SENIOR COMMANDER'S GUIDE TO

Suicide Prevention

Reducing Suicide in Army Formations

ARMY RESILIENCE DIRECTORATE

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Executive Summary

This handbook is meant to assist senior mission commanders in implementing the Army Suicide Prevention Program (SPP). It demonstrates how leaders at echelon, with support, can synchronize installation efforts to achieve effects that improve readiness and help prevent deaths by suicide.

Although there is no single action that will prevent suicide, leaders who apply consistent and systematic whole-of-person approaches will positively impact individual resilience and unit readiness.

Suicide results from complex, interrelated factors, and thus, requires a comprehensive and integrated prevention approach. This handbook describes the strengthening influence of recognized protective factors in many facets of Soldiers', Army civilian professionals, and Army families' lives.

Suicide prevention features the role of active engagement in identifying early indicators of risk propensity to prevent their destructive outcomes through graduated assistance, building protective factors, and intervening before the risk behavior is acted out.

Many risk behaviors can have severe personal, family, and mission readiness impacts, often resulting in legal and administrative actions. This handbook provides guidance on managing the effects of some of these risk behaviors, mitigating where possible.

It identifies the unit resources and the community prevention workforce associated with risk and protective factors to improve collaboration and leader knowledge. Leaders need to be aware of available resources to maintain the highest unit readiness, personnel readiness, and their individual Soldiers' ability to perform their duties.

Quick Reference Guide

This list identifies the information and instruction in the handbook.

LEAD THE CR2C PROCESS

Senior commanders will establish a community-wide Commander's Ready and Resilient Council (CR2C) that includes the suicide prevention program (SPP), including the following actions:

- Publish a community ready and resilient (R2) plan that operationalizes suicide prevention policy and program as a line of effort (LOE).
- Chair the quarterly CR2C and direct compliance monitoring of the suicide prevention LOE and overall R2 plan through review of the published plan.
- Direct and oversee accountability for standard and systematic data collection and analysis, trend reporting, and processes.
- Direct establishment of a unit R2 process.

ESTABLISH A POSTVENTION PROCESS

The postvention process should include standard data collection and investigation for every suspected suicide. The purpose of postvention is to assist and advise the commander in assessing the situation, determining appropriate postvention courses of action (COA), and directing immediate interagency and inter-staff actions, including the following:

- Conduct a senior commander (SC)-led after action review (AAR) with all battalion commanders within 48 hours of a suspected suicide.
- Establish policy and mobilize a suicide response team (SRT).
- Chair the Suspected Suicide Fatality Review and Analysis Board (S2FRAB).
- Direct the conduct of 15-6 investigations for suspected suicides.

- Review and approve subordinate Commander DA Form 7747, Commanders Suspected Suicide Event Report before submission.
- Direct the installation mission partner's timeline and process for developing and submitting the Department of Defense Suicide Event Report (DODSER) in coordination with (ICW) the postvention process.

LETHAL MEANS SAFETY

Provide guidance on collecting information regarding Soldier's privately owned firearms, ammunition, or other weapons if Soldier is deemed at-risk by commander or behavioral health (BH) provider.

Note: While most important during a time of crisis, firearms and ammunition should always be stored safely to protect oneself, family members, and friends.

Senior Commander Checklist for Implementing the SPP

	Publish a community R2 plan that integrates suicide prevention goals, objectives, and performance metrics.
	Leverage the CR2C capabilities to integrate and synchronize the multiple organizations, programs, resources, and capabilities for suicide prevention.
	Appoint a community R2 integrator to facilitate the CR2C and develop, manage, and monitor the implementation compliance of the community R2 plan.
	Appoint a suicide prevention program coordinator to develop, manage, and monitor the installation SPP.
	Establish installation policy for a suicide prevention working group (WG) of the CR2C, the SRT, and the S2FRAB.
	Direct staff to invest time in routine reporting and assessment of measures of performance and effectiveness.
	Use a range of visibility tools to visualize risk to prevent or mitigate risk and build protective factors on individual Soldiers and overall unit and community R2.
	Reduce stigma and foster command climates of dignity and respect.
	Ensure a wide range of prevention activities are available for Soldiers, family members, and Army civilian professionals.
	Deploy programs that promote and provide education on firearm safety, and promote resources for safe storage of lethal means.
	Ensure access to appropriate health care and the safety of assigned personnel known to be at risk.
	Deliver resilience skills training and suicide prevention and intervention training to fidelity.
	Ensure personnel receive information on unit and community resources.
	Conduct postvention processes and apply lessons learned across formations.

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Senior Commander Handbook to Implementing the Integrated SPP

This handbook is based on the premise that the positive action of unit leaders and their implementation of effective command policy and climate supports help-seeking behaviors and enables suicide prevention. The fundamentals of the suicide prevention program (SPP) are engaged leadership and an honest concern by leaders for Soldiers, their families, and Army civilian professionals, as well as appropriate assistance for all personnel that mitigates risk and builds protective factors.

FRAMING THE PROBLEM

Suicide prevention efforts represent an environment based on multiple clinical and nonclinical factors that interact at the individual, peer, family, unit, community, and society levels. Therefore, leaders must be able to maintain visibility of and assess the factors at each level that contribute to the prevention of suicides in the community.

An upstream approach looks at identifying and strengthening protective factors; mitigating and reducing risk factors; and creating a safe environment for collaborative and interconnected ways to influence outcomes. This is done by using persistent and systematic tactics, tools, and procedures that build resilience, increase connection, change unhealthy norms around help-seeking, create positive organizational shifts toward help-seeking behaviors, and teach healthy coping strategies. Senior commanders (SCs) leverage the Command Ready and Resilient Council (CR2C) capabilities to integrate and synchronize the multiple organizations, programs, resources, and capabilities for suicide prevention at the unit and community level. These actions result in individual Soldier and unit changes that are deliberately monitored by unit leaders.

SPP MISSION AND OBJECTIVES

The SPP mission is to improve the readiness of the Army through the development and enhancement of the Army SPP policies; training; data collection and analysis; and strategic communications designed to prevent suicide, thereby preserving mission effectiveness through individual readiness and resilience (R2) for Soldiers, Army civilian professionals, and family members.

SPP objectives include the following:

- Create an environment that enables commanders to recognize organizational strengths as well as threats to climate and culture to enable a series of proactive targeted action against those threats.
- Increase the timeliness and usefulness of suicide behavior surveillance and associated risk and protective factors in the reporting system to improve preventive actions.
- Foster a culture of trust within organizations that enables help-seeking behaviors without fear of stigmatization.
- Reduce access to a broad range of lethal means.
- Direct the integration, synchronization, and evaluation of programs that improve resilience and reduce self-harm.
- Communicate and coordinate prevention efforts to increase knowledge and understanding of available resources for early identification and help-seeking.

SC SPP responsibilities include the following:

- Publish a community R2 plan that integrates prevention goals, objectives, and performance metrics.
- Leverage existing battle rhythm events, such as boards, bureaus, and working groups (WGs) to integrate command ready and resilient (CR2) efforts.
- Establish and preside over the installation CR2C.
- Oversee the implementation of the community R2 plan through the CR2C including the reporting of resources, personnel, and program measures of performance and effectiveness.
- Appoint a community R2 integrator (CR2I) to facilitate the CR2C and develop, manage, and monitor the implementation compliance of the community R2 plan.
- Conduct reviews of prevention, intervention, and postvention activities through the CR2C.
- Direct development of unit-level R2 processes.
- Appoint a suicide prevention program coordinator to facilitate the suicide prevention WG and develop, manage, and monitor the implementation compliance of the suicide prevention plan through the CR2C.

- Establish installation policy for a CR2C suicide prevention WG, the suicide response team (SRT), and the Suspected Suicide Fatality Review and Analysis Board (S2FRAB).
- Convene all battalion commanders on the installation within 48 hours of a suspected suicide to hear lessons learned from the affected unit.
- Appoint on orders an action officer responsible for oversight of within prescribed timelines for each DA Form 7747 at CR2C for every suicide or suspected suicide that is being investigated as a possible suicide.
- Regulate privately owned weapons within the confines of the installation.

THE INSTALLATION PREVENTION SYSTEM

To support SC-led efforts, the Army provides professionally trained resources in the unit and the community that can deliver expertise and specialization to build protective factors and mitigate risk factors.

SCs use the CR2C, the garrison commander, the medical treatment facility (MTF) director, major subordinate commanders, tenant organization commanders, the CR2I and the suicide prevention program coordinator (SPPC) to gain visibility of the multiple organizations and entities on an installation that contribute resources and capabilities toward the prevention of suicides and improving R2. The public health approach is predicated on achieving unity of effort between the agencies and personnel that contribute to preventing suicides across clinical and non-clinical and community capabilities. The following are the agencies and personnel and their contributions to preventing suicides:

- CR2Is: Facilitate an integrated process and support the SC's management of the CR2C's organizational actions, which drive inputs for suicide prevention and R2 outcomes. The CR2I collaborates with the SPPCs and risk reduction program coordinator (RRPC) to enable integration and implementation of the SPP. The CR2I consults with commanders on integrating unit R2 forums into the CR2C, which creates a data-driven common operational picture (COP).
- SPPCs: Designated leads of installations' integrated SPPs. The SPPC provides coordinated, efficient, and thorough delivery of services on the installation for Soldiers, Army civilian professionals, and family members. The SPPC leads the installation suicide prevention WG.
- Installation director of psychological health (IDPH): Chief behavioral health (BH) consultant at the installation and responsible for integrating and reporting on all BH activities designed to mitigate suicide. The IDPH shares suicide data, trends, analysis, and recommendations.

