



UNITED STATES MARINE CORPS

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SACC

29 JUN 1999

AIR BASES ORDER P5300.5C

From: Commander
To: Distribution List

Subj: STANDING OPERATING PROCEDURES (SOP) FOR THE SUBSTANCE
ABUSE COUNSELING CENTER (SACC) (SHORT TITLE: SOP FOR SACC)

Ref: (a) MCO 1900.16E
(b) MCO 5300.12A
(c) CMC 180301Z DEC 96 (NOTAL)
(d) CMC 270302Z DEC 96 (NOTAL)

1. Purpose. To publish the policies, procedures, and standards for the Substance Abuse Counseling Center (SACC), and to establish responsibility for execution of the SACC in accordance with these policies, procedures, and standards contained in references (a) through (d).

2. Cancellation. ABO P5300.5B

3. Background. This SOP contains policy, procedures and technical instructions to ensure commands are provided the basis for a command prevention program, methods for early identification of substance abusers, program description for command education/treatment programs, proper procedures for initiating treatment of those eligible for treatment. The program objective is to deter substance misuse. This is accomplished by identifying personnel with personal and/or professional problems serious enough to have caused job performance difficulties, jeopardize job performance, and/or well being. A truly successful drug/alcohol abuse program requires the kind of environment in which Marines find job satisfaction through challenging and rewarding duties, without the need to resort to drugs or the irresponsible use of alcohol.

4. Action. The Director, SACC will:

a. Assume the responsibility to develop and implement the policies, procedures and standards for the SACC.

b. Operate in accordance with references and supplemental instructions contained herein.

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c. Assist the Commander in developing policies and procedures that will contribute to the prevention and control of substance abuse.

d. Supervise and coordinate the SACC and all applicable activities related to the drug and alcohol abuse prevention and treatment program.

e. Monitor the Clinical Preceptorship Program.

f. Act as point of contact for Department of Defense (DoD) civilians with substance abuse problems.


W. A. CRUGHLAN
Chief of Staff

DISTRIBUTION: A

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CHAPTER 1

INTRODUCTION

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CHAPTER 1

INTRODUCTION

1000. PURPOSE. This manual was developed and designed to provide:

1. A means to ensure quality service to eligible personnel.
2. A means for ongoing self-evaluation, training, education, and program improvement.
3. An authoritative source of materials for use in the SACC Inspection Program.
4. Standards consistent with current knowledge, experience, and client needs in the field of substance abuse treatment.
5. A source of guidelines and interpretations for planning, organization of programs and staff development.

1001. MISSION STATEMENT

1. The primary mission of the SACC is to provide active duty military personnel with screening evaluation, referrals to other helping organizations, individual and group counseling, education for personnel who are adversely affected by alcohol or illicit drug abuse. The SACC also provides commanders with effective programs to establish an environment free of substance abuse.
2. The secondary mission of the SACC is to provide, on a space available basis, similar services to retired military, dependents of military personnel and DoD civil service employees.

1002. SACC FUNCTIONS. The functions of SACC are to:

1. Provide treatment for DoD military personnel, recommendations to restore full duty to those military personnel demonstrating potential for continued useful service, and counseling services to dependents, retired personnel, and DoD civilian employees on a space available basis.
2. Provide recommendations for administrative separation of personnel whose potential for further useful military service is deemed poor and fail to respond to treatment, or who refuse treatment.

3. Provide a Continuing Care Plan for patients completing outpatient, intensive outpatient, or residential treatment as required.
4. Provide a minimum 1 year internship for intern counselors who are graduates of the Navy Drug and Alcohol Counselor School (NDACS), oriented toward the intern counselor's development of skills needed to effectively function as a counselor which will enhance the possibility of passing the Navy's Drug and Alcohol Counselor Certification Examination.
5. Disseminate information to the local commands relative to the SACC's programs and capabilities.
6. Provide for the open sharing of training and information between the military and civilian Substance Abuse Counselors within the military community.

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CHAPTER 2

ORGANIZATIONAL STANDARDS

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CHAPTER 2

ORGANIZATIONAL STANDARDS

2000. ORGANIZATION. Flexibility in the organizational characteristics that require the most attention in SACC management. The client work load varies considerably with unit operating schedules and other local circumstances. Normal and unexpected personnel fluctuations such as gapped billets, leave, illness or training, cause major changes in staffing. Each trained counselor (MOS 8538) must be capable in all areas of SACC screenings, group, individual counseling, education, outreach, etc. The SACC is a service facility and should direct mission orientation toward the customer/client. A basic consideration is the ability to meet, accept, and process new patients. When the Director is absent, the Assistant Director/Staff Noncommissioned Officer in Charge (SNCOIC) will assume the responsibilities of the Director. This chain of command organization applies to operational, clinical, and administrative matters including grievance procedures and special request chits.

2001. MANAGEMENT INFORMATION. The SACC will operate under a clear operational, and administrative chain of organization in accordance with current governing directives, which outline and clarify the chain of command organization and pertinent directives governing SACC operations.

2002. BILLET RESPONSIBILITIES.

1. Director. Is responsible for overseeing functions of the SACC and supervises assigned personnel. The Director is assisted in this by the Assistant Director/SNCOIC and personnel assigned to the SACC. Additionally, the Director will:
 - a. Be responsible for day to day operations of the SACC.
 - b. Review counselor evaluations and correspondence for SACC's client/patients.
 - c. Establish procedures to ensure appropriate clinical supervision of counselors in Preceptor sessions.
 - d. Direct the SACC Outpatient Programs.
 - e. Ensure collateral duties are performed and properly carried out (collateral duties are assigned by memorandum).

- f. Ensure personnel are trained in the performance of their duties.
- g. Ensure reports are correctly submitted in a timely manner.
- h. Monitor the progress of counselors in an internship status MOS 8500 toward qualifying for MOS 8538.
- i. Make recommendations for intern counselors to receive MOS 8538.
- j. Ensure newly reporting personnel are indoctrinated by the staff.
- k. Ensure references (a) through (d) are adhered to.
- l. Maintain adequate SACC space and facilities.
- m. Help with the design and implement education and counseling programs.
- n. Supervise preparation of SACC budget and administration of operational funds.
- o. Ensure quality control of contract services.
- p. Conduct periodic reviews of SACC organization and operations, correct deficiencies, and provide a written report to the Assistant Chief of Staff, Marine Corps Community Service (MCCS) via Director, Personal Services, as necessary.
- q. Performs other duties as assigned or assumed.
- r. Will be officially designated as the Director, Substance Abuse Counseling Center, Community Services in writing.
- s. Is responsible for administration, management, screening, counseling, and overall functioning of the SACC.
- t. Train and ensure all professional training is completed for both certification and re-certification.
- u. Conducts education and training programs for Marine Corps Commands within Air Bases Western Area.
- v. Ensure Functional Area Evaluations are completed, as required or directed, using the checklist in Appendix A.
- w. Performs other duties, as directed by higher authority and by the AC/S, MCCS.

x. Performs screenings/evaluations and referrals on a case-by-case basis.

