

Medical Actions (NGGA-PEM)

Behavioral Health Services

Joint Forces Headquarters
Georgia Army National Guard
Marietta, GA
1 October 2024

SUMMARY of CHANGE

**SOP
Behavioral Health Services**

o. No Changes. Last edition, 1 October 2023-

Proposed changes, modifications, and/or deletions should be made known GAARNG G-1, HR Plans using GA Form 2028. Your feedback to provide a quality product is always welcome.

Contents

Chapter 1 Overview

- 1-1 Purpose
- 1-2 Behavioral Health Providers
- 1-3 Behavioral Health Program and Services

Chapter 2 Referrals

- 2-1 CH3 Behavioral Health Retention Evaluation
- 2-2 Command Directed Behavioral Health Evaluation
- 2-3 Behavioral Health Line of Duty
- 2-4 CH3 Behavioral Health Evaluation for Soldiers who are on Active Duty, Active Guard Reserve, and Long-Term Active-Duty Operational Support

Chapter 3 Soldier Readiness Processing Event

Chapter 4 Non-Compliance

Chapter 5 Crisis Intervention Guidance

Appendix A

References

Appendix B

Figures List (Not Used)

Appendix C

Glossary

Chapter 1 Overview

1-1 Purpose.

This Behavioral Health Services Standard Operating Procedures (SOP) provides Commanders, Units, Medical Providers, and the Behavioral Health (BH) office with a framework to ensure effective utilization of the BH Program capabilities, standards, and policies so that they are clearly understood and disseminated throughout the Georgia Army National Guard (GAARNG). The Behavioral Health Providers serve to support Soldiers by conducting BH evaluations and assessments, providing crisis intervention, and assisting in connecting to resources. A BH Chapter 3 Retention Evaluation is necessary to evaluate whether a Soldier meets retention standards in accordance with (IAW) AR 40-501 Ch. 3. A Behavioral Health Officer (BHO) performs this evaluation and can be conducted either in person, telephonically, or by a review of medical documents provided by the Soldier.

1-2 Behavioral Health Providers (BHP).

a. The Psychological Health Coordinator's (PHC) are comprised of contractual support staff. Their roles and responsibilities include but are not limited to:

1. Conducting 24/7/365 crisis intervention and referrals, clinical case management, follow-up services (step down from hospital), BH evaluations, and assessments.
2. BH resource identification and support, communication of applicable benefits and other counseling services, community outreach, and referral services.

b. The Licensed Clinical Social Workers (LCSW) are comprised of contractual support staff. Their roles and responsibilities include but are not limited to:

1. Collaborating with BH Officers (BHO) regarding cases of interest, clinical case management, writing temporary profiles, and providing crisis intervention.
2. Clinical coordination with community providers, referrals to community resources, and BH education with staff.

c. The BHOs are comprised of Military Officers (Psychologist, LCSW, and Psychiatrist). Their roles and responsibilities include but are not limited to: Chapter 3 BH Retention Evaluations (CH3 BHE), BH evaluations, Command Directed BH evaluations (CDBHE), and Specialty School BH evaluations.

1-3 Behavioral Health Program and Services.

a. The primary role for the BH program is to support medical/psychological readiness by working with Commanders to identify, assess, refer, support, and monitor Soldiers' BH issues by providing immediate response to Soldiers in crisis, coordinating with the BHOs, LCSWs, and PHCs to minimize CDBHE, and facilitate CH3 Behavioral Health Retention Evaluation (CH3 BHE) and BH evaluations.

b. Soldiers with BH concerns require case management by either a PHC, LCSW, or a BHCM. Soldiers will be referred for: assessment, intervention, referral, and monitoring of clinical progress, to include tracking and gathering the required BH documentation.

Chapter 2 Referrals

2-1 CH3 Behavioral Health Retention Evaluation (CH3 BHE).

