DEPARTMENT OF THE NAVY
COMMANDER, NAVY INSTALLATIONS COMMAND
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CNICINST 1720.4A
N00
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CNIC INSTRUCTION 1720.4A

From: Commander, Navy Installations Command

Subj: COMMANDER NAVY INSTALLATIONS SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A
(b) OPNAVINST F3100.6J
(c) MILPERSMAN 1770-090
(d) SECNAVINST 6320.24A
(e) DODINST 6490.04

Encl: (1) CNIC HQ Suicide Prevention Crisis Plan
(2) CNIC HQ Suicide Prevention Resources and References
(3) Suicide Prevention Program Checklist

1. Purpose. To implement policies and procedures, promulgate guidance, and assign responsibilities for the Commander, Navy Installations Command (CNIC) Headquarters (HQ) Suicide Prevention Program (SPP), in accordance with references (a) through (e). Additionally, this instruction delineates support responsibilities for HQ Program Directors to facilitate elements of the SPP for the Navy.

2. Cancellation. CNICINST 1720.4 of 25 August 2011.

3. Policy

a. In accordance with reference (a), the CNIC SPP supplements and supports the Navy's Suicide Prevention Program. Suicide is a preventable tragedy which negatively impacts morale and unit readiness, and corrodes mission effectiveness. The SPP Crisis Response Plan, local resources, and contacts provided in enclosures (1) through (2) of this instruction are applicable to CNIC HQ.

b. An effective SPP program consists of four equally important elements:

(1) Training (provided annually, at a minimum)

(2) Intervention (promptly getting those in need the right resources, the necessary services, and the help they need)

(3) Response (caring for anybody affected by suicide)

(4) Reporting (via appropriate channels to Navy leadership, in accordance with references (b) and (c))

4. Responsibilities

a. CNIC HQ Chief of Staff (COS) is responsible for:

(1) Ensuring an effective SPP is maintained, consistent with requirements of reference (a) and enclosures (1) through (3).

(2) Designating, in writing, a mature active duty military service member to serve as primary CNIC Suicide Prevention Coordinator (SPC), and a military member or government employee to serve as Assistant SPC (ASPC) for HQ;

(3) Ensuring reporting requirements are followed in accordance with references (b) and (c).

(4) When possible, or practical, consulting with a mental health provider prior to referring a service member for a mental health evaluation, in accordance with references (c) and (d).

(5) Ensuring supervisors at all levels are active in identifying personnel potentially in need of support.

b. Fire and Emergency Services (N30) is responsible for:

(1) Developing written procedures to ensure personnel routinely responsible for installation emergency response execute suicide prevention program responsibilities throughout the Navy; and

(2) Ensuring emergency responders receive annual training regarding safety precautions, procedures, and de-escalation techniques when responding to situations involving suicidal behavior or psychiatric emergencies;

c. Family Readiness (N91) is responsible for developing procedures and policies for Fleet and Family Support Centers (FFSCs) in collaboration with the Bureau of Medicine and Surgery (BUMED) to ensure service members exhibiting suicide-related behaviors are properly evaluated and cared for; and

d. CNIC SPC is responsible for:

(1) Developing, executing, and overseeing the overall CNIC SPP and coordinating efforts with the ASPC in accordance with references (a) through (e);

(2) Promptly responding to suicide incidences within CNIC HQ, in accordance with reference (a), to include:

(a) Drafting a Situation Report (SITREP);

(b) Drafting a Department of Defense Suicide Event Report (DoDSER);

(3) Attaining proper SPC qualification and holding a certificate from the Office of the Chief of Naval Operations (OPNAV) (N171) mandated SPC training;

(4) Being designated CNIC SPC in writing;

(5) Ensuring annual Suicide Awareness training is facilitated and tracked for CNIC HQ personnel, in accordance with reference (a);

(6) Ensuring the SPP is visible at HQ and that the ASPC publicizes awareness resources, or coordinates Command events, sponsored by the CNIC SPP;

(7) Ensuring Regions have a designated, trained SPC to assist Region staff, and that healthy communication exists between Enterprise SPCs;

e. CNIC ASPC is responsible for:

(1) Attaining proper SPC qualification and holding a certificate via mandated OPNAV (N171) training;

(2) Being designated ASPC in writing; and

(3) Maintaining visibility of the program for CNIC HQ personnel, providing and publicizing suicide prevention awareness resources, such as posters, wallet cards, Plan of the Week notes, and emails drafted for the SPC to promulgate.

f. All Hands:

(1) It is incumbent upon All Hands to take action, remain vigilant, and speak up if something seems out of place with a shipmate. Leaders at all levels must be approachable, empathetic, and willing to help. The problem of suicide in the ranks cannot be fixed from the top-down, but rather from bottom-up, with all hands acting as part of an emergent Force, where every act of prevention strengthens our Enterprise collectively.

