



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY GARRISON, FORT CAVAZOS  
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FORT CAVAZOS, TEXAS 76544-5002

AMIM-CAH-S (600-63a)

08 AUG 2023

MEMORANDUM FOR Headquarters and Installation Service Directorates/Offices  
Reporting Directly to USAG Fort Cavazos

SUBJECT: Health Promotion and Suicide Prevention

1. REFERENCES:

- a. Army Regulation 600-63, (Army Health Promotion) 14 April 2015.
- b. Department of the Army Pamphlet 600-24, (Health Promotion, Risk Reduction, and Suicide Prevention), 14 April 2015.
- c. Army Regulation 350-1, (Army Training and Leader Development), 10 Dec 2017.
- d. Army Regulation 350-53, (Comprehensive Soldier and Family Fitness) 19 June 2014.
- e. Army Regulation 15-6, (Procedures for Investigating Officers and Boards of Officers), 2 October 2006.
- f. Health Insurance Portability and Accountability Act of 1996, Military Command Exemptions, <http://www.health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/HIPAA-Compliance-within-the-MHS/Military-Command-Exemptions>

2. APPLICABILITY. This policy applies to all personnel assigned to USAG Fort Cavazos.

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, leadership is essential in combating suicide. 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. It is the Army Leader's responsibility to provide an environment that fosters a healthy dialogue about mental health and suicide prevention. This policy provides guidance for the implementation of the USAG Fort Cavazos Suicide Prevention Action Plan (SPAP), including program oversight, training, and reporting to synchronize the efforts of the USAG Fort Cavazos suicide awareness and prevention program activities.

4. DEFINITIONS. The following definitions will be used to report and discuss suicide as it relates to USAG Fort Cavazos Service Members, Civilians, and Family members:

a. Suicide Ideation: Any self-reported thought of engaging in suicide related behaviors (without an attempt).

b. Suicide Attempt: Any self-inflicted, potentially injurious behavior with a non-fatal 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. RESPONSIBILITIES OF COMMANDERS/SUPERVISORS. Commanders and Supervisors at all levels are uniquely positioned to impact suicide prevention activities in their organizations and must ensure that the following measures are implemented.

a. Ensure Field Officers of the Day, Staff Duty Officers, Charge of Quarters staff, and unit personnel are familiar with Ill Armored Corps and Fort Cavazos 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 AR 350-1 dated 10DEC17.

c. Commanders at all levels understand how to use the monthly polypharmacy report and MEDPROS Commander's Portal to review profiles (including medical, behavioral health, and polypharmacy profiles) in conjunction with the Soldiers Leaders Risk Reduction Tool for a more accurate risk assessment.

d. Commanders are trained and understand rights and responsibilities with regards to Protected Health Information to facilitate risk communication with service members, healthcare providers, and others in the chain of command. Each Commander will be aware of the Health Information Portability Accountability Act (HIPAA) military exemptions allowing the reporting of Personal Health Information.

e. An active Command Sponsorship Program / Employee On-Boarding program with engaged sponsors and command oversight to facilitate successful transitioning for new Service Members, Employees, and their Families.

f. Service Members, Employees understand how to seek assistance for suicide related issues. After duty hours, service members will report to CRDAMC Emergency Room for assistance. During duty hours, service members will report to their Embedded Behavioral Health (BH) Team or the Multi-Disciplinary clinic (Multi-D) at CRDAMC, building #36065 if the Service Member has no organic BH Team. Service Members and Family can also contact Military One Source at 800-342-9647 or the National Suicide Prevention Hotline 1-800-273-8255, when not at Fort Cavazos.

6. TRAINING REQUIREMENTS. Army Regulation 350-1 requires annual, pre-deployment Suicide Prevention and Awareness training.

a. Each Brigade or O-6 level command will have at least five (5), Ask Care Escort-Suicide Intervention (ACE-SI) Training for Trainers (T4T) certified trainers and or Applied Suicide Intervention Skills Training (ASIST) T4T. ACE-SI (T4T) trained personnel must be in the rank of E-6 and above, and pass an interview process conducted by the installation Suicide Prevention Program Manager (SPPM).

b. All Service Members in the ranks of E-5 and above will attend a mandatory ACE-SI workshop to facilitate unit response to suicide activity or intentions. All training should be scheduled through the SPPM but facilitated by unit level ACE-SI T4T trained facilitators. All ACE-SI, ASIST T2 and T4Ts are conducted at installation level and will be managed by the SPPM.

c. ASIST training will be provided on the installation two times monthly for those personnel desiring to learn skills and become more comfortable with working with persons with thoughts of suicide. Personnel interested in taking this workshop should contact the suicide prevention program offices to register for the workshop. Training workshops are available for Service Members of all ranks, Family Members 18 and over and DA Civilians.

d. Redeploying units will incorporate Suicide Prevention Training as part of the Reintegration Training Process. Units will contact the SPPM to coordinate training.

e. Units requesting training from the Suicide Prevention Program will request training at least 14 days out from the training date. Units will provide an adequate training facility, with a computer and projector to conduct suicide prevention and awareness training. A minimum of 90 minutes is needed to conduct training. (Time requirements may be longer depending on the size of the training population).

f. Suicide Prevention training for DA Civilians, and newly hired DA Civilians is available to meet annual training guidance requirements. Please contact the Suicide Prevention Program for more information.

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7. REPORTING.

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

b. The Suicide Prevention Program should receive access to SIRs in order to understand and identify trends, behaviors, and factors associated with suicidal behavior. SIR data is critical to the analysis of specified data so information can be disseminated to units in efforts to prevent suicide.

8. POC. The point of contact for this memorandum is the USAG Fort Cavazos Alcohol and Drug Control Officer at (254) 287-3378.

9. EXPIRATION. This command policy memorandum supersedes all previous policy letters and will remain in effect until superseded or rescinded.



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Colonel, LG  
Commanding