**DEPARTMENT OF THE ARMY**
**INSTALLATION MANAGEMENT COMMAND PACIFIC**
**HEADQUARTERS, UNITED STATES ARMY GARRISON DAEGU**
**OPC 305 BOX 23**
**APO AP 96218-9001**

AMIM-DAH-S (1oo) 28 April 2026

MEMORANDUM FOR All Service Members and Civilians Assigned or Attached to the United States Army Garrison Daegu, Area IV Installations

SUBJECT: United States Army Garrison (USAG) Daegu Command Policy Letter-#26-72, Suicide Prevention Policy

1. Reference:

a. Army Regulation (AR) 600-20, Army Command Policy, 6 February 2025

b. AR 600-92. Army Suicide Prevention Program, 4 October 2024

c. AR 600-93, Army Health Promotion, 15 April 2015

2. Purpose: To provide guidance and procedures regarding standards and activities to prevent suicide and self-harm by promoting health, well-being, and prevention of harmful behaviors and linked efforts that encompass physical, mental and social health dimensions at USAG Daegu.

3. Responsibilities.

a. All leaders will establish a culture of trust that results in the early identification of trends, factors and reasons and ensure Soldiers and Civilians are encouraged to seek assistance if they are experiencing challenges or have been identified with suicide-risk symptoms.

b. Commanders will establish a Ready and Resilient (R2) forum process that includes how to identify and manage high-risk Soldiers, continuously address at-risk Soldiers through mitigating plans and executing suicide prevention, intervention, and postvention activities.

4. Prevention, Training and Treatment.

a. Commanders Implement health and welfare checks system with first line leaders in barracks and in residence especially for higher risk Soldiers and given any potential life changing situations (for example, death, divorce or break up, legal actions, demotion, or not being promoted, etc.).

b. All leaders will incorporate face-to-face suicide prevention training to include Army approved Ask Care Escort (ACE) or Engage Training into the overall annual training by subject matter experts IAW AR 350-1 at least once a year. Provide a copy of the sign-in roster to the Army Substance Abuse Program (ASAP) office if not completed by the ASAP staff and retain record in the Digital Training Management System (DTMS).

c. Commanders can also utilize the Ask Care Escort Suicide Intervention (ACE-SI) to recognize the early identification of suicide risk factors, protective factors and warning signs that impact suicide risk, how to take action and understand supporting reintegration and postvention.

(1) ACE-SI Tier 3 (master trainer) will deliver Tier 2 (Train-the-Trainer) module for small group facilitation. The requirement to attend Tier 3 is to already be a tier 2 AND have taught at least 3 tier 1 courses.

(2) ACE-SI Tier 2 (train-the-trainer) is the Army's 16-hour suicide intervention course intervention course for Army leaders (E-6 and above or E-5 with an Exceptions to Policy approved by IMCOM HQ) and prevention professionals who plan to deliver the ACE–SI Tier 1 course. Refer to attend using the online link: https://forms.osi.apps.mil/r/39jZAagFR7.

(3) ACE-SI Tier I (end-user training) is the Army's 7-hour suicide intervention course for intended for Army leaders E–5 and above, DA Civilian supervisors, Family members, Soldier and Family Readiness Groups, unit ministry teams, military police, USACID agents, Family members and other professional support staff as needed. Refer to attend using the online link: https://forms.osi.apps.mil/r/rmaXagxzve.

d. Commanders play an integral part during intervention by ensuring access to appropriate health care and safety of assigned personnel. Ensure in and out-processing systems identify Soldiers during the transition process who are receiving treatment. Ensure procedures are in place that ensure coordination with installation and gaining command medical activities.

(1) Ensure in and out-processing systems identify Soldiers during the transition processes are receiving treatment. Ensure procedures are in place that ensure coordination with installation and gaining command medical activities.

(2) Address the conditions that produced the current crisis, treat the underlying BH conditions that contributed to suicidal behavior, and provide follow-up care to assure positive treatment outcome: Walker Behavioral Health (BH) Clinic

DSN 737-4784 or COMM 0503-337-4236 or Carroll BH Clinic DSN 737-4236 or COMM 0503-337-4236.

5. Suicide Response Team (SRT) Meetings, Suspected Suicide Fatality Review (S2FRAB) and Analysis Board, and Reporting Requirements.

a. The SRT will convene within 48 hours of suspected suicide attempt or death, with additional meetings scheduled as needed.

b. A S2FRAB will be convened no later than (NLT) 60 days after the suspected suicide.

c. Commanders will complete and submit all suicide reporting requirements outlined IAW AR 600-92, Appendix G, page 56.

6. Crisis and Resources. Publicize the following Army-wide resources available in your command to help in the battle against suicide:

| **AGENCY** | **DSN** | **COMM** |
|---|---|---|
| Emergency (24/7) | 911 | 1551-0911 |
| National Suicide Prevention Lifeline (24/7) | 988 or 118 | 0808-555-118 |
| ROK / KATUSA (24/7) | | 1303 |
| Korean Language (24/7) | | 109 |
| Military Crisis Line (24/7) | | 001-1-800-273-8255 |
| On-Call Chaplain Services (24/7) | | 010-7274-9917 |
| Military One Source Crisis Line (24/7) | | 001-1-800-342-9647 |
| USAG Military Police (24/7) | 763-4717 | 0503-363-4717 |
| Army Substance Abuse Program | 763-4733<br>763-4731 | 0503-363-4733<br>0503-363-4731 |
| Employee Assistance Program (non-clinical counseling) | 763-4731 | 0503-363-4731 |

7. The point of contact for this memorandum is the ASAP Manager at DSN 763-4731.

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