DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND
4710 KNOX STREET
FORT BRAGG, NC 28310-5010

AFRC-CG 24 November 2020

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commanding General Policy #20-14: Care of U.S. Army Reserve (USAR) Soldiers with Suicidal Ideations

1. References.

a. DoDI 6490.04, Mental Health Evaluations of Members of the Military Services, Incorporating Change 1, 22 April 2020.

b. DoDI 6490.16, Defense Suicide Prevention Program, 15 June 2020.

c. Army Directive 2019-02, Voluntary Inactive Duty Training, 22 January 2019.

d. Army Regulation (AR) 40-66, Medical Record Administration and Healthcare Documentation, RAR 4 January 2010.

e. AR 135-100, Active Duty for Missions, Projects, and Training for Reserve Component Soldiers, 26 September 2017.

f. AR 140-1, Mission, Organization, and Training, 20 January 2004.

g. AR 190-11, Physical Security of Arms, Ammunition, and Explosives, 17 January 2019.

h. USAR Pamphlet 190-1, Physical Security Program, 1 July 2008.

i. Army Medical Command (MEDCOM) Policy Memo 19-010, 9 February 2019.

2. Purpose. To provide guidance to Commanders and staff throughout the USAR regarding the immediate care, duty status, and promotion of safety measures against lethal means to prevent suicides of USAR Soldiers.

3. Applicability. This policy is applicable to Soldiers in the USAR.

4. Policy. Immediate care of USAR Soldiers with suicidal ideations.

a. USAR leaders must be proactive in reducing risk to the force to ensure the Army Reserve is ready for today and tomorrow's operational requirements; this includes reducing the likelihood of suicide in our formations. Reducing suicide risk is an operational requirement, and Soldiers who assist in this mission will both follow all applicable DoD and Army policies and will be compensated as Soldiers fulfilling a legitimate readiness-enhancing mission. As part of the Army's This Is My Squad (TIMS) philosophy, Army Reserve Squad Leader-Level Soldiers and Commanders are empowered by this policy to care for the Soldiers in their "squads" so we are ready today and shaping tomorrow.

b. USAR leaders and Soldiers will take rapid action to ensure care of Soldiers who express suicidal ideations or otherwise indicate an intention to harm themselves. Commanders and their Senior Enlisted Leaders will ensure the immediate safety of Soldiers with suicidal ideations using the Ask-Care-Escort process, refer Soldiers to behavioral health professionals for evaluation, and ensure escorts are placed into a duty status (for those not mobilized, in an Active Guard/Reserve (AGR) status, or otherwise on active duty) immediately upon assumption of such duties. If Soldiers with suicidal ideations have such ideations while in a duty status, Commanders will initiate a Line of Duty (LOD) investigation to determine applicability and other options for active duty orders and/or treatment options.

5. Commanders and all Senior Enlisted Leaders at all echelons are responsible for ensuring that their supported units are aware of and enforce this policy.

LOMBARDO.ANDREW.JAMES.1024419289
Digitally signed by LOMBARDO.ANDREW.JAMES.1024419289
Date: 2020.11.24 08:19:50 -05'00'

ANDREW J. LOMBARDO
Command Sergeant Major, U.S. Army
Army Reserve Command Sergeant Major

DANIELS.JODY.JEAN.1048219280
Digitally signed by DANIELS.JODY.JEAN.1048219280
Date: 2020.11.24 12:03:13 -05'00'

JODY J. DANIELS
Lieutenant General, U.S. Army
Commanding

2 Encls
1. Suicide Prevention Flow Chart
2. Care of Soldiers with Suicidal Ideations Action Plan

DISTRIBUTION:
A
B
C

CF:
(see next page)

