CDBHE Decision Tree & Processes

Commander maintains non-stigmatizing Unit BH education program

Signs of BH Condition
- Change in behavior
- Unusual behavior
- Intense sadness
- Report of BH concerns

Indicators of Risk
- Threatening statements
- Statements re: self-harm
- Concentration problems
- Distracting behavior

Indicators of Emergency
- Threatening behavior
- Threatens self-harm
- Disoriented/disorganized
- CDR concerned about risk to Soldier
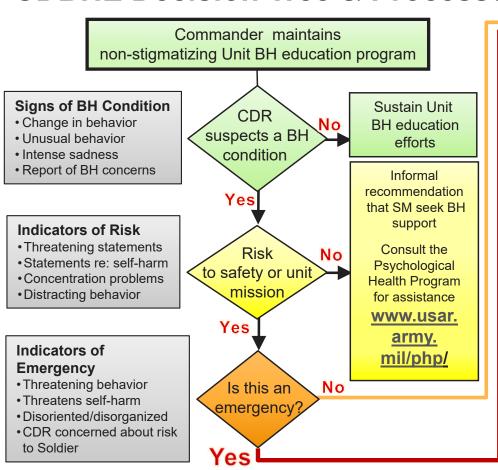
Conditions NOT considered a CDBHE:
- Voluntary self-referral
- Deployment Health or Periodic Health Assessment
- Family Advocacy Program or ASAP Assessment
- Clinical referrals by health care providers
- Law enforcement/corrections evaluations
- Competency inquiry
- Evaluations required by regulation not subject to CDR's discretion

CDR suspects a BH condition — **No** → Sustain Unit BH education efforts

Yes ↓

Risk to safety or unit mission — **No** → Informal recommendation that SM seek BH support

Consult the Psychological Health Program for assistance **www.usar.army.mil/php/**

Yes ↓

Is this an emergency? — **No**

Yes

DoDI 6490.04, "Mental Health Evaluations of Members of the Military Services," 4MAR13
MEDCOM 22-020 CDBHE, 05MAY22
MEDCOM 19-010, DoA Form 3822, Mental Status Exam

USAR PSYCHOLOGICAL HEALTH PROGRAM
★ Denotes differences in process for TPU and AGR Soldiers

ARMY RESERVE

Emergent CDBHE Process

Ensure Safety
- Contain Situation (Escort SM)
- Use Community 1st Responders

Use Local Resources
- Closest ER
- If on base, you may use MTF

Communicate w/Provider
- Reason for referral/situation
- SM should sign release of info "ROI" to CDR
- Assume provider is civilian

★ **Ensure Duty Status for Accountability**
- If during BA, payment covered
- If not, use Medical ADOS orders

★ **Document/Notify**
- Initiate SIR/CCIR
- Initiate 2173, MMSO, LOD if duty related
- TRICARE one-off, if needed

Follow Up
- Follow through on treatment recommendations
- Engage PHP for help accessing care

Non-Emergent CDBHE Process

Notify SM
- Intent to refer for CDBHE
- *Normalize (no stigma)*

Use MTF
- Contact nearest MTF BH (list on p 4)
- Ask re their forms, location, rules.
- Communicate specific reason for BHE
- Obtain appt. time, location, etc.

Direct SM to CDBHE
- Provide appt information directly to SM
- No waiting time or counseling

★ **Ensure Duty Status for Accountability & Pay**
- Place on ADOS BH orders for travel and evaluation time (1-3 days)
- Escort, if required by MTF or if there is perceived risk

Documentation
MTF provides CDR with completed DA 3822 explaining
- Risk/dangerousness
- Treatment plan including meds
- Fitness for duty

Follow Up
- Any admin actions related to FFD
- Engage PHP for help accessing care

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Request appropriate profile, if necessary

TPU EMERGENT CDBHE PROCESSES

1. Ensure Safety --- Do not leave SM alone (Escort SM).
  Contain Situation &/or Use Community First Responders (call 9-1-1)

2. Use Local Resources
  • Closest ER
  • If on base, you may use MTF if it's open

3. Communicate with Provider
  • Explain to hospital/police the <u>detailed reason</u> for referral so they will know what to look for
  • Get SM to sign the hospital's <u>Release of Information</u> **(ROI)** & provide to CDR
  • Assume the civilian provider may be unfamiliar with DA forms

4. Duty Status for Accountability, if SM is at BA or AT when event begins
  • If on duty, then payment is covered
  • If NOT on duty, then Soldier must use their insurance or pay out of pocket.

5. Documentation & Notification
  • Initiate SIR/CCIR
  • Initiate DA 2173, MMSO, LOD if duty related.
  • TriCare one-off, if needed.

CCIR Blank Form

6. Follow Up
  • Ensure SM follows <u>treatment plan</u> (medication, therapy, etc.)
  • <u>Continue engagement with PHP</u> to help CMD & SM.
  • If BH conditions continue, may schedule a <u>non-emergent CDBHE</u> to address concerns

7. Request appropriate temporary profile
  from ARMMC if SM does not already have a profile. Ensure medical records are sent to ARMMC after CDBHE.

