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TRADOC Regulation 600-17

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Personnel - General

U.S. ARMY TRAINING AND DOCTRINE COMMAND (TRADOC) RISK REDUCTION PROGRAM

Summary. This regulation prescribes policies, responsibilities, and procedures for the development, implementation, and evaluation of TRADOC risk reduction programs.

Applicability. This regulation applies to Headquarters (HQ) TRADOC, TRADOC senior mission commanders, and service schools. This regulation applies to the Active Army, the United States Army Reserve, and the Army National Guard, when under TRADOC control.

Supplementation. Supplementation of this regulation is not authorized without prior approval from Commander, TRADOC (ATBO-MD), 60 Ingalls Road, Fort Monroe, VA 23651-1032. Subordinate commands and organizations may issue local policy memorandums, directives, instructions, and similar guidance, without advance approval of HQ TRADOC, in order to locally implement the standards and policies of this regulation. Send one copy of the supplement to Commander, TRADOC (ATBO-MD), 60 Ingalls Road, Fort Monroe, VA 23651-1032.

Suggested improvements. The proponent of this regulation is the Deputy Chief of Staff for Personnel, Infrastructure, and Logistics (DCSPIL). The DCSPIL Executive Agent for this regulation is the TRADOC Surgeon's Office. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) through channels to Commander, TRADOC *(*ATBO-MD), 60 Ingalls Road*,* Fort Monroe, VA 23651-1032. Suggested improvements may also be submitted using DA Form 1045 Army Ideas for Excellence Program (AIEP) Proposal.

Availability. This publication is also available on the TRADOC Homepage at http://www-tradoc.army.mil/tpubs/regndx.htm.

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Chapter 1
Introduction

1-1. Purpose. This regulation establishes policy and prescribes responsibilities and procedures for the U.S. Army Training and Doctrine Command (TRADOC) Risk Reduction Program (RRP). Risk reduction (RR) incorporates a holistic view of behavioral risk management across the Army community. The RRP supports the Army's Well-Being Program initiatives by integrating prevention programs into a framework contributing to the four institutional outcomes of performance, readiness, retention, and recruiting.

1-2. References. Required and related publications are listed in appendix A.

1-3. Explanation of abbreviations and terms. Abbreviations and terms used in this regulation are explained in the glossary.

1-4. Background. The RRP is a method of collecting and analyzing data in order to identify high risk behavioral trends for soldiers, on or off duty, that have detrimental effects on attaining and maintaining combat readiness. The RRP provides commanders with consolidated information, from various sources, that indicate the organization's trend towards individual risk behaviors. The RRP allows for reorganizing information into an easy to assess "snapshot" of high-risk behaviors, and provides the information needed to focus leaders' attention, so they can determine what assistance is required from various installation staff elements. Risk reduction staff members perform consultations with commanders and institute interventions that cooperatively teams support personnel with leaders. The RRP process reinforces the chain of command by helping them care for individuals who have already been in high-risk incidents. The RRP is a commander's resource management tool, allowing commanders to coordinate and focus their efforts on targeted units most in need of an overall prevention effort, and concentrate on soldiers who individually have not yet been identified as manifesting high-risk behaviors.

Chapter 2
Responsibilities

2-1. Commanding General (CG), U.S. Army Training and Doctrine Command (TRADOC). The CG, TRADOC will oversee the RRP through the TRADOC Deputy Commanding General/Chief of Staff (DCG/CofS).

2-2. Deputy Chief of Staff for Personnel, Infrastructure, and Logistics (DCSPIL). The DCSPIL is the staff proponent for TRADOC's RRP, with the Command Surgeon serving as the DCSPIL executive agent for coordinating and executing all associated actions. The DCSPIL will establish strategic oversight of many diverse programs, policies, and issues that contribute to the RRP and well-being. The DCSPIL will:

a. Chair the Executive Committee for Risk Reduction (ECRR).

b. Coordinate, prepare, and communicate the agenda for the ECRR.

c. Provide readaheads (as needed) and facilitate the preparation, discussion, and conduct of ECRR meetings.

d. Prepare and maintain ECRR minutes and action items.

e. Prepare and communicate ECRR taskings, and coordinate responses with appropriate activities.

f. Coordinate quarterly CG, DCG/CofS briefings and quarterly RR reports.

g. Maintain historical documentation of accomplishments and recommendations.

h. Oversee the execution of the Risk Reduction Strategic Plan.

i. Provide technical assistance to senior mission commanders and their RR coordinators.

j. Conduct staff assistance visits to installations to assist in program implementation and to review trends in participation and associated costs.

k. Market the total RRP to senior leadership to ensure visibility and viability TRADOC-wide.