- RRPCs: Provide designated personnel access to the Commanders Risk Reduction Toolkit. RRPCs conduct data analysis to produce tailored, timely, and accurate risk assessments and recommend courses of action (COA) for mitigation efforts. They provide aggregate-level data, analysis, and recommendations to the suicide prevention WG, unit R2 forum processes, and the CR2C.
- Public affairs officer (PAO): Provide advice and counsel in effective communication planning. In conjunction with subject matter experts (SMEs), they develop campaigns that inform units, family members, and community members on components of the integrated SPP, and incorporate safe messaging practices when reporting on suicide, including safe language, safe storage, and links to crisis lines.
- Chaplains (CH): Collaborate with BH professionals in units and other prevention specialists to provide multidisciplinary support, normalize referrals, reduce stigma associated with help-seeking behavior, and deliver and support unit suicide prevention training. CH provide comprehensive religious and spiritual support services.
- Military family life counselors (MFLC): Provide anonymous, confidential, situational, short-term, non-medical, problem-solving counseling to all Army component members and their families to augment existing military support programs. MFLCs are available to Soldiers and families, are incorporated into commander and unit programs, and are fully integrated with other providers, such as TRICARE network or MTF health care providers (HCPs), to ensure seamless coverage between contact and referral.
- Army Community Services (ACS): Deliver Soldier and family member programs such as financial readiness counseling, survivor outreach services, new parent support, and offer advocacy and outreach dealing in areas of stress and family violence.
- Performance experts: Provide commanders a resource and conduit to operationalize resilience, performance, organizational psychology, prosocial behavior, and other emotional intelligence skills within the unit and organizational training regimen to enhance personal readiness.
- Law enforcement (Provost Marshal General and Criminal Investigation Division [CID]): Coordinate with commanders regarding suspected suicide investigations, and liaison with civilian law enforcement. Law enforcement coordinates with SPPC to reduce access to lethal means by assessing installation and off-post firearms storage and promoting medication safety campaigns.

Note: See Appendix A for a matrix of installation services by risk and protective factor. This appendix should be tailored to reflect local resources and contact information.

CHAPTER 2

Governance: R2 and Suicide Prevention Processes

OVERVIEW

To synchronize the prevention workforce and community assets, the senior commander (SC) leads the Commander's Ready and Resilient Council (CR2C). The council aims to create synergy and opportunities for collaboration to address crosscutting problems across many sectors. The suicide prevention program (SPP) uses the CR2C to integrate and monitor the program.

SYNCHRONIZATION OF THE SPP THROUGH THE CR2C PROCESS

Some risk and protective factors for preventing suicide are crosscutting with other harmful behaviors. Suicide prevention activities and capabilities reside across multiple organizations. There is no single solution for preventing suicides; however, coordinating and collaborating between and within organizations is an effective way to synchronize efforts, close gaps, and monitor progress. The CR2C provides linkages from the SC down to individual units to directly affect Soldiers, families, and Army civilian professionals. The community ready and resilient integrators (CR2Is) and suicide prevention program coordinators (SPPCs) serve the SC by synchronizing unit and community suicide prevention and R2 processes through the installation CR2C, the CR2C working groups (WGs), and on-going consultation with tactical unit R2 forums to operationalize and implement the SC's guidance. It is essential that tenant organizations and geographically dispersed commands integrate; share data and information; and invest time, people, and resources to support the SC's initiatives and CR2C WG efforts.

SCs monitor and oversee the SPP by establishing a suicide prevention working group (SPWG) as a sub-committee of the CR2C. The SPWG is facilitated by the suicide prevention program coordinator (SPPC), who manages the planning, coordinating, and implementation of the SPP (prevention, intervention, and postvention), the installation suicide prevention plan, the suicide response team (SRT), and the Suspected Suicide Fatality Review and Analysis Board (S2FRAB). The SPWG is an enduring WG and will report progress and update commands at the CR2C on the overall program. The installation director of psychological health (IDPH) serves as the chief behavioral health (BH) consultant at the installation level and is responsible for the integration and reporting on all BH activities designed to mitigate suicide. The IDPH can co-facilitate the SPWG.

Because of the interconnected nature of the factors that contribute to suicide prevention, and to avoid duplication and gaps, the SC can identify other WGs and synchronize with the SPWG and the CR2C to account for a holistic approach. A whole-of-community approach to prevention includes the physical, spiritual, family, and the social, psychological, and emotional dimensions. Building protective factors and mitigating risk factors across the dimensions can positively impact a person's ability to manage stress and gain life skills.

SCs and staff should do the following when establishing WGs:

- Scale WGs appropriately for the size of the installation and the number of resources and process drivers to achieve unified efforts. For example, a larger installation that includes a Corps element, a division element, and large tenant organizations may direct and sustain five or more WGs. A training center might consider three or less WGs based on time, mission requirements, and training calendar efficiencies.
- Leverage the CR2I to assess the CR2C charter and community R2 plan to scope and focus the WG efforts.
- Ensure a comprehensive review of risk and protective factors for preventing suicides and building resilience. The following are examples:
  - Violence prevention and protection: Focus on prevention of interpersonal violence, using sexual harassment and assault response and prevention (SHARP), Army Community Services (ACS), family advocacy programs (FAP), Child Youth and School Services (CYSS), and safety.
  - Substance abuse and misuse: Focus on prevention of substance abuse using the Army Substance Abuse Program (ASAP), risk reduction, and Adolescent Support and Counseling Services (ASACS).
  - Health of the force: Focus on creating a healthier community using command surgeon; holistic health and fitness; command chaplain (CH); Army and Air Force Exchange Service (AAFES); morale, welfare, and recreation (MWR); Army wellness center; and culinary and human performance assets.
- Use assessments and data (see chapter 3) to inform WG decisions and priorities.
- Inventory community and unit personnel and resources when establishing WGs. Consider the following for suicide prevention: Criminal Investigation Division (CID), staff judge advocate (SJA), ASAP, safety, FAP, SHARP, and equal opportunity (EO).

Note: See Appendix B for conceptual CR2C framework.

SCs can employ the following tactics to address and mitigate risk factors through the CR2C and SPWG:

- Leverage data from surveys and reports to better visualize risk and develop efforts to prevent or mitigate its effects on individual Soldiers and overall unit readiness.
- Review on a quarterly basis activities and utilization of non-clinical (CH, performance experts, military family life consultants [MFLCs], etc.) and clinical (BH) services to support early detection and strengthening of care systems.
- Assess organizational norms and attitudes for safe storage and safety practices for lethal means, including medications, firearms, etc.
- Promote training and education for Soldiers and families on resilience skills, risk factors, and warning signs and the ask-care-escort (ACE) suicide prevention model.
- Promote and develop engaged leaders who have the awareness, skills, and abilities to take positive actions when faced with dynamic situations that might have negative outcomes.
- Direct organizations to integrate into community activities. Promote positive social and cultural activities.

Outputs

The following is a list of outputs and their descriptions:

- CR2C charter: Signed by the SC, this charter identifies meeting frequency, roles, and other pertinent information (resources, personnel, training, metrics, etc.) needed to firmly establish a command-driven process and clearly identify the ASPP. See Appendix D for a sample CR2C charter.
- Community R2 plan: Signed by the SC, this plan identifies and sets priorities for the installation CR2C based on assessments and analysis and includes the ASPP. It coordinates and unifies approaches to healthy behaviors and community resiliency by aligning associated WGs with organizational mission and vision, as well as goals and objectives for readiness. It includes a communication plan with diversified ways for reaching Soldiers, family members, Army civilian professionals, and community partners. See Appendix D for a sample R2 plan.

- WG action plans: An action plan should consist of the following:
  - Well-defined description of the goal to be carried out,
  - Tasks that need to be carried out to reach the goal,
  - People who will be in charge of carrying out each tasks,
  - Timeline with milestones,
  - Resources needed to complete the tasks,
  - Measures to evaluate progress, and
  - Battle rhythm feedback look to the SC, general counsel (GC), and MTF director.

See Appendix F for a sample WG charter and action plan inputs and outputs.

- Results and outcomes (measures of performance [MOPs] and measures of effectiveness [MOEs]).

MEASURES OF PERFORMANCE AND EFFECTIVENESS

Commanders measure the performance and effectiveness of the prevention activities designed to achieve the identified end state (or outcomes). Although joint and Army doctrine does not address the use of MOPs and MOEs as applied toward people programs such as suicide prevention, civilian models can be used to create a COP to assess progress toward goals and objectives.

Development of MOPs and MOEs at the tactical level is ideal for identification of progress toward outcomes. It simplifies and summarizes the core components. It also depicts the connection between concrete resources and activities, and abstract goals and allows programs to assess how well the plan aligns with the actual implementation.

The following should be considered:

- What: Identify the activities. Activities are the actions and efforts that make up the program and are employed to reach the program's goals. Activities include the tools, services, and products that the program provides to the target population.
- Who: Identify the target audience to receive the activity. This may consist of an entire group (all noncommissioned officers [NCOs]), or select individuals (newly married Soldiers).

