



UNITED STATES MARINE CORPS

3D MARINE LITTORAL REGIMENT
3D MARINE DIVISION FMF
BOX 63004
MCBH KANEOHE BAY HI 96863-3004

IN REPLY REFER TO:
RegO 1720.2D
SPPO

REGIMENTAL ORDER 1720.2D

From: Commanding Officer
To: Distribution List

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

Ref: (a) MCO 1720.2A Marine Corps Suicide Prevention System
(b) MCO 5351.1A Combat and Operational Stress Control Program
(c) DivO 1720.1B Suicide Prevention Program
(d) III MEFO/MCIPAC-MCBBO 1500.6A Force Preservation Through Total Fitness
(e) DoDI 6400.09 DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm
(f) MCBUL 1500 CIRRAS Assignment as the Force Preservation Council Authorized Organizational Communication Tool dtd 1 October 2021
(g) NAVMC 1720.1 Marine Corps Suicide Prevention System
(h) III MEF/MCIPAC-MCBBO 5500.1A
(i) MCBH Order 5532.1 Base Access Control
(j) MCO 1700.41 Marine Corps Embedded Preventative Health Capability
(k) III MEFO 1700.41A Embedded Preventative Health Capability
(l) MCO 1754.14 Marine Corps Community Counseling Program
(m) MCO 3504.2A Operations Event/Incident Report
(n) MARADMIN 580/12 Reporting Requirements ICO DoD Suicide Event Report
(o) MCO 3040.4 Marine Corps Casualty Assistance Program
(p) DoDI 6490.08 Command Notification Requirements for Service Member Mental Health Care
(q) RegO 5100.1C 3d MLR Force Preservation Order

Encl: (1) The Five COSC Core Leader Functions
(2) Suicide Prevention Program Resources
(3) Elements of Integrated Primary Prevention
(4) 3d MLR Mental Health Flow Chart
(5) Lethal Means Safety
(6) Safe Messaging-Suicide Terminology
(7) 3d Marine Littoral Regiment Commander's Checklist for Response to Suicide-Related Events
(8) Brandon Act
(9) CIRRAS Event Final Guide

1. Situation. Suicide Related Events (SRE; i.e., ideations, attempts, and suicides) and their unmitigated risk factors adversely affect the combat readiness of the Marines and Sailors (hereafter referred to as Service Members), civilians, and families of 3d Marine Littoral Regiment (3d MLR). Effective suicide prevention requires operation within a prevention process that is holistic, strengthens protective factors, mitigate risk factors, and provides support for the majority of SREs. This Order establishes policy for an effective suicide prevention program within 3d MLR that integrates the components of the Marine Corps Suicide Prevention System (MCSPS) per reference (a).

2. Cancellation. RegO 1720.2C

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

3. Mission. 3d Marine Littoral Regiment will develop and sustain a Marine Corps Total Fitness approach for Service Members, civilians, and their families in order to increase awareness, strengthen protective factors, mitigate risk factors, and prevent suicide-related events while enhancing readiness and resilience.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Purpose. Establish policy, guidance, and assign responsibilities for subordinate commands and suicide prevention stakeholders within the MCSPS to facilitate the education of Service Members, civilians, and their families in suicide prevention, intervention, and postvention thereby reducing SREs. The successful implementation of this Order requires command involvement from all echelons and the integration of multidisciplinary capabilities within 3d MLR.

(b) Endstate. The establishment of a command culture that promotes a Marine Corps Total Fitness (MCTF) approach to resiliency, normalizes healthy stress reaction habits, strengthens protective factors, and reduces risk factors.

(2) Concept of Operations

(a) Commanders shall play a vital role in establishing and enforcing policies to foster a command climate that supports and promotes MCTF. These policies shall include the five core Combat and Operational Stress Control (COSC) principles presented in reference (b) and enclosure (1).

(b) Strengthen & Mitigate (Prevention)

1. Targeted and annual awareness training taught by qualified trainers are central to our suicide prevention strategy. Training ensures Service Members of all ranks and their families understand the risk factors and warning signs associated with suicide and are able to recognize them when a fellow Service Member is in distress and in need of intervention. Manpower and Reserve Affairs (M&RA) approved annual trainings, resources from Unit Marine Awareness and Prevention Integrated Training (UMAPIT), and Operational Stress Control and Readiness (OSCAR) Training are required. Non-M&RA produced trainings and workshops are viable as long as they are evidence-based and command approved (e.g., safeTALK or Applied Suicide Intervention Skills Training (ASIST) by LivingWorks).

2. Per reference (c) and (d), Commanders will utilize their Force Preservation Team (FPT) as the proactive and preventative capability to support the implementation of force preservation efforts that prevent suicide, as well as other forms of violence (e.g., sexual assault/harassment, child abuse and neglect). The core function of the FPT is to strengthen protective factors and mitigate risk factors of public health violence incidents to protect combat readiness. Enclosure (2) provides resources explaining the shared risk and protective factors across multiple forms of violence.

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

3. To mitigate SREs, a prevention process that permeates numerous spheres of influences, emphasizes leader involvement, integrates cross-functional areas, and leverages existing capabilities is required. Per reference (e), prevention efforts can include any combination of the following primary prevention elements: skill development, fostering protective environments and healthy climates, substance misuse and abuse awareness and training, reducing stigma and barriers of access to care, Service Member dependent support, and financial readiness. Enclosure (3) depicts these elements further.

(c) Identify (Early Identification and Risk Management)

1. Every Service Member and their family experiences stress.

a. Effective leader continuously monitors stressors and recognizes when a fellow Service Member is at risk or is experiencing critical stressors or stress injuries. A robust Force Preservation Council (FPC) program per reference (c) will be utilized as the program to assign risk and manage risk for all Service Members within 3d MLR. Every FPC program shall include crisis intervention and risk mitigation plans and/or mentoring procedures in place to include recognition of and intervention when a Service Member may be a danger to self, others, or mission. Procedures should also include crisis management and restriction of access to lethal means. FPCs will use the only USMC approved FPC tool, Command Individual Risk and Resiliency Assessment System (CIRRAS), in accordance with references (c), (d), and (f).

b. At a minimum CIRRAS data entry can occur: at the establishment of the Reporting Senior (RS) and Marine reported on (MRO) relationship; issuance of a fitness report or performance evaluation report eligibility for promotion; joining a new unit; or when permanent change of station and major changes in billet responsibilities occur, these occasions should be balanced against significant events and milestones that occur throughout one's career and life. The first supervisor in the chain of command with CIRRAS access shall review their new joins' profiles in CIRRAS within five business days of their check-in dates and shall annotate in the system that a review has been conducted. All new join profiles will be elevated for 90 days and shall be briefed at the unit's FPC (i.e., the lowest echelon of the unit the new join is assigned to) within 30 calendar days of arrival. New join status is applicable to both those permanently attached and temporarily attached (e.g., unit deployment program).

