

STANDARD OPERATING PROCEDURE MANUAL FOR ALCOHOL HARMS REDUCTION GAME CHANGER – LEVER 3

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1. Glossary of terms

- "CBO" means Community Based Organisation
- "CBS" means Community Based Structure
- "CMATS" means Correspondence Management and Tracking System
- "DoH" means Department of Health
- "DSD" means Department of Social Development
- "IDP" means Individual Development Plan
- "SAW" means Social Auxiliary Worker
- "SOPM" means Standard Operating Procedure Manual
- "SW" means Social Worker

2. Background

In South Africa research has proven that alcohol is the most widely used substance and its harms are causing serious social, emotional and economic costs to communities. It has also been identified as the third leading risk factor causing death and disability in South Africa. It is against this background that the Western Cape Government has resolved to include alcohol harms reduction as one of the eight (8) game changers.

3. Purpose

The purpose of the SOPM is to enable the substance abuse practitioners/ specialist to understand the step by step process they need to employ in referring for support those individuals and families who may be harmed by alcohol abuse.

4. Scope

The SOPM is for use by the Department of Social Development (DSD) in consultation with the Department of Health (DoH), specifically in the three (3) pilot sites and the Western Cape in general.

5. Process notes

Part A: Standard Operating Procedures for high risk users

PHASE	ACTIVITY	PERSON RESPONSIBLE	DOCUMENT	TIME-FRAME	IMPORTANT CONSIDERATIONS
1.	CLIENT REPORTS/ RECEPTION/ REFERRAL This refers to self, relatives, concerned people, and reporting by external resources inclusive of Social Service and Health Professionals.	Designated SWS – WILL Assign case to senior social worker	SWS 01	First contact- immediately	The client must be treated with dignity, respect and empathy.
2.	SCREENING/INTAKE Capture intake immediately on centralised database/CMATS.	Designated SWS – Will Assign case to senior social worker.	SWS 02	Within 48 hours	Contact with client and schedule an appointment.
3.	DATA CAPTURING Centralised capturing of data will ensure accurate record keeping. Using the CMATS System	Designated SWS	CMATS	Same day of first contact.	
4.	ASSESSMENT The official utilises the Risk/Assist Assessment Tool in order to determine the severity of the problem.	Assigned senior Social Worker	SWS 05	Immediately after intake.	Effective and efficient case management systems.
5.	APPROPRIATE INTERVENTION/PLAN OF ACTION Develop and implement a plan of action. • Motivational interviewing • Cognitive behaviour therapy • Group work • Family preservation • Care Based Programme (Out-patient) • Admission (In Patient) • Support Groups • Mentoring • Coaching	Assigned senior Social Worker	SWS 04	30 days	Ensure prognosis and Community Based Treatment linkages with resources and family preservation leads to self-reliant functioning.
6.	APPROPRIATE INTERVENTIONS	Designated Social Worker	SWS 04; SWS 06	30 days	Ensure prognosis and Community Based Treatment linkages with resources and family

PHASE	ACTIVITY	PERSON RESPONSIBLE	CONTROL	TIME-FRAME	IMPORTANT CONSIDERATIONS
					preservation leads to self - reliant functioning.
7.1.	 IDENTIFICATION OF BARRIERS Identification and response to barriers that may have an impact and delay interventions. 	Designated Social Worker	SWS 03; SWS 04; and other relevant documenta tion	Within 14 days	The response to barriers should ensure access to services.
7.2.	Access to a diversity of services to client.	Assigned senior Social Worker and Substance Abuse Co- Ordinator	SWS 04	Within 14 days	Decision making on the appropriate and relevant intervention.
8.	AFTER CARE & REINTEGRATION • Aftercare and reintegration must enhance the model of change and relapse prevention.	Assigned senior Social Worker and Substance Abuse Co- Ordinator	Discharge letter; SWS 07; and Aftercare Plan (same format as IDP)	Monthly evaluation after 6 months	Structured/ focused aftercare programs.
9.	GOVERNANCE & ADMINISTRATION • Effective case management.	Designated Social Work Supervisor/s	Record keeping	On-going	Records management; Effective reporting systems