2. SNCOIC. The SACC SNCOIC will be the senior military member onboard, and he/she will be authorized to sign for the Director in his/her absence. Staff members routinely report to the SNCOIC for operational and administrative matters. In the Director's absence, the SNCOIC performs the duties as Director. The SNCOIC supervises daily SACC operations to include administration, correspondence, and appointment scheduling. He/she is responsible for the management of military personnel administration and training needs.

3. Senior Counselor (SC). The SC will be appointed by the Director of SACC. SC will be certified. The most experienced, certified counselor assigned to the SACC will be the SC. If no certified counselors are onboard, the SC will be the most experienced counselor who is progressing on his/her certification, and will be designated by the Director. The SC is in the counselors' clinical chain of command. The SC will report clinical matters directly to the SNCOIC and forward crisis counseling interventions to the Director and appropriate referral agency.

4. Senior Substance Abuse Counselor (MOS 8538) or (9516 Navy)

a. Is responsible for screening/evaluating clients for alcohol and drug abuse/dependence.

b. Arranges referrals to appropriate treatment facilities.

c. Provides educational training and assistance to local commands and referral agencies when directed.

d. Ensures proper supervision of counselors and interns as follows:

(1) Observes each counselor during screening, teaching period of instruction, and performing outreach.

(2) Reviews and proofreads all narrative summaries to ensure proper format and procedures are adhered to.

(3) Act as questions and answers administrator by screening all correspondence.

5. Counselor (MOS 8538) or Intern. Counselors perform duties as assigned by the Director and SNCOIC. Military counselors are graduates of Navy Drug and Alcohol Counselor School (NDACS). Civilian counselors will meet the training and certification requirements set forth in reference (b). Counselors report clinical matters to the SC. Matters, administrative in nature are reported to the SNCOIC.

6. Substance Abuse Counselor (GySgt - Sgt, MOS 8538). Per reference (b), all Substance Abuse Counselors (MOS 8538) will be either "certified" or eligible for "certification" to work as "drug and alcohol counselors."

a. Is responsible for screening/evaluating clients for alcohol and drug abuse.

b. Arranges referrals to appropriate treatment facilities.

c. Conducts individuals and group therapy as a primary counselor.

d. Assists primary counselor in the treatment of patients when not assigned as primary counselor.

e. Submit a completed treatment assessment to the SC by close of business (COB) the day the screening occurs.

f. Coordinate with the Director via SNCOIC regarding working within Outpatient Programs.

g. If working as a group counselor (facilitator).

(1) Provide at least a biweekly update of their patient's status to the SC.

(2) Review journals and return them daily to the patients.

(3) Brief the director on group status via SC.

(4) Write progress notes and completion/termination letters.

(5) Conform with clinical policies/procedures.

2003. PROCEDURES

1. Scheduling

a. SACC Schedule/Appointment Log. This log is maintained in the Administrative Office and used to schedule staff time in the areas of screenings, intakes, and individual counseling sessions. This will assist later in including the required information on the SACC annual report.

b. Client information to be recorded in the log should be the name, social security number (SSN), command address, telephone number, Substance Abuse Control Officer's (SACO's) name, scheduled screening date and time, and assigned counselor. Entries about potential clients should be recorded for future references.

2. SACC Office Procedures

a. SACC opens at 0730. The administrative clerk will ensure file cabinets are unlocked and any required classrooms are opened for clients/patients.

b. SACC closes at 1630. The clerk will ensure the facility doors are locked and coffee pot secured. Secure the lights, radios, computers, and copier. Lock confidential materials in file cabinets.

3. Client Check-in Procedures. Clients and patients will be warmly greeted. Ensure the client is scheduled for an appointment by checking the appointment log. Clients should be in uniform, have medical, service records and SACO file with the unit interview sheet. Ask clients if they were ever screened by this facility. If they say "yes", and it was within the past 3 years, retrieve the file from files. If the client's record is on file, follow normal reactivating of file procedures. If the client has not been screened, utilize one Client Record Folder.

4. Confidential Client Records. It is the responsibility of each counselor to ensure proper safeguarding and accountability for client records. Reports based on a patient's records will be authorized only by the SACC Director or Senior Counselor for disclosure to other individuals and agencies within the DoD. Any information released will be limited to that which was requested and which originated from within the SACC. Personal information regarding those served will not be provided to personnel or agencies outside DoD, unless there is a release form signed by the client. Release forms will conform to applicable federal laws.

a. The SACC release forms will be used. See appendix C.

b. SACC staff will ensure the above procedures are followed. Security and confidentiality is vital to the service provided by SACC.

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CHAPTER 3

SUBSTANCE ABUSE CONTROL OFFICER OPERATIONS

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CHAPTER 3

SUBSTANCE ABUSE CONTROL OFFICER OPERATIONS AND MANAGEMENT

3000. GENERAL. Each commander will appoint in writing a unit SACO and an Assistant Substance Abuse Control Officer (ASACO). The ASACO position should be a primary duty and will be responsible for assisting the SACO. Units will designate alternate personnel to assume the subject position in the case of short deployments. A copy of the Appointment letter will be provided to the SACC.

3001. SACO RESPONSIBILITIES. SACO's will be guided in the performance of their duties by reference (b), paragraph 1501 and this SOP. SACO's are responsible to their commanders for the following:

1. Expertise on current Marine Corps substance abuse policies.
2. Management and quality assurance of an aggressive urinalysis program.
3. Management and monitoring of a unit level preventive education program.
4. Management of the unit's Continuing Care Program for those personnel returning from treatment.
5. Creation and update of a unit level SOP, a copy of which will be filed at the SACC.
6. Management and quality assurance of unit level personnel case files.
7. Quality assurance of subordinate unit level substance abuse policies.
8. Supervises unit drug and alcohol education prevention programs.
9. Coordination and preparation for command inspections.

3002. SACO EDUCATION

1. Reference (b), requires that SACO's attend a formal course (SACO Management course) of instruction within 90 days of assignment.

2. SACO's must have a working knowledge of policies and directives regarding substance abuse. They also must have a general knowledge of problems associated with alcohol/drug abuse and alcohol/drug dependency.
3. The formal course of instruction which satisfy the education requirements of the SACO is the Unit Substance Abuse Program Management Course offered quarterly here at SACC.
4. Additional training will be accomplished through training conducted by the Drug Demand Reduction Coordinator (DDRC) Semper Fit Division, that will include, but not be limited to, reviewing policy, program management, and addressing current problems.

3003. INITIAL SCREENING AND REFERRAL

1. Any individual involved in a drug or alcohol incident or identified as a drug or alcohol abuser will be screened at the unit level by the unit SACO.
2. SACO screenings will consist of collection of data and facts concerning the incident or problem. SACO's will submit a SACO/DAPA Screening Interview Sheet on any individual referred to the SACC for intermediate evaluation, along with any supplementary statements from supervisors.
3. Case files will be maintained in accordance with the current edition of reference (a). They will include:
 - a. A Privacy Act Statement, signed by the individual in black ink, placed on top of the right-hand side.
 - b. Chronological History/Record of Medical Care of Alcohol/Drug Use and Incidents (Standard Form 600), placed on top left-hand side. The SACO will sign his payroll signature at the end of each entry. Appropriate entries would be, but are not limited to:
 - (1) Scheduled appointments.
 - (2) Attendance/nonattendance at scheduled appointments/counseling sessions with progress notes.
 - (3) Weekly monitoring notes (if applicable).
 - (4) Alcoholics Anonymous/Narcotics Anonymous or other support system attendance.

