



**DEPARTMENT OF THE ARMY**  
**WARRIOR TRANSITION COMMAND**  
**200 STOVALL STREET**  
**ALEXANDRIA, VIRGINIA 22332-2500**

WCTP Policy Memo 12-004

MCWT-OPT-P

Expires: 12 September 2014

12 SEP 2012

**MEMORANDUM FOR Commanders, US Army Medical Command Regional Medical Commands**

**SUBJECT: Warrior Transition Unit/Community Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

**1. References:**

- a. DoDI 6490.03, Deployment Health, 11 Aug 06.
- b. Office of the Vice Chief of Staff Memorandum, DACS, Army Campaign Plan for Health Promotion (ACPHP), Risk Reduction and Suicide Prevention, 8 Nov 10.
- c. Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset, Report 2012.
- d. AR 600-63, Army Health Promotion Program, RAR 002, 7 Sep 10.
- e. AR 600-85, The Army Substance Abuse Program, RAR 001, 2 Dec 09.
- f. AR 190-11, Physical Security of Arms, Ammunition and Explosives, RAR 001, 28 Jun 11.
- g. DA PAMPHLET 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, RAR 001, 7 Sep 10.
- h. HQDA, Deputy Chief of Staff, G-1 Memorandum, Post-Deployment Health Reassessment (PDRA) Compliance, 6 May 10.
- i. IMCOM Policy Memo, Unaccompanied Personnel Housing (UPH) for Warriors in Transition (WT), 14 Oct 09.
- j. OTSG/MEDCOM Regulation 385-2, U.S. Army Medical Command Safety Program, 18 Mar 08.

**\*This policy supersedes WTC Policy Memo 10-033, 16 Jun 10, subject: Warrior Transition Unit/Community Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

MCWT-OPT-P

SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy

k. OTSG/MEDCOM Policy Memo 11-029, Warriors in Transition High-Risk Medication Review and the Sole Provider Program, 7 Apr 11.

l. OTSG/MEDCOM Policy Memo 11-098, Comprehensive Transition Plan Policy, 29 Nov 11.

m. OTSG/MEDCOM Policy Memo 12-016, Reportable Information, 7 Mar 12.

n. Army Warrior Care and Transition System (AWCTS)  
<https://awcts.csd.disa.mil/wtu>.

2. Purpose: The purpose of this policy is to identify actions and processes to:

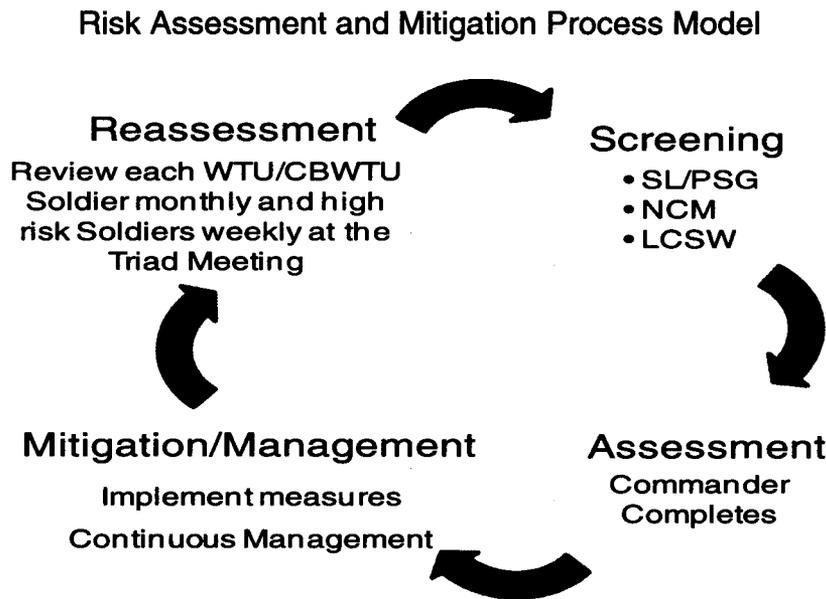
- a. Reduce high-risk outcomes which may result in harm to Soldiers and others.
- b. Direct risk assessment and reassessments of all Soldiers.
- c. Outline mitigating actions for Soldiers assessed as high risk.