2-3. Executive Committee for Risk Reduction.

a. The ECRR will function as the senior advisory body for RR. The ECRR is responsible to the CG, TRADOC, through the DCG/CofS, TRADOC, for providing oversight of a holistic behavioral RRP, and identifying required policies and programs required to reduce incidences of high-risk behaviors. The Council will provide and support RR policy and program initiatives that are consistent with the Department of Defense readiness requirements, Well-Being Strategic Plan, Suicide Prevention Campaign Plan, and the Military Health System Strategic Plan goals of providing a fit and ready force, and healthy communities at home and aboard, in peacetime and in conflict.

b. Headquarters, TRADOC, Senior Staff representatives comprising the ECRR are: DCSPIL; Command Safety Office; Command Surgeon; DCG, Initial Entry Training (IET) Office; Staff Judge Advocate (SJA); Command Provost Marshal; Adjutant General; Equal Opportunity; and Deputy Chief of Staff for Operations and Training. The ECRR will meet quarterly, or more frequently, if needed. The ECRR members will:

(1) Attend ECRR meetings or ensure appropriate representation by one of their staff members.

(2) Ensure attendance/representation at CG and DCG/CofS briefings.

(3) Provide quarterly analysis of TRADOC-wide high-risk behaviors.

(4) Provide opinions and ideas to the chairman to assist in making key decisions.

(5) Serve as a member for special studies or integrated product teams, as ECRR determines.

2-4. Senior mission commanders. The provisions of this regulation are based upon a commander's prudent concern for the welfare of personnel and the conservation of resources. The Office of the Commandant or School Secretary Administration Office should serve as the Commander's Risk Coordinator Office. The point of contact (POC) for this program will coordinate with garrison counterparts to ensure timely and accurate receipt of quarterly data. The senior mission commander or representative will:

a. Oversee the RRP.

b. Ensure timely and accurate input of incidences of high-risk behavior to the Deputy Chief of Staff (DCS), G-1, Army Center for Substance Abuse Program (ACSAP) web-based reporting system (http://141.116.65.25/risk/) on a quarterly basis.

c. Plan and program for appropriate staffing and budgetary resources necessary to carry out the provisions of this regulation.

d. Enforce adherence to policies and procedures of this regulation.

e. Participate in, and provide input to, quarterly RR meetings the garrison Installation Prevention Teams (IPT) sponsor. If supporting organization does not have a RR team, the senior mission commander will establish one. The IPT provides for a multidisciplinary approach to review incidences of high-risk behavior, through collaboration and cooperation of multiple professional disciplines (see chap 4).

f. Ensure their Inspector General annually reviews the RRP.

g. Coordinate with HQ TRADOC for a biannual external assessment of their RRP, and their RRP education and training products and services. This evaluation is synchronized with the TRADOC Organizational Assessment Program.

h. Resolve RR policy and operational problems and issues, based on HQ TRADOC guidance.

2-5. Roles of other Army organizations. Identification and prevention of high-risk problem behavior is a coordinated effort between HQ TRADOC, the DCS, G-1, ACSAP, and the U.S. Army Installation Management Agency. Establishment of RRPs ensures a coordinated effort to identify high-risk behavioral patterns/trends, standardizes reporting procedures, and implements effective interventions.

a. The DCS, G-1, ACSAP. The ACSAP manages the Army's RRP and maintains the World Wide Web-based RR high-risk data entry reporting system. This program provides for scalability and functional expansion. The ACSAP web portal follows the Army's vision and

requirements presented by the Army Knowledge Online portal. The ACSAP portal presence on the Internet provides a secure means of allowing web processing of database transactions, information retrieval, submission, and real-time report generation.

b. Installation activities. The following installation activities are the source for the indicator data in the high-risk behavior categories listed in table 4-1.

(1) Provost Marshal.

(a) Deaths: The total number of deaths compiled by battalion/equivalent, or separate companies/equivalent. These include all deaths (natural and accidental deaths, homicidal deaths, and suicides). Reporting source(s) for data collection: Military Police (MP) Blotter/Centralized Operations Police Suite (COPS).

(b) Absent without leave (AWOL): The total number of AWOL charges brought against members of battalion/equivalent, or separate companies/equivalent. Reporting source(s) for data collection: MP Blotter/COPS.

(c) Drug offenses: The total number of drug offenses charged to members of battalion/equivalent, or separate companies/equivalent. These include, for example, possession and sale (but not use of) a controlled substance. Reporting source(s) for data collection: MP Blotter/COPS.

