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# Fort Carson Installation Prevention Plan

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20 May 2014

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Risk Reduction Program  
Army Substance Abuse Program

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# FORT CARSON INSTALLATION PREVENTION PLAN

## PURPOSE:

The Installation Prevention Plan establishes policy, procedures and prescribes responsibilities for the prevention specialists and subject matter experts who are committed to the reduction of high risk behavior and a healthy community. This plan supports proactive prevention initiatives by integrating prevention and intervention programs into a framework, as well as utilizing empirical measures to determine the success of each individual initiative.

## OBJECTIVE:

This Installation Prevention Plan was created by members of the Fort Carson prevention community and is a compilation of proposed interventions and strategies appropriate for commanders and providers to utilize in an effort to reduce high risk behaviors through understanding and mitigation of compounding factors. This plan encompasses prevention and training activities by the team in place.

## SCOPE:

INTERVENTION/PREVENTION: A proactive process which reduces high risk behavior and fosters a safe environment.

- ✓ Document is fluid in nature and can be changed to meet the needs of the community at any time.
- ✓ Intervention possibilities:
  - Collaboration/communication
  - Checklists
  - Leader involvement and training
  - Education & information
  - New Ideas
- ✓ Prevention Goals
  - Collaboration/communication
  - Leadership and Command Involvement
  - Positive personal decision making, peer influence, social networks, unit cohesion/positive climate
  - Alternative activities
  - Support family involvement
  - Ongoing education
  - Reinforce Army values

The Prevention Plan is a detailed list of:

- ✓ Regulatory Requirements
- ✓ Each prevention activity/program (some are combined where appropriate)
- ✓ The population being targeted
- ✓ The activity/program goals
- ✓ The milestones to implementing the program/activity
- ✓ The evaluation method
- ✓ Desired outcomes

Types of Prevention:

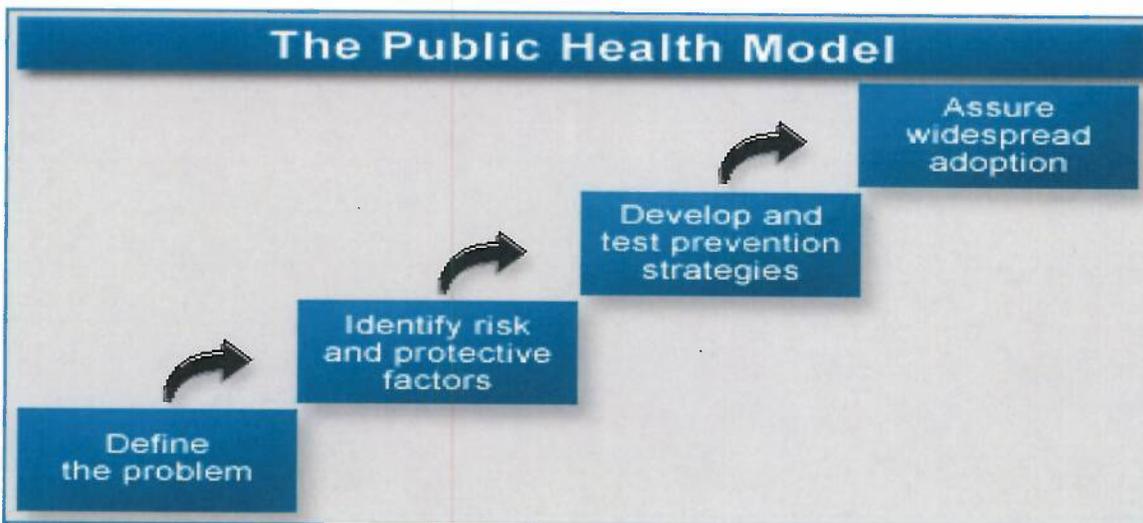
- ✓ Policy – Regulations
- ✓ Enforcement – Separation
- ✓ Communications – Campaigns, Media, Marketing

## FORT CARSON INSTALLATION PREVENTION PLAN

- ✓ Education – Soldier, Leader
- ✓ Collaboration – Community based programs
- ✓ Alternatives – Activities
- ✓ Early intervention – Proactive prevention

### FORT CARSON AND THE PUBLIC HEALTH MODEL

The Public Health Model is a Scientific Based approach that focuses on the well-being of entire populations. This graph depicts the basis for the public health model, in the four areas of problem stating, analysis, response and desired outcome. In each section of this plan, each of these areas will be highlighted and discussed by factor.



**Problem: DEFINE THE PROBLEM.** The first step in preventing high risk behavior is to understand the 5 W's: "who", "what", "when", "where" and "how" that are associated with it. Grasping the magnitude of the problem involves analyzing data, to include frequency, placement, motivation, extraneous factors/concurrent factors, trends and who it affects.

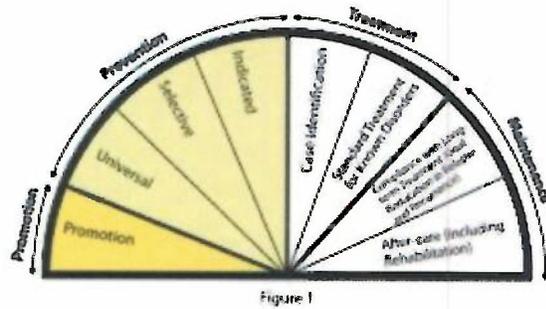
**Analysis: IDENTIFY RISK AND PROTECTIVE FACTORS.** It is not enough to know the enormity of a public health problem. It is also important to understand what factors protect our community members (Soldiers, Family members, civilians, retirees, etc.) and what factors put them at risk for experiencing or perpetrating violence. Why are the risk and protective factors useful? They help identify where prevention efforts need to be focused. Risk factors do not cause violence or other HRB; the presence of a risk factor alone does not necessarily mean a person will experience a HRB. The presence merely means that the potential is there.

**Response: DEVELOP AND TEST PREVENTION STRATEGIES.** Research data and findings from needs assessments, community surveys, stakeholder interviews and focus groups are useful for designing a prevention program. Using data from a variety of sources and findings is known as evidence-based approach to program planning. Once programs are implemented, they are evaluated rigorously and continuously to determine their efficacy.