5. Action

a. Family Readiness (N91) will develop and maintain a Memorandum of Understanding between CNIC and BUMED, coordinating action between local FFSCs and MTFs, to ensure suicidal ideation is properly and respectfully evaluated in the ranks and that clear policies and procedures are established and followed.

b. CNIC SPC will:

(1) Respond to a suicide attempt or suicidal act in accordance with this instruction and reference (a);

(2) Communicate any updates, incidents, or information regarding the SPP directly to the CNIC COS;

(3) Ensure that all CNIC HQ military and civilian personnel satisfy annual training requirements;

(4) Accurately manage a training program which takes into account, and functions in synergy with, the Command Training Team and continuum of life-skills/health promotions training programs, which include avoiding alcohol abuse, parenting skills, and skills for managing finances, stress, conflict, and relationships;

(5) Work in concert with the Command Fitness Leader (CFL) to promote health and fitness initiatives at the HQ level.

These types of initiatives have been shown to positively affect Command climate, reduce stress, and promote both physical and psychological wellbeing;

(6) Promote MWR programs and personal development initiatives such as education or volunteer work. Providing motivators and purpose outside of the mission, and in addition to the mission, is key for developing Sailors out of uniform;

(7) Ensure families or affected personnel are in contact with the appropriate support personnel; and

(8) Ensure a personnel re-integration plan is in place within the Crisis Action Plan for the post-treatment transition period.

c. CNIC ASPC will:

(1) Assist the SPC in properly implementing CNIC's SPP; and

(2) Provide regular Plan of the Week notes to the SPC for publication emphasizing an aspect of suicide prevention.

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed in accordance with SECNAV M-5210.1 of January 2012.

D. R. SMITH

Distribution:
Electronic only, via CNIC Gateway 2.0
https://g2.cnic.navy.mil/CNICHQ/Pages/Default.aspx

CNIC HQ SUICIDE PREVENTION CRISIS PLAN

1. Purpose. To ensure an individual exhibiting suicidal behaviors is immediately put upon a path to recovery, receives prompt treatment, and is cared for with the utmost concern.

2. Discussion. This Crisis Response and Re-Integration Plan will fulfil the requirements promulgated in reference (a) and provide a working document for leaders, at all levels, faced with a crisis situation.

3. Suicidal Behavior. Suicidal behavior can vary from direct statements to veiled threats, or from simple words to attempts. Look out for red flags. Subtle ideation, gestures, or communication have the same potential result.

4. Action

a. During working hours (non-escalated and involving military personnel):

(1) If a service member exhibits suicidal behavior during working hours of a non-escalated nature (i.e. the individual is not brandishing a weapon or displaying immediate intent to inflict a life-threatening injury), take action immediately. Contact FFSC, immediate supervisors or chain of command, the SPC, and notify the Chief of Staff. Either trusted CNIC HQ personnel or Base Emergency Services personnel will escort the high risk individual to the nearest FFSC. CNIC HQ contacts are provided in enclosure (2).

(2) FFSC has trained professionals on hand to assist the individual. FFSC provides non-medical counseling, and FFSC counselors will immediately refer personnel who present with suicidal ideations or attempts to the nearest Medical Treatment Facility (MTF) for further assessment and treatment. After the referral, FFSC will ensure transportation for the individual to a sanctioned MTF.

(3) Ensure the CNIC Chief of Staff is aware of all pertinent provisions of reference (d), pertaining to referring military for treatment, if personnel are being referred.

b. During working hours (escalated and involving military personnel, or escalated/non-escalated and involving civilians or contractors):

(1) If a military member exhibits suicidal behavior during working hours of an escalated nature, or if a government civilian or contractor presents any type of suicidal behavior, immediately contact the installation's emergency response personnel (if on base) or dial 911 (if outside of a Navy installation). Do not put yourself in harm's way, but if you have the ability to de-escalate the situation, be a positive presence until emergency responders arrive.

(2) Emergency personnel will transport the individual to the nearest MTF (to be determined on scene by emergency personnel).

