



REPLY TO
ATTENTION OF

SEP 13 2010

IMEU-BAM-HRA

MEMORANDUM FOR: Soldiers, Employees and Family Members of the US Army Garrison, Bamberg

SUBJECT: Risk Reduction Program

PURPOSE: To establish guidelines for the Installation Risk Reduction Program.

SCOPE: This policy is applicable to all military units, commands, Garrison organizations, and tenant organizations serviced by the USAG Bamberg Army Substance Abuse Program (ASAP).

REFERENCE:

- a. AR 600-85, Army Substance Abuse Program (ASAP), 2 February 2009.
- b. Memorandum from the Army Center for Substance Abuse Programs (ACSAP), Subject: Administration of Unit Risk Inventory to Redeployed Soldiers, 11 February 2004.

BACKGROUND:

1. Soldiers assigned to the Bamberg Military Community spend a tremendous amount of time deployed to various locations around the globe. War-fighting readiness demands a high level of training, discipline, physical and emotional fitness. Therefore, personnel engaged in high-risk behaviors, on or off duty, have a detrimental impact upon their ability to attain and maintain war-fighting readiness.
2. Commanders have a special responsibility to ensure individuals and units are in top condition physically, emotionally and psychologically. This responsibility creates a need to ensure our Soldiers are living in the healthiest environment possible.
3. High-risk behaviors are likely to continue unless we identify the causes, treat the symptoms, and maintain low-risk standards for safety and mission accomplishment. The solution is one of good discipline, health, welfare, and morale from within the mission mainstream at each level of command.
4. Soldiers that exhibit poor decision making skills resulting in "at-risk" behavior can prove to be detrimental if not dealt with promptly. Soldiers that have, or are taught, necessary, appropriate behaviors prove to be strong and resilient, offering an increased possibility of retention within the military.

5. The Risk Reduction Program (RRP) is not a punitive program aimed at any individual or unit, but rather a concept of systems analysis and actions that identifies high-risk areas, interjects professional expertise to lower the human behavioral risk factors, and is complimentary to the Army Safety Risk Management Program.

6. The RRP focuses on compiling and analyzing data that relates to high-risk behaviors. The data is then presented in various report formats or in a Bulls-Eye presentation for Commanders. It clusters different types of high-risk behaviors and factors, (i.e. alcohol/drug offenses, child/spouse abuse, crimes against persons/property, AWOLs, suicide gestures/attempts, etc.) which will identify units with high profiles of these behaviors. Organizational productivity and command readiness may be maintained by proactive measures which can enable commanders to ensure the well being of their Soldiers.

POLICY:

1. The RRP Coordinator is available to Commanders to discuss the results of their unit surveys, and will educate and refer Commanders to available services for the identified issues or at risk behavior(s).

2. Unit Commanders will ensure that the Unit Risk Inventory Survey is completed for their respective units annually, or at least 30 days prior to deployment. The Reintegration Unit Risk Inventory Survey will be completed by each unit with 180 days of redeployment back to garrison.

3. Garrison service agencies and Unit Safety Officers will be notified by the RRP Coordinator and/or the Directorate of Plans, Training, Mobilization, and Security (DPTMS) when data central to the RRP is required to be reported from their respective agency. Once notified, the Garrison service agencies and Unit Safety Officers will provide the data on a monthly basis to the RRP Coordinator. The RRP Coordinator will consolidate and input the data into the Army Center for Substance Abuse Programs RRP database for analysis.

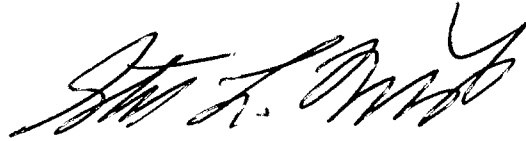
4. Data collected by the RRP Coordinator will be presented at Health Promotion Council meetings. The Health Promotion Council will act as the Installation Prevention Team. If indicated, the Garrison Commander may activate/appoint a separate sub-committee of the Health Promotion Council, which may include other service agencies to address specific areas or issues of concern and to coordinate specific prevention/intervention strategies.

PROCEDURES:

1. The RRP Coordinator is the primary POC for the RRP briefings, statistics and the Unit Risk Inventory Surveys. The RRP Coordinator is responsible for compiling all the RRP data, completing the Risk Assessment for each Battalion, and providing the unit "snap shot" to the Commander on a quarterly basis.

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2. The RRP Coordinator is tasked to provide information briefings to new commanders within 45 days of arrival into command. Units identified as “at-risk” are consulted on an on-going basis. During consultation, commanders are offered available installation services to develop long-term strategy geared to decrease risk behavior.
3. Quarterly data is provided to commanders as a “snap shot” of their unit status relating to the 14 risk factors, (i.e. alcohol/drug offenses, child/spouse abuse, crimes against persons/ property, AWOLs, suicide gestures/attempts, etc.). The RRP provides a consolidated tool, which allows commanders to assess the potential of behaviors that may affect their actual deployment strength for training and contingency deployments.
4. The RRP Coordinator, the Alcohol and Drug Control Officer, as well as members of the Health Promotion Council is ready to serve in the consultation, recommendations and implementation of educational based prevention/intervention programs.
5. The point of contact for this policy is the Army Substance Abuse Program at 469-1710.



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Commanding