



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FIRES CENTER OF EXCELLENCE AND FORT SILL
455 MCNAIR AVENUE, SUITE 100
FORT SILL, OKLAHOMA 73503

REPLY TO
ATTENTION OF

IMSI-HRS

15 August 2016

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Suicide Prevention Program, CG Policy Memo 16-29

1. References.

a. Memorandum, HQDA, DACS, 16 April 2009, subject: Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention.

b. Army Resiliency Memorandum, Subject: Ask Care Escort – Suicide Intervention (ACE-SI) Train-the Trainer (T4T) Memorandum for junior leaders and first-line supervisors dated 20 May 2014.

c. ALARACT 011-2015: FRAGO 5 to HQDA EXORD 110-13 (Ready and Resilient Campaign), July 2014.

d. ALARACT 057-2014, Army Suicide Prevention Program (Annual Guidance on Suicide Prevention Training).

e. Army Regulation (AR) 600-63, Army Health Promotion, 14 April 2015.

f. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.

g. AR 165-1, Army Chaplain Corps Activities, 3 December 2009.

2. Applicability. This policy applies to all Soldiers, Family Members, retirees, and Department of the Army Civilians assigned or attached to Fort Sill.

3. Purpose. Reducing suicidal behavior is a top priority throughout this command. Suicides continue to be a real threat to our Soldiers and their Families. Commanders and leaders must remain vigilant and know who their high risk Soldiers are. The Army Suicide Prevention Program (ASPP) has an Army-wide commitment to provide resources for suicide intervention skills, prevention, and follow-up in an effort to reduce the occurrence of suicidal behavior across the Army. Our Suicide Prevention Program is an investment in our well-being and an important component in optimizing our community health promotion programs.

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4. Policy.

a. Fort Sill personnel shall not be demeaned for seeking help from behavioral health for any legitimate reason. Every effort will be made to eliminate any negative stigma associated with asking for help. Commanders and leaders shall foster a culture of support and tolerance of personnel with behavioral health or other issues. It is the right of everyone to ask for and receive help whenever and whatever the circumstance.

b. Commands and Leaders will routinely review their Commanders Risk Reduction Dashboard for Behavioral Health profiles and medications that could cause depression, suicidal thoughts, or preclude a Soldier from maintaining a firearm in their possession.

c. Commanders will consider the impact that mission requirements have on the well-being of their Soldiers and Families and use proven methods, such as Family Readiness Groups and community resources to mitigate those impacts.

5. Training.

a. All assigned or attached military and civilian personnel will comply with annual suicide prevention training requirements as set forth in Annex A of this memorandum. All training attended by Soldiers will be documented in the Digital Training Management System and the individual training record IAW AR 350-1.

b. Commanders will ensure they have the requisite number of qualified suicide prevention trainers as set forth in Annex B.

6. This Policy Memorandum supersedes CG Policy Memorandum, IMSI-HRS, 4 May 2012, subject: Health Promotion, Risk Reduction, and Suicide Prevention Policy, CG Policy Memo 12-10.

7. Point of contact for this policy is the Army Substance Abuse Program, Suicide Prevention Program Manager, 442-2016/4205.

2 Encls

1. Annex A, Suicide Training Required
2. Annex B, Suicide Trainers Required



BRIAN MCKIERNAN
Major General, USA
Commander

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