(3) As soon as practical or possible, contact the individual's immediate supervisors or chain of command, the SPC, and notify the Chief of Staff.

c. After working hours (non-escalated/escalated and involving military, civilian, or contractor personnel):

(1) If a Sailor, civilian, or contractor exhibits suicidal behavior after working hours of a non-escalated nature or an escalated nature, call the installation's emergency response personnel (if on base) or 911 (if outside of a Navy installation).

(2) As soon as practical or possible, contact the individual's immediate supervisors or chain of command, the SPC, and notify the Chief of Staff.

5. <u>De-escalation, or Post-Suicide</u>

a. What to do (following gestures, communication, or ideation):

(1) Call, or have a third party call, 911 (if off base) or base emergency services (if on base) as you are attempting to de-escalate a situation and remain in place/continue offering assistance until relief has arrived;

(2) Gather as much information as possible for first responders or authorities;

(3) If situation occurs in the immediate area, remove all hazards from the at-risk individual's surroundings but do so without putting yourself at risk;

(4) Treat the individual with respect. Utilize A.C.T. (Ask, Care, and Treat);

(5) Be yourself. The "right" words are unimportant. If you are concerned, you will appear that way;

(6) Listen attentively, stay calm, be supportive, and be kind; and

(7) Let the person express emotions without negative feedback.

b. What to do (in the event that a suicide is completed):

(1) Call 911 (if off base) or base emergency services (if on base) and remain in place;

(2) Try to gather some information from the witness, if not the first responder. Find out the name of the individual, the unit, and the location of the body;

(3) Keep witnesses on the scene;

(4) Maintain contact with emergency services until they arrive;

(5) Notify the person's immediate Chain of Command, to include the CNIC Chief of Staff, and the SPC;

(6) The SPC or COS, as appropriate, will notify the Casualty Assistance Calls Officer (CACO).

(7) SPC will draft and send a Situation Report (SITREP) for the Unit. The Department of Defense Suicide Event Report (DoDSER) is also required. The SPC will oversee completion of the DoDSER with Navy Personnel Command (NPC) Suicide Prevention Office assistance at https://dodser.t2.health.mil/.

c. What not to do:

(1) Do not leave an at-risk individual unattended EVER. Wait until they are in the hands of those who will provide the proper treatment, without compromising your safety;

(2) Do not show judgment or invalidate the person's feelings;

(3) Do not tell the at-risk individual how he or she is feeling;

(4) Do not make decisions for the individual;

(5) Do not say anything that will cause the individual to believe you disbelieve what he or she is saying;

6. Re-Integration

a. Individuals who have been referred, evaluated, or discharged from an MTF or psychiatric hospital should be re-integrated back into the Command as a healthy environment. The individual should continue to be monitored by the command, as deemed appropriate by leadership, to ensure a positive re-integration takes place. Without sacrificing State or Federal Health Privacy Laws, the Command will work with the medical provider to ensure safety for the individual concerned is established, maintained, and that any relapse is recognized early. Leaders should consider the following to ensure appropriate monitoring and support are in place:

(1) The provider responsible for the individual's care will share information about the member's status which, without sacrificing privacy, should be deemed important for leaders to know during this transition period;

(2) The member will be seen on a regular basis by the medical provider. Additional visits with a chaplain or FFSC staff do not substitute for face-to-face contact with a mental health provider;

(3) A trusted member of the individual's Chain of Command or the SPC, as appropriate, should check in with the

individual daily as a means of support, to ensure his or her needs are being met;

(4) The individual's Chain of Command will share information about the member's status at work with executive leadership or the SPC, as appropriate, regarding the individual's treatment and care (e.g., declines in performance, recent disciplinary action, etc.);

(5) All attempts should be made to respect the individual's privacy within the work environment. Any alleged or foreseeable issues involving co-workers, rumors, or a perceived change of office tone will be addressed promptly and a clear expectation will be set by leadership; and

(6) Timelines for re-integration will not be set by this directive, but rather by the judgment of the health care provider.

