



Army National Guard

Suicide Prevention Program Managers Training

Welcome





SUICIDE PREVENTION

Welcome and Introductions

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ARNG-HRS-P Team

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Introduce Yourself

- Name
- State
- Duty Position(s)
- How Long as SPPM





SUICIDE PREVENTION

Situational Update

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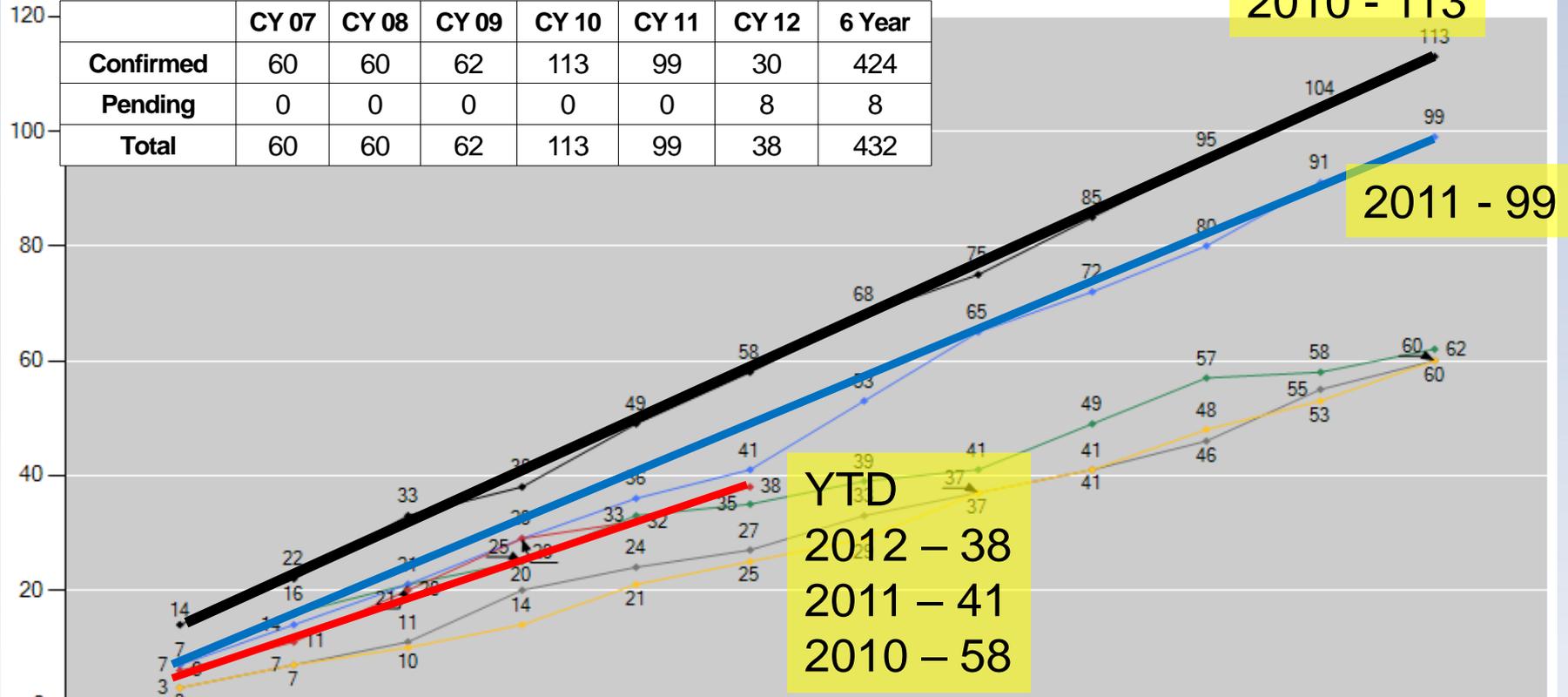
AGENDA

1. **Current State**
2. **Suicide – The Real Picture**
3. **Peer Review**
4. **Lessons Learned**
5. **Challenges**
6. **Guard Response**



SUICIDE PREVENTION: Program Update

	CY 07	CY 08	CY 09	CY 10	CY 11	CY 12	6 Year
Confirmed	60	60	62	113	99	30	424
Pending	0	0	0	0	0	8	8
Total	60	60	62	113	99	38	432

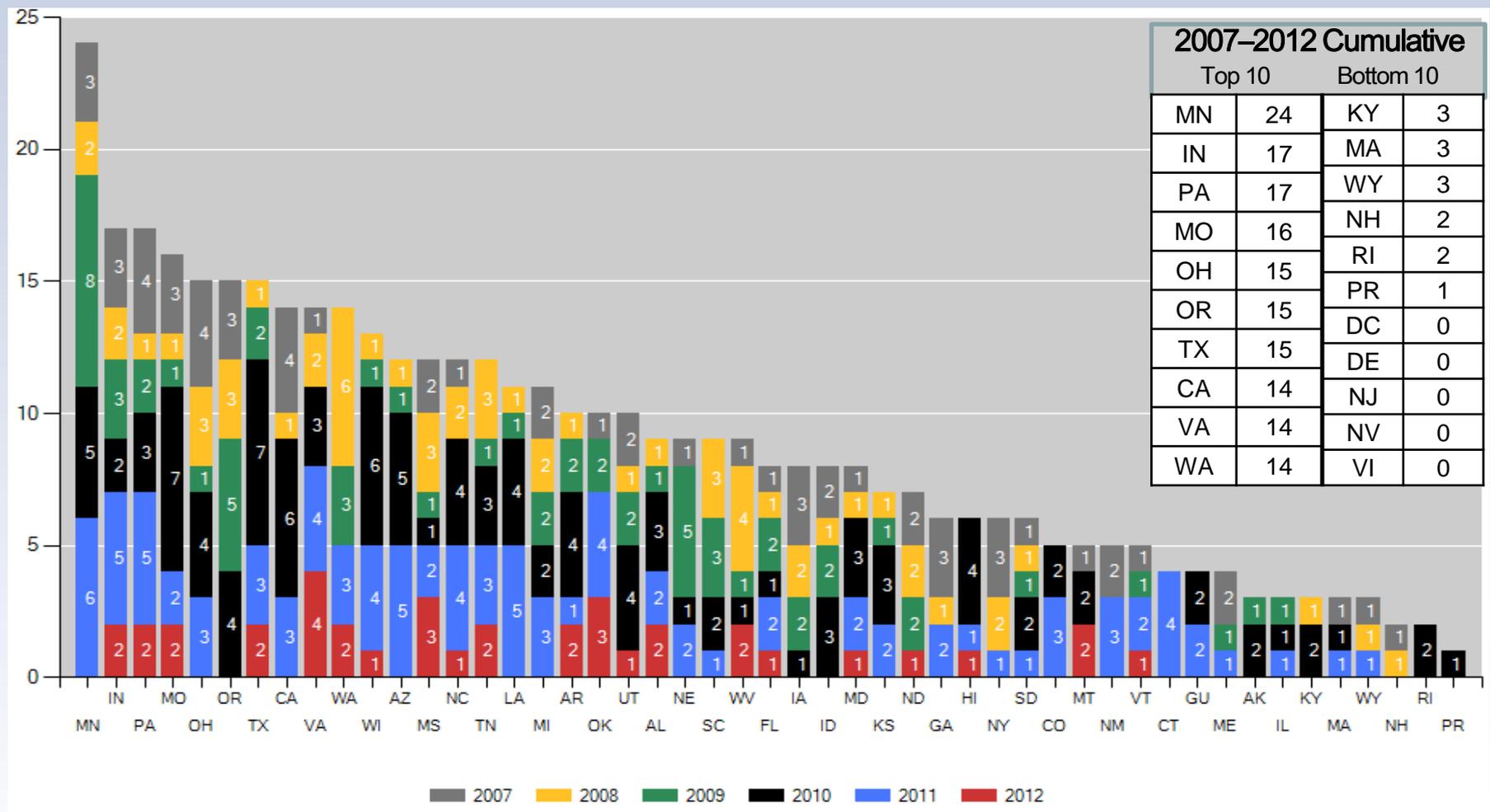


CY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2007	3	4	4	9	4	3	6	4	4	5	9	5	60
2008	3	4	3	4	7	4	4	8	4	7	5	7	60
2009	7	9	5	4	8	2	4	2	8	8	1	4	62
2010	14	8	11	5	11	9	10	7	10	10	9	9	113
2011	7	7	7	8	7	5	12	12	7	8	11	8	99
2012	6	5	9	9	3	6	0	0	0	0	0	0	38



