



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

AMIM-LDH-S (15-1a1)

27 JUL 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Revised Memorandum of Instruction (MOI), Unit Support and Assessment Team for Casualty Responses

1. References:

- a. AR 600-63, Army Health Promotion.
- b. AR 638-2, Army Mortuary Affairs Program.
- c. AR 638-8, Army Casualty Program.
- d. DA Pam 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.

2. Purpose.

a. Fort Leonard Wood will establish a Unit Support and Assessment Team (USAT) to support commanders immediately following the loss of a Soldier or Civilian employee. The USAT will provide interagency and inter-staff support to the affected command, unit, and co-workers. The USAT is not a replacement for traditional Casualty Assistance Center (CAC) or the Installation Operations Center (IOC) efforts after the death of an individual. It is designed as a complementary effort, employed to provide critical care in support of the affected unit. The USAT will also assist the unit and respective investigation officers to discover and assess all aspects of the unit and to assist in the after action review of the demographic, environmental, and administrative facts surrounding the death.

b. In the event of a death, units/DHA will notify the IOC and the CAC. The IOC will alert the MSCoE Chief of Staff (COS), Assistant Chief of Staff (ACOS), and the Executive Officer (XO) to the Commanding General. MSCoE HQ leadership will notify Behavioral Health, the Garrison (Installation) Chaplain, and Army Substance Abuse Manager to alert the USAT. The USAT will rally in support of the affected unit within 24 hours of any casualty. If it is believed to be a suicide, the Army Substance Abuse Program (ASAP) becomes the lead component with the Suicide Prevention Program Manager (SPPM) facilitating the suicide response team and after action review. If it is believed to be a training accident, the Installation Safety Officer will respond and facilitate the Fatality After Action Review (FAAR).

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c. Applicability. The USAT is meant as a response cell in support of the leaders, peers, cadre, and co-workers; therefore, this policy applies to all units stationed on Fort Leonard Wood.

d. The USAT will respond in support of the death of a Service member or Civilian employee.

3. Policy and Procedures.

a. The USAT will be led by a representative from the Chief of Staff Office. Daily USAT coordination will be executed by either the Safety Office or the SPPM in partnership with the Garrison Chaplain. Within 48 hours, hosts initial meeting with chain of command, Safety, SPPM and command group representatives to discuss milestones, requirements, and the way ahead.

b. Behavioral Health.

(1) Provides immediate consultation and guidance to commanders to assess and respond to the needs of all Service members affected by the casualty and potentially traumatic event (PTE).

(2) Coordinates postvention unit-level PTE intervention with organic and identified response team assets.

(3) Provides immediate consultation and guidance to commanders to assess and respond to diverse Service members' reaction to the casualty.

c. Chaplain.

(1) Provides immediate consultation and guidance to commanders to assess and respond to the needs of all Service members affected by the casualty and PTE.

(2) Coordinates postvention unit-level PTE intervention with organic and identified response team assets.

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

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(4) Prepared to provide support and assistance with unit memorials and follow on support to the Soldiers and Families affected by the PTE.

d. Casualty Assistance Center (CAC).

(1) Initiates casualty reporting, notification, casualty assistance, deceased personnel care, disposition of remains and personal effects, and memorial affairs. Upon completion of notification of last Next of Kin (NOK) provide SITREP to FLW chain of command.

(2) Provides immediate consultation and guidance to commanders; focus is administrative confirmation of casualty, reporting casualty to the Casualty and Mortuary Affairs Operations Division (CMOAD), NOK notification, appointment of a Casualty Assistance Officer (CAO) and a Summary Court Martial Officer (SCMO). Deceased personnel care, to include disposition of remains, personal effects, and memorial affairs.

e. Safety (if deemed an accident).

(1) Reports incident to U.S. Army Combat Readiness Center (USACRC); synch facts with law enforcement leadership and unit prior to submission.

(2) Provides immediate consultation and guidance to commanders to assess and respond to the needs of all Service members affected by the casualty and PTE.

(3) In order to assist with the FAAR; ICW the affected unit, reports after action assessment to the MSCoE Chief of Staff/Commanding General, and the Commander's Ready and Resilient Council (CR2C).

f. Army Substance Abuse Program (ASAP) (if suspected suicide).

(1) Suicide Prevention Program Manager (SPPM) will inform the Suicide Response Team (SRT) to collect and coordinate the dissemination of Service member specific information to the commander to assist in leader after action reviews and information sharing with the command unit.