3. Proponent: The proponent for this policy is the Warrior Transition Command (WTC), G-3/5/7, Plans, Policy, and Procedures (P3) Branch.

4. Background: Risk is defined as the probability of harm or injury. Identification of Soldier risk level must be done with deliberate scrutiny. Commanders will use the expertise of subject matter experts at all levels and available tools and resources to identify and manage high risk Soldiers. The criterion used for determination of risk for Soldiers is based on input from experts represented by MEDCOM behavioral health staff, U.S. Army Public Health Command, and Department of Defense (DoD) Risk Management Task Force.

5. Policy:

a. Identification of risk level and management for Soldiers is a collaborative process among the commander, Triad of Care and WTU/CBWTU Licensed Clinical Social Worker (LCSW) and is based on four critical components: screening, assessment, management/mitigation and reassessment as depicted in figure 1 (below).



*Figure 1*

b. The SL/PSG, NCM, and LCSW will initiate risk assessments utilizing AWCTS within 24 hours of the Soldier's arrival. If a non-WTU BH provider initiates the risk assessment, the risk level will be annotated in the Armed Forces Health Longitudinal Technology Application (AHLTA) and communicated with the Triad of Care. The PCM or designated provider will then, take account of all medical considerations and enter the assessment into AHLTA.

c. There is no specific order to completing the risk assessments; the company commander has the option to determine the Soldier's risk prior to completion of each risk assessment screening.

d. The overall commander assessment is based on the review of the compiled screening tools. Following this review, the commander completes the commander assessment in the AWCTS risk module (Enclosure 5), makes the final determination of risk level and establishes a mitigation plan if indicated. The AWCTS automatically emails the Soldier's Triad of Care the mitigation plan.

#### 6. Management and Mitigation:

a. The commander should select risk mitigation actions specific to the level of risk and presence of specific risk factors (see Mitigation Matrix, Enclosure 6). Completed commander assessments are maintained within the AWCTS risk module and viewable to specific cadre members. The AWCTS risk module pre-populates the mitigation plan for all Soldiers evaluated as high risk with the following mitigation actions:

**MCWT-OPT-P**

**SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

(1) Mission command's contact with Soldier two times per day, seven days per week.

(2) Medication reconciliation at least weekly and each time there is a change in medication regimen.

(3) Refer to PCM for enrollment in the Sole Provider Program (SPP), reference 1k.

(4) Issue a no alcohol order.

(5) Roommate/non-medical attendant/family member as Soldier battle buddy.

(6) Require battle buddy to travel off post (sign in/out with Staff Duty NCO).

(7) Refer to chaplain.

(8) Initiate safety counseling.

(9) Consider behavioral health referral for evaluation and follow-up.

b. Additional mitigation actions that the commander deems necessary can be added to the risk mitigation plan.

c. All Soldiers assessed by any member of the cadre as being at risk for suicidal or homicidal ideations should be escorted to the Emergency Department.

**7. Reassessment:**

a. Soldiers will be reassessed monthly during Triad meetings. High risk Soldiers will be reassessed weekly during Triad meetings. Soldier experiencing or exhibiting any of the following risk indicators will be reassessed immediately:

(1) Broken relationship.

(2) Acute or worsening behavioral changes.

(3) Behavior such as DUI, positive urinalysis screening or AWOL.

(4) Pending UCMJ action.

(5) Death of a key person in Soldier's life.

(6) Greater level of isolative behavior or social withdrawal.