(d) Alcohol offenses: The total number of alcohol-related offenses charged to members of battalion/equivalent, or separate companies/equivalent. These include driving while intoxicated (DWI)/driving under the influence (DUI), public intoxication, drunk and disorderly conduct, alcohol-related reckless driving, and possession and consumption by a soldier under the age of 21. Reporting source(s) for data collection: MP Blotter/COPS.

(e) Traffic violations: The total number of moving traffic violations charged to members of battalion/equivalent, or separate companies/equivalent. These include, for example, failure to obey a traffic device, accidents, and non-alcohol-related reckless driving. Reporting source(s) for data collection: MP Blotter/COPS.

(f) Crimes against persons: The total number of crimes against persons, charged to members of battalion/equivalent, or separate companies/equivalent. These include, for example, simple assault, aggravated assault, murder, robbery, concealed weapons, kidnapping, harassment and threats, sodomy, rape, indecent assault, adultery, and forgery. Does not include drug offenses or alcohol offenses. Reporting source(s) for data collection: MP Blotter/COPS.

(g) Crimes against property: The total number of crimes against property, charged to members of battalion/equivalent, or separate companies/equivalent. These include, for example, house breaking/burglary, automobile theft, arson, theft of government property, theft of private property, damage to property, and vandalism. Reporting source(s) for data collection: MP Blotter/COPS.

(2) Safety Office.

(a) Accidents: The total number of accidents, involving $20,000 or more damage, to government property assigned to battalion/equivalent or separate companies/equivalent. Reporting source(s) for data collection: Safety report Class A through Class C accidents that involve soldiers, or property damage that meets or exceeds Class C criteria in accordance with (IAW) Army Regulation (AR) 385-40.

(b) Injuries: The total number of injuries among members of battalion/equivalent, or separate companies/equivalent, that require medical attention and result in one or more duty days lost. Reporting source(s) for data collection: MP Blotter.

(3) Medical Treatment Facility/Medical Department Activity.

(a) Sexually transmitted diseases (STD): The total number of new cases of STD among members of battalion/equivalent, or separate companies/equivalent (whether they remain deployable or become nondeployable). These include gonorrhea, syphilis, non-gonococcal urethritis, chlamydia, venereal warts, and human immuno-deficiency virus (HIV). Reporting source(s) for data collection: Behavioral Medicine Services.

(b) Psychiatry: The total number of suicide gestures and suicide attempts, by members of battalion/equivalent, or separate companies/equivalent. This category does not include suicidal ideation. Reporting source(s) for data collection: Behavioral/Mental Health Service.

(4) Family Support Division/Army Community Services (ACS).

(a) Spouse abuse: The total number of substantiated cases of spouse abuse, where the perpetrator is a member of battalion/equivalent, or separate companies/equivalent. Reporting source(s) for data collection: social work services.

(b) Child abuse: The total number of substantiated cases of child abuse, where the perpetrator is a member of battalion/equivalent, or separate companies/equivalent. Reporting source(s) for data collection: social work services.

(c) Financial problems: The total number of command referrals, or self-referrals, to ACS for:

- Financial assistance for Army Emergency Relief.
- Assistance with debt liquidation.
- Money mismanagement (for example, problems with creditors due to bounced checks; problems paying the Army and Air Force Exchange Service credit card or mortgage; or borrowing from "payday" lending institutions).

Reporting source(s) for data collection: ACS.

(5) Alcohol and Drug Control Officer.

(a) Number of Urinalysis (UA) samples shipped: The total number of UA samples from battalion/equivalent, or separate companies/equivalent, shipped for testing. Reporting source(s) for data collection: Drug and Alcohol Management Information System (DAMIS).

(b) Positive UAs: The total number of confirmed positive UA test results in battalion/equivalent, or separate companies/equivalent. Reporting source(s) for data collection: Alcohol and Drug Control Officer/DAMIS.

(6) Battalion legal clerks/SJA. The number of chapter eliminations in this reporting unit that are based on AR 635-200, chapters 5, 9, 10, 13, or 14; and AR 600-8-24, chapter 4. Reporting source(s) for data collection: Installation Office of the SJA (OSJA) and reporting units.

(7) Staff Judge Advocate.

(a) Courts-martial: The number of courts-martial in reporting units (special courts-martial, special courts-martial empowered to adjudge a bad conduct discharge, and general court martial). Reporting source(s) for data collection: Installation OSJA.

(b) Disciplinary actions: The number of administrative disciplinary actions (nonjudicial) in this reporting unit under Article 15, Uniform Code of Military Justice (UCMJ). Reporting source(s) for data collection: Installation OSJA.

(8) Director of Public Works.

(a) Warning letters: The number of letters to members of the reporting unit warning that if inappropriate behavior continues, the consequence is a loss of on-post housing.

