



DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
1001 761ST TANK BATTALION AVENUE
FORT HOOD, TEXAS 76544-5000

REPLY TO
ATTENTION OF

COMMAND POLICY
SURG-02

DEC 6 2011

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Suicide Prevention Action Plan

1. REFERENCES:

- a. AR 600-63 Army Health Promotion, Rapid Action Revision (RAR) 07 September 2010.
- b. DA PAM 600-24 Health Promotion, Risk Reduction, and Suicide Prevention, RAR 07 September 2010.
- c. FORSCOM Suicide Prevention Action Plan (EXORD), 20 May 2011.
- d. AR 350-1 Army Training and Leader Development, RAR 4 August 2011.
- e. Command Policy SJA-01: AR 15-6 Investigations.
- f. FRAGO 2 To OPORD PW 10-05-316 Vice Chief of Staff of the Army (VCSA) Suicide Senior Review Group (SRG).

2. APPLICABILITY. This policy applies to all III Corps and Fort Hood units.

3. POLICY. Suicide is a potentially preventable tragedy that must be addressed. Engaged leadership, can never bring back the Soldiers, civilians and Family members lost to suicide - but they can combat it. This policy provides guidance for the implementation of the Fort Hood Suicide Prevention Action Plan (SPAP) including program oversight, training, and reporting in order to synchronize the Fort Hood suicide awareness and prevention program activities.

4. SUICIDE PREVENTION TASK FORCE (SPTF). Plans, implements, and manages the local Army SPAP in accordance with (IAW) AR 600-63 and DA Pam 600-24. The SPTF is a subcommittee of the Community Health Promotion Council (CHPC), chaired by the III Corps Surgeon and facilitated by the Fort Hood Suicide Prevention Program

AFZF-MD

SUBJECT: Suicide Prevention Action Plan

Manager (SPPM). The SPTF consists of the following personnel or agencies: III Corps Surgeon, SPPM, Garrison Casualty Affairs, III Corps Chaplain, Garrison Chaplain, Community Health Promotion Officer (CHPO), Behavioral Health, Carl R. Darnall Army Medical Center (CRDAMC), Criminal Investigation Division (CID), III Corps Office of the Staff Judge Advocate (OSJA), and the Risk Reduction Coordinator. A representative from each of these agencies will meet monthly, at minimum, in order to share information.

5. DEFINITIONS. The following definitions will be used to report and discuss suicide as it relates to III Corps and Fort Hood Soldiers, civilians and Family members:

a. Suicide ideation - any self-reported thoughts of engaging in suicide-related behaviors (without an attempt).

b. Suicide attempt - a self-inflicted potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

c. Suicide - self-inflicted death with evidence (either explicit or implicit) of intent to die.

6. DUTIES AND RESPONSIBILITIES. It is the responsibility of all Army leaders to ensure that all Soldiers, civilians and Family members know the resources available to them to combat suicide personally in their homes and in their workplace. Duties and responsibilities are meant to identify III Corps and Fort Hood specific information requirements and roles in order to combat suicide. These are not to preclude regulatory reporting requirements or agency responsibilities.

a. III Corps Surgeon: Chairs the SPTF and ensures that status reports are briefed to the Commanding General or representative during the CHPC meeting. The SPPM will chair the SPTF in the absence of the Corps Surgeon. If Corps is deployed, the US Army Garrison (USAG) Commander assumes policy oversight.

b. Suicide Prevention Program Manager: Serves as the SPTF Manager and coordinates the efforts of task force members; serves as a member of the CHPC representing suicide prevention issues and providing input to related programs; manages and tracks all Applied Suicide Intervention Skills Training (ASIST) and ASIST training-for-trainers (T4T) certification on Fort Hood; Subject Matter Expert for program

AFZF-MD

SUBJECT: Suicide Prevention Action Plan

information and advisor to commanders and major subordinate commands; integrates suicide prevention into the community, provides support to Family members and Soldier support programs; coordinates with internal and external organizations to share information, trends, best practices, lessons learned and training development.

c. Casualty Affairs: When reporting a death, Serious Injury or Very Serious Injury to the Department of the Army Casualty and Mortuary Affairs Operations Center, related to a self-inflicted injury, provide a courtesy copy to the CHPO and SPPM.

d. III Corps Chaplain: Serves as a member of the CHPC and the SPTF; ensures all Unit Ministry Teams (UMTs) are able to train Army approved Ask, Care, Escort suicide prevention and intervention training programs developed by United States Army Public Health Command; ensures that all chaplains on the installation are ASIST trained; tracks and reports all UMT T4T trained individuals to the SPPM; tracks and reports all unit ASIST workshops conducted by UMT to the SPPM; sends consolidated training report to the SPPM no later than the 5th of the following month.

