

# Fort Riley Suicide Prevention Program



Policy and Program Information

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# Fort Riley Suicide Prevention Program

History and Overview



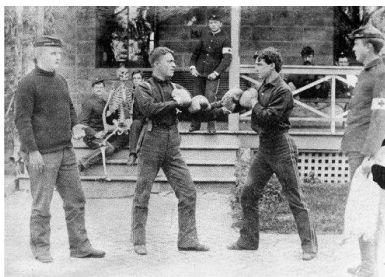
## Fort Riley: A Brief History

The early history of Fort Riley is closely tied to the movement of people and trade along the Oregon and Santa Fe Trails. These routes, a result of the United States perceived "manifest destiny" in the middle of the 19th century, extended American domination and interests into far reaches of a largely unsettled territory. During the 1850s, a number of military posts were established at strategic points to provide protection along these arteries of emigration and commerce.

In the fall of 1852, a surveying party under the command of Capt. Robert Chilton, 1st U.S. Dragoons, selected the junction of the Republican and Smoky Hill Rivers as a site for one of these forts. This location, approved by the War Department in January 1853, offered an advantageous location from which to organize, train and equip troops in protecting the overland trails.

Surveyors believed the location near the center of the United States and named the site, Camp Center. During the late spring, three companies of the 6th Infantry occupied the camp and began construction of temporary quarters.

On June 27, 1853, Camp Center became Fort Riley -- named in honor of Maj. Gen. Bennett C. Riley who had led the first military escort along the Santa Fe Trail in 1829. The "Fort" took shape around a broad plain that overlooked the Kansas River valley.



*Part of the medical detachment at the Fort Riley Hospital about 1870.*



*Second permanent hospital, 1889. Now part of post headquarters.*

## Fort Riley: A Brief History Continued

Soldiers from Fort Riley continue to be deployed to areas in all corners of the world. From southwest Asia to the Caribbean and the Balkans, Fort Riley soldiers have been engaged in numerous peacekeeping and nation-building missions. They continue to hone their skills by periodic deployments to the National Training Center located at Fort Irwin, California prior to mission deployments.

Today, Fort Riley is home to more than 19,000 soldiers and their family members. The installation reflagged in the summer of 2006 with the return of the famed 1<sup>st</sup> Infantry Division from Europe. The 1<sup>st</sup> ID has previously been assigned the mission of training and supporting the Military Transition Team (MTT) for support of transition operations in Afghanistan and Iraq. Additionally, Fort Riley currently has several units deployed to theatre and other operations world-wide.

Just as the soldiers that have trained, stood ready and deployed in the past, the soldiers now stationed at Fort Riley look back across a long history of serving and defending our nation. Their sacrifices have been many, and although the gratitude may sometimes fall short, our soldiers still fulfill their obligations and duties in a tradition of integrity and selfless-service. With this sense of duty and dedication that has always been a hallmark of the Army, these soldiers take these same values into the 21<sup>st</sup> century.



*1<sup>st</sup> ENG BN Night Ops*



*1-16 IN at AT-4 Range*

## Suicide Prevention Program Statistical Overview

- ✦ The Fort Riley Suicide Prevention Program has trained **5,000** Soldiers, Family and civilian personnel in the Applied Suicide Intervention Skills Training (ASIST).
- ✦ Fort Riley is leading the Army with approximately **169** Gatekeeper certification classes conducted to date.
- ✦ In April, Fort Riley hosted its 6<sup>th</sup> LivingWorks train the trainer workshop certifying 24 Civilian and active duty personnel as instructors to teach the ASIST T4T program. This increased the total number of Fort Riley ASIST Certified trainers to **65**. The next scheduled train the trainer will be conducted on 31 January 2011.
- ✦ The Fort Riley CG's policy letter #31, requires that 10% of a platoon formation, 10% of barracks personnel by floor/gender, 5% of rear detachment cadre, and all senior leadership on the installation, E-5 and above, be ASIST trained.
- ✦ As part of CG policy letter #31, all Commanders and First Sergeants are to be certified as ASIST trained Gatekeepers and is a requirement for the completions of the Commander's 1SG course. This allows a flow and understanding between command and their unit Gatekeepers to keep those thinking of suicide safe.
- ✦ The Fort Riley Suicide Prevention Program is working hard to minimize the stigma associated with accessing behavioral health care, by increasing awareness around post through coordinating directorates, awareness campaigns and working with command.
- ✦ Installations that have adopted all or part of the Fort Riley model: Fort Stewart, Fort Bliss, Fort Lewis, Fort Campbell, and Presidio, CA.

# Fort Riley Suicide Prevention Program

SOP/Charter and Appendixes



**DEPARTMENT OF THE ARMY**  
**Suicide Prevention Program**  
**Fort Riley, Kansas 66442**

AFZN-CH

21 September 2009

**Standard Operating Procedure (SOP)**  
**Fort Riley Suicide Prevention Program**

**1. Purpose.** This Standard Operating Procedure sets forth the policies and procedures for implementing, evaluating, and conducting the Suicide Prevention Program at Fort Riley, Kansas. It provides guidance for all suicide prevention activities. Every fiscal year during the first suicide prevention council meeting in October, the Suicide Prevention Task Force will review, modify, and update this SOP as needed. Request for authorization to deviate from, supplement, or modify any procedures set forth in this SOP must be submitted in writing to the Chief Of Staff, Chairman Suicide Prevention Task Force, AFZN-CH, Building 580, First Division Road, Fort Riley, Kansas 66442.

**2. References.**

- a. DA Pam 600-24, Suicide Prevention and Psychological Autopsy, September 30, 1988
- b. AR 600-63, Army Health Promotion, 07 May 2007
- c. Suicide Prevention: A Resource Manual for the United States Army
- d. CG Policy Letter, Responsibilities and assignment of Gatekeepers

**3. Strategy.**

a. The strategy and supporting elements of the Installation Suicide Prevention Program outlined in this SOP are based on the premise that suicide prevention will be accomplished through the positive action of unit leaders and implementation of effective command policy. The key to the prevention of suicide is positive leadership and honest concern by supervisors for military personnel, their Families, and civilian employees who are at increased risk of suicide, and appropriate intervention for all such personnel at risk for suicide.

(1) Once identified as being at increased risk, military personnel will be referred to appropriate helping agencies such as the Community Mental Health Service (CMHS) or hospital Emergency Room or the Medical Treatment Facility and tracked by the Unit Commander to ensure problem resolution.



(2) Civilian employees identified as “at risk” will first be referred to the Fort Riley Employee Assistance Program for evaluation and referral to the appropriate health care providers or civilian agencies in the surrounding communities.

b. Leaders must know their subordinates and ensure timely assistance is provided when needed. Unit commanders at all levels must emphasize the importance of suicide prevention through the publication of command letters, directives, and instructions, as appropriate. Unit leaders must support training programs and actively provide opportunities for soldiers to attend.

c. It is the Army’s goal to prevent suicides by Soldiers, Family members, and civilian employees. However, it must be recognized that in some people, suicidal intent is very difficult to identify or predict, even for a mental health professional. Some suicides may occur even in units with the best leadership climate and most efficient crisis intervention and suicide prevention programs. Therefore, it is important to redefine the goal of suicide prevention as being suicide risk reduction. Suicide risk reduction consists of reasonable steps taken to lower the probability that an individual will commit acts of self-destructive behavior (DA Pamphlet 600-24).

#### **4. Suicide Prevention Program.**

a. The goal of Fort Riley’s Suicide Prevention Program is to minimize suicidal behavior among our Soldiers, retirees, civilians and family members.

b. The Suicide Prevention Council implements and manages that program and will coordinate, develop and utilize the best known available methodology in caring for Soldiers, retirees, civilians and family members at risk for suicide. Success of the suicide prevention council will be measured by the establishment of:

(1) An environment in which all Soldiers, civilians, and family members at risk for suicide can be identified and receive intervention and appropriate care.

(2) A command climate where persons at risk do not fear to seek help and are encouraged to use all resources at their disposal without fear of repercussions.

(3) Command training and counseling programs which focus on building positive life coping skills for Soldiers and families and which train leaders on determining risk.

c. The Fort Riley Suicide Prevention SOP provides the framework for a valuable program that will assist Commanders and civilian supervisors to work on lowering the risk of suicide for Soldiers, Family members, and civilian employees. This will lead to lower suicide rates in the Army’s total workforce and will decrease the tragic loss of life and loss of productivity that results from suicidal behavior.

**5. Suicide Prevention Council.** The suicide prevention council shall consist of the following personnel or their designee:

- a. Chief of Staff 1ID (Chairman)
- b. Division Psychiatrist
- c. G1
- d. Alcohol and Drug Control Officer (ADCO)
- e. Suicide Prevention Program Manager (SPPM)
- f. Installation Safety Office (DES)
- g. Chief, Department of Behavior health (CDBH)
- h. Staff Judge Advocate (SJA)
- i. Public Affairs Officer (PAO)
- j. Family Life Chaplain
- k. Army Community Services Officer (ACSO)
- l. Family Advocacy Program Manager (FAPM)
- m. Inspector General (IG)
- n. Deputy Installation Chaplain

**6. Functions of the Suicide Prevention Council.** The Suicide Prevention Task Force will:

- a. Coordinate all suicide prevention and intervention programs provided for the units and organizations at Fort Riley.
- b. Review and evaluate current command programs implemented to screen for, and deal with, high risk factors for suicide, as those factors relate to training and operation issues. The Task Force will make recommendation, based on those reviews, to the Commanding General 1ID.
- c. Train units on the proper implementation of the Soldier Well-Being Checklist (Riley Form 25) and ensure distribution of the checklist, with instructions, to all units whether by FRAGO or other distribution system.
- d. Review, refine, add, and/or delete elements of suicide prevention and intervention programs based on an on-going evaluation of needs.

e. Identify suicide awareness and prevention training needs for Fort Riley organizations/units and provide or create programs to meet those specific needs.

f. Evaluate the impact of the OPTEMPO on the quality of individual and family life in the total military community, and its relationship to increased risk of suicidal ideations or attempts.

g. Be aware of publicity generated with respect to suicides in the community and develop public awareness articles for publication.

h. In the event of a suicide, review the results of the psychological autopsy Army Suicide Event Reports & Fatality Review Boards to determine possible causes of the suicide and/or systematic weakness in the prevention plan and make recommendations for corrective actions to the unit commander.

i. Meet monthly or as directed by the Chairman of the Suicide Prevention Task Force.

**6. Functions of the Suicide Prevention Council Members.** The following list specifies functions for Suicide Prevention Task Force Members and other installation staff agencies. These functions are provided as a guide to ensure the efficient operation of the Task Force.