(b) Eviction notices: The number of notices issued to members of the reporting unit evicting them from on-post housing.

Chapter 3
Risk Reduction Program

3-1. Objectives. Objectives of the RRP include:

a. Use of specialized analytical techniques to compile, analyze, and assess behavioral risk data, and identification of trends and units with high-risk profiles.

b. Provide systematic intervention, command consultation, and technical support for problem resolution, to detect, eliminate, or control individual high-risk behaviors.

c. Reduce the incidents of high-risk behaviors, to include suicide, drug and alcohol related offenses, accidents, family abuse problems, crimes against persons and property, and administrative risk behavior.

3-2. Awards.

a. Senior mission commanders may establish a RRP awards program, to include provisions for impact awards, for both units and individual soldiers. Criteria for awards may include, but are not limited to:

(1) Increased unit prevention training.

(2) Significant reduction in incidences of high-risk behavior.

(3) Voluntary individual soldier participation in coping skills/communication/prevention courses available at the installation, or as part of distance learning.

b. The CG, TRADOC, may recognize units for exemplary accomplishment in RR. The nominations are forwarded, through the installation/activity commander, to Commander, TRADOC (ATBO-MD), 60 Ingalls Road, Fort Monroe, VA 23651-1032.

Chapter 4
Reporting Processes and Procedures

4-1. Senior mission commander reporting requirements. Senior mission commanders will ensure installation RR coordinators provide ACSAP and TRADOC indicator data for the 21 high-risk behavioral categories listed in table 4-1, as follows:

a. Data is entered on the web-based RRP reporting system available from the ACSAP (http://141.116.65.25/risk/).

b. Requested information is entered in the web database, not later than the 15th of the month after each quarter (15 January, 15 April, 15 July, and 15 October).

c. Ensure data collection population includes, but differentiates, TRADOC permanent party, Professional Military Education students attending school, and IET soldiers.

Table 4-1
High-risk behaviors

No.	Factor	Definition
1.	Deaths	The number of all deaths among members of the reporting unit.
2.	Accidents	The number of accidents involving $20,000 or more damage to government property assigned to the reporting unit. (Class C accidents.)
3.	Injuries	The number of injuries among members of the reporting unit that require medical attention, and result in one or more duty days lost. (Class A accidents.)
4.	STDs	The number of new cases of all STDs among members of the reporting unit (whether they remain deployable or become non-deployable). These include all forms of STDs, including, but not limited to, HIV, gonorrhea, venereal warts, chlamydia, etc.
5.	Suicide Gestures & Attempts	The number of suicide gestures and suicide attempts, NOT ideations, by members of the reporting unit.
6.	AWOLs	The number of AWOL charges brought against members of the reporting unit.
7.	Drug Offenses	The total number of drug offenses charged to members of battalion/equivalent, or separate companies/equivalent. These include, for example, possession and sale (but not use of) a controlled substance.
8.	Alcohol Offenses	The number of alcohol-related offenses charged to members of the reporting unit. These include, but are not limited to, DWI/DUI, public intoxication, drunk and disorderly conduct, alcohol-related reckless driving, possession by a minor, and consumption by a minor.
9.	Traffic Violations	The number of moving traffic violations charged to members of the reporting unit. These include, but are not limited to, speeding, failure to obey a traffic device, accidents, and non-alcohol-related reckless driving.
10.	Crimes Against Persons	The number of crimes against persons charged to members of the reporting unit. These include, but are not limited to, simple assault, aggravated assault, murder, robbery, concealed weapons, kidnapping, harassment and threats, sodomy, rape, indecent assault, adultery, and forgery. Note: Do not include any of the Drug Offenses or Alcohol Offenses from #7 or #8 above.
11.	Crimes Against Property	The number of crimes against property charged to members of the reporting unit. These include, but are not limited to, house breaking/burglary, automobile theft, arson, theft of government property, theft of private property, damage to property, and vandalism.

No.	Factor	Definition
12.	Spouse Abuse	The number of substantiated cases of spouse abuse where the perpetrator and/or victim are members of the reporting unit.
13.	Child Abuse	The number of substantiated cases of child abuse where the perpetrator is a member of the reporting unit.
14.	Financial Problems	The number of new cases of financial counseling and Army Emergency Relief loans among members of the reporting unit.
15.	UA Samples Shipped	The number of urinalysis samples that were shipped for testing from this reporting unit.
16.	Positive UA	The number of confirmed positive urinalysis test results among members of the reporting unit.
17.	Warning Letters	The number of letters to members of the reporting unit warning that, if inappropriate behavior continues, the consequence is a loss of on-post housing.
18.	Eviction Notices	The number of notices issued to members of the reporting unit evicting them from on-post housing.
19.	Chapter Elimination	The number of chapter eliminations in the reporting unit that are based on AR 635-200 (chapters 5, 9, 10, 13, or 14), and AR 600-8-24 (chapter 4).
20.	Court-Martial	The number of courts-martial in the reporting unit.
21.	Disciplinary Actions	The number of administrative disciplinary actions (nonjudicial) in the reporting unit (Article 15, general officer memorandums of reprimand, etc.)