**Desired Outcomes: ASSURE WIDESPREAD ADOPTION.** Once prevention programs have been proven effective or advantageous, they must be implemented and adopted more broadly. Communities are encouraged to implement evidence-based programs and to evaluate the program's success in an environment. Dissemination techniques to promote widespread adoption include training, networking, technical assistance and evaluation.

How do we determine the level of intervention? Using the public health model approach, we utilize the problem and analysis portion (see above) to determine what level of treatment is needed for all involved. The following graph is the Institute of Medicine's (IOM) model for prevention.

# FORT CARSON INSTALLATION PREVENTION PLAN



## Promotion:

These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

## Prevention:

**Universal:** A universal prevention strategy is something that is applied to the entire population. Think annual training.

**Selective:** Selective prevention strategies target subsets of a population that are deemed to be at risk based on their membership to a population segment. Think children of alcoholics.

**Indicated:** Indicated prevention strategies are designed to prevent the onset of risk behavior by targeting those who fall in a risk group because they are demonstrating warning signs. Think individuals who have excessive credit card debt.

## Treatment:

On an individual basis, those that have surpassed the prevention portion of the graph (i.e., are exhibiting high risk behavior already), need to move to the treatment level of this model. These individuals need direct intervention to assist them in halting the HRB and move into maintenance.

## Maintenance:

Also known as recovery, this is the portion of the model where individuals and/or groups complete their treatment and move forward into the lower risk group. Once an individual has moved into this phase and demonstrated compliance and advancement, the model should begin again with prevention.

## FORT CARSON AND THE 8 DIMENSIONS OF WELLNESS

Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of your life.

The below graphic depicting overlapping circles forming a larger circle is representative of one of the following ideas:

**Emotional**—Coping effectively with life and creating satisfying relationships

**Environmental**—Good health by occupying pleasant, stimulating environments that support well-being

**Financial**—Satisfaction with current and future financial situations

**Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills

**Occupational**—Personal satisfaction and enrichment from one's work

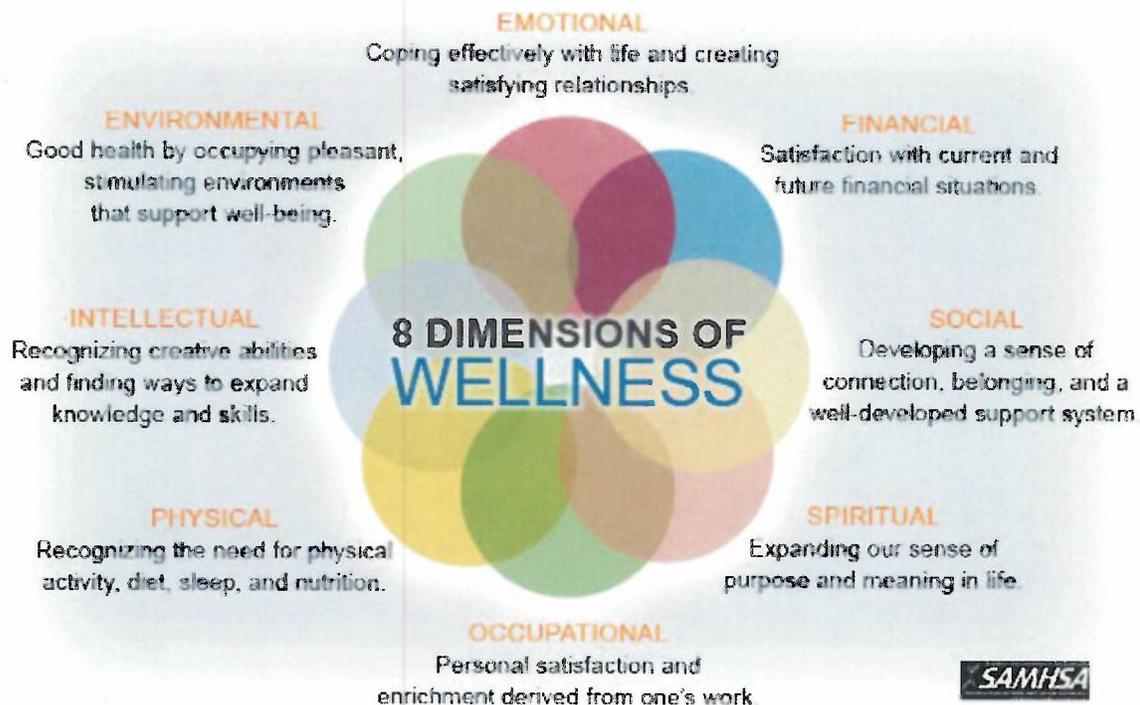
# FORT CARSON INSTALLATION PREVENTION PLAN

**Physical**—Recognizing the need for physical activity, healthy foods and sleep

**Social**—Developing a sense of connection, belonging, and a well-developed support system

**Spiritual**—Expanding our sense of purpose and meaning in life

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.



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## TABLE OF CONTENTS

ALCOHOL USE

ILLEGAL DRUG USE

SUICIDE IDEATIONS / SELF HARM BEHAVIORS

FAMILY VIOLENCE

FINANCIAL READINESS

APPENDIX (Resources for Leaders)

