



## COARNG CRISIS RESPONSE FLOW CHART (SUICIDAL IDEATIONS / ATTEMPT / DEATH) Commander & Leader Action Guide

### 1. INITIAL IDENTIFICATION

Trigger: Soldier reports crisis OR another Soldier reports suicidal ideations, attempt, or death.

→ Is the Soldier alive?

- YES → Go to Section 2 or 3
- NO → Go to Section 4

### 2. SUICIDAL IDEATION (SI) with intent and/or plan — NO ATTEMPT

#### Ensure Immediate Safety

- Stay with the Soldier — do not leave them alone.
- Remove or secure weapons, medications, sharp objects, POV keys.
- Ask directly:
  - **“Are you thinking of killing yourself?”**
  - **“Do you have a plan?”**
  - **“Do you have means right now?”**

#### Notify Chain & Resources

- Notify 1SG / Commander ASAP.
- Contact Resources:
  - After hours call **988 (then press 1), 911**, Military Crisis Line **1-800-273-8255**
  - During business hours call COARNG Mental Health Full Time Staff

- **Shannon Bennett-Tuke, LCSW**- Director of Psychological Health  
**Cell: 720-219-0749** (Units Assigned: AVN, 89th TC- Medical Detachment, 193rd MP, 100 GMD (Space))
- **Shawna Denton-Gildea, LCSW**- Psychological Health Coordinator  
**Cell: 303-358-7167** (Units Assigned: 5-19<sup>th</sup>, SF, SOD-K, NORTHCOM, 1-157 INF)
- **Ilitza Alvarez-Moreno, LCSW-S, CCM, CLC**- Psychological Health Coordinator **Cell: 303-565-6736** (Units Assigned: 169th FAB, JFHQ, Rec & Ret BN, RTI/CTS)
- Chaplain (Contact **Unit assigned Chaplain** or **FTUS CH Brian Larson: 720-456-5317**)
- Law Enforcement (LE) if imminent danger
- Military Treatment Facility/Medical if needed while on orders for care access

#### **Transport for Evaluation**

- Emergency services transport
- Arrange safe transport to Mental Health staff facility/Emergency Room 2:1 escort (battle buddy, leader, NCO)
- **Do NOT allow the Soldier to self-drive**

#### **Command Responsibilities**

- Begin Commander's Safety Plan with Mental Health staff (Mental Health profile, restrictions, long term care coordination, case management)
- Remove from duty requiring weapons, driving, or hazardous tasks
- Document: counseling, actions taken, notifications

#### **Follow-Up**

- Daily leader checks for first 72 hours
- Follow COARNG Behavior Health recommendations for return to duty, follow-up appointments, profile
- Engage family support if appropriate

### 3. SUICIDE ATTEMPT (Non-Fatal)

#### Immediate Response

- **Call 911** if medically unstable
- **Render first aid;** ensure safety of scene
- **Stay** with Soldier until EMS arrives
- **Secure all** lethal means at scene

#### Notify immediately:

- Commander / 1SG
- Law Enforcement (depending on method/location)- **720-250-2798**
- COARNG Mental Health- **720-219-0749 (Tues-Fri)**
- SARC/SHARP if assault-related- **24hr Help Line: 720-847-7272**
- Chaplain (optional)- FTUS-**720- 456-5317**

#### Medical/Behavior Health Evaluation

- **Soldier MUST** be evaluated by medical staff immediately. Take to the closest Emergency Room or Behavior Health facility (Example: Evans, VA, Denver Springs, Cedar Springs)
- **Command ensures** supervised transport
- Await disposition:
  - Admit?
  - Release with Safety Plan?
  - Duty restrictions?
- Notify COARNG Mental Health staff or Emergency Room/Hospital disposition to manage long term care, profile and coordinate recommendation for medical readiness

#### Command Actions

- Initiate Suicide Attempt Postvention Checklist actions:
  - Secure Soldier property safely
  - Remove access to arms room / sensitive duties
  - Begin unit risk assessment
  - Complete DA 4856 counseling

- CCIR
- Coordinate with Suicide Prevention Coordinator to complete Department of Defense Suicide Event Report (DODSER).
- Coordinate with COARNG Mental Health staff for:
  - Return to duty plan
  - Safety Plan

### **Reintegration Plan**

- Reintegration meeting: Soldier + Commander + Mental Health staff
- Set restrictions, expectations, support measures
- Document everything – Complete counseling's and series of events

## **4. DEATH by SUICIDE- Do NOT disturb scene — treat as potential investigation**

### **Postvention Response Protocol**

- Call **911** & secure the area
- Notify:
  - Commander / 1SG
  - Chaplain- FTUS Chaplain-**720-456-5317**
  - COARNG Mental Health-**720-219-0749**

### **Official Notifications (Command-Level)**

- Follow the Army Postvention Checklist:
  - Notify Battalion & Brigade
  - Notify Division/State (for ARNG)
  - Casualty Assistance Office
  - JAG/Legal
  - Public Affairs (PAO)
  - Defense Suicide Prevention Office (DSPO) reporting as required

### **Family Support**

- Chaplain & Casualty Assistance Office
- Command does NOT notify family directly unless instructed
- Transition Assistance Program (TAPS)

### **Unit Communication**

- Conduct official, factual, non-sensational unit announcement
- Discourage rumors; reinforce help-seeking

### **Unit Stabilization & Support**

- Bring in:
  - Chaplain
  - COARNG Mental Health staff
  - J9 Resilience Team
- Offer small-group support via Traumatic Event Management (TEM) and individual check-ins
- Monitor close peers and leaders for suicide contagion risk

### **Postvention Guidelines**

- Complete required reports & timelines (per ARNG Postvention Guide)
- Secure and clean Soldier's workspace respectfully
- Review safety protocols; assess unit climate

### **Long-Term Actions**

- Memorial ceremony (Chaplain-led, Mental Health staff support present)
- Ongoing support to unit and family
- Review: leadership lessons learned