



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
6661 WARRIOR TRAIL, WOODFILL HALL
FORT POLK, LOUISIANA 71459-5339

AFZX-CG

11 Jun 25

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Joint Readiness Training Center (JRTC) and Fort Polk Policy 29 - Suicide Prevention and Awareness

1. References.

- a. Army Regulation 600-92 (Army Suicide Prevention Program)
- b. Army Regulation 600-63 (Army Health Promotion)
- c. Fort Polk Standard Operating Procedure (Value of Life, Suicide Prevention, Intervention, and Postvention)

2. Purpose. This policy addresses the administration of the JRTC and Fort Polk Suicide Prevention, Intervention and Postvention.

3. Scope. The readiness of our Army is paramount in our ability to fight and win on the battlefield; people are the number one priority. Promoting healthy lifestyles, reducing high-risk behaviors, encouraging a culture of intervention, and preventing suicide are priorities in this command. Sustaining the health and well-being of our Soldiers, Family members, and Civilians is the principal responsibility of leaders and personnel at all levels as is providing the appropriate response to suicidal behavior incidents.

4. Policy.

a. All commanders, leaders, supervisors, Soldiers, and Civilians are responsible for creating an environment that reduces the stigma of seeking help for behavioral health issues. Daily, it is incumbent on all of us to be aware of and recognize when someone may be at risk, and to be empowered to take appropriate action to save lives.

b. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently discriminate, punish, or discourage Soldiers or employees from seeking professional assistance. From prevention to intervention to post-intervention, all commanders, Soldiers, and Army Civilians should ensure that nobody is belittled for requesting assistance from behavioral health professionals and should encourage all others to access help available to them. All Fort Polk units will focus on risk assessment, prevention, and resiliency.

c. Commanders, leaders, supervisors, Soldiers, and Army Civilian should familiarize themselves with the numerous resources available to those in need of help. In the appendices, individuals will find tools to help accomplish the intent of this policy.

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5. Prevention.

a. Unit leadership will appoint a Suicide Prevention Liaison (SPL), E6 or above, on an additional duty basis via a memorandum for record at the company/troop/battery level. The SPL should be the primary suicide prevention trainer and serve as the command liaison to the MSC and SPPMs. SPLs should be trained in advanced SI skills and should receive additional command specific training as determined by their MSC/ SPPM. SPLs are encouraged to attend their BDE's Health of the Force and required to have representation at Ft. Johnson quarterly Suicide Prevention Working Group (SPWG).

b. Suicide Prevention Working Group Members will include, but not limited to and at the discretion of the Garrison Commander: Garrison Commander – Chair, Suicide Prevention Program Coordinator (SPPC) – Lead, CID, Chief of Casualty, Installation Director of Psychological Health, Chaplain, Staff Judge Advocate (SJA) Representative, Risk Reduction Program Coordinator (RRPC) Department of Emergency Services Representative, Unit Suicide Prevention Liaison

c. Commanders will incorporate suicide prevention training into the overall training plan for the unit with annual suicide prevention training being conducted face to face. Unit leaders will lead the training and may use assets such as suicide prevention liaison, chaplains, legal representatives, MRTs, or other subject matter experts. Commanders will retain records of Soldiers' training and utilized Digital Training Management System to record Soldier and unit records and proficiencies.

(1) Ask Care Escort – Suicide Intervention (ACE-SI) will be taught to all new incoming personnel to Fort Johnson during in processing. ACE-SI training will be conducted by certified instructors and a community resource. The community resource can conduct an intervention should any issues arise.

(2) Annual training will consist of ACE-SI or Engage as the only two Army approved curriculum when it comes to annual suicide prevention training.

6. Lethal Means Safety.

a. Lethal means safety is the process of ensuring that highly lethal means of suicide are out of timely reach during times of increased stress and when the risk of suicide is heightened. Since suicide is frequently an impulsive act, the goal of lethal means safety is to make suicide methods-or means- more difficult to access, particularly when someone is believed to be at risk. Lethal means are objects (for example, firearms, medications, sharp objects, ligatures) that can be used to engage in suicidal self-directed violence, including suicide attempts.

(1) Promote and educate on the voluntary use of safe storage methods to include gun locks, safes and safe storage for medications.

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(2) All service member registering a weapon with Fort Polk will be given a gun lock.

b. For situations involving Soldiers who are a danger to themselves or others, immediate action(s) will be taken to ensure care and reduction of risk. Commanders will consult with their servicing SJA for advice on the law and regulations governing privately owned weapons.

(1) On post storage of privately owned weapons. Commanders may order on post privately owned weapons be stored in a unit arms room, in consultation with healthcare professionals, when a Soldier is a potential threat to self or others. Privately owned weapons may be stored in the unit arms room until the commander in consultation with healthcare professionals determine that the risk has been effectively mitigated.

