US Army Hawaii
(USARHAW)

Commanders’ Risk Reduction

Quick Guide
Vision:
Be the Eagles Eye for the Department of Army Commanders by identifying risky behaviors.

Mission Statement:
Provide Army Commanders with the best services through Risk Reduction Program with the support of prevention education, suicide prevention and drug/alcohol detection to reduce high-risk behaviors that impacts a unit readiness.
Five Benefits of Risk Reduction Program

- Targets problem areas
- Focus on commander and installation staff intervention priorities
- Provides ongoing assessments
- Promotes informed decision-making about prevention strategies
- Strengthens collaboration with installation Prevention Team/CHPC Analysis Team and Working Groups

Targeted High-Risk Behaviors

The Risk Reduction Program has identified certain behaviors exhibited by soldiers that can have a negative effect on unit preparedness and combat readiness. These targeted High Risk Behaviors (HRB – Deaths, Accidents, Self-Harm, Suicide Attempts, AWOLs, Drug and Alcohol Offenses, Traffic Violations, Crimes against Persons/Property/Society, Domestic Violence, Child Abuse, Financial Problems/Risk, Positive Urinalysis Tests, Disciplinary Actions, Court Martials, and Administrative Eliminations/Separations Initiated) are displayed on an Installation, Brigade, and Battalion Risk Reduction Shot Group Report (see below). A Commander is granted the ability to view reported HRBs for Soldiers within their command. Commanders can use this capability to compare with other commands of the same level and with the RRP Army average.
Unit Risk Reduction Leader Tips

As a leader, one of your concerns may be to reduce the likelihood of Soldier at-risk behaviors during post-deployment reintegration and reset. The following tips will help in expediting that process:

- Perform in-theater briefings to include seat belt safety; safe driving factors such as speed limits, rest stops, and focus of attention; swimming, boating, and operating other recreational vehicles; alcohol consumption and driving; alcohol use and domestic violence; Army Substance abuse policy (zero tolerance for illicit use); and motorcycle safety.

- Review the last Risk Reduction quarterly statistics received prior to deployment for indications of at-risk behaviors and the recommended interventions to reduce the likelihood of reoccurrence.

- Schedule a Unit Risk Inventory (URI). The URI should be administered no more than once every 12 months to the same unit; recommend new commands conduct URI’s to identify high risk behaviors. The URI is a 53 item anonymous questionnaire and takes approximately 30 minutes to complete.

- Schedule a Reintegration Unit Risk Inventory (R-URI) within 90 to 120 days of arrival from deployment. Every effort should be made to administer the URI and the R-URI to all Soldiers in a unit at one time. The R-URI is an 80 item anonymous questionnaire designed to screen for high risk behaviors and attitudes affecting unit readiness and a Soldiers well-being.
Leader Preventive Actions to Combat Stress

- Be decisive and assertive; demonstrate competent and fair leadership.
- Preserve Soldier welfare, safety, and health.
- Enforce sleep discipline.
- Be aware of environmental stressors such as light level, temperature, and precipitation.
- Recognize that fear is a normal part of combat stress.
- Rest minor stress casualties briefly, keeping them with their unit.
- Help Soldiers address any family concerns and/or separation, economic problems.
- Provide an upward, downward, and lateral information flow of communication.
- Allow open communication with Soldiers.
- Understand that stress in response to threatening or uncertain situations is normal.
- Create a spirit to win under stress.
- Conduct tough, realistic training.
- Ensure training includes understanding of combat and operational stress and how to deal with it.
Potential Commander Mitigation Measures:

**Alcohol Assistance:** Refer all Soldiers involved in an alcohol related incident to ASAP Clinic within 5 duty days.

**Drug Offenses:** Conduct Smart Testing within each unit and increase health and welfare inspections. Refer all Soldiers with a positive drug test result for illicit use and/or law enforcement citations for drug abuse to ASAP Clinic within 5 duty days.

