



**DEPARTMENT OF THE ARMY**  
DEFENSE LANGUAGE INSTITUTE FOREIGN LANGUAGE CENTER  
PRESIDIO OF MONTEREY  
MONTEREY, CALIFORNIA 93944-5000

ATZP-CDR

24 November 2018

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy #5 - Suicide Prevention, Training, and Reporting

1. References.

- a. AR 600-63, Army Health Promotion, 14 April 2015.
- b. DA Pam 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.
- c. Suicide Prevention website: [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil)
- d. TRADOC Regulation 1-8, 11 August 2017
- e. Command Policy on Serious Incident Reporting (SIR) Procedures, 17 July 2017.
- f. United States Army Garrison, Presidio of Monterey Standard Operating Procedure for Suicide Prevention Program, 3 March 2018.

2. Commander's Intent.

a. Suicide prevention is essential in leading Service Members and civilian employees in accomplishing our mission. To provide the Department of Defense with competent linguists, we must commit ourselves to preventing suicides through active and engaged leadership at all levels. My aim for our Suicide Prevention Plan (SPP) is to minimize suicidal behavior among our Service Members and civilian employees by:

(1) Identifying, intervening, and providing appropriate care to at-risk Service Members and civilian employees.

(2) Fostering an environment that encourages at-risk Service Members and civilian employees to seek help.

(3) Building resiliency and comprehensive Service Member fitness in all training to promote positive life skills and enable our leaders, Service Members, and civilian employees to overcome challenges.

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b. Expectations of Leaders: Our ability to intervene before an at-risk Service Member or civilian employee engages in self-destructive behavior is of utmost importance. I expect all Service Members and civilian employees with the Defense Language Institute Foreign Language Center, especially leaders, to act as “first responders” to those in crisis. Leaders will train on how to identify persons in crisis, respond to suicide indicators, enlist the help of community resources, report to the command, and follow through with additional assistance.

c. An important aspect of preventing suicide is ensuring Service Members and civilian employees know they can and should seek assistance when they face a potential crisis. This includes creating and sustaining an environment that eliminates stigma associated with self-referrals to behavioral health professionals, consulting with chaplains, or raising issues affecting wellness with unit leaders.

3. Training Requirements: A base-line training regimen ensures that all Service Members and civilian employees are aware of basic responsibilities in suicide prevention. Additional focused training for our leaders will provide the skills and knowledge to further identify, deter, and/or respond to self-destructive behavior.

a. ACE (Ask, Care, Escort) Suicide Prevention Training. The ACE program will serve as a Soldier’s and civilian employee’s primary tool to identify and respond to an at-risk Service Member or civilian employee. Soldiers and civilian employees will receive in-person required suicide prevention training annually using the Army-approved ACE Suicide Prevention training developed by the United States Army Center for Health Promotion and Preventive Medicine (USACHPPM). Accommodations will be made on a case by case basis for employees who may experience an inordinate amount of psychological stress due to training content.

b. Company-level junior leaders and first-line supervisors; to include squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, company commanders, and Army civilians assigned at the company level, will receive a one-time 4-hour ACE–SI (Ask, Care, Escort-Suicide Intervention) training.

c. The battalion commander will select two (2) company-level junior leaders and/or first-line supervisors from each company to receive the 6-hour ACE-SI (Train-the-Trainer) workshop. Successful completion of the 6-hour module qualifies attendees to train all company-level junior leaders and first-line supervisors.

d. The battalion commander will select two (2) company-level junior leaders from each company to serve as gatekeepers. Gatekeepers must receive the two (2) day Applied Suicide Intervention Skill Training (ASIST). Gatekeepers can be the same individuals selected for the ACE-SI 6 hour training.

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e. The battalion will provide two Soldiers (one junior officer and one senior NCO) with longevity on the installation to become qualified and then serve as T-2 ASIST trainers at least quarterly.

f. ACE Cards. Commanders will ensure that Soldiers and civilian employees receive the ACE card upon arrival and include documentation of each Soldier's ACE training in individual records. Leaders will inspect ACE cards and issue replacements for missing cards the week prior to all four day weekends, class breaks, and all Soldier leave in excess of four days so that every Service Member maintains the card and awareness.

g. Chaplains and Religious Affairs Specialists, with the assistance of ACE-SI trainers, will facilitate annual Suicide Prevention and Awareness training for all Service Members, civilian employees, and families.

h. DCSOPS will coordinate with the Installation Suicide Prevention Program Manager to facilitate the 6-hour ACE-SI (Train-the-Trainer) workshops.

i. Effective immediately, cadre training courses (CTC) held for 229<sup>th</sup> MI BN will include the 4-hour ACE-SI for newly arrived platoon sergeants and above.

j. Commanders of 229<sup>th</sup> MI BN will coordinate with the Battalion S3 to schedule additional ACE-SI courses to train remaining platoon sergeants and above within their companies.

k. Provost will coordinate ACE-SI attendance with DCSOPS for teaching team leaders and above.

l. Training verification/training rosters will be provided to the Alcohol and Drug Control Officer NLT five (5) duty days after completed training.

l. Other Service Detachment Leaders are invited to attend all training evolutions if it fulfills their specific service requirements.