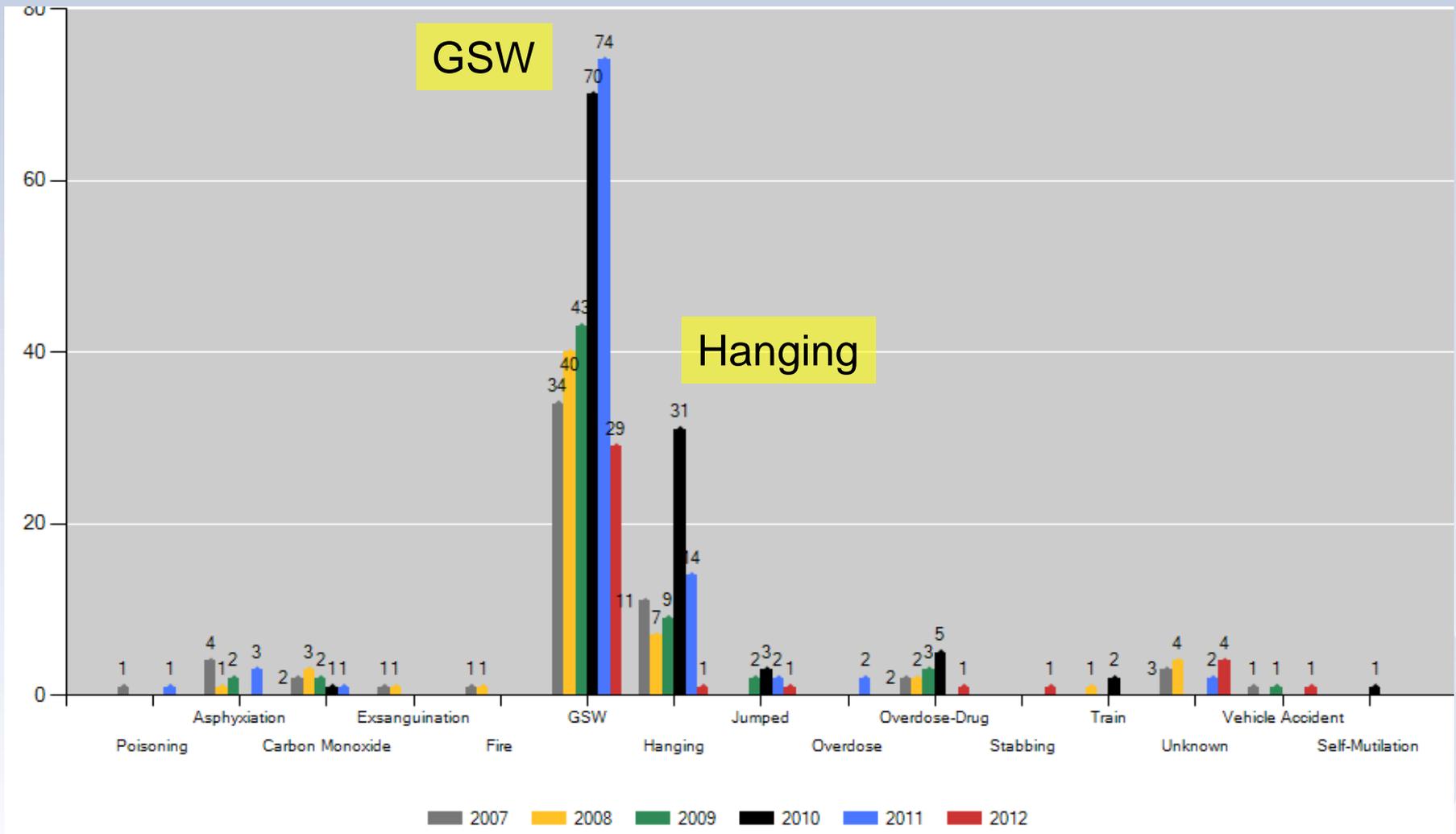
SUICIDE PREVENTION: Program Update

Suicides by State/Territory: 2007 – 2012



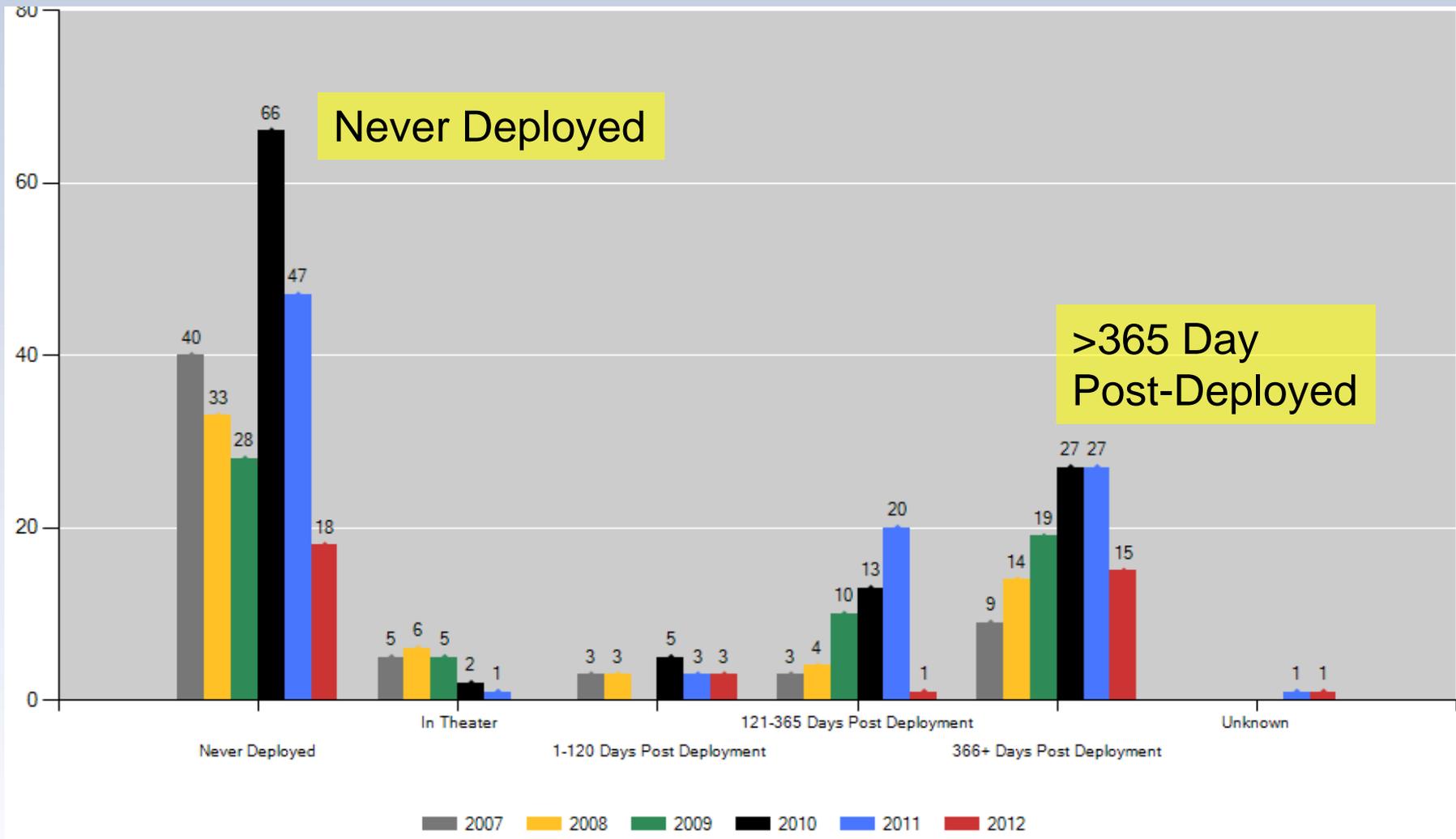
SUICIDE PREVENTION: Program Update

Methods