**a. Chief of Staff 1ID.**

- (1) Serve as Chairman of the Task Force.
- (2) Convenes Task Force meetings on all suspected suicides.
- (3) Reports directly to the Commanding General 1ID.
- (4) Oversees entire Suicide Prevention Program on Fort Riley.

**b. Division Psychiatrist**

- (1) Assures that Division health care providers are trained in crisis intervention techniques using periodic in-service education.
- (2) Serves as liaison with the Medical Department Activity (MEDDAC) Mental Health Services and the Division Mental Health Services.
- (3) Provides train the trainer programs on suicide awareness for all Division and Installation Chaplains.
- (4) Assists in preparing relevant and focused suicide prevention training programs for Soldiers, families and civilian employees on Fort Riley.

**c. G1.**

(1) Advises the committee on all personnel related matters and serves as action officer on these matters.

(2) Provides and reviews all requested personnel data.

**d. Alcohol and Drug Control Officer (ADCO).**

(1) Advises the units and the counsel as to the impact of alcohol and drug abuse as risk factors to suicidal behaviors.

(2) Ensures the Alcohol and Drug Abuse Prevention/Control Program staff is trained in suicide risk identification factors and in the management of suicidal clients.

(3) Supervises the Suicide Prevention Program Manager, Suicide Prevention Program and certification training program.

(4) Provides assistance to the Suicide Prevention Council in the areas of prevention services and training.

(5) Will be a "Master Level" certification trainer and active member of the Fort Riley training Team.

(6) Participates in Fatality Review Boards.

(7) Meets with the Chair of the Suicide Prevention Council and Suicide Prevention Coordinator to review policy and procedures.

**f. Suicide Prevention Program Manager (SPPM).**

(1) Coordinate with Chairman, Suicide Prevention Council in developing, reviewing, and revising Fort Riley Suicide Prevention SOP.

(2) Schedules certification –“Gatekeeper Training” monthly and submits After Action Reports.

(3) Coordinates and schedules Training for Trainers yearly.

(4) Reports suicide prevention program needs and training updates to council.

(5) Informs council members on the status of the liaison partnership between Mental Health and Brigade Commanders assuring all Soldiers who have been identified as being at risk and/or hospitalized for suicidal ideation or attempts, are linked to a unit gatekeeper as part of the Command Watch Program.

(6) Assists the Division Surgeon and Preventive Medicine in suicide data collection and research for all Fort Riley Suicide Prevention and Intervention efforts.

(7) Work closely with Chairman, Suicide Prevention Council in facilitating council meetings.

(8) Provide units training on the appropriate use of the Well-Being Checklist (Appendix A).

(9) Provide support to all units as pertaining to Suicide Prevention counseling, training, and execution of the command's suicide prevention program.

**g. Installation Environment and Safety.**

(1) Provides the link between the FORSCOM Commander's quarterly guidance and the Suicide Prevention Task Force.

(2) Ensures Suicide Prevention Task Force is involved in fatality review boards and unit After Action Reports.

(3) Provides one staff member that is a certified trainer that is an active member of the Fort Riley Suicide Prevention training team.

**h. Chief, Community Mental Health Services (CMHS).**

(1) Ensures all current suicide intervention and prevention programs are grounded in sound practices and models from the Mental Health Community.

(2) Reviews and amends all proposed suicide awareness, intervention, and prevention training programs before they are implemented.

**i. Staff Judge Advocate (SJA).**

(1) Coordinates for suicide prevention awareness training for personnel of the Staff Judge Advocate and Trial Defense Services with the advice and guidance of the chaplains and mental health professionals.

(2) Since Trial Defense Service personnel and legal assistance officers work closely with Soldiers, family members, and in certain circumstances, civilian employees who are in crisis, SJA will ensure that office personnel are trained and aware of symptoms or signs of potential suicidal behavior as well as in proper intervention techniques.

(3) Provides legal review of all committee actions.

**j. The Public Affairs Officer (PAO).** Formulates and coordinates a command and community information campaign to disseminate suicide awareness and prevention information to the community.

**k. Family Life Chaplain.**

(1) Assists in tailoring prevention and awareness programs to fit the needs of family members.

(2) Monitors the trends for family strife and informs the council of any need for increased vigilance or program changes to meet those needs.

**l. Army Community Services Officer (ACSO).**

(1) Serves as the staff officer responsible for the Family Member Suicide Prevention Program.

(2) Continues operation of advocacy and out-reach programs dealing in areas of stress and family violence.

(3) In coordination with Suicide Prevention Council and PAO, heightens public awareness of the support and helping agencies and programs available within the community.

(4) Conducts appropriate in-service training to maintain the level of awareness of ACS staff members including volunteers who routinely assist Soldiers, civilian employees and family members who might be at risk of suicide.

(5) Emphasizes support agencies and mechanisms during family member orientations and other appropriate briefings.

(6) Serves as the specific council member responsible for coordinating with civilian support agencies on issues of suicide prevention.

**m. The Family Advocacy Program Manager (FAPM).**

(1) Provides council with information on community domestic violence issues.

(2) Utilizes Family Advocacy Educators to inform units on Family Advocacy Program abuse and suicide prevention.

(3) Master Level trainer and an active member of the Fort Riley Certified Suicide Prevention Training team.

(4) Provides one staff member that is Master Level Certified as a trainer for the Fort Riley training team.

**n. Inspector General.**

(1) Assists and ensures council is meeting and adhering to regulatory requirements.

(2) Acts as the fact finder for issues of concern.

(3) Use IG inspection criteria and process to insure unit compliance with Suicide Prevention Programs outlined within this SOP.

**o. Deputy Installation Chaplain.**

(1) Plans and executes suicide awareness training for Installation UMTs.

(2) Facilitate the monthly Task Force meetings.

(3) Prepares briefings on the Suicide Prevention Program.

(4) Stays abreast of new research and/or information on Suicide Prevention.

**7. Commander Responsibilities.**

a. Coordinate and ensure that required suicide awareness training is conducted for subordinate leaders.

b. Ensure subordinates are aware of community helping agencies.

c. Refer individuals who are identified as having personal or emotional problems to an appropriate source of help. It is essential that Commanders follow through to ensure the problem is either resolved or continuing care is being provided.

d. Follow guidance directed by Chief of Staff, Memorandum of Directive dated February 2007 regarding Soldiers identified as high or extremely high risk” for suicidal behaviors (Appendix B).

e. Be knowledgeable of criteria for selecting unit Gatekeepers.

f. Ensure that all Fort Riley units comply with the Gatekeeper guidelines as directed in Policy Letter.

**8. Gatekeeper and/or Care Provider Responsibilities.** The goal for having Gatekeepers is to increase the chance that at-risk individuals will receive help before they engage in self destructive behavior by enhancing the knowledge and responsiveness of everyone with whom at-risk individuals come in contact. At minimum Gatekeepers will:

a. Be responsible, caring, individuals (service members and civilians) in the community who have a desire to share in the effort to offer support or get help for individuals at-risk.

b. Be trained to identify persons in crisis and respond to suicidal individuals, by rendering “first aid.” They must be knowledgeable of suicide warning signs and keenly aware of stressful situations (precipitants). They will be familiar with myths about suicide which might prevent one from taking appropriate action, and will know how to recognize symptoms of depression.

c. Be knowledgeable of community resources and have the ability to link individuals at risk to these resources.

d. Be an individual who believes that suicide should be talked about seriously with openness, honesty, and respect and a "go to" person for anyone who has faced or could be facing suicide in their lives.

e. Be a resource person for Unit Commanders when an individual at risk is discharged from Mental Health Services or Hospital Emergency Room (See (Appendix B).

f. Assist commanders in making an informed determination of suicidal risk in their Soldiers and family members.

g. Possess the ability to conduct Suicide Talks within the community based upon the knowledge obtain through an intensive two-day certification workshop.

h. Possess crisis intervention skills based upon Suicide Intervention Model (SIM) of Connecting, Understanding, and Assisting individuals at risk.

## **9. Training Requirements.**

a. Units will include formal training in suicide prevention and suicide risk identification as part of the unit level officer, NCO professional development courses. POC for this training is the Fort Riley Suicide Prevention Program Manager.

b. The Suicide Prevention Program Manager will provide for regularly scheduled installation level courses for civilian supervisors and designated CPO personnel in suicide prevention/intervention training.

c. Helping professionals, (physicians, nurses, psychologists, social workers, chaplains, and counselors) and military police will receive regular in-service training in suicide prevention and crisis intervention.

d. Army mental health officers will provide the technical expertise for all suicide prevention education/awareness training. It is the role of mental health officers to oversee all suicide prevention education programs.

e. Unit Ministry Teams (Chaplains and Chaplain Assistants) are qualified as Suicide Prevention awareness trainers and will support the unit prevention/intervention programs IAW applicable regulations.



f. ACS personnel will be trained by mental health officers and will conduct a suicide prevention education program for family members. In-service training in suicide prevention for the staffs of ACS, YA, and CDS will be coordinated by ACS officer/director and may be conducted by mental health officers or qualified chaplains. ACS personnel will not be used to conduct suicide prevention training for military units or Soldiers.

**10. POC.** The POC for this SOP is the Suicide Prevention Program Manager, 239-1012.

Richard G Piscal  
COL, GS  
Chief of Staff

DISTRIBUTION:

A

## Appendix B

AFZN-CH

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Standards for Command Oversight of Soldiers Identified as High/Extremely High Risk for Suicide

1. Purpose. Recent Fatality Review Boards have identified the need to increase command oversight of high and extremely high risk soldiers by expanding the level of direct coordination between the chain of command and health care supporting agencies. This memorandum outlines the programs needed to reinforce the importance of information sharing to the overall goal of preventing suicides.
  
2. Gatekeeper Program. Once a Soldier, hospitalized as a result of suicide ideation or gesture, is discharged from the hospital Mental Health Services to the command, the unit commander will appoint a Gatekeeper as a resource to follow up with the Soldier. The Gatekeeper will meet with the Soldier as often as necessary within the first week of discharge and thereafter as necessary, though, not less than twice a week in a 30 day period. After each session with the Soldier, the Gatekeeper will report back to unit's commander and chaplain so they can assess the Soldier's progress. After the 30 day period, the unit commander, chaplain, and Gatekeeper will review Soldier status and take appropriate action based on the current situation. The Gatekeeper responsibilities for a Soldier identified as high or extremely high risk for suicidal behavior will be specifically outlined by the Soldier's chain of command and in accordance with applicable directives.
  