2. Risk Management procedures for every Service Member should be current, documented in CIRRAS, tailored specifically to the command and the person, be in compliance with reference (a), and be created in collaboration with all appropriate Subject Matter Expert (SME) support (e.g., FPC members, unit leaders).

(d) Treat

1. Commands are responsible for ensuring the full and adequate course of treatment for Service Members is available. Leaders must take steps to increase the likelihood that care is accepted.

2. Commands will assist Service Members in need of support, resources, treatment, and follow up care. This includes time allocated for appointments, transportation access, and overcoming logistical barriers. The use of mental health services are to be viewed by

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM
all as comparable to the use of other medical and health services. Similar to medical and health services, there should be no stigma attached to someone seeking mental health services.

(e) Reintegrate

1. Appropriate reintegration after any SRE is vital to the long-term success of the Service Member and the unit. It is imperative that the Service Member's family and friends are linked with resources and offered supportive care, assistance, and resources to facilitate the transition back into the workplace.

2. Commands will develop effective reintegration processes. Reintegration processes will demonstrate dignity and respect for the Service Member while meeting the needs of the unit. Leaders, the Service Member, and mental health professionals will work together to develop the appropriate environment and effective reintegration procedures.

(f) Postvention

1. Postvention refers to actions taken after a SRE to reduce risk and promote healing. Service Members may experience intense emotional reactions, including guilt, blame, rejection, anger, shame, and relief after a SRE. Unit leaders and peers will address and mitigate negative attitudes, and monitor the psychological and mental wellness of the person and/or unit after a SRE. Postvention efforts may differ per the type of SRE.

2. Following death by suicide of a Service Member, civilian, or family member, the command will ensure survivors are provided with grief services and continually assessed for signs of severe distress. Efforts will be taken to educate and discuss suicide safely, appropriately, and leverage support as needed. When postvention efforts are needed, they will focus on the following:

a. Providing support for grief process and incorporate cultural considerations about religion, death, suicide, grief, and loss.

b. Reduce the risk of further SREs by monitoring the mental wellness of the members of the unit, family members, and civilians impacted by the suicide.

c. Connect those in need to resources (e.g., religious ministry teams, embedded mental health, installation services).

d. Responsive postvention efforts should not only include prevention training (i.e., awareness and education), efforts should also include principles outlined in reference (g) Chapter 2. These principles are the predictability of the command's commitment to mental wellness, the controllability of mentoring and support after a SRE, the emphasis on relationships in forming cohesion, a culture of trust, and providing support to those impacted by a SRE.

3. Utilize qualified members of the unit to provide information and guidance for supporting a unit, fellow Service Members, civilians, and families after a SRE to help promote healthy coping and return to mission readiness. The period following such an event may be a time of heightened risk for suicide. Only roles that are qualified to handle individual crisis or

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

counseling work are allowed to do so and only those that are qualified to assist in familial support after a SRE should do so.

4. Foster a positive, safe command climate that promotes healthy stress responses and cultivates mental wellness within the unit. The command climate is the best resource to assist with the recovery process, encourage healthy grieving, and return to readiness.

b. Tasks

(1) Subordinate Unit Commanders

(a) Establish and implement, in writing a command suicide prevention program in accordance with reference (a).

(b) Appoint in writing, a Marine (SNCO or higher), to fulfill duties as the unit Suicide Prevention Program Officer (SPPO). Responsibilities of this collateral duty are administrative in nature and do not include clinical or therapy duty.

(c) Ensure all Marines and Sailors complete Unit Marine Awareness and Prevention Integrated Training (UMAPIT) 3.0 in accordance with reference (a) to meet the standardized annual suicide prevention training requirements. This is a calendar-year training requirement.

(d) Report suicidal ideations, gestures, attempts and death by suicide in accordance with reference (a) without delay. Potential suicide-related behaviors are also reportable.

(e) Ensure that all required SRE reporting is completed in accordance with the following references; reference (m) Operations Event/Incident Report (OPREP-3) Reporting, reference (n) DoDSER Instructions, and reference (o) Marine Corps Casualty Assistance Program.

(f) Liaison with the Marine Intercept Program (MIP) for all personnel engaged in suicide-related behavior. Contact with the MIP shall be both through formal messaging (i.e. SIR) and direct contact in person or via email. The MIP program at MCBH is housed within the Community Counseling Program (CCP) and can be reached during working hours at (808) 496-7788.

(g) Ensure the Regimental SPPO is notified of the release of any suicide-related message or report. This information shall be forwarded by the SPPO to the Behavioral Health Specialist for tracking trends, compiling numerical data, and identifying areas where additional prevention resources are needed.

(h) Evaluate secondary issues such as alcoholism and financial problems which may degenerate into SREs. Ensure personnel at-risk due to secondary issues have been assigned to the FPC and referred to appropriate treatment resources such as CCP, Substance Abuse Counselors, Chaplains, or Military and Family Life Counselors (MFLCs). Assist Marines and Sailors who have been evaluated or treated for SREs to effectively reintegrate them back into the force.

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

(i) Provide follow-up support for families and units affected by SREs. Additional resources can be obtained from the Regimental Embedded Prevention Behavioral Health Counselor (EPBHC) or the OSCAR Behavioral Health team.

(2) Regiment Suicide Prevention Program Officer

(a) Complete required training as follows: MarineNet SPPO training completed within 30 days as directed by reference (a); UMAPIT Annual training completed within 30 days of assuming SPPO duties; Operations Stress Control and Readiness (OSCAR) Team Member Training completed within 60 days of assuming SPPO duties.

(b) Maintain a unit-specific Suicide Prevention Program (SPP) using applicable references and other prevention resources ensuring that the unit is in compliance with all related orders and training requirements.