**Smart Testing by Commanders include:**
- Back to back testing
- Weekend/holiday sweeps
- Pre and post-deployment testing
- Testing during field exercises
- Testing at the end of the duty day
- Testing throughout the month

**Take Action:** Adopt and enforce a no tolerance policy.
- Initiate separation actions within 30 days for all:
  - First time positive results for illicit drugs
  - Soldiers with two serious alcohol related incidents within 12 months
  - Soldiers convicted of DWI/DUI twice during their career
RISK REDUCTION:
THE COMPLETE UNIT RISK PICTURE

Incidents Reported
by Installation
Organizations

Self-Reported
High-Risk
Behavior
(Survey Info)

Recommendation
of prevention and
intervention
strategies to
commanders

Unit Risk Inventories
(URI/R-uri)
**RRP High Risk Factors Definition**

**Deaths**: The number of Soldier deaths among members of the reporting unit. (DO NOT include deaths which occurred in theater.)

**Accidents (Class C, D & E)**: The number of Soldiers in the reporting unit who are involved in a Class C, Class D or Class E accident.

**Self-Harm**: The number of Soldiers in the reporting unit who have committed self-inflicted, potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of a lack of intent to die. (Do not count ideations.)

**Suicide Attempts**: The number of Soldiers in the reporting unit who have committed self-inflicted, potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die. (Do not count ideations.)

**AWOLs**: The number of Soldiers in the reporting unit who are titled with AWOL by law enforcement.

**Drug Offenses**: The number of Soldiers in the reporting unit who are titled with drug offenses by law enforcement. These include, but are not limited to, possession and sale (but NOT positive urinalysis) of a controlled substance and any other prohibited substance.

**Alcohol Offenses**: The number of Soldiers in the reporting unit who are titled with an alcohol-related offense by law enforcement. These include, but are not limited to, DUI, public intoxication, drunk and disorderly, reporting to work while intoxicated, alcohol-related reckless driving, possession by a minor, and consumption by a minor. (These include alcohol as a secondary or tertiary offense.)

**Traffic Violations**: The number of moving traffic violations charged to the number of Soldiers in the reporting unit who are titled with a moving traffic violation by law enforcement. These include, but are not limited to, speeding, driving without a license or driving with a suspended license, failure to obey a traffic device, accidents, and non-alcohol-related reckless driving.

**Crimes Against Persons**: The numbers of crimes against persons charged to members of the reporting unit. These include, but are not limited to simple assault, aggravated assault, murder, robbery, kidnapping, harassment and threats, sodomy, rape, and adultery. (Do not include any of the drug offenses, alcohol offenses, domestic abuse incidents, or child abuse incidents.)

**Crimes Against Property**: The number of Soldiers in the reporting unit who are titled with crimes against property by law enforcement. These include, but are not limited to, house breaking/burglary, auto theft, arson, theft of government property, theft of private property, intentional damage to property, and vandalism.

**Crimes Against Society**: The number of Soldiers in the reporting unit who are titled with crimes against society by law enforcement. These include, but are not limited to, concealed weapon, weapons violations, gambling, prostitution, curfew violations, and vagrancy.

**Domestic Violence**: The number of Soldiers in the reporting unit who have cases that meet the criteria for domestic violence, as defined in AR 608-18, The Army Family Advocacy Program; applies in cases where the Soldier is identified as either the perpetrator or the victim. (This definition does not include child abuse. Also, do not count the Soldier under crimes against persons.)
Child Abuse: The number of Soldiers in the reporting unit who are identified as the alleged perpetrator in cases that meet the criteria for the following offenses, as defined in AR 608-18: child abuse, child abuse/physical maltreatment, child emotional maltreatment, child neglect, and child physical maltreatment. (Do not include the Soldier under crimes against persons.)

Financial Problems/Risk: The number of Soldiers who seek financial assistance. The number of new cases of Soldiers in the reporting unit who were either (1) voluntarily or command-directed for financial problems such as writing bad checks, excessive debt, and an inability to meet current financial obligations; or (2) had a FICO score of 619 or below coupled with a debt-to-income ratio of 40 percent or more.