e. Garrison Chaplain: Serves as a member of the CHPC and provides input regarding spiritual health into installation health promotion programs; serves as a member of the SPTF; supports the SPPM in administering suicide prevention programs to both military and civilian members of the installation; coordinates with internal and external organizations to share information, trends, best practices, lessons learned and training development; supports the SPPM by providing the training expertise to assist the command in the education and awareness training process; integrates suicide prevention in the community in conjunction with SPPM; provides location for all monthly ASIST T2 workshops conducted by the SPPM; assumes Corps Chaplain responsibilities when the Corps is deployed.

f. Community Health Promotion Officer: Coordinates the efforts of agencies towards health promotion initiatives; identify resources and ensure resource integration through vigilant attention to needs and resources.

g. Behavioral Health, CRDAMC: Ensure the III Corps Surgeon and the Health Promotion Credentialed Provider are informed of all admissions related to suicide (ICD 9 codes E950-E959 and E980-E989). This information should be encrypted and with limited distribution.

h. Criminal Investigation Division: Report investigations and accounts related to suicide to the CHPO and the SPPM.

AFZF-MD

SUBJECT: Suicide Prevention Action Plan

i. III Corps OSJA: Prepares appointment memorandums for AR 15-6 investigations. The name of the investigating officer will be provided by the Soldier's Brigade level commander; assist investigating officers with AR 15-6 investigations; provide legal support and review of all fatality AR 15-6's and CID reports to ensure investigating officers are prepared and equipped. For Training and Readiness Authority units, the legal advice and review will be provided by the installation's OSJA. The III Corps OSJA will track these investigations and report status and closure to the SPTF.

j. Risk Reduction Coordinator: Provide Commander and the SPTF the metrics that may provide indicators of at risk personnel.

k. Community Resiliency Initiative (CRI) Coordinator: Provides the SPTF with trend data for high-risk behaviors, to include suicide ideation, attempts, and suicides, as collected from the CRI database. Conduct analyses of data as requested by the SPTF or Commanding General to include analysis of variables correlated with suicide behavior.

l. Commanders: Ensure staff duty officer and charge of quarters staff and personnel are familiar with the III Corps and Fort Hood commander's critical information requirements (CCIR) as well as the serious incident reports (SIR) standard operating procedures (SOP). Partial information or incomplete SIRs will be followed up so that SIRs are a written history of events. Ensure Suicide Awareness and Prevention Training is conducted IAW this policy letter. Commanders will provide the name of a 15-6 investigating officer, preferably in the rank of Major, to the III Corps OSJA within 48 hours from the report of the death. Ensure that a health promotion policy is in place, to include unit watch, weapons profiles and other unit-related procedures that relate to suicide-risk symptoms or suicide-related events.

7. TRAINING REQUIREMENTS. AR 350-1 requires annual and pre and post deployment Suicide Prevention and Awareness training when applicable. III Corps and Fort Hood Units will incorporate monthly training events related to suicide. Examples are, but not limited to, the "Beyond the Front" video, or the "Shoulder to Shoulder" video (The Suicide Prevention Interactive Role Play), company and battalion level classroom discussions, and focused counseling or sensing sessions.

a. Each brigade or O6 level command will have at least one Applied Suicide Intervention Skills Training (ASIST), T4T certified trainer.

AFZF-MD

SUBJECT: Suicide Prevention Action Plan

b. Each battalion or O5 level Command will have at least one ASIST, T2 trained person to assist unit reactions to suicidal activity or intentions. Additionally, it is recommended that green tab leaders in the positions of squad leader and above are also trained.

c. Redeploying units will incorporate Suicide Prevention Training Interactive Role Play as part of the Reintegration Training Process.

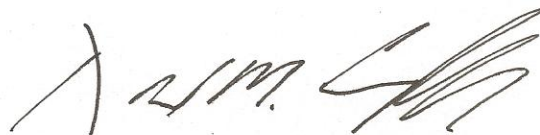
8. REPORTING.

a. All suicide ideations, attempts or deaths of a Soldier will be reported via SIR in accordance with the III Corps SIR SOP and CCIR. Conversations do not preclude the written SIR requirement.

b. The CID Office, the Casualty Affairs Office and CRDAMC Behavioral Health will advise the III Corps Surgeon and the Health Promotion Credentialed Provider of suicides, suicide attempts, gestures or significant ideations. This will ensure a streamlined reporting process, as well as protect the privacy of Families and personnel by projecting one voice from Fort Hood.

c. III Corps Surgeon's office will provide FORSCOM with the Behavioral Health Assets Report and the 15-6 Status Report on the 10th of each month; responsible to coordinate with Fort Hood units' suicide incident report point of contact in order to provide date and time of the VCSA Suicide SRG VTC briefing and collection of the Executive Summary, VCSA Six Liner, FORSCOM Twenty Questions, and Incident Review Board Slides.

9. EXPIRATION. This III Corps and Fort Hood Command Policy Memorandum supersedes policy memorandum dated 2 November 2009 and will remain in effect until superseded or rescinded.



DONALD M. CAMPBELL, JR.
Lieutenant General, USA
Commanding

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