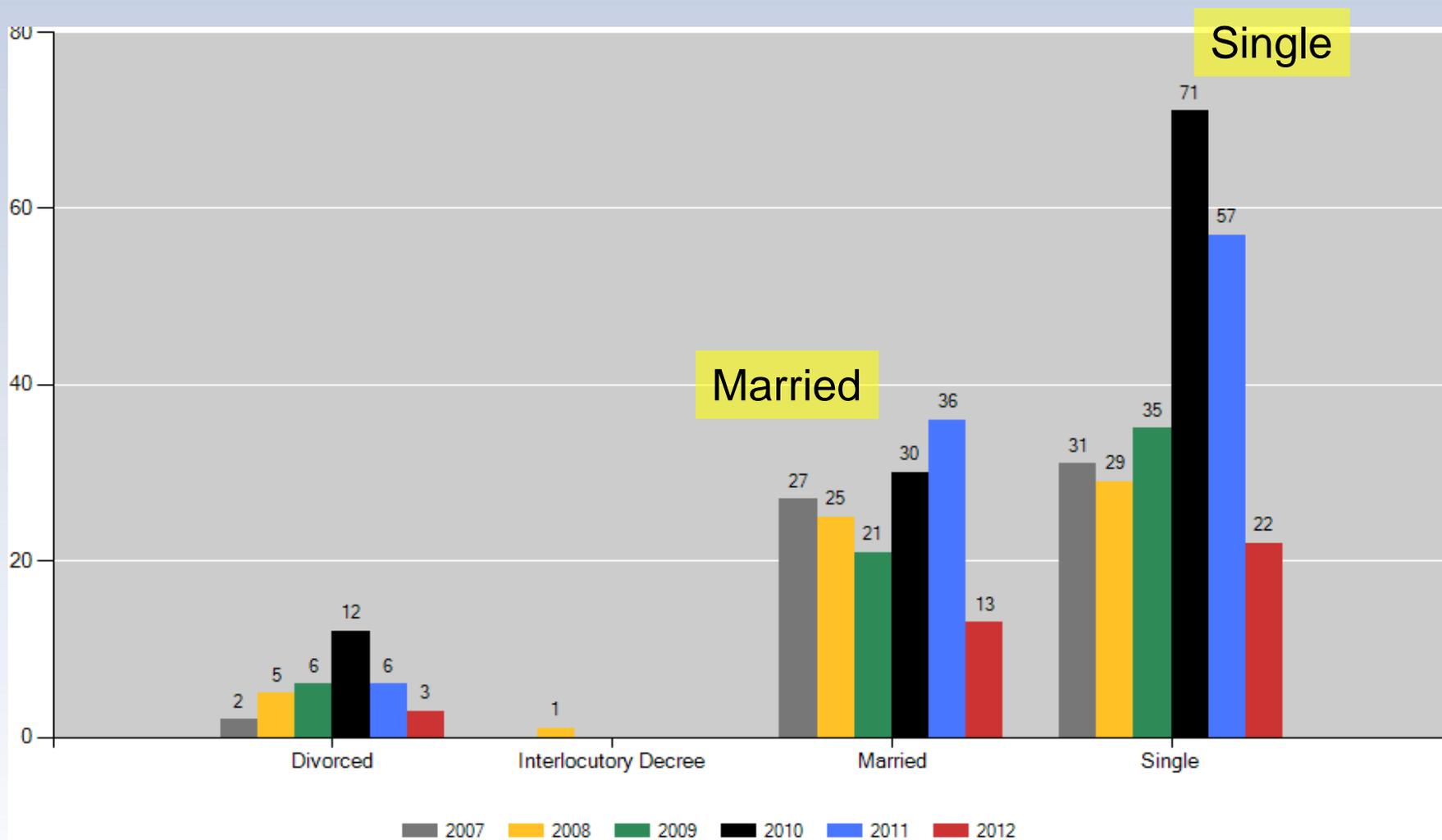
SUICIDE PREVENTION: Program Update

Deployment History



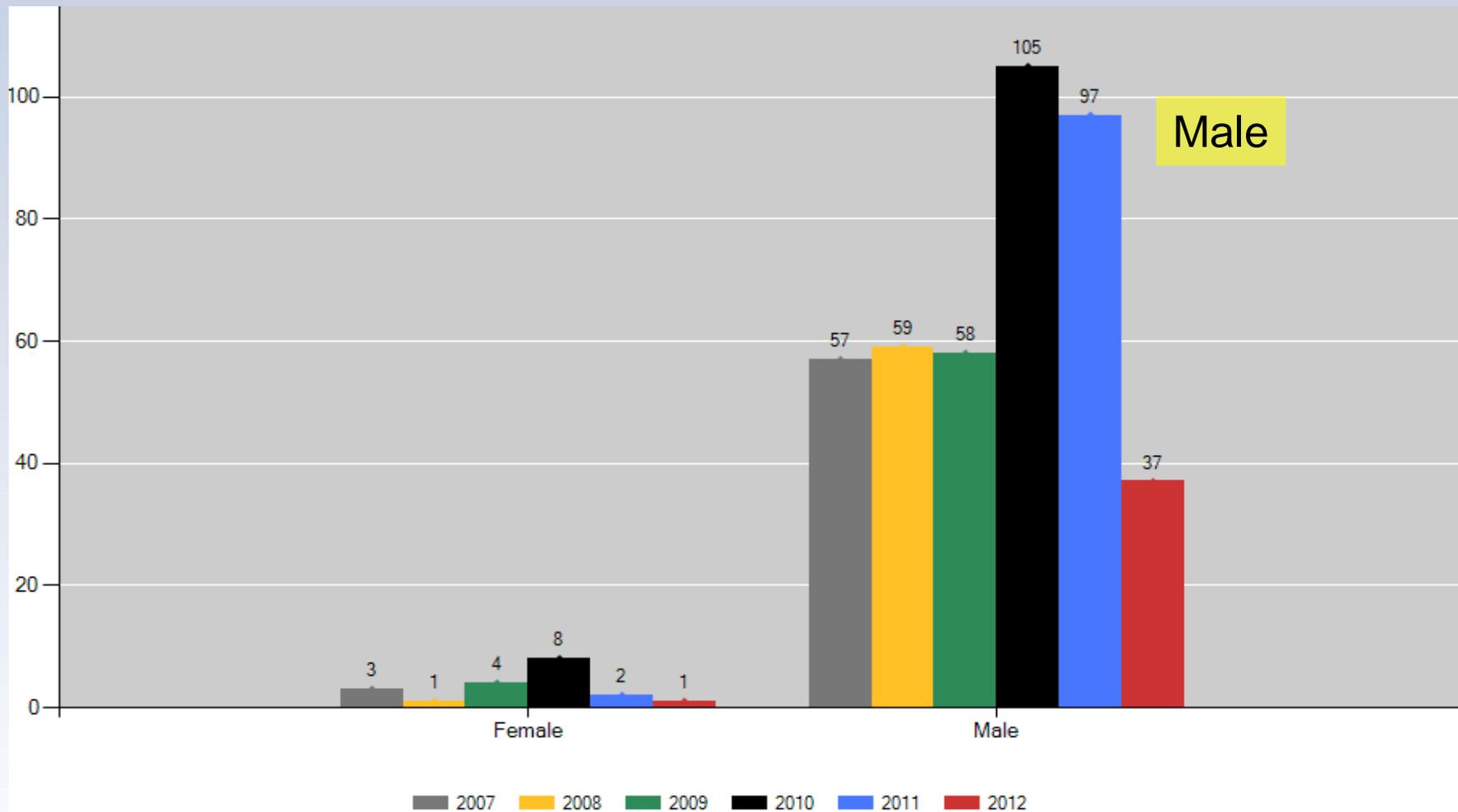
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Marital Status