Process Steps:

a. Soldiers will need a CH3 BHE, if referred for an evaluation, by a PHC, LCSW, BHO, or has been hospitalized due to a BH occurrence. When a CH3 BHE is needed, the G-1/Medical Actions will email a request for the CH3 packet to the Major Subordinate Command (MSC). The email will have an attached checklist for the documents needed to create the CH3 packet. The packet must be submitted along with current BH medical documentation through the CH3 distro ng.ga.gaarng.list.ngga-fit-for-duty@mail.mil. Once received, the Soldier will be scheduled for the earliest available appointment with a BHO for an evaluation. The unit must place the Soldier in a pay status to appear for the appointment.

1. The CH3 BHE packet should list the mental and physical conditions that require an evaluation.
2. The Commander's Memo that accompanies the CH3 BHE packet should be signed by the Commander or designee E7 or above.
3. The Case Manager (CM) will receive or request the medical documentations from the Primary Care Provider (PCM), Soldier, LCSW, or PHC, and assist the unit with the administrative portion. The CM will contact the unit to verify if the Soldier is pending a medical CH3. Once the documentation is received, the CM will review and scan the documentation into the Health Readiness Record (HRR) system and submit the packet through the CH3 distro.
4. CH3 packets must be completed and include all the documents listed on the CH3 Physical Evaluation Checklist. If a packet is missing any documents, it will be returned to the CM and once completed, resubmitted through the CH3 distro.

b. The BHO will assess the need for a profile or case management, make other recommendations for treatment, complete a Report of Mental Status Evaluation (DA Form 3822), and write a profile (DA Form 3349) if needed.

2-2 Command Directed Behavioral Health Evaluation.

Process Steps:

a. Command Directed evaluations may be requested for: fitness for duty, occupational requirements, safety issues, significant changes in performance, specialty school BH evaluations, or behavioral changes that may be attributable to possible mental status changes.

b. The MRNCO will submit a completed Commander's Request for Mental Health Evaluation to G-1/Medical Actions. The BH administrator will schedule the appointment with the BHP.

2-3 Behavioral Health Line of Duty (LOD)

Process Steps:

A behavioral health line of duty determination is required whenever a Soldier's mental stability adversely affects his/her ability to perform assigned/required duty.

a. LODs for a Behavioral Health condition

1. Soldiers requiring a CH3 BHE will need the unit to submit the CH3 BHE packet to Medical Actions. Once the evaluation is conducted, the provider will complete a DA Form 3822. The DA Form 3822 will be uploaded into HRR, and the unit will proceed with the LOD packet.
2. If a CH3 BHE is not warranted, Soldiers can provide Medical Actions with documentation supporting a diagnosis and treatment. This documentation can be given to one of the approved providers: BHO and LCSW.

Based on the documentation the provider can write a 3822 which will then be uploaded into HRR, and the unit will proceed with the LOD packet.

b. LODs for Military Sexual Trauma

1. Soldiers requiring a CH3 BHE will need the unit to submit the CH3 BHE packet to Medical Actions. Once the evaluation is conducted, the provider will complete a DA Form 3822. The DA Form 3822 will be submitted to the State Sexual Assault Response Coordinator (SARC).

2. If a CH3 BHE is not warranted, the Soldier can provide Medical Actions with documentation supporting a diagnosis and treatment. This documentation can be given to one of the approved providers: BHO, and LCSW. Based on the documentation the provider can write a 3822 and submit it to the State SARC to include it in the LOD packet.

2-4 CH3BHE for Soldiers who are on Active Duty (AD), Active Guard Reserve (AGR), and Long-Term Active-Duty Operational Support (ADOS)

a. All AD, AGR, or long term ADOS Soldiers can be assessed by the BHP for a temporary profile but must be evaluated at a MTF for a CH3. This will be arranged through the Human Resources Office (HRO).

Chapter 3

Soldier Readiness Processing (SRP) Events

Each SRP site will have BH personnel whose primary role is to identify and assess any Soldier who requires behavioral health assistance. During SRP events the BHP is designated to conduct brief assessments for walk-ins and conduct CH3 BHEs. When a Soldier is seen by a medical provider during a PHA and identified for further assessment by a BHP, the Soldier will be directed to the BH station at that location.

A walk-in is any Soldier who is identified during the SRP event as needing BH assistance. A walk-in is not a scheduled appointment with a specific BHO. All scheduled appointments must go through the Behavioral Health CH3 Program Manager.