(2) Develops SRT Training standards for team members to facilitate timely, compassionate, and competent best practices intervention(s).

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

(4) In order to assist with the FAAR; ICW the affected unit, reports after action assessment to the MSCoE Chief of Staff/Commanding General, and the Commander's Ready and Resilient Council (CR2C).

(5) Reports training and after action assessment to the Suicide Prevention Task Force (SPTF) and the Commander's Ready and Resilient Council (CR2C).

g. USAT Membership includes representatives from the following organizations.

- (1) Director of Psychological Health (DHA, FLW).
- (2) Chief, Psychiatry Service (DHA, FLW).
- (3) BDE DCO, Battalion XO, and Separate Company Commander.
- (4) Representative, Command Group and USAG, FLW.
- (5) Representative, Battalion/Headquarters Chaplain.
- (6) Representative, G-1/DHR.
- (7) Representative, Staff Judge Advocate (SJA).
- (8) Representative, Provost Marshal and/or CID.
- (9) Representative, Army Substance Abuse Program (ASAP).
- (10) Representative, Army Community Service (ACS).
- (11) Representative, Casualty Assistance Center (CAC).
- (12) Representative, Public Affairs Office (PAO).
- (13) Representative, MSCoE Safety Office (MSO).

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(14) Other representatives as appropriate.

h. Responsibilities.

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

(2) USAT Coordinator from Chief of Staff office will contact the USAT members to execute the requested response; identify initial date, time group and location to meet with the affect unit as well as the first meeting with CAO.

(3) In the event of a death off post, while a Soldier is on leave, or away for training, notification should run through the chain of command and the IOC. If the death is a result of combat operations, notification should come through CAO and IOC. Ultimately, USAT notification with resides with the Chief of Staff office and based on the needs of the affected unit.

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

5. Proponent. The proponent for this instruction is the ASAP Manager at (573) 596-0938.

Encl
Annex A



MARK E. GLASPELL
Colonel, GS
Chief of Staff

DISTRIBUTION:

All Schools, Brigades, Battalions,
Companies, Detachments, Tenant Units,
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ANNEX A

1. Purpose: To provide instruction on the process for utilization of the Suicide Response Team (SRT) upon the occurrence of a suspected suicide.

a. Fort Leonard Wood will convene a SRT within 48 hours of a suspected suicide to establish a way ahead.

b. The following actions must occur within 72 hours of the suspected suicide:

(1) The MTF will provide PHA, PDHA/PDHRA, profile/duty limitations, MEB, IDES, Polypharmacy-PTDS.

(2) The Chief of Behavioral Health will provide information on the last 180 days of contact with BH; profile, treatment plan status, and substance abuse history.

(3) The SPPM will facilitate the FAAR process; solicit, receive, and compile SRT member input, positive UA's, current risk reduction data for the battalion and current mitigation plans. They will also provide the Unit Risk Inventory history, complete event summary, and the unit event summary training records, to include: resilience, domestic violence, personal readiness, SHARP, EO and ASAP training.

(4) Law enforcement agencies. CID will conduct an initial investigation review. DES will provide criminal history, weapon registry, individual blotter history, and reconstruct events and circumstances of the event which resulted in a fatality.

(5) The SJA will provide previous 15-6/LOD, Legal History, FOIA/PNOK release, need to know determinations, privacy issues, legality of response options, and congressional response/draft options.

(6) Chaplains will provide contact history.

(7) ACS will provide Financial Readiness and AER information, Family Advocacy, education/counseling services, New Parent Support Program, review of relevant training and Client Tracking System history.

(8) G-1/DHR will provide if SM was flagged, deployment history, additional tracked issues, disposition status of the SM death gratuity, and SGLI,

actions/interactions with the CAO. Include date completed in –processing and enrollment in SFL-TAP to provide to the CAO.

c. Within 5 days SRT members will brief the CoS to discuss immediate needs and risk mitigation strategies and set timeline.

d. Within 20 days SRT members reconvene for early analysis of data.

e. Within 30 days SRT members reconvene for final analysis results, lessons learned, recommendations, and discussion.

f. Upon Completion of 15-6 brief to the CG. This will not exceed 90days from the initial notification of death.

2. The POC for this instruction is the ASAP Manager at (573) 596-0938.