Part B: Standard Operating Procedure for normal referrals

PHASE	ACTIVITY	PERSON RESPONSIBLE	CONTROL DOCUMENT	TIME-FRAME	IMPORTANT CONSIDERATI ONS
1.	CLIENT REPORTS/ RECEPTION Receive service user at front desk and complete reception register. Referral to SAW/ SW for screening	Customer Care Assistant	SWS 01; reception register	Immediate on arrival.	Not applicable
2.	SCREENING Determine services that are required. Refer to intake social worker/ designated substance abuse social worker or CBS	Social Auxiliary Worker/ Social Worker	SWS 02 (Intake Form); SWS 03 (Referral Form)	Immediate	Not applicable
3.	 INTAKE Social Worker conducts assessment; determine complexity and type of support/intervention. Case be referred to SWS for opening of file and allocation for further services Case can be referred to CBO for early intervention services. 	Designated Substance Abuse Social Worker/ Intake Social Worker	SWS 04 (Process notes) Initial Assessment SWS 03 Allocation cards	Within 48 hours	Use of screening/counselling tools relevant to type of substance dependency. Motivational Interviewing
4.	TYPE OF INTERVENTION: HIGH RISK OR NORMAL REFERRAL Further assessment to identify type and method of intervention. IDP Completion Agree intervention model Voluntary - Referral for in-patient treatment In - Voluntary Court Ordered Referral Prepare service user for treatment centre and transport if required. Confirmation of admission Internal early intervention services	Designated Social Worker Admissions person at treatment centre Court Community Based Organisation	SWS 04; SWS 05 (Assessment); SWS 06; Treatment centre application forms, Medical Form 7, substance abuse act 70 of 2008 Court order Attendance registers	Within 7 days after assessment	Substance Abuse specific assessment tool to supplement SWS 05 Psycho social report to be completed for in-patient treatment referral. Pre-admission to rehabilitation centre and internal/ external Social Worker role contracting Orientate

PHASE	ACTIVITY	PERSON RESPONSIBLE	CONTROL DOCUMENT	TIME-FRAME	IMPORTANT CONSIDERATI ONS
					service user re internal program, i.e. group work/individual counselling sessions. Use of IDP. Family Sessions, Community Based Programmes, etc.
6.	REFERRAL TO OUTSIDE RESOURCES	Designated Social Worker	SWS 03	Within 7 days	Psycho social report to be completed for in-patient treatment referral.
7.	IMPLEMENTATION OF EARLY INTERVENTION /BRIEF INTERVENTION PLAN	Designated Social Worker	SWS 06	Starts within 19 days of assessment for up to 3 months) and performance information reporting.	Social work support service; Family support (family conference); Preparing the environment for reintegration/exit/discharge.
8.	EVALUATION OF INTERVENTION • Unsuccessful intervention – alternative treatment options in conjunction with family considered/termination	As above	SWS 07	6 weeks	As above; List reasons for failed interventions.
9.	AFTER CARE/ REINTEGRATION Discharge from treatment centre and engage in structured after care program.	Designated Social Worker/ Treatment centre	Discharge letter Group Work reports SWS 04 After Care Reports	Monthly check-ups	Service user's needs to be considered in After Care Program.
10.	EVALUATION OF IMPACT	Designated Social Worker	Complete all areas of SWS 07	6 weeks post after care.	Service user's progress/relapse/adaptation

PHASE	ACTIVITY	PERSON RESPONSIBLE	CONTROL DOCUMENT	TIME-FRAME	IMPORTANT CONSIDERATI ONS
					needs to be assessed.
11.	Should Intervention be successful, preparation for termination	Designated Social Worker	SWS 07	Six months after successful after care intervention.	Service user is informed of progress and process of termination. Information sharing that file is available for 5 years and option of returning for services available if needed.
12.	FILE CLOSED File to SW Supervisor to close with termination report FILE CLOSED	Designated Social Worker	SWS 07	30 days after successful after care intervention.	Client to be informed.

6. Diagram: Standard Operating Procedures for high risk and non-high risk users