(5) Any additional special comments.

c. Summary of counseling sessions and interviews, to include unit interview sheet on the right-hand side.

d. Documentation of referral or any written correspondence to higher level treatment (if known and available) on right-hand side.

e. Any other supporting documentation will be on the right-hand side (evaluation by external sources, information from civilian agencies, etc.).

(1) Case files will be kept secure at all times with access limited to the unit SACO and Commanding Officers. Must be marked in accordance with the current edition of reference (a).

(2) Case files will be retained as follows:

(a) Expiration of Active Service (EAS): Hold for 1 year, then destroy (Notify SACC of EAS).

(b) Transfer. Deliver the case file to the SACC with a copy of the orders. The SACC will mail the case file to the new command along with a copy of the SACC's case file if one exists.

f. Following the interview at the SACC (and if medical evaluation is required), the SACC will provide the subject named service member's Commanding Officer with recommendations.

3004. COMMAND CONTINUING CARE PROGRAM

1. The continuing care program will be conducted in accordance with reference (a), paragraph 1205.5e.

2. The current edition of reference (a) directs that Marines will be placed in an "Continuum Care" Aftercare status for up to 12 months following successful completion of a formal treatment program.

3. In order to meet individual needs of the Marine, the SACO must review his continuing care treatment plan. A copy of the plan will be placed in the Marine's unit case file.

4. While in continuing care, the Marine will be closely monitored. Appropriate documentation will be made in the Marine's unit case file to ensure that performance and behavior remain at a level consistent with Marine Corps standards.

5. Reference (a), paragraph 1205.5b provides guidance regarding relapse and request for subsequent treatment.

6. The SACO is responsible for monitoring a Marine's attendance in the Continuing Care groups. Whenever a Marine/Sailor cannot attend a group session due to leave, field operations, or other legitimate reasons, the command is responsible for contacting the SACC in writing 1 week prior to the scheduled group date. The correspondence must include the reason for being absent and any inclusive dates, if applicable. Continued absence will result in formal case staffing and possible termination from Aftercare which will constitute a recommendation for administrative separation as a treatment failure.

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CHAPTER 4

SCREENING/APPOINTMENTS PROCEDURES

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CHAPTER 4

SCREENING/APPOINTMENTS PROCEDURES

4000. REQUEST SCREENINGS. Request for screenings can come from the following sources:

1. Self-referral
2. SACO referral
 - a. Significant alcohol-related incident ("ARI, .05 Blood Alcohol Content (BAC) greater").
 - b. One or more documented ARI's.
3. Commanding Officer request - A service member identified by a Commanding Officer as being in need of a screening evaluation. The command is then asked to provide concrete documentation of the reason(s) for the request to SACC to assist in the screening.
4. Referral by a Medical Officer.
5. Referral by a base social service agency.

* All referrals must go through unit SACO's prior to being seen at SACC.

4001. PURPOSE. To determine the portal of entry that the client enters the Continuum of Care treatment process.

4002. POLICIES. On a weekly basis, the SACC Appointments Clerk will meet with the Counselors to determine the number and scheduling of screenings for the following week. The Admin Clerk must therefore be abreast of staff availability and staff scheduling to maximize screening counselor utilization.

4003. PROCEDURES. The procedure for client screening is as follows:

1. Member identified as possible candidate for screening either by unit SACO or self.
2. Member's command/SACO calls SACC for appointment.

3. Member will be given an appointment for a screening.
4. The screening is conducted using the screening questionnaire, SACO unit documentation, member's service and health records, interview, American Society of Addition Medicine (ASAM) Placement Grid and the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV.

4004. ACTION

1. At the conclusion of the screening if the counselor's impression is that no substance use disorder is present, then they have a number of options. These include, but are not limited to:
 - a. Returning the service member to their unit with no further action because of no evidence of a substance use disorder.
 - b. Refer to Early Intervention/Education (Alcohol Impact), a 20-hour alcohol education program offered by the Drug Demand Reduction Coordinators with the Semper Fit Division.
2. Upon completion of the screening if it is determined that the client needs more than education they will complete the intake psycho social questionnaire and be scheduled for an appointment to discuss the findings and set up a treatment plan.
3. Upon the completion of the intake and treatment planning interview the counselor will determine the client's least intrusive portal of entry into treatment by using the Patient Placement Grid.
4. Once the placement has been recommended following the interview, the client is informed that they are also in need of a medical evaluation by the Licensed Independent Practitioner (LIP) to determine their treatment placement, approve treatment planning and confirm diagnosis. A letter is sent to the command notifying them of the clients appointment time and location with the LIP. The case file is reviewed by a certified counselor or Director for concurrence. Upon concurrence, the case will then be presented to the Interdisciplinary Treatment Team (IDT, which consists of a Medical Officer, Chaplain, family counselor and the SACC clinical staff) during the LIP review and treatment placement.
5. Utilizing the information from the case presentation, the SF513 and the treatment plan developed at the intake interview, the LIP will interview the client for treatment placement. The LIP is the final authority as to actual diagnosis and treatment placement. Once the determination on type of treatment has been conducted, a letter is generated from SACC to the client's command, informing them of the diagnosis and treatment planning.

4005. FAMILY ADVOCACY CASE REVIEW

1. Obtain the list of individuals to be reviewed from the Family Advocacy Center prior to the board convening.
2. Review and identify individuals who have received treatment, been evaluated by a Substance Abuse Counselor or scheduled for an evaluation.
3. If an individual has been identified through the SACC process, the Counselor will brief the case at the meeting and make appropriate recommendations to the board members for the individual.
4. When individual cases are presented that have not been identified through the SACC process, and are substance abuse related, the counselor will make recommendations to the board for the individual.
5. After the board convenes, the counselor will return to SACC with the list of individuals identified as possible Substance Abusers and brief the Director.

****ALL FAMILY ADVOCACY CASES REFERRED FOR SACC EVALUATIONS WILL**
BE SEEN BY THE COUNSELOR ASSIGNED TO THE CASE**

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CHAPTER 5

TREATMENT PROGRAMS

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CHAPTER 5

TREATMENT PROGRAMS

5000. PURPOSE

1. The outpatient program (OP) is aimed at patients who have a substance use disorder, (pattern of misuse of alcohol) and meet the ASAM placement criteria for such treatment. The OP is to be delivered by SACC. The goal of outpatient treatment is to reduce problematic use of alcohol through an education counseling approach that focuses on increasing the member's awareness of their relationship with alcohol, motivation positive attitude and behavioral changes in that relationship, increasing the patient's ability to make responsible decisions about the use of alcohol in their life, assisting in the development of plans to avoid further alcohol incidents, and referring to other resources for assistance when indicated. During OP treatment the client & counselor contact time should not exceed 9 hours per week.