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# FORT CARSON INSTALLATION PREVENTION PLAN

## RISK BEHAVIOR INTERVENTION PLAN

## ALCOHOL USE

**DEFINITION:** Incidents committed on post or by Fort Carson Soldiers off post where alcohol is the primary offense

<b>PROBLEM</b>			
<p><b>Behavior:</b></p> <ul style="list-style-type: none"> <li>• Drunk/Disorderly Soldiers</li> <li>• Underage drinking</li> <li>• DUI/DWAI</li> </ul> <p><b>Underlying stressors:</b></p> <ul style="list-style-type: none"> <li>• Large population of young Soldiers/family members who engage in alcohol related socializing; Use of alcohol to self-medicate for a variety of problems, many due to multiple deployments.</li> </ul> <p><b>Concurrent Factors:</b></p> <ul style="list-style-type: none"> <li>• Stress</li> <li>• peer pressure</li> <li>• low morale</li> <li>• Soldiers have no fear of consequences: commanders not in compliance with regulations (ASAP, Chapter, UCMJ, etc)</li> <li>• Lack of supervisor (squad leader, platoon sergeant/leader) involvement</li> <li>• Family member pressure</li> <li>• Lack of unit training by commanders/UPL</li> </ul>			
<b>ANALYSIS</b>			
<p><b>Target population:</b>  <b>Universal-</b> All Soldiers assigned to Fort Carson  <b>Selective -</b> Rank(s): E3 – E6 (with E4's accounting for the majority) Age Range: 20's (with 21-25 accounting for the majority)  <b>Indicated-</b> Soldiers who have had an alcohol related incident  <b>Pertinent risk data:</b> Further analysis of the data reveals the following areas to focus on:            Target Areas: Mainly DUIs, Other target areas: Underage Drinking &amp; Open Container            Day/Time(s): Weekends (Fri, Sat, Sun), 10pm to 4am            Locations (s): Off Post (over 50% of incidents) and Gates 1, 3, 4 &amp; 20</p>			
<b>RESPONSE and STRATEGIES:</b>			
PREVENTION	INTERVENTION	POSTVENTION	EVALUATION
Conduct the annual four (4) hours of Alcohol and Substance Abuse/Misuse Awareness Training	Strong Choices Guest Speakers Crash car static displays Safety Day Stations (DUI information, Drug avoidance information, etc) DUI Prevention Goggles and Simulation	Check in with units on how event went. Pre/post measures 30 day follow up calls	Comparison of incident rates to training hours
CATEP (Confidential Alcohol Treatment and Education Pilot) Program Promotion		Monthly reports/inquiries in database Phone calls after treatment ends	Continue to monitor participation in the program as well as incident rates on the installation
Promotion of Off Post support programs	AA, Phoenix Multisport, NA, Al ANON, Military One Source	Flyers in ASAP/Ads in mountaineer	
Promotion of alternate means of transportation	No DUI Colorado Springs 719-650-3450 Yellow cab 777-7777	Flyers in ASAP/Ads in mountaineer	

## FORT CARSON INSTALLATION PREVENTION PLAN

	Referral to the ASAP within five (5) working days of the incident with a completed DA 8003(see appendix for example) <ul style="list-style-type: none"> <li>○ ADAPT education course</li> <li>○ Enrollment into an ASAP treatment program</li> </ul>	Phone calls after treatment ends	
	Identification of repeat offenders through Directorate of Emergency Services (DES) reporting; Commanders should refer immediately to the ASAP for screening		Track offender referrals, contact units for non-referrals
Twice a year screening: breathalyzer for each Soldier (can be checked out from the ASAP)		Send follow up email or go to unit to see how process went	
DUI Checkpoints as scheduled through the PMO			Report incident rates to risk reduction for evaluation
Initiate administrative separation of Soldiers with two (2) alcohol related incidents in one (1) year	Refer to appropriate agencies for evaluation and support throughout the separation process		
Conduct weekly safety briefs with outside assistance to provide a new perspectives		Check in with units on how briefing went	Reduction in incident rates
Installation prevention events (safety days, Destination Ft. Carson, campaigns, health fairs, etc)	Conduct AUDIT surveys and have clinical personnel on hand to talk with high risk individuals	Pre/post measures One on one interventions	Referral rates to ASAP and other services
Inclusion of ASAP and other organizations at pre/post deployment	URIs and RURIs for high risk behavior identification and intervention planning.		Referral rates to ASAP and other services
<b>DESIRED OUTCOME</b>			
Ensure Soldiers on Fort Carson receive 4 hours of annual training on Alcohol and Substance Abuse; Reduce the total number of DUI/DWAI's attributed to Fort Carson Soldiers by 5 percent for 4 <sup>th</sup> quarter 2013 (using calendar year). The 5% decrease will be calculated by comparing to the same timeframe for 2012.			
<b>REGULATORY REQUIREMENTS</b>			
AR 600-85 AR 190-45 AR 635-200 FC Reg 210-18 Commanding General Policy 3 Commanding General Policy 5 Fort Carson Off-Limits Establishment Memorandum Unit Substance Abuse Program SOP			
<b>Responsible Parties:</b> Unit Commanders, ASAP, & DES <b>POC:</b> ACO and PM/DES			

# FORT CARSON INSTALLATION PREVENTION PLAN

## RISK BEHAVIOR INTERVENTION PLAN

## ILLEGAL DRUG USE

**DEFINITION:** Incidents committed on post or by Fort Carson Soldiers off post where drugs are the primary offense or when identified by a positive drug test

<b>PROBLEM</b>			
<p><b>Behavior:</b></p> <ul style="list-style-type: none"> <li>• Use of Illegal drugs</li> <li>• Misuse/abuse of prescription drugs</li> <li>• Controlled Substance violations</li> </ul> <p><b>Underlying stressors:</b></p> <ul style="list-style-type: none"> <li>• Use/misuse in pre-military time; large population of young Soldiers/family members; use of drugs to self-medicate for variety of problems, many due to multiple deployments.</li> </ul> <p><b>Concurrent Factors:</b></p> <ul style="list-style-type: none"> <li>• Stress (not necessarily from military duties and responsibilities; lack of maturity; minimal coping skills)</li> <li>• Legalization of Marijuana in the State of Colorado allowing for easy access to the substance</li> <li>• Peer pressure</li> <li>• Family member pressure</li> <li>• Easy access to other drugs</li> <li>• Units not in compliance with Army Regulations; not conducting random testing as required</li> <li>• Soldiers have no fear of consequences: commanders not in compliance with regulations (ASAP, Chapter, UCMJ, etc)</li> <li>• Lack of unit training by commanders/UPL</li> <li>• Over use of narcotic prescriptions</li> <li>• Lack of supervisor (squad leader, platoon sergeant/leader) involvement</li> <li>• Unit leadership not trained of how to detect/find drugs hidden in plain view in billets</li> </ul>			
<b>ANALYSIS</b>			
<p><b>Target population:</b>  <b>Universal-</b> All Soldiers assigned to Fort Carson  <b>Selective:</b> Rank(s): E1 – E4 (E4 being the most common); Age Range: 22-25 (23 being the most common)  <b>Indicated-</b> Soldiers who have had an alcohol related incident  <b>Pertinent risk data:</b> Further analysis of the data reveals the following areas to focus on:                      Drug Types (showing increases): Marijuana, Cocaine, Spice</p>			
<b>RESPONSE and STRATEGIES:</b>			
PREVENTION	INTERVENTION	POSTVENTION	EVALUATION
Conduct the annual four (4) hours of Alcohol and Substance Abuse/Misuse Awareness Training	Strong Choices Guest Speakers Crash car static displays Safety Day Stations (DUI information, Drug avoidance information, etc)		Comparison of incident rates to training hours
Promotion of Off Post support programs	AA, Phoenix Multisport, NA, Al ANON, Military One Source		
	Referral to the ASAP within five (5) working days of the incident with a completed DA 8003(see appendix for example) <ul style="list-style-type: none"> <li>○ ADAPT education course</li> </ul>		