3. Monitoring High Risk Soldiers. Leaders' responsibilities when Soldier's are diagnosed as being high or extremely high risk for suicide:
  - a. Senior leaders are required to oversee all situations involving Soldiers identified as high and extreme high risk for suicide. They will ensure the use of the Well-Being Checklist and establish certified Gatekeepers within their units. They will also ensure the presence of Behavior Health support for all suicidal Soldiers'. For this memorandum a senior leader is defined as Battalion/Brigade Commander, Battalion/Brigade CSM, and Battalion/Brigade Chaplain.

b. The Battalion Commander/CSM/Chaplain will be notified of all Soldiers assessed as high risk or extremely high risk for suicide by mental health professionals and will monitor the status of such Soldiers. They will also report on that Soldier's status to their next higher echelon.

c. Once identified as high or extremely high risk for suicide, Soldiers will be monitored regularly by the unit senior leadership and their assessment will not be downgraded except by a mental health professional.

4. Soldiers admitted to the VA Mental Health Care Facility for treatment require the following support:

a. The Soldier's senior leadership will consult with the Irwin Army Hospital mental health professional for an update on the soldier's medical condition.

b. Once the Soldier is released from the VA hospital, the Soldier's unit is responsible for immediately escorting him/her back to Irwin Army Hospital for examination/consult by the Army attending physician. Additionally, the Soldier's Company Commander/1SG or Battalion Commander/CSM is required to meet with the Irwin Army Hospital mental health attending physician to determine if continued care is required and if so the best course of action to follow.

5. These directives constitute changes from usual procedure and are intended to improve communication between the attending physician and the unit chain of command. While the medical professional assessment and recommendation for treatment is essential to the process, final decisions regarding the Soldier's care rest with the unit chain of command.

6. The POC for this policy is the Chief of Staff, 239-2110.

Richard G Piscal

COL, GS

Chief of Staff

DISTRIBUTION:

A

**Appendix C  
Fort Riley  
Suicide Counseling Report**

**EVENT**

**NUMBERS**

Counseling Suicide Ideations: \_\_\_\_\_

Counseling Suicide Attempts: \_\_\_\_\_

Counseling for Depression: \_\_\_\_\_

Suicide Prevention Training: \_\_\_\_\_ Number in Attendance \_\_\_\_\_

**Overall Counseling Trends:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Number of Certified/Trained Personnel:** \_\_\_\_\_

Appendix D  
Suicide Prevention Questioner

1. Background of Soldier:

Soldier's Name:

Age:

Unit of Assignment:

Unit Chain of Command (by name listing):

Soldier's job within the Unit:

Time at Ft. Riley:

Time in the Army:

Married: How long?

Has spouse been with the Soldier the entire time at Fort Riley?

Children: Ages?

Is the Soldier deploying? When:

Has the Soldier deployed previously? Dates:

Known problems (Financial, marital, drug / alcohol, PT, flagged/barred, etc.):

Had the Soldier had any previous law enforcement problems (tickets; warrants, domestic abuse, etc)?

Was the Soldier routinely counseled? Were there negative counseling's?

Did the Soldier have any UCMJ actions?

Any suicidal ideations / behavior noted?

Had the Soldier utilized any Community Mental Health Services?

Had the Soldier been in contact with a Chaplain (Can't ask the context of the visit)? Had the Soldier been referred for family counseling?

Had the Soldier received assistance from the CFNCO for financial problems?

Did the Soldier own a weapon or have a weapon registered on Post?

When was the last Soldier Well-Being Checklist completed and who filled out the questions?

Do the answers on the Well-Being Checklist match what the unit knows about the Soldier?

Who was the Soldiers battle buddy?

Can the unit Chain of Command provide names of his close friends?

Impressions of individuals that had last contact with him:

History of Soldier prior to joining the Army: (i.e. gang affiliation, family problems, history of suicide in the family)

Did the Soldier enter the Army on a moral waiver?

2. Known Facts about the incident:

Method of death (gunshot, overdose/medication used, cut wrists):

Type of weapon if used (pistol, rifle, razor, or knife):

Time:

Place:

Family home, if single girlfriend or boyfriend present:

Relevant statements made by the Police, or Family, or friends:

3. Suicide Prevention Council Assessments:

Number and names of any ASIST Gatekeepers?

Did the Soldier make contact with any of the gatekeepers prior to the incident?

Were all resources available used to help the Soldier?

4. Caring for the Family:

Has the unit made contact with the Family (C2 or Chaplain)?

Name and Rank of the Casualty Affairs Officer:

Status of Soldiers benefits records (DD Form 93, etc.):

What is the unit doing for the Family?

Where is the Family staying?

Does the unit have the status of any relatives coming to Fort Riley?

# Fort Riley Suicide Prevention Program

Suicide Prevention Task Force  
(SPTF) Suicide Review



## SPTF Suicide Review Overview

In the event of a suicide, the Fort Riley Suicide Prevention Task Force (SPTF) chaired by the Chief of Staff, will review certain questions regarding the suicide within 24 hours. If information still needs to be gathered to answer the questions, members are tasked to gather the information, adjourn, and then come back together once all information is gathered. A list of those questions are in this section.

Appendix D  
Suicide Prevention Questioner

1. Background of Soldier:

Soldier's Name:

Age:

Unit of Assignment:

Unit Chain of Command (by name listing):

Soldier's job within the Unit:

Time at Ft. Riley:

Time in the Army:

Married: How long?

Has spouse been with the Soldier the entire time at Fort Riley?

Children: Ages?

Is the Soldier deploying? When:

Has the Soldier deployed previously? Dates:

Known problems (Financial, marital, drug / alcohol, PT, flagged/barred, etc.):

Had the Soldier had any previous law enforcement problems (tickets; warrants, domestic abuse, etc)?

Was the Soldier routinely counseled? Were there negative counseling's?

Did the Soldier have any UCMJ actions?

Any suicidal ideations / behavior noted?

Had the Soldier utilized any Community Mental Health Services?

Had the Soldier been in contact with a Chaplain (Can't ask the context of the visit)? Had the Soldier been referred for family counseling?

Had the Soldier received assistance from the CFNCO for financial problems?

Did the Soldier own a weapon or have a weapon registered on Post?

When was the last Soldier Well-Being Checklist completed and who filled out the questions?

Do the answers on the Well-Being Checklist match what the unit knows about the Soldier?

Who was the Soldiers battle buddy?

Can the unit Chain of Command provide names of his close friends?

Impressions of individuals that had last contact with him:

History of Soldier prior to joining the Army: (i.e. gang affiliation, family problems, history of suicide in the family)

Did the Soldier enter the Army on a moral waiver?

2. Known Facts about the incident:

Method of death (gunshot, overdose/medication used, cut wrists):

Type of weapon if used (pistol, rifle, razor, or knife):

Time:

Place:

Family home, if single girlfriend or boyfriend present:

Relevant statements made by the Police, or Family, or friends:

3. Suicide Prevention Council Assessments:

Number and names of any ASIST Gatekeepers?

Did the Soldier make contact with any of the gatekeepers prior to the incident?

Were all resources available used to help the Soldier?

4. Caring for the Family:

Has the unit made contact with the Family (C2 or Chaplain)?

Name and Rank of the Casualty Affairs Officer:

Status of Soldiers benefits records (DD Form 93, etc.):

What is the unit doing for the Family?

Where is the Family staying?

Does the unit have the status of any relatives coming to Fort Riley?



Fort Riley  
Suicide Prevention  
Program

CG Policy Letter #31



## Policy Letter Overview

- 5% of formation in each platoon-sized unit will be ASIST trained Gatekeepers
- 10% of personnel living in the barracks by floor by gender will be ASIST trained Gatekeepers
- All cadre in the WTB will be ASIST trained Gatekeepers
- All Commanders and First Sergeants will be ASIST trained prior to completion of the Commanders and First Sergeants course.



## DEPARTMENT OF THE ARMY

HEADQUARTERS, 1st INFANTRY DIVISION and FORT RILEY

580 1<sup>st</sup> Division ROAD

FORT RILEY, KANSAS 66442-7000

REPLY TO

ATTENTION OF

CG Policy Letter 31

IMWE-RLY-HRS

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort Riley Applied Suicide Intervention Skills Training (ASIST)/Gatekeeper Assignment, Duties and Responsibilities

1. References.
  - a. Fort Riley Suicide Prevention Program (SOP) dated 16 April 2007.
  - b. DA Pam 600-24, Suicide Prevention and Psychological Autopsy, 30 September 1988.
  - c. AR 600-63 Army Health Promotion, 7 May 2007.
  - d. Suicide Prevention: A Resource Manual for the United States Army.
2. Purpose. To establish the policy for selecting and assigning certified ASIST/Gatekeepers trained within the unit. The commander will maintain a roster of Soldiers within the unit who are certified ASIST/Gatekeepers.
3. Scope. This policy applies to all commanders assigned or attached to this post.
4. Mission. Every member of the Army Family has the potential to come into contact with persons at increased risk of suicide. Crucial steps in the suicide prevention process are an awareness of the variables and life stress events that put individuals at risk. Therefore, all unit commanders will ensure that an adequate number of ASIST trained Gatekeepers are assigned and functioning within their units so that all Soldiers, civilians and Family Members at risk for suicide can be identified and receive intervention and the appropriate care.
5. Responsibilities.

a. Per direction of the Commanding General at least 5% of the formation in each platoon-sized organization will be trained in ASIST and assigned as Gatekeepers.

IMWE-RLY-HRS

SUBJECT: Fort Riley Applied Suicide Intervention Skills Training (ASIST)/Gatekeeper Assignment, Duties and Responsibilities

b. Commanders will ensure that at least 10% of their personnel living in the barracks will be ASIST trained Gatekeepers. Gatekeepers will be residents on each floor and represent each gender living on a given floor.

c. All cadre assigned to the Warrior Transition Battalion will be ASIST trained Gatekeepers.

d. Commanders will ensure that at least 5% of all Rear Detachment personnel are ASIST trained Gatekeepers.

e. Commanders will ensure that all ASIST trained Gatekeeper personnel will have a refresher course in Suicide Prevention within 60 days of redeployment.

f. All Commanders and First Sergeants will be ASIST trained Gatekeepers.

g. ASIST trained Gatekeepers are non-rank specific Private to Colonel. All ASIST/Gatekeepers should be quality Soldiers that are mature and approachable in nature. Soldiers occupying this position require no professional specialized background. These individuals are not to be considered trained counselors, rather they are a front-line measure to identify Soldiers that may be at risk for suicidal behavior and ensure they are pointed in the right direction for care. All individuals assigned this position must successfully complete the 2 day ASIST T2T Gatekeeper training that is provided monthly at Fort Riley. To register for this class, please contact Division Schools, Mrs. Wendy Von Seggern, and email: [wendy.vonseggern@us.army.mil](mailto:wendy.vonseggern@us.army.mil) at 239-9038.

