

**Standard Operating Procedure for the 26TH ASG
Alcohol and Drug Abuse Prevention and Control Program**

1. **PURPOSE.** This Standard Operating Procedure (SOP) provides guidance for local implementation and internal operations, procedures, and responsibilities for the 26th Area Support Group (ASG) Alcohol and Drug Prevention and Control Program (ADAPCP). It does not replace, but augments, AR 600-85, dated 21 October 1988, to include Change 2 to the AR 600-85, dated 1 October 1995, which provides requirements and guidance for program operation. Local Base Support Battalion (BSB) clinical directors may, with Alcohol and Drug Control Officer (ADCO) approval, add to the minimum standards set forth in this SOP, as long as there is no conflict with AR 600-85, changes to AR 600-85, other Army Regulations (AR), or Public Law.

2. **MISSION.**

a. The ADAPCP supports Army elements in maintaining and improving personnel readiness and quality of life by providing drug and alcohol deterrence efforts, community education, identification, and rehabilitation services. The ADAPCP serves the command, the service member, and the community in the following military communities: 411th BSB, 415th BSB, and 293rd BSB.

b. The ADCO is directly responsible for the overall coordination of the ADAPCP within the 26th ASG.

3. **APPLICABILITY.** This SOP applies to all 26th ASG ADAPCP activities and Community Counseling Centers (CCC).

4. **PROGRAM MANAGEMENT.**

a. **26th ASG ADCO Responsibilities.**

1. Coordinates all command, staff, and clinical aspects of the ADAPCP. and operational control of all ADAPCP personnel, facilities, and funds.

2. Provides operational management supervision to the clinical director. Rates ADAPCP personnel IAW rating scheme at **Annex K**. Provides direct technical supervision to the Biochemical Testing Coordinators (BTC) and technical support to the Education Coordinators (EDCO) Ensures an adequate number of competent, qualified, and experienced professional staff is provided to supervise and implement all patient treatment plans, and to accommodate the urinalysis testing program. Ensures adequate professional facilities, furnishings, and equipment required to provide quality care.

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3. Develops, coordinates and recommends local ADAPCP policies and procedures for implementation.

4. Provides funding for all equipment, supply and training needs for the ADAPCP. Maintains control and approval authority for the 26th ASG ADAPCP budget implementation. Approves all TDY and supply requests. Provides data for budget and manpower planning and maintains appropriate records of resource transactions.

5. Establishes communication, referral, and processing channels with and between military and civilian activities. Oversees prevention education and civilian program efforts for the command.

6. Ensures the administrative maintenance of all ADAPCP records and reports. Authenticates all ADAPCP reports furnished to higher headquarters. Analyzes data to identify trends, needs, resources and problems.

7. Provides program evaluation information to the commander. Conducts quarterly Staff Assistance Visits and provides written evaluations of program functioning in each CCC to the Clinical Director (CD) with copy furnished the appropriate on-site commander.

8. Provides logistical support for Adolescent Substance Abuse Counseling Services (ASACS) Counselors.

9. Ensures Alcohol and Drug Abuse Prevention Training (ADAPT) education and Unit Alcohol and Drug Coordinator (UADC) education is provided for personnel in each BSB. Training may be provided on-site, or at a centralized location at the discretion of the ADCO, in coordination with the appropriate CD and the 26th ASG Education Coordinator (EDCO).

10. Supervises and monitors the biochemical testing program. Ensures supplies are available to CCCs for urinalysis testing. Disseminates and monitors monthly urinalysis allocations for shipment of specimens to the appropriate CONUS testing laboratory.

11. Provides technical supervision and monitors the biochemical testing program. Ensures supplies are available to CCCs for urinalysis testing. Disseminates and monitors monthly urinalysis allocations for shipment of specimens to the appropriate CONUS testing laboratory.

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12. Oversees the Quality Improvement Program.

b. Clinical Director's Responsibilities.

1. Supervises clinical and administrative aspects of the CCC on a daily basis.

2. Conducts and documents regularly scheduled clinical supervision for counseling staff. Provides clinical support to CCC counselors which will include regularly scheduled case staffing, case review, and co-facilitation of difficult cases. Provides documented clinical supervision IAW the **Annex F**, Clinical Supervision.

