. The initial assessment (caring contact #1) is scheduled within 1 business day of accepting services.

**2**

### ***Initial Command Contact:***

The SAIL case manager will contact the command to notify them that the referral was received and whether or not successful contact was made with the Sailor. (Note: The SAIL case manager will first attempt to contact the CO; if unable to reach the CO, they will contact the XO or CMC.)

**3**

### ***Initial Assessment:***

The SAIL case manager will complete a comprehensive assessment to determine the Sailor's support needs and assess the risk level.

**4**

### ***Caring Contacts 2 to 7 and Beyond:***

Caring contacts 2 through 6 occur on or about 3, 7, 14, 30, 60, and 90 business days after the Sailor accepts services. Caring contacts provide an ongoing assessment of the Sailor's needs and risk level. The SAIL case manager will contact the commanding officer after each caring contact with an update on the case. Services can extend past 90 days if determined clinically appropriate by the SAIL case manager.

**5**

### ***Case Closure:***

The command will be contacted when the determination has been made by the SAIL case manager, in conjunction with the Sailor, that the case will be closed.

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# Commander's Role in SAIL and Suicide Prevention

Command leaders should be knowledgeable about SAIL so they can encourage Sailors to accept services offered. It is crucial for the Sailor, command and SAIL case manager to work together to help save a Sailor's life and assist them through the healing process.

Command involvement and support increases a Sailor's compliance with treatment and the recovery process in order to optimize successful reintegration. Commands should engage with the SAIL case manager to discuss necessary contact information, establish rapport and engage in support. Maintaining contact with and coordinating care services for individuals who have exhibited an SRB can prevent future suicide ideation and attempts. SAIL works best when there is communication. Commands should also seek to develop ongoing relationships with the treatment provider from the MTF and other local mental health personnel.

A referral to SAIL is required for Sailors who report an SRB regardless of whether the MTF or emergency department (ED) determines that the Sailor must be hospitalized or determined not to be a danger to self and others.

Command leaders can build trust by educating the Sailor about the program and benefits of ongoing care from outside the command. Leaders can reassure the Sailor that they will not disclose details about their situation. The command also shares in the responsibility of upholding a Sailor's privacy rights. The command will monitor the Sailor's progress while in SAIL and help support their recovery to reintegration.

The SAIL program is a critical resource that requires unit leadership engagement to be successful. However, since 2017, the Sailor acceptance rate remains about 50%, and SAIL case managers continue to have difficulty making contact with Sailors who are referred to SAIL. To close this identified gap, the Navy has adjusted procedures for the SAIL program and requires commanding officers to take a more proactive approach to ensure Sailors at risk for suicide establish communication with the program.

The SAIL program is a service offered through Fleet and Family Support Centers for Sailors who have exhibited suicide-related thinking or behavior. SAIL case managers equip these Sailors with additional resources and are also responsible for communicating with their health care providers and command leadership.

## Overview of the Commander's Responsibilities

- Command should be knowledgeable about SAIL.
- All Sailors identified with a suicide-related behavior must be referred to the SAIL program, per OPNAVINST 1720.4B.
- Command crisis response plan must include a process to notify SPCs of all suicide-related behaviors to ensure timely submission of SAIL referrals to OPNAV N170B.
- Ensure SPCs are submitting SAIL referrals.
- Command will monitor the Sailor's progress while in SAIL and help support recovery to reintegration.
- Command will closely monitor a Sailor when transferring to another duty station or when coming off active duty, as transfers alone elevate risk.
- Command will maintain contact with SAIL case managers and others coordinating care to optimize support and successful reintegration.

**Suicide-Related Behavior:** *Includes both suicidal ideation and suicide attempt*

**Suicidal Ideation:** *Thinking about, considering or planning for suicide*

**Suicide Attempt:** *A non-fatal, self-directed potentially injurious behavior with any intent to die as a result of the behavior; a suicide attempt may or may not result in injury*

Source: OPNAVINST 1720.4B

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## SAIL Transfer Process

Understanding the transfer process is essential for ensuring the Sailor's safety and well-being during this high-risk period. With close collaboration and coordination with the SAIL case manager, commands can ensure the Sailor is provided a warm handoff to their next duty station. It is vital that the commanding officer ensures that the SAIL case manager is notified of a Sailor's transfer as soon as possible and allows the SAIL case manager access to the command in order to communicate periodic updates on the status of the SAIL case transfer.

***SAIL cases should not be transferred until the risk has sufficiently lowered to ensure the safest possible transition. The SAIL case managers and MTF providers can provide recommendations on whether the case can safely be transferred.***

While engaged in SAIL, a Sailor may receive orders for a permanent change of station (PCS), return to Reserve duty after a period of activation, or transition out of the military. If the Sailor is interested in continuing with SAIL, the SAIL case manager will coordinate efforts to ensure that every transferred case receives a warm handoff from one SAIL case manager to another. The SAIL case manager is responsible for ensuring that the unit commander of the Sailor's losing command is notified of all aspects of the transfer plan.