MCWT-OPT-P

SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy

- (7) Change in behavior such as breaking rules, acting out in small ways, etc.
- (8) Receiving upsetting news (financial, children in trouble, etc.).
- (9) Learning of significant combat attack on Soldier's unit.
- (10) Transition events/milestones (MEB/PEB results, pending separation etc.)
- (11) Any other occurrence local command deems appropriate.

b. The WTU/CBWTU Commander will institute a battle drill (Enclosure 1) when there is a change in risk indicators. When a change in risk assessment is identified, the interdisciplinary team will initiate a new risk assessment in AWCTS. Once the drill is complete, the WTU/CBWTU Commander will ensure the new risk level and/or mitigation plan is disseminated to the Triad of Care, LCSW, and chaplain per above policy and timelines.

c. Ongoing BH risk assessment and care management is a standard of Soldier care. WTU/CBWTU Commanders will be notified of the BH risk assessments and comprehensive assessments to ensure informed decisions are made regarding risk mitigation.

#### 8. Responsibilities:

a. WTC as the proponent will share feedback and best practices with Regional Medical Commands (RMCs).

b. RMCs will monitor policy execution and track risk levels and appropriate mitigation plans across their commands.

c. Military Treatment Facility (MTF) Commanders will:

- (1) Implement the risk assessment and mitigation policy.
- (2) Follow Office of the Surgeon General guidance and directives for high-risk medication management and education, and implement procedures for enrolling high risk Soldiers into a Sole Provider Program (SPP).
- (3) Ensure Pharmacists provide training to Soldiers and Cadre on medication reconciliation. Training should focus on group and individual level and should specifically address the dangers associated with polypharmacy, narcotics, and the use of alcohol.

**MCWT-OPT-P**

**SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

(4) Execute actions recommended in references 1b & 1c.

d. WTU/CBWTU Commanders will:

(1) Ensure compliance with the risk assessment and mitigation policy.

(2) Complete Soldiers' risk assessments and mitigation plans within 24 hours of attachment or assignment to the WTU/CBWTU, and ensure WTU/CBWTU Staff maintain a current risk assessment and mitigation plan based on Soldiers' reassessments.

(3) Designate the Soldier's risk level as Low (Green), Moderate Low (Amber), Moderate (Red), High (black) (BH risk assessment of Severe/high (Black) is equivalent to commander's risk level of High (black)). In the event where risk assessments differ between the Triad of Care and/or LCSW risk assessments, select the higher risk level

(4) Determine the overall risk designation based on the assessments of the designated WTU/CBWTU staff and identify an appropriate mitigation plan.

(5) Following the overall risk designation, counsel each Soldier on the risk mitigation plan and validate the Soldier's understanding by documenting the counseling in the AWCTS case log.

(6) Ensure compliance with chain of command safety programs (MTF and MEDCOM).

(7) Ensure Platoon sergeants (PSGs) and squad leaders (SLs) and other cadre are trained in Basic Life Support (BLS) and Automatic External Defibrillation (AED) training and are provided pocket masks and gloves.

(8) Ensure units report all attempted suicides, medication overdoses, and all situations that in their judgment merit command attention in accordance with (IAW) reference 1I.

(9) Provide training to cadre, Soldiers and Families on the roles, responsibilities, programs and services available to support Soldier and family wellness.

(10) Develop unit battle drills to provide action steps for personnel to respond quickly and appropriately to potential or actual risk events. Battle drills will include plans for expediting assistance for Soldiers with behavioral difficulties commonly associated with suicide or accidental death. A sample battle drill is at (Enclosure 1).

**MCWT-OPT-P**

**SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

(11) Provide ongoing risk assessment and ensure annual suicide education to Cadre, Soldiers and their Families. Track and manage mandatory suicide prevention training of individual Soldiers IAW AR 350-1, Army Training and Leader Development.

(12) Ensure that security procedures regarding Privately Owned Weapons (POWs) on Army Installations are current, based on AR 190-11, Physical Security of Arms, Ammunition, and Explosives, and HQDA physical security directives. In addition, commanders:

(a) Counsel and encourage moderate and high risk Soldiers who reside off the installation to disclose possession of POWs and to store their weapons in the unit's arms room.