6. Point of Contact for this policy letter is Mr. David Easterling, Suicide Prevention Program Coordinator at (785) 239-1012.

Vincent K. Brooks  
Major General, USA  
Commanding

DISTRIBUTION:

A

# Fort Riley

## Suicide Prevention Program

CG Policy Letter #31 Soldiers  
Saving Soldiers Gatekeeper  
Tracking Form



## Overview

Under the guidance of the Chief of Staff and CG Policy Letter 31 requiring percentages of units trained, the Gatekeeper tracking form allows units to report their ASIST trained Gatekeepers. The tracking requirement data is then sent to the Suicide Prevention Office and rolled up to the Commanding General via the Chief of Staff.

# Fort Riley Suicide Prevention Program

Fort Riley Form 25: Identifying  
At-Risk Behavior



## Overview

The Fort Riley Form 25 is a product of the SPTF and was developed in 2002, updated in 2008 and is in current review. The FR Form 25 was constructed to help the chain of command identify soldiers who may be at risk within the unit. Form 25 is to be filled out by the chain of command during counseling. The end state is to help the chain of command mitigate any risk areas. Fort Riley Form 25 offers guidance for the chain of command to intervene where there is an area of concern with the soldier.



# Fort Riley Suicide Prevention Program

Suicide Tracking Matrix



## Overview

The suicide tracking matrix is a quick reference that was developed from Appendix D of the Suicide Prevention Task Force SOP. This helps track the suicides that have occurred on and off the Installation. This is then used as part of the VCSA VTC briefs. An example is shown below.



### COMPLETED SUICIDES GARRISON Jan 10-Dec 10



Name	<u>John Doe</u>	<u>Jane Doe</u>			
SOCIAL SECURITY NUMBER					
AGE	27	19			
RACE	White	White			
GENDER	Male	Male			
RANK	PFC	SFC			
MOS	11B	88M			
UNIT	1-16	BSTB			
LENGTH OF SERVICE					
NUMBER OF DEPLOYMENTS		Recent ISO OIF Oct 09			
DATE OF SUICIDE	07 Feb 2010	10 Mar 2010			
TIME OF SUICIDE	0915	1551			
LOCATION OF SUICIDE	Afghanistan	Garrison			
MARITAL STATUS	Single	Married			
FINANCIAL ISSUES		Yes			
GEOGRAPHIC SEPARATION	No	No			
RELATIONSHIP ISSUES		Maybe			
DEPENDANTS		Yes			
DOMESTIC ISSUES					
HOME OF RECORD	Someplace, MA	Somewhere, WA			





### COMPLETED SUICIDES GARRISON Jan 10-Dec 10



Name	<u>John Doe</u>	<u>Jane Doe</u>			
METHOD OF SUICIDE	GSW	GSW			
ASIST TRAINED	No	No			
GATEKEEPER IN PLATOON	?????	0			
GATEKEEPER IN COMPANY	7/103	0			
GATEKEEPER IN BATTALION	43	24			
GATEKEEPER IN BRIGADE	---				
HOW MANY GATEKEEPERS IN UNIT	7	0			
GATEKEEPERS CONTACT W/ SOLDIER					
GATEKEEPERS LIVE CLOSE TO SOLDIER					
PERSONAL CONTACT W/ GATEKEEPERS					
SEEN BY MENTAL HEALTH					
ASAP HISTORY	No	No			
ALCOHOL	Unknown	No			
DRUG	Unknown	No			
REHABILITATION FAILURE	No	No			
URUR-URI INFORMATION		While Deployed: 3 identions R-URI: 1 identation, 1 plan, 1 attempt out of 34 surveyed			
FAMILY HISTORY OF SUICIDE					



# Fort Riley Suicide Prevention Program

“Soldiers Saving Soldiers”

Responsibilities of the  
Gatekeeper and Resources



## **An Overview of Fort Riley’s “Soldiers Saving Soldiers” Gatekeeper Responsibilities**

What is the difference between a Fort Riley T2T ASIST trained Gatekeeper and another ASIST trained soldier?

(Taken from the Responsibilities of the Gatekeeper)

**Gatekeeper- Fort Riley Gatekeepers are not just primary and secondary gatekeepers per AR 600-63, but can be any soldier by the below required information. This is why the program is truly a “Soldiers Saving Soldiers” program.**

**When Command selections a soldier they select from the below traits:**

- Non rank specific
- Approachable and mature
- Ability to connect with others
- Soldier of high quality
- No prior or current unresolved suicidal issues
- Should be identified visually e.g. as sign/sticker on their door in the Barracks as Gatekeepers
- Responsible to report to the commander and the unit Chaplain those they have identified and assisted as at risk for suicide or those that have been returned to duty in the unit from being at risk of suicide.
- Is a unit resource for the Unit Commander when an individual at risk is discharged from Mental Health Services or Hospital Emergency Room and sent back to the unit. Command should assign the unit Gatekeeper to have contact and follow up activities with this soldier and report status.
- Is skilled in assisting commanders in making informed decisions about follow up actions on those at risk soldiers that have been returned to the unit. The Gatekeeper should be used as a resource for continued support with frequent reports back to the unit Chaplain of soldier status or other contacts that are at risk.
- Has a responsibility to the commander and 1SGT to keep the Command up-to-date on issues in the unit that may increase the likelihood of suicidal ideation or behavior among the unit’s soldiers.
- Has the ability to conduct suicide awareness training within the unit in coordination with the Suicide Prevention Program David Easterling 239-1012 or Heidi Oesterle 240-5169.

**FORT RILEY “SOLDIERS SAVING SOLDIERS” SUICIDE PREVENTION PROGRAM  
ASIST T2T GATEKEEPER RESPONSIBILITY OUTLINE**

**GATEKEEPER DEFFINITION:**

- a. The Unit Gatekeeper is a soldier that has been identified by the unit commander as a soldier that is mature and responsible and a soldier that would be seen by the members of their unit as someone that would be approachable by a person at risk.
- b. Gatekeepers do not have to be rank specific nor possess any prior experience or suicide prevention or intervention training skills to qualify for Applied Suicide Intervention Skills Training (ASIST) Gatekeeper training.
- c. The Gatekeeper is required to successfully complete the Living Works T2T two day ASIST certification course and have received a certificate of completion to become an official unit gatekeeper at Fort Riley.
- d. Each unit is required to have 5% of the formation in each platoon-sized organization be trained in the T2T ASIST Gatekeeper program (CG Policy Letter 31).
- e. Commanders will ensure that at least 10% of their personnel living in the barracks be ASIST trained Gatekeepers. Gatekeepers will be residents on each floor and represent each gender living on a given floor (CG Policy Letter 3)1.
- f. All cadre assigned to the WTB will be ASIST trained Gatekeepers (CG Policy Letter 31).
- g. Commanders will ensure that at least 5% of all Rear Detachment personnel are ASIST trained Gatekeepers (CG Policy Letter 31).
- h. Commanders will ensure that all ASIST trained Gatekeeper personnel will have a refresher course in Suicide Prevention within 60 days of redeployment (CG Policy Letter 31).
- i. All Commanders and First Sergeants will be ASIST trained Gatekeepers (CG Policy Letter 31).

**GATEKEEPER SELECTION PROCESS:**

- a. Non rank specific
- b. Approachable and mature
- c. Ability to connect with others
- d. Soldier of high quality
- e. No prior or current unresolved suicidal issues

**GATEKEEPER MISSION:**

- a. The goal of the Gatekeeper is to be an asset for the unit command in the early identification of soldiers that are at risk of suicide by early detection of any invitations or noted situations that would increase the likelihood that an at-risk individual would be likely to engage in self destructive behavior.
- b. The Gatekeeper is responsible to intervene with soldiers that display invitations that suggest they are at risk of suicide and will assist working the soldier toward referral to a responsible health care provider or other mental health professional at Fort Riley or in the surrounding communities.

- c. ASIST certified Gatekeepers have the ability to identify and respond to individuals demonstrating suicidal behaviors rendering on the spot “suicide first aid” through skills learned in the ASIST certification program. The Gatekeeper gains insight and usable knowledge about the warning signs or invitations given by those at risk, along with a greater awareness of the impact of stressful situations and symptoms increasing depression.
- d. Gatekeepers have extended knowledgeable of viable community resources that can assist those soldiers at risk and they possess the ability to link individuals at risk to these resources.
- e. Trained and skilled Gatekeepers have a better understanding about the impact that negative attitudes about suicide will have on those Individuals who are at risk. They have a greater sense that suicide should be openly and seriously talked about with respect for anyone who has or will face suicide in their lives.
- f. The unit Gatekeeper is a unit resource for the Unit Commander when an individual at risk is discharged from Mental Health Services or Hospital Emergency Room back to the unit. The Gatekeeper should be involved with that returning soldier as a support or resource to assist them to remain risk free.
- g. Gatekeepers have the knowledge from their Gatekeeper certification program to conduct suicide prevention training in the unit either as a didactic presentation or through the book Suicide Talk which is provided to each ASIST Gatekeeper upon completion of the certification program.
- h. Possess crisis intervention skills based upon the Suicide Intervention Model (SIM) of Connecting, Understanding, and Assisting individuals at risk.

**GATEKEEPER ACCOUNTABILITY:**

- a. ASIST Certified T2T Gatekeepers will be responsible to report to the commander and the unit Chaplain those they have identified and assisted as at risk for suicide or those that have been returned to duty in the unit from being at risk of suicide.
- b. The unit Gatekeeper is a unit resource for the Unit Commander when an individual at risk is discharged from Mental Health Services or Hospital Emergency Room and sent back to the unit. Command should assign the unit Gatekeeper to have contact and follow up activities with this soldier and report status.
- c. Gatekeepers are skilled in assisting commanders in making informed decisions about follow up actions on those at risk soldiers that have been returned to the unit. The Gatekeeper should be used as a resource for continued support with frequent reports back to the unit Chaplain of soldier status or other contacts that are at risk.
- d. Unit Gatekeeper has a responsibility to the commander and 1SGT to keep the Command up-to-date on issues in the unit that may increase the likelihood of suicidal ideation or behavior among the unit’s soldiers.
- e. The unit Gatekeeper has the ability to conduct suicide awareness training within the unit in coordination with the Suicide Prevention Program David Easterling 239-1012 or Heidi Oesterle 240-5169.