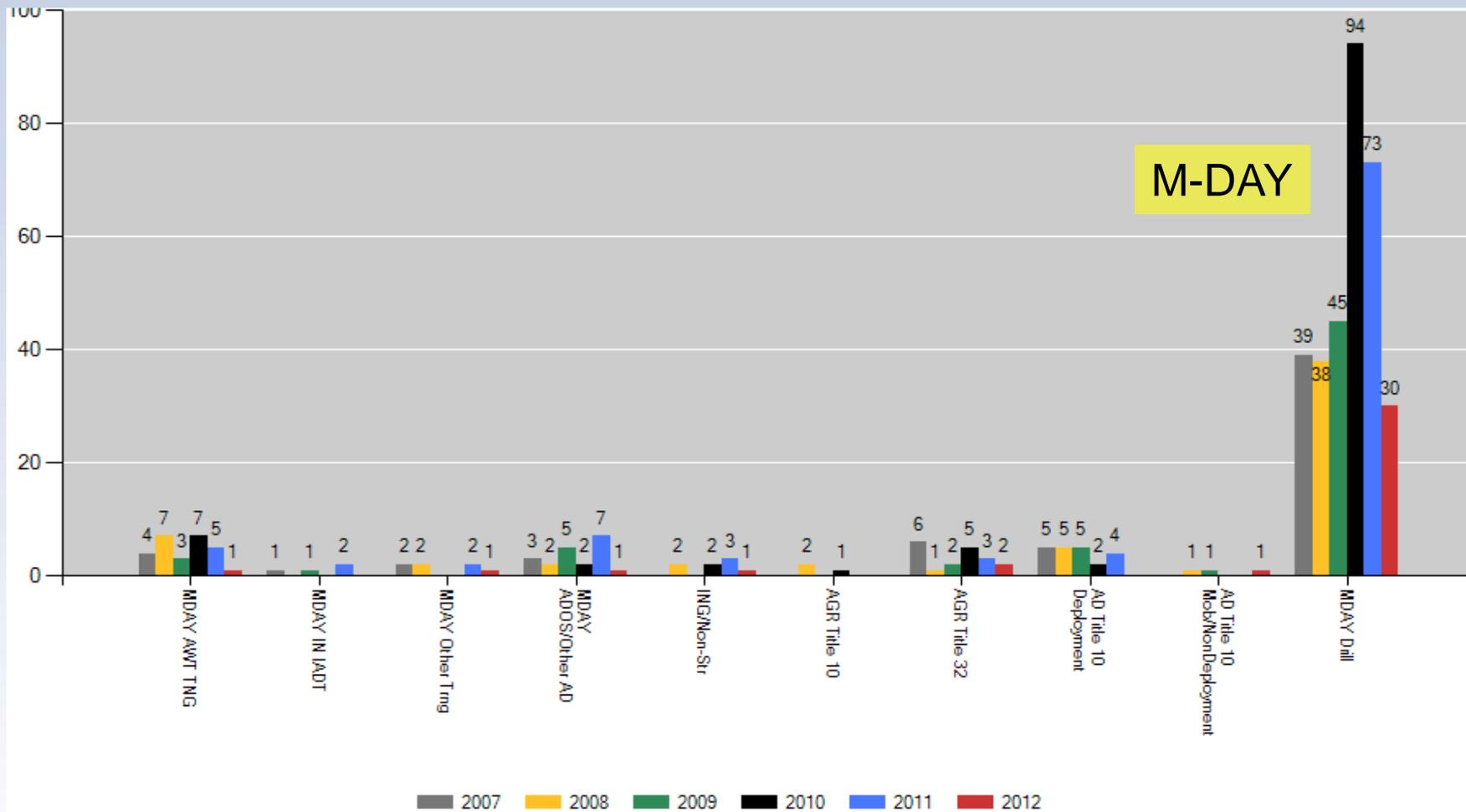
SUICIDE PREVENTION: Program Update

Gender



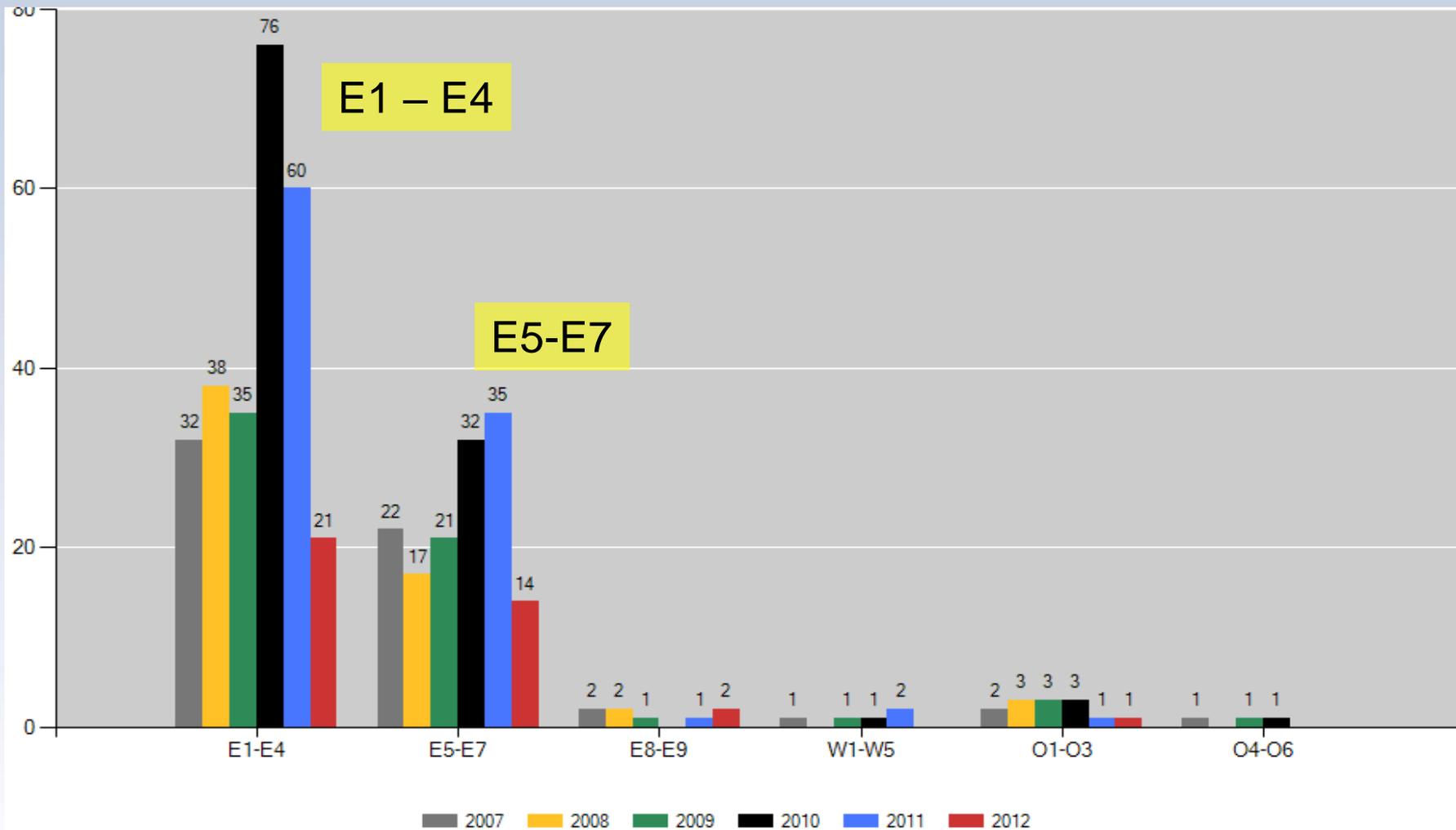
SUICIDE PREVENTION: Program Update

Duty Status



SUICIDE PREVENTION: Program Update

Grade



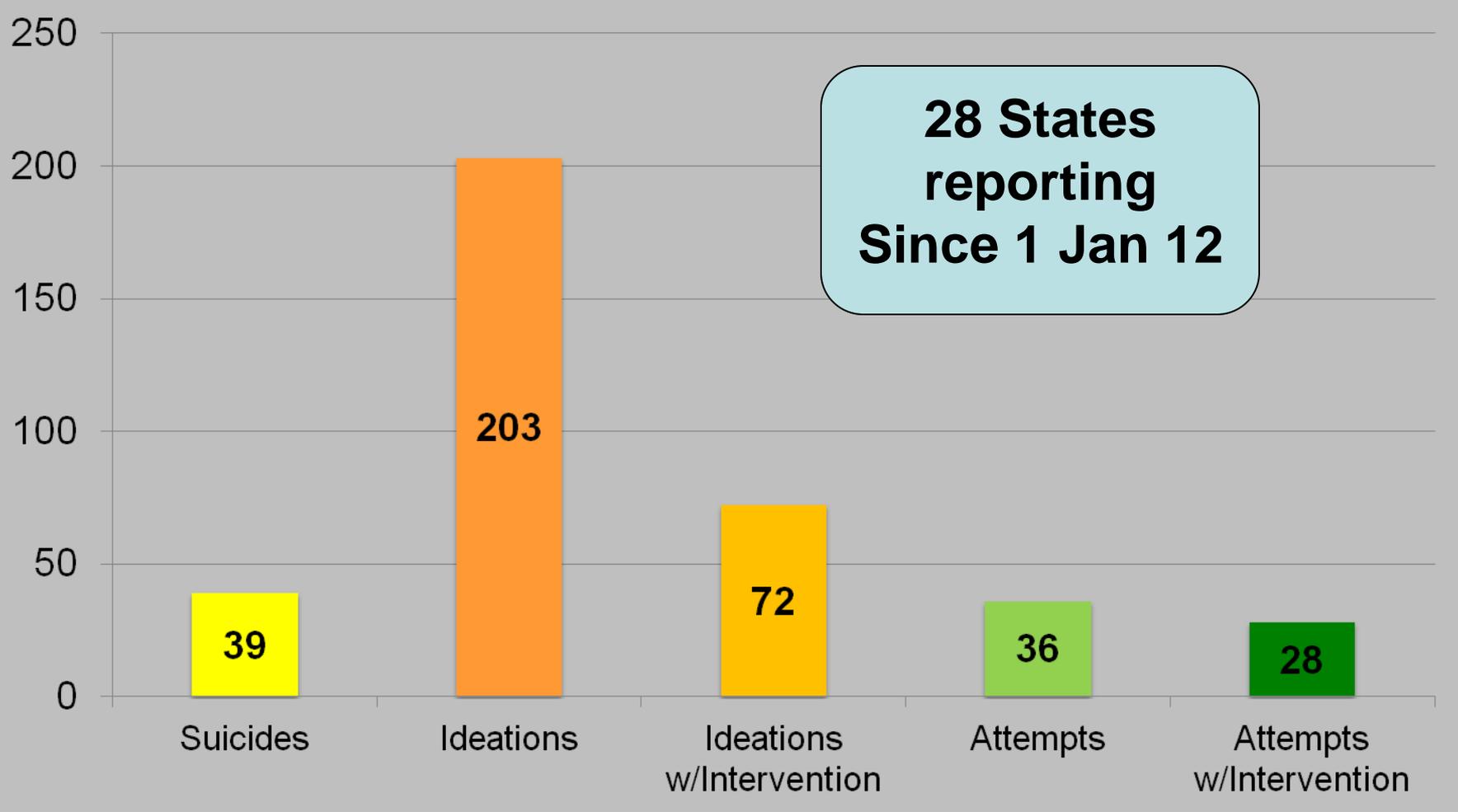
Suicide – State of the ARNG

Suicide Profile

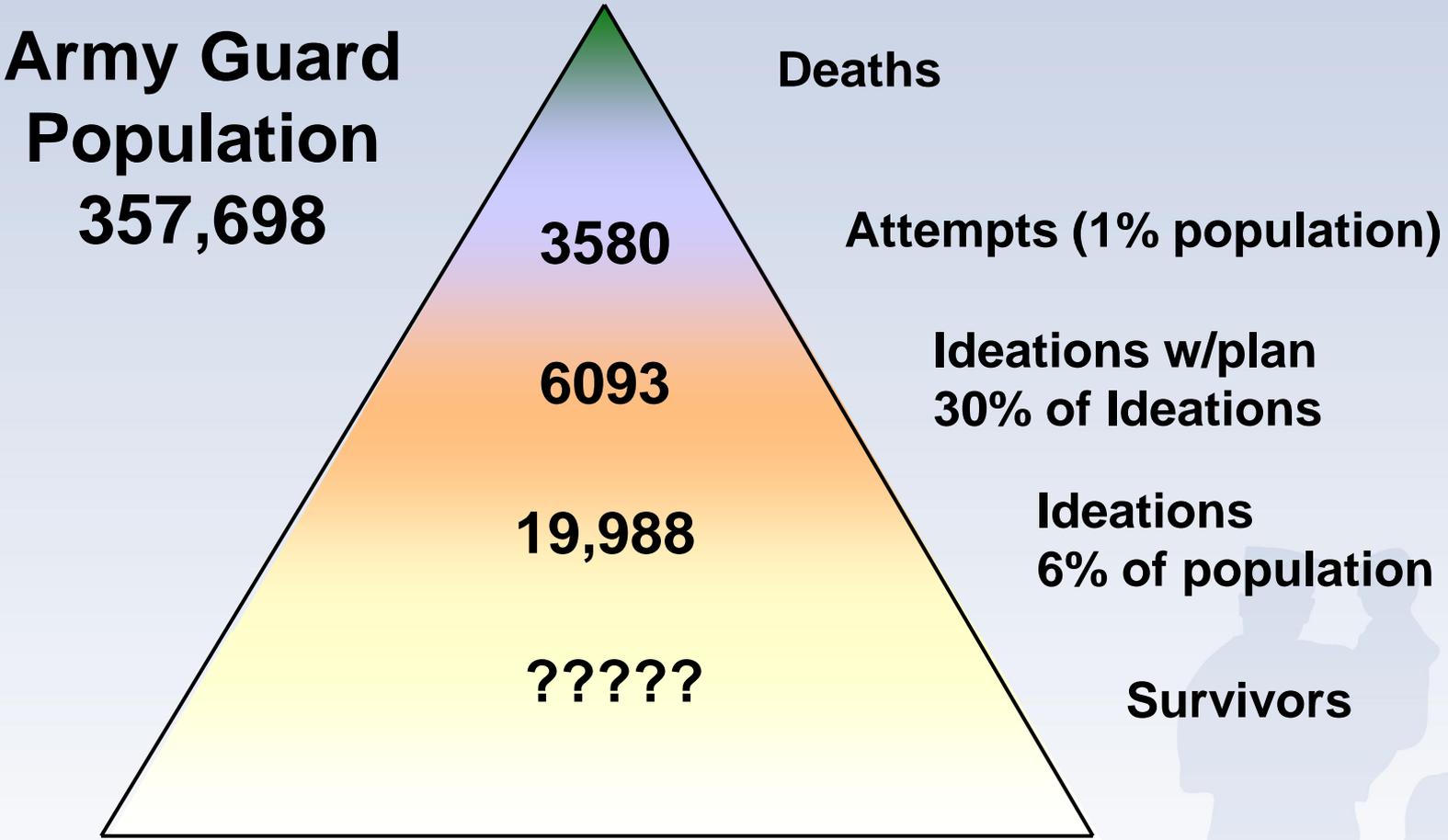
- White
- Male
- Married or single
- M-Day
- Never Deployed or > 365 Days
- 17-24 years old



Suicide – The Real Picture



Suicide – The Real Picture



❖ Estimates based on URI results (55,259 Soldiers 2011-2012)



Suicide – The Real Picture

State Population	4,000	8,000	13,000
Attempts	40	80	130
Ideations w/Plan	72	144	234
Ideations	240	480	780

❖ Estimates based on URI results (55,259 Soldiers 2011-2012)



Challenges

- Funding
- Suicide Surveillance
 - Ideation / Attempt Reporting by states
 - State Input of 15-6's into CIMS/ALURRT
- Dual and Triple hatted SPPMs
- Lack of Access to Behavioral Health Tx
- Lack of Access to Substance Abuse Tx



ARNG Response

- The Black Book
- SPPM Contract
- Initiatives and Best Practices
 - Vets 4 Warriors
 - Individual State Efforts (J9, Apps, CAT, etc.)
- ASIST T4T Training and ASIST Kits
- Resilience and Peer Programs
- ARNG Web Pages on G1 Gateway
- Suicide Briefed to VCSA SRG



ARNG Response

- ARNG Liaison to Army HPRR Task Force
- ARNG R3SP Task Force
- R3SP Campaign Plan (unified effort)
- State Campaign Plans
- Concept Plan (R2I) and IDIQ
- Army Leader Risk Reduction Tool (ALURRT)
 - Critical Incident Management System
 - Commanders Stress Assessment Tool
 - Dashboard and Report tools





SUICIDE PREVENTION Program Development

Questions?