- How much: Identify the outputs. These are the amount, quality, or volume of goods or services provided by the program. These can include the number of individuals trained, or the number of materials developed as part of the program (e.g., shared social media posts). These outputs represent the quantity or volume of program activities.
- Outcomes: Changes in the target population expected as a result of their engagement in the program activities are the outcomes. These outcomes may include changes in knowledge, attitude, skills, or behavior and should be directly related to the needs being filled.

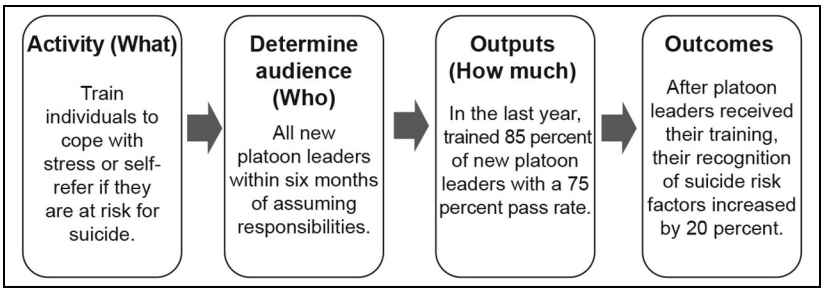

Figure 2-1. Measures of Performance and Effectiveness

SCs can monitor progress through battle rhythm meetings that invest in routine data collection and monitoring to assess the degree of implementation around key processes needed to generate outcomes. Performance management indicators (PMI), or the MOP, include the number of unique training recipients, number of referrals, number of sessions, etc. Key processes are measurable and controllable and are the indicators that lead to outcomes, or MOEs.

Note: See Appendix F for a model that describes the relationship between suicide prevention functions, activities, and outcomes.

The SPPC, with assistance from the CR2I, will develop an installation SPP that identifies the local-level PMIs for monitoring and evaluation. SCs should use the results of both monitoring and evaluation to inform the decision-making process to sustain or improve certain aspects of the program, initiative, or policy, or discontinue those that are ineffective.

The SPPC and CR2I will employ various process management tools to assess the effectiveness of the CR2C as the integration function of the SP program. Process management tools, such as the CR2C annual effectiveness survey and the program status report, can pinpoint gaps or opportunities. When process management tools are used in a routine manner, they can support continuous assessments, capacity building, historical documentation, evaluation, monitoring, priority identification, compliance, and process improvement. Each of the tools is supported by scientific literature to ensure high-functioning and mature councils and ensure that the Army is focusing its efforts on evidence-based ways to address complex problems that a community faces.

UNIT READINESS AND RESILIENCE PROCESSES

SCs will direct brigade and battalion commanders to establish a unit R2 process to provide early detection of risk behavior through systematic investigation. SCs will implement timely, local, and targeted responses; and enhance readiness to sustain the operational mission. These processes will incorporate an integrated and holistic approach consistent with the five domains (physical, spiritual, psychological, social, and family).

Unit R2 processes use command visibility tools to conduct assessments, determine actions driven by data and trends, prioritize strengthening protective measures, reduce the risk of multiple problems leading to crisis, and foster resilience and a climate and culture of trust. Commanders can use this forum to manage Soldiers identified at risk in conjunction with CH and BH.

Outputs

The following is a list of outputs and a description of what they are:

- Brigade R2 policy that operationalizes the SPP.
- Identification of priority areas (protective and risk factors) and emerging issues (i.e., increased discipline problems).
- Performance metrics (MOP and MOE) monitoring.
- Recommendations for targeted individual and unit prevention and risk mitigation activities (policies, training, practices, and initiatives).
- Leader awareness and responsiveness to individual and unit issues.
- Attendance and reporting at the CR2C.

CHAPTER 3

Command Visibility: Seeing Ourselves Through Visibility Tools and Identifying Risk

OVERVIEW

Effective governance begins with the senior commander (SC) being able to visualize risk so he or she can seek to prevent or mitigate its effects on individual Soldiers and overall unit readiness. In addition, there is frequently a correlation between discipline (including safety and crime), command climate, and risk. The Army equips SCs with reports and assessments that enable them to see these factors for their organizations and assist with framing both the current and desired end state. Visibility of these factors, accompanied by multidisciplinary staff analysis, enables commanders to identify priority areas and deploy appropriate prevention and response resources and develop targeted, data-informed prevention actions. This approach also helps identify units that are doing well in these areas and should be studied for best practices.

Overall, command assessments and visibility tools assist the command and staff in their efforts to do the following:

- Detect risk and protective factors in units and the installation.
- Incorporate assessments to construct a positive command climate.
- Harness community resources to build a visibility system.
- Direct full utilization of process management tools at echelon.
- Validate promising initiatives and training approaches.

DEFENSE ORGANIZATIONAL CLIMATE SURVEY

The Defense Organizational Climate Survey (DEOCS) is a confidential, command-requested organization development survey that measures 19 risk and protective factors to help leadership and unit and organization leaders understand problematic behaviors in their organization. The EO advisor supports commander access and analysis.

THE COMMANDER'S RISK REDUCTION TOOLKIT

The Commander's Risk Reduction Toolkit (CRRT) is a critical part of the Army Risk Reduction Program (ARRP) and one of many toolkits embedded in the Army Vantage platform that provides visibility and assessment of individual Soldier and unit risk and deployment readiness. The CRRT provides command teams visibility on the risk factor history to company and battalion command levels of every Soldier newly assigned to their unit. The risk reduction coordinator supports commander access.

THE BEHAVIORAL HEALTH PULSE

The Behavioral Health (BH) Pulse is a voluntary and anonymous survey tool that can assess how a unit functions across four main areas to indicate the following:

- BH (anxiety, suicidality, alcohol use, stigma about seeking help).
- Work environment (morale, role overload, unit cohesion, garrison stressors).
- Social relationships (loneliness, social integration, marriage issues).
- Interpersonal violence such as sexual assault.

The BH officer or installation director of psychological health (IDPH) advises commanders on use of the BH Pulse tool.

THE ARMY READINESS ASSESSMENT PROGRAM

The Army Readiness Assessment Program (ARAP) is a battalion commander's tool that helps address root causes of accidental loss by focusing on organizational safety and climate. ARAP provides battalion-level commanders with data on their formations' readiness posture through seven categories (common core questions, organizational processes, organizational climate, resources, supervision, safety programs, and open-ended questions) that captures the unit posture on safety climate and culture, organizational processes, organizational climate, resources, supervision, and the safety program. The unit safety officer advises the commander on ARAP results.

THE AZIMUTH CHECK

The Azimuth Check is a confidential self-assessment tool comprised of a 10-minute survey that assesses a Soldier's overall resilience across five R2 dimensions: physical, emotional, social, spiritual, and family. Soldiers receive individualized feedback, and commanders receive an aggregated report.

PROCESS MANAGEMENT TOOLS

The CR2C is a complex, integrated governance structure built on an evidence-based framework that builds a community's capacity to achieve outcomes. Process management tools provide a compliance status of activities, plans, and outputs that lead to outcomes. The CR2C program status report (PSR) can provide a status of the CR2C, the suicide prevention working group (SPWG), and unit R2 processes. The CR2C effectiveness survey can provide a 360-degree stakeholder feedback. Use of process management tools in a focused approach supports critical steps of the CR2C. These steps include continuous assessments, capacity building, historical documentation, evaluation, monitoring, priority identification, and process improvement. The PSR can provide a CR2C dashboard over time, a SPWG dashboard, and the capability to measure and display unit R2 processes.

The CR2C PSR may be found at https://www.sms.army.mil.

The total Army PSR scorecard may be found at https://www.sms.army.mil/scorecards/7607729.

Command PSR and CR2C effectiveness survey access may be requested by emailing: usarmy.pentagon.hqda-dcs-g-1.mbx.suicide-prevention@mail.mil.

The use of analysis tools and data summarization allows for continuous assessments by using existing systems, measuring the unit's health, ensuring unit personal readiness, and supporting overall unit readiness and ability to deploy. Trend analysis is intended to provide unit status over time and serves to collect information in such a way as to identify and understand indicators and to assess the outcome of prevention activities. Assessing the impact of risk to Soldiers by individuals at all levels assists commanders in focusing on the mission. Assessments can do the following:

- Identify potentially harmful and damaging trends across the installation and units quickly, well before they result in a crisis.
- Account for actions that lead to a positive and sustained command climate and promote a culture of trust.
- Use visibility and process management tools to track compliance and outcomes of targeted actions.
- Signal unit and community resources for needed capabilities.

CHAPTER 4

Action: Effective Suicide Prevention Strategies

Suicide prevention seeks to enable protective factors (unit cohesion, financial readiness, and behavioral health [BH] care access) and prevent self-harm among those identified as at-risk through command visibility tools or individual warning signs. Prevention refers to all efforts that build resilience, reduce stigma, and build awareness of suicide and related behaviors.

INTEGRATED SUICIDE PREVENTION

Suicide is the result of complex and integrated factors, and there is not a single "fix." Effective suicide prevention efforts (education, outreach, crisis intervention, training, and policy) are dependent upon the existence of a command culture that fosters trust, caring, and engaged individuals focused on prevention (risk identification, preparation to respond to a crisis) and early intervention (non-clinical or clinical counseling) as opposed to crisis management alone.