## HELPERS IN YOUR COMMUNITY

### **Crisis/Suicide**

24-Hour Crisis Center-Sexual Assault, DV shelter-Weekends/Evenings	800-727-2785
Behavioral Health Crisis/Outreach Clinic	785-239-7208
Chaplain HELP line	785-239-HELP (4357)
Emergency and Youth Shelters	877-272-7337
Fort Riley Army Emergency Relief	785-239-9435
Hospital Emergency Services	785-239-7777
Military One Source	800-464-8107
Paramedic/Ambulance Emergency Medical Services	911
Poison Control	800-332-6633
Fort Riley Military Family Life Consultants- 8:00 a.m. to 5:00 p.m.	785-239-9435
Suicide Prevention Lifeline	800-273-TALK (8255)
Suicide Prevention Center	800-464-8107

### **Family**

Child Abuse Hotline	785-239-9435
Child Development Center	785-239-9923
Children/Youth Psychiatric Clinic	800-239-3627
Children and Youth Services	785-239-9222
Child Care Referrals	785-239-9435
Deployment Cycle Care Management Program	785-239-7291/7082
Family Life Ministries Center	785-239-3436
Family Support /Social Work Services	785-239-7291/7082
Parent Help Line	800-332-6378
Parent Training	785-239-9435
Fort Riley Information Line	785-239-3911
Fort Riley Military Family Life Consultants-8:00 a.m. to 5:00 p.m.	785-239-9435
Self Help Groups	785-239-9435
Soldier and Family Support Center	785-239-9435
WIC	785-239-5730

### **Legal**

Legal Assistance/Victim Assistance	785-239-3117
Military Police (non-emergency)	785-239-6767

### **Medical**

AIDS Information and Testing	800-239-3627
American Red Cross (Ft. Riley non-emergency)	785-239-2398
American Red Cross (24 hour line)	877-272-7337
Medical Clinic	800-239-3627
Military Severely Injured Joint Support Operations Center	888-774-1361
Teen Line	785-239-9222
Fort Riley Sexual Assault, D.V., Victim Advocates 8:00 a.m. to 5:00 p.m.	785-239-9435
Private Practitioners (Tri-Care Referral needed)	800-239-3627

### **Alcohol/Drugs**

Substance Abuse Counseling	785-239-7311
Alcoholics Anonymous	785-239-7311
Medical Clinic	800-239-3627

### **Junction City**

Family Care Center	785-765-4210
Geary Community Hospital	785-238-4131
Pawnee Mental Health	785-762-5250

### **Manhattan**

Kansas State University Family Center	785-532-6984
Pawnee Mental Health	785-587-4300
Bereavement Support Group	785-537-0688
Mercy Regional Health Center	785-776-3322

# Fort Riley Suicide Prevention Program

ASIST T4T Trainers





	ASIST Trainers	Trainer Number	Primary Phone	Secondary Phone	Organization	Remarks
1	Anderson, David	N15541	239-5711		Chaplain	4 <sup>th</sup> BCT
2	Ball, Christopher	N16164	239-6690		Chaplain	1 <sup>st</sup> BCT
3	Bass, Garry	N16159	239-0785		Asst. Chaplain	1 <sup>st</sup> BCT
4	Berry, Jeremy		240-3435		Asst. Chaplain	4 <sup>th</sup> BCT
5	Brown , Ric	N13221	240-0902	785-717-5469	Chaplain	1 SB
6	Bruce, Thomas	N11596	240-1889		Chaplain	CAB
7	Carpenter, Latricia		239-4503		Asst. Chaplain	STB
8	Chapel, Preston	N 14517	239-3502		CPOC	CIV
9	Christensen, Matthew	N16160	240-1517		Chaplain	CAB
10	Cardamone, Albert	N12100	782-7874	226-4691		CIV
11	Dissmore, Peter		239-2513		Chaplain	1 BCT
12	Drake, James	N10142		785-210-8846	Chaplain	1 BDE
13	Duplesis, Marlana		239-5324		Asst. Chaplain	CAB
14	Dubois, Dale	N12121	239-7815		Primary Care #3	Hospital
15	Duncan, Benjamin	N16311	239-5322		Chaplain	2 BCT
16	Easterling, David	N14509	239-9435		ASAP	CIV
17	Edouard, Phylisha	N14816	240-0379		Asst. Chaplain	DHHB
18	Farrar, Nancy J.	N14565	239-7208		BH	CIV
19	Fiedler, Vanita	N10633	239-2334		Safety	CIV
20	Fisher, Gary	N12823	240-1145		Chaplain	DHHB
21	Font, Patricia		239-1123		Asst. Chaplain	CAB
22	Freeman, Ted	N9328	239-9335		ASAP	CIV
23	Freeland, Jamie	N15533	239-9014	785-477-4306	Chaplain	101 <sup>st</sup> FSB
24	Harrop, Aaron	N8960	239-1347		ASAP	CIV
25	Harlow, Jody	N16163	239-3657		Chaplain	4 BCT
26	Hill, Jason		239-0936		Chaplain	1 BCT
27	Hinthorn, Brandon		240-1918		Asst. Chaplain	CAB
28	Jensen, Carrie	N14510	239-9435		ASAP	CIV
29	Jackson, Charles E.	N12801	240-7192		WTU	CIV
30	Kim, Daniel		239-8088		Chaplain	4 BCT
31	Kirchhoefer, Thomas	N10405	240-2383		Chaplain	4 BCT
32	Kuehne, Michael				Chaplain	4 BCT
33	Lax, Douglas	N10073	239-6684		Chaplain	DHHB
34	Maxwell, Daphne	N14512	239-2625		Jag	CIV
35	Moss, Mark	N9008	240-3381		Chaplain	4 BCT
36	Moreno, Naomi		240-0901		Asst. Chaplain	1 SB
37	Mooneyham, Ray(Dave)	N12834	239-2513		Chaplain	1 BCT

	ASIST Trainers	Trainer Number	Primary Phone	Secondary Phone	Organization	Remarks
38	Moore, Roosevelt		239-4409		Asst. Chaplain	4 BCT
39	Flores, Omar Jason				Asst. Chaplain	CAB
40	Palmer, Jason	N16159			Chaplain	1 BCT
41	Pugh, LaTonya	N14514	239-2595		EEO	CIV
42	Quinn, Jehan	N14719	239-7208		BH	CIV
43	Ramos, Felix	N11613	239-6684		Asst. Chaplain	DHHB
44	Reese				Asst. Chaplain	4 BCT
45	Seppela, Timothy	N16167	239-2932		Asst. Chaplain	1 BCT
46	Mays, LaTasha	N14513	240-7116		BH	CIV
47	Sizemore, Nicole	N9226	239-9435		ASAP	CIV
48	Stiner, Theresa	N12124	239-9314		IG	CIV
49	Tolliver Lee, Carolyn	N12117	239-9435		FAP	CIV
50	White, Nathan	N15535	239-5590	307-0810	Chaplain	1 SB
51	Wurdeman, Glen	N15577			Chaplain	4 BCT
52	Ziegler, Joshua					4 BCT
53	Zwetsche, Brad	N15593	239-9555		Chaplain	4 BCT
	<b>New Trainers</b>					
54	Isfan, Daniel CH					1 BCT
55	Guild, James CH Ass.					1 BCT
56	Bedwell/McGill Faith CHAsst	N17268			101st	1 BCT
57	Douglas, Dawn				Civ Safety	Civ Safety
58	Wells, Lori				Civ Chap	Civ Chap
59	Wojcik, Susan	N17356			Civ DOL	Civ DOL
60	Griffeth, Darla	N17361			Civ PW	Civ PW
61	Cook, Stacie				Civ PAIO	Civ PAIO
62	Fittro, Carol				Civ PAIO	Civ PAIO
63	Fawcett, Christine				1BCT	1BCT
64	Desjarlais, Ronald				DES	DES
65	Kuntz, Jackie				DES	DES
66	Darby, Eric				Contracting	Contracting
67	Montes, Yvette				Civ WTB	Civ WTB
68	Seibert, Diana				RMO	Civ Safety
69	Drury, Joshua				1-63 Dco	2 BCT
70	Tolonen, Selina				2-1 Bco	2 BCT

**Blue:** Deployed

Updated 24 May 2010

# Fort Riley Suicide Prevention Program

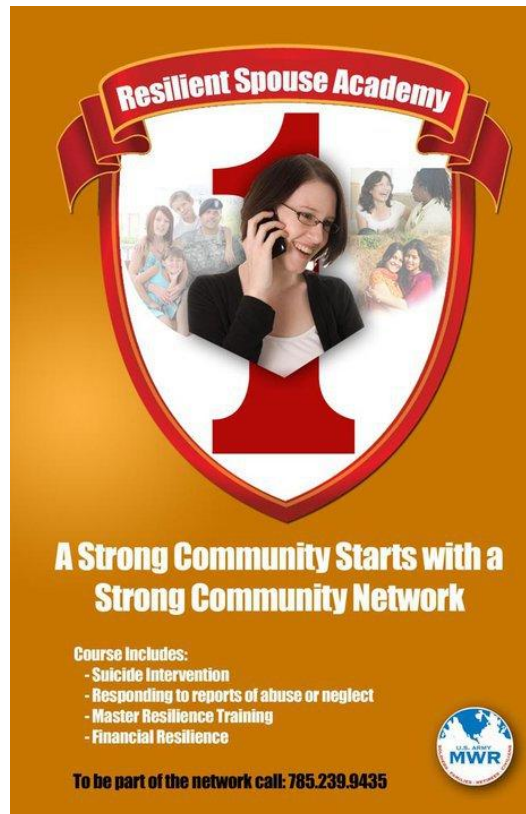
## New Fort Riley Initiatives:

Resilient Spouse Academy (RSA) and Leaders  
Resiliency Training (LRT)



# Resilient Spouse Academy

The Resilient Spouse Academy began August 2010 in the attempt to reach Family members in efforts to promote resiliency. Part of the academy includes the Applied Suicide Intervention Skills Training (ASIST). Training Family members in ASIST helps the total Army family by giving Spouses tools so they can readily identify Soldiers, Family members, and Civilians that may be thinking of suicide and know what resources are available around post to warmly hand them over to. Since the RSA began, approximately 70 Spouses have been trained at all ranks and all units. There has been reported success from evaluations as the RSA continues to improve and will continue to go on with support from command and Garrison programs.