4-2. Other data collection and reporting requirements. In addition to paragraph 4-1 above, the following agencies will collect and report RR data, as described:

a. TRADOC Surgeon – Overuse injuries, communicable disease, environmental injury, recruit vaccinations, training related injuries, and sexually transmitted diseases, as required.

b. TRADOC Provost Marshal – Sexual assault and rape.

c. TRADOC SJA – Trainee abuse allegations (includes sexual conversations, sexual harassment, consensual intercourse/sodomy, indecent assault, forcible sodomy, rape, and other sexual misconduct (watching pornography, etc., with trainees).

d. TRADOC Equal Opportunity Office – Sexual harassment.

Chapter 5
Installation Prevention Teams

5-1. General. Installation Prevention Teams review the commander's RRP by coordinating information, identifying and assessing potential problem areas, and assisting the commander in resolving them.

5-2. Composition. The IPT typically is made up of a representative from each of the installation reporting activities. Commanders may modify team composition to meet their RR mission requirements.

5-3. Training. The RR coordinators will brief IPT members prior to serving on the team. They can coordinate training through the DCS, G-1 Army Substance Abuse Program training coordinator.

5-4. Tools and techniques.

a. The IPT reviews and analyzes data provided in the commander's RRP. Installation Prevention Team members will identify the units reflecting the highest risk indicators and develop comments/recommendations for their commander.

b. Execution Phase (High-Risk Profile Units).

(1) The IPT may recommend completion of a Unit Risk Inventory (URI). The URI is a survey that takes no longer than 30 minutes to complete. The URI helps further identify the specific problems that are most prevalent in the unit. A URI should be administered to one company at a time, and to 100 percent of the unit's soldiers. This may not be practical or efficient in all cases, and is assessed in consultation with the commander. The URI data is processed and a URI Summary of Results Report returned for consultation with the unit commander.

(2) Make further interventions based on decisions by the owning battalion/brigade commanders. Accomplish implementation of approved actions during a training cycle when units are in garrison (no in-depth contact is attempted in a cycle requiring field training exercises).

(3) Battalion commander (Non High-Risk Profile Battalions). Whenever possible, conduct quarterly consultation with all commanders involved in RRP. At a minimum, provide commanders the statistical analysis and a POC, telephone number, etc., for RRP-related issues. Encourage commanders to—

(a) Identify the factors contributing to the positive outcome results (shot-group) and to continue their application.

(b) Share successes and "lessons learned" with other commanders.

(c) Extend RRP training to all appropriate battalion personnel.

Chapter 6
Prevention Strategies

6-1. Overview. Two complementary frameworks for conceptualizing prevention programs are presented below. These frameworks suggest a range of process and outcome measures to assess. The first framework includes three components (clinical, behavioral, and environmental) and considers how the prevention technology is delivered. The second framework includes three components (primary, secondary, and tertiary) and considers the stage of a disease or injury at which the intervention is targeted.

6-2. Framework I: Delivery of prevention technologies.

a. Clinical prevention strategies. The traditional medical model for preventive services, early detection, and treatment relies on one-to-one, provider-to-patient interaction (e.g., screening, vaccination, and diagnosis and early-treatment programs). These interventions generally occur within the traditional health-care delivery system.

b. Behavioral prevention strategies. Behavioral change models (health promotion) use a broad array of strategies to encourage lifestyle changes, such as exercise, drug/alcohol/smoking cessation, and healthful diets. Accomplishment of these behavior changes may require changing a person's knowledge and attitudes, as well as the behaviors of individuals or groups. This is a complex, sequential process.

c. Environmental prevention strategies.

(1) Environmental strategies (health protection)—such as safe water, fluoridation, lead abatement, regulations on public smoking, seatbelt laws, and safer highways—generally require societal commitment for the implementation of the extensive interventions needed. Once these changes are made, they require little individual effort from the beneficiary, and can have far-reaching impact.

(2) Obtaining clinical services or effecting behavioral changes require that individuals make personal efforts to take necessary actions. Preventive environmental services, on the other hand, are for the most part passive, requiring little or no action on the part of the beneficiary.