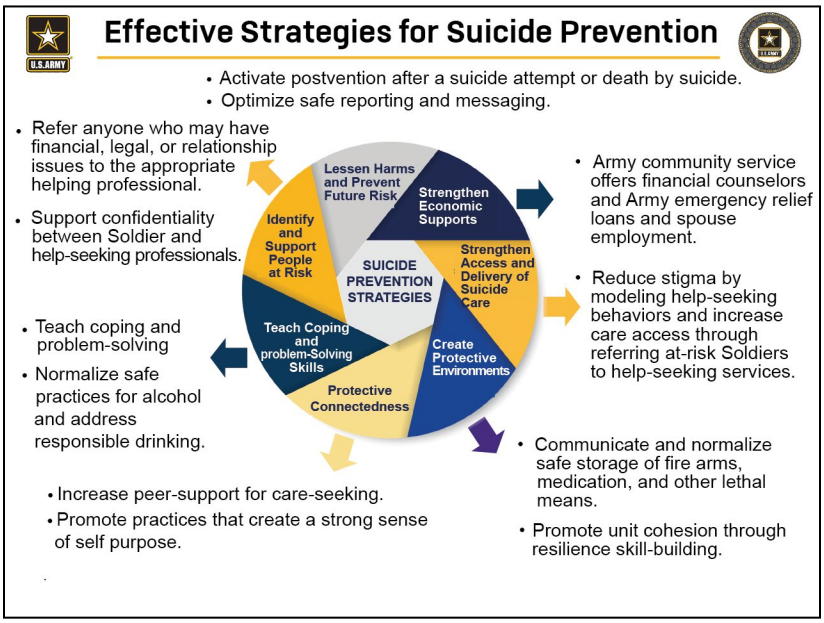

Figure 4-1. Effective Strategies for Suicide Prevention

Figure 4-1 displays the seven research-based strategies that have shown to positively reduce suicidal behaviors according to the Centers for Disease Control and Prevention (CDC). Table 4-1 describes the types of suicide prevention initiatives (tools, education, and training) that commanders have at their disposal.

Table 4-1. Suicide Prevention Initiatives and CDC Strategies

Types of Suicide Prevention Initiatives (Tools, Education, and Training)	CDC Strategies (DODI 6400.09)
Army Financial Readiness Program	Strengthening economic supports
Commander's Risk Reduction Toolkit (CRRT), BH teams in brigade (BDE) footprints	Strengthening access and delivery of care
Ask-care-escort (ACE); ACE-Suicide Intervention (ACE-SI); Army family Programs	Creating protective environments
ACE; ACE-SI; engage training; master resilience training (MRT)	Promoting connectedness
Army family Programs; MRT	Teaching coping and problem-solving skills
Visibility tools: BH Pulse; CRRT ACE; ACE-SI	Identifying and supporting people at risk
Counseling on access to lethal means (CALMs); postvention toolkit	Lessening harm and preventing future risk

CONNECTEDNESS AND CREATING CLIMATES AND CULTURES OF COHESION

Sponsorship and mentorship programs can be highly effective prevention capabilities (AR 600-20). Success of the sponsorship program is contingent upon involvement by leaders at all levels. Leaders investing in sponsorship and mentorship of first-term Soldiers and their families create protective factors and connectedness within teams, units, organizations, and communities. Deliberate Soldier and family reception, integration, and sponsorship supports good order and discipline, readiness, and can mitigate stress while building cohesion, resilience, and esprit de corps.

REDUCE ACCESS TO LETHAL MEANS OF SUICIDE

Reducing access to lethal means of suicide involves making a method less available and less likely to cause death in a suicide attempt. The goal is to make suicide methods more difficult to access when someone is at risk for suicide. Research tells us that putting time and distance between an at-risk individual and a means of suicide is an effective way to prevent suicide death. Research indicates that owning a handgun and storing a firearm while loaded are associated with increased risk of suicide. This increased risk is because suicide attempts are frequently impulsive; they happen during a short-term crisis with little planning. Secure storage of firearms can reduce the risk for suicide by separating vulnerable individuals from easy access to lethal means. The following are actions that address creating safe environments and lessen risk from lethal means:

- Support programs that promote and provide resources for safe storage of lethal means.
- Assess the installation and community to determine availability of safe storage areas and develop partnerships with off-post gun retailers.
- Support education on firearms safety for commanders, Soldiers, and clinical and non-clinical providers. Ensure commanders at the lowest level understand the National Defense Authorization Act (NDAA) guidance prohibiting the Secretary of Defense from collecting, maintaining, or infringing on individual rights to possess, own, carry, and otherwise use privately-owned firearms, ammunitions, and weapons. The NDAA FY2013 added an exception that allows health professionals and commanders within the Department of Defense (DOD) to inquire about privately owned weapons when there are reasonable grounds to believe the member is at risk for suicide or harm to others.

CHAPTER 5

Suicide Prevention Through Postvention Processes

Deaths by suicide are preventable, but unfortunately do occur because suicide is complex and multifactorial and can be correspondingly as difficult to prevent. In the event a Soldier dies by suicide, to prevent future suicide behaviors, commands can benefit from analyzing the decedent's behaviors to understand the factors (Soldier, environment, leadership) that were known and to discover what was not known. This effort assists in discovering information and lessons learned. These lessons learned may be used to prevent future suicides.

The postvention process is anchored by the following three milestone meetings:

1. Installation-wide battalion commander after action review (AAR)

2. Suicide response team (SRT)

3. Suspected Suicide Fatality Review and Analysis Board (S2FRAB)

Commands will establish procedures that align the reporting, postvention, and lessons learned from these events. This increases visibility at all levels to determine the factors that may have helped prevent the death and identify factors that enabled the Soldier to decide to die by suicide.

Review the *Suicide Postvention: Unit Commanders Handbook* at https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/PWS%205.18_Graphic%20Imagery_Suicide%20Postvention%20Handbook.pdf.

SUSPECTED SUICIDE REPORTING AND INVESTIGATIONS

In the rare event of a suicide, there are several critical actions required of the command. Commands will simultaneously perform postvention processes and initiate the required 15-6 investigation and reporting. The following discusses the legal and administrative requirements commanders must fulfill:

- Installation-wide battalion commander AAR: When there is a suspected suicide, senior commanders (SCs) will convene all battalion commanders on the installation within 48 hours. The intent is to deliver timely and relevant information that may serve to assist fellow commanders. Commanders will improve their ability to recognize warning signs through sharing of key observations.
  - Reporting: The DA Form 7747, Commanders Suspected Suicide Event Report (CSSER), Serious Incident Report (Section 1) consists of the minimally required information to inform Army senior leaders (ASLs) of occurrence. Units are required to submit a serious incident report (SIR) (initial report) within 24 hours following a death.
- The SRT assists and advises the affected unit commander as they assess the situation and determine appropriate courses of action (COAs). It also immediately directs interagency and inter-staff actions to support the affected unit and to coordinate unit and CID investigative efforts. The SRT supports the SP objective to increase the timeliness and usefulness of suicide behavior surveillance and associated risk and protective factor in the reporting system to improve preventive actions. The garrison commander (GC) will convene the SRT and assemble the community resources within 48 hours of a death by suicide or suspected suicide. The GC will provide an executive summary to the senior command and affected unit commander on the SRT.
  - Reporting: DA 7747 Commander's Initial Report (Preliminary Inquiries) (Section 2) builds upon SIR information with additional questions that commands can readily attain without extensive interviews and investigation. Section 2 is due within five days. The information should be obtained during the SRT process.

SUSPECTED SUICIDE FATALITY REVIEW BOARD

SCs will convene the S2FRAB no later than 60 days after a suspected suicide. S2FRABs provide comprehensive, objective, standardized, and big-picture analysis of individual, systemic, and other environmental factors. The S2FRAB will facilitate broader information gathering than what is obtained from the AR 15-6 and CID investigations. The S2DRAB will also determine if additional lessons are learned about how units care for Soldiers. S2FRABs bring together units with suspected suicides and subject matter experts (SMEs) to identify and improve prevention, intervention, and postvention activities. Effective outputs of the S2FRAB include capturing and communicating lessons learned and sharing them across units and the community.

Listed below are forms for reporting:

- DA 7747 Commander's Final Report (Section 3) consists of questions that will provide all echelons of leadership the information for analysis and study trends and patterns. This section also meets the requirements outlined in AR 15-6 regarding conducting in-depth interviews and investigations.

- Department of Defense Suicide Event Report (DODSER), or DD Form 2996, is used to report all suicides and suicide attempts regardless of hospitalization for all active duty (AD) and reserve component (RC) Soldiers including the selected reserve (see DODI 6490.16). The DODSER program manager functions within the DHA and is responsible for administering the program for the Army and provides technical support for DODSER completion. MTFs identify a point of contact (POC) to complete the DODSER for suspected suicides.

The vignette-based results of the S2FRAB should transition into the suicide prevention working group (SPWG), unit readiness and resilience (R2) forums, and Command Ready and Resilient Council (CR2C) to implement and monitor identified gaps and lessons learned.

APPENDIX A

Matrix of Installation Resources by Risk and Protective Factor

This appendix should be tailored to reflect local resources and contact information.