(c) Coordinate with S-3 to ensure annual required UMAPIT training program is conducted in compliance with orders and directives and rosters are entered into Marine Corps Training Information Management System (MCTIMS) under the appropriate codes.

(d) Coordinate with S-3 for SRE presentations at all safety stand-downs and during suicide prevention month (September) activities.

(e) Serve as MIP point of contact for all MIP referrals in unit. Liaison with installation CCP, EPBHC, and OSCAR Behavioral Health team to ensure that at-risk Service Members are engaged in services.

(f) Track all relevant unit SRE metrics and MIP participation.

(g) Make recommendations to the Commanding Officer concerning SREs.

(h) Ensure unit suicide prevention order is updated as required.

(i) Provide assistance, as needed to all Commanders and designated SPPOs.

(3) EPBHC

(a) Serve as the subject matter expert to the unit SPPOs to assist in the development of unit-specific SPPs. Coordinate monthly suicide prevention meetings. Provide updates to leadership on relevant mission-specific information, updates to command policies, suicide trends, and suicide prevention activities.

(b) Serve as the primary point of contact for information and resources for commanders, Service Members, family members and leaders for training and resources related to coping with SREs.

(c) Coordinate inspections and staff assistance visits (SAVs) within 3d MLR.

(4) Battalion Suicide Prevention Program Officer

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

(a) Complete required training as follows: MarineNet SPPO training completed within 30 days as directed by reference (a); UMAPIT Annual training completed within 30 days of assuming SPPO duties; Operations Stress Control and Readiness (OSCAR) Team Member Training completed within 60 days of assuming SPPO duties.

(b) Maintain a unit-specific Suicide Prevention Program (SPP) using applicable references and other prevention resources ensuring that the unit is in compliance with all related orders and training requirements.

(c) Ensure annual required UMAPIT training program is conducted in compliance with orders and directives and rosters are entered into Marine Corps Training Information Management System (MCTIMS) under the appropriate codes.

(d) Ensure SRE presentations at all safety stand-downs and during suicide prevention month (September) activities.

(e) Serve as MIP point of contact for all MIP referrals in unit. Liaison with installation CCP, EPBHC, and OSCAR Behavioral Health team to ensure that at-risk Service Members are engaged in services.

(f) Track all relevant unit SRE metrics and MIP participation.

(g) Make recommendations to the Commanding Officer concerning SREs.

(h) Ensure unit suicide prevention order is updated as required.

b. Coordinating Instructions

(1) In accordance with reference (a), suicide prevention risk management procedure for 3d MLR include the following:

(a) Methods to restrict access to lethal means for those deemed at risk for harm to themselves or others: If commanders (in consultation with mental healthcare professionals) believe a Service Member is at risk of harm to self or others, they will:

1. Ask the Service Member to voluntarily store firearms, ammunition, and/or medications (unwanted, unused, or expired) temporarily at a location designated by local policy for a specified period of time.

2. If a Service Member voluntarily agrees to store their firearm, ammunition, and/or medications for temporary safekeeping, ensure the weapons, ammunition, and/or medications are safeguarded in accordance with applicable orders and directives.

3. Ensure the weapons, ammunition, and/or medications are returned in accordance with the with applicable orders and directives when specified period ends or the Service Member requests them.

(b) Suicide hotline and resources will be prominently displayed in 3d MLR spaces, to include the official 3d MLR website, <https://www.3rdmlr.marines.mil/>.

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

(c) Service Members who attempt suicide or who are at risk for harm to self or others are to remain in sight and shall be immediately escorted to an evaluation with a mental health provider.

(d) Leaders will ensure adherence to referral, evaluation, treatment, and medical/command management procedures for Service Members who require assessment for mental health issues, psychiatric hospitalization, and/or are at risk of imminent or potential danger to self or others.

(e) Leaders will ensure reintegration support is provided for Service Members who have experienced SREs utilizing reference (g).

(f) Leaders will ensure postvention support to individuals, families, and units after a SRE.

(h) In accordance with the Brandon Act, Service Members may request a mental health referral for any reason or on any basis. Service Members are not required to provide a reason or basis to request and receive a referral. Commanders and supervisors will ensure measures are in place so a Service Member under their command understands the procedures to request a referral for mental health evaluation. See enclosure (8) -- Brandon Act.

(2) The Marine Intercept Program (MIP) provides brief, voluntary caring contacts for Service Members who have experienced SREs. MIP augments other behavioral programs within the MCSPS by providing regular contact, care coordination, risk assessment, and safety planning. MIP is not therapy or treatment. MIP services are provided by the MCBH CCP. Upon the submission of an OPREP-3 Serious Incident Report (SIR) or Personnel Casualty Report for a SRE, the command is responsible for contacting MCBH CCP to request MIP services (provide the Service Member's full name and contact information).

5. Administration and Logistics

a. Recommendations concerning the contents of this order are encouraged. Such recommendations will be forwarded via the appropriate chain of command.

b. Reporting requirements. The MCSPS utilizes standardized reporting systems reference (o) for all SREs. Utilizing procedures outlined in reference (g), commanders and leaders will facilitate access to service records, to include necessary Service Member and unit information, to assist medical providers or appointed Officers in the completion of the Department of Defense Suicide Event Report (DODSER) for death by suicide.

c. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a) and implemented per SECNAVINST 5211.SF.

6. Command and Signal

a. This order is applicable to all personnel assigned to 3d MLR.

Subj: 3D MARINE LITTORAL REGIMENT SUICIDE PREVENTION PROGRAM

b. This order is effective on the date signed.

c. This order, along with its procedures and directives, overrides all previous policies until it is revised or changed by the appropriate authority.

A handwritten signature in black ink, appearing to read 'G. L. Diana', is positioned above the printed name.

G. L. DIANA

THE FIVE COSC CORE LEADER FUNCTIONS

MCO 5351.1

1. Strengthen - Leaders must strengthen their Marines to enable them to successfully endure and master the stressors they face during operational deployments, garrison life, and in their personal lives. Strengthening Marines before exposure to extreme stress can help prevent stress injuries and illnesses. Many of the actions leaders already take to prepare their Marines for their operational duties can also, with only a slight change in focus, strengthen them against stress reactions, injuries, and illnesses. Strengthening for resilience and training for mission accomplishment are two strongly linked responsibilities of leaders.