(b) Seek legal advice from the Installation Staff Judge Advocate on appropriate legal actions that can be taken in cases involving moderate or high risk Soldiers refusing to relinquish possession of POWs.

(c) Ensure SLs and the key interdisciplinary team members discuss with Soldiers' spouses/Family members about possession of POWs in the home and encourage them to store their owned weapons in the unit's arms room.

(13) Ensure deployed Soldiers who are assigned or attached to the WTU/CBWTU have on file a current Post Deployment Health Assessment (PDHA) (DD Form 2796) within 30 days of redeployment IAW reference 1a. Soldiers assigned/attached to the WTU/CBWTU without a completed DD Form 2796, and whose redeployment exceeds 30 days must complete one within five days of their assignment/attachment to the WTU/CBWTU. Additionally, the deployed Soldier assigned or attached to the WTU/CBWTU will receive a mandatory Post Deployment Health Re-Assessment (PDHRA) (DD Form 2900) within 90 to 180 days of redeployment IAW HQDA, Deputy Chief of Staff, G-1 memorandum, dated 06 May 2010 (reference 1h). The completed PDHRA will also be filed in the Soldier's medical records and Medical Protection System (MEDPROS).

(14) Designate the WTU barracks, to include rooms and indoor/outdoor common areas, an alcohol free zone. Ensure Soldiers are counseled in writing on their understanding of the alcohol free zone policy and that violations of the policy are subject to UCMJ actions. If it is determined by the Primary Care Manager (PCM) that consumption of alcohol poses an unacceptable risk to the Soldier, a no alcohol order will be initiated and reviewed as needed.

MCWT-OPT-P

**SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy**

(15) Implement written counseling to the Soldiers requiring disclosure to the PCM and NCM of all prescription medications to include prescription and over-the-counter (OTC) medications, dietary supplements and herbal products and restriction of medications to those prescribed by military authority (MTF and/or TRICARE network providers).

(16) Develop a medication review process which begins with the Soldier's attachment or assignment to the WTU/CBWTU. Ensure compliance with reference 1k. (above) and local MTF policy on medication reconciliation and documentation standards regarding the Warriors in Transition High-Risk Medication Review and SPP. For high risk Soldiers and for Soldiers in the SPP, Medication review will occur at least weekly and each time there is a change in medication regimen. Clinical Pharmacy should be involved in medication reviews.

(a) In coordination with the PCM and MTF Commander, restrict the refill of all prescribed medications and renewal of schedule II drugs (both MTF and TRICARE retail network) to the MTF pharmacy unless in an emergency situation or if the WTU/CBWTU is not located in an area with a MTF pharmacy. Commanders will share a list of Soldiers with supporting MTF Emergency Departments (ED) to facilitate identification of their Soldiers and prevent issuance of medications without PCM and Nurse Case Manager (NCM) knowledge. MTF Commanders will ask the local civilian EDs that may see Soldiers to contact a specific POC at the MTF if any military personnel present themselves to their ED to ensure proper coordination of care and treatment. Designating a single POC will ensure all Health Insurance Portability and Accountability Act (HIPAA) requirements are followed.

(b) In coordination with the PCM, implement a comprehensive discharge plan between the interdisciplinary inpatient staff and the WTU/CBWTU interdisciplinary team which includes assessment of Soldier's risk and a plan to mitigate and address risk. All Soldiers will be given a warm hand off between inpatient interdisciplinary team and WTU/CBWTU Triad of Care. To the extent possible, Soldiers should not be released immediately prior to a weekend, to include holidays.

(c) Ensure Soldiers and their spouse/Family member receive education and training to address the dangers associated with poly-pharmacy, narcotics and the mixing of alcohol with any medications.

