



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BELVOIR
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FORT BELVOIR, VIRGINIA 22060-5928

IMBV-SH

12 August 2016

MEMORANDUM FOR US Army Fort Belvoir Personnel

SUBJECT: Fort Belvoir Policy Memorandum #60, Protocol for Referral and Treatment of Sexual Assault Victims

1. REFERENCE.

- a. AR 600-20 (Army Command Policy), 6 November 2014.
- b. AR 600-85 (Army Substance Abuse Program), 28 December 2012.

2. PURPOSE. To provide specific guidance designed to facilitate Army Substance Abuse Program (ASAP) referral and services for sexual assault victims.

3. APPLICABILITY. This policy and procedures are applicable to all servicemembers and civilians assigned to Fort Belvoir.

4. POLICY.

a. A restricted sexual assault report allows a person who is a sexual assault victim, on a confidential basis, to disclose the details of his/her assault to specifically identified individuals and receive medical treatment and counseling without triggering the official investigative process.

b. In an effort to protect the confidentiality of the victim and prevent any further trauma to the victim, the attending healthcare provider will assess the need for an ASAP referral at the time of the initial screening.

c. If it is determined that further ASAP services may be needed, a confidential ASAP referral will be made by the attending healthcare provider within two duty days.

d. Due to the sensitive nature of these cases, a confidential referral will be made directly to the ASAP Program Manager or ASAP Clinical Director.

e. The ASAP Program Manager or ASAP Clinical Director will brief and schedule the assessment with a counselor.

f. The assigned counselor must:

(1) Complete a comprehensive psychosocial assessment within five business days of the initial referral.

(2) Complete client centered treatment plans with measurable and observable goals; plans must be reviewed with the client within 30 days of the initial visit.

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(3) Update treatment plans with client's input a minimum of every 90 days, and more frequently as treatment needs and/or goals change.

g. Due to the confidential nature of these cases, the change of command will not participate in the treatment or progress review of these cases. Strict confidentiality must be maintained.

h. The clinical chart will be coded using the last four of the client's SSN; no other identifiable information will be used to prevent unauthorized disclosure of Personal Health Information (PHI).

i. Clinical documentation will be limited to the ASAP clinical chart; no clinical information will be documented in Armed Forces Health Longitudinal Technology Application (AHLTA), Drug and Alcohol Management Information System (DAMIS), or any other electronic record system.

j. Clinical treatment will be limited to individual therapy using Evidence Based Treatment (EBT) protocol. Due to the confidential nature of these cases, group therapy is not indicated for the treatment of these cases. Treatment will be time limited and solution focused to assist the client in developing and implementing coping skills.

k. The Clinical Consultant, Chief of Addiction Services, Fort Belvoir Community Hospital will be available for consultation in cases that require medication or a higher level of care such as residential or intensive outpatient substance abuse treatment. In such cases, the Clinical Consultant will follow guidelines for confidentiality and clinical documentation as previously stated.

5. PROPONENT. The proponent for this policy is the SHARP Office at 703-740-7029.



ANGIE K. HOLBROOK
Colonel, AG
Commanding