



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U. S. ARMY GARRISON FORT MEADE
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FORT GEORGE G. MEADE, MARYLAND 20755-5000

DEC 14 2022

AMIM-MEH-S (RN 600-63a)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort George G. Meade FY 2023 Policy Memorandum #14, Suicide Response Team Reporting Procedures

1. References.

a. Department of Defense Instruction (DoDI), 6400.09, Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Acts, 11 September 2020.

b. DoDI, 6490.16, Defense Suicide Prevention Program, 11 September 2020.

c. AR 600-20, Army Command Policy, 24 July 2020.

d. Army Regulation 600-63, Army Health Promotion, 14 April 2015.

e. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, dated 14 April 2015.

f. Suicide Prevention Army G-1: <https://www.armyresilience.army.mil/suicide>.

2. Purpose. This policy provides the protocol, procedures, and responsibilities for activating the Fort George G. Meade Suicide Response Team (SRT). The SRT is to support the command and installation in the wake of a known or suspected suicide. This memorandum is intended to provide internal guidance to offer additional support to unit commanders, ensuring that the proper guidelines are followed for local media coverage, and monitoring completion and submission of appropriate reports. The SRT will never assume tactical control of suicide response activities for a unit with organic Behavioral Health or chaplaincy assets.

3. Applicability. This policy pertains to all Fort George G. Meade personnel.

4. Policy. The SRT's function is to advise and assist the commander in assessing the situation and determining appropriate course of action by bringing together relevant stakeholders. It does not have an investigating mission. Team interventions will include taking the actions necessary to provide for the immediate welfare of affected community members.

AMIM-MEH-S (RN 600-63a)

SUBJECT: Fort George G. Meade FY 2023 Policy Memorandum #14, Suicide Response Team Reporting Procedures

5. Procedures. The SRT will convene at the discretion of the unit commander within 48 hours of an attempted or completed suicide. The SRT members will attend the meetings when requested by the SRT coordinator to provide advice and assistance within their areas of administrative or professional expertise.

6. Core Membership. The SRT should be composed of the following:

- a. The Command Surgeon for the MSC/BDE/BN.
- b. Kimbrough Ambulatory Care Center (KACC) Installation Director of Psychological Health (IDPH) or representative.
- c. Battalion or separate company commander.
- d. Chaplain or representative.
- e. Assistant Chief of Staff, G-1 or representative.
- f. Staff Judge Advocate representative.
- g. Directorate, Emergency Services representative.
- h. Suicide Prevention Program Manager.
- i. Director, Army Community Service.

7. Responsibilities. The SRT acts as a working group for targeting high-risk behaviors in the unit.

a. The IDPH serves as the principle point of contact with medical treatment facilities and a member of the SRT.

(1) Advises leaders on self and command directed referrals of military personnel who may be at increased risk for suicide.

(2) Advises leaders on treatment resources for military dependents and civilians.

AMIM-MEH-S (RN 600-63a)

SUBJECT: Fort George G. Meade FY 2023 Policy Memorandum #14, Suicide Response Team Reporting Procedures

b. Army Substance Abuse Program (ASAP) Suicide Prevention Program Manager (SPPM) or ASAP representative.

(1) Provides suicide prevention training to affected unit as needed.

(2) Assists Command Teams with post-vention efforts, to include focus groups and allocating resources, as needed.

c. Battalion or separate company commander or representative.

(1) Meets with the SRT to identify specific unit needs.

(2) Provides feedback to the SRT on completion of required reports.

(3) Updates SRT regarding ongoing needs for support services.

d. Garrison or unit Chaplain or representative. Advises SRT on available chaplain resources for the affected unit and community.

e. Director of Human Resources (DHR) or representative. Be available during a suicide crisis when requested by the IDPH or representative.

f. Staff Judge Advocate (SJA) or representative. Provides advice and assistance to the SRT within their areas of administrative or professional expertise on matters pertaining to suicide risks or attempts.

g. Director of Emergency Services (DES) or representative.

(1) Ensures procedures are established for immediate notification of the operations center, the SRT Coordinator, and the appropriate commander during instances when suicides are imminent or have occurred.

(2) Coordinates directly with medical treatment facilities in crisis situations (emergency rooms) as appropriate or necessary.

(3) Provides for immediate protection and well-being of Fort Meade Community members at high risk for suicide until unit or medical personnel are on the scene.

AMIM-MEH-S (RN 600-63a)
SUBJECT: Fort George G. Meade FY 2023 Policy Memorandum #14, Suicide
Response Team Reporting Procedures

h. Army Community Services (ACS) Director or representative. Provides advice and assistance to the SRT within their areas of administrative or professional expertise on matters pertaining to suicide risks or attempts.

8. Point of contact for this memorandum is the Director, Human Resources, C. Wes Smith, Charles.w.smith89.civ@army.mil, (301) 677-7225.



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