2. The Intensive Outpatient program (IOP) is designed for patients who have a severe substance use disorder, which will require a more intensive treatment program while still meeting the ASAM placement criteria for such treatment. The IOP is to be delivered by SACC. The goal of Intensive Outpatient treatment is to assist the patient's acceptance and adjustment to having a substance use disorder. Introducing life skills surrounding choices and responsibility while keeping in mind the treatment goal of each client using a bio-psycho-social model delivered in an outpatient setting. During IOP treatment the client & counselor contact time should be at least 9 contact hours, not to exceed 20 hours per week.

5001. GENERAL

1. The Outpatient Services Program length is based upon the patient's needs and progress in treatment. The program will provide patients time to try new behaviors in their usual environment. Outpatient Services is intended to be a positive learning environment addressing different patterns of alcohol use. It is strongly recommended that patients not use alcohol during their time in the program. Drinking incidents will be individually evaluated and reviewed by the Interdisciplinary Team (IDT) for appropriate disposition.

2. Counseling sessions are extremely important in assisting patient's treatment goals. Outpatient/Intensive Outpatient treatment is very focused on patient's use and relationship to alcohol, and on issues that may be causing the substance disorder, such as poor self esteem, anger, marital conflict, depression, etc. Members having significant problems in these areas will be referred to other sources available if needed, and possibly be placed in the more intense treatment (IOP). Counseling sessions may be focused with the help of guided questions that are tied with current workshops in order that group can build on the other instruction and workshops conducted in treatment. The OP and IOP programs have been developed in order to promote sharing between the two programs. The workshops in OP are also workshops in the IOP.

3. The Residential Program is for patients who have met the ASAM placement criteria requiring a structured 24 hour program. The goal of the program is to assist the patient's acceptance and adjustment to having a severe substance use disorder. Treatment is introduced through a bio-psycho-social model that is delivered utilizing a milieu concept of treatment (patient community). The Alcohol Rehabilitation Department (ARD), U.S. Naval Hospital, Camp Pendleton or the Substance Abuse Rehabilitation Department, Point Loma will provide residential treatment on a case by case basis.

4. Early Intervention/Education (Alcohol Impact). This is a 20-hour intensive education program aimed for first-time alcohol incident offenders. It is appropriate for those who need a little more than information and awareness but are not quite ready for outpatient treatment. Alcohol Impact is offered by the Drug Demand Reduction Coordinators with the Semper Fit Division.

5002. ELIGIBILITY. Appropriate placement of patients is facilitated by the use of Patient Placement Criteria. The criteria is based on a system developed by American Society of Addiction Medicine (ASAM). The criteria's are used to both initially place a client in the system as well as to guide discharge/transfers from one portal of entry into another. The LIP is the final authority as to actual diagnosis and treatment placement.

5003. ORIENTATION AND ENROLLMENT

1. Orientation and enrollment into the Outpatient Program occurs upon completion of screening, a client is then recommended for treatment. Clients are informed of the program guidelines, requirements, expectations and complete all necessary paperwork. This is considered the clients first day of treatment.

2. The IDT and case manager/primary counselor will review and access the patient's progress weekly, discussing client treatment goals.
3. Transfers to IOP/OP from Residential treatment will be approved by the LIP and staffed at the providing facility.
4. Upon completion of treatment, a completion letter will be provided to the member's unit commander.
5. Proper procedures in handling the client's case file upon completion of treatment will be held in accordance with reference (a).

5004. EVALUATION AND REVIEW. During OP/IOP treatment, patients will meet with their Case manager/Primary counselor to discuss client goals, treatment plans and any additional problems that may have not been identified at the time of intake. Any recommendations regarding changing the status of a client must first be approved by the Interdisciplinary Team (IDT) and the unit SACO notified of approved changes.

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CHAPTER 6

ADMINISTRATIVE PROCEDURES

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CHAPTER 6

ADMINISTRATIVE PROCEDURES

6000. PURPOSE. To control administrative documents and correspondence with the SACO, and to provide administrative support for SACC.

6001. ACTION. When the Counselor is finished with an individuals case file the following steps are taken:

1. The case file is given to a certified counselor for a quality assurance check and checked by the counselor for mistakes and concurrence with the findings. It is then forwarded to the Director for signature.
2. Copies of the correspondence letters are made, originals are placed in the SACO's boxes and the photo copy is placed in client's case file.
3. The case file is then forwarded to files awaiting treatment, if applicable.

6002. RECEIVING CORRESPONDENCE. When paperwork is received from the SACO's, the following procedure applies:

1. Paperwork is received from the SACO's and will be filed within 2 working days from the day the SACC receives the correspondence.
2. The case file is then forwarded to the proper place for treatment actions to occur.

6003. CASE FILE ADMINISTRATION

1. The administrative section is to maintain and keep track of all case files stored in file cabinets or checked out by treatment personnel. The admin clerk is responsible to know the location of each and every case file.
2. When case files are received for the first time at the Admin Office, they are given to the file clerk. There are a number of requirements that the file clerk must do:
 - a. Upon receipt of a case file(s), check the cabinet for any prior records, notify the Senior Counselor and combine the two books, if applicable.

b. The next thing the Admin clerk will do is annotate on the chronological form or "600 Form" as "Forwarding case file for review".

c. Return the file to the admin clerk after they have been typed, reviewed and signed.

d. Forwarded the file to the appropriate treatment level file. This will also be annotated on the chronological form or "600 Form" as "Forwarding case files to (type of treatment)."

e. The case file will be returned when treatment is complete, treatment was failed, or personnel are separated from the Marine Corps. In these cases, the files clerk will then place these case files in the "Inactive" files. There must be a "Destroy Date" - 2 years from treatment completion, and SF 600 "Comments"- completed TX, failed TX, etc. The form must read "Placing case file in the Inactive files". After being in the "Inactive file for 2 years, the case file is then to be destroyed.

6004. RECEIVING CASE FILES BY MAIL. Often case files are received through the mail from other bases. When files are received, the file clerk must do a number of things to determine where to route the case file.

1. First locate personnel by using the World Wide Locator (3270) or call the Base Locator. If they have been discharged, use the last date of action on the case file and place it in the inactive files. Then, the file clerk will sign the receipt and send it back to the sender.

2. The case file(s) will be reviewed by the Director and returned with instructions. If the personnel require further treatment, then the Admin clerk will notify the Command SACO.

3. Case files will be forwarded to the appropriate treatment level file. This will also be annotated on the chronological form or "600 Form" as "Forwarding case files to (type of treatment)."

4. Case files will be returned when treatment is complete, treatment failed, or personnel have been separated from the Marine Corps. In these cases, the files clerk will place the case files in the "Inactive" files. There must be a "Destroy Date" - 2 years from treatment completion, and SF 600 "Comments"- completed TX, failed TX, etc. The form must read "Placing case file in the Inactive files". After being in the "Inactive file for 2 years, the case file is then to be destroyed.