A poster for the Resilient Spouse Academy. At the top, a red banner with white text reads "Resilient Spouse Academy". Below the banner is a shield-shaped graphic with a red border. Inside the shield, a woman with glasses is talking on a mobile phone, with several smaller images of families and individuals in the background. Below the shield, the text reads "A Strong Community Starts with a Strong Community Network". Underneath that, it says "Course Includes:" followed by a list: "- Suicide Intervention", "- Responding to reports of abuse or neglect", "- Master Resilience Training", and "- Financial Resilience". At the bottom left, it says "To be part of the network call: 785.239.9435". At the bottom right is a circular logo for MWR (Morale, Welfare, and Recreation) featuring a globe and the text "MWR".

**Resilient Spouse Academy**

**A Strong Community Starts with a Strong Community Network**

Course Includes:

- Suicide Intervention
- Responding to reports of abuse or neglect
- Master Resilience Training
- Financial Resilience

To be part of the network call: 785.239.9435

MWR



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## Aug-Oct 2010

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<b>Time</b>	<b>Agenda</b>	<b>Instructor/Guest</b>
<b>Day 1</b>		
0800-0900	Welcome/Assessment/Communication	COL Brown
0900-1130	Master Resiliency Training ATC Model w/ Break	Vicky Martin
1130-1230	Lunch – working lunch w/ Thinking Traps	
1230-1420	Detecting Icebergs	Ollie Willis
1420-1430	Break	
1430-1600	Active Constructive Responding and Praise	Ollie Willis
1600-1630	Evaluations/Closing	
<b>Day 2</b>		
0800-0830	Intro	Julie Zwiebel
0830-1130	ASIST – Applied Suicide Intervention Skills Training	TBA
1130-1230	Lunch	
1230-1600	ASIST – Workgroup	
1600-1630	Evaluations/Closing	
<b>Day 3</b>		
0800-0830	Welcome/Brief Overview	Julie Zwiebel
0830-1100	ASIST– Applied Suicide Intervention Skills Training	TBA
1100-1230	Lunch	
1230-1600	ASIST – Workgroup	
1600-1630	Evaluations/Closing	
<b>Day4</b>		
0800-0815	Intro	Julie Zwiebel
0815-1200	Understanding and responding to domestic violence sexual assault	Sarah Harris
1200-1300	Lunch	
1300-1430	How to respond to substance abuse	Aaron Harrop
1430-1445	Break	
1445-1545	Survivor Support	TBA
1545-1630	Evaluations/Closing	
<b>Day5</b>		
0800-0815	Intro	Julie Zwiebel
0815-1130	Avoiding & Responding to Financial Challenges	Stacy Johnston
1130-1230	Lunch	
1230-1245	The Truth About Money & Happiness; Intro to Wealth Building	MAJ Stewart
1300-1330	Intro to Savings and Investing (A Tale of Two Soldiers)	
1330-1345	Break	
1345-1445	Investing	
1545-1500	Break	
1500-1520	Investing and Intro to Goal Setting	
1520-1540	Redefining Your Own Normal	
1540-1600	Working with a Professional Financial Planner	
1600-1630	Evaluations/Assessments/Certificates/Closing	Julie Zwiebel

# Leaders Resiliency Training (LRT)

The Leaders Resiliency Training (LRT) began November 2010 as a new initiative and a 3-day addition to the Warrior Leaders Course (WLC). Candidates acquire skills that will help them as a Non-Commissioned Officers (NCO). The course includes the 2 day ASIST training as well as a day of training in risk assessment tools, master resiliency training, and risk reduction Unit Risk Inventories (URIs). The leaders will gain knowledge and insight on risk within his/her unit to help mitigate and refer his/her soldier to the appropriate resource. The LRT occurs monthly, where approximately 100 soldiers are trained from WLC. This also occurs in addition to the regular ASIST training for units, Family members, and Civilians.



# Fort Riley Suicide Prevention Program

Currently Under Development:  
In-processing Form



## Overview

The Fort Riley Suicide Prevention Program, under the guidance of the Fort Riley SPTF, is developing an instrument to be administered to incoming soldiers at in-processing. The purpose of the instrument is to identify new soldiers in-processing that have ASIST training who then can help and be an asset for the unit, may have helped save a life, may be at risk for suicide, and may be experiencing life stressors. This will coincide with the in-processing ASAP background check for a soft handoff of soldiers to command starting at day 1. The form will also identify ASIST trained soldiers that will be required to have an up-grade class for their responsibilities as a Fort Riley Gatekeeper. The form is still being constructed and reviewed.



## In-Processing Suicide Risk Questionnaire

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Question/Statements:						
Suicide Prevention/Intervention Training						
1	Have you received Suicide Prevention Training?	Yes	No			
2	Was the training helpful?	Yes	No			
3	Have you ever been trained in ASIST (Applied Suicide Intervention Skills Training)?	Yes	No			
4	Have you ever been trained to teach the ASIST 2-day course?	Yes	No			
Background Information						
5	Have you been a helper to someone at risk for suicide?	Yes	No			
6	Has anyone you know died by suicide?	Yes	No			
7	Relationship to you? _____					
8	Have you ever deliberately injured yourself? Circle one.	Yes, with a clear wish to die by suicide	Yes, though uncertain about dying	Yes, but no wish to die	No	
9	Have you had thoughts of suicide? Circle one.	Never in my life	Some time in my life	Within the last year	Within the last week	Currently
10	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times/month	2-3 times/week	4 or more times/week
11	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7-9	10 or more
<b>Using the scale to the right, please address the following:</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>
Relationships						
12	I feel happy in my marriage/significant relationship					
13	I am satisfied with my relationships with others.					
14	I am concerned about family troubles					
15	I feel hopeless about the future.					
Finances						
16	I experience financial difficulties					
17	I need assistance with debt liquidation					
Work						
18	I am doing well in my career					
19	I never seem to do things right at work					
20	I have UCMJ actions pending					
21	I am no longer interested in my career					
Support						
22	I feel alone with no support					
23	I am aware of available support resources					
24	I have a strong support network					
25	I feel I am cared for					

**Signature:** \_\_\_\_\_

**Contact Numbers:**

Chaplain Helpline: 785-239-HELP (4357); Behavioral Health Crisis/Outreach: 785-239-7208; Military One Source 1-800-342-9647; Military Family Life Consultants: 785-239-1883; Army Community Service (non-emergency) 785-239-9435

## In-Processing Suicide Risk Questionnaire Assessment

Question/Statements: Suicide Prevention/Intervention Training						
1	Have you received Suicide Prevention Training?	Yes	No			
2	Was the training helpful?	Yes	No			
3	Have you ever been trained in ASIST (Applied Suicide Intervention Skills Training)?	Yes	No			
4	Have you ever been trained to teach the ASIST 2-day course?	Yes	No			
Background Information						
5	Have you been a helper to someone at risk for suicide?	Yes	No			
6	Has anyone you know died by suicide?	Yes	No			
7	Relationship to you? _____	RED If answered <b>Family Member</b>	ORANGE If answered <b>Friend</b>			
8	Have you ever deliberately injured yourself? Circle one.	Yes, with a clear wish to die by suicide	Yes, though uncertain about dying	Yes, but no wish to die	No	
9	Have you had thoughts of suicide? Circle one.	Never in my life	Some time in my life	Within the last year	Within the last week	Currently
10	How often do you have a drink containing alcohol? Circle one.	Never	Monthly or less	2-4 times/month	2-3 times/week	4 or more times/week
11	How many drinks containing alcohol do you have on a typical day when you are drinking? Circle one.	1 or 2	3 or 4	5 or 6	7-9	10 or more
<b>Using the scale to the right, please address the following:</b>		Never	Rarely	Sometimes	Frequently	Almost Always
Relationships						
12	I feel happy in my marriage/significant relationship.	Refer to counselor	Encourage seeing a counselor in the community	Recommend or encourage Strong Bonds participation within the unit, ACS classes, encourage marriage counseling	Recommend or encourage Strong Bonds participation within the unit, ACS classes, marriage counseling resources available	<b>Strength</b> Recommend or encourage Strong Bonds participation within the unit, ACS classes, counseling resources available
13	I am satisfied with my relationships with others.	Refer to BH	Recommend BH	Recommend ACS classes,	Encourage ACS	<b>Strength</b> Support current

				counseling if needed	classes, Battlemind, and counseling resources	strengths, have resources available if needed
14	I am concerned about family troubles	Offer resources around post and community	Offer resources around post and community	Encourage meeting with MFLC/Chaplain, ACS resources, community counselors	Recommended meeting with off post counselor, ACS resources, MFLC, Military One Source	Refer to counselor
15	I feel hopeless about the future.	<b>Strength</b> Support resiliency and survivor skills	Encourage help-seeking behaviors and highlight the positive things	Encourage meeting with MFLC/ or counselor on/off post	Refer to BH	Refer to BH counselor immediately
<b>Finances</b>						
16	I experience financial difficulties	<b>Strength</b> Promote survival skills, have resources available	Support survival skills, encourage financial classes at ACS	Encourage financial classes at ACS, Financial Readiness Program-ACS	Refer to unit command or to ACS Financial Readiness Program	Refer unit command or to ACS Financial Readiness Program
	<b>Using the scale to the right, please address the following:</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>
17	I need assistance with debt liquidation	<b>Strength</b>	Support resiliency skills, provide ACS resources if needed	Encourage ACS classes and if necessary Financial Readiness Program	Refer to unit command or to ACS Financial Readiness Program	Refer to unit command or to ACS Financial Readiness Program
<b>Work</b>						
18	I am doing well in my career					
19	I never seem to do things right at work					
20	I have UCMJ actions pending					
21	I am no longer interested in my career					
<b>Support</b>						

22	I feel alone with no support	<b>Strength</b> Support cohesion and support networks , BOSS	Support unit cohesion and support networks, BOSS	Encourage buddy camaraderie and unit cohesion, BOSS	Link up to someone in unit	Link up to someone in unit
23	I am aware of available support resources	Link up to available resources	Link up to available resources	Discuss resources within the community	Discuss resources within the community	Strength
24	I have a strong support network	Link up to someone in unit	Link up to someone in the unit	Encourage building a support network	Promote current support networks	Strength
25	I feel I am cared for	Link up to battle buddy, encourage others to reach out	Link up to battle buddy, encourage others to reach , promote involvement in unit	Encourage efforts to reach out		

**Contact Numbers:**

Chaplain Helpline: 785-239-HELP (4357)      Behavioral Health Crisis/Outreach: 785-239-7208  
 Military One Source: 1-800-342-9647      Army Community Service (non-emergency) 785-239-9435  
 Military Family Life Consultants: 785-239-1883      MPs: 239-MPMP (6767)

**Red**

**HIGH RISK:**

If answered questions 6, 7, 8, 9-Seek and escort to immediate help  
 10, 13, 14, 18, 20- Seek help and find resources

