

Maryland National Guard Substance Abuse Self-Referral Checklist

(Complete and return to the Substance Abuse Coordinator with all documents)

Date _____

SM's Name: _____

DOB: _____

Unit: _____

Commander: _____

Unit POC: _____

Unit Phone: _____

SM's Rank: _____

SSN: _____

SM's Address: _____

Home Phone: _____

Cell Phone: _____

SM's Email: _____

Initial in space below after each step that has been completed

Explain and complete the attached "Rights Warning Procedure/Waiver Certificate"
(see attached DA Form 3881)

Read and explain the attached "Limited Use Policy" to Servicemember (AR 600-85 paragraph 10-12 and 10-13). The Unit Commander and the Servicemember must sign the "Limited Use Policy" stating that the Servicemember understands it.

Complete the attached Developmental Counseling Form (DA Form 4856 or AF Form 174) with Servicemember.

The Servicemember must be screened and/or evaluated by a State certified counseling/treatment agency within 30 days of the command counseling session; the Substance Abuse Program Coordinator (SAPC) will have a list of approved treatment facilities near the Servicemember's residence.

Make the Servicemember aware that they are responsible for all costs incurred in any referral/rehabilitation programs. Servicemembers on Active Duty orders longer than 30 days must use Active Duty facilities.

Failure to participate in, and successfully complete, the approved State counseling and treatment program, or the refusal to sign a consent form to release treatment information to the Unit Commander and Prevention Coordinator will result in process for separation under AR 135-175 (officers) or AR 135-178 (enlisted).

The Unit Commander can add to the Servicemember's treatment program. Failure to complete the Unit Commander's directives will be considered a rehabilitation failure.

Complete the attached "Report of Unfavorable Information for Security Determination" (DA Form 5248-R) and return with other documents to the Joint Substance Abuse Coordinator.

Contact the Joint Substance Abuse Program Coordinator (JSAPC) to schedule drug testing.

NOTE: Soldier must be in a military duty status on the date of the drug testing.

E-mail this Self-Referral Checklist and attached forms to the Substance Abuse Coordinator at the contact information listed below no later than 5 days after self-referral.

Maryland National Guard Substance Abuse Self-Referral Checklist

(Complete and return to the Substance Abuse Coordinator with all documents)

Soldier's Signature

Date

Commander's Signature

Date

Prevention Coordinator's Signature

Date

Points of Contact:

SGT Marcus A. Jackson
Prevention, Treatment, and Outreach Coordinator
Maryland Army National Guard
CD (PTO)
Office: (410)-576-1475
Mobile: (443)-255-7858
Fax: (410)-576-6122
Email: marcus.a.jackson1@us.army.mil

SSG Brian Howell
Joint Substance Abuse Program Coordinator (JSAPC) (Army)
Maryland Army National Guard
CD (SA)
Office: (410)-576-1479
Mobile: (443)-271-3030
Fax: (410)-576-6122
Email: brian.howell2@us.army.mil

TSGT Wendy Harvey
Joint Substance Abuse Program Coordinator (JSAPC) (Air)
Air National Guard
CD (SA)
Office: (410)-576-6005
Mobile: (443)-271-6812
Fax: (410)-576-6122
Email: wendy.harvey@us.army.mil

LIMITED USE POLICY
(AR 600-85 Chapter 10, paragraph 12-13)

10-12 Limited Use Policy

The objectives of the Limited Use Policy are to facilitate the ID of Soldiers, who abuses alcohol and other drugs by encouraging ID through self-referral to facilitate the rehabilitation of those abusers who demonstrate the potential for rehabilitation and retention. When applied properly, the Limited Use Policy does not conflict with the Army's mission or standards of discipline. It is not intended to protect a member who is attempting to avoid disciplinary or adverse administrative action.

10-13 Definition of the Limited Use Policy

a. Unless waived under the circumstances listed in paragraph 10–13d of this regulation, Limited Use Policy prohibits the use by the government of protected evidence against a Soldier in actions under the UCMJ or on the issue of characterization of service in administrative proceedings. Additionally, the policy limits the characterization of discharge to “Honorable” if protected evidence is used. Protected evidence under this policy is limited to:

(1) Results of command-directed drug or alcohol testing that are inadmissible under the MRE. Commanders are encouraged to use drug or alcohol testing when there is a reasonable suspicion that a Soldier is using a controlled substance or has a blood alcohol level of .05 percent or above while on duty. This information will assist a commander in his determination of the need for counseling, rehabilitation, or medical treatment. Competence for duty tests may be directed if, for example a Soldier exhibits aberrant, bizarre, or uncharacteristic behavior, but PO to believe the Soldier has violated the UCMJ through the abuse of alcohol or drugs is absent. Competence for duty test results may be used as a basis for administrative action to include separation, but shall not be used as a basis for an action under the UCMJ or be used to characterize a Soldier's service.

(2) Results of a drug or alcohol test collected solely as part of a safety mishap investigation undertaken for accident analysis and the development of countermeasures is further described in paragraph 4–5.