## FORT CARSON INSTALLATION PREVENTION PLAN

	○ Enrollment into ASAP		
	Identification of repeat offenders through CID and Directorate of Emergency Services (DES) reporting; Commanders should refer immediately to the ASAP for screening		Track offender referrals, contact units for non-referrals
Conduct urinalysis testing IAW AR 600-85	<ul style="list-style-type: none"> <li>- 4% weekly random testing</li> <li>- 100% of assigned unit strength tested annually</li> <li>- Test all Soldiers who are enrolled in the ASAP on a monthly basis (or as required by the ASAP) under the RO code</li> </ul>		Track test turn in rates, report to BDE and BN commanders on a monthly basis any non compliant units
Initiate administrative separation of Soldiers with a drug related incident in the career	Refer to appropriate agencies for evaluation and support throughout the separation process		
Ensure Pre and Post Deployment Unit Risk Inventory Surveys are conducted within specified timelines			Use survey results to conduct the appropriate training and connect Soldiers with the needed resources
<b>DESIRED OUTCOME</b>			
Reduction in the overall illicit use of drugs on post; increase the amount of urinalysis testing conducted IAW AR 600-85; decrease the number of repeat offenders through identification and separation; increase the number of referrals to the ASAP; increase morale; create a safe and secure Fort Carson community			
<b>REGULATORY REQUIREMENTS</b>			
AR 600-85 AR 190-45 AR 635-200 Fort Carson Regulation 210-18 Commanding General Policy 3 Commanding General Policy 5 Fort Carson Off-Limits Establishment Memorandum Fort Carson Garrison/ASAP Drug Testing SOP Unit Substance Abuse Program SOP			
<b>Responsible Parties:</b> DES, CID, ASAP <b>POC:</b> ADCO, PM/DES, SAIC for CID			

# FORT CARSON INSTALLATION PREVENTION PLAN

## SUICIDE PREVENTION PLAN

## SUICIDE IDEATIONS / SELF HARM BEHAVIORS

**DEFINITION:** Thoughts about or an unusual preoccupation with suicide and behaviors that lead to self harm to include non-fatal suicide attempts.

<b>PROBLEM</b>			
<p><b>Targeted problem behavior:</b></p> <ul style="list-style-type: none"> <li>• Thoughts of suicide</li> <li>• Suicide attempts</li> <li>• Deaths by suicide</li> </ul> <p><b>Underlying stressors:</b></p> <ul style="list-style-type: none"> <li>• Mental illness, severe stressors including interpersonal relationships, financial, legal problems, substance abuse, poor decision making skills and lack of connections with others and the community.</li> </ul> <p><b>Concurrent Factors:</b></p> <ul style="list-style-type: none"> <li>• Substance abuse, poor coping skills, lack of risk factor identification by leaders, better tracking of high-risk Soldiers, Family member and DA civilians.</li> </ul>			
<b>ANALYSIS</b>			
<p><b>Target population:</b></p> <div style="text-align: center;"> </div>			
<b>RESPONSE and STRATEGIES:</b>			
<b>PREVENTION</b>	<b>INTERVENTION</b>	<b>POSTVENTION</b>	<b>EVALUATION</b>
Collaborate efforts for community wellness programs <ul style="list-style-type: none"> <li>• CSF2 / MRT</li> <li>• Physical Fitness</li> </ul>	Embedded Resources <ul style="list-style-type: none"> <li>• BH</li> <li>• MFLC</li> <li>• FRSA</li> <li>• Tiger Teams</li> <li>• CH</li> <li>• Risk Reduction / Prevention Teams</li> </ul>	Community based resources	<ul style="list-style-type: none"> <li>• Evidence based programs</li> <li>• Program evaluation</li> </ul>
Effective Training <ul style="list-style-type: none"> <li>• Small group</li> <li>• Interactive</li> <li>• Team building</li> <li>• Scenario based</li> <li>• Guest Speakers</li> </ul>	<ul style="list-style-type: none"> <li>• ASIST (T2T) and (T4T)</li> <li>• ACE-SI Trainers / SM Annual Training</li> </ul>	Suicide Response Teams (SRT) immediately after a suicide to address commander, unit and FM needs.	Customer Feedback <ul style="list-style-type: none"> <li>• Surveys</li> <li>• Interviews</li> </ul>
Leadership <ul style="list-style-type: none"> <li>• Knowing Soldier</li> <li>• Goal Focused</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face interactions on daily /</li> </ul>	<ul style="list-style-type: none"> <li>• Discipline of the Force (balancing</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship building</li> <li>• Connections</li> </ul>