3. Supervises case management and maintenance of patient records and reports. At a minimum, ensures high risk cases are staffed with Clinical Consultant monthly.

5. Provides rehabilitation counseling, on an emergency basis, due to staffing shortages or when rehabilitation skills required to meet the needs of the patient are beyond the skills, professional training, or competence of the CCC counselor.

6. Maintains close liaison with MEDDAC Clinical Consultant and ensures that DA, USAREUR, and ASG policies are implemented at the CCC.

7. Reviews and verifies all internal reports and forms and ensures all reports and forms are forwarded to higher headquarters. Ensures all suspense are met and reports are accurate. Authenticates all clinical and administrative reports leaving the CCC, to include synopsis letters, DA 3711 reports, etc.

8. Makes all counselor selections with ADCO approval. Participates in the selection of clerical personnel for the CCC. Provides annual performance evaluations of CCC staff. Ensures counselors have Individual Development Plans, up-to-date performance standards and job descriptions.

9. Serves as member of the community QI Committee and as a member of the case review committee. Monitors all local QI activities. In concert with QI committee, establishes indicators and criteria for the purpose of analyzing the effectiveness of the CCC program.

10. Identifies all training, resource, education, and prevention needs for the CCC and forwards appropriate requests to the 26th ASG ADCO. In conjunction with the ADCO, develops and implements a prevention/education program which can be carried out with existing resources. Assists in clinical aspects of CCC prevention education efforts, and regularly scheduled command briefings (inprocessing, NCOPD/OPD, Commanders/1SG briefings, etc.) to facilitate rapport and early referrals.

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11. Provide systematic updates of program trends to local unit commanders and the BSB Commander. Forward, a minimum of monthly, reports to commanders at all levels, outlining status of information related to the implementation of the ADAPCP in their unit. At a minimum, this information will include: urinalysis statistics, patient drug testing data, missed and no-showed appointment data, and unit enrollment numbers. Consults with battalion commanders on relevant ADAPCP services and data on a quarterly basis.

12. Reviews referral status, ADAPCP log to include enrollments, disenrollments, and patient testing requirements, status of appointments, pending cases, and other reports as required.

13. Provides technical supervision.

14. Monitors the biochemical testing program.

c. Alcohol and Drug Abuse Counselor.

1. Conducts comprehensive alcohol and drug abuse assessments and provides enrollment/treatment recommendations to CDs and commanders.

2. Establishes, monitors, and updates written treatment plans that are individualized, specific to patient needs, addresses exact modalities to be used, frequency of sessions, goal completion dates, procedures for reassessment, and who provides treatment.

3. Provides individual, group, couples, and family counseling IAW clinical privileges as approved by the CD and MEDDAC. Conducts rehabilitation team meetings as required.

4. Develops and facilitates patient aftercare program IAW AR 600-85.

5. Maintains patient records and reports IAW SOP and QI standards. Maintains patient confidentiality IAW Privacy Act, AR 600-85.

6. Consults with commanders, on a quarterly basis, regarding patients' rehabilitation progress and job performance.

7. Assists in clinical aspects of CCC preventive education efforts to include NCO/PD/OPD training, inprocessing classes, etc.

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8. Actively participates in clinical supervision, case staffing, and professional development training.

9. Complies with applicable privileging, certification and recertification requirements.

d. Clinical Consultant.

1. Serves on QI Committee. Meets monthly with ADAPCP counselors for purposes of case presentation and clinical guidance. When available provides in-service training.

2. Serves as the rater for the CD. Meets monthly with CD to provide consultation and technical supervision.

e. **Education Coordinator.** Develops, administers, and supervises a comprehensive, target-group oriented preventive education and training program on alcohol and other drug abuse-related areas for the 26th ASG IAW **Annex B**, Education Guidelines.

f. **Program Assistant/Biochemical Test Coordinator (BTC).** Administers the BTC program to include database management, inventory, budget, training, collection management, UADC management, laboratory liaison and commander liaison, IAW **Annex I**, BTC operating procedures, and **Annex J**, UADC Guidelines.

5. **MAINTENANCE OF FACILITIES AND APPEARANCE OF PERSONNEL.** Facilities are expected to remain in a high state of upkeep and professional appearance at all times. Civilian personnel will maintain a neat, clean appearance, and standards of dress. All CCC operations will be conducted during normal duty hours. As a minimum, CCCs will operate from 0730 to 1630 hours. Facilities will not be closed (except for U.S. holidays) without ADCO approval. The CCC facilities should not be committed for activities (e.g. Boy Scouts, AA, Diet Clubs) without ADCO concurrence.