Urinalysis Samples Tested: The number of urinalysis specimens tested at the Forensic Toxicology Drug Testing Laboratory (FTDTL). NOTE: Number of specimens collected might be higher than those tested at the laboratory, since specimens must meet forensic specifications to be tested.

Positive Urinalysis Tests: The number of Soldiers in the reporting unit who have tested positive for illicit drug use (after Medical Review Officer Evaluation). NOTE: This includes abuse of pharmaceuticals and legal synthetics.

Disciplinary Actions: The number of Soldiers in the reporting unit who have received disciplinary actions (non-judicial). These include, but are not limited to, non-judicial punishment under Article 15, Uniform Code of Military Justice and Memorandums of Reprimand.

Administrative Separations Initiated: The number of Soldiers in the reporting unit who had administrative separations initiated in accordance with AR 635-200 (Active Duty Enlisted Administrative Separations) (chapters 5, 9, 10, 13, or 14) or AR 600-8-24 (Officer Transfers and Discharges) chapter 4.

Administrative Eliminations: The number of Soldiers in the reporting unit who were approved for separation from the Army in accordance with AR 635-200 (chapters 5, 9, 10, 13, and 14) or AR 600-8-24 (chapter 4).

Courts-Martial: The number of Soldiers in the reporting unit who were tried and found guilty by court-martial.
The CRRD is a tool designed to help Battalion and Company Commanders detect, measure, and track risk behavior; and engage in mitigation and prevention activities for the Soldiers under their Command.

- Consolidated information from multiple Army databases (CRRD data is updated weekly)
- Provides a concise report on a Soldier who was involved in risky behavior. High-risk behaviors and risk factors tracked through the CRRD are:
  - Accidents/Injuries
  - Alcohol Offenses
  - Domestic Violence
  - Child Abuse
  - Crimes against Property
  - Crimes against Person
  - Crimes against Society
  - Drug Offense
  - Illicit Drug Positive Test
  - Readiness Limiting Behavioral Health Profiles
  - ASAP Screened, Not Enrolled
- Recognize trends in Soldiers who may be at risk; and alert to any incidents for both current and new Soldiers coming into the installation
- Data displayed is to enable Commanders to make informed decisions about:
  - Intervention Strategies
  - Assist in helping Commanders respond earlier to the warning sign
Commander’s Risk Reduction Dashboard (CRRD)

Commanders are granted access to three types of reports:
- Soldier Risk Event Report
- Newly Assigned Soldier Report
- Individual Soldier Report

Due to the extreme privacy of CRRD information, it must be safeguarded and used only for its intended purpose. Commanders are highly encouraged to use the CRRD to determine readiness of Soldiers and to:

- Discuss risk behavior with the Soldier and convey the desire to mitigate that behavior
- Explain to the Soldier the benefits of seeking assistance from appropriate service providers
- Refer the Soldier to appropriate providers to further mitigate behavior
- Explore unit risk trends and mitigation strategies with the chain of command

Commanders are encouraged to use information gleaned from the dashboard to improve communication with appropriate personnel in the chain of command regarding Soldiers who are experiencing challenges.
Prevention Education Program
Army Substance Abuse Program (ASAP)
POC: Prevention Coordinator
Phone: (808) 655-4655/8322
http://www.garrison.hawaii.army.mil
(Click on “Services” then ASAP)

Services:
A wide range of prevention/education classes are available for unit level training. There are many resources (books, pamphlets, DVDs, fatal vision goggles, go kart, etc.) available for check out from the ASAP Resource Library. Contact a prevention coordinator for more information.

Training Requirement:
All Active Duty Soldiers will receive a minimum of 4 hours of alcohol and other drug abuse awareness training per year.