(2) Off-Post storage of privately owned weapons. A commander's ability to regulate the privately owned weapon(s) of Soldiers who reside off post is limited pursuant to Public Law 111-383. This statute prohibits the DoD from issuing any requirement or collecting or recording any information relating to the otherwise lawful acquisition, possession, ownership, carrying, or other use of a privately owned firearm, ammunition, or another weapon by a member of the U.S. Armed Forces not kept on a military installation.

7. Postvention.

a. Following any suicidal ideation or suicide attempt, the battalion commander will ensure that a leader conducts a personal interview with the Soldier for the purpose of supporting the Soldier and understanding the surrounding event. The Suicide Event Request for Additional Information will be filled out and sent to the Suicide Prevention Program Manager. They will then share pertinent information and lessons learned up and down the chain of command as well as at the Suicide Prevention Working Group and other applicable battle rhythm events.

b. Following any suspected suicide, a Suicide Response Team (SRT) will execute postvention activities within 24 hours and no later than 48 hours. The SRT is available to the command for support with notification, processing grief and counseling. The SRT will consist of the Suicide Prevention Program Manager, Chaplain, Behavioral Health, and Military Family Life Consultant. Fort Polk POC for the SRT is the Suicide Prevention Program Manager.

c. Suspected Suicide Fatality Analysis Board (S2FAB) will convene no later than 60 days after a suspected suicide to provide comprehensive, objective, standardized, and big picture analysis of individual, systemic and other environmental factors that may have contributed to, or enabled death by suicide.

8. The success of our Army's readiness and suicide prevention program depends on the concentrated focus of leaders on activities that encompass the physical, behavioral,

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spiritual, social, and cultural dimensions in our commands. The total effect of a solid program will be an overall improvement in unit and organizational performance and readiness through enhanced individual well-being.

9. This policy will be permanently posted on unit bulletin boards. Commands, to Company level, will ensure all Soldiers, Families, and Army Civilians are informed of this policy.

10. This policy letter remains in effect until superseded or rescinded in writing.

11. The point of contact of this policy letter is the JRTC and Fort Polk Suicide Prevention Program Manager at 337-531-6187 or email at christa.m.zayas.civ@army.mil.



JASON A. CURL
Brigadier General, USA
Commanding

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1. Resources
2. Terms of Reference
3. Suicide Event Request for Additional Information

DISTRIBUTION:
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Army Community Service

Family Advocacy Program

531-4653

New Parent Support Program

531-7065

Exceptional Family Member Program

531-2840/7456

Mobilization or Deployment

531-9743

Relocation Readiness

531-6952/6923

Lending Locker

531-6941

Employment Readiness Program

531-6922/7268

Army Emergency Relief

531-1957/1958

Army Family Action Plan

531-9421/6269

Survivor Outreach Services Support

531-1965/1174

Soldier & Family Assistant Center

531-2362

Military & Family Life Consult

531-6653

Family Service Program Manager

537-5034

Sexual Harassment/Assault Response and Prevention

Sexual Assault HOTLINE

531-1848-**(24-7)**

Sexual Harassment Response Program

531-1788

Bayne Jones Army Community Hospital

Emergency Department

531-3368

Patient Appointment Line

531-3011

Department of Preventive Medicine

531-6131

Health Promotion Office

531-3255

Occupational Health

531-6131/2706

Department of Behavioral Health

531-3922

Traumatic Brain Injury & Concussion Clinic

531-1246/3361

Additional Resources through Fort Polk

CSF2 Program

531-1897

Child and Family Assistance Center

531-6071

For an appointment call 531-3923

Chaplain

337-208-2868-**(24-7)**

Family Life Center

531-4228

Staff Judge Advocate

531-6827

Legal Assistance Division

531-2580

Trail Defense Services

531-1946/4343

Army Substance Abuse Program

ASAP Clinical Counseling Services

531-9483

Military & Civilian Drug Testing

531-1963/0922

Unit Prevention Leader Course

531-0922/1963

Prevention/ Education Training

531-1281

Employee Assistance Program

531-1964

Risk Reduction Program

531-2597

Suicide Prevention Program

531-6187

Suicide Awareness (ASIST)

531-6187

HOPELINE Child & Spouse Abuse Reporting

HOTLINE 531-HOPE/4673

Directorate of Emergency Services

Military Police

531-COPS/2677

Physical Security Branch

531-4913

Military Police Investigation

531-6302

Criminal Investigation Department

531-COPS/2677

Installation Safety Office

531-4008

Terms of Reference.

a. Prevention. A continuum of awareness, intervention, and postvention. All efforts that surround building resilience, reducing stigma, building awareness and strategic communication.

b. Intervention. Actions undertaken to prevent an individual experiencing an acute crisis or a behavioral health disorder from attempting or committing suicide.

c. Postvention. Those actions taken after an incident of suicidal behavior that serve to moderate the effects of the event on the individual or survivor(s) of an individual who has contemplated, attempted, or completed suicide.

d. Suicidal Ideation (SI). Any self-reported thought of engaging in suicide-related behaviors (without an attempt).

e. Suicide Attempt (SA). 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 violence the individual intended to die, but the event resulted in no injuries.

f. Completed Suicide (CS). Suicidal behavior that results in a fatality.