6. **RESOURCE PROTECTION.** All staff are expected to conserve and protect all resources provided for the operation of the program. Staff should be familiar with the Army's fraud, waste, and abuse program and report any misappropriation of resources in a timely manner. All staff are responsible for assisting in security and protection of all assigned equipment and materials.

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7. **UTILIZATION OF PERSONNEL.** Assigned personnel will be used to the maximum extent possible. It is possible that personnel assigned to one CCC may be reassigned to another CCC on a temporary basis if the need arises. It is expected that all annual leaves/absences be scheduled to allow uninterrupted service delivery. Time and attendance control for CDs, and the EDCO will be maintained by the ADCO. All leave requests and Temporary Duty (TDY) of 26th ASG ADAPCP staff will be approved by the ADCO.

8. **STAFF CONDUCT.** All personnel are expected to maintain exceptional moral and ethical conduct and behavior. All clinical personnel will comply with the ADAPCP Ethical Standards (Clinical Code of Ethics). Additionally, all clinical and administrative personnel, with the exception of local national employees, full time biochemical testing personnel, and those individuals who do not have direct patient contact, will, as a condition of employment, consent to and participate in urinalysis testing. Signed consents DA Form 5019-R will be maintained in each employee's CCC personnel file.

9. **ADMINISTRATION.**

a. **Monthly Logs.** All personnel are required to submit a monthly DA Form 3711 report detailing the categories of hours worked to the CD by the last working day of the month. Scheduled leave and TDY requires that the logs be submitted prior to absence, should the end of month occur prior to the employee's return.

b. **Recurring Reports.** Overall responsibility for review, verification of data, and timely submission to the 26th ASG ADCO belongs to the BSB CD. Where appropriate, the ADCO ADAPCP Program Assistant compiles all CCC data on a combined 26th ASG report and forwards to the appropriate agency.

1. **DA Form 3711-R and Utilization Review.** The CCC CD is responsible for providing monthly statistics to the 26th ASG ADCO via DA Form 3711-R and the Utilization Review Form. Reports are due to the ADCO not later than five working days after the last working day of each month. Statistics for the DA 3711-R report are maintained and compiled by the CCC's Program Assistants.

2. **DD Form 2398.** The CPC/EDCO is responsible for completing the DD 2398 and providing this report to the ADCO prior to report deadline as established by internal suspense.

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3. **BTC Reports.** The BTC is responsible for compiling all urinalysis testing data and providing it to the Program Assistant not later than the fifth working day of the month. BTCs will send copies of their completed urinalysis statistics to the ADCO by the fifth working day of the month.

4. **EDCO Reports.** After action reports for various education campaigns will be furnished to the ADCO NLT two weeks after campaign is over.

5. Time and Attendance (T&A).

a. Each CD will ensure that T & A reports are completed by their CCC and forwarded to the ADCO office, not later than the Monday after the end of the pay period. The ADCO ADAPCP Assistant will finalize T & A reports and forward to the appropriate agency. Copies of all time sheets will be filed at the ADCO office and cross-filed at each CCC.

b. CDs are required to submit SF71s to the ADCO for all requested leaves. Prior to forwarding leave/TDY requests from the CD to the ADCO, directors will notify the appropriate BSB Commander. Directors are responsible for coordinating staff leave requests in such a manner that appropriate coverage exists at all times. In addition, CDs will ensure that an acting director has been appointed in writing.

6. **DA Form 4465, Patient Intake Report (PIR).** The PIR will be completed by the case manager by the end of the week in which the RTM was held. The PIR will be placed in the patient's medical record and given to the CD. The CD will forward one copy to the local Medical Treatment Facility (MTF), and mail one copy to the Army Center for Substance Abuse Programs (ACSAP).

7. DA Form 4466, Patient Progress Reports (PPR).

a. The CCC program assistant will maintain a suspense system for all enrolled patients to indicate reports completed and those pending. At the beginning of each month, the program assistant will compile a list of all PPRs due that month with one copy to each of the counselors and one copy to the CD.

b. Case managers will complete all portions of the PPR and give the file and PPR to the program assistant/CD prior to the report due date. Commanders will be contacted for consultation/input to the PPR, within one week of the PPR due date. The CD will review the file, sign the PPR, and forward to the program assistant for processing. The program assistant mails one copy to the local MTF and one copy to ACSAP.

