



DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON OKINAWA  
UNIT 35114  
APO AP 96376-5114

COMMAND POLICY  
600-5

AMIM-JNO-HS (600-85j)

29 July 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Risk Reduction Program (RRP) and Installation Prevention Team (IPT)

1. REFERENCES:

- a. Army Regulation (AR) 600-20 (Army Command Policy)
- b. AR 600-63 (Army Health Promotion)
- c. AR 600-85 (Army Substance Abuse Program)
- d. Department of the Army (DA) Pamphlet 600-24 (Health Promotion, Risk Reduction, and Suicide Prevention)

2. PURPOSE: This policy provides guidance, prescribes procedures, and assigns responsibilities for the RRP and the IPT members of U.S. Army Garrison (USAG) Okinawa.

3. APPLICABILITY: This policy applies to all units assigned or attached to USAG Okinawa.

4. POLICY:

a. The RRP is a Commander's tool designed to decrease Soldiers' high risk behaviors, thus increasing Soldier and unit readiness. This program has been developed to identify and mitigate the high risk behaviors (HRB) by utilizing a coordinated effort between Commanders and installation agencies to implement effective intervention strategies.

b. The IPT is a team of Subject Matter Experts selected by the Garrison Commander who may speak to and allocate resources for installation-wide prevention and Risk Reduction interventions. The IPT members are responsible for ensuring data for their risk factor are accurate and submitted no later than the 5th of each month to the Risk Reduction Program Coordinator (RRPC).

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c. Quarterly data is provided to Commanders, furnishing a unit "snap shot" relating to the high risk factors. These factors are: deaths, accidents, sexually transmitted infections, suicide gestures and attempts, Absent Without Leave (AWOL), drug and alcohol offenses, traffic violations, crimes against persons, crimes against property, spouse abuse, child abuse, financial problems and positive urinalysis. This data is then compared to the installation and Army averages, then graphically displayed as a shot group. Commanders can quickly identify problem areas and react with additional awareness training.

d. The IPT is hereby established and will be chaired by the Garrison Commander and coordinated by the RRPC. The IPT meeting will be conducted on a quarterly basis. The following personnel assigned to the USAG Okinawa billets are appointed as members of the IPT. IPT members marked with asterisk are mandated to submit the risk reduction data. See enclosure.

- (1) Garrison Commander (IPT Chair)
- (2) Deputy to the Garrison Commander
- (3) Garrison Command Sergeant Major
- (4) Unit Commanders
- (5) Staff Judge Advocate Representative\*
- (6) Director, Human Resources
- (7) Director, Emergency Services\*
- (8) Director, Family and Morale Welfare and Recreation
- (9) Director, Army Community Service\*
- (10) Family Advocacy Program Manager\*
- (11) Alcohol and Drug Control Officer\*
- (12) Army Substance Abuse Program Specialist
- (13) Ready and Resilient Program Specialist (CR2C)
- (14) Provost Marshall\*

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(15) Detachment Chief, Criminal Investigation Department\*

(16) Substance Use Disorder Clinic Care (SUDCC) / MEDDAC-J Liaison  
Okinawa

(17) Chaplains

(18) President, Better Opportunities for Single Soldiers

(19) Military Family Life Consultant

#### 5. IPT MEMBERS' RESPONSIBILITIES:

a. The IPT chair will:

(1) Hold meetings quarterly.

(2) Provide guidance and direction to the IPT and its members.

(3) Ensure the prevention team adheres to its purpose, goals, and objectives of facilitating and coordinating health promotion and well-being efforts throughout the installation.

(4) Ensure team members function as active participants in the IPT.

(5) Review and analyze the installation risk reduction data and other high risk behaviors as necessary.

b. The IPT members will:

(1) Attend all IPT quarterly meeting.

(2) When necessary, IPT members will attend the working group meetings or send a qualified representative. The IPT working group attendees will be determined based on specific topics, goals and objectives that the prevention team is analyzing, and will meet on a monthly basis or as necessary.

(3) Submit applicable Risk Reduction Data to the RRPC by the 5th of each month for each risk factors.

(4) Develop and implement prevention and intervention initiatives.

(5) Conduct a comprehensive review of installation health promotion

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programs/processes and recommend changes in programs as necessary. Use existing measures and metrics where possible. Synchronize prevention efforts and identify redundancies and gaps in programs and services.

(6) Provide a forum for stakeholders to share trend information to holistically develop prevention strategies and initiatives.

6. SPECIAL INSTRUCTIONS:

a. In accordance with AR 600-85, the Unit Risk Inventory (URI) and the Reintegration Unit Risk (R-URI) Inventory are anonymous questionnaires designed to screen for high risk behaviors that compromise unit readiness. The URI is administered to the unit no later than 30 days prior to deployment and 30 and 180 days after returning from an operational deployment. The result of the URI/R-URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors. The URI is also a great tool for incoming Commanders to assess the climate within their unit.

b. Each Commander is strongly encouraged to take full advantage of what this program has to offer in deterring high risk behaviors, enabling the commanders to identify prevention-focused approach, thus increasing Soldier and unit readiness.

7. This command policy supersedes USAG Okinawa Command Policy 600-5, 4 August 2017 and will remain in effect until superseded or rescinded.

8. The point of contact for this matter is the Alcohol and Drug Control Officer at (315) 652-4149 or the RRPC located on Torii Station at (315) 652-4187.

2 Encls

1. Risk Factor Definition

2. Data Source



RYAN S. GLADDING

LTC, PO

Commanding

DISTRIBUTION:

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D

Okinawa CID Office