6005. SENDING CASE FILES BY MAIL. From time to time personnel that are being treated, or that have completed treatment are transferred to other bases. Should this be the case the following applies:

1. A mailing receipt must be filled out with name, rank, SSN, and reason, address mailed to, and date mailed out, and placed in the case file. (The top copy must be retained until the receiving party returns the signed copy via mail).
2. The case file must be placed in a Government envelope and sealed with tape along the edges.
3. All addresses will be typed or labeled. No government package will be accepted with handwritten addresses.
4. Place in the outgoing mail box, to be taken to the Post Office.
5. Call SACC and notify them that file has been sent.

*ALL CASE FILES MUST BE SENT TO CSACC'S or SACC's ONLY!!!!

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CHAPTER 7

ILLEGAL DRUG USE PROGRAM

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CHAPTER 7

ILLEGAL DRUG USE PROGRAM

7000. GENERAL

1. In accordance with reference (a), the United States Marine Corps will not tolerate the possession, use, or distribution of illegal drugs, and believes a drug-free environment is essential to mission accomplishment. Accordingly, policy and assistance is available through the Drug Demand Reduction program and is established to:

a. Prevent and eliminate use of illegal drugs in the Marine Corps.

b. Ensure every Marine understands the important role they have in the defense of our Nation and the serious impact on the physical and mental well-being resulting from the use/abuse of marijuana, narcotics, and other controlled substances which render the Marine unreliable, unfit for duty, and a risk to the safety of fellow Marines.

c. Except for authorized medical purposes, the Uniform Code of Military Justice (UCMJ) prohibits introduction, possession, use, sale, or transfer of illegal drugs by persons in the Naval service. Violation of this lawful order may result in disciplinary action under the UCMJ, as well as action by Federal, state, and local authorities.

d. In addition to reduced readiness resulting from drug abuse, the Marine Corps is concerned about damage to the reputation of both the Marine and Marine Corps resulting from disregard for discipline and organizational value represented by the use of illegal drugs.

7001. PROACTIVE PHASE IMPLEMENTING INSTRUCTIONS

1. Unit Level Preventive Education Program

a. To provide requisite knowledge and skills to allow each individual to make responsible decisions concerning drug usage.

b. To train military and civilian supervisors in their role in command substance abuse control efforts.

c. To ensure unit level preventive evaluation programs satisfying the learning objectives listed in reference (a), paragraph 2105.4.

2. Deterrent Measures

a. An effective unit deterrence plan should be well thought out, documented in an SOP, and be in accordance with reference (a), paragraph 2107.

b. Urinalysis is the primary deterrent measure and should be conducted at regular intervals. It is recommended that at least once per quarter a unit sweep be conducted with regularly scheduled random samples.

c. A urinalysis will be conducted on all Marines and Sailors checking into a command within 5 working days.

7002. REACTIVE PHASE IMPLEMENTING INSTRUCTIONS

1. Goals of the Reactive Phase

a. To confirm use of an illegal drug.

b. To discipline, if appropriate, the Marine/Sailor for committing an illegal act.

c. To evaluate a Marine/Sailor as to:

(1) Degree of involvement and/or dependency.

(2) Potential for continued service.

(3) Amenability for treatment/rehabilitation.

2. Identification. Methods should be aggressive, continuous, and in accordance with reference (a), paragraph 22.

3. Separation Policy for Drug Offenders

a. Marines, regardless of pay grade, confirmed as having used or possessed illegal drugs will be processed for administrative separation for misconduct, by reason of drug abuse per MCO P1900.16E, paragraph 6210.5.

b. Self - referral for drug use constitutes confirmation of illegal drug abuse and requires a Marine to be processed for administrative separation. The voluntary drug exemption program is no longer applicable.

c. Marines will be screened for drug dependency at the SACC and, if diagnosed as drug dependent, the SACC will recommend treatment prior to separation. If diagnosed as drug abuse, the SACC will recommend discharge and treatment from the VA Center nearest the Marines home of record upon discharge.

d. During screenings, SACC and units will refer to paragraphs 2300.4 and 1205.2 of reference (b) for guidance on the confidentiality of information revealed concerning drug abuse/dependency disclosures.

e. This policy is applicable to the Marine Corps Reserve.

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CHAPTER 8

EDUCATION AND OUTREACH PROCEDURES

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CHAPTER 8

EDUCATION AND OUTREACH PROCEDURES

8000. PURPOSE. To provide preventive education and awareness of the use and abuse of alcohol and other drugs to military personnel, civilian family members, and the surrounding civilian community through the use of the Drug Demand Reduction Coordinator from the Semper Fit Division.

8001. EDUCATION/OUTREACH

1. The Drug Demand Reduction Coordinator (DDRC) receives written request or a phone call requesting to give a presentation. The presentation is scheduled by DDRC according to their schedule. Persons requesting the presentation will at the time of request, inform SACC what class they want given (if person is unsure, DDRC may elect to recommend a class that would benefit whatever type of audience will be attending).
2. DDRC will call 3-4 days prior of the scheduled date to confirm time, day and directions. The day of the class DDRC will show up approximately 15 minutes prior to the start of the class. The DDRC will at the beginning of the class hand out critiques at random to be done by audience at the end of the class. The DDRC will collect the critiques at the end of the class and review them.
3. Upon returning to their office, the DDRC will create a report on the class given that day. The contents will contain the size of the class, target audience and class given. The report and the critiques are reviewed and filed.

8002. IMPACT

1. The SACO or an individual must call to schedule for the next available Alcohol Impact Course and it is passed to the DDRC.
2. The DDRC confirms that the client will attend the course and informs the SACO the dates of the next available course.
3. If the client is a no show, the SACO is notified and also a letter is sent to the command. The client must then be rescheduled for a later class.

4. Based on class participation and items disclosed during the course, the DDRC will notify the client that they are being recommended for more intense treatment. The DDRC will present a case presentation to the IDT for review for possible more intense treatment. The command SACO, and individual are notified, and their case file is forwarded to the IDT board.

5. Upon course completion the DDRC types a Certificate for the member and a copy is sent to the Commanding Officer. The case file notes will be annotated to reflect completion of Alcohol Impact.

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CHAPTER 9

INSPECTIONS

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CHAPTER 9

INSPECTIONS

9000. PURPOSE. To ensure compliance with policies, orders, and regulations by measuring performance against the published standard.

1. Identify magnitude of problem/exceptional performance.
2. Identify the "root cause" for the situation.
3. Determine a solution/reward.
4. Assign responsibility to appropriate people.

9001. ACTION. There are two types of inspections:

1. Commanding Generals Inspection Program (CGIP).
2. Courtesy Inspections (SACO).

9002. POLICY. The CGIP/Courtesy inspection process occurs as follows:

1. The SACC will be notified by the inspecting authority as to when the unit will be inspected.
 - a. Date and time of inbrief.
 - b. The SACC inspector begins research on unit to be inspected (admin., aftercare, appointments, etc... and prior inspections).
 - c. Inbrief (meeting with SACO of unit to inform of exactly what is to be inspected).
2. Inspection/Grading System
 - a. Mission Capable - The unit possesses the requisite skills, equipment, personnel, and understanding to accomplish its assigned mission, tasks, and functions; and uses them to accomplish the mission.
 - b. Non-Mission Capable - The unit does not possess the requisite skills, equipment, personnel, and understanding to accomplish the mission, tasks, and functions.