6-3. Framework II: Targeting intervention by stage of disease or injury.

a. Universal prevention (previously Primary). Universal prevention is the reduction or control of causative factors for a health problem, and includes reducing risk factors (such as smoking cessation to prevent lung cancer, or sex education to reduce sexually transmitted diseases) and reducing environmental exposures (such as reducing ambient lead to prevent intellectual impairment). This category includes health-service interventions (such as vaccinations), or preventive “therapy” tools (such as fluoridated water supplies or dental sealants).

b. Selective prevention (previously Secondary). Selective prevention involves early detection and treatment. Examples include mammography for detecting breast cancer; and contact identification and follow-up for detecting and treating persons with sexually transmitted diseases.

c. Indicated prevention (previously Tertiary). Indicated prevention involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life (such as rehabilitation from injuries). It includes preventing secondary complications among individuals with disabilities (such as shoulder overuse syndrome).

d. Prevention strategies for leaders. (See table 6-1.)

Table 6-1
Prevention strategies

Strategy System	Awareness/ Information/ Education	Skills Development	ID and Referral/Early Intervention	Health Promotion and Alternative Activities	Building Coalitions & Capacity of the Community	Policies	Enforcement of Laws, Regulations, and Policies
Commanders	• Provide with current research. • Provide with monthly data on high-risk behavior trend. • Provide with info on shot groups and data analysis. • Conduct ongoing needs assessments.	• Intervention skills training. • Leadership training. • Training on human resource management.	• Training on factors for high-risk behaviors. • Training signs and system of high-risk behaviors. • Training in referral techniques.	• Health fairs. • Commander-supported sports events. • Organizational Day. • Competitive battalion events.	• Commander participation in/ support for town hall meetings. • Coalition meeting. • Task force council.	• Mandated installation support for zero tolerance of alcohol/drug violence. • Disciplinary action mandates.	• Enforce zero tolerance. • Mandate MPs to enforce DUI/DWI. • Reward units and soldiers for decreased incidence rates.
Chain of Command Leadership	• Educate on alcohol and drug trends. • Shot groups and risk reduction processes. • Training on responsible behaviors. • Conduct ongoing needs assessments.	• Intervention skills training. • Leadership training. • Stress management. • Human resource training.	• Training in symptoms of high-risk behavior. • Training on referral resources valuable. • Training on intervention techniques.	Leadership-sponsored health fairs.	• Leadership participation in town hall meetings. • Participation on coalition meetings.	• Mandated disciplinary measures for high-risk behaviors. • Mandatory disciplinary measures. • Mandated skills development training.	• Assess consistency in enforcing policies. • Reward soldiers for exemplary conduct.

Strategy System	Awareness/ Information/ Education	Skills Development	ID and Referral/Early Intervention	Health Promotion and Alternative Activities	Building Coalitions & Capacity of the Community	Policies	Enforcement of Laws Regulations, and Policies
Soldiers	• Posters. • Newsletters. • Prevention messages. • Educational surveys. • Briefings.	• Life Skills training. • Financial management class. • Conflict management training. • Stress management. • Classes for communication. • Parenting skills.	• Provide training information on risk factors. • Provide information on where to get help. • Develop process/ system to ID and refer high-risk individuals.	• Develop collaborative process to ensure comprehensive services. • Educate soldiers about partnership. • Recruit volunteers. • Empower soldiers.	• Develop collaborative process to ensure comprehensive services. • Educate soldiers about partnership. • Recruit volunteers. • Empower soldiers.	• Ensure policies are written, visible, known, and understood. • Develop workplace unit policies.	Provide clear and consistent messages about consequences of broken policies.
Civilians	• Posters. • Newsletters. • Prevention messages. • Educational surveys. • Briefings. • Conduct ongoing needs assessments.	• Life Skills training. • Financial management class. • Conflict management training.	• Provide training information on risk factors. • Provide information on where to get help. • Develop process/ system to ID and refer high-risk individuals.	• Develop collaborative process to ensure comprehensive services. • Educate civilians about partnership. • Recruit volunteers. • Recruit civilian volunteers.	• Develop collaborative process to ensure comprehensive services. • Educate civilians about partnership. • Recruit volunteers. • Empower civilians	• Ensure policies are written, visible, known, and under-stood. • Develop workplace policies.	Provide clear and consistent messages about consequences of broken policies.