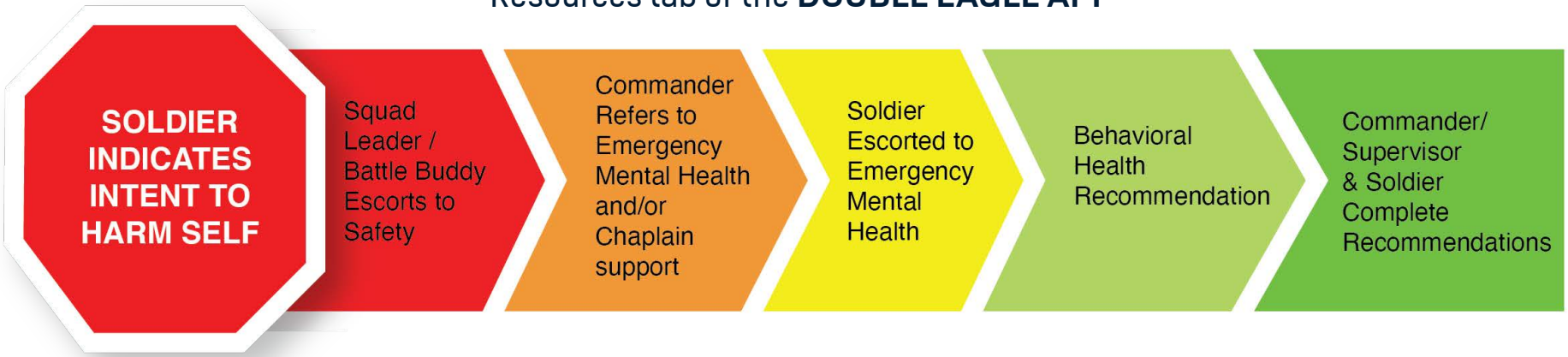
AFRC-CG
SUBJECT: Commanding General Policy #20-14: Care of U.S. Army Reserve (USAR) Soldiers with Suicidal Ideations

CF:
7 MSC
9 MSC
311 SC (T)
USARC DIR/DEP/CH/ASST
USARC XOs
OCAR Directors & Deputies

SUICIDAL IDEATION

A response guide to when a Service member — by actions or words, such as actual, attempted, or threatened violence — intends or is likely to cause serious injury to himself or herself.

Suicide Prevention Lifeline: 1-800-273-TALK (8255) | https://www.usar.army.mil/SuicidePrevention/
Resources tab of the **DOUBLE EAGLE APP**



Continue ACE Protocol. Ensure dialogue with Family and friends if access to lethal means changes.

Commander/Leader Role

- CDR/Supervisor refer for emergency Mental Health Evaluation (MHE) and/or Chaplain support.
- Initiate SIR/CCIR
- Initiate LOD (2173, MMSO)
- TRICARE one-off if needed
- Concur/non-concur with BH recommendation
- Counsel on options for BH coverage

DoDI 6490.04

Duty Status

- Authorize duty status for escort if not AGR or on AT, ADT, ADOS.
- If Soldier with ideation on duty status, complete LOD to ensure duty status is either continued or terminated after MHE.

RMA (immediate status for escort)
AT (for escort if no RMA available; Soldier if LOD)
Fragmented AT is authorized

Weapon Access

- Commanders MAY ask about access to weapons
- Request voluntary storage of weapons in unit arms room
- On post, can have authorization removed
- Issue DA Form 3749 when taking control of weapons

References:
DoDI 6490.16; DODI6490.19;
AR 190-11

DEPARTMENT OF THE ARMY
UNIT NAME
STREET ADDRESS
CITY, STATE 12345-0000

AFRC-XX xx xxx xx

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Unit Name Care of Soldiers with Suicidal Ideations Action Plan

1. References.

a. DoDI 6490.04, Mental Health Evaluations of Members of the Military Services, Incorporating Change 1, 22 April 2020.

b. DoDI 6490.16, Defense Suicide Prevention Program, 15 June 2020.

c. Army Directive 2019-02, Voluntary Inactive Duty Training, 22 January 2019.

d. Army Regulation (AR) 40-66, Medical Record Administration and Healthcare Documentation, RAR 4 January 2010.

e. AR 135-100, Active Duty for Missions, Projects, and Training for Reserve Component Soldiers, 26 September 2017.

f. AR 140-1, Mission, Organization, and Training, 20 January 2004.

g. AR 190-11, Physical Security of Arms, Ammunition, and Explosives, 17 January 2019.

h. U.S. Army Reserve (USAR) Pamphlet 190-1, Physical Security Program, 1 July 2008.

i. Army Medical Command (MEDCOM) Policy Memo 19-010, 9 February 2019.