## FORT CARSON INSTALLATION PREVENTION PLAN

<ul style="list-style-type: none"> <li>• Mentorships</li> <li>• Commander's Risk Reduction Dashboard</li> <li>• Wellness Meetings / SPTF – trends, lessons learned, and best practices.</li> </ul>	<p style="text-align: center;">regular basis</p> <ul style="list-style-type: none"> <li>• Equipping NCO's, Front line leaders and FM to identify and respond to suicidal behavior</li> <li>• Rewards Programs</li> </ul>	<p style="text-align: center;">between health and discipline)</p> <ul style="list-style-type: none"> <li>• Share Lessons Learned</li> </ul>	<p style="text-align: center;">with local resources</p> <ul style="list-style-type: none"> <li>• Focus Groups</li> </ul>
<p>Transitions</p> <ul style="list-style-type: none"> <li>• Sharing Info</li> <li>• Processes to reduce isolation</li> <li>• Battle Buddies that fit</li> </ul>	<ul style="list-style-type: none"> <li>• Sponsorship</li> <li>• Unit Events</li> </ul>		<ul style="list-style-type: none"> <li>• Sponsorship feedback</li> </ul>
<p>Stigma Reduction</p> <ul style="list-style-type: none"> <li>• Open Door Policy</li> <li>• Command Climate</li> <li>• Media Campaigns to address myths, stigma</li> <li>• Guest speakers</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing harassment / hazing</li> </ul>	<p>Higher command support</p> <ul style="list-style-type: none"> <li>• Written policy</li> <li>• verbal communication</li> <li>• leading by example</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on most effective programs</li> </ul>
<p>Family Member Interaction:</p> <ul style="list-style-type: none"> <li>• Family engagement</li> <li>• Knowing Soldier's family</li> <li>• Unit gatherings</li> <li>• "Fire Drills" practice response with individuals and units</li> </ul>	<ul style="list-style-type: none"> <li>• Build skills to identify, intervene, refer</li> <li>• Resources</li> <li>• POC for concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Response Team</li> <li>• Heartbeat support group</li> <li>• SOS – peer to peer support and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Groups</li> <li>• Surveys</li> <li>• Informal interviews</li> </ul>
<p>Sexual Harassment / Assault Prevention:</p> <ul style="list-style-type: none"> <li>• Training and Education</li> <li>• Command Climate of no-tolerance policy</li> </ul>	<ul style="list-style-type: none"> <li>• Bystander response</li> <li>• Safety plans</li> </ul>	<ul style="list-style-type: none"> <li>• FAP, BH, Law enforcement &amp; Command Support</li> <li>• Offender accountability</li> </ul>	<ul style="list-style-type: none"> <li>• Victim recovery</li> <li>• Legal and UCMJ actions</li> <li>• Unit morale</li> </ul>
<p>Spiritual Awareness</p> <ul style="list-style-type: none"> <li>• Strong Bonds</li> </ul>	<ul style="list-style-type: none"> <li>• Chaplain response</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Response Team (CRT)</li> </ul>	
<p>Treatment</p> <ul style="list-style-type: none"> <li>• ASAP to implement evidence based effort to reduce substance abuse</li> <li>• BH</li> </ul>		<ul style="list-style-type: none"> <li>• Follow up after emergency visit</li> <li>• Follow up after inpatient</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from Attempters (what worked for them)</li> </ul>

## FORT CARSON INSTALLATION PREVENTION PLAN

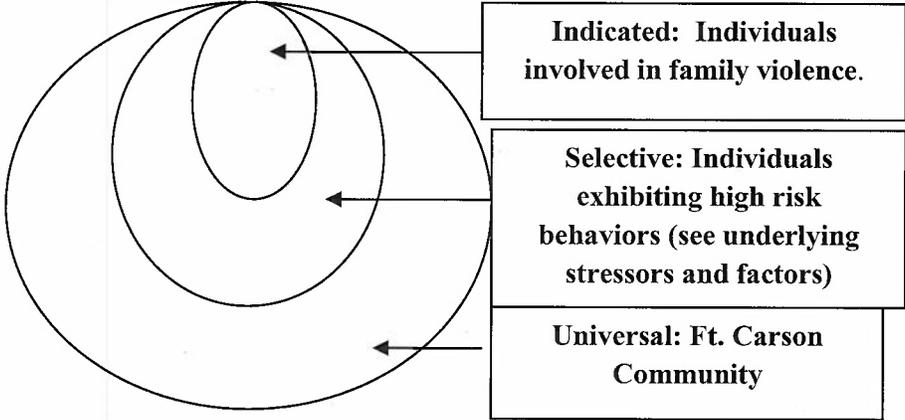
<p>Medical readiness</p> <ul style="list-style-type: none"> <li>• WTU</li> <li>• Pain Management</li> <li>• Most effective conventional medical treatments with complementary therapies acupuncture, medical massage, movement therapy, and biofeedback</li> </ul>	<ul style="list-style-type: none"> <li>• Front line staffed trained</li> <li>• Suicide Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient follow-up</li> <li>• Follow-up care after ED visit</li> </ul>	
<p>Other:</p> <ul style="list-style-type: none"> <li>• Cultural shift</li> <li>• Respect for each other</li> <li>• Individual and group responsibility for well being of others</li> </ul>	<p>Closing communication gap</p> <ul style="list-style-type: none"> <li>• Between CMD / FM</li> <li>• CMD / BH / ASAP</li> <li>• Other SM and CMD</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge, attitudes and behaviors</li> </ul>	
<b>DESIRED OUTCOME</b>			
<ul style="list-style-type: none"> <li>• Greater education on suicide risk factors and early identification of Soldiers at risk.</li> <li>• Complete investigations by Command are vital to derive Lessons Learned.</li> <li>• Sharing lessons learned and trends for attempts and completed suicides.</li> <li>• Respond to Families, units and friends that have lost someone to suicide.</li> <li>• Unit and Combat Effectiveness</li> <li>• Increased Morale</li> </ul> <p><b>Additional Accommodations:</b> Provide training for FRG groups, youth groups, DA Civilians as well as Soldiers.</p>			
<b>REGULATORY REQUIREMENTS</b>			
<ul style="list-style-type: none"> <li>• AR 600-63 Army Health Promotion 07 MAY 07</li> <li>• DA PAM 600-24 Health Promotion and Suicide Prevention 24 NOV 09</li> <li>• VCSA Army Suicide Prevention Task Force, Task Number PE 6.4.2</li> <li>• ALARACT 253/2009 Suicide Intervention Skills Training 15 Sept 09</li> <li>• MSO 151630 TMAR 10</li> <li>• Mandatory annual suicide prevention training requirements/completion.</li> </ul>			
<p><b>Responsible Parties:</b> Unit Commanders, ASAP, ACS, Family Member Program, Dept of BH, EACH, Military Family Life Consultants, ACS, Chaplains, Suicide Prevention Program Manager, MSE</p> <p><b>POC:</b> Suicide Prevention Program Manager</p>			

# FORT CARSON INSTALLATION PREVENTION PLAN

## RISK BEHAVIOR INTERVENTION PLAN

## FAMILY VIOLENCE

**DEFINITION:** To reduce the occurrences of domestic violence through comprehensive evidence based education and resource programs.