(3) Information concerning drug or alcohol abuse or possession of drugs incidental to personal use, including the results of a drug or alcohol test, collected as a result of a Soldier's emergency medical care solely for an actual or possible alcohol or other drug overdose. To qualify for Limited Use protection, Soldiers must inform their unit commander of the facts and circumstances concerning the actual or possible overdose. The commander must receive this information as soon after receipt of the emergency treatment as is reasonably possible. If treatment takes place at a civilian facility, the Soldier must give written consent to the treating civilian physician or facility for release of information to the Soldier's unit commander concerning the emergency treatment rendered. If the medical treatment resulted from an apprehension by military or civilian law enforcement authorities, or if the admission for treatment resulted from other than abuse of alcohol or drugs, such as for injuries resulting from a traffic accident, the limited use protection will not be available to the Soldier.

(4) A Soldier's self-referral to the ASAP.

(5) Admissions and other information concerning alcohol or other drug abuse or possession of drugs incidental to personal use occurring prior to the date of initial referral to the ASAP and provided by Soldiers as part of their initial entry into the ASAP. This includes an enrolled Soldier's admission to a physician or ASAP counselor concerning alcohol or other drug abuse incidental to personal use occurring prior to the initial date of referral to the ASAP.

(6) Drug or alcohol test results, if the Soldier voluntarily submits to a DOD or Army rehabilitation program before the Soldier has received an order to submit for a lawful drug or alcohol test. Voluntary submission includes Soldiers communicating to a member of their chain of command that they desire to be entered into a rehabilitation program. This limited use protection will not apply to test results, which indicate alcohol or other drug abuse occurring after the voluntary submission to the rehabilitation program. Examples: The unit commander has ordered a urinalysis on Monday for all members of the unit (an inspection under MRE 313). Before receiving an order (or having knowledge of a pending test) to appear for the urinalysis, a Soldier approaches the platoon sergeant, admits having used illegal drugs over the weekend, and indicates a desire to receive help. Later that day, the Soldier is ordered to and provides a specimen for the urinalysis, which results in a positive report for cocaine use. Those results are protected by the limited use policy unless there is some evidence that demonstrates the use reflected by the test occurred after the admission was made to the platoon sergeant. Later that week, the commander orders another unit inspection for the following Monday.

The inspection is conducted properly under MRE 313, and the Soldier once again has a positive result for cocaine. These test results, as interpreted by an Army Forensic Toxicology Drug Testing Laboratory (FTDTL) expert, indicate the Soldier had used cocaine after admitting use to the platoon sergeant. This test result is not protected by the Limited Use Policy.

(7) The results of a drug or alcohol test administered solely as a required part of a DOD or Army rehabilitation or treatment program.

b. The Limited Use Policy does not prevent a counselor from revealing, to the commander or appropriate authority or others having a need to know, knowledge of certain illegal acts which may compromise or have an adverse impact on mission, national security, or the health and welfare of others. The unit commander will report the information to the appropriate authority. Likewise, information that the client presently possesses illegal drugs or that the client committed an offense while under the influence of alcohol or illegal drugs, other than prior illegal possession incident to the prior use, is not covered under this policy. Limited use is automatic. It is not granted, and it cannot be vacated or withdrawn. It may be waived in the situations described in paragraph 10–13d of this regulation.

c. An order from competent authority to submit to urinalysis or breath or blood alcohol test is presumed a lawful order. Soldiers who fail to obey such orders may be the subject of appropriate disciplinary action under the UCMJ.

d. The Limited Use Policy does not preclude the following:

(1) The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) has first been introduced by the Soldier. This rebuttal or impeachment may include evidence that test data indicate the presence of a controlled substance or alcohol, although not in sufficient quantity to meet the cutoff level for a positive result that has been established by DOD.

(2) The initiation of disciplinary or other action based on independently derived evidence, including evidence of continued drug abuse after initial entry into the ASAP.

e. If the command is made aware of a Soldier’s illegal drug use through the Soldier’s self-referral and admissions, the requirement to initiate separation proceedings pursuant to the appropriate enlisted or officer separation regulation will not apply. The unit commander may initiate a separation action; however, the information is protected by the Limited Use Policy.

NOTE: Make sure the soldier understands that even if they self-refer and are protected by the “Limited Use Policy” they can still be separated from the Maryland National Guard.

Soldier’s Signature

Date

Commander’s Signature

Date

MARYLAND NATIONAL GUARD

Office of the Adjutant General
Counterdrug Task Force
Fifth Regiment Armory
29th Division Street
Baltimore, Maryland 21201-2288

Telephone – (410)-576-6137

Fax – (410)-576-6122

AUTHORIZATION FOR RELEASE OF MEDICAL AND MENTAL HEALTH INFORMATION

Name: _____

Social Security Number: _____

DOB: _____

I AUTHORIZE:

(Person or facility which has my medical and / or mental health information)

TREATMENT FACILITY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

To Release information to the following personnel / agencies:

MARYLAND NATIONAL GUARD

OFFICE OF SUBSTANCE ABUSE

SSG Brian Howell
5th Regiment Armory
29th Division Street
Baltimore, MD 21201
(410)-576-1479

Specify the Information you authorize to be released:

_____ Mental health information (Subject to the Lanterman-Petris-Short Act, Welf & Inst. Code §5000 et seq.)

_____ Drug and alcohol abuse diagnosis or treatment information subject to Federal Law

The purpose of this release is:

_____ To allow the patient's Commander and the Substance Abuse Coordinator to follow progress of the patient, ensure continued enrollment in a substance abuse treatment program and participation in a plan of action.

EXPIRATION OF AUTHORIZATION:

Unless otherwise revoked, this Authorization expires on:

Patient's Signature

Date

Witness / Counselor's Signature

Date

Witness / Counselor Name, Rank, Title

Phone Number