



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 1010.02
OCT 25 2011

J-3B

SUBJECT: Outpatient Addictions Treatment Services

References: See Enclosure 1

1. PURPOSE. This Directive, in accordance with the authority in JTF CAPMED-D 5103.02 (Reference (a)), and the Commander, Joint Task Force National Capital Region Medical (CJTF CapMed) describes relationships among Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH), and other organizations that provide outpatient substance abuse services.

2. APPLICABILITY. This Directive applies to Joint Task Force National Capital Region Medical, (JTF CapMed), and all Joint Military Treatment Facilities (MTFs) and Centers in the National Capital Region (i.e., FBCH, WRNMMC, and the Joint Pathology Center).

3. DEFINITIONS. See Glossary

4. POLICY. It is JTF CapMed policy that:
 - a. The Joint MTFs shall identify personnel at risk for substance abuse disorders, and counsel or rehabilitate beneficiaries by providing residential, nonresidential, consultative, educational, and early intervention services. The treatment will enable the patient to avoid psychological, physical, legal, financial, social, and job-related consequences. This will ensure that the military's readiness missions are met regardless of the Service affiliation.

 - b. Service members who are suspected or identified by the Joint MTF or Center staff or qualified addictions trained specialists will be afforded the appropriate medical and rehabilitation services. Rehabilitative, prevention, educational, and early interventional services shall be provided to all other beneficiaries as resources permit.

 - c. The FBCH will collaborate with the Army Installation Management Command (IMCOM) through its subordinate program, on the Army Substance Abuse Program (ASAP) to ensure a seamless delivery of outpatient substance abuse services on Fort Belvoir.

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d. At the WRNMMC, prevention, early intervention, outpatient and intensive outpatient treatment services will be provided by the staff of the Department of Addictions Treatment Services, and rendered in accordance with (IAW) best practices.

e. Administrative requirements and Command involvement will be IAW Service-specific regulatory guidance and instructions.

f. Information, assistance, and referral services shall be made available to all eligible DoD civilian employees IAW Department of the Army Pamphlet 600-85; Department of the Navy Civilian Human Resources Manual, Subchapter 792.3; and Air Force Instruction 44-107 (References (b) through (d)). DoD civilians diagnosed as having alcohol or other drug abuse problems who refuse to accept referral for treatment, or who persistently fail to attend appropriate follow-up or aftercare services and continue to abuse alcohol or other drugs shall be considered for termination of duties or employment in accordance with the relevant Human Resource directives.

5. RESPONSIBILITIES. See Enclosure 2

6. INFORMATION REQUIREMENTS. With the exception of Service-specific required record keeping, all data will be tracked via systems that are approved by JTF CapMed, compliant with the DoD Information Assurance Certification and Accreditation Process, and consistent throughout the Joint Operations Area.

7. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

8. EFFECTIVE DATE. This Directive is effective immediately.


STEPHEN L. JONES
Major General, U.S. Army
Deputy Commander
By direction of the Commander

Enclosures

1. References
 2. Responsibilities
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ENCLOSURE 1

REFERENCES

- (a) JTF CAPMED-D 5103.02, "JTF CapMed Clinical Decision Making Committee Charter," June 1, 2010
- (b) Department of the Army Pamphlet 600-85, "Army Substance Abuse Program Civilian Services," October 15, 2001
- (c) Department of the Navy Civilian Human Resources Manual, Subchapter 792.3, October 2005
- (d) Air Force Instruction 44-107, "Air Force Civilian Drug Demand Reduction Program," April 7, 2010
- (e) Army Regulation 600-85, "The Army Substance Abuse Program," December 9, 2009
- (f) Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009
- (g) Air Force Instruction 44-121, "Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program," April 11, 2011
- (h) Memorandum of Understanding between Commander, Joint Task Force National Capital Region Medical and Commander United States Army Installation Management Command for delivery of substance abuse program services at Fort Belvoir (NOTAL)
- (i) Health Service Delivery Concept of Operations. JROCM 067-11. 12 MAY 2011.