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c. **Disenrollments/PCS Loss.** In addition to a final PPR, patients who are disenrolled or PCS, will have a Discharge/Transfer Summary prepared by the case manager. Additionally, for those who are disenrolled from outpatient or inpatient treatment and remain in the community, an aftercare plan IAW AR 600-85 will be prepared and implemented.

c. **Distribution System.**

1. Each CD will check the email system on a daily basis, as this is the most efficient method of disseminating information from the ADCO.

2. Each CD will establish internal procedures which provide for a timely flow of information between staff members. In-house distribution going from one staff member to another will be placed in the staff member's distribution box or given to that individual personally.

d. **Military Police (MP) Blotters.**

1. Each CD will establish a procedure to ensure blotter reports of drug and alcohol related offenses are received as they occur, either by email or by personal pickup at the local MP station. Blotter reports are logged in the MP blotter log the same day of receipt. Notification will be given to the appropriate commander of the requirement for an ADAPCP referral.

2. The CCC program assistant will monitor the log weekly to ensure prompt receipt of the referrals. Blotters will be maintained in a manner to ensure confidentiality. Copies of blotters will be placed in the appropriate patient charts by the administrative assistant or the case manager.

e. **Physical Security.** The ADCO will ensure the following controlled measures for security of the ADAPCP are implemented:

1. **Physical Security.** The ADCO will appoint, on orders, a key control officer who is responsible for implementing the Physical Security, Electronic Security and Key Control procedures set forth in **Annex A**. Each staff member will sign for a set of keys when they begin employment at a CCC. Knowledge of lost or misplaced keys must be immediately brought to the attention of the key control officer. Documentation of key control will be maintained on DA Form 5513-R or facsimile. Semi-annual key inventory will be completed by key control custodian and documented on DA Form 5513-R or facsimile.

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2. The CD will assume or delegate authority for all property at the CCC and follow local hand-receipt holder procedures.

10. CLINIC RECORD MAINTENANCE.

a. Authority for maintenance of clinical records is AR 40-66, and AR 25-400-2. The order and format of the case files will be IAW **Annex D**, Clinical Records.

b. The CCC program assistant, upon receipt of a referral memorandum, will prepare a working file IAW **Annex D**, Clinical Records. All patient identification information is recorded on these forms and the patient's name, SSN and unit, at a minimum, is typed on a label placed in the upper left corner of the file. This working file is given to the counselor who will conduct the intake interview. Files will be maintained in the sections Pending Intake, Pending RTM, or Pending Staffing as appropriate until final disposition is made.

c. Nonenrollments are filed by month in the inactive file. Files of enrolled patients will be maintained in a secured filing cabinet and are filed alphabetically by case manager. Civilian records will be maintained separately from active duty records.

d. Disenrolled civilian and military patient files will be transferred to the appropriate inactive drawer and maintained in order by month of disenrollment until transferred to the appropriate records holding office, or the destruction date.

e. All case files will be secured in the file cabinet by COB each day. No files will be left out overnight. It is the responsibility of the last person in the office to ensure that the filing cabinet is locked. All notes, patient lists, appointment calendars, etc., which identify ADAPCP patients will be controlled by staff members and secured under lock and key overnight.

f. No case files will leave the CCC, with the exception of those which are taken by the counselor to an Rehabilitation Team Meeting (RTM), to QI meetings, the Army Treatment Facility (ATF) or MTF, or otherwise authorized by the CD to leave the building.

g. Anyone requesting information from the case files will be referred to the CD. Any release of patient information will follow the guidelines set forth in Section III, Chapter 6, AR 600-85.

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h. Clinical files and administrative files will be maintained in separate filing cabinets.

11. RELEASE OF INFORMATION.

a. All ADAPCP outpatient records are medical records and are protected by AR 40-66. Paragraph 2-7, AR 40-66, states "No information on the treatment, identity, prognosis or diagnosis for alcohol or drug abuse patients will be released except per AR 600-85." Any release of patient information will follow the guidelines set forth in Section III, Chapter 6, AR 600-85:

1. Release of patient information outside of the patient's chain of command, or medical authorities (based on a need to know for treatment purposes), is only allowed by signed consent or court order. Exceptions are listed in AR 600-85 and are limited to summary information for inspections or statistical reporting.

