



DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
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**COMMANDING GENERAL'S
POLICY LETTER # 16**

DEC 15 2014

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Suicide Prevention Action Plan

1. REFERENCES:

- a. Army Regulation 600-63, Army Health Promotion, Rapid Action Revision, 7 September 2010.
- b. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 7 September 2010.
- c. FORSCOM Suicide Prevention Action Plan (EXORD), 23 May 2011.
- d. FRAGO 2 to FORSCOM Suicide Prevention Action Plan (SPAP), 26 April 2013.
- e. Army Regulation 350-1, Army Training and Leader Development, 19 August 2014.
- f. ALARACT 079/2012, Army Suicide Prevention Program (Annual Guidance on Suicide Prevention Training).
- g. Army Regulation 15-6, Procedures for Investigating Officers and Boards of Officers, 2 October 2006.
- h. FRAGO 2 to OPORD PW 10-05-316, Vice Chief of Staff of the Army (VCSA) Suicide Senior Review Group (SRG), 5 December 2011.
- i. FRAGO 2 to OPORD PW 12-09-799, Fort Hood Polypharmacy Procedures, 15 July 2013.
- j. III Corps and Fort Hood Command Policy (Policy Letter #11), Installation Sponsorship Policy, 15 December 2014.

2. APPLICABILITY. This policy applies to all units assigned, attached, stationed, based, or otherwise located on the Fort Hood military reservation.

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3. BACKGROUND. Suicide is a potentially preventable tragedy that must be addressed. Although engaged leadership can never bring back the service members, Civilians, and Family members lost to suicide, it is essential in combating it. It is the responsibility of Army leaders at all levels to do their part in preventing suicide and to ensure that service members, Civilians, and Family members know the resources available to them to combat suicide in the home and workplace. 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. DEFINITIONS. The following definitions will be used to report and discuss suicide as it relates to Fort Hood service members, 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.

5. SUICIDE PREVENTION TASK FORCE (SPTF). The SPTF plans, implements, and manages the local Army Suicide Prevention Action Plan (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), which is chaired and facilitated by the Fort Hood Suicide Prevention Program Manager (SPPM). The SPTF membership is set forth in DA Pam 600-24.

6. DUTIES AND RESPONSIBILITIES OF SPTF MEMBERS. 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 intended to preclude regulatory reporting requirements or agency responsibilities.

a. III Corps Surgeon: Serves as a member of the CHPC and the SPTF; and provides subject matter expertise and advises the Commanding General on medical, behavioral health, and clinical issues related to suicide and prevention.

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b. Suicide Prevention Program Manager (SPPM): Chairs the SPTF and ensures that status reports are briefed to the Commanding General or representative during the CHPC meeting. The SPPM is an SME for program information and advisor to commanders and major subordinate commands, integrates suicide prevention into the community, provides support to Family members and service member support programs, and coordinates with internal and external organizations to share information, trends, best practices, and lessons learned. The SPPM serves as a member of the CHPC representing suicide prevention issues, providing input to related programs, and manages and tracks Applied Suicide Intervention Skills Training (ASIST T2T/ASIST T4T) on Fort Hood.

c. Casualty Affairs: Serves as a member of the SPTF; provides Health Promotion Officer (HPO) and SPPM a copy of reports of deaths, Serious Injuries, or Very Serious Injuries reported to the Department of the Army Casualty and Mortuary Affairs Operations Center.

d. III Corps Chaplain: Serves as a member of the CHPC and the SPTF; ensures all Unit Ministry Teams (UMTs) are able to train Ask, Care, Escort (ACE) suicide prevention and intervention training programs developed by United States Army Public Health Command; tracks and reports all UMT T4T trained individuals and all unit ASIST workshops conducted by UMTs to the SPPM.

e. Garrison Chaplain: Serves as a member of the CHPC and SPTF providing input regarding spiritual health into installation health promotion programs; 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; 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. Health Promotion Officer: Chairs the CHPC and serves as a member of the SPTF; coordinates the efforts of agencies in support of health promotion initiatives by identifying resources and ensuring resource integration.

g. Behavioral Health, Carl R. Darnall Army Medical Center: Serves as a member of the SPTF; ensures the III Corps Surgeon and the Health Promotion Credentialed Providers are informed of all admissions related to suicide. This information should be encrypted and with limited distribution.