2. Mitigate - Leaders also must mitigate the stress of their Marines to keep them functioning optimally and to prevent the negative effects of stress reactions and stress injuries. The word "mitigate" literally means to reduce in force or intensity. Since no amount of strengthening will make anyone completely immune to stress, the crucial second step for leaders to maintain the psychological health of their units and family members is to reduce the force and intensity of the stressors they experience whenever possible.

3. Identify - Identifying means closely monitoring every available indicator of Marines' functioning and performance to quickly recognize when they need help. Identifying involves more than looking, listening, and feeling for signs of possible breakage or wear-it means anticipating these inevitabilities. Leaders must identify not only the stress reactions, injuries, and illnesses experienced by their Marines, but also the day-to-day stressors they encounter so they can recognize occasions of high risk for stress problems. Whereas strengthening and mitigation are activities to promote primary prevention, the core function of identification makes secondary prevention possible-timely interventions that may prevent small problems from becoming big ones. Leaders need to know how to recognize a Marines' stress zones and which sources of stress may be most likely to push them further to the right-away from health and readiness on the stress continuum model.

4. Treat-Leaders must ensure that Marines who need help receive assistance from counselors, chaplains, embedded mental health providers (EMHP), and other professionals trained to treat stress issues. Leaders cannot do this important work alone. They must assemble a network that includes Marines trained in Combat and Operational Stress Control (COSC) principles, including Operational Stress Control and Readiness (OSCAR) Team Members, medical and religious ministry Extenders, and EMHPs, and installation behavioral health personnel.

5. Reintegrate--Leaders also must ensure that Marines who recover from stress injuries and illnesses do not suffer any stigma or career degradation. Leaders must retain and fully use Marines who have recovered, or are in the process of recovering, from stress injuries and illnesses. For leaders, reintegration includes evaluating and forming judgments about Marines' psychological fitness and suitability for duty, assigning recovering Marines to duties that make the best use of their capabilities, and changing whatever negative attitudes exist among unit members that might interfere with accepting these individuals back into the unit.

Enclosure (1)



3D MARINE LITTORAL REGIMENT

STAY CONNECTED



UNIT CONTACTS

MFLC
571-376-3841

DRC
808-220-6424 | 808-496-1429
rachael.kolb@usmc.mil

Chaplain
808-479-7368 | 808-927-6583

3d MLR Officer On Duty (OOD)
808-927-6612

3d MLR OSCAR
808-496-3365 (opt. 9, ext. 7651)
Duty Phone: 808-927-6614

3d MLR Equal Opportunity Advisor
808-234-9162 | 808-496-1497

3d MLR Sexual Assault
Prevention & Response
808-496-3952

BASE RESOURCES

REQUIRED



MCBH New Arrival
Orientation
808-257-7786



Personal Readiness
Seminar (PRS)
808-496-7783



Transition Readiness
Seminar (TRS)
808-496-4910



PCS & Moving
Workshop
808-257-7786



MCBH INSTALLATION

- DEERS - 808-257-3346/3348
- DMO - 808-496-3566
- IPAC - 808-496-2425
- Base Chapel - 808-496-5138
- MCBH Military Finance Office - 808-496-8810
- Space Available Travel Information - 808-257-1604
- Family Housing Office 808-496-2676
- Command Inspector General - 808-257-8852

MCCS HAWAII

- Personal Financial Management Program - 808-496-7783
- Library 808-254-7624
- School Liaison Program - 808-496-2019
- Education Center - 808-496-2158
- Semper Fit Health and Wellness Education - 808-254-7473
- Installation Volunteer Coordinator - 808-257-2650
- Information, Referral, and Relocation Services - 808-257-7786
- Marine Corps Family Team Building - 808-257-8848



MCBH
Base Map



3d MLR Unit
Contacts



3d MLR Athletic
Trainers
808-496-4199



Building Maintenance
Service Request
Portal



PMO/Registration
808-496-2123



Navy Marine Corps
Relief Society
808-257-1972



MCBH Legal
808-496-1829



Semper Fit
808-254-7597



Single Marine
Program (SMP)
808-254-7593



Substance Assessment
Counseling Center
808-496-2456



ASYMCA
808-254-4719



MCBH Motorcycle
Base Safety
808-496-1830



New Parent
Support Program
808-496-8803



Community
Counseling Program
808-496-7780

24/7 Victim Advocate
Hotline (FAP)
808-216-7175

Military OneSource
800-342-9647

24/7 Duty Chaplain
808-927-6583

Suicide & Crisis Lifeline
988

24/7 Victim Advocate
Helpline (SAPR)
808-216-0126

Red Cross
877-272-7337

DoD Elements of Integrated Primary Prevention

The below elements are evidence-based elements and when integrated, can prevent multiple forms of violence, including suicide. Units are encouraged to focus prevention efforts on any combination of these elements in their force preservation efforts.

Reference: DoDI 6400.09 and CDC's Technical Packages for Violence Prevention
<https://www.cdc.gov/violenceprevention/communicationresources/pub/technical-packages.html#technicalPackages>.

Skill development

Any training that develops skills in the following areas:

- Healthy relationships (e.g., respectful professional and personal relationships, appropriate boundary setting).
- Responsible alcohol use (e.g., social resistance skills).
- Healthy coping (e.g., problem-solving skills).
- Emotional intelligence (e.g., managing strong emotions in a non-destructive manner, identifying and addressing bias, exhibiting empathy).
- Effective communication (e.g., conflict management, assertive communication of sexual boundaries and consent, bystander intervention).
- Resilience (e.g., mindfulness).



Protective Environments and Healthy Climates

- Promote connectedness and unit cohesion.
- Implement peer-to-peer support programs (e.g., UMAPIT, OSCAR).
- Maintain availability of non-medical counseling services (e.g., Chaplains, Military and Family Life Counselors).
- Promotion of an understanding of lethal means safety.
- Strengthen access and delivery of suicide prevention and intervention (e.g., remove barriers to help-seeking, have on staff medical personnel trained on suicide risk assessment and safety planning).
- Promote help-seeking behaviors and encourage resilience.
- Protect the privacy of Service Members and DoD civilian personnel seeking or receiving treatment relating to suicidal behavior, consistent with applicable laws and DoD policy, regulations, and standards, including DoDIs 6490.04, 6490.08, 5400.11, as well as DoD 5400.11-R, and DoDM 6025.18. This includes data collected over the course of suicide prevention, intervention, and postvention activities.
- Provide Service Members and their dependents in their households, not living on a military installation or other DoD-owned or operated property, an opportunity for voluntary safe storage of privately owned firearms on the relevant installation for a duration determined by the firearm owner.