<b>PROBLEM</b>			
<p><b>Behavior:</b></p> <ul style="list-style-type: none"> <li>Fort Carson has consistently high rates of domestic violence and child abuse</li> <li>Child abuse substantiations at Fort Carson include children witnessing domestic abuse</li> <li>Child neglect substantiations correlated with single parenting due to deployments</li> <li>Higher than normal level of lethality for individual cases</li> </ul> <p><b>Underlying stressors:</b></p> <ul style="list-style-type: none"> <li>Large population of young Soldiers/Family members isolated from support systems and healthy relationship coping mechanisms.</li> </ul> <p><b>Concurrent Factors:</b></p> <ul style="list-style-type: none"> <li>Stress, History of family violence, Alcohol/Drug use, Financial concerns, Existing behavioral health diagnosis</li> </ul>			
<b>ANALYSIS</b>			
<p><b>Target population:</b></p> <div style="display: flex; align-items: center; justify-content: center;">  </div>			
<b>RESPONSE and STRATEGIES:</b>			
PREVENTION	INTERVENTION	POSTVENTION	EVALUATION
Establish a Command climate that actively engages family members as part of the unit family, to include hosting regularly scheduled organizational days that include family activities, maintain open lines of communication between commands and family member, and fostering an environment that encourages Soldiers to discuss family issues and de-stigmatizes the utilization of community resources.	Company CDR will attend Case Review Committee (CRC) meetings when a case is presented involving one of their Soldiers. Company and Battalion commands will both be notified by a case manager when their command's case will be presented at the CRC.		
Provide all commanders with a user-friendly community resource referral guide with a consolidated list of available resources and referral guidelines.			
Coordinate with units to provide annual FAP training to all Soldiers IAW AR 608-18. This training will include awareness of the risk factors			

## FORT CARSON INSTALLATION PREVENTION PLAN

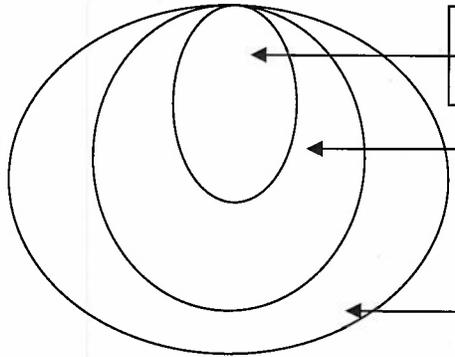
of family violence, recognition of warning signs of possible family violence in fellow Soldiers and their respective family members, education about reporting procedures, and education about available community resources.			
Provide training at Commanders and First Sergeants Course regarding Army and Colorado State reporting requirements.			
Provide supplemental family advocacy training as requested	Provide advocacy services for victims of domestic violence, to include support, crisis intervention, and information and referral services		
<b>DESIRED OUTCOME</b>			
<ul style="list-style-type: none"> <li>• Reduce the rates of domestic violence and child abuse.</li> </ul>			
<b>REGULATORY REQUIREMENTS</b>			
<ul style="list-style-type: none"> <li>• 608-20</li> <li>• AR 27-10</li> <li>• AR 608-18</li> <li>• DODI 6400.06</li> </ul>			
<p><b>Responsible Parties:</b> Army Community Service Family Advocacy Program  <b>POC:</b> Jill Nugin, Family Advocacy Program Manager</p>			

# FORT CARSON INSTALLATION PREVENTION PLAN

## RISK BEHAVIOR INTERVENTION PLAN

## FINANCIAL READINESS

**DEFINITION:** To reduce the need of financial assistance through education and other preventive measures.

<b>PROBLEM</b>			
<p><b>Behavior:</b></p> <ul style="list-style-type: none"> <li>• Mismanagement of funds</li> <li>• Use of high interest rate loans</li> <li>• Overextended in debt</li> <li>• No emergency savings</li> </ul> <p><b>Underlying stressors:</b></p> <ul style="list-style-type: none"> <li>• High cost living area</li> <li>• Lack of personal financial management education and maturity</li> <li>• Lack of two household incomes</li> </ul> <p><b>Concurrent Factors:</b></p> <ul style="list-style-type: none"> <li>• Stress, Alcohol/Drug use, Compulsive Spending, Wants versus Needs, Denial.</li> </ul>			
<b>ANALYSIS</b>			
<p><b>Target population:</b></p> <div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;"> <p style="border: 1px solid black; padding: 5px; width: fit-content;">Indicated: Individual's excessive spending behaviors</p> <p style="border: 1px solid black; padding: 5px; width: fit-content;">Selective: High Risk Populations</p> <p style="border: 1px solid black; padding: 5px; width: fit-content;">Universal: Ft. Carson Community</p> </div> </div>			
<b>RESPONSE and STRATEGIES:</b>			
PREVENTION	INTERVENTION	POSTVENTION	EVALUATION
Provide one on one counseling, weekly, monthly classes on personal financial management skills	Command involvement Primary CFNCO/alternate CFNCO	Provide monthly data to Risk Management to keep Command abreast of financial issues	Training
Effective Training <ul style="list-style-type: none"> <li>• Small group</li> <li>• Interactive</li> <li>• Team building</li> <li>• Scenario based</li> <li>• Guest Speakers</li> </ul>	Closing communication gap <ul style="list-style-type: none"> <li>• Between CMD / FM</li> <li>• CMD / ACS/FR</li> <li>• Other SM and CMD</li> </ul>		Customer Feedback <ul style="list-style-type: none"> <li>• Surveys</li> <li>• Interviews</li> <li>• ICE Comments</li> </ul>
Leadership Skills <ul style="list-style-type: none"> <li>• Knowing Soldier</li> <li>• Goal Focused Training</li> <li>• Mentorship</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face Interaction</li> <li>• Equipping NCO's, Front line leaders and FM to identify and respond to financial behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Discipline of the Force (balancing between health, financial welfare and discipline)</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship building</li> <li>• Connections</li> <li>• Resources</li> <li>• Leadership</li> </ul>