Strategy System	Awareness/ Information/ Education	Skills Development	ID and Referral/Early Intervention	Health Promotion and Alternative Activities	Building Coalitions & Capacity of the Community	Policies	Enforcement of Laws Regulations, and Policies
Family members	• Brochures. • Posters. • Newsletters. • Conduct ongoing needs assessments. • Information seminars.	• Parenting classes. • Spiritual development. • Communica-tion skills. • Financial planning. • Spouse and family support groups. • Classes for couples.	• Provide information about installation services. • Workshops on where to get help for specific problems. • Spouse and family support groups. • Referrals to services/ agencies.	• Family outings. • Sports events. • Youth events. • Spiritual retreats. • Support groups.	• Identify Installation's resources. • Educate. • Recruit volunteers to join, partnership, and/or assist with initiatives.	• Policies prohibiting domestic violence (child/ spouse). • Development of family management policies.	Educate families on consequences of breaking installation policies/ regulations.
Installation Agencies	• Educate agencies on high-risk behaviors. • Trends/shot groups. • Brochures. • Newsletters. • Information sessions. • Educate agencies on their role in prevention and collaboration. • Conduct ongoing needs assessments. • Awareness rally.	• Server training. • Team building. • Develop collaboration skills. • Training in prevention model.	• Train impactors in signs/ symptoms of high-risk behaviors. • Train impactors in risk protective factors. • Educate impactors on resources available.	• Coordinate the planning and implementation of activities/ programs with installation agencies. • Co-sponsor events with other agencies.	• Educate agencies about prevention/ risk reduction models. • Educate agencies about the role/mission of the IPT. • Recruit agencies to join coalition. • Involve diverse installation groups in plans/programs. • Establish installation ownership of programs.	• Establish client polices that empower clients. • Ensure client and victim rights and policies are known and understood by all.	• Secure agency support in the enforcement of installation polices. • Educate agencies about policies and conse-quences of breaking them.

Appendix A
References

Section 1
Required Publications

AR 385-40
Accident Reporting and Records

AR 600-8-24
Officer Transfers and Discharges

AR 635-200
Enlisted Personnel

Section II
Related Publications

AR 27-1
Judge Advocate Legal Services

AR 27-10
Military Justice

AR 190-40
Serious Incident Report

AR 190-45
Law Enforcement Reporting

AR 195-2
Criminal Investigation Activities

AR 210-50
Housing Management

AR 230-3
Department of the Army Welfare Fund

AR 340-21
The Army Privacy Program

AR 385-10
The Army Safety Program

AR 608-18
The Army Family Advocacy Program

AR 600-20
Army Command Policy

AR 600-37
Unfavorable Information

AR 600-63
Army Health Promotion

AR 600-85
Army Substance Abuse Program (ASAP)

Glossary

Section I
Abbreviations

ACS	Army Community Services
ACSAP	Army Center for Substance Abuse Programs
AR	Army Regulation
AWOL	absent without leave
CG	Commanding General
COPS	Centralized Operations Police Suite
DA	Department of the Army
DAMIS	Drug and Alcohol Management Information System
DCG	Deputy Commanding General
DCG/CofS	Deputy Commanding General/Chief of Staff
DCS, G-1	Deputy Chief of Staff, G-1 (Personnel)
DCSPIL	Deputy Chief of Staff for Personnel, Infrastructure, and Logistics
DUI	driving under the influence

DWI	driving while intoxicated
ECRR	Executive Committee for Risk Reduction
HIV	human immuno-deficiency virus
HQ	headquarters
IAW	in accordance with
IET	initial entry training
IPT	Installation Prevention Team
MP	Military Police
OSJA	Office of the Staff Judge Advocate
POC	point of contact
RR	risk reduction
RRP	Risk Reduction Program
SJA	Staff Judge Advocate
STD	sexually transmitted disease
TRADOC	U.S. Army Training and Doctrine Command
UA	urinalysis
UCMJ	Uniform Code of Military Justice
URI	Unit Risk Inventory

Section II
Terms

accidents
An accident is defined as any unplanned event (includes fires) that causes personal injury or illness, or property damage. Accident classes are used to determine the appropriate investigation and reporting procedures. For purposes of this process, all accidents that result in a lost workday, or property damage in excess of $20,000 (Class C or above), are reportable.

alcohol offenses
The total number of alcohol-related offenses charged to members of battalion/equivalent or separate companies/equivalent. These include: DWI/DUI, public intoxication, drunk and disorderly, alcohol-related reckless driving, and possession and consumption by a soldier under the age of 20.

absence without leave (AWOL)
An offense in violation of UCMJ, Article 86, referring to a soldier who without authority—

- Fails to go to his or her appointed place of duty at the time prescribed.
- Goes from their place of duty without proper authority.
- Is absent or remains absent from their unit, organization, or required place of duty.
- Fails to report to a transportation terminal as ordered.
- Fails to report to his or her proper duty station as ordered.