(17) Ensure Soldiers are informed of any adverse actions in the morning to permit adequate follow up time by staff to deal with adverse reaction. When possible, adverse actions should not occur on a Friday and never before a long weekend. Inform all members of the Triad of Care, the LCSW, and chaplain when any adverse action is

MCWT-OPT-P

SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy

initiated on Soldiers to ensure risk level is reassessed and the mitigation plan is updated if necessary. Soldiers who have an adverse action initiated will be referred and escorted to either the LCSW and/or chaplain the day of the adverse action for a clinical reassessment.

(18) Ensure all Soldiers considered for transfer to WTU/CBWTU have a risk assessment and mitigation plan completed prior to transfer. Soldiers designated as high risk are not eligible for CBWTU transfer. For CBWTU Soldiers who become high risk, the CBWTU Commander will assess the unit's and community's capabilities/availability for care for the Soldier to remain in the CBWTU. In cases where those needs cannot be met, the commander will coordinate a transfer to the WTU.

(19) Utilize the BH risk assessment of the WTU/CBWTU LCSW, on-call and BH providers to support risk management/mitigation plans.

(20) Ensure Soldiers are evaluated for CER activities IAW reference 11.

e. Platoon Sergeant /Squad Leader will:

(1) Assess Soldier's basic needs and risk assessment within 24 hours of the Soldier's arrival.

(2) Implement increased risk mitigation plans for Soldiers based on acute changes in the Soldier risk indicators as described in paragraph 7 and/or upon the request of any member of the Triad of Care and/or WTU/CBWTU LCSW.

(3) Work with the WTU/CBWTU finance NCO to review Soldier's pay to determine if there are any indicators of financial issues to corroborate SL, NCM and/or LCSW risk assessment.

(4) Notify the company commander within one hour of any increase to high risk or an initial assessment of high risk.

f. The PCM will:

(1) Inform the WTU/CBWTU Commander and the interdisciplinary team of Soldiers' medical risk assessments at or before the next weekly Triad meetings. The subjective risk assessment is based on each Soldier's cognitive impairment, behavioral health history, medication regimen, history of substance abuse, compliance with treatment, etc.

(2) Review the 24 hour risk assessment in AHLTA and complete a one-hour PCM appointment NLT five days after arrival.

MCWT-OPT-P

SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit (WTU/CBWTU) Risk Assessment and Mitigation Policy

(3) Ensure medical, BH, and rehabilitation plans are in synergy and are consistent with risk mitigation.

(4) In coordination with LCSW and BH providers, ensure BH assessment and safety/treatment plans are in place for Soldiers.

(5) Ensure the above plans are understood and agreed upon by the Triad of Care and appropriate members of the interdisciplinary team.

(6) Where clinically appropriate, initiate entry of high-risk Soldiers into the Sole Provider Program.

g. The NCM will:

(1) Initiate a risk assessment and a medication review within 24 hours of assignment or attachment.

(2) Document the risk level in AHLTA.

(3) Inform the WTU/CBWTU Company Commander within one hour of any high risk determination.

(4) Include Family and social support assessment during in-processing and during weekly NCM contacts in order to determine potential broken relationships.

(5) Annotate this discussion in AHLTA and educate Families regarding risk mitigation measures when developing the plan of care.

h. The WTU/CBWTU Licensed Clinical Social Worker (LCSW) will:

(1) Conduct the preliminary BH needs and risk assessment during duty hours and as assigned on-call within 24 hours of attachment/assignment of the Soldier to the WTU/CBWTU and complete the assessment within five days.

(2) At locations where the Soldier arrives during non-duty hours and/or WTU/CBWTU LCSW on-call support is limited, the on-call provider designated to cover BH will meet with the Soldier to conduct the preliminary BH needs and risk assessment.

(3) In coordination with the Triad of Care, conduct the comprehensive BH assessment, ongoing BH risk assessment, care management, and support to the Family/caregivers regarding behavioral healthcare. The WTU/CBWTU Commander is the final decision authority in risk determination and mitigation.