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SUICIDE PREVENTION Program Overview

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SUICIDE PREVENTION: Program Update

1. **State Level Program Development**
2. **Collaboration**
3. **Prevention**
4. **Resiliency**
5. **Awareness**
6. **Strategic Communications**
7. **Stigma Reduction**
8. **Intervention**
9. **Postvention**



State Level Program Development

- Framework
 - ❖ AR 600-63, DA Pam 600-24
 - ❖ R3SP Campaign Plan
 - ❖ Policies
 - ❖ Training Policy
 - ❖ Suicide Investigation Policy
 - ❖ Appoint a State Suicide Prevention Program Manager (SSPPM)
 - ❖ Provide training annually to all Soldiers and Leaders
 - ❖ Observe September Suicide Prevention Month
 - ❖ Suicide surveillance



State Level Program Development

- State level policy
 - ❖ Each state is unique
 - Structures
 - Laws
 - Full Time Manning force structure
 - State/county mental health and social support programs
 - Non-profit and community resources
 - State governmental networking



State Level Program Development

- State level policy (cont.)
 - ❖ Common Strategies
 - Promote development of positive life-coping skills
 - Encourage help-seeking behavior
 - Raise awareness and vigilance toward suicide prevention
 - Synchronize with and integrate existing Army programs
 - Conduct suicide surveillance
 - ❖ Deliberate / Proactive
 - ❖ Command supported



Collaboration

- Suicide prevention crosses disciplines
 - ❖ Sexual Assault Response
 - ❖ Army Substance Abuse Program
 - ❖ Administrative support
 - ❖ Family Programs
 - ❖ Medical/mental health community
 - ❖ PDHRA
 - ❖ Chaplaincy
- Comprehensive programs require input into and from each discipline - NETWORK!