AGR EMERGENT CDBHE PROCESSES

1. Ensure Safety --- Do not leave SM alone (Escort SM).
Contain Situation &/or Use Community First Responders (call 9-1-1)

2. Use Local Resources
- Closest ER
- If on base, may use MTF if open

3. Communicate with Provider
- Explain to hospital/police the detailed reason for referral so they will know what to look for
- Get SM to sign the hospital's Release of Information (ROI) to CDR
- If utilizing local ER, assume the civilian provider may be unfamiliar with DA forms

4. Documentation & Notification
- Initiate SIR/CCIR
- Tricare will be utilized for payment.

CCIR Blank Form

5. Follow Up
- Ensure SM follows treatment plan (medication, therapy, etc.) at MTF or through Tricare
- Continue engagement with PHP to help CMD & SM.
- If BH conditions continue, may schedule a non-emergent CDBHE to address concerns.

6. Request CCIR review from SM's assigned MTF if SM does not already have a profile.

(PHP has a list of Tricare Prime Remote (TPR) Case Managers at most MTFs)

TPU NON-EMERGENT CDBHE PROCESS

1. Notify SM
- Intent to refer for CDBHE for confirmation of SM's condition
- Normalize BH Care (NO STIGMA)
- Recommend referral to PHP for BH support

2. Schedule Appointment at MTF
- Contact nearest Army MTF BH (preferably Army MTF)
- Explain **detailed** reason for evaluation, so provider will know what to look for
- Ask about specific forms, rules, location, etc.
- Schedule appointment
- SM will need to be placed on orders for this appointment

3. Direct SM to CDBHE
- Communicate directly with SM
- Provide appointment details

4. Ensure Duty Status
- Secure orders for travel & evaluation time
- Secure orders for Escort, if required, or if SM is possible risk of harm to self or others

5. Documentation
- MTF uses DA3822 to explain:
  - Risk & Fitness for Duty (FFD)
  - Treatment Recommendations (i.e. meds, therapy)

6. Follow Up
- Ensure SM follows through with treatment recommendations
- Any admin actions regarding FFD

7. Request appropriate profile from ARMMC if Soldier doesn't already have one. Ensure medical records are sent to ARMMC after CDBHE.

AGR NON-EMERGENT CDBHE PROCESS

1. Notify SM
- Intent to refer for CDBHE for confirmation of SM's condition
- Normalize BH Care (NO STIGMA)
- Recommend referral to PHP for BH support

2. Schedule Appointment at MTF
- Contact nearest Army MTF BH (preferably Army MTF
- Explain **detailed** reason for evaluation, so provider will know what to look for
- Ask about forms, location, rules, etc.
- Schedule appointment

3. Direct SM to CDBHE
- Communicate directly with SM
- Provide appointment details

4. Travel Status
- SM can utilize DTS for travel
- Secure orders for escort, if required, or if SM is a possible risk to self or others.

5. Documentation
- MTF uses DA3822 to explain:
  - Risk & Fitness for Duty (FFD)
  - Treatment Recommendations (i.e. meds, therapy)

6. Follow Up
- Ensure SM follows through with treatment recommendations
- Any admin actions regarding FFD

7. Request appropriate profile from MTF if SM does not already have one.
- PHP has a list of Tricare Prime Remote (TPR) Case Managers at most MTFs

OVERVIEW OF CONDUCTING A CDBHE

CONTACT most convenient MTF

If there is no convenient <u>Army MTF</u>, you may use a <u>non-Army MTF</u> -- ask if they can use form DA 3822

A. <u>Clarify</u>: Clarify with MTF that you are requesting a one-time eval for a <u>Reserve SM</u> who will be on orders for the eval.
   - MTFs are used to dealing with Active-Duty personnel and may not realize that your Soldier might not be eligible to receive follow-up care at the MTF. The provider also might not realize that the SM lives far away and has a civilian job.

B. <u>Paperwork and Protocols</u>: Ask MTF what specific paperwork and protocols do they require.
   - Many facilities require patient enrollment and pre-registration, as well as an escort (depending on situation).

C. <u>Explain Why</u>: Fully explain why CDBHE is being requested (suicide ideation/attempts, unusual behavior, repeated outbursts, etc., or trying to expire existing profile, etc.)

D. <u>Inform and Cut Orders</u>: Once appointment has been scheduled, inform SM and cut orders for the evaluation (SM & escort) to include travel days if necessary (total up to 3 days).

E. <u>DA 3822</u>: Once appointment occurs, request DA 3822 and send to ARMMC for TPU SMs and Tricare Prime Remote POC for AGR SMs.

F. <u>Contact PHP at ANYTIME</u>: PHP is here to assist with the CDBHE process, answer Command questions & help ensure that SM is aware of options for continued long-term BH care.