



Sailor Assistance and Intercept for Life (SAIL) Program Leadership Messaging

With your support we've had over 800 Sailors offered SAIL services and about half have accepted with very positive feedback so far. We are grateful for your support and advocacy as well as the incredible work being done by our Fleet and Family Support Center (FFSC) case managers.

The following questions and informed responses will assist you in communicating the SAIL program's intent to your Sailors, providers, chaplains and other leaders. We are standing by for feedback and questions as we continue to make this process better for our Sailors.

Question 1:

My Sailor has been offered multiple services since the incident. They've had an ER evaluation, an appointment with the doc, a meeting with the chaplain and they feel the entire command knows what happened. The Sailor wants to move on privately and is concerned that if they are referred to the SAIL Program even more people may know about their situation.

Informed Response:

The good news about SAIL is that no one knows any details about what happened. No one has shared any details about the situation with the Case Manager. We are required to send the SITREP and SAIL referral. A local SAIL Case Manager (Fleet & Family Support Center counselor) will contact the Sailor, educate them on the program and SAIL services. The Sailor has every right to decline, but the SAIL Case Manager is required to offer. Although we have fantastic providers and leaders who care, the SAIL Case Manager is someone outside of the Sailor's chain of command who can offer additional services and make sure they have ongoing support so that no part of their care falls through the cracks. We are required to initiate the SAIL process, but all the Sailor has to do is listen to what the Case Manager offers during the initial call and at that point they can decide whether or not to participate.

Question 2:

My chaplain or psychologist is the SPC and feels it's a violation of HIPAA and/or the Sailor's confidentiality to submit the SAIL referral to OPNAV.

Informed Response:

OPNAV and Commander, Navy Installations Command (CNIC) received approval from the Office of the Judge Advocate General (OJAG) to use the secure system and have verified that there is no Health Insurance Portability and Accountability Act (HIPAA) or personally identifiable information (PII) violation. However, it does place the chaplain and psychologist in a dual relationship conflict, as both a provider and a suicide prevention coordinator (SPC). The solution is to not appoint chaplains and psychologists as SPCs. The SPC's role is not clinical. However, if your psychologist or chaplain is also your SPC, reassure them by letting them know that a referral does not include details about the Sailor's situation. A referral consists of providing the Sailor's contact information so that the SAIL Case Manager can get in touch with the Sailor. We

Did You Know?

Suicide risk is highest in the 90 days following a suicide attempt or other suicide-related behavior.



can all agree that we want to ensure the best care and coordination of services for the Sailor and having an extra set of eyes can only help. Remind them that the Sailor only has to listen on the call and can decline services without ever volunteering information. However, this is a resource that has been proven effective. We feel confident that this will add value to the Sailor's overall healing and recovery.

Question 3:

My chaplain or psychologist is concerned that the Sailor has already been bombarded with services and the Sailor does not want SAIL. Do they still have to submit the referral?

Informed Response:

Yes – submitting a SAIL referral to OPNAV is required. SAIL boosts the resources available to Sailors and provides additional support to commands to help reintegrate Sailors after a suicide-related behavior. We have found that many Sailors prefer a caring contact from outside the command and appreciate the anonymity and support from a voice not inside the "skin of the ship." Additionally, the Sailor may not feel the support at the command or feel the same rapport with the provider that you perceive. Once the Sailor is contacted by the SAIL Case Manager, he or she can decide whether or not to participate in the program.

Question 4:

Why can't I (the CO, SPC, Chaplain or medical provider) offer SAIL? It's my patient/ Sailor.

Informed Response:

Providers, chaplains and leaders should be knowledgeable about SAIL so that they can encourage Sailors to accept the services. However, only SAIL Case Managers from FFSC can offer the SAIL program to a Sailor, and that offer results from following the SAIL reporting process. The SAIL Case Manager will contact Sailor with information about the program but it's up to the Sailor to decide whether or not they want to participate in the program. It is a good idea for you to inform the Sailor that you're required to submit a SAIL referral so that they are not caught off-guard by the phone call. You should also assure the Sailor that you will not disclose details about their situation as part of the referral process. Encourage your Sailor to listen to what the Case Manager has to offer to support their recovery and make a decision based on what they feel is best for them.

Question 5:

Why is SAIL necessary?

Informed Response:

Access to care is critical, but in some locations can be difficult due to manning and other factors. SAIL prevents care from falling through the cracks. Annually, an average of 35% of Sailors who died by suicide had previous mental health care but for various reasons declined to continue those services or didn't return to care when problems resurfaced. SAIL is that continuous caring contact during the first 90 days after an SRB to ensure the Sailor has ongoing resources and support. SAIL is not therapy and does not replace therapy or the care the Sailor may receive from medical and chaplains. It is risk assessment, safety planning and all of the additional resources that FFSC offers to support our Sailors.