- Encourage the Service Member to voluntarily store privately owned firearm(s) on the relevant installation on a temporary basis, in cases where commanders or health professionals have reasonable grounds to believe a Service Member is at risk of suicide or causing harm to others.

Substance Abuse and Misuse

- Implementing alcohol policies that decrease the likelihood of overconsumption.
- Implementing policies that support early intervention for alcohol treatment that do not impact operational readiness.
- Promoting and disseminating research-based tools and resources aimed to prevent substance misuse and support positive behavior changes to reduce self-directed harm and prohibited abusive or harmful acts.
- Effective bystander intervention.
- A robust Substance Abuse Program (SAP) MCO 5300.17A.

Military Dependent Support

- Mitigating the risk of child abuse and neglect in military families through home visitations to promote effective parenting skill development and increased awareness of child social and emotional developmental stages.
- Preventing domestic abuse through command and peer support for Service Members and their spouses or intimate partners to proactively seek help for unhealthy relationships before the onset of a crisis, such as through the Family Advocacy Program (FAP).
- Encouraging Service Members and their spouses or intimate partners to participate in recommended clinical treatment and non-clinical services or interventions to develop safe and healthy parenting practices and to learn skills for maintaining healthy, non-violent relationships with their spouse, intimate partner, or children.
- Promoting safety for military families through home safety checks by command and other appropriate professionals for assessment of access to lethal means.
- Collaboration with community organizations (e.g., MCCA, F.O.C.U.S), as appropriate, on prevention outreach.

Financial Readiness

- Programs, practices, or policies that strengthen economic supports.
- Promote and encourage the use of DoD and USMC financial literacy education and financial counseling services.
- Develop knowledge and skills to make informed financial decisions, address the effects of financial decisions on personal and professional lives, achieve and maintain financial readiness.
- A robust Personal Financial Management Program (PFMP) MCO 1700.37.
- Promote and disseminate tools and resources for financial readiness.

Selected Primary Prevention

- Implement safety measures (e.g., increased leadership supervision) for high risk on-base locations (e.g., barracks) and on social media and other virtual or digital communications, where possible.
- Encouraging personnel to seek help early and without stigma, before destructive behaviors escalate and require more intensive intervention.
- Provide advocacy, behavioral health, and other methods of recovery care that are victim-centered, trauma-informed, and culturally competent.

3d MLR Mental Health Assistance Flow Chart

- Is the Marine/Sailor imminently dangerous to self or others?

CALL 911

Do not leave individual alone – Notify duty ASAP 808-927-6612 (Regimental)

- Is the Marine/Sailor in distress needing mental health assistance now but not in immediate danger?

Walk In Hours M-Th 0800-1100 & 1330-1530 F 0800-1100

Contact OSCAR:

OSCAR Mental Health Tech office: 808-496-3365 Opt.9 Ext. 7651

OSCAR Mental Health Duty Phone: (808)220-8697 (0800-1600)

Bldg. 6905 2nd Deck

Chaplain Myers	Regiment Chaplain	(808) 479-7368	BLDG 1088
Chaplain Bell	3d LCT	(808) 520-3650	BLDG 1027
Chaplain Moynihan	3d LAAB	(808) 216-7182	BLDG 4030
Chaplain Moynihan	3d LLB	(808) 216-7182	BLDG 4030
24 HR CHAPLAIN DUTY		(808) 927-6583	

- If the Marine/Sailor expresses a need to talk to someone but it is not emergent; Chaplains, MFLCs, and the Community Counseling Program (CCP) are available by appointment.

Reina Davison	3d MLR H&S; Comm Co	(571) 376-3841
Sarah Andruzko	3d LCT	(808) 285-8407
Jacqueline Montero	3d LLB	(808) 284-8311
Arikka Johnson	3d LAAB	(571)436-0943

MCCS Mental Health Resources

Community Counseling Program (CCP)	808-496-7780
Family Advocacy Program (FAP)	808-496-7780
24/7 Victim Advocacy Helpline	808-216-7175
New Parent Support Program	808-496-8803
Substance Assessment Counseling Center (SACC)	808-496-2456
24/7 Sexual Assault Prevention & Response	808-216-0126

Lethal Means Safety



If someone is at risk,
encourage safe storage of
lethal means until the crisis
has passed

LETHAL MEANS

LETHAL MEANS FACT SHEET

What are means?

An object, instrument, and/or method in which one could potentially inflict self-directed violence or injury, whether lethal or non-lethal in intent or by outcome. Examples include firearms, poisons, suffocation, and jumping from buildings or bridges.

What is means safety?

Techniques, policies, and procedures designed to reduce access or availability to lethal means and methods of deliberate self-harm.

What is lethal means safety?

The process of ensuring that lethal means, such as firearms and medications, are removed during times of increased stress, when risk of suicide is heightened.

The term "lethal" is important because some methods are more harmful or destructive than others and used to attempt suicide.

Lethal Means Safety Practices

FIREARMS

Firearms are the most common method of suicide in the Marine Corps. Store personally owned firearms with a cable lock in a secured safe separate from ammunition. Cable locks may be available at your installation. Check with your command Suicide Prevention Program Officer (SPPO).

MEDICATIONS

Proactively disposing of unwanted, unused or expired medications is another way to practice lethal means safety (e.g., at-home disposal, locking up all medications, etc.)

OTHER MEANS

Availability of household objects that can be used in a suicide or suicide attempt is hard to address. If someone is at risk, anything that can be used to anchor or used to tie should be removed. Household chemicals can be locked away or removed.



SAFE STORAGE

Suicide attempts can result from impulsive reactions to stress.
Limiting access to lethal means
during moments of impulsivity can be life-saving.