CNIC HQ SUICIDE PREVENTION RESOURCES AND REFERENCES

1. Military Personnel Resources

Name/title	Phone	Additional details
CNIC Chief of Staff	(202)433-3200	N/A
CNIC CACO	(202)433-3517	N/A
CNIC SPC	(202)433-4977	N/A
Base Emergency	(202)433-3333	N/A
CNIC Chaplain	(202)433-6990	N/A
NDW Chaplain	(202)433-2058	Capital Region
After hours Chaplain	(202)369-7683	N/A
Naval Station (NS) Norfolk Chaplain	(757)444-7361	Norfolk, VA
Naval Support Activity (NSA) Mid-South Chaplain	(901)874-5341	Millington, TN
Military & Family Support Center (JBAB Fleet and Family Support Center FFSC)	(202)767-0450	Counseling, crisis intervention, referrals
NS Norfolk FFSC	(757)444-2102	Norfolk, VA
NSA Mid-South FFSC	(901)874-5075	Millington, TN
Navy Yard Medical	(202)433-3132	Capital Region
Fort Belvoir Community Hospital	(571)231-3224	Capital Region
Walter Reed National Military Medical Center Command Duty Officer (CDO)	(301)295-4611	Capital Region
Portsmouth Naval Hospital	(757)953-5000	Norfolk, VA
NSA Mid-South Branch Health Clinic Behavioral Health	(901)874-6100	Millington, TN
Military One Source	(800)342-9647	Free and confidential counseling via phone or referral to in-person counseling; www.militaryonesource.com
National Hopeline Network	(800)784-2433	www.hopeline.com

CNIC HQ SUICIDE PREVENTION RESOURCES AND REFERENCES

National Suicide Prevention Lifeline	(800)273-TALK (8255)	www.suicidepreventionhotline.com
NPC Suicide Prevention Page	N/A	www.npc.navy.mil/CommandSupport/SuicidePrevention
U.S. Navy Hosting Website	N/A	www.public.navy.mil

2. Civilian Personnel Resources

Name/title	Phone	Additional details
Base Emergency	(202)433-3333	N/A
Office of Personnel Management (OPM)	(202)606-0500 (202)606-1800 (202)606-2532	www.opm.gov
Civilian Employee Assistance Program (CEAP)	(800)222-0364 (888)262-7848 (TTY)	www.FOH4you.com
National Hopeline Network	(800)784-2433	www.hopeline.com
National Suicide Prevention Lifeline	(800)273-TALK (8255)	www.suicidepreventionhotline.com

SUICIDE PREVENTION PROGRAM CHECK LIST

1. The following checklist will aid SPCs in executing a vigorous SPP. Based upon IG requirements, the following steps will aid in overall program improvement. Being prepared for any scenario is the hallmark of a healthy SPP.

☐ Ensure an Active duty SPC and ASPC are designated in writing and receive the mandated OPNAV SPC training.

☐ Ensure Suicide Prevention training is conducted annually for the Command (highly recommend utilizing the Suicide Awareness GMT for members who have checked onboard after the year's training has been completed).

☐ Ensure the program is visible and active, and that leaders are engaged (i.e. via emails, POW notes, SPP sponsored events, wallet cards, posters, etc). Information must be available to all hands.

☐ Ensure a Suicide Crisis Response plan, in the form of Standard Operating Procedures (SOP) or a duty check list, is executed with training administered to applicable personnel, on an annual basis. Ensure the SOP is available in a location easily accessible to leadership, watch standers, and emergency personnel in the event of a crisis situation.

☐ Ensure engagement in Life-skills/Health Promotions Training, a robust physical fitness program, and personal development initiatives, to include MWR. Personal development must be as important as professional development, and sought not only as a career-enhancing objective, but as a life-enhancing goal.

☐ Ensure local resources and contact information are easily available to those who need it (i.e. Chaplain, FFSC, local MTF, Security or Base Emergency, local ERs, or any useful information similar to that found in enclosure (2)).

SUICIDE PREVENTION PROGRAM CHECK LIST (Cont.)

- ☐ Ensure SITREP training is facilitated in the event that a message will need to be generated. Is the OPNAV 3100.6J printed via Secret Internet Protocol Router (SIPR) Network, in accordance with NAVADMIN 302/11, and readily available to those generating a message? Highly recommend having a pre-populated message template ready with only specifics missing (to be filled in later). SITREP messages are released in a limited window of time and it's imperative that those releasing the message are familiar with formatting requirements, reporting requirements, and message distribution requirements.

- ☐ Ensure the "Commanding Officer's Suicide Prevention and Response Toolbox," from OPNAV N17, is on hand.

- ☐ Ensure there is a post-care re-integration plan in place for individuals following treatment which takes into account the healthcare providers' concerns, privacy laws, and the wellbeing/healthy transition of the individual in question.

- ☐ Ensure procedures are in place to facilitate personnel requiring necessary services (i.e. time for appointments, access to transportation, overcoming any logistical barriers, etc.)