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ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, JTF CAPMED CLINICAL AND HEALTHCARE BUSINESS OPERATIONS (J-3B). The Director, JTF CapMed Clinical and Healthcare Business Operations (J3-B), shall:

a. Ensure that Services by the Joint MTFs deliver outpatient addictions services using best practices and evidence-based therapy based on the following:

(1) The DoD/Veterans Affairs (VA) Clinical Practice Guidelines for substance abuse treatment;

(2) The American Society of Addictions Medicine Patient Placement Criteria;

(3) The Joint Commission (TJC) Behavioral Health Standards of Care;

(4) Other evidence-based practices.

b. Act as the resource intermediary for issues related to the support that FBCH shall provide in support of the IMCOM ASAP.

c. Ensure that all necessary Information Technology (IT) support will be provided IAW DoD standards to enable staff to interface with both inpatient and electronic systems and to update equipment and software systems as needed to maintain currency of treatment services, documentation systems, and research initiatives.

d. Direct the Commanders of the Joint MTFs and Center Directors to pursue appropriate therapeutic intervention through partnerships with MTFs, the VA, or to purchase care in the TRICARE network if beneficiaries need higher levels of residential and or specialty care than is available for re-occurring conditions in the direct care system.

2. COMMANDER, WRNMMC. The Commander, WRNMMC shall:

a. Provide Laboratory services for blood and urine testing to support diagnostic testing and abstinence monitoring.

b. Support Army, Navy, and Air Force personnel, reporting requirements and data submissions IAW DoD Directives (e.g., Army Center for Substance Abuse Programs (ACSAP), Drug and Alcohol Management Information System (DAMIS) and the Navy's Alcohol and Drug Management Information Tracking System (ADMITS)).

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(1) Support Army personnel and clinical staff to involve Commanders and their designees per Army Regulation 600-85 (Reference (e)) by using Rehabilitation Team meetings and requisite documentation.

(2) Support Navy personnel who require a Drug and Alcohol Program Advisor (DAPA) IAW Office of the Chief of Naval Operations Instruction 5350.4D (Reference (f)). IAW Reference (f) the DAPA will:

(a) Advise the Joint MTF Commander or Center Director on all matters related to United States Navy (USN) personnel assigned to the Joint MTF and Center who require substance abuse services.

(b) Liaison with the Substance Abuse treatment programs in administrative matters related to USN personnel assigned to WRNMMC who receive services from the Substance Abuse Program.

(3) Support Air Force personnel IAW Air Force Instruction 44-121 (Reference (g)).

(a) Addictions services should be provided at WRNMMC whenever possible based on availability of clinical personnel. If clinical personnel are not available, Air Force Service members may be referred to Alcohol and Drug Abuse Prevention and Treatment (ADAPT) at Joint Base Andrews (JBA) for assessment and treatment.

(b) Addictions services personnel will ensure that when an Air Force member receives care at a Joint MTF the following are performed to ensure compliance with Service requirements:

1. ADAPT program at JBA is notified of the Service member's entry into care and provided a copy of intake documentation within 48 hours of the intake evaluation. This will ensure that required information is entered into the Air Force substance use assessment tool and database.

2. The ADAPT program is notified and included in collaboration with the Joint MTF and Center Addictions Service personnel on all issues related to disposition and discharge planning to ensure the ADAPT program can facilitate command consultation and involvement in treatment team decisions per Air Force requirements.

3. The ADAPT program at JBA is provided with updates on the Service member clinical status on a weekly basis for the first 4 weeks of treatment and then monthly thereafter.

3. COMMANDER, FBCH. The Commander, FBCH shall:

a. Provide comprehensive addiction services to beneficiaries (except for services provided by the IMCOM ASAP).