Installation Assets by Risk and Protective Factor								
Military Crisis Line 1 (800) 273-8255 / OCONUS 00800-1273-8255 (DSN118) / Korea 0808-555-118 (DSN 111)								
Helping Resource	Commander/ Supervisor	ASAP and Employee Assistance Program	Army Community Service	Army Wellness Centers	Behavioral Health Provider/ IDPH	Chaplain	Employ-ment Readiness Program	Emergency Room
	Soldiers	Soldiers, Families, Civilians	Soldiers and Families	All	All	Soldiers and Families	Families	All
Resilience Skills	X	X	X		X			
Family Readiness	X		X		X	X	X	
Finances / Budget	X	X	X		X		X	
Community Programs	X		X			X		
Spiritual Growth	X				X	X		
Relationships	X	X	X		X	X		
Connectedness	X	X			X	X		
Stress Management	X	X		X	X	X		
Sleep Management	X	X		X	X			
Transition (Sponsorship/	X	X	X		X	X		
Pain Management	X	X			X	X		
Responsible Drinking	X	X			X			
Deployment	X	X	X		X	X		
Anxiety/Panic/ Depression	X	X			X	X		X
Grief and Loss	X	X			X	X		
Suicidal Thoughts	X	X			X	X		X

Figure A-1. Matrix of Installation Resources by Risk and Protective Factor

Installation Assets by Risk and Protective Factor										
Military Crisis Line 1 (800) 273-8255 / OCONUS 00800-1273-8255 (DSN118) / Korea 0808-555-118 (DSN 111)										
Helping Resource	EO/ EEO	Exceptional Family Member Program	Family Advocacy Program	Financial Readiness Program All	MWR	Perfor-mance Expert/R2 Training Center	Relocation Assitance Program/ Sodlier and Family Assistance Center	Survivor Outreach Services	SARC/ Victim Advocates	OSD-Military and Family Life Consul-tants
	Soldiers and Families	Soldiers and Families	Soldiers and Families	Soldiers and Families	All	All	Soldiers and Families	Soldiers and Families	Soliders and Civilians	Soldiers and Families
Resilience Skills			X			X		X		X
Family Readiness		X	X	X		X	X			X
Finances / Budget		X		X			X	X		
Community Programs					X					
Spiritual Growth									X	
Relationships			X						X	X
Connectedness		X	X					X	X	X
Stress Management	X									X
Sleep Management										X
Transition (Sponsorship/				X		X	X	X		X
Pain Management										
Responsible Drinking		X								
Deployment				X		X				X
Anxiety/Panic/ Depression			X			X			X	X
Grief and Loss			X			X				X
Suicidal Thoughts			X			X			X	

Figure A-2. Matrix of Installation Resources by Risk and Protective Factor

APPENDIX B

Sample Templates for Organizing CR2C

The figures contained in this appendix show conceptual framework and sample templates for organizing Command Ready and Resilience Council (CR2C) depending on the quantity of installation capabilities.