3. Outbrief

a. Mission Capable, CO of unit and CGIP informed of results and given a typed copy of inspection results.

b. Non-Mission Capable, CO of unit and CGIP informed of discrepancies and findings, root cause of problem discussed and possible solution to problem found, unit will be re-inspected within 30 days of original inspection. (Copy of inspection result will go to CO of unit and CGIP.)

4. Courtesy Inspection, requested by the SACO of a unit, inspection is informal but proceeds in the same manner as a CGIP, minus the inbrief. A file copy of the findings report is given to the SACO and a file copy is kept at SACC.

5. The SACO may use appendix A of this SOP for guidance in preparation of inspections.

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APPENDIX A

INSPECTION CHECKLIST
SUBSTANCE ABUSE PROGRAM
FUNCTIONAL AREA MANAGER

UPDATE 16 DEC 98

	YES	NO	N/A
1. Does the CGIP include the Substance Abuse Program? (MCO 5040.6, ENCL (5) Par 6H)	___	___	___
2. Does the command have MCO P5300.12A on hand?	___	___	___
3. Has a Substance Abuse Control Officer (SACO) been appointed in writing? (MCO P5300.12A. Par 1501.1)	___	___	___
4. Does the SACO understand the responsibilities of the billet? (MCO P5300.12A Par 1501.3)	___	___	___
5. Did the SACO receive formal training within three months of appointment? (MCO P5300.12A, Par 1501.2)	___	___	___
6. Does the command provide the required minimum 12 hours of Substance Abuse education to all Marines and 6 additional hours for supervisors annually? (MCO P5300.12A. Par 1102.2)	___	___	___
7. Does the command provide supervisory level training to officers, SNCO's and NCO's in substance abuse, to include minimum training objectives, at least annually? (MCO P5300.12A Par 1102.2)	___	___	___
8. Does the command require all personnel to receive a substance abuse class within 30 days after arrival at an overseas location? (MCO P5300.12A, Par 1102.6)	___	___	___
9. Has the command established deterrent programs? (MCO P5300.12A, Par 1105. 1 - 5)	___	___	___
10. Has the command evaluated, screened and counseled all Marines involved in substance abuse related incidents? (MCO P5300.12A, Par 1202)	___	___	___
11. Has the command insured that all Marines identified as drug abuse are screened/evaluated by the cognizant Treatment Center or SACC Counselor? (MCO P5300.12A, Par 1203.2)	___	___	___
12. Does the command refer all Marines to the SACC for screening/evaluation following a substance abuse incident? (MCO P5300.12A, Par 1206.16)	___	___	___

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	YES	NO	N/A
13. Does the command make appropriate OQR/SRB entries in substance abuse cases? (MCO P5300.12A, Par 1206.3)	___	___	___
14. Does the command afford Marines a chance to make a written statement in their OQR/SRB following conviction of an intoxicated driving offense? (MCO P5300.12A, Par 1206.3b & MCO P1070.12H, Par 4012)	___	___	___
15. Has the command followed retention promotion and reenlistment requirements for Marines involved in Drug/Alcohol related incidents/treatment? (MCO P5300.12A, Par 1208)	___	___	___
16. Does the command maintain appropriate case files? (MCO P5300.12A, Par 1301.2B)	___	___	___
17. Does the command understand all aspects of confidentiality concerning Marines substance abuse history? (MCO P5300.12A, Par 1405.1)	___	___	___
18. Are case files marked "CONFIDENTIAL PERSONAL INFORMATION"? (MCO P5300.12A, Par 1301.2B)	___	___	___
19. Do case files have two parts: A document section (right side) and a client history (left side)? (MCO P5300.12A, Par 1301.2.B(5))	___	___	___
20. Does the command understand that the treatment of drug/alcohol dependent Marines is mandated by the public law? (MCO P5300.12A, Par 1002.1)	___	___	___
21. Are all Marines identified as alcohol abusers/dependent provided services commensurate with the evaluated degree of abuse/dependency? (MCO P5300.12A, Par 1401; 1202.1F)	___	___	___
22. Does the command provide treatment to all Marines commensurate with the clinical assessment? (MCO P5300.12A, Par 1202.1F)	___	___	___
23. Does the command allow Marines in Residential programs to utilize the Medevac system when appropriate? (MCO P5300.12A, Par 1202.1F)	___	___	___
24. Has the command deployed Marines diagnosed alcohol dependent before completion of treatment? (MCO P5300.12A, Par 1401.1A)	___	___	___
25. Was the diagnosis of alcohol dependency (alcoholism) made by a Medical authority? (MCO P5300.12A, Par 1002.1)	___	___	___
26. Is the commander/unit SACC providing background information to assist in screening and patient placement? (MCO P5300.12A Par 1202.1A&B)	___	___	___

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	YES	NO	N/A
27. Does the command afford drug dependent Marines, regardless of grade, being processed for separation the opportunity to receive treatment at a Navy treatment facility or Veterans Administration Medical Facility prior to separation? (MCO P5300.12A, Par 1209.1)	___	___	___
28. If a Marine is discharged in accordance with the provision of paragraph 6209 of MCO P1900.16D (MARCORSEPMAN) and alcohol abuse treatment failure is that Marine provided in writing the name, address, and telephone number of a Veterans Administration Medical Facility (VA MEDFAC.) with alcohol treatment capabilities? (MCO P5300.12A, Par 1209.4)	___	___	___
29. Are Marines diagnosed as alcohol dependent who have no further potential for service, provided an opportunity to treatment prior to or ICW separation? (MCO P5300.12A Par 1209.1&2)	___	___	___
30. Does the command notify by message CMC (MHH) of any modification or requests for cancellation of treatment? (MCO P5300.12A, Par 1303.30)	___	___	___
31. Does the SACC monitor Marines in a aftercare programs and provide an accurate assessment of their progress to the Unit Commander and SACC staff? (MCO P5300.12A, Par 1501.2C)	___	___	___

URINALYSIS

32. Does the command have an effective urinalysis program of random, command-directed, and special? (MCO P5300.12A, Page 2-7 Par 1B page 2-8 Par 1 page 2-9 PAR F)	___	___	___
33. Are the urine samples collected in full view of a designated observer? (MCO P5300.12A, Page 2-2 Par 2000.2)	___	___	___
34. Does the command require Marine Reservists to participate in the urinalysis program? (MCO P5300.12A, page 2-5 Par 2003.1)	___	___	___
35. Does the coordinator properly prepare the urine sample bottles? (MCO P5300.12a page 2-17 Par 2200.4A)	___	___	___
36. Does the coordinator maintain a proper urinalysis ledger? (MCO P5300.12a, page 2-18 Par 3)	___	___	___
37. Does the coordinator properly fill out the urine sample custody document? (MCO P5300.12A, Par 2201)	___	___	___
38. Does the coordinator properly prepare the urine sample for shipment? (MCO P5300.12A, Par 2202.2.1.A)	___	___	___