2. Commanders seeking information from an individual's ADAPCP record must specify their need to know specific information. Commanders do not have unlimited access to review a patient's ADAPCP clinical notes or records.

3. Anyone seeking assistance through ADAPCP prior to official referral is protected by the confidentiality requirements of the program. This includes adolescents seeking assistance through ASACS prior to enrollment.

b. All ADAPCP patient case files will consist of official ADAPCP forms and case notes. Clinical correspondence and reports from outside agencies will be maintained in the patient case files. Every document contained in an ADAPCP patient case file will comply with the requirements of the Privacy Act of 1974.

c. Access to individual ADAPCP patient files will be restricted to the following: ADAPCP staff, MEDDAC personnel concerned with treatment of individual patient cases, Inspectors General, Official inspection teams, and appropriate approved researchers.

d. Each patient will, prior to intake, be given the "Limits of Confidentiality Form" (**Annex D**, Clinical Records). The Intake counselor will inquire about and resolve any questions the patient may have regarding this information. Both patient and counselor will sign this form. If patient refuses to sign the form, the counselor will annotate this on the consent form.

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e. Civilians and family members are further protected from release of information. Legal opinion at **Annex G** outlines interpretation of these protections as afforded by public law and regulation when information is requested on civilian or family member patients from community CMAA.

f. Information regarding positive urinalysis test results will be released as follows:

1. **Service Member.** To the commander or designee, to Criminal Investigation Division (CID) after service member's chain of command has been informed, and also to the case manager if the soldier is enrolled in the ADAPCP.

2. **Civilians.** To the Medical Review Officer (MRO). This information will also be given the case manager if the civilian is enrolled in the ADAPCP.

3. **Adolescents.** To the ASACS counselor.

g. Summary statistical information (i.e. with no personal identification) may be released to the command on a periodic basis to evaluate needs and trends.

12. DESTRUCTION OF INFORMATION.

a. All forms, blotter reports, SF 600, which contain any information which would identify an individual as an ADAPCP patient will be disposed of by shredding, burning or both.

b. Patient records will be disposed of IAW AR 25-400-2 (MARKS).

13. STAFF DEVELOPMENT AND TRAINING.

a. Staff members will participate in all required training.

b. The CD will ensure that each counselor has access weekly to supervision sessions to address specific cases and professional growth. The CD will maintain a folder for each counselor which contains a professional development plan, and documents weekly supervision. Guidelines for documenting supervision are in **Annex F**, Clinical Supervision. In addition, documentation will be kept in the supervision file of counselor's level of training, copies of academic degrees, certification, licensing, credentialing, and other appropriate documentation to show level of qualifications for providing treatment services.

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14. EDUCATION AND PREVENTION.

a. The BSB EDCO is responsible for developing, implementing, and directing the civilian aspects of the program, to include education for civilian employees and family members.

b. Counselors and other staff members will assist with the education and prevention program, as directed by the CD or the ADCO.

c. The BSB EDCO, functioning as the ASG Action Officer for Prevention and Education, is responsible for monitoring and assisting the program assistants, the ADCO, and the BTCs in the preparation and presentation of UADC training.

d. The CD is responsible for coordinating and documenting in-service training for assigned clinical staff.

e. Unit prevention education is the responsibility of the BSB EDCO in the community where the unit is assigned.

f. Education, prevention, training and documentation will be accomplished IAW **Annex B**, Education Guidelines.

15. REHABILITATION SERVICES. Operating procedures and the scope of services for the rehabilitation aspects of the ADAPCP are contained in **Annex C**, the Plan for Professional Services, **Annex D**, Clinical Records, **Annex F**, Clinical Supervision, and **Annex E**, Continuous Quality Improvement.

16. BIOCHEMICAL TESTING. Operating procedures of the biochemical testing program for the BTC and the UADC are contained in **Annex I and J**.

17. ASACS. Adolescents needing treatment (12 years and older) for their own or their family substance abuse problems will be referred to the ASACS counselor in accordance with the ASACS **Annex H**.