Collaboration

•Challenges

- ❖ Dispersed Soldier Population
 - Lack of Army facilities within reasonable commuting distance
 - Lack of community resources in many rural areas
 - Centralized resources don't work
 - Unit leadership may not be within easy reach of Soldiers in need



Collaboration

- Challenges (cont.)
 - ❖ Traditional Soldier status limitations
 - No orders to cover treatment/services
 - Traditional Soldiers do not qualify for benefits
 - Civilians 28 days a week – Isolates Soldiers from care of buddy and leadership



Collaboration

- Solutions
 - ❖ Build a team of subject matter experts from different disciplines to guide our programs.
 - ❖ Build an external network of resources to meet our Soldier's needs.
 - ❖ Develop community ownership of local units



Collaboration

•Collaborative Options

- ❖ CHPC / Suicide Prevention Task Force / Partner with State Mental Health Programs
- ❖ Leverage existing national, state and local initiatives
- ❖ Memorandums of agreement
- ❖ Grants



Prevention

- Our view of prevention is too small
- The first goal of prevention should be Soldiers and Families who are so well supported and resilient that they do not see suicide as an option for the difficulties they face.
- Prevention is anything that imparts life skills, builds resilience, improves relationships, develops coping skills, trains empathetic helpers, makes Soldiers safe to get help and intervenes in a crisis to prevent suicide.



Resiliency

“Resiliency ... involves behaviors, thoughts and actions that can be learned and developed in anyone. Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.” [1]

Resilience *is* the “ability to adapt and recover from stress.” [2]

[1] “The Road to Resiliency”, The American Psychological Association, 2004.
www.apahelpcenter.org.

[2] Lukey, B and Tepe, V, ed., *Biobehavioral Resilience to Stress*, CRC Press, New Yourk, 2008.



Resiliency

- Leading stressors in suicide
 - ❖ Relationship failure
 - ❖ Employment issues
 - ❖ Financial
 - ❖ Legal problems
 - ❖ Deployment



Resiliency

- Programs which support resiliency
 - ❖ CSF
 - ❖ Yellow Ribbon Program
 - ❖ Relationship Enhancement (Strong Bonds)
 - ❖ Family Program and Family Assistance Centers
 - ❖ Emergency Relief Fund
 - ❖ Financial Planning Classes
 - ❖ Substance Abuse Prevention and Reduction
 - ❖ Warrior Transition Units
 - ❖ Employer Support of the Guard and Reserve
 - ❖ Partners in Care Program (MD)
 - ❖ Peer to Peer programs (California, Nebraska, Michigan)
 - ❖ Army Comprehensive Soldier Fitness Program



Awareness

- Goals
 - ❖ Normalize subject of suicide
 - ❖ Highlight the seriousness of the problem
 - ❖ Communicate messages that reduce stigma and encourage help-seeking behavior
 - ❖ Encourage Soldiers to take responsibility for their buddy
 - ❖ Highlight signs and symptoms
 - ❖ Teach Ask, Care, Escort
 - ❖ Make Soldiers and Families aware of helping resources



Awareness

- Methods
 - ❖ Media – Posters, films, brochures
 - ❖ Briefings and training
 - ❖ Static displays by community agencies
 - ❖ Special observances – Suicide Prevention Week/Month
 - ❖ Stand downs
 - ❖ Media events
 - ❖ Special speakers
 - ❖ Promote local agencies and their events (i.e. Suicide Prevention Network's Out of the Darkness Walk)
 - ❖ Command messages through unit newsletter



Strategic Communications

- Essential part of any prevention program
- If we don't tell them the positive, they will only imagine the negative.
- Communication to Soldiers
- Communication to Leaders
- Communication to the community



Strategic Communications

- STRATCOM development
 - ❖ Work closely with Public Affairs/G5.
 - ❖ Identify key players and their roles.
 - ❖ Tailor message to audience.
 - ❖ Tailor message to achieve specific predetermined outcomes.
 - ❖ Identify key talking points for all levels of leadership.
 - ❖ Develop a strategy for handling the press if a suicide event takes place



Stigma Reduction

- Stigma is a deeply engrained cultural problem.
- Stigma is propagated at all levels.
- Stigma is self-perpetuating.
- Only a deliberate and focused plan to reduce stigma implemented over time will reduce it.
- Needs to start with leadership.



Stigma Reduction

- Strategies for stigma reduction
 - ❖ Stigma Reduction Campaign Plan
 - ❖ Leadership by example - modeling vulnerability
 - ❖ Persistent messaging to Soldiers and Leaders at all levels
 - ❖ Unit Climate Profiles to identify stigma hot spots
 - ❖ Lack of tolerance for caustic leadership
 - ❖ Identify and remove barriers to care.
 - ❖ Download suicide prevention training to the lowest level.
 - ❖ Ensure all training is conducted by someone who believes in the program.



Intervention

- Natural for some, Learnable by others.
- Types of intervention
 - ❖ Basic intervention
 - Ask, Care, Escort for Buddies
 - Goal: Courage to take action
 - ❖ Peer Intervention
 - Advanced skills for Leaders
 - Goal: Greater ability to recognize those in need, refer them to the right resources, and mentor subordinates toward resiliency



Intervention

•Types of intervention (cont.)

❖ Gatekeeper

- Formal training for professionals who provide advanced intervention and screening for suicide.
- Goal: Responders with advanced skills to handle tough cases and provide counsel to commanders

❖ Built in screening processes

- Post Deployment Health Assessments and Reassessments
- Sexual Assault Response Screening
- Online self assessment and self referral
- Crisis Hotlines



Intervention

- Resources for Referral
 - ❖ Identify Ahead of Time
 - ❖ Listings should be tailored to location of unit and Soldiers.
 - ❖ The listing should be readily available and easy to find.
 - ❖ Relationships with community agencies should be developed before the need for services
 - ❖ Warm Handoffs are the standard.
 - ❖ Process should be in place to monitor Soldier for the long term.
 - ❖ Stressors in Soldiers life should be identified and focused resources identified.



Postvention

- Applies to both an attempt and completed suicide
- Prevention for survivors
- Develop a deliberate and thought out plan.
- Basic Tasks of Postvention
 - ❖ Care for suicidal Soldier or one who survived an attempt
 - Support navigating the system to receive appropriate services/benefits.
 - Advocate to help find medical/behavioral health resources
 - Make a warm handoff to helping agencies.



Postvention

•Basic Tasks of Postvention (cont.)

❖ Provide Care to Soldier who has ideation or survived an attempt (cont.)

- Identify stressors - leverage community resources
- Command contacts to affirm Soldier and reduce shame/ stigma
 - Provide with crisis numbers and buddy/leadership contact information
 - Line of Duty investigation (when appropriate)
 - Provide training to buddies on how to support their friend.
- Monitor Soldier for the long term.



Postvention

•Basic Tasks of Postvention (cont.)

- ❖ Honor the Soldier and support the disposition of the remains.
- ❖ Provide care to the Family
 - Assign Casualty Assistance Officer
 - Chaplain and Command visits
 - Assign a leader to monitor the family (6-12 months).
 - Connect the Family with Tragedy Assistance for Survivors (TAPS).
 - Involve the Family Program to provide emotional support and meet physical needs.



Postvention

•Basic Tasks of Postvention (cont.)

- ❖ Provide care to the buddies
 - Timely notification of funeral and honors information
 - Chaplain/Behavioral health available at next assembly for group or individual processing
 - Identify Soldiers close to deceased and target for support.
 - Present command messages at formation to honor deceased, reduce stigma, promote help seeking behavior as an act of courage.
 - Pass out ACE Cards, chaplain and leadership numbers.