2. Purpose. To provide guidance to commanders and staff throughout the USAR regarding the immediate care, duty status, and promotion of safety measures against lethal means to prevent suicides of USAR Soldiers.

3. Applicability. This policy is applicable to Soldiers in the USAR.

4. Policy.

a. Immediate care of USAR Soldiers with suicidal ideations.

(1) USAR leaders and Soldiers will take rapid action to ensure care of Soldiers who express suicidal ideations or otherwise indicate an intention to harm themselves. Commanders and their Senior Enlisted Leaders will ensure the immediate safety of Soldiers with suicidal ideations using the Ask-Care-Escort process, refer Soldiers to behavioral health professionals for evaluation, and ensure escorts are placed into a duty status (for those not mobilized, in an Active Guard/Reserve (AGR) status, or otherwise on active duty) immediately upon assumption of such duties. If Soldiers with suicidal ideations have such ideations while in a duty status, Commanders will initiate a Line of Duty (LOD) investigation to determine applicability and other options for active duty orders and/or treatment options.

(2) Commanders will refer a USAR Soldier for an emergency mental health evaluation (MHE) as soon as practicable whenever such Soldier by action or words, such as actual, attempted, or threatened violence, intends or is likely to cause serious injury to him or herself or others. This Command Directed Behavioral Health Evaluation (CDBHE) should be conducted at the closest facility as possible; for most Soldiers, civilian providers will conduct the MHE in an emergency room or other emergency care facility, but Commanders should use Military Treatment Facilities (MTF) if available.

b. Promotion of safety measures against lethal means.

(1) All leaders across the Army Reserve, recognizing the relationship between effective suicide prevention and putting time and space between Soldiers and Civilians at risk, and lethal means of suicide, will:

(a) Promote the voluntary use of gun locks and other safe storage methods for privately owned firearms as a matter of general household safety and risk reduction.

(b) In cases in which the Commander or health professionals have reasonable grounds to believe a Soldier is at risk of suicide or causing harm to others, encourage Soldiers to voluntarily store their privately owned firearms, ammunition, or other weapons on DoD-controlled installations or U.S. Army Reserve Centers on a temporary basis. The Soldier may set a specific period of time or date when the property must be returned to him or her, or store the property indefinitely. If the Soldier requests that the property be returned to him or her immediately, notwithstanding any periods of time or dates previously set, the property must be returned to the Soldier at the earliest practicable opportunity. Commanders are recommended, but not required, to order a CDBHE prior to returning such property, although they may not delay or withhold it prior to or following the evaluation.

(c) Adhere to the provisions of Section 1057 of Public Law 112-239, as amended, which states that a DoD component as a general rule, will not issue any requirement relating to, or collect or record any information relating to lawful acquisition, possession, ownership, carrying, or other use of privately owned firearms, ammunition or other weapons by the Soldier on property that is not DoD owned.

(2) Army Reserve Commanders and health professionals may ask for and collect record information about a Service Member's privately owned firearms, ammunition, or other weapons if the Commander or health professionals have reasonable grounds to believe the Soldier is at risk of suicide or causing harm to others. In such situations, Commanders will follow the below procedures:

(a) Take rapid action, including the steps in paragraph 4a, to ensure care of the Soldier and reduction of risk.

(b) Ask Soldiers if they own privately owned firearms, ammunition, or other weapons and if so, ask the Soldier to voluntarily store their privately owned firearms and ammunition for temporary safekeeping in a DoD-controlled arms room or other equivalent DoD-controlled location approved for the storage of firearms. The decision to store a privately owned firearm must be entirely voluntary for the Soldier; the request by the Commander will not include any command incentives or disincentives.

