



**DEPARTMENT OF THE ARMY**  
**JOINT BASE MYER – HENDERSON HALL**  
**204 LEE AVENUE**  
**FORT MYER, VIRGINIA 22211-1199**

AMIM-MHH

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Joint Base Myer-Henderson Hall (JBM-HH) Policy Memorandum HR-5, Promoting Health, Risk Reduction, and Preventing Suicide

1. REFERENCES.

- a. Army Regulation (AR) 600-63, Army Health Promotion, 14 Apr 15.
- b. Department of Army (DA) Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 Apr 15.
- c. Army Directive (AD) 2018-23 (Improving the Effectiveness of Essential and Important Army Programs: Sexual Harassment/Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience), 08 Nov 18.

2. PURPOSE. This policy establishes procedures for the JBM-HH Health Promotion, Risk Reduction, and Suicide Prevention programs.

3. APPLICABILITY. This memorandum applies to all Army personnel within the JBM-HH area of responsibility.

4. POLICY. Sustaining the health and well-being of our Service Members, DA Civilians, and Family Members is one of the most important responsibilities of leaders at all levels and directly impacts unit readiness. Promotion of healthy lifestyles, identifying and reducing risk-seeking behaviors, and preventing suicides are a priority for this command and the entire JBM-HH community.

5. PROCEDURES.

a. All leaders, supervisors, Service Members, and DA Civilians are responsible for creating an environment that removes the stigma of seeking help for behavioral health issues. On a daily basis, it is incumbent upon all of us to be aware and recognize when someone may be at risk, and know we are all empowered to take appropriate actions to



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save lives. Each of us is responsible for eliminating policies, procedures, and actions that inadvertently discourage Soldiers, their Families, or DA Civilians from seeking help.

b. To this end, I charge everyone to ensure that no Service Member is belittled for requesting assistance from behavioral health professionals or social workers. Similarly, we must ensure DA Civilian employees are encouraged to also access available help. Leaders must utilize an extraordinary degree of discretion when identifying and sharing information regarding Soldiers and DA Civilians seeking help.

c. One life lost to suicide is one life too many. Suicide prevention spans the gamut-of-effort from prevention to intervention to post-intervention. Each of us has a personal role to play in preventing suicide within the JBM-HH community. Commanders should utilize committees, task forces and work groups (Installation Prevention Team, Safety and Occupational Health Advisory Council, etc.) to assist them in identifying trends and form collaborations with helping agencies. Annual and refresher universal approach trainings provide information on identifying persons at risk and basic intervention skills. The Army's Ask, Care, Escort suicide prevention training reflects this command's perspective on genuine caring for the Army's most vital resource – our Soldiers, their Families, and Civilians.

d. Leaders at all levels must be more than passively involved. Commanders are expected to ensure their leaders are educated regarding behavioral health issues such as suicidal ideations, substance misuse and abuse, and other high-risk behaviors. Leaders and supervisors will actively engage in monitoring suicide risk factors and warning signs, to include intervening to assist high risk Service Members and Civilians.

(1) Unit Risk Inventory (URI): Commanders are encouraged to utilize the URI, a 53-question anonymous questionnaire designed to screen for high-risk behaviors and attitudes that compromise readiness. The URI is administered through the Army Substance Abuse Programs (ASAP) Risk Reduction Program Coordinator (RRPC) at the request of unit commanders. The results of the URI are utilized to target intervention and prevention efforts to reduce high-risk behaviors. It is recommended that all incoming commanders contact the RRPC to administer this survey within three months of assuming command, or as needed.

(2) Substance Abuse and Suicidal Referrals: Soldiers will be referred to the Andrew Rader Health Clinic's Behavioral Health (BH) department, for an evaluation within five working days of the commander becoming aware of any Soldier who tests positive for controlled substances, has a drug and/or alcohol related incident, or if there is an apparent abuse of alcohol or other substances. BH can be contacted at (833) 853-1392. Suicidal concerns must be handled immediately either through the Emergency Room, police department, BH or Chaplain (CH) services. Civilian employees may also utilize the ASAP's Employee Assistance Program when facing life stressors that effect

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work performance. Their goals are to enable individuals to make positive, productive, and healthy lifestyles choices.

(3) Suicide Prevention: Commanders will determine the duration, location, and means for conducting training IAW AD 2018-23. Unit leaders will lead the training and may use assets such as ASAP's Suicide Prevention Program Manager (SPPM), CHs, legal representatives, Master Resilience Trainers (MRT) or other subject matter experts. Commanders will retain records of Soldiers' suicide prevention trainings and ensure sign-in rosters are provided to the SPPM within 5 working days of the trainings.

e. The success of our JBM-HH health promotion, risk reduction, and suicide prevention programs depends on the concentrated focus of leaders on activities that encompass the physical, behavioral, spiritual, social, and cultural dimensions in our commands. The total effect of solid programs will be an overall improvement in unit and organizational performance, to include readiness and resiliency, through enhanced individual well-being. We are America's post!

6. PROPONENT. The Directorate of Human Resources is the proponent for this policy. The point-of-contact is the ASAP Manager at commercial (703) 696-6860, DSN 426-6860.

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Commanding