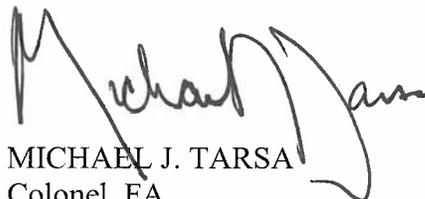
## FORT CARSON INSTALLATION PREVENTION PLAN

Transitions <ul style="list-style-type: none"> <li>• Sharing Info</li> <li>• Personal financial management skills</li> <li>• Emergency Fund</li> <li>• Planning for Retirement</li> </ul>			
<b>DESIRED OUTCOME</b>			
<ul style="list-style-type: none"> <li>• Greater education on financial risk factors and early identification of Soldiers at risk.</li> <li>• Increase in Soldiers and Family Members who are able to responsibly manager their personal finances.</li> <li>• Decrease in target population using high fee/interest rate loan providers.</li> <li>• Respond to Families, units and friends that are experiencing financial difficulties.</li> <li>• Unit and Combat Effectiveness.</li> <li>• Increased morale and quality of life for Soldiers and Families.</li> <li>• Increase in attendance of classes provided at Army Community Service.</li> <li>• Increase in the number of battalions with trained Primary and Alternate CFNCOs.</li> </ul> <p><b>Additional Accommodations:</b> Provide training classes to units; brochures hand outs, focus groups and Command climate assessments.</p>			
<b>REGULATORY REQUIREMENTS</b>			
<ul style="list-style-type: none"> <li>• AR 608-1 Ch 4-38 Mandatory classes – 1<sup>st</sup> Term Training and 1<sup>st</sup> Sergeant Commanders Course.</li> <li>• AR 608-1 Ch 4-39 Mandatory Financial counseling and classes for junior enlisted Soldiers scheduled for initial PCS move and ETS.</li> <li>• FC 210-10 Command Financial NCO regulation.</li> </ul>			
<p><b>Responsible Parties:</b> Army Community Service Financial Readiness Program  <b>POC:</b> Mary Braxton, Financial Readiness Program Manager</p>			

Expiration. This IPP will be updated annually and will remain in effect until superseded rescinded.

The POC for this policy is the Alcohol and Substance Abuse Program (ASAP) Program Manager at 719-526-2501.

Approved By:



MICHAEL J. TARSA  
 Colonel, FA  
 ACTING SENIOR COMMANDER

# FORT CARSON INSTALLATION PREVENTION PLAN

## APPENDIX A: ALCOHOL USE, ILLEGAL DRUG USE

### Resources

ASAP Prevention Section	526-9191, 526-9283, 526-5108, 526-2438, 526-2181
Strong Choices Program (see pamphlet)	
Coordination with on/off post speaker (MADD, CSPD, CHP, DEA, MPs, etc)	
Crash car static displays	
Safety Day Stations (DUI information, Drug avoidance information, etc)	
DUI Prevention Goggles and Simulation	
Unit Prevention Leader Course Scheduling	
ASAP Drug Testing Center	526-8407
Drug Testing Turn In	
Drug Testing Supplies	
Breathalyzer Sign Out	
Drug Testing Assistance	
Unit Inspections	
Traffic Patrol Division- Contact Provost Marshall Operations	526-2053
Drug Suppression Team	526-3991
Military Working Dog Section (Drug Dogs)- 148 <sup>th</sup> MP BN S3	526-8020
Disciplinary Review Board Off limits memorandum	
Trend Analysis by date range, deployment cycle and/or high risk behavior-	
Risk Reduction Program	526-0994/4124/2422
Phoenix Multisport ( <a href="https://phoenixmultisport.org/index.php?chapter_id=43">https://phoenixmultisport.org/index.php?chapter_id=43</a> )	(719) 434-3387
Alcoholics Anonymous ( <a href="http://www.coloradospringsaa.org">http://www.coloradospringsaa.org</a> )	(719) 573-5020

FORT CARSON INSTALLATION PREVENTION PLAN



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT CARSON  
1626 ELLIS STREET, SUITE 200, BUILDING 1118  
FORT CARSON, COLORADO 80913-4145

REPLY TO  
ATTENTION OF

IMCR-ZA

DATE

MEMORANDUM THRU

COMMANDER: \_\_\_\_\_

COMMANDER: \_\_\_\_\_

COMMANDER: \_\_\_\_\_

FOR: \_\_\_\_\_

SUBJECT: SUSPENSION OF DRIVING PRIVILEGES FOR DRIVING UNDER THE INFLUENCE (DUI)

1. Instructions to soldier/civilian:

a. Under the provisions of Army Regulation 190-5, your installation Privately – Owned Vehicle (POV) driving privileges are hereby suspended for a period of one (1) year, as a result of you being arrested for driving under the influence of alcohol and/or drugs by the Fort Carson Police on \_\_\_\_\_, MPR# \_\_\_\_\_ with a BRAC/BAC of \_\_\_\_\_ %.

b. This suspension will remain in effect until the intoxicated driving charge has been adjudicated.

If you are determined to be guilty of the offense, your installation POV driving privileges will be automatically revoked for one (1) year. If you are acquitted of the charge of DUI, you must apply to have your suspension lifted.

c. You are ordered not to drive any POV within the confines of any military reservation. Failure to comply with this lawful order unless officially granted restricted driving privileges is a violation of Article 92, UCMJ and may result in disciplinary action being taken against you. If this occurs, your installation driving privileges may be revoked for an additional two (2) years. You are also ordered not to drive for any administrative purpose at any time during the period of your suspension and/or revocation, unless authorization to operate a government vehicle is subsequently reinstated. All personnel will be cited under the Colorado Revised Statutes (CRS) and appropriate action will be taken.

## FORT CARSON INSTALLATION PREVENTION PLAN

d. You may request an administrative hearing to determine if your installation POV driving privileges should be reinstated pending resolution of the charges. Your request must be submitted in writing, through your Chain of Command (1<sup>st</sup> O-6 or below), through the Provost Marshal to the Garrison Commander within ten (10) days of the date you received this memorandum. At the time of the hearing, you may be represented by civilian counsel and may present evidence and/or witnesses at your own expense. The hearing officer will determine the availability of any Fort Carson active duty representative or witnesses that you may request. Civilian personnel will have to take the same steps with the exception of the Chain of Command signatures.

e. If your installation POV driving privileges are revoked, you will be required to have a licensed driver, whose installation driving privileges are not revoked or suspended, drive your POV (s) off the installation where it will remain and be maintained at all times. If you reside on the installation, the vehicle may be maintained for use by your family members.

f. You are ordered to complete a remedial driver's training program and an installation alcohol and/or drug abuse awareness and prevention education program. You must complete both programs before you can request restricted driving privileges or full reinstatement of your driving privileges. This applies to both military and civilian personnel. Both programs can be completed on the installation, but proof of the programs must be submitted with your written request.

g. You may request restricted driving privileges during the suspension/revocation period. Your request may be submitted through your Chain of Command and the Provost Marshal to the Garrison Commander and must include a justification letter and all supporting documentation in accordance with Army Regulation 190-5, para 2-10, dated 22 May 2006. This also applies to civilian personnel.

h. You are required to sign in the space provided below to acknowledge receipt of this memorandum.