(c) Safeguard privately owned firearms, weapons, and ammunition IAW AR 190-11, paragraph 4-5d, and USAR Pamphlet 190-1, including accounting for and inventory items relinquished by the Soldier, providing a DA Form 3749 for each privately owned firearm secured in the arms room, and the firearms are stored in a locked container separate from military arms, ammunition, and explosives (AA&E).

(d) Return the firearm, ammunition, or weapons to the Soldier when a term specified by the Soldier ends, or when the Soldier asks for the firearms, ammunition, or weapons to be returned.

(e) Coordinate with Installation Commanders for Soldiers who live on military installations who indicate they have privately owned firearms, ammunition, or weapons stored in their on-post quarters and who do not voluntarily relinquish such items. Installation commanders may withdraw authorization of storage and/or transportation of firearms, and may direct storage in an installation armory or unit arms room.

(f) Commanders will include behavior health professionals, when feasible, in discussions when pursuing this option to ensure the safety and well-being of the Soldier and others. If ultimately stored in an armory or arms room, all of the storage provisions of AR 190-11, paragraph 4-5d(2) apply, and those firearms will only be returned to the Soldier upon the authorization of the Installation Commander for storage in on-post

quarters and/or transportation off the installation. Commanders are recommended, but not required, to order a CDBHE prior to the Installation Commander's decision on whether or when to return the property to the Soldier.

(g) Review DA Form 3822s resulting from Command Directed Behavioral Health Evaluations for recommendations and comments, including health professional recommendations on reduced access to weapons, restriction from access to military weapons and ammunition, and encouragement to use gun locks, gun safes, and storage of personal weapons with the unit or other trusted source.

c. Duty status of escorts, unit personnel assisting with care, and Soldiers with suicidal ideations.

(1) Commanders will authorize a duty status for Army Reserve Soldiers serving as Squad Leader-Level Escorts and those assisting with their immediate care, including Chaplains, when not already on active duty (Active Guard/Reserve (AGR), Active Duty Operational Support (ADOS), Annual Training (AT), or other active duty status) immediately upon assumption of those duties. When full-time support personnel are not available to accomplish these duties, Commanders will utilize Readiness Management Assemblies (RMAs) to provide a duty status for Squad Leader-Level Escorts and other assisting personnel. Escort duties sustain unit operations and will be limited under AR 140-1, paragraph 3-14.1 to no more than 24 RMAs by any one individual per year. If RMAs are not available, I authorize the use of fragmented AT under AR 140-1, paragraph 3-17d(3) for escorts and other assisting personnel.

(2) Soldiers with suicidal ideations when not in a duty status will generally remain in a non-duty status unless the Soldier's Commander determines the requirement for care is in the line of duty. If a Soldier is in a duty status, such as during a BA, when contemplating suicide, Commanders will initiate a LOD investigation and consider if the Soldier can remain in a duty status using RMAs or AT. When behavioral health professionals recommend inpatient care or involuntary hospitalization, Commanders must evaluate, in consultation with those professionals and based on a line of duty determination, if the Soldier must then remain in a duty status for care as well.

d. All Soldiers in the USAR not on active duty nor eligible for or enrolled in the Federal Employees Health Benefits (FEHB) program are encouraged to consider enrollment into the Tricare Reserve Select (TRS) program at https://tricare.mil/TRS. TRS enrollment could significantly reduce the cost of health care for USAR Soldiers, including behavioral health care and long-term inpatient care.

AFRC-XX
SUBJECT: Unit Name Care of Soldiers with Suicidal Ideations Action Plan

5. The point of contact for this memorandum is the undersigned at (123) 456-7890 or enterprise.email.mil@mail.mil.

2 Encls
1. Additional Duty Appointment Orders
2. Care of USAR Soldiers Flowchart

FIRST M. LAST
CPT, SC
Commanding

DISTRIBUTION:
XXXX
XXXX
XXXX