OPTIONS FOR FIREARM SAFETY

- Use cable locks to prevent a firearm from being loaded and fired. Cable locks may be available at your installation. Check with your command Suicide Prevention Program Officer (SPPO).
- Store firearms at an installation/unit armory.
- Store firearms with local police department, gun shop, or shooting range. Some local and state laws require weapon registration for legal storage; always follow the law in your jurisdiction.
- Lock up firearms and put the key in a lock box or give the key to a friend until the crisis has passed.
- Ask a family member, friend, or neighbors to safely store firearms as necessary.



TIP #1

CABLE LOCKS prevent a firearm from being loaded and fired.



TIP #2

GUN CASES are used to secure, conceal, and legally transport guns.



TIP #3

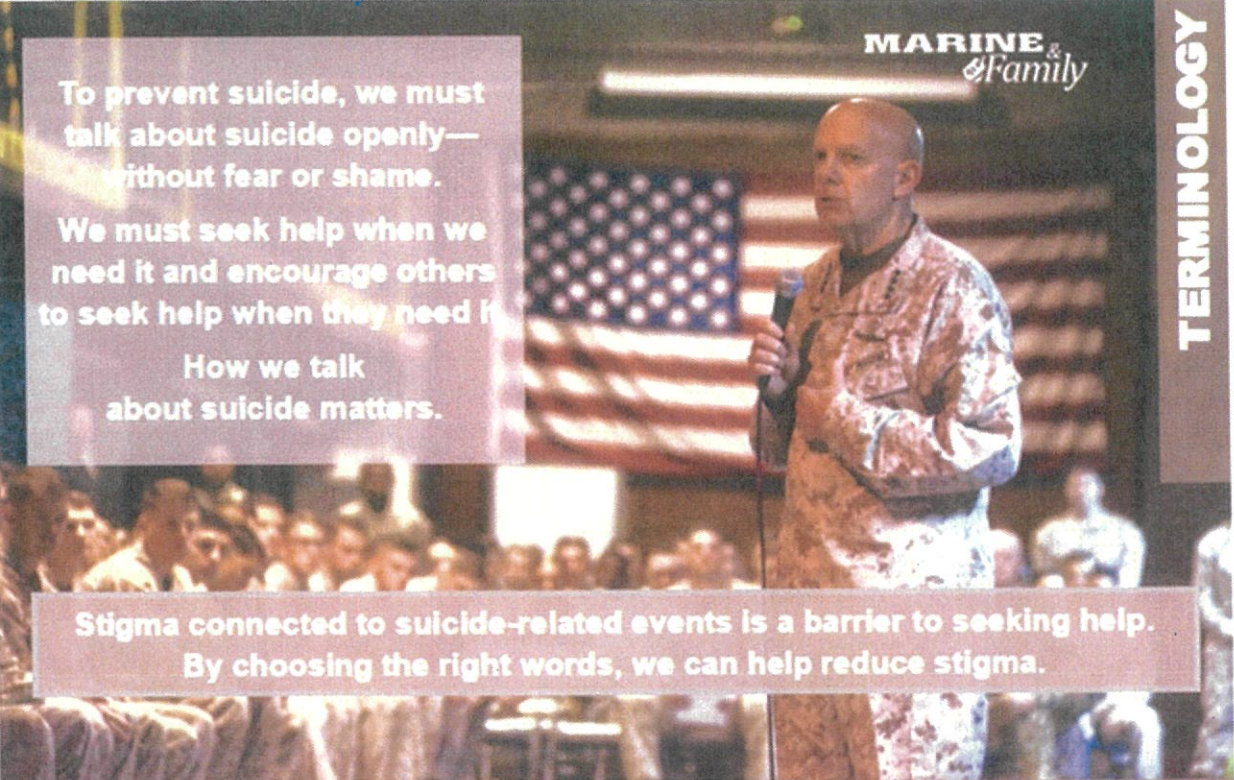
LOCK BOXES provide reliable protection for firearms.



TIP #4

GUN SAFES allow you to store multiple firearms in one place.

Safe Messaging – Suicide Terminology



TERMINOLOGY

To prevent suicide, we must talk about suicide openly—without fear or shame. We must seek help when we need it and encourage others to seek help when they need it. How we talk about suicide matters.

Stigma connected to suicide-related events is a barrier to seeking help. By choosing the right words, we can help reduce stigma.

TERMS TO USE WHEN DISCUSSING SUICIDE-RELATED EVENTS

<u>Suicidal Ideation:</u> A verbalized thought, wish, or intent to die or cause self-harm.	<u>Suicide Attempt:</u> Harming oneself with the intent to die; might not result in injury.	<u>Suicide:</u> Death caused by injuring oneself with the intent to die.
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TERMS TO AVOID WHEN DISCUSSING SUICIDE-RELATED EVENTS

<u>Committed suicide:</u> Term suggests a criminal act, contributes to the stigma around suicide, and discourages suicidal individuals from seeking help. <u>Preferred Term:</u> Died or death by suicide, suicide	<u>Successful or unsuccessful suicide or failed attempt:</u> Use of these terms inappropriately and wrongly defines a suicide death as a success and a nonfatal attempt as a failure. <u>Alternate term:</u> Suicide or suicide attempt.	<u>Gesture, manipulative act, and suicide threat:</u> Each term invites a value judgment with a negative impression of the person's intent. <u>Alternate term:</u> Suicide attempt or suicidal ideation
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3d Marine Littoral Regiment Commander's Checklist for Response to Suicide Related Events (SRE)

This tool provides:

- Requirements after every type of SRE
- Guidance for addressing unit
- Guidance for reintegration after a SRE

This tool provides critical practices for response to suicide-related events that support safety, help-seeking, and healing for the unit, Service Members, and their Families.

This tool is the same as the Commander's Checklist for Response to Suicide-Related Events in NAVMC 1720.1 Appendix A, except two additions have been made: 1) the 30-day brief requirement for suicide attempts to 3d MarDiv and 2) the supplemental suicidal ideation report to III MEF.

References:
MCO1720.2A
NAVMC 1720.1



SUICIDAL IDEATION

WITHIN 24 HOURS

_____ Make voice notification to Marine Corps Operations Center (MCOC) **within 12 hours of the ideation**, or within 12 hours of becoming aware of the ideation. MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.

_____ Verify Recognize, Act, Care, Escort (R.A.C.E.) protocol has been followed, and that the Marine has not been left alone. Contact Behavioral Health and/or Medical assets and follow the installation protocol. This usually involves a mental health evaluation at the Mental Health clinic (during duty hours) or Emergency Department (after duty hours).

