



DEPARTMENT OF THE ARMY  
U.S. ARMY MANEUVER SUPPORT CENTER OF EXCELLENCE  
14000 MSCOE LOOP, SUITE 316  
FORT LEONARD WOOD, MISSOURI 65473-8300

ATZT-CG

21 APR 2017

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy 24, Suicide Response Team

1. References:

- a. AR 600-63 (Army Health Promotion), 14 April 2015.
- b. DA Pam 600-24 (Health Promotion, Risk Reduction, and Suicide Prevention), 14 April 2015.

2. General.

a. Fort Leonard Wood will establish a Suicide Response Team (SRT) in accordance with AR 600-63 and DA Pam 600-24 to support commanders in the assessment, action disposition, and coordination of interagency and inter-staff resources. At command discretion, the SRT will coordinate with any organic behavioral health (BH) and chaplaincy assets within 24 hours of an attempted or completed suicide.

b. Applicability. This policy applies to all Service members permanently or temporarily assigned to, attached to, or otherwise present on Fort Leonard Wood, Missouri.

3. Policy and Procedures.

a. SRT Responsibilities.

(1) Coordinates postvention unit-level potentially traumatic event (PTE) interventions with organic and identified response team assets.

(2) Collects and coordinates the dissemination of Service member specific information to the commander to assist in leader after action reviews/information sharing with the command units.

(3) Develops SRT training standards for team members to facilitate timely, compassionate, and competent best practice PTE intervention(s).

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(4) Provides immediate consultation and guidance to commanders to assess and respond to diverse Service members' reactions to the PTE.

(5) Provides command consultations to address the Service member's and Family member's needs associated with a PTE.

(6) Facilitates command responses to reduce the potential of a "contagion" effect of a PTE within the command environment.

(7) Reports training and after action assessment to the Suicide Prevention Task Force (SPTF) and the Community Health Promotion Council (CHPC).

b. Membership.

- Director of Psychological Health (USA MEDDAC) – SRT Coordinator.
- Chief, Psychiatry Service (USA MEDDAC).
- Battalion or Separate Company Commander.
- Representative, Battalion/Headquarters Chaplain.
- Representative, G-1.
- Representative, Staff Judge Advocate (SJA).
- Representative, Provost Marshal.
- Representative, Army Substance Abuse Program (ASAP).
- Representative, Army Community Services (ACS).
- Representative, Casualty Affairs Office.
- Representative, Public Affairs Office (PAO).
- Other representatives as appropriate.

c. Responsibilities.

(1) Members of the SRT will perform duties and responsibilities as delineated in AR 600-63, paragraph 4-11, and DA Pam 600-24, paragraph 2-15.

(2) Commanders and organic chaplaincy will report all attempted and completed suicides within 24 hours to the embedded BH asset assigned to each brigade to discuss command/chaplain request for SRT assistance.

(3) Embedded BH assets will contact the SRT Coordinator to execute the requested SRT response.


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d. In the absence of an embedded BH asset, commanders and organic chaplaincy will contact the Medical Treatment Facility (MTF) Behavioral Health Department during duty hours (573) 596-0522 or if after duty hours, the on-call BH provider through the General Leonard Wood Army Community Hospital (GLWACH) Emergency Room (ER) (573) 596-0456 to activate the SRT PTE coordination.

4. SUPERSESSION. This policy is in effect until superseded or rescinded.

5. Proponent. The proponent for this policy is the Director of Psychological Health, GLWACH, at (573) 596-0522.



KENT D. SAVRE  
Major General, USA  
Commanding

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