Postvention

- Basic Tasks of Postvention (cont.)
 - ❖ Take action to restore unit to mission readiness
 - ❖ Conduct Suicide Surveillance



SUICIDE PREVENTION: Program Update

1. State Level Program Development
2. Collaboration
3. Prevention
4. Resiliency
5. Awareness
6. Strategic Communications
7. Stigma Reduction
8. Intervention
9. Postvention





SUICIDE PREVENTION Program Development

Questions?

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SUICIDE PREVENTION Training Overview

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Army Approved Suicide Prevention Training

<http://www.armyg1.army.mil/hr/suicide/training.asp>

1. Ask, Care, Escort
2. ACE Awareness for Soldier
3. ACE Awareness for Leaders
4. ACE Awareness for Families
5. ACE Awareness for Civilians
6. ACE Suicide Intervention
7. Applied Suicide Intervention Skills Training (ASIST)
8. ASIST Training for Trainers (T4T)



Ask, Care, Escort (ACE)



Ask your buddy

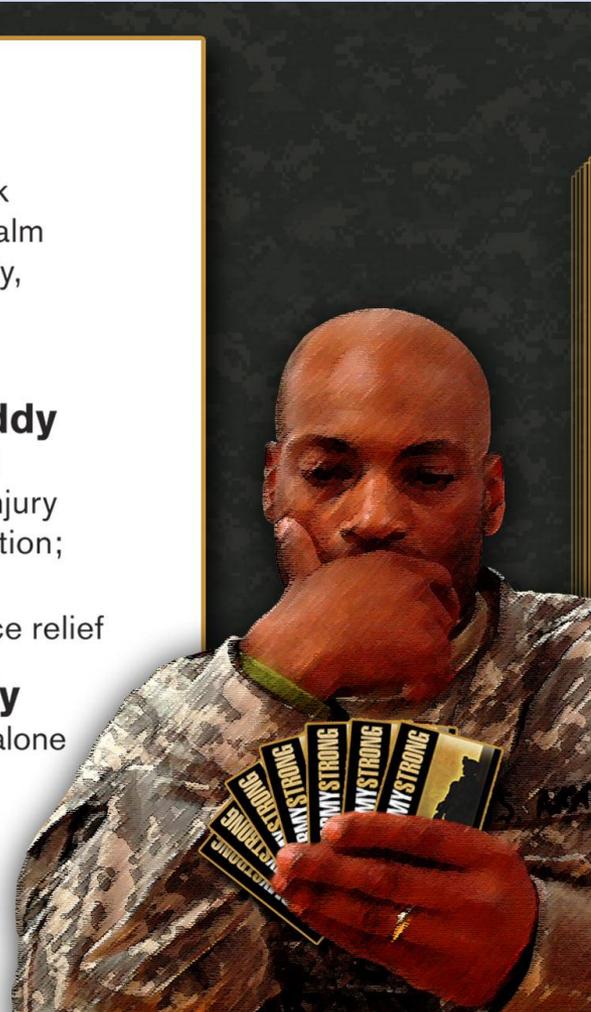
- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

Care for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

Escort your buddy

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider



- Foundation to all Army Suicide Prevention Training

- Easy to learn with minimal instruction



ACE Awareness Training

- Approximately 1 – 1.5 hours in length
- Can be facilitated by First Line Leaders, Chaplains or other unit personnel
- Teaches the Ask, Care, Escort model
- Tailored to specific audiences (Soldiers, Leaders, Family Members and Civilians)
- Practical Exercises: Process Vignettes
- More Vignettes can be downloaded or created to fit Training Needs



SUICIDE PREVENTION: Program Update

ACE Awareness Training

	Soldiers	Leaders	Families	Civilians
Target Audience	E4 and Below	E5 and Above	Family Members	GS Civilians
Time	1 – 1.5 Hr	1 – 1.5 Hr	1 – 1.5 Hr	1 – 1.5 HR
Instructor	First Line Leader	Leaders or Chaplain	FSG or Chaplain	Civilian Leader or Chaplain
Instructor Requirements	None	None	None	None
Cost	Free	Free	Free	Free



Suicide Intervention Training

	ACE SI	ASIST	ASIST T4T
Target Audience	Junior leaders First Line Supervisors	Gatekeepers	ASIST Facilitators
Time	4 Hrs	2 Days	5 Days
Instructor	Leaders and Chaplains	LW Certified Facilitators	Living Works
Instructor Requirements	Certification Course	Certified by LW	Certified by LW
Cost	Free	Student Materials ~\$36 per person	~\$2700



ACE Suicide Intervention (ACE-SI)

- ALARACT 079-212
- Approximately 4 hours in length
- For both Junior Leaders and First Line Supervisors

First Line Supervisors	Junior Leaders
<p>FIRST-LINE SUPERVISOR (FOCUS ON JUNIOR LEADERS) IS DEFINED AS SUPERVISORS WHO DIRECT AND GUIDE OTHERS IN THE PERFORMANCE OF THEIR TASKS AND ENSURE WORK COMPLETED IS ALIGNED WITH THE ORGANIZATION'S AIM, OBJECTIVES AND VALUES.</p>	<p>JUNIOR LEADER (DA CIVILIAN OR MILITARY) IS DEFINED AS A SUPERVISOR OR LINE MANAGER WHOSE PRIMARY FOCUS IS WITH A DEPARTMENT, SECTION, TEAM, SQUAD, PLATOON OR SMALL GROUP OF PEOPLE. THIS DEFINITION ALSO APPLIES TO CAPTAINS WHO ARE UNIT COMMANDERS</p>



Applied Suicide Intervention Skills Training (ASIST)

- ALARACT 079-212
- 2 Days in length

Gatekeepers

Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to Soldiers and civilians in need. Gatekeepers will receive training in recognizing and helping individuals with suicide related symptoms or issues. Gatekeepers can be identified as either primary gatekeepers" (whose primary duties involve assisting those in need who are more susceptible to suicide ideation) or "secondary gatekeepers" (who may have a secondary opportunity to come in contact with a person at risk).

Primary Gatekeepers

- Chaplains & Chaplain Assistants
- ASAP Counselors
- Family Advocacy Program Workers
- Army Emergency Relief Counselors
- Emergency Room Medical Technicians
- Medical/Dental Health Professionals

Secondary Gatekeepers

- Military Police
- Trial Defense Lawyers and Legal Assistants
- Inspectors General
- DOD School Counselors
- Red Cross Workers
- First-Line Supervisors



Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4)

Facilitator Requirements

- Able to travel and in a position to train others in the two day workshop
- Excellent Communicator and organizer
- Flexible attitude about suicide
- Good interpersonal communication and helping skills
- Established teaching and small group facilitation skills
- Complete the 5 day course by Living Works
- Commit to facilitating 3 workshops within first 2 months
- Have at least three years left



Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4)