- If the Sailor receives orders for a PCS, the gaining SAIL case manager will notify the Sailor's unit commander that the Sailor is receiving services, provide high risk concerns, and inform them that the updates will be provided to the unit command POC.
- If a Sailor is a Reservist that is deactivating and returning to their Reserve Unit, the SAIL case manager will provide a referral to the Psychological Health Outreach Program (PHOP).
- If the Sailor is transitioning out of the military, the SAIL case manager will work with the Sailor to create an aftercare plan, and also will provide referrals and a warm handoff to the gaining provider, as needed.

Ensuring the safety of the Sailor, continuity of care and a coordinated community response is the responsibility of the unit commanding officer as well as the installation and regional commander. Further, the command is responsible for ensuring that the installation SAIL program is operating in accordance with OPNAVINST 1720.4B and that the Sailor is provided support during the transfer process.

### ***Psychological Health Outreach Program (PHOP)***

Reservists returning from deployments in support of overseas contingency operations face unique challenges that can cause increased stress in their lives and exacerbate deployment stress injuries such as post-traumatic stress disorder or traumatic brain injuries. Reservists, even more so than active-duty service members, face immense cultural changes after completing a deployment.

To address these issues, the Bureau of Medicine and Surgery (BUMED) developed PHOP in 2008. The mission of the program is to ensure that Reservists have full access to appropriate psychological health care services, to facilitate recovery and to increase resiliency, which is essential to maintaining a ready military force. For more information on PHOP, visit <https://www.public.navy.mil/nrh/pages/phop.aspx>.

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# SAIL Policy Guidance and Resources

OPNAVINST 1720.4B – Suicide Prevention Program:

<https://www.secnave.navy.mil/doni/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1720.4B.pdf>

NAVADMIN 02/21 – Sailor Assistance and Intercept for Life Update:

<https://www.mynavyhr.navy.mil/Portals/55/Messages/NAVADMIN/NAV2021/NAV21021.txt>

## CNIC Resources

SAIL Waterfall Brochure – Designed for SAIL stakeholders, including command leaders, medical providers, chaplains, etc., to use in communicating information about the program to Sailors:

<https://www.navy.mwr.org/resources/marketing/cap/sail/sail-waterfallbrochure/>

SAIL Rack Card and Poster – Designed for public display to share information about the SAIL program:

<https://www.navy.mwr.org/resources/marketing/cap/sail/sail-rackcard/>

<https://www.navy.mwr.org/resources/marketing/cap/sail/sail-poster/>

*\* Contact your installation SAIL case manager if you would like to request hard copies of these materials.*

For comprehensive information on the Navy's Suicide Prevention Program, visit:

[http://www.public.navy.mil/bupers-npc/support/21st\\_Century\\_Sailor/suicide\\_prevention/command/Pages/Command-Training-Resources.aspx](http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/Command-Training-Resources.aspx)

## OPNAV Suicide Prevention Resources

Information on how to make a referral: <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Command-Leaders/SAIL/>

Information on the Navy Suicide Prevention Program, including the Navy Suicide Prevention Handbook (found at the bottom under references): [https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide\\_Prevention/Documents/Navy%20Suicide%20Prevention%20Handbook%202020\\_FINAL.pdf?ver=t-AvxMPa9vov7A74\\_sd1KA%3d%3d](https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide_Prevention/Documents/Navy%20Suicide%20Prevention%20Handbook%202020_FINAL.pdf?ver=t-AvxMPa9vov7A74_sd1KA%3d%3d)

Information on Suicide Prevention Coordinator (SPC) training: <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Command-Leaders/SPC-Training/>

The most current Navy suicide data: <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Statistics/>

Facts and warning signs of suicide risk: <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Facts-Warning-Signs/>

Every Sailor, Every Day Campaign: <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Every-Sailor/>

SAIL Leadership Messaging – Fact sheet designed for leaders, offering informed responses to common questions that Sailors may have about the SAIL program: [https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide\\_Prevention/Command/SAIL%20Leadership%20Messaging%20FEB%202018.pdf?ver=MCKOPuZ-lfHFY6sWBGT5-w%3d%3d](https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide_Prevention/Command/SAIL%20Leadership%20Messaging%20FEB%202018.pdf?ver=MCKOPuZ-lfHFY6sWBGT5-w%3d%3d)

SAIL Training – Mandatory self-paced training for all Suicide Prevention Coordinators: [https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide\\_Prevention/Command/SAIL%20Training%20-%20MAR%202017.pdf?ver=KNVF1VVeOw7VRYlpcQ\\_Xkg%3d%3d](https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Suicide_Prevention/Command/SAIL%20Training%20-%20MAR%202017.pdf?ver=KNVF1VVeOw7VRYlpcQ_Xkg%3d%3d)

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