2. I acknowledge receipt of this memorandum on \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

JOEL D. HAMILTON  
COL, FA  
Garrison Commander

# FORT CARSON INSTALLATION PREVENTION PLAN

**MODULE: BEING WELL**  
The wiring inside our brains and bodies create a complex machine. When we combine the actions of our complex machine and our choices, we can produce the outcomes we may experience.



**MODULE: HEARING WELL**  
The ties that bind us to others who matter to us can be affected by our choices. Strong choices help us make walls that surround us, giving us support and providing positive experiences. High-risk choices with drugs and alcohol weaken these ties and can lead to an experience relationship challenges that we did not intend or want.

**TEAM SPIRIT: STROUD**  
It is human nature to "play hard" by seeking to maximize pleasure and reduce pain. Life experiences can create a pendulum that swings between pleasure and pain. High-risk choices have complex effects on the balance that can compromise our overall well-being. Strong choices help to maintain the balance. There are powerful ways to play hard and still maintain a healthy balance.



**MODULE: LEADING WELL**  
Officers and NCOs influence Strong Choices by: (1) the examples they set by a both verbal and nonverbal, (2) adding their credibility to Soldiers and the Army, and (3) assisting command members of their Soldiers' well-being. The Leader module differs from the rest of the program in that it is directed exclusively at leaders. ACSAP's goal of creating change at the Leader level requires that Leaders be addressed as a unique audience, with a distinct set of objectives that target Leader needs and provide Leaders with information and tools to more effectively deal with substance abuse prevention as it relates to their command. In order to fully address the goals of the program, Leaders will receive all five of the other modules as well.



A Substance Abuse  
Prevention Program





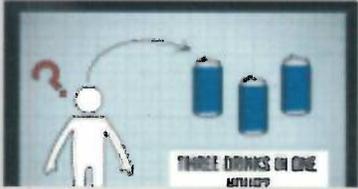


**PROGRAM OVERVIEW:**  
The purpose of the Strong Choices prevention program is to provide all US Army Soldiers, Officers, and Family Members targeted training in the area of substance abuse to help them to positively impact the overall Army climate and create a more high-risk balance with regard to alcohol and drugs. As a proactive prevention approach, the goals of the Strong Choices program include:

- 1) Educating Leaders in emerging issues of substance abuse.
- 2) Helping command with concepts and language used throughout current Army Substance Abuse Program (ASAP) training and treatment.
- 3) Supporting the Army's efforts in the areas of Health Promotion and Risk Reduction and
- 4) Ensuring measurement of ASAP training efforts for effectiveness Awards.

**TRAINING DESIGN**

- Four content modules that can be delivered at one time or in stand-alone sessions with greatest ranging from 25 up to 90 in size.
- Content incorporates multiple media including video, animation, audio, and interactive.
- Each module includes self-assessment exercises.
- Training is focused on influencing behavioral change.
- Primary instructors will be ASAP Prevention Personnel.
- A separate module will focus exclusively on training for Leaders.




**KEY CONCEPTS OF STRONG CHOICES**

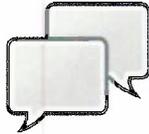
- Every choice has the power to harm or protect both myself and others in ways I cannot always control.
- I know the researched risks of high-risk choices and my vulnerability and have come to believe that "I am more at risk than I think" if I make high-risk choices.
- It matters as much to others as to myself. My choices affect those around me and my mission.
- Through self-assessment I understand myself better in terms of future resilience and choices.
- (For Leaders) I can influence my Soldiers' choices, and it's vital that I do.

APPENDIX B: SUICIDE IDEATIONS / SELF HARM BEHAVIORS



CONFIDENTIAL HELP FOR  
VETERANS AND THEIR FAMILIES

Call  
1-800-273-8255  
PRESS 1



Confidential Chat at  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net)

Text to:  
838255



**Military One Source 1.800.342.9647**

# Suicide Survivors Speakers Team

Suicide is a complicated issue and often times difficult to talk about. Open and honest discussion is one of many ways to educate and teach others about the impact suicides have on the community.

The following survivors are willing to speak about their own personal experience of losing a loved one to suicide. They are volunteers dedicated to preventing other suicides, but also supporting those that have experienced the pain and hurt following a suicide.

- After Paul's son's death he researched TBI and is very knowledgeable about suicide in general. As a retired career Soldier Paul understands the problems troops face. Paul is also Ft. Carson's TAPS representative and is available to assist with these needs as well. 202-441-8580

-Shelia is experienced as the spouse of a military suicide victim and can shed light on symptoms to look for in people at risk. 719-659-8842

-Richard "Singe" lost his son at BCT and is suited to help people "understand suicide" and the risk it presents. 719-332-7574



Ft. Carson also has a support group for ANY survivors of suicide. For more details contact 719-598-6578 or 719-391-2758.

# FORT CARSON INSTALLATION PREVENTION PLAN

## APPENDIX C: FAMILY VIOLENCE

Prevention activities provided by ACS: 526-4590. Other classes given at Unit's request.

Military Families	Marriage Only	Spouse Only	Divorce
<p><b>Scream Free Parenting:</b> Stay calm and connected with your children to optimize your relationship.</p>	<p><b>Scream Free Marriage:</b> Reduce anxiety, build mutual trust and respect.</p>	<p><b>Spouse Equipping Day:</b> A panel of experts teaches stronger, more resilient marriages, deployment issues and support networks.</p>	<p><b>Cooperative Parenting and Divorce: 2<sup>nd</sup> Tuesday of the month, 0900-1330 @ ACS.</b> Great class for negotiation of post-divorce parenting partnerships.</p>
<p><b>Family Resilience Day:</b> A positive and encouraging event for all family members.</p>	<p><b>Couples Retreat:</b> partner on marriage skills to deepen relationships.</p>		
<p><b>Boot Camp for New Dads: 1<sup>st</sup> Tuesday of the month, 0900-1200 @ ACS.</b> Taught by Soldiers to Soldiers that are preparing or new to fatherhood.</p>	<p><b>The 5 Love Languages:</b> Encourages couples to recognize each others' language and find new ways to express love and deepen relationships.</p>		
	<p><b>Intimate Allies:</b> Identify a model for your marriage with a 12 week follow-up plan.</p>		