chapter elimination
Administrative separation of a soldier from service (without benefit of a trial) and his/her return to the civilian sector, either upon expiration of service, or before expiration of service, for reasons prescribed in applicable chapters of AR 635-200 (for enlisted soldiers), and AR 600-8-24 (for officers).

child abuse
A non-accidental injury to a child that, regardless of motive, is inflicted, or allowed to be inflicted, by the person responsible for the child's care. This includes any injury that is at variance with the history, or given maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment, or cruel punishment.

communicable disease
Acute respiratory diseases (such as, influenza, parainfluenza, adenoviruses, streptococcal, and mycoplasma infections).

court-martial
The act of determining through a trial (either judge alone, or with a panel (jury) of military members) whether a soldier has committed a violation of the Uniform Code of Military Conduct, and if so, the appropriate punishment. Appropriate punishment often includes military discharge.

crimes against persons
Crimes against persons include simple assault, aggravated assault, murder, robbery, concealed weapons, kidnapping, harassment and threats, sodomy, rape, indecent assault, adultery, and forgery.

crimes against property
Crimes against property include house breaking/burglary, auto theft, arson, theft of government property, theft of private property, damage to property, and vandalism.

deaths
Death of unit personnel, due to natural or accidental death, including suicide.

drug offenses
Drug offenses include possession and sale (but not use) of a controlled substance.

disciplinary action
Nonjudicial action taken against a soldier, to correct misconduct in violation of the Uniform Code of Military Justice. Used primarily as a tool for teaching proper standards of conduct and performance, and does not constitute punishment. Often referred to as an "Article 15" given by the company commander ("Company Grade") or the next higher commander ("Field Grade"). An Article 15 is more serious than administrative corrective measures (such as a counseling statement), but less serious than a trial by court-martial. The total number of Company and Field Grade administrative disciplinary actions (nonjudicial) in this reporting unit.

environmental injury
Cold injury (tissue trauma produced by exposure to cold) includes frostbite, hypothermia, and immersion-type; heat injury (clinical syndrome resulting from overexposure to heat) includes heat exhaustion and heat stroke.

financial problem
Financial problems could include soldiers writing bad checks, repossessions, calls from creditors, etc.

indicated prevention. Indicated prevention involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life (such as rehabilitation from injuries). It includes preventing secondary complications among individuals with disabilities (such as shoulder overuse syndrome).

injuries
Includes all injuries that require medical attention, and result in one or more duty days lost.

overuse injuries
Injuries caused by exercising too much, too frequently, and with too rapid an increase in repetitions, weight, speed, or distance.

selective prevention. Selective prevention involves early detection and treatment. Examples include mammography for detecting breast cancer; and contact identification and follow-up for detecting and treating persons with sexually transmitted diseases.

sexually transmitted diseases
Those infections transmitted through sexual contact, and for which sexual transmission is epidemiologically important, including chlamydia, gonorrhea, syphilis, and urethritis.

sexual harassment
In accordance with AR 600-20, chapter 7, paragraph 7-4, the Army defines sexual harassment as a form of gender discrimination that involves unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when –

(1) Submission to, or rejection of, such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, career, or

(2) Submission to, or rejection of, such conduct by a person is used as a basis for career or employment decisions affecting that person, or

(3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

(4) Any person in a supervisor or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of a soldier or civilian employee is engaging in sexual harassment. Similarly, any soldier or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment.

spouse abuse
Spouse abuse encompasses a variety of actions, including assault, patterns of behavior resulting in emotional or psychological abuse, economic control, interference with personal liberty, and/or the use, attempted use, or threatened use of force against a person of the opposite sex who is a current or former spouse, or a person with whom the abuser shares a child in common, or a current or former intimate partner with whom the abuser shares, or has shared, a common domicile.

suicidal behaviors (gestures/attempts)
External behaviors related to taking one's own life. This includes actions that are potentially self-injurious, whether or not there is true intent to die.

suicidal ideations
Suicidal ideation refers to thoughts of suicide or wanting to take one's own life.

traffic violations
Moving traffic violations include failure to obey a traffic device, accidents, and non-alcohol-related reckless driving IAW Department of Justice Crime Index Codes.

universal prevention. Universal prevention is the reduction or control of causative factors for a health problem, and includes reducing risk factors (such as smoking cessation to prevent lung cancer, or sex education to reduce sexually transmitted diseases) and reducing environmental exposures (such as reducing ambient lead to prevent intellectual impairment). This category includes health-service interventions (such as vaccinations), or preventive "therapy" tools (such as fluoridated water supplies or dental sealants).

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