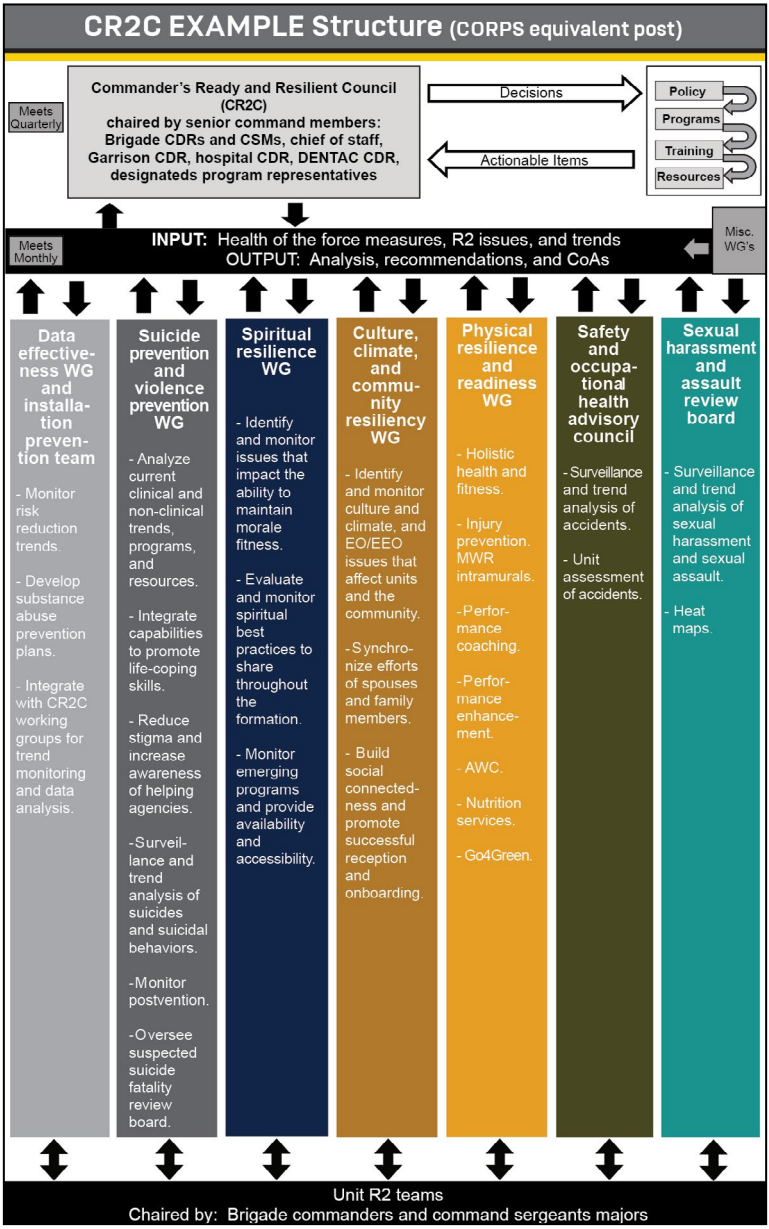

Figure B-1. CR2C Example Structure Corps Equivalent Post

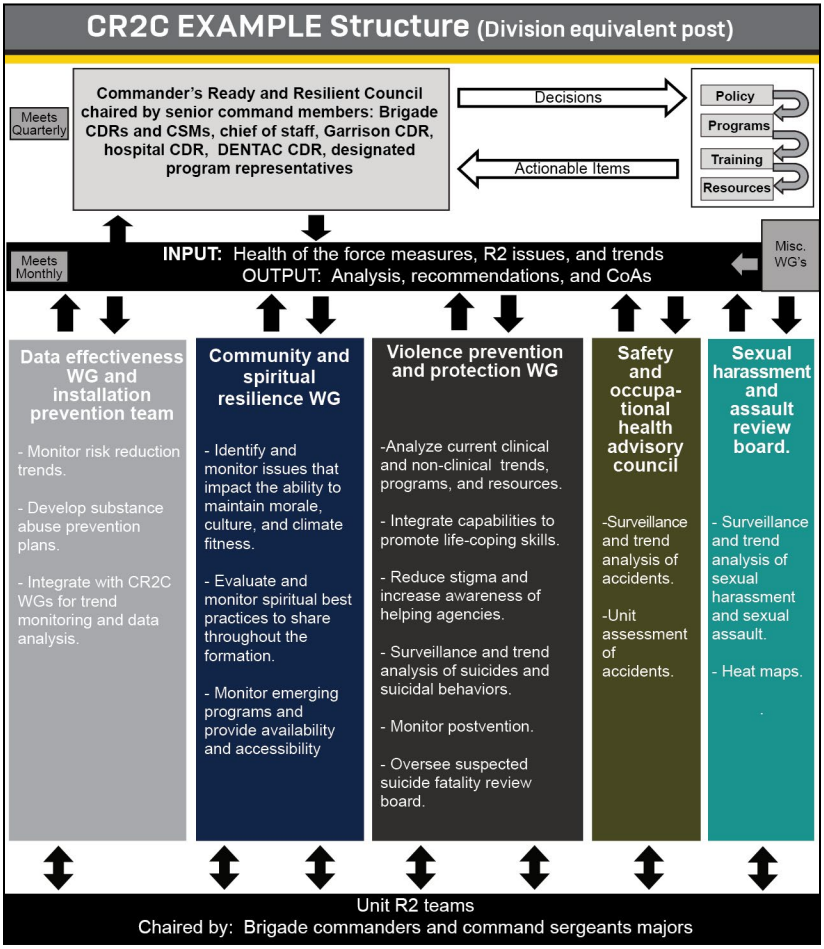

Figure B-2. CR2C Example Structure Division Equivalent Post

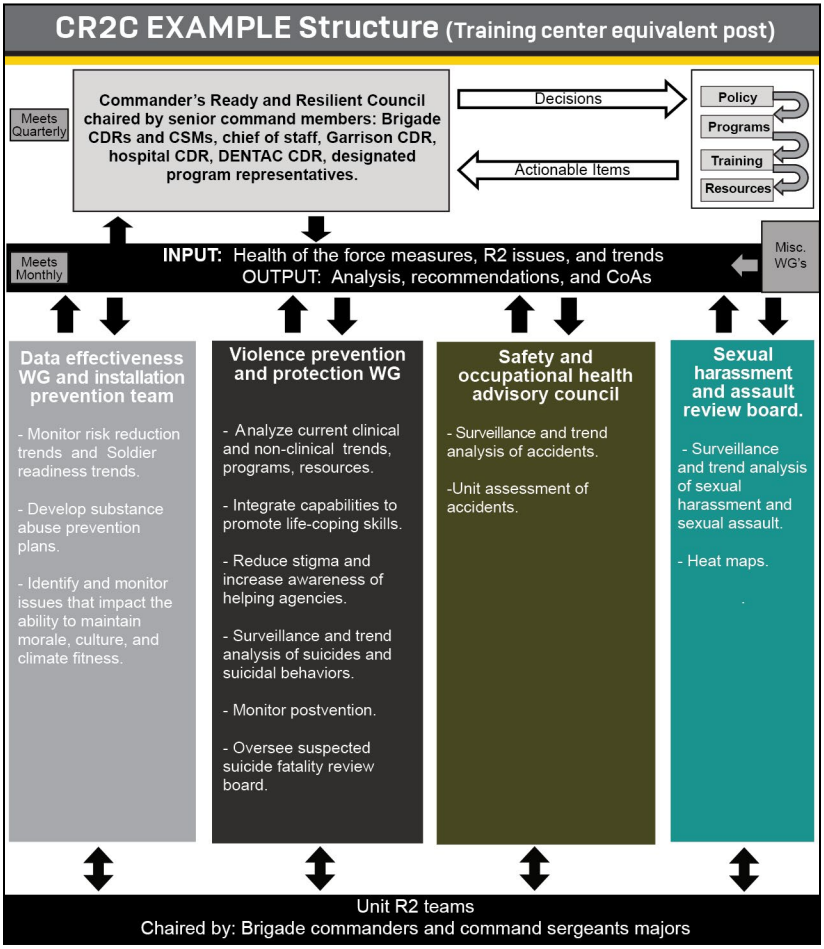

Figure B-3. CR2C Example Structure
Training Center Equivalent Post

CR2C

Purpose: Senior commander's holistic and multi-disciplinary prevention platform, which integrates Garrison, medical, and tactical efforts to fully implement people first and ready and resilient (R2) requirements, monitors R2 measures and synchronizing efforts.

Frequency/Day/Time: Quarterly (insert]

Location: [Insert]

MS Teams/Dial-in: [Insert group or dial-in information]

Staff Proponent: [Insert]

Slide Library Address: [Insert]

Chair: Senior commander and command sergeant major

Key Stakeholders: Garrison and medical command teams

Alternate Chair: Chief of staff and command sergeant major

Attendees: Brigade command teams, tenant organizations, and command teams

- ❑ Refer to AR 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ CR2C WGs: Suicide prevention task force, installation prevention team (IPT), physical / MSK IP, spiritual, BOSS, SOHAC, protection / PAR, R2 training, SARB
- ❑ Unit R2 teams: Major subordinate command BDE level health of the force data
- ❑ Unit R2 teams: Tenant organizations

Outputs: CG's guidance, policy, programmatic, training guidance, and resource application

- ❑ Data systems
- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 initatives

Feeds: Informs higher HQs EPR2 and people first requirements, prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
CG / CSM	Opening Remarks	5 min
CR2I	Status of Actions / Due-outs	5 min
IDPH	Awareness Month AAR	5 min
SPPM	SPTF update	5 min
WG Chair	WG update	5 min
WG Chair	WG update	5 min
O-6 BDEs	**selected UHPT updates*	40 min
CR2I	Review Due-outs and Suspenses	5 min
CG / CSM	Guidance/Closing Remarks	10 min

Figure B-4. Sample CR2C Seven-Minute Drill

APPENDIX C

Sample CR2C Charter

Figures C-1 and C-2 show a sample Command Ready and Resilient Council Charter.

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: [INSERT ORGANIZATION NAME] Commanding General's Ready and Resilient Council Charter.

1. Effective immediately, this memorandum outlines the Ready and Resilient (R2) strategic framework requirements pursuant to my authority as [INSERT INSTALLATION] to Major Subordinate Commands [INSERT CR2C ORGANIZATIONS – USAG, MTF, TENANT UNITS].

2. This memorandum supersedes previous charter memorandums.

3. Organization and Function:

a. The CG's CR2C meets the requirement to oversee a prevention governance process in accordance with AR 600-20 (Army Command Policy), 24 July 2020, Chapter 3, para. 3-1 through 3-3 and AR 600-63 (Army Health Promotion), 14 April 2015, para. 1-26, and Enduring Personal Readiness and Resilience (EPR2) OPORD, 10 December 2016 (Fragmentary Orders 1- 3, 12 April 2017-19 December2017), People First Strategy, and on-going HQDA R2 Governance forum guidance.

b. The CR2C manages a coordinated holistic approach to enabling the Readiness and Resilience of well-rounded Service members, Family members, and Civilians through a proactive prevention approach. The Council Chairman will be the Commanding General, or in his absence, the Deputy Commander. Members include Commanders (listed above), Command Sergeants Major of Units reporting directly to xxx organization, and Staff Directors/ Chiefs. The Community Ready and Resilient Integrator will serve as the administrator of the CR2C.

c. CR2C meets quarterly, or at the call of the Chair, to review identified R2 Lines of Effort, Major Subordinate Command (MSC) Assessment, Priorities, Measures of Performance, Measures of Effectiveness, Key Performance Indicators, and Operational Objectives that focus on the measurement of R2 conditional changes.

d. The Chief of Staff will lead the staff in assessing ongoing actions through Working Groups (WG) and Strategic forums. The Chief of Staff will serve as the approval authority proponent of CR2C minutes and specified reports to Headquarters, Department of the Army (HQDA), G-1, Army Resilience Directorate (ARD).

4. Objectives:

a. Assist the Commanding General with implementation of Prevention

Figure C-1. Sample CR2C Charter

Integration efforts, promulgation of promising practices, tactics, techniques, procedures, assessment of policy, programs, and alignment of resources.

b. Assess R2 trends, promising practices (that may be worthy of replication across the Command), and provide analysis and recommendations to the Command Group for R2 policy, program, and capability improvements.

5. This memorandum will be rescinded when the Commanding General is succeeded in command.

6. The R2 point of contact is the Command G-1. G-1 is appointed as the R2 Director: [INSERT POINT OF CONTACTS HERE]. Refer to Command's SharePoint site for slides, minutes, executive summaries: https:xxxxx.army.mil.

SIGNATURE BLOCK

ENCLOSURES

Figure C-2. Sample CR2C Charter

APPENDIX D

Sample Community R2 Plan

The sample community ready and resilience (R2) plan, depicted in Figure D-1, identifies and sets priorities for the installation Command Ready and Resilience Council (CR2C) based on assessments and analysis and includes the Army suicide prevention program (ASPP). The community R2 plan coordinates and unifies approaches to healthy behaviors and community resiliency by aligning associated working groups (WGs) with organizational mission and vision, as well as goals and objectives for readiness. It includes a communication plan with diversified ways for reaching Soldiers, family members, civilians, and community partners.

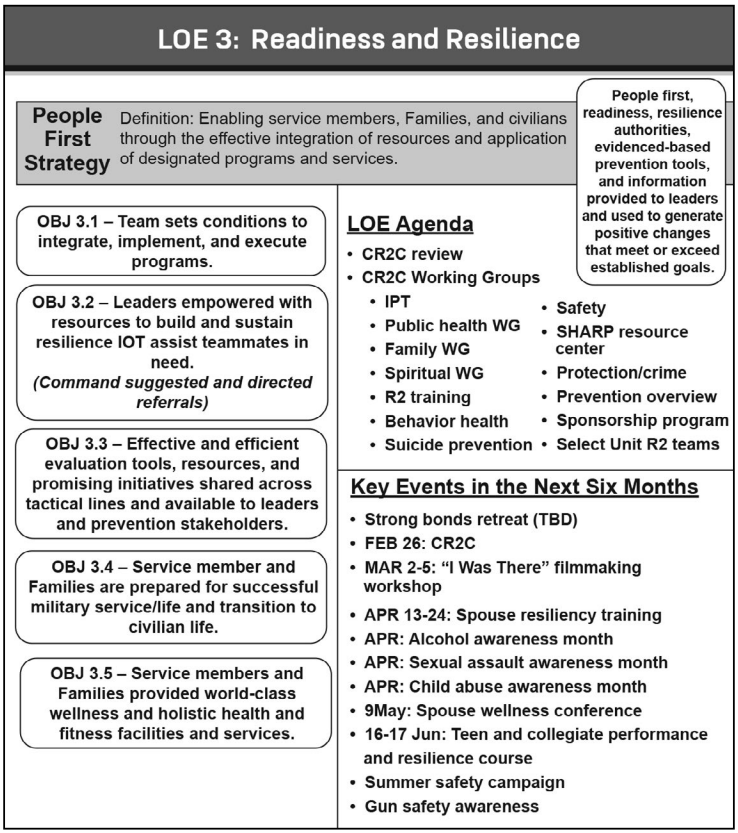

Figure D-1. Sample Community R2 Plan

APPENDIX E

Seven-Minute Drill Samples

This working group (WG) sample of seven-minute drills consists of the following:

- Well-defined description of the goals to be carried out;
- Tasks that need to be carried out to reach the goals;
- People who will be in charge of carrying out each task;
- Timeline with milestones;
- Resources needed to complete the tasks;
- Measures to evaluate progress; and
- Battle rhythm feedback look to the senior commander (SC), garrison commander (GC), and medical treatment facility (MTF) director.

CR2C Working Groups

Purpose: Action arm to evaluate prevention efforts, collect- analyze-monitor data, develop CoAs, and provide recommendations to CR2C IAW CG's priorities and intent.