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	YES	NO	N/A
39. Are coordinators and Unit personnel involved in the collection/shipment of urine specimens required to undergo urinalysis testing once (1) per month? (MCO P5300.12A, page 2-9 Par F.1)	—	—	—
40. Does the command have a urinalysis coordinator appointed in writing? (MCO P5300.12A, page 2-17 Par 2200.2)	—	—	—
41. Does the command have an observer appointed in writing before testing a unit or section? (MCO P5300.12A page 2-19 Par 4D)	—	—	—

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SUBSTANCE ABUSE COUNSELING CENTER

	YES	NO	N/A
1. Has the command appointed a commissioned officer, in writing, on a full-time basis as the Officer In Charge (OIC) of a SACC program? (MCO P5300.12a, Par 1502.2)	___	___	___
2. Is the OIC of SACC program formally trained? (MCO P5300.12a, Par 1502.2)	___	___	___
3. Does the SACC center have MCO P5300.12a on hand?	___	___	___
4. Does the SACC center provide short term outpatient treatment for nondependent alcohol abusers? (MCO P5300.12a, Par 1302.3A(2))	___	___	___
5. Does the substance abuse counseling center have a method of communicating to unit commanders the diagnosis of Marines who have been evaluated as well as other drug and alcohol related matters? (MCO P5300.12a, Appen.B Par H.5)	___	___	___
6. Does the SACC schedule Marines for screening/evaluation upon request from a commanding officer? (MCO P5300.12a, Par 1302.3A(3))	___	___	___
7. Is the SACC screening process properly structured? (MCO P5300.12a, Appen, B, Section 2.A)	___	___	___
8. Has the command provided a sufficient number of qualified personnel to accomplish the mission of the SACC program? (MCO P5300.12a, Par 1302.1B)	___	___	___
9. Does the SACC provide assistance to Civilian Military Employees and dependents on a space available basis? (MCO P5300.12a, Par 1003.6&7)	___	___	___
10. Is the treatment conducted only by trained counselors (MOS 8538), Medical Officers, Clinical Psychologists, or Certified Civilian Counselors? (MCO P5300.12a, Par 1400; 1503)	___	___	___
11. Are Marines participating in treatment not required to take Antabuse (Disulfiram)? (MCO P5300.12a, Par 1401.2)	___	___	___
12. Does the SACC have a system for program evaluation and quality control? (MCO P5300.12a, Appen B (G))	___	___	___
13. Are only Substance Abuse Counselors (MOS 8538) screening SNCO's/Officers who are referred to SACC for evaluation? (MCO P5300.12a, Par 1503.4)	___	___	___

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	YES	NO	N/A
14. Does the SACC have a process that allows screenings made by non-MOS qualified staff to be reviewed by a substance abuse counselor (MOS 8538)? (MCO P5300.12a, Par 1503.4)	___	___	___
15. Does the SACC provide the following:	___	___	___
A. Screening by a medical officer of those Marines suspected of drug or alcohol dependency.			
B. Continuing Care services for those Marines who have completed treatment.			
C. Liaison between the command and local community treatment resources.			
D. Assistance to Substance Abuse Control Officers (SNCO/S) in the form of expert instructors, and lesson plans to assist in preventive education.			
E. Training for SACO's and other command members who administer Unit Level programs? (MCO P5300.12a, Par 1302.3)			
16. Does SACC treatment meet the standards set forth in MCO P5300.12A, Appendix B? (MCO P5300.12a, Appen B)	___	___	___
17. Are Marines who are referred for treatment actively involved in planning participation? (MCO P5300.12a, Appen B)	___	___	___
18. Is the Commanding Officer of a Marine who has been screened advised of the results of the evaluation? (MCO P5300.12a, Appen B)	___	___	___
19. When the substance abuse counselor's evaluation is chronic alcohol abuse or alcohol dependence, is the Marine scheduled for a medical examination? (MCO P5300.12a, Par 1302.3A(2), (H))	___	___	___
20. When a Marine has completed treatment is the command advised of that Marine's 12 month aftercare program? (MCO P5300.12a, Par 1401.1B)	___	___	___
21. Are substance abuse counselors who are assigned to the SACC remaining on station for a minimum of three (3) years? (MCO P5300.12a, Par 1503.6)	___	___	___
22. Does the SACC use the treatment information form to report completion of treatment? (MCO P5300.12a, Par 3200)	___	___	___
23. Has the command established a detailed SOP for the SACC? (MCO P5300.12a, Appen B)	___	___	___

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	YES	NO	N/A
24. Has the SACC staff tested through urinalysis once per month? (MCO P5300.12a, page 2-9, Par f-1)	—	—	—
25. Does the SACC use the Navy Clinical Package for all screening evaluations? (MCO P5300.12A, Par 1302.3A(10))	—	—	—

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APPENDIX B

VOCABULARY/DEFINITIONS

The following definitions are used throughout this SOP. They do not change the definitions found in statutory provisions, regulations or other directives.

ABSTAIN: To voluntarily refrain from substance use.

ABSTEMIOUS: Moderate eating and drinking.

ABSTINENCE: Forbearance from indulgence.

ADDICTION: Physical/Physiological dependence or need exhibited by signs of increased tolerance, cellular adaptation and withdrawal symptoms when the drug is withdrawn.

ADMITS: Alcohol and Drug Management Information Tracking System

ALCOHOL ABUSE: Alcohol use to an extent that it has an adverse effect on the user's health, behavior, family unit, the job, or leads to unacceptable behavior as evidenced by one or more alcohol incidents. Clinically, alcohol abuse is a residual category for noting mal adaptive patterns of alcohol use that do not meet the criteria for dependence (DSM IV 305.00).

ALCOHOL IMPACT: 20 hour intensive education program for first time alcohol incident offenders.

ALCOHOL INCIDENT: Conduct or behavior, caused by the ingestion of alcohol, which results in discreditable involvement with civil and/or military authorities. Events requiring medical care or involving a suspicious public or domestic disturbance must be carefully evaluated to determine if alcohol was a contributing factor; if so, it is an alcohol incident.

ALCOHOL REHABILITATION CENTER: A freestanding alcohol residential treatment facility under cognizance of the Bureau of Naval Personnel (BUPERS). The term "residential" implies that patients physically reside at the facility during the entire treatment process.

ALCOHOL REHABILITATION DEPARTMENT (ARD) OR ALCOHOL TREATMENT FACILITY (ATF): A residential substance use disorders treatment department within a Naval Hospital under cognizance of the Bureau of Medicine (BUMED).

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ALCOHOLIC: An individual who is suffering from the disease of alcoholism.

ALCOHOLISM: A disease characterized by psychological and/or physical/physiological dependence on alcohol, see "Substance Dependence"

ASSESSMENT: Based on DSM IV criteria related to abuse or dependency of a chemical substance.

CHEMICAL DEPENDENCE: A generic and inclusive reference to alcoholism and drug dependency. See Physiological Dependence, Alcoholism and Drug Dependent.

CLIENT: An individual who is to be screened and assessed at SACC.