Process Steps:

a. Soldier will complete the BH Profile Worksheet, limits of confidentiality, Authorization for Disclosure of Medical or Dental Information (DA Form 2870), and the intake assessment on the BHDP. The BH Provider will review the results of the BHDP screening to determine next step.

b. BHP will assess the Soldier and determine what assistance is needed. The Soldier may be given a temporary profile, connected to services and resources, referred to a CM, and/or request a follow-up or CH3 BHE.

c. Soldiers in imminent crisis will require a brief assessment and the unit will escort the Soldier to the nearest ER, VAMC, MTF or crisis support unit utilizing the medical incident packet. The PHC will be informed of the Soldier's status for possible follow-on care.

1. The BH personnel will contact that Soldier's Commander, Medical Readiness Non-Commissioned Officer (MRNCO) or Readiness Non-Commissioned Officer (RNCO) for an escort to be assigned. The escort must stay with the Soldier until a determination is made by the treatment facility.

2. Once the Soldier's leadership is informed and the escort has been designated, the BH personnel or Soldier's leadership will contact the PHC Crisis line 678-569-5315. They will provide the PHC with the unit POC for that Soldier, as well as brief them on the Soldier's situation. That case will then be managed by the designated PHC, until deemed ready for handoff.

Chapter 4
Non-Compliance.

Soldiers who do not adhere to the recommendations of the providers, do not attend the scheduled BHO appointments or maintain contact with the case managers, will be deemed non-compliant.

Process Steps:

- a. The CM, LCSW or PHC will make repeated attempts to contact the Soldier.
- b. If a Soldier missed a scheduled appointment, the BH office will attempt to reschedule the Soldier no more than 3 times with the BHO.
- c. Once the Soldier is deemed non-compliant, a non-compliance memo will be sent via certified mail to the HOR listed in Integrated Personnel and Pay System – Army (IPPS-A). This action will be followed by an email to the unit, CM, and assigned LCSW. The memo will contain a suspense date by which the Soldier has to contact the BH office or their unit CM.
- d. Upon reaching the suspense date, if no contact, the Soldier's chain of command will be informed.

Chapter 5
Crisis Intervention Guidance.

For Soldiers in imminent danger, call 988 (Press 1), or escort to ER utilizing the Medical Incident Packet.

- a. Contact the GAARNG 24/7 Crisis line at (678) 569-5315.
- b. Follow up with a Chaplain by calling the Chaplain Line at (678)-569-3650.
- c. Refer to Georgia Crisis Access Line (GACAL) at 1- 800-715-4225 for crisis and on the ground BH assessments and referrals.

Appendix A
References

AR 40-400

Patient Administration, dated 8 July 2014

AR 40-501

Standards of Medical Fitness, dated 27 June 2019

AR 40-502

Medical Readiness, date 27 June 2019

AR 600-20

Army Command Policy, dated 24 July 2020

AR 600-63

Army Health Promotion, dated 14 April 2015

AR 635-40

Physical Evaluation for Retention, Retirement, or Separation, 19 January 2017

Policy 17-079

Behavioral Health eProfiling Standardization Policy, 28 December 2017- ex. 28 December 2019

Appendix C
Glossary

AD

Active Duty

ADOS

Active-Duty Operational Support

AGR

Active Guard Reserve

BH

Behavior Health

BHO

Behavior Health Officer

BHP

Behavior Health Provider

BHDP

Behavioral Health Data Portal

CDBHE

Command Directed Behavior Health Evaluation

CH3BHE

Chapter 3 Behavioral Health Retention Evaluation

ER

Emergency Room

GAARNG

Georgia Army National Guard

GACAL

Georgia Crisis Access Line

IPPS-A

Integrated Personnel and Pay System – Army

LCSW

Licensed Clinical Social Worker

MRNCO

Medical Readiness Non-Commissioned Officer

MSC

Major Subordinate Command

MTF

Military Treatment Facility

OBHS

Outpatient Behavioral Health Services

PHC

Psychological Health Coordinator

Appendix C
Glossary

RNCO
Readiness Non-Commissioned Officer

RTD
Return to Duty

SOP
Standard Operations Procedure

VAMC
Veterans Administration Medical Center