Frequency / Day / Time: Monthly

Location: [Insert]

MS Teams/Dial-in: [Insert group or dial-in information]

Staff Proponent: Functional leads designated in CR2C charter or appointed on orders by SC, GC, or MTF CDR

Slide Library Address: [Insert]

Chair: Garrison commander, MTF commander, or designated staff lead

Alternate Chair: Deputy commander / CSM

Attendees:
- ❑ Refer to AR
- ❑ IAW CR2C Charter
- ❑ Installation stakeholders
- ❑ Medical stakeholders
- ❑ Tactical stakeholders

Command Group Attendees:
- ❑ IAW CR2C
- ❑ *additional staff as needed*

Inputs: [Insert description]
- ❑ Prevention need / issue
- ❑ Resources
- ❑ Data
- ❑ Environmental scan / assessment
- ❑ Installation services data
- ❑ Medical data
- ❑ Tactical data

Outputs:
- ❑ EXSUM / WG slides
- ❑ Data analysis
- ❑ CoA development
- ❑ Action plan implementation
- ❑ Initiative development

Feeds: Corps or division chief of staff and CR2I

Meeting Agenda:

Briefer	Content	Timeline
WG Chair	Opening Remarks	5 min
WG AO	Status of actions / due-outs	5 min
SME	Prevention activity update	5 min
SME	Climate / culture update	5 min
SME	Intervention update	5 min
SME	Crisis response update	5 min
WG	Discussion	5 min
WG AO	Review due-outs and suspenses	5 min
WG Chair	Guidance and closing remarks	5 min

Figure E-1. Sample generic CR2C WG Seven-Minute Drill

ACTION PLANNING INPUTS

The action plan should do the following:

1. Outline the end state(s).

2. Frame the priority area with a goal and a problem statement.

3. Identify measures of performance (MOPs) and measures of effectiveness (MOEs) for activities and actions.

4. Use evidence-based approaches to inform the process and use data to track the process to the objective.

5. Identify actions and activities that are required for success.

6. Enter action plan initiatives in the Command Ready and Resilient Council (CR2C) impact tracker to capture and describe impact across the installation.

7. Lead the WG to brief the status of community ready and resilient integrator (CR2C action officer) on a monthly basis.

8. Lead the WG to brief the status of the action plans to the CR2C at least quarterly.

Suicide and Violence Prevention WG

Purpose: Plan, implement, and manage the local integrated suicide prevention program (SPP) and address the CDC seven strategies.

Frequency / Day / Time: Quarterly [Insert

OPR: Suicide prevention program coordinator

OCR: Installation director of psychological health

Slide Library Address: [Insert]

Attendees:

- ❑ CoS– WG Chair
- ❑ CSM—Co-Chair
- ❑ X BDE CMD team
- ❑ X BDE CMD team
- ❑ X BDE CMD team
- ❑ X BDE CMD team
- ❑ X BDE CMD team
- ❑ Garrison CMD team
- ❑ Medical CMD team
- ❑ G-1 & SGM
- ❑ G-2 & SGM
- ❑ G-3/5/7 & SGM
- ❑ G-4 & SGM
- ❑ G-8 & SGM
- ❑ CH
- ❑ SURG
- ❑ SJA
- ❑ IG
- ❑ EO
- ❑ SHARP
- ❑ H2F
- ❑ PAO
- ❑ *additional staff as needed*

**Deputy CDR alternates*

Inputs: [Insert description]

- ❑ CG guidance
- ❑ Members
- ❑ Inventory and assessment of community resources for suicide and violence prevention
- ❑ Data, trends, and reporting on program and initiative MOPs and MOEs
- ❑ Suicide response team and S2FRAB results

Outputs:

- ❑ CoA development
- ❑ Promising practices worthy of replication

Feeds: CR2C campaign plan and people first requirements, prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	1 min
AO	Old business / summary of actions	5 min
CH	Non-clinical data trends and initiatives	5 min
BH	Clinical data trends and initiatives	5 min
ACS	Financial and Family update	5 min
AO	New business	15 min
BDE AOs	UHPT trends and updates	15 min
AO	Review due-outs and suspenses	5
Chair	Guidance and closing remarks	1 min

Figure E-2. Sample Suicide and Violence Prevention WG Seven-Minute Drill

Spiritual Resilience Work Group Seven-Minute Drill

Purpose CR2C WG: Prevention integration of spiritual strengthening resources, SM peer support, SM volunteer opportunities, religious support, and unit ministry team (UMT) data for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Staff Proponent: Command CH, USAG CH, tenant CH, medical CH

Slide Library Address: [Insert]

Chairs: Garrison chaplain, medical facility chaplain, command chaplain, UMT NCOIC

Key Stakeholders: Command teams

Alternate Chair: Command chaplain ICW tenant organization chaplain

Attendees: Brigade command teams, tenant organizations and command team action officers and designated representatives

- ❑ Refer to AR 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ UMT trends, Strong Bonds participation, and AARs
- ❑ Other command-directed data elements
- ❑ Unit R2 teams: Major subordinate command BDE-level health of the force data
- ❑ Unit R2 teams: Tenant organizations
- ❑ Religious support activities
- ❑ Spiritual connectedness pilots
- ❑ Single Soldier support

Outputs: Integration of spiritual resources and increased peer support of first term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 initiatives

Feeds: CR2C campaign plan, EPR2, people first requirements, and prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
AO	Status of actions / due-outs	5 min
CH	Summary of data trends	5 min
CH	Summary of service utilization	5 min
MFLC	Information sharing and top reasons for seeking help	5 min
Housing	Information sharing and community center requests for assistance	5 min
BDE AOs	UHPT trends and updates	15 min
AO	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-3. Sample Spiritual Resilience WG Seven-Minute Drill

Data Effectiveness and Installation Prevention Team (IPT) Seven-Minute Drill

Purpose CR2C WG: Installation integration of risk data, crime data, medical data, and tactical data (UHPTs) for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Staff Proponent: USAG command designated, ADCO, and risk reduction prevention coordinator

Slide Library Address: [Insert]

Chairs: Garrison command directed, deputy Garrison commander, and command sergeant major

Key Stakeholders: Medical and command teams

Alternate Chair: DHR and command sergeant major

Attendees: Brigade command teams, tenant organizations, and command teams

- ❑ Refer to 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ Alcohol offenses, drug offenses, positive UAs, spouse abuse, domestic violence, child, abuse, incidents of sexually transmitted diseases, crimes against property or persons, AWOLs, traffic violations, and other command-directed data elements
- ❑ Unit R2 teams: Major subordinate command BDE-level health of the force data
- ❑ Unit R2 teams: Tenant organizations

Outputs: Integration of prevention resources and increased peer support of first term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 initiatives

Feeds: CR2C campaign plan, EPR2, people first requirements, and prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
RRPC	Status of actions / due-outs	5 min
ADCO	Awareness month AAR	5 min
PMO / DES	Crime data trends / update	5 min
MTF	Medical data trends / update	5 min
BDE AOs	UHPT trends / updates	15 min
RRPC	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-4. Sample Data Effectiveness and Installation Prevention Team Seven-Minute Drill

Physical Resilience Work Group Seven-Minute Drill

Purpose CR2C WG: Prevention integration of built environment data, medical data, and tactical data (UHPTs) for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Staff Proponent: (Medical command designated) PM chief, PH chief, BH chief, IDPH

Slide Library Address: [Insert]

Chairs: Director, medical services

Key Stakeholders: Holistic health and fitness PM, Garrison and command teams

Alternate Chair: Preventive medicine chief / NCOIC

Attendees: Brigade command teams, tenant organizations, command team action officers, and designated representatives

- ❑ Refer to AR 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ Physical readiness data (ACFT, ABCP, MSK, profiles, etc), tobacco, dental readiness, and other command-directed data elements
- ❑ Unit R2 teams: Major subordinate command BDE-level health of the force data
- ❑ Unit R2 teams: Tenant organizations

Outputs: Integration of prevention resources and increased peer support of first term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication

Feeds: CR2C campaign plan, people first requirements, and prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
AO	Status of actions / due-outs	5 min
MWR	Summary of community data	5 min
H2F	Unit physical readiness / update	5 min
MTF	Medical data trends / update	5 min
BDE AOs	UHPT trends / updates	15 min
AO	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-5. Sample Physical Resilience WG Team Seven-Minute Drill

Culture, Climate, and Community WG Seven-Minute Drill

Purpose CR2C WG: Prevention integration of installation and community reception, inprocessing, and strengthening resources, FM peer support, FM volunteer opportunities, ACS, MFLC, Red Cross, USO, and other data for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Staff Proponent: USAG command designated, ACS, USO, and community partners

Slide Library Address: [Insert]

Chairs: Deputy Garrison commander, ACS director, and DHR

Key Stakeholders: Command teams

Alternate Chair: Community organization and partnership co-chair

Attendees: Brigade command teams, tenant organizations, command team action officers, and designated representatives

- ❑ Refer to 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ MFLC utilization trends / Adults / Children
- ❑ CDC and CYSS data trends
- ❑ USO / Red Cross input
- ❑ Community manager (housing) input
- ❑ Reception inputs
- ❑ In-processing inputs
- ❑ ACS inputs (spouse employment)

Outputs: Integration of prevention resources and increased peer support of first term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 initiatives