CLINICAL PRECEPTORSHIP PROGRAM (CP): A contract program established by the Navy to provide clinical supervision to Outpatient, Intensive Outpatient and Residential counseling staffs. Under the CP, a psychologist or professional, licensed clinician is contracted to provide tutorial service to the local counseling facility. This consultant, referred as "preceptor", provides services at the request of the facility director.

CLINICAL SUPERVISOR: Continuous training program of tutorial and counseling assessments and feedback for Navy certified and intern counselors.

COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF): A national, private, nonprofit agency formed in 1966 which inspects and accredits rehabilitation facilities involved in the care and treatment of DISABLED persons. It is a goal of the Navy Drug and Alcohol Program that all Navy counseling and Assistance Centers will eventually undergo accreditation inspections by CARF.

CONTINUING CARE: The period of time following Outpatient or Intensive Outpatient and Residential treatment during which the member's performance, conduct and compliance with an established plan of recovery supported and monitored by command personnel. Continuing Care is 12 months.

CONTINUING CARE FAILURE: A patient's noncompliance with their directed continuing care treatment plan.

COUNSELING: The process of providing to personnel impaired by the use of alcohol or drugs, intervention, assistance, consultation and/or continuing care service through a residential or nonresidential program.

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COUNSELOR (MOS 8538): A Certified Marine Substance Abuse Counselor.

DRUG DEMAND REDUCTION COORDINATOR (DDRC): Responsible for outreach for civilian/military community, education for commands and individuals seeking assistance or information concerning alcohol or drug control programs.

DRUG: Any chemical substance other than food, which when inhaled, injected, consumed, or introduced into the body in any manner, affects the individual's physiology, psychology, or alters mood or function.

DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Criteria used for medically diagnosing substance abuse or dependency.

EVALUATE: To examine carefully; assess.

GROUP: Therapeutic treatment setting for members with similar difficulties.

INTAKE: Prior to Outpatient, a people-oriented, clinical reassessment of the patient's treatment needs, problems and a plan of action during treatment for the counselor and patient's knowledge.

INTENSIVE OUTPATIENT PROGRAM (IOP): Nonresidential which allows patients to return to their commands when not in treatment.

INTERNSHIP: A mandatory minimum 12 month period of interim counseling under supervision.

INTERVENTION:

1. The process of getting, at the earliest possible time, the potential patient's acceptance of the need for rehabilitation due to self-destructive drinking or drug abuse.
2. Consultation with professional staff at a CAAC, ARC, ARD or Civilian Employee Assistance Program (CEAP) is expected before an intervention is conducted.

LEAD COUNSELOR: The most experienced certified staff counselor by time, in the field of counseling and progressing for advanced and/or re-certification, establishes procedures for effective screening and recommendations of prospective counselors to NDACS.

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LICENSED INDEPENDENT PRACTITIONER (LIP): The LIP is a designated medical or psychological physician who makes diagnosis and treatment placement.

OUTPATIENT TREATMENT: An individualized treatment care plan, made to cater to the client.

PATIENT: An individual who is undergoing residential treatment.

PHYSICAL/PHYSIOLOGICAL DEPENDENCE: An alteration to an individual's physiology or state of adaptation to a drug or alcohol evidenced by a pattern of pathological use, impaired social or occupational functioning, tolerance, or withdrawal symptoms when use is abruptly discontinued.

POLYSUBSTANCE ABUSE: The abuse of two or more drugs during the same relative time period, not necessarily simultaneously, where none can be considered the primary drug of abuse to the exclusion of others.

PRIMARY COUNSELOR: A staff counselor assigned to a client and responsible to coordinate the outpatient treatment program.

PRECEPTOR: Trainer and counselors, tutor, clinical supervisor.

PROGRAM MANAGER/TREATMENT COORDINATOR: Appointed by the Director. Qualifications will consist of experience as clinical director, manages the outpatient treatment program. Supervision of counseling staff.

RECOMMENDATION: Worthy advise, a desirable cause, attractive or beneficial suggestions.

RECOVERING ALCOHOLIC: A person whose alcoholism has been arrested through abstinence and an active involvement in a 12-step recovery program

REHABILITATION: The process of restoring to effective functioning by means of structured TOP or Residential Therapeutic Treatment Program those persons who are dependent upon the use of alcohol or drugs or who are evaluated and subsequently medically diagnosed as habitual abusers.

REHABILITATION FAILURE: Rehabilitation is considered a failure, when in the judgment of the cognizant commanding officer: (1) An individual demonstrates an inability or refusal to participate in, cooperate in, or successfully complete a Outpatient, Intensive Outpatient, or Residential treatment program; (2) An individual has an alcohol incident or drug related incident any time in the current enlistment following completion of rehabilitation

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treatment or while in continuing care and there is no potential for further useful service; (3) There is a failure to follow a directed continuing care program; (4) An individual returns to alcohol abuse following treatment and completion of continuing care during the current enlistment and demonstrates no potential for further service.

RELAPSE: A return to drinking after a period of abstinence and sobriety. Relapse is one of the behavioral characteristics of the disease of alcoholism, and is not, in itself, sufficient cause for administrative separation.

RESIDENTIAL: Inpatient treatment for alcohol dependent personnel.

SCREENING: Interview, assessment and recommendation of a SACC client by a SACC counselor.

SUBSTANCE ABUSE CONTROL OFFICER (SACO): The SACO is the command's representative responsible to the commanding officer for implementing the Marine Corps Substance Abuse Program. The SACO conducts administrative screenings as directed by the commanding officer, coordinates or assists in conducting command awareness education, assists in monitoring continuing care, prepares required reports and correspondence and serves as the command's self-referral agent.

SUBSTANCE ABUSE COUNSELOR (MOS 8538): A graduate of the Navy Drug and Alcohol Counselor School who has successfully completed a 1 year supervised internship and who has earned a secondary MOS of 8538 through successful completion of a certification examination. Provides evaluation and referral services at the local SACC, and/or ARD to assist local commands to process individuals identified as alcohol or other drug abusers.

CONSOLIDATED SUBSTANCE ABUSE COUNSELING CENTER (CSACC): A nonresidential facility providing outpatient and continuing care treatment including counseling services, clinical screening and referral programs, and coordination of the education programs of AWARE and IMPACT to Commands aboard and off MCB, Camp Butler.

SUBSTANCE ABUSE COUNSELOR INTERN: A graduate of the Navy Drug and Alcohol School who is in an counseling internship.

SUBSTANCE DEPENDENCE: Is clinically defined as a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. (DSM IV 303.90)

TREATMENT: To relieve symptoms, to bring about a desirable or specific result or action.

SOP FOR SACC

APPENDIX C

INFORMATION RELEASE AUTHORIZATION

I _____ hereby authorize _____
(Clients name) (program name)
the director or designee, to release information contained in my
client records to individuals or organizations and only under the
conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to
be made:

2. Specific type of information to be disclosed:

3. The purpose and need for such disclosure:

4. This consent is subject to revocation at anytime.

5. Without expressed revocation this consent expires for the
following specific reasons:

- A. Date: _____
B. Event: _____
C. Condition: _____

Witnessed By

Client's Signature

Date Witnessed

Date Signed