_____ Submit Operations Event/Incident Report (OPREP-3)/Serious Incident Report (SIR) message **within 24 hours of the ideation**, or within 24 hours of becoming aware of the ideation.

_____ If the Marine is not currently a danger to him/herself or others, but is in need of assistance, and there is a question of fitness for duty, the commanding officer can request a Command Directed Evaluation.

WITHIN 5 DAYS

_____ **Within five business days of OPREP-3 submission**, submit the supplemental suicidal ideation report to III MEF Force Preservation Office.

SUICIDE ATTEMPT

WITHIN 24 HOURS

_____ Voice notification to MCOC **within 30 minutes of the event**, or within 30 minutes of becoming aware of event. MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.

_____ Verify that local law enforcement/Provost Marshal's Office (PMO)/Naval Criminal Investigative Service (NCIS) and 911 (situation dependent) have been contacted. Ensure the area of the attempt has been secured.

_____ Notify chain of command. Ensure notifications are kept to a short list of "need-to-know" personnel and contain a minimum amount of information to convey the nature of the attempt. Being appropriate with "need to know" helps avoid stigmatizing the Marine when he or she returns to work.

_____ If attempt was by an Active Duty Marine, notify the Mental Health clinic or Mental Health on-call provider to consult with safety planning and coordination of a Commander Directed Evaluation.

_____ Submit Personnel Casualty Report (PCR) **no later than one hour** upon knowledge and verification of the attempt. PCRs for suicide attempts require Competent Medical Authority (CMA) determination. Provide CMA contact information in the report.

_____ Submit OPREP-3/SIR message **within six hours of the attempt**, or within six hours of becoming aware of the attempt. (MCO 3504.2A)

_____ Notify chaplain and Behavioral Health/Medical assets, and consult with providers to prepare announcement to unit and coworkers.

WITHIN 30 DAYS

_____ Submit a 30-day brief to 3d MarDiv within 30 business days of the attempt. Use the template provided in reference (g).

WITHIN 30 DAYS

_____ Verify with CMA that a Defense Suicide Event Report (DoDSER) was completed **within 30 days** of determination of an attempt

Visiting Marine: If the Marine is hospitalized, consult with Medical and your chain of command, regarding visiting. Attempts require a formal mental health assessment and often result in hospitalization to stabilize the individual and ensure safety.

BRANDON ACT

Background

In June 2020, Congressman Seth Moulton introduced legislation, referred to as the Brandon Act, to improve the process for referring service members for a mental health evaluation. The Brandon Act honors Petty Officer 3rd Class Brandon Caserta who died by suicide in 2018. The legislation was signed into law by President Joe Biden on December 27, 2021, as part of the National Defense Authorization Act for Fiscal Year 2022.

DOD issued guidance on May 5, 2023, to establish policy, assign responsibilities, and provide procedures for service members to initiate a referral for a mental health evaluation.

Policy Guidance

- Service members can initiate a referral process for a mental health evaluation through a commanding officer or supervisor who is in a grade above E-5 on any basis, at any time, and in any environment.
- The Department fosters a culture of support to create an environment that promotes help-seeking behaviors and to reduce the stigma for seeking mental health care.
- Service member patient rights and confidentiality are protected as much as possible, in accordance with requirements for confidentiality of health information under the Health Insurance Portability and Accountability Act of 1996, and applicable privacy laws and regulations.
- The commanding officer or supervisor will refer a service member to a mental health provider for a mental health evaluation, as soon as possible, following a request by the service member.
- As always, service members may independently seek mental health care without involving their supervisor or commander.
- The Brandon Act is not meant to replace other methods of seeking care, rather it provides an additional method for service members to seek confidential care

Key Takeaways

- Service members may request a referral for any reason or on any basis.
- Service members are not required to provide a reason or basis to request and receive a referral.
- Commanding officers or supervisors in a grade above E-5 will ensure measures are in place so a service member under their command understands the procedures to request a referral for a mental health evaluation.
- Service members may also continue seeking mental health services directly from their mental health clinic or provider.
- Mental health providers will conduct the mental health evaluation and provide necessary clinical care.

BRANDON ACT

- Mental health providers will assess the service member's medical readiness for duty with specific consideration for mental health, risk of harm to self or others, symptom severity, prognosis for return to duty, and risk of decompensation, aggravation, or further injury if participation in occupational activities continues.
- The Defense Health Agency worked closely with the Military Departments on education and training to enable the Military Departments to educate all service members on the process to seek support by requesting a referral for a mental health evaluation. The Defense Health Agency also worked closely with the Military Departments to implement training for commanding officers and supervisors who received requests from service members for a mental health evaluation to ensure requests were handled in an appropriate and timely manner.

Learn More



www.health.mil/BrandonAct



www.health.mil/mentalhealth

MHS

Military Health System
health.mil

CIRRAS

Event Entry Guide

What Is the Purpose of Event Entries?

- ✓ Monitor risk and protective factors by providing data of major life/career events
- ✓ Mitigate adverse outcomes by connecting with resources and monitoring
 - ✓ Identify what resources/strategies work best for the individual
- ✓ Support transition to gaining commands and continuation of care/resources



Event Entry Guidelines:

Minimum Amount Necessary

- **NO** Names
- **NO** specific legal information:
SAPR, investigation charges/details
- **NO** specific health/ medical information:
Diagnosis, medications etc
- **Medical issues should only include:**
LIMDU/Light Duty Status, Deployability, and expected recovery time.