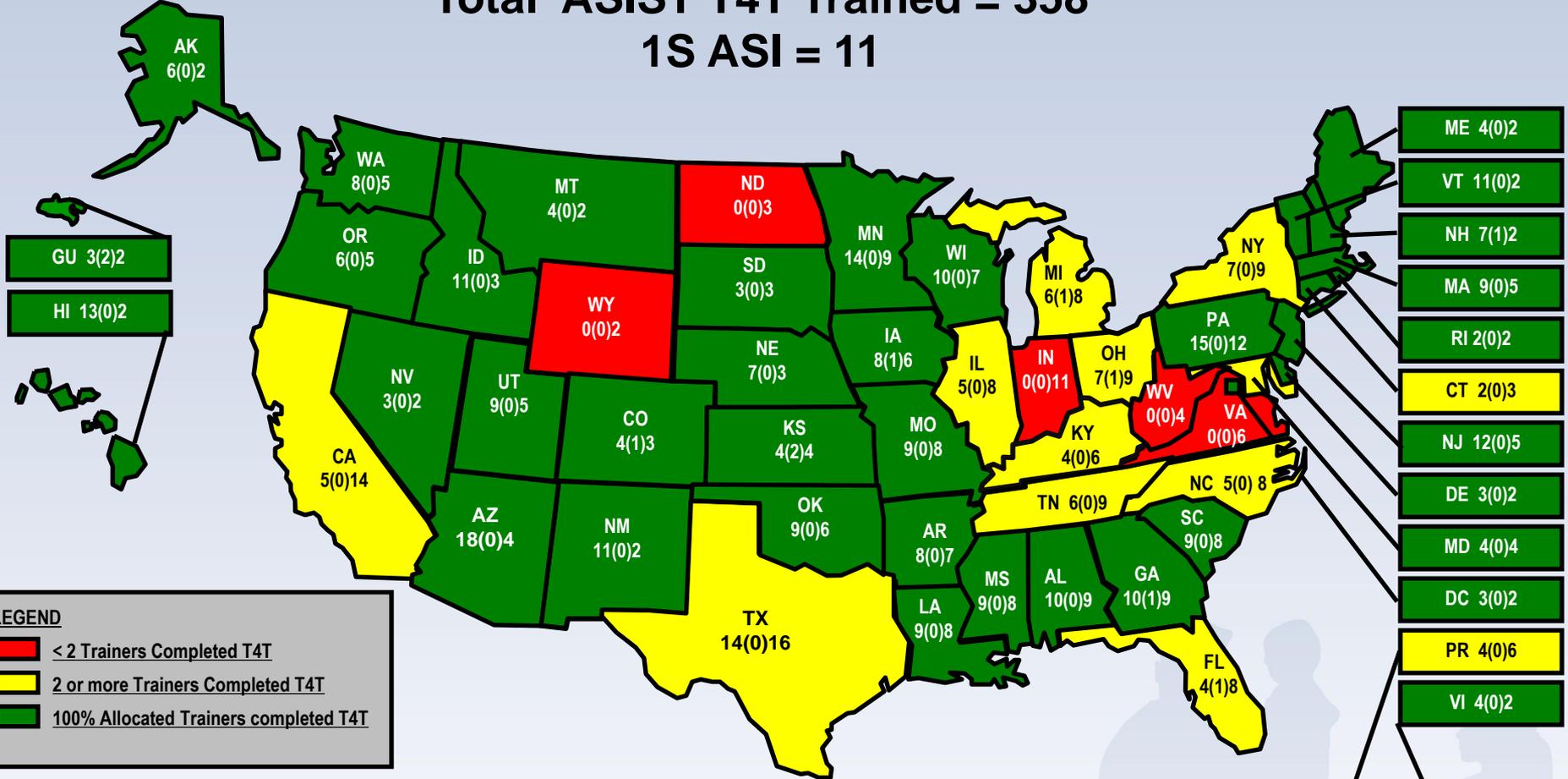
Facilitator Requirements

- Expect to facilitate 10-15 courses over next three-to-four years
- Mature and able to facilitate intensive and sometimes emotional subject matter
- Skills to keep students safe and maintain personal boundaries and health
- Cannot be SPPMs and Directors of Psychological Health (DPHs)
- Cannot be program managers of other major programs.



SUICIDE PREVENTION: Program Update

Total ASIST T4T Trained = 358
1S ASI = 11



LEGEND

- < 2 Trainers Completed T4T
- 2 or more Trainers Completed T4T
- 100% Allocated Trainers completed T4T

1. Minimum 2 trainers required to facilitate a workshop.
2. Maximum authorized Trainer/Student ratio of 1:15.
3. Allocation based on 1 Trainer per 1200 Soldiers
4. Target population for 2 day workshops are gatekeepers (10% of state Soldier population)

XX (XX) XX
 XX = # Completed TNG
 (XX) = # ASI Awarded
 XX = # Trainers Allocated





SUICIDE PREVENTION: Program Development

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SUICIDE PREVENTION

Surveillance

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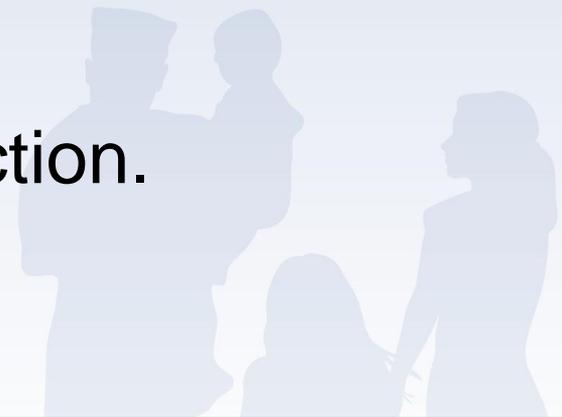
AGENDA

- **Suicide Surveillance Overview**
- **Casualties**
 - SIR / Updated SIR
 - Initial / CIMS Input
 - 15-6 Investigation
 - CIMS/ALURRT Input
 - CSSE / 8 Line SRG Report
- **Ideations / Attempts**
 - HIPAA Concerns
 - Input into CIMS
- **Equivocals**



Suicide Surveillance

- What is Suicide Surveillance?
- Why is it important?
- Who's responsibility is it?
- A note on information protection.



Casualties

- SIR / Updated SIR
 - Within 48 hours of death notification
 - Duty Status irrelevant
 - Updated SIR due for all Equivocals upon resolution
 - Do not submit for attempts / ideations



Casualties

- 15-6 Investigation for suicide
 - Purpose:
 - Identify issues which contribute to Soldier Suicides
 - Identify Lessons Learned
 - Provide for recommendations for Soldier Care Solutions and Best Practices
 - Suicide 15-6's are not for...
 - Laying Blame
 - Making a determination of death
 - Superseding local civil investigations



Casualties

- 15-6 Investigation for suicide cont.
 - Requirements
 - For every suicide or equivocal death
 - TAG is appointing authority – 05 or above
 - Completed within 30 days of IO appt.
 - IO's should use data collection sheet
 - All interviews documented on sworn statement
 - Disposition
 - SPPM Input into CIMS
 - Forward copy of 15-6 to ARNG-HRS-P



Casualties

- Critical Incident Management System
 - Standardizes data and input process
 - reduces redundancy
 - Data input/capture
 - Report creation automation
 - Minimizes potential for data errors
 - Facilitates integration of existing data sources
 - Information Protection
 - All records are protected under HIPAA
 - Limited to those who create and manage records



Casualties

- Reports
 - CSSE
 - 8 Line SRG Report
 - Dashboards and slides
- Determination of Death
 - Local Coroner
 - Death Certificate
- Disposition in CIMS
 - Made by HRS-P



Ideations and Attempts

- Separate permission for added protection
- Limited access (policy in development)
- Records created by any CIMS user
- Only accessible with added permissions
- Extra care – accurate, relevant, limited in scope
- Limit CIMS input to Input/SIR and Analysis Tab
- No 15-6, CSSE or 8 Line reports
- Aggregate data will be available through dashboards



Equivocal Deaths

- 15-6 is required until determination of death made
- HRS-P tracks equivocal in CIMS
- Disposition Options
 - Updated SIR (not suicide)
 - Death Certificate (suicide)
- Disposition update in CIMS made by HRS-P



ALURRT / CIMS Demonstration





SUICIDE PREVENTION Surveillance

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SUICIDE PREVENTION

Suicide Prevention Program Managers

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- 1. Contract**
- 2. Duties**
- 3. Metrics**
- 4. Training**



SPPM Contract

- Contract Finalized 7 Jun 12
- Hiring done by contract company
- All 54 states to receive contract
- IDIQ contract allows for continuity based on funds availability

SPPM Duties

- Review PWS for Contractor Duties



Metrics

- SPPM Attendance
 - SPPM Conference Calls
 - Monthly DARNG VTC
 - Annual SPPM training.
- FY Yearly training plan Submit 6 months out (1 May)
- Monthly Training Reports
 - ASIST T4T By Name Trainer Status
 - ASI awarded (yes/no)
 - # Trainings conducted
 - Status of Trainer Certification
 - ASIST Two Day Workshops
 - # events held that month
 - # gatekeepers trained that month
 - Totals: # required, # trained, % trained



Metrics

- State level suicide prevention policy? Integrated into State R3SP program and Campaign Plan?
- Established a Suicide Prevention Task Force
- Developed collaborative relationships with federal / state / community organizations
 - J1 / J1.1 / J9
 - Crisis Action Teams / Risk Reduction Teams
 - Family Program / Family Assistance Centers
 - Veterans Administration / local Vet Centers
 - Sister Programs (SHARP, Substance Abuse, Yellow Ribbon, PDHRA)
 - State and local Civil Agencies (Public Health, State Suicide Task Force, County Mental Health)



Metrics

- Integrated into process for completion/tracking:
 - SIRs
 - 15-6s
 - CIMS data input
 - CSSE/8 Line report
- Data analysis to determine trends and lessons learned. Results published. Review and disseminate SRG Lessons Learned.
- STRATCOM updated annually for communication of key messages to leadership, the field and the public.



Training

- ARMY G1 Online SPPM Training (In development)
- Annual SPPM Training (ARNG)
- DOD/VA Suicide Prevention Conference
- Forces Health Protection Conference (PHC)





SUICIDE PREVENTION SPPMs

Questions?

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