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- b. Provide support including IT and personnel to ensure the IMCOM ASAP maintains compliance with TJC requirements.
- c. Provide ancillary support from the hospital resources. Laboratory services will be central in provision of blood and urine testing to support diagnostic testing and abstinence monitoring.
- d. Identify and formally appoint appropriately credentialed Clinical Consultants to support the IMCOM ASAP IAW the Memorandum of Understanding (Reference (h)).
- e. Identify and formally appoint an appropriately credentialed and trained Medical Review Officer to be available to support the IMCOM ASAP as directed in Reference (h).
- f. Ensure appropriately credentialed clinicians participate in the Professional and Technical Advisory Committee (PTAC) as required to ensure that the IMCOM ASAP maintains compliance with necessary TJC requirements IAW Reference (h).
- g. Support Army, Navy, and Air Force personnel, reporting requirements, and data submissions will be made IAW DoD Directives (e.g., ACSAP's, DAMIS, and the Navy's ADMITS system).
 - (1) To support Army personnel, clinical staff will involve Commanders and their designees per Reference (e), by incorporating Rehabilitation Team meetings and requisite documentation.
 - (2) To support Navy personnel assigned to the MTF and Center will require a DAPA be appointed IAW Reference (f). IAW Reference (f) the DAPA will:
 - (a) Advise the Joint MTF commander and Center director on all matters related to USN personnel assigned to the Joint MTF and Center who require substance abuse services.
 - (b) Liaise with the Substance Abuse treatment programs in administrative matters related to USN personnel assigned to WRNMMC who receive services from the Substance Abuse Program.
 - (3) Support Air Force Personnel IAW Reference (g).
 - (a) Addictions Services should be provided at the Joint MTF whenever possible based on availability of clinical personnel. If clinical personnel are not available, Air Force Service members may be referred to ADAPT at JBA for assessment and treatment.
 - (b) Addictions Services personnel will ensure that when an Air Force member receives care at a Joint MTF the following are performed to ensure compliance with Service requirements:
 - 1. ADAPT program at JBA is notified of the Service member's entry into care and provided a copy of intake documentation within 48 hours of the intake evaluation. This will

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ensure that required information is entered into the Air Force substance use assessment tool and database.

2. The ADAPT program is notified and included in collaboration with the Joint MTF Addictions Service personnel on all issues related to disposition and discharge planning to ensure the ADAPT program can facilitate command consultation and involvement in treatment team decisions per Air Force requirements.

3. The ADAPT program at JBA is provided with updates on the Service members; clinical status on a weekly basis for the first 4 weeks of treatment and then monthly thereafter.

h. Assure that the IMCOM ASAP personnel have equal access to the professional and personal development opportunities available to the MTF staff.

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

ADAPT	Alcohol and Drug Abuse Prevention and Treatment Program,
ADMITS	Alcohol and Drug Management Information Tracking System
ASAP	Army Substance Abuse Program
ACSAP	Army Center for Substance Abuse Programs
CJTF CapMed	Commander, Joint Task Force National Capital Medical Region
DAMIS	Drug and Alcohol Management Information System
DAPA	Drug and Alcohol Program Advisor
FBCH	Fort Belvoir Community Hospital
IAW	in accordance with
IMCOM	Installation Management Command
IT	information technology
JBA	Joint Base Andrews
MTF	Military Treatment Facility
PTAC	Professional and Technical Advisory Committee
TJC	The Joint Commission
USN	United States Navy
VA	Veterans Administration
WRNMMC	Walter Reed National Military Medical Center

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PART II. DEFINITIONS

ASAP. ASAP's mission is to strengthen the overall fitness and effectiveness of the Army's workforce, to conserve manpower and enhance the combat readiness of soldiers.

DAPA. Drug and Alcohol Program Administrators are the primary advisors to the Commanding Officer and substance abuse prevention program manager for Sailors assigned to a Command.

IMCOM. IMCOM supports the United States Army's mission by providing services, facilities and infrastructure to soldiers, civilians, and families who receive services on Army installations.

MRO. A physician who interprets urinalysis and other drug test results reported by a testing laboratory to ensure a scientifically valid result.

Service member. A member of the uniformed Services serving on Active Duty.

TJC. An independent, not-for-profit organization that accredits and certifies healthcare organizations and programs. Joint Commission accreditation and certification provides a measure of the quality of healthcare services that is delivered to patients.