Mitigate and Use Resources

- Anticipate future issues and connect with resources early
- Utilize resource guide as a checklist
- Offer multiple resources when available
- Follow up, include appointment dates if available
- Consider the whole picture and effects of event

Document

- Major life changes, positive & negative stressors.
Minimum of 2 event entries per year.
- Record resources, supports and strategies used
Include whats working/helping
- **Keep profiles in a 100% completed state.**
- Enter events or follow up as it happens.
- **Document warm handoffs to gaining commands with event entry.**

Event Entry Examples

Date	Event Type	Issue/Event (Short Event Descriptor)	Mitigation Strategy/Resources (What are we doing to help)	Risk Recommendation
2024-08-15	Health and Fitness Related Event	Injury/LIMDU	Utilizing branch clinic/SMART Clinic. Expected recovery time 16 weeks. Non-deployable. Med team follow up.	ELEVATED
2024-08-15	Legal Related Event	SNM under NCIS investigation.	Referred to legal and Chaps. Command support and mentorship.	HIGH
2024-08-15	Relationships Related Event	Marital Issues.	Given contact information for Chaps/MFLC/CCP. Leadership follow up to confirm appointment.	ELEVATED
2024-08-15	Social and Spiritual Related Event	Anger and stress issues.	Referral to CCP for anger mgmt classes and counseling. First appointment 02 Sept 2022.	ELEVATED
2024-08-15	Training and Education Related Event	SNM dropped from PME.	Command mentorship. Referral to Chaps/MFLC for stress management.	ELEVATED
2024-08-15	Work Related Event	New Join	SNM joined unit on xx/xx/xxxx. Attended new join brief and profile completed within 30 days.	ELEVATED

Transitions: PCS, PCA, TAD in excess of 30 days, and FAPs will be elevated for 90 days. Profiles must be complete within 30 days of transition.

Common life events and risk factors

Financial	Health and Fitness	Housing	Legal	Relationships	Social and Spiritual	Training and Education	Transportation	Work Related
<ul style="list-style-type: none"> • Poor Credit • Outstanding Debt • Supporting family of origin 	<ul style="list-style-type: none"> • Failed PFT • Failed height/weight • Hygiene • Injury/medical 	<ul style="list-style-type: none"> • BHA/OHA issues • Damage to Domicile • ERD 	<ul style="list-style-type: none"> • ARI/DUI • Criminal charges • Estate settlement • PAC Violation • NCIS Investigation 	<ul style="list-style-type: none"> • Engagement/ Marriage • Separation/ Divorce • Death/ Loss • Pregnancy • Family Conflict/health 	<ul style="list-style-type: none"> • Isolation • Mental Health • Substance abuse • Belief changes or questioning 	<ul style="list-style-type: none"> • MESEP • College • PME drop/fail • Skill bridge 	<ul style="list-style-type: none"> • Automobile Accident • Lack of transportation • Revoked License 	<ul style="list-style-type: none"> • Deployment • Leadership Conflict • Peer Conflict • Poor work performance

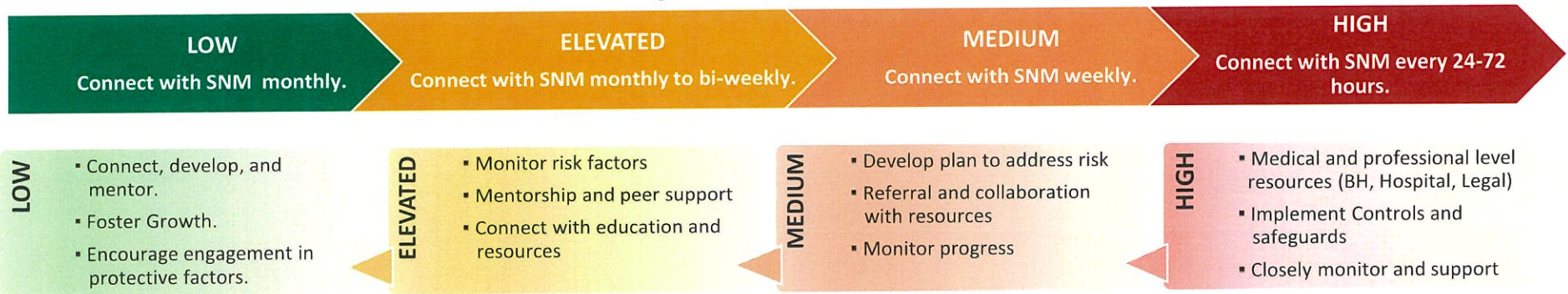
What Are Risk Levels?

- ✓ **Non-punitive** levels assigned for awareness and tracking purposes.
- ✓ The complete picture of what the individual has “on their plate”.
 - ✓ Inclusive of positive and negative stressors.
- ✓ How often we are, and should be, connecting with the individuals.
 - ✓ How closely we are monitoring the individual or situation.

Note: Elevation of risk level doesn't necessarily mean an individual isn't doing well - It means we are involved and tracking.

How often do we connect or follow up?

**More contact than minimum guidelines may be necessary depending on circumstances.*



What does addressing risk level and documenting progression look like in CIRRAS?

Date	Event Type	Issue/Event	Mitigation Strategy/Resources	Risk Recommendation
2022-08-15	Health and Fitness Related Event	SACC Education	SNM successfully completed Prime For Life on 29 July 2022. No drinking order lifted.	LOW
2022-07-08	Health and Fitness Related Event	SACC Assessment/Evaluation	SNM completed Evaluation. SACC referred to Prime For Life, scheduled 29 July 2022. Command continues to monitor/mentor.	ELEVATED
2022-06-06	Health and Fitness Related Event	Referral to SACC after ARI	Assessment/Evaluation Scheduled 21 June 2022.	ELEVATED
2022-05-02	Legal Related Event	ARI and Curfew Violation	Referral to SACC. Command Mentorship. No drinking order in place.	ELEVATED

Connect with resources ➡ Monitor progress ➡ Close the loop ➡ Reassess risk level

References

- (a) 45 cfr 164.512 Privacy Act
- (b) Command Individual Risk and Resiliency Assessment System (CIRRAS) User Guide https://www.manpower.usmc.mil/webcenter/portal/MF/pages_page16
- (c) DoD 6025.18, DoD Health Information Privacy Regulation
- (d) MCBUL 1500 DTD 01OCT21, (CIRRAS)
- (e) MCO 1500.60A, Force Preservation Council (FPC) Program

Contact local S-1 or IPAC to request MCTFS updates when experiencing entry/viewing issues.

This guide is for quick reference and does not exhaust all examples. Review references or contact the following for further guidance or support.

Prevention Specialist:

Seana Andrzejewski, EPBHC
808-342-8933; seana.m.andrzejewski.civ@usmc.mil

CIRRAS 24/7 Help Desk Support

DSN: (312) 365-0533
Commercial: (760) 725-0533

Email: mctssambc4iscenter@usmc.mil

Website: <https://mceits.usmc.mil/sites/MCTSSA>