Feeds: CR2C campaign plan, people first requirements, and prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
AO	Status of actions / due-outs	5 min
ACS	Summary of data trends	5 min
AER	Summary of service requests	5 min
MFLC	Information sharing and top reasons for seeking help	5 min
BDE AOs	UHPT trends / updates	15 min
AO	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-6. Sample Culture, Climate, and Community WG Seven-Minute Drill

Safety and Occupational Health Advisory Council Seven-Minute Drill

Purpose CR2C WG: Accident prevention, accident data, and ARAP survey findings and other data for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Location: [Insert]

MS Teams/Dial in: [Insert group or dial in information]

Staff Proponent: Safety director

Slide Library Address: [Insert]

Chairs: CG, CSM, and CoS

Key Stakeholders: Command teams

Alternate Chair: CoS, Garrison CDR, medical CDR, and CSM

Attendees: Brigade command teams, tenant organizations, command team action officers, and designated representatives

- ❑ Refer to 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ Class A/B/C/D data
- ❑ ARAP Survey data
- ❑ Unit Safety data
- ❑ Garrison Safety data
- ❑ Medical Safety data
- ❑ Indiscipline incidents
- ❑ Safety Campaign

Outputs: Integration of prevention resources and increased peer support of first term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 Initiatives

Feeds: ACOM / ASCC / DRU SOHAC / CR2C Campaign plan / EPR2 / People First requirements, Prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
AO	Status of actions / due-outs	5 min
Safety director	Summary of data trends	10 min
Safety	Safety campaign / motorcycle training	5 min
Range POC	Tactical range update	5 min
MWR	Range safety update	15 min
BDE AOs	Safety trends / updates	15 min
AO	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-7. Sample Safety and Occupational Advisory Council Seven-Minute Drill

Sexual Harassment, Assault, Response, and Prevention WG Seven-Minute Drill

Purpose CR2C WG: SARB trends, integrate prevention and response activities across the community, heat map, and other data for SME review, discussion, analysis, and CoA development.

Frequency / Day / Time: Quarterly / Monthly (should occur prior to CR2C battle rhythm)

Location: [Insert]

MS Teams/Dial in: [Insert group or dial in information]

Staff Proponent: SHARP director and deputy program manager

Slide Library Address: [Insert]

Chairs: Garrison commander, medical commander, and CSM

Key Stakeholders: Command SHARP PM, Garrison SHARP PM, medical SHARP PM

Alternate Chair: CoS

Attendees: Brigade command teams, tenant organizations, command team action officers, and designated representatives

- ❑ Refer to AR 600-63 for full list
- ❑ Installation stakeholders
- ❑ Community stakeholders

Command Group Attendees:

- ❑ [Insert]
- ❑ [Insert]
- ❑ *additional staff as needed*

Inputs: WG EXSUMs, WG slides, and WG chair DPs

- ❑ % of Restricted reports
- ❑ % of Un-restricted reports
- ❑ High Risk case lessons learned
- ❑ Prevention & Response Campaigns
- ❑ Unit SARC / VAs community of practice
- ❑ IDPH / BH Integration

Outputs: Integration of prevention resources and increased peer support of first-term Soldiers and Families

- ❑ CoA development
- ❑ Promising practices worthy of replication
- ❑ R2 Initiatives

Feeds: Installation SARB / ACOM / ASCC / DRU / CR2C Campaign plan / EPR2 / People First requirements, Prevention system evidence of delivery

Meeting Agenda:

Briefer	Content	Timeline
Chair	Opening Remarks	5 min
AO	Status of actions / due-outs	5 min
SHARP PM	Summary of data trends	10 min
SARC / VA	Selected initiative for sharing across community of practice	5 min
IDPH	Access to care trends	5 min
AO	Review due-outs and suspenses	5 min
Chair	Guidance and closing remarks	10 min

Figure E-8. Sexual Harassment, Assault, Response, and Prevention WG Seven-Minute Drill

APPENDIX F

Suicide Prevention Measures of Performance and Effectiveness

Figures F-1 through F-3 show suicide prevention measures of performance and effectiveness for the following functions:

- Command visibility tools,
- Integrated prevention training, and
- Community-based ready and resilience (R2) integration.

These figures show the relationship between suicide prevention functions, activities, and outcomes.

Figure F-1. Command Visibility Tools

Figure F-2. Integrated Prevention Training

Figure F-3. Community-Based R2 Integration

REFERENCE MATERIAL

Army Regulation (AR) 15-6, *Procedures for Administrative Investigations and Boards of Officers*, 1 April 2016.

AR 165-1, *Army Chaplain Corps Activities*, 23 June 2015.

AR 190-11, *Physical Security of Arms, Ammunitions, and Explosives*, 17 January 2019.

AR 195-2, *Criminal Investigation Activities*, 21 July 2020.

AR 350-53, *Comprehensive Soldier and Family Fitness*, 19 June 2014.

AR 600-8-4, *Line of Duty Policy, Procedures, and Investigations*, 12 November 2020.

AR 600-20, *Army Command Policy*, 24 July 2020.

AR 600-63, *Army Health Promotion*, 14 April 2015.

AR 600-85, *Army Substance Abuse Program*, 23 July 2020.

AR 608-1, *Army Community Service*, 19 October 2017.

AR 608-18, *Army Family Advocacy Program*, 30 October 2007.

AR 638-8, *Army Casualty Program*, 7 June 2019.

Army Public Health Center Technical Guide No. 362, Implementation of Commander's Ready and Resilient Council.

Execution Order (EXORD) 140-21, *The Army Financial Literacy Training Program*, 26 March 2021.

GLOSSARY

ACRONYMS AND ABBREVIATIONS

AAFES	Army and Air Force Exchange Service
AAR	after action review
ABCP	Army body composition program
ACE	ask-care-escort
ACFT	Army Combat Fitness Test
ACOMS	Army commands
ACS	Army Community Services
AD	active duty
ADCO	administrative control
AER	Army Emergency Relief
ALERTS	Army law enforcement reporting and tracking system
AO	action officer
APHC	Army public health center
AR	Army regulation
ARD	Army resilience directorate
ARAP	Army Readiness Assessment Program
ASACS	Adolescent Support and Counseling Services
ASAP	Army Substance Abuse Program
ASL	Army senior leader
ASPP	Army Suicide Prevention Program
AWC	Army Wellness Center
AWOL	absent without leave
BCT	brigade combat team
BDE	brigade
BH	behavioral health
BOSS	Better Opportunities for Single Soldiers
CDC	Centers for Disease Control and Prevention
CDR	commander
CG	commanding general

CH	chaplain
CID	Criminal Investigation Division
COA	course of action
COP	common operational picture
COS	chief of staff
CR2C	Command Ready and Resilient Council
CR2I	command ready and resilient integrator
CRRT	Commander's Risk Reduction Toolkit
CSM	command sergeant major
CSSER	Commander's Suspected Suicide Event Report
CYSS	Army Child, Youth, and School Services
DA	Department of the Army
DAMIS	drug and alcohol management information system
DENTAC	dental activity
DEOCS	Defense Organizational Climate Survey
DES	Directorate of Emergency Services
DHR	Department of Human Resources
DJMS	Defense Joint Military Pay System
DODSER	Department of Defense Suicide Event Report
DP	decision points
EEO	equal employment opportunity
EO	equal opportunity
EPR2	enduring personal readiness and resilience
EXSUM	executive summary
FM	field manual
GC	garrison commander
H2F	holistic health and fitness
HCP	health care provider
HQDA	Headquarters, Department of the Army
IAW	in accordance with
ICW	in coordination with
IDPH	installation director of psychological health
IG	inspector general

IMCOM	Army Installation Management Command
IOT	integrated operator trainer
IP	injury prevention
IPT	installation prevention team
LOE	line of effort
MEDCOM	medical command
MFLC	military and family life counseling
MOE	measure of effectiveness
MOSC	military occupational specialty code
MOP	measure of performance
MRT	master resilience training
MSK	musculoskeletal
MS-Teams	Microsoft Teams
MTF	medical treatment facility
MWR	morale, welfare, and recreation
NCO	noncommissioned officer
NCOIC	noncommissioned officer in charge
NDAA	National Defense Authorization Act
OCR	office of community relations
OPR	office of primary responsibility
OSD	Office of the Secretary of Defense
OTSG	Office of the Surgeon General
PAO	public affairs office
PAR	personnel action request
PM	preventive medicine
PMI	performance management indicator
PMO	program management office
POC	point of contact
PSR	program status report
R2	readiness and resilience
RC	reserve component
RRPC	risk reduction program coordinator

S2FRAB	Suspected Suicide Fatality Review and Analysis Board
SARB	Sexual Assault Review Board
SARC	sexual assault response coordinator
SC	senior commander
SGM	sergeant major
SHARP	sexual harassment and assault response and prevention
SIR	serious incident report
SJA	staff judge advocate
SME	subject matter expert
SOHAC	Safety and Occupational Health Council Counsel
SPP	suicide prevention program
SPPM	suicide prevention program manager
SPTF	Suicide Prevention Task Force
SPWG	suicide prevention working group
SRT	suicide response team
SURG	surgeon
TBD	to be determined
UA	urinalysis
UHPT	Unit Health Promotion Team
UMT	unit ministry team
UPL	unit prevention leaders
USAG	United States Army Garrison
USO	United Service Organizations
VA	Department of Veterans Affairs
WG	working group

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