



DEPARTMENT OF THE ARMY
U.S. ARMY COMBINED ARMS SUPPORT COMMAND AND FORT LEE
2221 ADAMS AVENUE
FORT LEE, VIRGINIA 23801-2102

CASCOM POLICY 21-15

JUL - 9 2021

ATCL- CG (100)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: United States Army Combined Arms Support Command and Fort Lee Policy Letter for Health Promotion, Risk Reduction, and Suicide Prevention

1. References.

- a. Army Health Promotion Risk Reduction Suicide Prevention Report 2010 (Department of the Army's Red Book), August 2010.
- b. MEDCOM, FORSCOM, IMCOM, AMC, and TRADOC Memorandum of Agreement: Implementation of Army Public Health Command Health Promotion Initiatives on Army Installations, dated 12 July 2011.
- c. Guide for Use of the United States Army Soldier and Leader Risk Reduction Tool, November 2012.
- d. Army Regulation 600-63, Army Health Promotion, 14 April 2015.
- e. DA PAM 600-24 Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.
- f. FRAGO 4 to HQDA OPORD - Enduring Personal Readiness, dated 24 April 2018.
- g. TRADOC Reg. 350-6, Enlisted Initial Entry Training Policies and Administration.
- h. Fort Lee Standard Operating Procedure for Service Member, Family Member, and Department of the Army Civilian Suicide Postvention, 11 March 2021.
- i. CASCOM and Fort Lee Commander's Readiness and Resilience Council Charter, 19 April 2021.

2. The readiness of our Army is paramount in our ability to fight and win on the battlefield. Sustaining the health and well-being of our Soldiers, Family members and Department of the Army Civilians is a preeminent responsibility of Army Senior leaders and personnel at all levels. The success of the Army Suicide Prevention Program (ASPP) is predicated on the existence of proactive, caring, and courageous Soldiers, Army Civilians, and Family members who recognize imminent danger and take immediate action to save life. The Army's strategic approach for mitigating suicide and

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high risk behaviors build's cohesive units. Promoting a healthy lifestyle for reducing high-risk behavior and preventing suicide are priorities in this Command.

3. All Commanders, leaders, supervisors, Soldiers, and Department of the Army Civilians are responsible for creating an environment that reduces the stigma of seeking help for behavioral health issues. On a daily basis, 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. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently discriminate, punish, or discourage Soldiers or employees from seeking professional counseling.

4. To this end, ensure that no Soldier is belittled for requesting assistance from behavioral health professionals and social workers. Similarly, ensure Civilian employees are encouraged to access help available for them. Leaders will utilize an extraordinary degree of discretion when identifying and sharing information regarding Soldier and Civilian personnel seeking help.

5. Each life lost to suicide is one life too many. Suicide prevention spans the gamut of effort from prevention to intervention to post-intervention. Each one of us has a personal role to play in preventing suicide. Annual training and refresher training provide tools for intervention. The Suicide Prevention Task Force (SPTF), established through the Commander's Ready and Resilient Council, is composed of expert individuals to identify trends, implement initiatives to enhance the quality of suicide awareness and prevention training, and provide recommendations to the command. The SPTF has established a Suicide Response Team, composed of various subject matter experts, available to serve as an asset to assist Commanders and the community in the event of a suicide attempt or completion.

6. Leaders at all levels must remain engaged with all Soldiers, maintaining awareness of high-risk behaviors and varying circumstances through formal and informal counseling and continuous observation. All counseling sessions will be recorded on DA Form 4856 (Developmental Counseling Form). Additionally, Commanders will leverage existing risk reduction tools, such as the Commander's Risk Reduction Toolkit and the Unit Risk Inventory to aid in identification of at-risk behaviors in their formations. Soldiers deemed as high risk based on leader assessment must be monitored closely and re-assessed weekly by Company-level Commanders. Battalion-level Commanders will review all high risk Soldiers and plans to mitigate risk with Brigade-level Commanders on at least a monthly basis. Every Brigade-level Commander will conduct a Unit Health Promotion Team quarterly, monitoring high risk behaviors and trends within their command.

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7. Individuals undergoing career-altering investigations will be deemed high risk and escorted to all investigation-related activities by a member of their chain of command. High risk individuals will be referred to the Behavioral Health Department, escorted by a command designated member of their chain of command. All Commanders will maintain communication with behavioral health care providers and develop appropriate crisis response plans.

8. There are numerous resources available for those in need of help. The CASCOM WE CARE Application is a great source for information on suicide prevention. The free application can be found at TRADOC Mobile, Google Play and the App-Store. Additionally, Fort Lee's Community Resource Guide is a comprehensive listing of local health and wellness resources that can be located at <https://crg.amedd.army.mil/guides/tradoc/lee>.

9. This policy is in effect until superseded or rescinded.

10. The POCs for this action are the Garrison Suicide Prevention Program Manager at (804) 734-7226 or the Ready and Resilient Integrator at (804) 765-7009.

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MARK T. SIMERLY
Major General, U.S. Army
Commanding

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