4. Monitoring and Reporting Requirements for at-risk Service Members and Civilians employees.

a. Commanders will notify the following upon identification of an at-risk Service Member.

(1) Service Commander, Senior Noncommissioned Officer, and Executive Officer.

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(2) Unit Chaplain.

(3) Behavioral Health.

b. Based upon recommendations from the command and chaplain, commanders will coordinate for Behavioral Health support, if required.

c. Civilian supervisors will monitor employees for possible signs of suicidal behavior. If a civilian supervisor suspects that an employee may be suicidal, action must be taken to ensure the employee's safety. The civilian supervisor should contact their immediate supervisor and arrange for an intervention. An ACE-SI-trained individual will ideally conduct intervention, but a non-intervention-trained person may intercede using the standard ACE model taught in annual training. If a supervisor believes an employee is in immediate danger to self or others, the civilian employee should be encouraged to self-refer to the nearest emergency room. If the employee does not wish to self-refer and is believed to be in danger, emergency services should be contacted, preferably (but not necessarily) with the consent of the individual. Any civilian personnel showing signs of possible suicidal risk factors should be encouraged to enroll and guided through the Employee Assistance Program (EAP) (telephone 1-800-937-7770). The supervisor will follow up with the employee as often as deemed necessary. Any questions related to civilian suicide intervention should be directed to the Behavior Health Clinic or the Suicide Prevention Program Manager.

d. Unit Watch Program. If the Service Member is not admitted for in-patient psychiatric care, commanders may place the at-risk Service Member under unit watch. While under unit watch, commanders will (at a minimum):

(1) Inform the appropriate chain of command of company commander's intent to place the Service Member on unit watch; including, an Operations Report of the Service Member's situation leading to the company commander's decision to impose unit watch.

(2) Ensure an appointed leader maintains positive control of the Service Member, especially during periods of transition from unit events to other appointments.

(3) Assign responsible escorts for another Service Member of higher rank and physical ability to manage the Service Member at risk; do not leave Service Members under watch alone or unsupervised.

(4) Ensure that, while on unit watch status, the Service Member receives close follow-up by Behavioral Health.

(5) Thoroughly brief appointed leaders on their specific responsibilities and the importance of being with the Service Member at all times.

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(6) Protect the Service Member from unnecessary measures that bring undue attention, shame, or humiliation upon the Service Member.

e. Commanders will appoint an ACE-SI trained leader to follow up with all at-risk Service Members. This leader will:

(1) Meet with the Service Member for a 30-day period no less than twice per week for appropriate assessment.

(2) If discharged from inpatient care, ensure the Service Member is seen at the Behavioral Health Clinic within 24 hours of discharge or NLT the following duty day.

(3) Encourage Service Member to meet with the unit chaplain for pastoral counseling.

(4) Report to the unit commander (and chaplain, if applicable) after each meeting/counseling with the Service Member.

(5) Continue to coordinate with community resources outlined in the KeepSafe Connections, if needed to support the Service Member.

(6) Fulfill any other responsibilities as outlined by the commander in accordance with applicable directives.

f. After a 30-day period, commanders will review the Service Member's status in conjunction with the unit chaplain and the appointed ACE-SI trained leader, and input from Behavioral Health with regard to High Risk status.

## 5. Suicide Event Reporting for Soldiers.

a. In the event of a suicide or potential suicide (equivocal death), commanders will ensure that:

(1) An Operations Report IAW TRADOC Regulation 1-8 is forwarded through the chain of command.

(2) An AR 15-6 investigation is conducted.

(3) CID conducts an investigation to determine if criminal activity was involved.

(4) A Line of Duty investigation is conducted in accordance with AR 600-8-4.

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(5) DD Form 2996, Department of Defense Suicide Event Report, is completed through an MTF-appointed behavioral health professional. Request for completion of this report will be filed by an Armed Forces Medical Examiner.

(6) In the event of a Soldier suicide, Army Commanders will complete DD Form 7747, Commander's Suspected Suicide Event Report, and forward it through the appropriate chain of command to the Office of the Provost Marshal General/Law Enforcement Liaison Officer. An initial report is due within five days of an incident. The final report is due within 30 days of an occurrence.

b. A psychological autopsy will be conducted only in the event of an equivocal death and only at the request of the medical examiner or CID investigator. Senior Commanders may request a psychological autopsy through CID. The psychological autopsy will be conducted by a fellowship trained forensic psychiatrist or psychologist.

6. Suicide Event Reporting for Civilian Employees: The death of a civilian requires written notification via Serious Incident Report or Operations Report to the supervisory chain in accordance with references f and g.

7. The point of contact for this Policy is the Alcohol and Drug Control Officer at (831) 242-6960. This policy supersedes previous policy memorandum, dated 08 October 2015.



GARY M. HAUSMAN  
COL, MI  
Commanding

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