MCWT-OPT-P

SUBJECT: Warrior Transition Unit/Community-Based Warrior Transition Unit  
(WTU/CBWTU) Risk Assessment and Mitigation Policy

(4) Complete the risk assessment in AWCTS and document the corresponding risk level in AHLTA.

(5) Inform the company commander within one hour of any of high risk determinations.

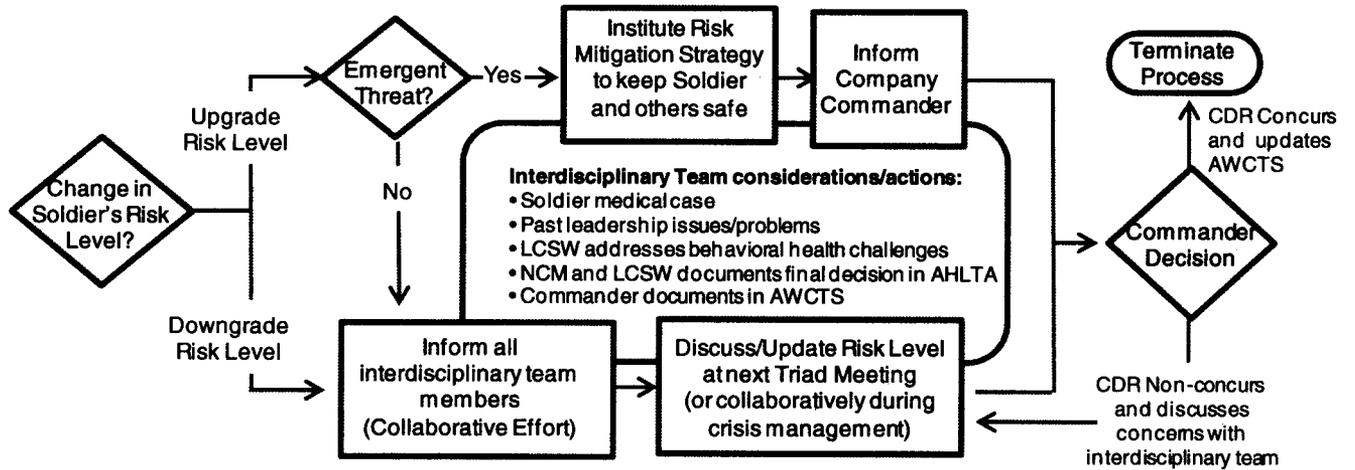


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Assistant Surgeon General  
for Warrior Care and Transition  
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6 Encls

1. Sample Battle Drill
2. SW Risk Assessment
3. NCM Risk Assessment
4. SL Risk Assessment
5. Commander Assessment  
and Mitigation Plan
6. Mitigation Matrix

## Example WTU/CBWTU Battle Drill Change in Soldier Risk Level



# WTU LCSW Risk Assessment

## Screen Capture from AWCTS CTP risk assessment module

Please assign a score for each risk factor

<b>? * F1 - Behavioral / Mental Health (Self-Harm/Suicide):</b>	<input type="text" value="--Select One--"/>
<b>? * F2 - Mental Status:</b>	<input type="text" value="--Select One--"/>
<b>? * F3 - Anxiety and Post-Traumatic Stress Disorder:</b>	<input type="text" value="--Select One--"/>
<b>? * F4 - Anger/Agression including Domestic Violence:</b>	<input type="text" value="--Select One--"/>
<b>? * F5 - Substance Use:</b>	<input type="text" value="--Select One--"/>
<b>? * F6 - Psychosocial History / Relationships:</b>	<input type="text" value="--Select One--"/>
<b>? * F7 - Environment / Support System:</b>	<input type="text" value="--Select One--"/>
<b>? * F8 - Health History and Traumatic Brain Injury:</b>	<input type="text" value="--Select One--"/>
<b>* OVERALL ESTIMATED RISK LEVEL:</b>	<input type="text" value="--Select One--"/>
<b>* Estimate determined by:</b>	<input type="checkbox"/> Direct Questions <input type="checkbox"/> BHI-PHA <input type="checkbox"/> PBH-TERM <input type="checkbox"/> Other