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Suicide Prevention Program Suicide Event Request for Additional Information (Updated 01DEC23)

Please complete the following information and return to the ASAP Suicide Prevention Program at christa.m.zayas.civ@army.mil. Please email or call (337) 531-6187 for additional guidance or questions. Information collected is used for statistical analysis.

FOR OFFICIAL USE ONLY NOTICE: The information contained in this communication is intended for the sole use of the named addresses/recipients to whom it is addressed, in their conduct of official business of the United States Government. This communication may contain information that is exempt from disclosure under the Freedom of Information Act, 5 USC 552 and the Privacy Act, 5 USC 552a. Addressees/recipients are not to disseminate this communication to individuals other than those who have an official need to know the information in the course of their official duties. If you received this communication in error, please do not examine, review, print, copy, forward, disseminate or otherwise use this information. Please notify the sender and delete the copy received.

Line 1 - Unit

(CO/TRP)	(BN)	(BDE)

Line 2 - Soldier(s) or personnel involved/injured

(Rank)	(Name)

Line 3 - Individual completing this form

(Rank)	(Name)	(Phone #)	(Email)

Line 4 - Suicide Event: Check appropriate box to indicate the type of suicide event experienced by the SM.

☐ Ideation ☐ Self-Harm ☐ Attempt ☐ Death Date of event:

Line 5 - Risk Factor and Causal/Non-Causal analysis: Check appropriate box to indicate if Soldier is experiencing any of the listed risk factors.

Risk Factor	Direct cause of event	Present, not a direct cause of event	Not present
Relationship Problems <i>Indicate relationship:</i> <input type="text"/>	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Military Work Stress	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Legal History (includes UCMJ)	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Substance Abuse	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Financial Stress	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Victim of Abuse	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Perpetrator of Abuse	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Spouse/Family/Friend Suicide	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Spouse/Family/Friend Death (non-suicide)	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Physical Health Problem	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Family Health Problem	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Transition (within 6 months of arrival to or departure from Fort Drum)	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Polypharmacy (use of 4 or more prescription drugs)	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP
Family Advocacy Program (FAP) Use	<input type="checkbox"/> DC	<input type="checkbox"/> PNDC	<input type="checkbox"/> NP

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Suicide Prevention Program
Suicide Event Request for Additional Information
(Updated 01DEC23)

Line 6 - Additional SM Information: Check appropriate box or fill in box for additional information regarding this Soldier/Incident.

Has SM previously deployed? (If yes, indicate #)

☐ Yes

☐ No

If yes, indicate # of deployments:

Was SM receiving BH care at the time of the incident?

☐ Yes

☐ No

Does SM have a BH care history prior to current BH care?

☐ Yes

☐ No

Does SM have a history of suicidal behavior?

☐ Yes

☐ No

How was this incident discovered?

☐ Intervention

☐ Self-reported

Did this incident result in hospitalization beyond ER evaluation?

☐ Yes

☐ No

Did a Gatekeeper assist this SM?

☐ Yes

☐ No

If Yes, Gatekeeper name

Age

Gender

☐ Male

☐ Female

Marital Status

☐ Single

☐ Married/Separated

☐ Divorced

Living arrangements at time of incident

☐ Barracks

☐ FDMCH

☐ Off post

First Term

☐ Yes

☐ No

First Duty Station

☐ Yes

☐ No

Within 6 months of transition?

☐ No

☐ Into FD

☐ Out of FD

Line 7 - Method: Indicate method individual used or planned to use, if known.

☐ No Plan

☐ Prescription Drug Overdose (indicate drug):

☐ Unknown

☐ Over-the-Counter Drug Overdose (indicate drug):

☐ Gun

☐ Alcohol & Drug Mix (Indicate alcohol & drug):

☐ Drowning

☐ Illegal Drug Overdose: (Indicate drug):

☐ Hanging

☐ Asphyxiation (other than hanging)

☐ Crashing Vehicle

☐ Jumping (bridge/building/cliff, etc.)

☐ Knife/Cutting Tool

☐ Other (please indicate):

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Suicide Prevention Program
Suicide Event Request for Additional Information

(Updated 01DEC23)

Line 8 – Additional Leadership Information: Check appropriate box or fill in box for additional information regarding this Soldier/Incident.

Has leadership for this Soldier changed in the last 3 months? ☐ Yes ☐ No

Is the first line supervisor responsible for leading this Soldier on a daily basis of a rank appropriate for that position (i.e. Team Leader is a SGT, Platoon SGT is a SFC)? ☐ Yes ☐ No

Was the Soldier referred to Behavioral Health? ☐ Yes ☐ No

****If No, please put in the Additional Information if and where the SM was referred to for assistance.**

Additional Information: Please include any additional information you feel will be helpful.

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