



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND AND FORT KNOX
1ST CAVALRY REGIMENT ROAD
FORT KNOX, KENTUCKY 40121-5123

AMIM-KNH-S

JUN 05 2025

MEMORANDUM FOR

Commanders, Fort Knox Partners in Excellence
Commanders, All Units Reporting Directly to this Headquarters
Directors and Chiefs, Staff Offices/Departments, HQ USAREC

SUBJECT: Fort Knox Policy Memo #8 - Promoting Health, Reducing Risk, and Preventing Suicide

1. References:

- a. Army Regulation (AR) 600-92, Army Suicide Prevention Program
- b. AR 600-85, The Army Substance Abuse Program (ASAP)
- c. AR 600-63, Army Health Promotion

2. Sustaining the health and well-being of our Soldiers, Department of the Army Civilians (DACs), and Family Members (FMs) is one of the most important responsibilities of leaders and personnel at all levels. Promoting healthy lifestyles by reducing high-risk behaviors is a priority for this command and all tenant organizations on Fort Knox.

3. All commanders, leaders, supervisors, Soldiers, and DACs are responsible for creating an environment that promotes a healthy lifestyle by reducing high risk behaviors and reduces stigma for seeking help. It is incumbent on all of us to be cognizant when someone may be at risk and know everyone is empowered to save lives. Each of us is responsible for eliminating practices and actions that punish or discourage SMS, DACs, and their FMs from seeking help. All battalion commanders and above will utilize the various installation agencies and tools to assist with identifying trends and emplace mitigating strategies.

4. One life lost to suicide is one life too many. The Fort Knox Army Substance Abuse Program's Suicide Prevention Program spans the gamut-of-effort from prevention to intervention to postvention. Each one of us has a personal role in suicide prevention. Annual suicide prevention training is imperative to sharpen intervention skills and remain knowledgeable of resources.

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5. Commanders and leaders at all levels must be more than passively involved. I expect commanders to ensure all leaders are educated on unit command climate effects of behavioral health and its relation to suicide ideation, substance abuse, and other high-risk behaviors. To assist in this effort, commanders will employ Fort Knox Army Substance Abuse Program's full capabilities to deter, prevent, and provide assistance. All areas may be reached at usarmy.knox.id-training.mbx.asap-prevention@army.mil.

a. All Soldiers must undergo urinalysis drug testing each fiscal year and commanders must conduct 20% random testing of unit military strength every month (in order to meet the required 10% minimum Army standard). Recommend 3-4 Unit Deterrence Leaders (UDL) per 100 Soldiers. Department of the Army Civilians in Testing Designated Positions will also be randomly tested through the Civilian Drug Testing Program (see AR 600-85, Section 5-8 for a complete list of Testing Designated Positions). Supervisors and Civilian Personnel Advisory Center will collaborate to maintain an up-to-date roster of all Civilians that are in Testing Designated Positions and ensure their participation in the Civilian Drug Testing Program. Please call (502) 624-8368 for military and DAC drug testing questions and UDL Training.

b. Command Teams at all levels are encouraged to have access to the Commander's Risk Reduction Toolkit (CRRT) in Vantage to assist with assessing unit and Soldier readiness. Unit Risk Inventories (URIs) will be administered 120 days before deployment and are recommended every 12 months and at change of command. Reintegration-URI (R-URI) are scheduled between 30 and 180 days of Soldiers' return. Command Teams can call (502) 624-5679 for CRRT access, training, and assistance.

c. All DACs and SMs must complete their annual Ask Care Escort (ACE) Base +1 mandatory training. ACE Base +1 is taught face-to-face by ACE-Suicide Intervention (ACE-SI) Tier 1 trainers. ACE-SI Tier 1 are trained by ACE-SI Tier 2; Fort Knox ASAP Suicide Prevention will facilitate and manage ACE-SI Tier 2 instructors. All battalion level and higher units and equivalent civilian organization must maintain a minimum of two ACE-SI Tier 2 certified instructors. For more information contact, ASAP Suicide Prevention at (502) 624-7374.

d. All Soldiers will receive Annual Substance Misuse Prevention Training, IAW AR 600-85. Any Soldier with an alcohol or drug-related incident or who test positive for controlled substances must attend the two-day Alcohol and Drug Abuse Prevention Training and be referred to the Substance Use Disorder Clinical Care (SUDCC). Alcohol and drug prevention trainings, activities, and campaigns can be coordinated with the ASAP Prevention Coordinator at (502) 624-1537.

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e. Short-term non-clinical confidential counseling services are available for DACs, FMs, Retirees, and their families through the Employee Assistance Program at (502) 624-5679. Supervisors and commanders may also consult with the EAP for team-building training or consultation to assist with personal or professional issues that is affecting an employee's job performance.

6. The success of our Army's health and well-being depends on the concentrated focus of leaders on activities that promote personal and unit readiness. A drug-free and holistically healthy Army is a ready Army.

7. The point of contact for this memorandum is Dr. William Taylor, at (502) 624-7031, william.k.taylor72.civ@army.mil.

A handwritten signature in black ink, appearing to read 'M. O. Barnett', with a stylized flourish extending from the end.

MAURICE O. BARNETT
Brigadier General, USA
Commanding