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# WTU NCM Risk Assessment

## Screen Capture from AWCTS CTP risk assessment module

Please assign a score for each risk factor

- \* Failure to progress with medical treatment plans:  Yes=17, No=0
- \* Family challenges (divorce, adoption, marriage, recent birth, conflict, serious illness or death):  0 - Lowest, 3 Highest
- \* History of mental health problems that have warranted an admission or intensive outpatient therapy treatment:  0 - Lowest, 3 Highest
- \* History of illegal drug use:  0 - Lowest, 3 Highest
- \* History of ASAP failure:  0 - Lowest, 3 Highest
- \* History of drug seeking behavior:  0 - Lowest, 3 Highest
- \* History of domestic violence/neglect:  0 - Lowest, 3 Highest
- \* Social isolation/withdrawal:  0 - Lowest, 4 Highest
- \* History of suicidal/homicidal thoughts:  0 - Lowest, 4 Highest
- \* Family/friend history of suicide/homicide:  0 - Lowest, 4 Highest
- \* History of suicidal/homicidal attempt:  0 - Lowest, 5 Highest
- \* Tragic experience that the Soldier could answer yes to one or more of the following: Nightmares about event or thought about event when they did not want to; constantly on guard, or startled, numb or detached from others:  0 - Lowest, 6 Highest
- \* Released from in-patient or partial stay psychiatric unit last 2 weeks:  Yes=17, No=0
- \* Designated High Risk by ASAP:  Yes=17, No=0
- \* History of suicidal/homicidal attempt last 6 months:  Yes=17, No=0
- \* Domestic violence/neglect last 3 months:  Yes=17, No=0

Enclosure 3

## WTU SL Risk Assessment

### Screen Capture from AWCTS CTP risk assessment module

Please assign a score for each risk factor

- \* Age 25 or under: Select One... 17-21 = 2, 21-25 = 1, >25 = 0
- ? \* Multiple combat or imminent danger deployments: Select One... 0 - Lowest, 2 - Highest
- ? \* Exposed to combat last 180 days: Select One... 0 - Lowest, 2 - Highest
- ? \* Legal Issues (History of AWOL, UCMJ): Select One... 0 - Lowest, 3 - Highest
- ? \* History of non-compliance with Warrior Transition program (fails to meet with SL, CM, PCM, specialty care provider): Select One... 0 - Lowest, 3 - Highest
- ? \* Social isolation/withdrawal (difficulty making friends, bad influences, friend's death): Select One... 0 - Lowest, 3 - Highest
- ? \* Financial Issues: Select One... 0 - Lowest, 4 - Highest
- ? \* Alcohol or drug abuse resulting in: missed appointment or duty; under influence during duty or appointment; referred to community mental health for alcohol or drugs; illegal drug use, alcohol violation: Select One... 0 - Lowest, 4 - Highest
- ? \* Experienced two or more at fault accidents (MVA): Select One... 0 - Lowest, 4 - Highest
- ? \* Counseled for poor performance within last 90 days: Select One... 0 - Lowest, 4 - Highest
- ? \* Physical or verbal confrontation 2 or more times in last 90 days: Select One... 0 - Lowest, 7 - Highest
- ? \* Expressed or displayed any acts of self-harm: Select One... 0 - Lowest, 10 - Highest
- \* Domestic violence/neglect last 3 months: Select One... Yes=17, No=0
- \* History of Suicidal/homicidal attempt last 6 months: Select One... Yes=17, No=0
- \* Designated High Risk by ASAP: Select One... Yes=17, No=0

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## WTU Commander Risk Assessment and Mitigation Screen Capture from AWCTS CTP risk assessment module