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h. Criminal Investigation Command (CID): Serves as a member of the SPTF; reports investigations and incidents related to suicide to the Community Health Promotion Officer (CHPO) and the SPPM.

i. Ill Corps Office of the Staff Judge Advocate: Serves as a member of the SPTF. OSJA prepares appointment memorandums for and advises investigating officers (IOs) named by Brigade level Commanders for AR 15-6 investigations; provides legal support and review for all fatality-related AR 15-6's and CID reports. For Training and Readiness Authority units, the legal advice and review will be provided by the installation's OSJA. The Ill Corps OSJA will track these investigations and report status and closure to the SPTF.

j. Risk Reduction Coordinator: Serves as a member of the SPTF; provides Commander and the SPTF 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 collected from the CRI database; conducts analyses of variables related to suicide behavior as requested by the SPTF or Commanding General.

7. RESPONSIBILITIES OF COMMANDERS. Commanders at all levels are uniquely positioned to impact suicide prevention activities in their formations. All commanders must ensure that the following measures are implemented in their units.

a. Staff duty officer and charge of quarters staff and personnel are familiar with the Ill Corps and Fort Hood Commander's Critical Information Requirements (CCIR) and Serious Incident Reports (SIR) standard operating procedures (SOPs). Partial information or incomplete SIRs will be followed up so that SIRs are a written history of events.

b. Suicide Awareness and Prevention Training is conducted IAW this policy letter.

c. The Soldier Leader Risk Reduction Tool (SLRRT) is conducted within 30 days of a service member's arrival to the unit, is reviewed and updated during regularly scheduled counseling, and is filed with the service member's counseling packet. A completed SLRRT must be on file prior to any approved absence (pass, leave, TDY). Leaders use the SLRRT along with personal observations, reliable reporting sources (including handoff from previous chain of command), and past counseling sessions/interviews to help determine a service member's level of risk.

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d. Commanders at all levels understand how to use the monthly polypharmacy report and MEDRPOS eProfile (including medical, behavioral health, and polypharmacy profiles) in conjunction with the SLRRT for a more accurate risk assessment.

e. Commanders are trained and understand rights and responsibilities with regards to Protected Health Information in order to facilitate risk communication with service members, healthcare providers, and others in the chain of command.

f. A Command Sponsorship Program with an engaged sponsor and command team is a leadership priority in order to facilitate successful transitions for new service members.

g. Service members understand how to seek assistance for suicide related issues. After duty hours, service members should report to the CRDAMC Emergency Room for assistance. During duty hours, service members should report to their Embedded Behavioral Health (BH) Team or the Rest and Restoration Center (R and R Center), Bldg # 36003, if they have no organic BH Team.

h. Commanders will provide the name of a 15-6 investigating officer, preferably in the grade of O-4 or above, to the Ill Corps OSJA within 48 hours from the report of a death.

i. A health promotion policy is in place addressing unit watch, weapons profiles, and other procedures that relate to suicide-risk symptoms or suicide-related events.

8. TRAINING REQUIREMENTS. Army Regulation 350-1 requires annual, pre-, and post-deployment Suicide Prevention and Awareness training. All units on Fort Hood will incorporate monthly training events related to suicide. Examples include, but are 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 O-6 level command will have at least one Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T) certified trainer.

b. All service members will attend the ASIST 2-day workshop (T2T) in order to facilitate unit response to suicide activity or intentions. All newly in-processing service members will attend this training as part of their initial in-processing. Training workshops are available for service members of all ranks. All training should be scheduled through the SPPM. All ASIST T2Ts and T4Ts are conducted at installation level only and will be managed by the SPPM.

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c. Redeploying units will incorporate Suicide Prevention Training Interactive Role Play as part of the Reintegration Training Process. Units should contact the SPPM to coordinate training.

9. REPORTING.

a. All suicide ideations, attempts or deaths of a service member 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, 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. The SPPM will provide FORSCOM with the Behavioral Health Assets Report and the 15-6 Status Report on the 10th of each month and will coordinate with Fort Hood units' suicide incident report POCs for scheduling of the VCSA Suicide SRG VTC briefing. Executive summaries, 15-6 reports for investigations involving suicide (including VCSA 6-liner), FORSCOM Twenty Questions, and Incident Review Board Slides must be forwarded to the SPPM.

10. EXPIRATION. This III Corps and Fort Hood Command Policy Memorandum supersedes policy memorandum dated, 6 December 2011, and will remain in effect until superseded or rescinded.



SEAN B. MacFARLAND
LTG, U.S. Army
Commanding

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