**Orange**

**MODERATE-HIGH RISK**

Needs available resources and help

**Yellow**

**MEDIUM RISK-Prevention**

Risk is evident: needs support and resources to prevent from getting to orange/red

**Light Green**

**MEDIUM-LOW RISK- RESILIENCE**

Can be an asset to unit and others-build on resilient behaviors and what they are doing well in life

Green

LOW RISK-STRENGTH and RESILIENCE

Great asset to unit and others-build and learn from what they do well and support their skills

Subjective Leader Assessment:

Commander's Guidance:

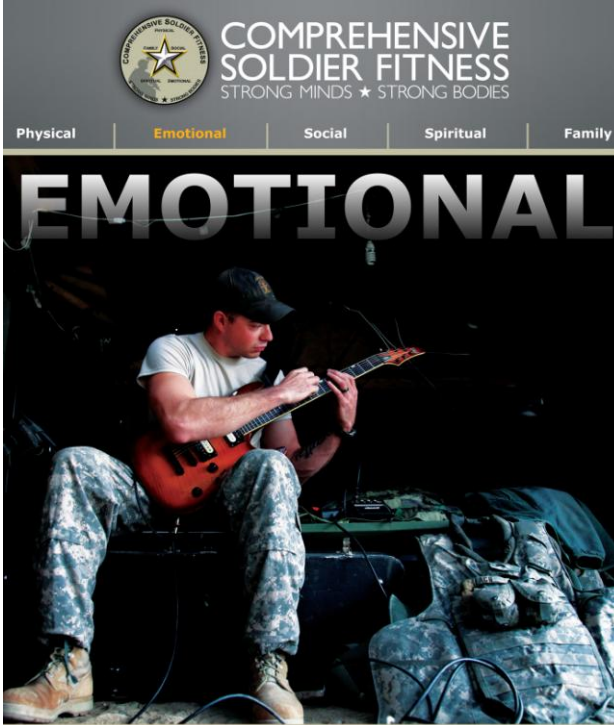
# Fort Riley Suicide Prevention Program

Resiliency and Support  
Programs



## Resiliency and Support Programs

We realize that there are many other programs that help support the Fort Riley Suicide Prevention mission. As we build and coordinate with one another, we hope to combat risk early, promote soldier fitness, and ultimately prevent suicide.



The image is a vertical poster for 'Comprehensive Soldier Fitness'. At the top left is a circular logo with a star and the text 'COMPREHENSIVE SOLDIER FITNESS'. To its right, the text reads 'COMPREHENSIVE SOLDIER FITNESS' in large letters, with 'STRONG MINDS ★ STRONG BODIES' underneath. Below this is a horizontal navigation bar with five tabs: 'Physical', 'Emotional' (highlighted in yellow), 'Social', 'Spiritual', and 'Family'. The main body of the poster features a large, bold, white word 'EMOTIONAL' at the top. Below it is a photograph of a soldier in camouflage pants and a white t-shirt, sitting and playing a red electric guitar. The background is dark, suggesting an indoor setting. At the bottom of the poster, there is a grey box containing the text: 'Approaching life's challenges in a **positive, optimistic way** by demonstrating **self control, stamina** and **good character** with your choices and actions.' In the bottom right corner, there is a small logo and the website address 'www.army.mil/csf'.

COMPREHENSIVE SOLDIER FITNESS  
STRONG MINDS ★ STRONG BODIES

Physical | **Emotional** | Social | Spiritual | Family

# EMOTIONAL

Approaching life's challenges in a **positive, optimistic way** by demonstrating **self control, stamina** and **good character** with your choices and actions.

[www.army.mil/csf](http://www.army.mil/csf)

**BATTLE MIND**  
ACS BLDG 7264 Normandy Drive, Custer Hill  
Fort Riley, Kansas 66442  
(785) 239-9435

**Spouse Battlemind** is the Spouse's ability to face deployments with resilience and strength, allowing easier separations and smoother reunions. This is offered during pre and post deployment.

Key components include:

- **Independence**: the capability of having a fulfilling and meaningful life as part of an Army Centric Family.
- **Resiliency**: the ability to overcome setbacks and obstacles and to maintain positive thoughts during times of adversity.

**The effects of deployments on families can:**

- Vary amongst family members.
- Have a positive impact and bring you closer together.
- Introduce issues that may affect your or your family's well being.

**Spouse Battlemind skills increase your and your family's resiliency throughout the military deployment cycle**

Buddies (Social Support)

Adding/Subtracting Family Roles

Taking Control

Talking it Out

Loyalty and Commitment

Emotional Balance

Mental Health (Behavioral Health) and Readiness

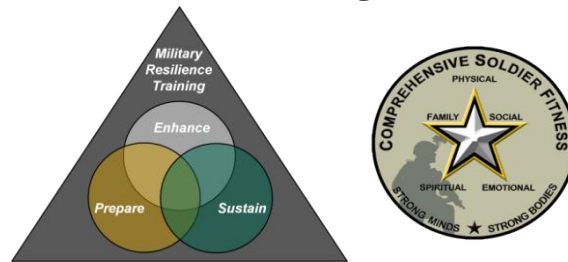
Independence

Navigating the Army System

Denial of Self (Self-Sacrifice)



## Resilience Training Overview



**Resilience Training focuses on three core competencies; Preparation, sustainment, and enhancement.**

### **Focus on: *Preparation***

Learning and Teaching Fundamental Resilience Competency

- Self-Awareness
- Self-Regulation
- Optimism
- Mental Agility
- Strengths of Character
- Connection

### **Focus on: *Sustainment***

Implementing Resilience in Leadership Education and Operations

- Resilience First-Aid
- Leader Education
- Pre-Deployment
- During Deployment
- Post-Deployment

### **Focus on: *Enhancement***

Elevating Personal and Professional Performance through Resilience

- Goal Setting
- Energy Management
- Imagery
- Attention Control
- Confidence

# Theater of War

Theater of War has been a useful tool in support to Suicide Prevention/Education efforts across the Department of Defense. Based on the success of the project, Theater of War Productions has recently been awarded a contract with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and will be presenting 100 performances for military audiences nationwide at military sites, suicide prevention conferences, service academies, war colleges, and medical schools.

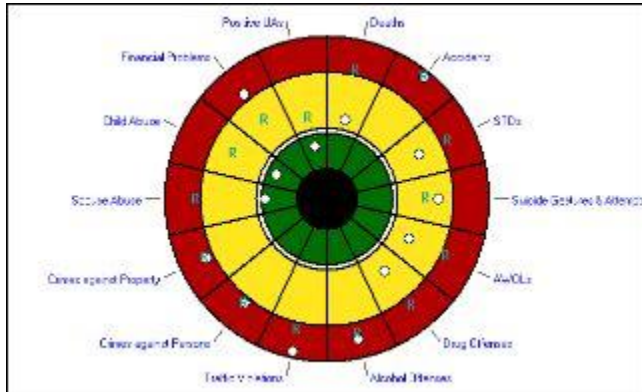
## About Theater of War

Since 2008, Theater of War has presented readings of Sophocles' *Ajax* and *Philoctetes* to military communities across the United States. These ancient plays timelessly and universally depict the psychological and physical wounds inflicted upon warriors by war. By presenting these plays to military audiences, our hope is to de-stigmatize psychological injury and open a safe space for dialogue about the challenges faced by service members, veterans, and their caregivers and families.

It has been suggested that ancient Greek drama was a form of storytelling, communal therapy, and ritual reintegration for combat veterans by combat veterans. Sophocles himself was a general. At the time Aeschylus wrote and produced his famous *Oresteia*, Athens was at war on six fronts. The audiences for whom these plays were performed were undoubtedly comprised of citizen-soldiers. Also, the performers themselves were most likely veterans or cadets. Seen through this lens, ancient Greek drama appears to have become elaborate ritual aimed at helping combat veterans return to civilian life after deployments during a century that saw 80 years of war.

*Ajax* tells the story of a fierce warrior who slips into a depression near the end of The Trojan War, attempts to murder his commanding officers, fails, and takes his own life. It is also the story of how his wife and troops attempt to intervene before it's too late. *Philoctetes* is a psychologically complex tragedy about a famous Greek warrior who is marooned on a deserted island by his army after contracting a horrifying and debilitating illness.

Plays like Sophocles' *Ajax* and *Philoctetes* read like textbook descriptions of wounded warriors, struggling under the weight of psychological and physical injuries to maintain their dignity, identity, and honor. Given this context, it seemed natural that military audiences today might have something to teach us about the impulses behind these ancient stories. It also seemed like these ancient stories would have something important and relevant to say to military audiences.



## Riley Risk Reduction Program

Risk Reduction Program Coordinator Anita Eschliman and Bill Powers ASAP

The Risk Reduction Program (RRP) is a commander's tool designed to decrease Soldier high-risk behaviors, thus increasing Soldier and unit readiness. The program has been developed to identify and mitigate high risk behaviors (HRB) by utilizing a coordinated effort between commanders and installation agencies to implement effective intervention strategies.

Quarterly data is provided to commanders furnishing a unit "snap shot" relating to the 14 high risk factors (i.e., deaths, accidents, sexually transmitted infections/diseases, self harm and suicide attempts, AWOLs, drug offenses, alcohol offenses, traffic violations, crimes against persons, crimes against property, spouse abuse, child abuse, financial problems and positive urinalysis). There are four risk factors tracked but not reported on the "snap shot" (urinalysis samples shipped, chapter eliminations, courts martial and disciplinary action). This data is then compared to Installation and Army averages then graphically displayed as a shot group. Commanders can quickly identify problem areas and react with additional awareness training.

The Risk Reduction Program coordinates monthly Installation Resiliency Review Team (IRRT) meetings, chaired by the Garrison Commander. The meetings are to review current risk factors and plan for upcoming prevention strategies based on historical trends. The primary goal of the IRRT is to assist commanders in developing prevention strategies to reduce high risk factors, which may have a detrimental impact on Soldier and Unit Readiness. Though the primary unit of focus for the team is the battalion size unit, it is not limited to that. The team can be developing and implementing prevention strategies and programs simultaneously at a number of different levels from the installation of individual units of company or batter size.

The RRP also offers the Unit Risk Inventory (URI) and the Reintegration Unit Risk Inventory (R-URI). These surveys are anonymous questionnaires designed to screen for high risk behaviors and attitudes that compromise unit readiness. The URI is administered to the unit no later than 30 days prior to deployment or to non-deploying units annually; the R-URI is administered to redeploying Soldiers 60-180 days after redeployment. The results of the URI/R-URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors. The URI is also a great tool for incoming commanders to assess the climate within their new unit. These surveys are mandated in accordance with the Deployment Cycle Support (DCS) Directive dated 26 Mar 07.