Please review the NCM, PSG/SL and SW assessment to determine the overall risk level of the Soldier and corresponding management/mitigating actions

Assessment	Risk Score	Risk Designation	Assessment By	Assessment Date	Comments
PSG/SL Assessor	0	●		18 May 2012	No issues at this time
NCM Assessment	6	●		18 May 2012	Mild risk factors
SW Assessment		●		18 May 2012	Several concerning observations of BH risk

### Commander's Assessment

\* Overall Risk Designation:

\* Risk Mitigation Plan  C2 contact to 2 times a day / 7 days per week  
Check all actions to be part of the plan:

- Medication reconciliation at least weekly and each time there is a change in medication regimen
- Refer to PCM for Sole Provider Program and restrict refill amounts of medication to 7 days or less
- Contract for safety
- Roommate / NMA / family member
- Issue No Alcohol Order
- Require Battle Buddy to travel off post (sign in/out with SDNCO)
- Refer to chaplain
- Initiate safety counselling
- Refer to Behavioral Health for evaluation and follow-up
- Refer to ER for Suicidal Ideation or Homicidal Ideation
- Provide 1.1 escort
- Increase CM Contact
- NMA / family escort
- Refer to Family advocacy / martial counselling
- Move on post/move into Barracks / Return to WTU from CCBWTU
- Initiate Multidisciplinary meeting with Soldier
- Include Soldier's Family / Significant Other in plan
- Refer to PCM for evaluation
- Refer to ASAP

Additional Plan Actions:

## Risk Mitigation Matrix

Mitigation Action	LOW	Mod Low	Mod	HIGH
Command and control (C2) contact with WT two times per day, seven days per week.				X
Medication reconciliation at least weekly and each time there is a change in medication regimen.				X
Refer to primary Care Manager (PCM) for enrollment in the Army's Sole Provider Program (SPP) and restrict refill amounts of medications to seven days or less.				X
Contract for safety.				X
Roommate/non-medical attendant (NMA)/family member as WT battle buddy per DAIM-ZA Policy Memo dated October 14, 2009.				X
Issue a no alcohol order.	When the PCM determines consumption of alcohol poses an unacceptable risk to the Soldier due to a medical condition and/or medication regimen, a no alcohol order will be annotated on the DA 3349. Commanders will ensure the Soldier is counseled in writing acknowledging they are prohibited from consuming alcohol.			X
Require battle buddy to travel off post (sign in/out with SDNCO).				X
Refer to Chaplain.	Refer for any risk when presence of risk factors such as family issues, poor performance, etc.			X
Initiate safety counseling.	X	X	X	X
Refer to behavioral health for evaluation and follow-up.	Refer for sudden, unusual or unexplained change in behavior.			X
Refer to ER for suicidal ideation or homicidal ideation.	Refer WITH 1:1 escort for any suicidal or homicidal ideations.			
Refer to WTU/CBWTU social worker (SW) for weekly f/u Risk Assessments and for appropriate Behavioral Health referral for evaluation and follow-up.	Refer for sudden, unusual or unexplained change in behavior.			
Provide 1:1 escort.	Can be done at ANY risk level if indicated.			
Increase case manager (CM) Contact.	Can be done at ANY risk level if indicated.			
Refer to SW for marital counseling referral.	Can be done at ANY risk level if indicated.			
Refer to Family Advocacy Program.	Can be done at ANY risk level if indicated.			
Evaluate to determine if Soldier requires moving onto post/move into Barracks/Return to WTU from CBWTU to separate from risk stressors or closer monitoring.	Can be done at ANY risk level if indicated.			
Initiate multidisciplinary meeting with Soldier.	X	X	X	X
Include WT's family/significant other in plan (HIPPA Precautions).	X	X	X	X
Refer to PCM for evaluation.	Can be done at ANY risk level if indicated.			
Refer to ASAP.	IAW AR and/or recommendation of commander at any level.			

Enclosure 6