Prime for Life: A two day, 12-hour alcohol and drug program conducted monthly. This course is required for all Soldiers who are involved in an alcohol related incident on or off the installation, who test positive for illicit drugs during urinalysis, or who self-refer for alcohol or drug dependency. For enrollment into this course, Soldiers must be evaluated and referred by the ASAP Clinic. Family Members and retirees may elect to attend this course by contacting the ASAP Clinic.
Suicide Prevention Program
U.S. ARMY-HAWAII
POC: Suicide Prevention Program Manager
Phone: (808) 655-9105
http://www.garrison.hawaii.army.mil
(Click on “Services” then ASAP)

Services:

- Coordinate ACE/ACE-SI Certification monthly trainings
- Conduct Pre-Command Presentations/briefs
- Conduct Replacement/Newcomer briefs
- Assist with Suicide Prevention trainings
- Inform leadership on Suicide trends and statistics
- Provide National and local suicide prevention resources
- Provide resources to the families and dependents

Army Suicide Prevention Training requirements:

ACE Ask, Care, and Escort: is the Army-approved suicide prevention and awareness training model. ACE is approximately one and one half hours long for all soldiers annually. The key training objective is awareness training (risk factors and warning signs) IAW AR 600-63. Any soldier can teach ACE.

ACE-SI (Suicide Intervention) class is a four-hour training that provides soldiers with the awareness, knowledge, and skills necessary to intervene with those whom are at risk for suicide. The purpose of ACE-SI is to educate junior leaders and first line supervisors in becoming more aware of steps they can take to prevent suicides in soldiers.

To become a trainer of ACE-SI you have to be E5 or above, register with our office and complete a 6 hour trainer certification.

Additional Suicide Prevention trainings may be requested through our office:
- SafeMessaging
- SafeTalk
- ASIST v11

Additional Resources:

Suicide Prevention Website: http://ww.garrison.hawaii.army.mil/asap/default.htm?tab=5

Army G1 Suicide Prevention Website: http://www.armyg1.army.mil/hr/suicide/

Hawaii Crisis Hotline: Oahu Only (808) 832-3100 /All other Islands 1-800-753-6879

Crisis Text Line: (Just Text) 741741 and wait for a response
Drug & Alcohol Testing
Army Substance Abuse Program (ASAP)
POC: Drug Test Coordinator (DTC)
Phone: (808) 655-6048/0682/6050
www.garrison.hawaii.army.mil
(Click “Sections” tab)

Services:
- Operate a forensically secure installation drug and alcohol testing program control point.
- Serve as subject matter expert on urinalysis collection and testing.
- Perform thorough quality control checks on all specimens and testing documents.
- Advise commanders on testing procedures and provide drug test results.
- Facilitate urinalysis collection training for Soldiers and civilians.
- Offer technical assistance and support to Unit Prevention Leaders (UPLs) utilizing the DOD Drug Testing Program software.
- Administer drug testing supplies and provide non-evidentiary alcohol screening devices for check out.
- Conduct inspections on units’ collection process.
- Deliver expert testimony for court-martials.

Training:
- Basic UPL Certification - (40 hour course) – new and expired certifications
- Advanced UPL Re-certification (2 hour course) – for UPLs who PCS’d to Schofield and those who are within 60 days of expiration
- Alcohol Breathalyzer Testing Certification (1- hour on-line training)
Quick Reference Information Listing

Army Substance Abuse Program (ASAP)  
Schofield Barracks, Hawaii

Alcohol & Drug Control Officer  
(808) 655-4470  
Installation Prevention Plan Initiatives

ASAP Prevention Supervisor  
(808) 655-9113  
Support ASAP Services

Risk Reduction Program  
(808) 655-0996  
Unit Risk Inventory Assessment

Prevention Education & Training  
(808) 655-4655/8322  
Prime for Life  
Educational Training Materials

Suicide Prevention Program  
(808) 655-9105  
ACE/ACE-SI Training

Drug & Alcohol Testing  
(808) 655-6048/0682  
Drug Testing Collection Point  
Urinalysis Collection Training

Employee Assistance Program (EAP)  
(808) 655-6046  
Referral Services (For Civilians)

Adolescent Substance Abuse Counseling Services (ASACS)  
156 Lewis Street, Bldg. 647  
Phone: (808) 655-5080/9944

**ADDITIONAL ASAP RESOURCES:**


**Military One Source:** 1-800-343-9647 or [www.militaryonesource.com](http://www.militaryonesource.com)
Courtesy of Risk Reduction Team Members

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