If you have questions or need additional information, please contact our Risk Reduction Program Coordinators, Bldg 7264, Room 27A, Normandy Drive on Custer Hill, at 785-240-3089 or 785-239-1970.

## Army Substance Abuse Program (ASAP)

### **Substance Abuse Program**

The Army Substance Abuse Program (ASAP) is a repository for a continuum of programs and services developed and designed to support the mission of Fort Riley.

The Army Substance Abuse Program (ASAP) supports 1st Infantry Division Commanders with proactive programs that focus on prevention education and training. The following programs are implemented:

\*A two-day Unit Prevention Leaders (UPL) Certification Course conducted by the IBCP staff monthly, at the Digital Learning Center.

**NOTE:** UPLs, who have certified as of October 2001, do not need to re-enroll in the two-day course. Those who wish to recertify must bring the required documentation to the IBCP, Bldg. 7264, to take the certification examination. No appointment necessary.

### **Leadership Training classes are presented to:**

- \*New Commanders and First Sergeant's quarterly
- \*New Staff Officers, G1/S1 once a quarter
- \*New Civilian Supervisors quarterly

### **Command and Staff briefings presented to:**

- \*Commanding General and Garrison Commander quarterly
- \*New Battalion and Brigade Commanders within 60 days of assuming command
- \*Newcomers briefing conducted by Prevention Services at Fort Riley weekly

Unit classes are conducted by Unit Prevention Leaders with Prevention Staff providing "train the trainer" assistance as needed.

### **Military Units Evaluations:**

- \*Prevention Services conduct High Risk Assessments as requested
- \*The Installation Biochemical Testing Coordinator and Training Instructors inspect Fort Riley's unit urinalysis collection procedures twice yearly
- \*Prevention Services conducts alcohol and drug awareness campaigns four times a year

### **Contact Information**

For further information; please contact the staff at the Installation Biochemical Testing Point, Building 7264, at (785) 239-4151.

**ACS Support Programs**  
**7264 Normandy Drive, Custer Hill**  
**Fort Riley, Kansas 66442**  
**(785) 239-9435**

**[Survivor Outreach Services \(SOS\) 785-239-9435](#)**

To provide a comprehensive support program for Survivors of Soldiers who have made the ultimate sacrifice, and to ensure continued support is provided as needed or desired by Surviving Family Members.

The SECARMY has directed Directorate of Family, Welfare, Morale and Recreation Command (DFMWRC) to coordinate one on one interviews with Survivors. The goal of this initiative is to contact all Surviving Family members, across all Army components, to better understand their concerns and incorporate those experiences into improved service delivery.

DFMWR, Fort Riley and the Fort Riley Army Community Service have been tasked with developing and implementing the Survivor Outreach Services (SOS) program to the Families of the Fallen in the Kansas/Nebraska region. Further guidance states that we will provide services and support for as long as Survivors desire. DFMWRC has also been directed to develop a process to capture the needs and concerns of Surviving Family members on an ongoing basis.

**[Army Family Action Program \(AFAP\) 785-239-9435](#)**

AFAP is a grassroots, Army-wide initiative to identify and prioritize issues of concern to America's Army Family. Through this process, issues requiring action are prioritized, given measurable objectives for acceptable change and assigned a lead agency to be worked. The focus of the process must be at three distinct levels: installation, Major Army Command (MACOM) and Headquarters Department of the Army (HQDA).

**[Army Family Team Building \(AFTB\) 785-239-9435](#)**

AFTB offers education to family members on army life and the resources needed to be a successful Army Family. The training is offered at graduated levels for the inexperienced family member to those who want to take on leadership roles. The training is offered at various times, locations and days. ACS is the connecting point for your involvement in this exciting new Family program.

**[Army Volunteer Corps Program \(AVCP\) 785-239-9435](#)**

Volunteers are a vital part of any community, especially here at Fort Riley. There are many places to work and a wide variety of positions available. Please contact the Installation Volunteer Coordinator when you are ready to make a difference in the Fort Riley Community.

**[Employment Readiness Program \(ERP\) 785-239-9435](#)**

The Employment Readiness Program provides information and referral services in the areas of employment, education, training, transition and volunteer opportunities to give Family members the competitive edge needed to secure employment. The primary purpose of this program is to assist eligible Family members of Soldiers, Retirees and DA Civilians who are relocating. Employment Readiness provides accurate, timely information and other supportive services (Counseling, Resource Center and Workshops) necessary to minimize the employment problems associated with relocation.

### **[Exceptional Family Member Program \(EFMP\) 785-239-9435](#)**

EFMP is a mandatory enrollment program. A record update is required every 3 years or if the condition changes, whichever comes first. The EFMP is designed to provide comprehensive services consisting of medically related, educational guidance, social support, and personnel type services, that enhance the quality of life and readiness for Families with special needs. An Exceptional Family Member (EFM) is a Family member with a physical, emotional, developmental or intellectual disability that requires special treatment, therapy, education, training, or counseling. Ask your provider whether a medical condition warrants enrollment into the Exceptional Family Member Program.

### **[Family Advocacy Program \(FAP\) 785-239-9435](#)**

FAP is responsible for addressing child abuse and neglect and spouse abuse. The program consists of identification, reporting, treatment, and follow-up of cases. Services offered include community education and awareness, primary prevention efforts to support parenting and family communications, crisis intervention, emergency shelter, and counseling.

### **[Victim Advocate Program \(VAP\)](#)**

The Victim Advocate Program provides crisis intervention, support services and information and education to victims of domestic violence and sexual assault. Victim Advocates help clients develop safety plans, obtain protection from abuse orders, provide legal assistance referrals, and accompany clients to domestic violence related court hearings. They are available 24/7 for assistance when you need it most.

### **[Sexual Assault Prevention & Response Program \(SAPRP\)](#)**

Sexual Assault Prevention and Response Program is a program that allows a Soldier to report being a victim of sexual assault, receive medical treatment, advocacy services, and referral services without initiating the investigative process through law enforcement or chain of command. The SAPR program creates a climate to reduce assaults through education and prevention services as well as ensures sensitive treatment to all victims of sexual assault.

### **[New Parent Support Program \(NPSP\)](#)**

The Army's NPSP is a voluntary program that offers support and assistance to parents of newborns, toddlers and young children [up to age 3] as well as expectant and adopting Families. Parenting support, home visitation, groups, and play morning services are all available at no cost to the service members and their dependents.

### **[Financial Readiness Program \(FRP\) 785-239-9435](#)**

Financial Readiness provides personal financial management education and services. Classes are available in banking and credit union services, checkbook management, budget planning and record-keeping, credit use and abuse, debt liquidation, consumer rights and obligations, insurance, savings and investment products (including the Thrift Savings Program), and personal financial readiness planning for military Families (deployment, PCS, etc.). Financial Readiness provides individual budget counseling, consumer information and resources, and assistance in filing consumer complaints. Financial Readiness is the proponent for the Command Financial NCO Program and provides the training that enables the CFNCO to conduct unit training and individual counseling for the Soldiers within their battalion.

### **[Family Subsistence Supplemental Allowance \(FSSA\) Program](#)**

The FSSA Program is a voluntary program that helps Soldiers avoid applying for food stamps by providing eligible Soldiers with additional pay that ensures their Family income is 130% of the poverty level. There are numerous

factors to consider regarding this program. The program is voluntary. Financial Readiness conducts the required assessment counseling for Soldiers. Information and classes on the FSSA program may be obtained by contacting the Financial Readiness Program.

### **[Army Emergency Relief \(AER\)](#)**

AER provides emergency financial assistance to Soldiers for unforeseen emergencies that require immediate attention. AER financial assistance for emergency travel is available during non-duty hours by contacting the American Red Cross toll free 1-877-272-7337.

### **[Outreach & Unit Support Program 785-239-9435](#)**

We are your main source for information and outreach on Fort Riley and the Central Flint Hills Region (CFHR). Our staff will provide any information or assistance you may need or will refer you to the appropriate agency for assistance. A file is maintained of our installation and our local community resources to help assist you quickly. This program links Soldiers, Families, and Retirees, Army Reserve, National Guard and Civilian employees to resources located in Fort Riley and the CFHR. The CFHR includes a seven-county area surrounding Fort Riley, which is where the majority of Active Duty Soldiers, Retirees and their Families call home. We are actively involved as Unit Service Coordinators. This mission is to provide unit leadership with a central key liaison here at the ACS whose goal is to facilitate and improve service delivery. We want to be your “one-stop-shop” for gathering information or location of resources.

### **[Mobilization and Deployment Program 785-239-9435](#)**

#### **Family Readiness Program (FRP)**

ACS offers several types of Family readiness support. Before deployments, units schedule Family member briefings that include various Garrison agencies that are available to support Families during separations. Information and training for Family Readiness Group leaders and training for Soldiers and Families on various aspects of the deployment process as it relates to Families are available.

#### **Family Readiness Groups (FRG)**

Support is available for Family Readiness Groups (FRG) and their FRG leaders, plus the Rear Detachment Commanders.

#### **Military and Family Life Consultants**

Ft. Riley now has Military and Family Life Consultants. The service is FREE, brief, confidential, and the Consultants do not keep notes or take names. It is available to active duty military and their Families. The Consultants are there to listen and identify resources available to help you cope with the complexities of military life. They are experienced in areas such as: relationship issues, single-parent issues, anger and irritability issues, adjustment issues, confusion and worry, reunions, good-bys, illness, and injuries.

### **[Relocation Readiness \(RELO\) 785-239-9435](#)**

Army Community Service operates a fully stocked loan closet with basic household items to use until household goods arrive. Comprehensive assistance with PCS moves include: computerized information on installations worldwide, Hearts Apart, Discover Riley’s treasures, Guest House visits, sponsorship training, and arrival and departure information. Services are also available for multi-cultural programs and assistance with naturalization and immigration.

# Fort Riley Suicide Prevention Program

## Section 2: Campaigns and Suicide Prevention Activities





## Overview

Fort Riley is involved with not only the National Suicide Prevention Month in September, but also Fort Riley's own annual Suicide Prevention month in April.

### Previous Activities Include:

Wellness Fair Nascar Simulator

Ghostly Formation Display

Speakers and Experts on Suicide

High School Poetry Contest

Wellness Booths with other agencies

Apple Days Display and ASAP activities

ASIST Trained Gatekeeper Pictures in the 1 ID Post Newspaper

Theater of War

Happy Hour Comedy Tour

Apple Days Display

High School Essay Contest

Candle Light Vigal

Ghostly Formation Display

Giveaways

