

Medical Actions (NGGA-PEM)

# **Behavioral Health Services**

Joint Forces Headquarters  
Georgia Army National Guard  
Marietta, GA  
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## ***SUMMARY of CHANGE***

### **SOP**

#### **Behavioral Health Services**

- o. Changes title of 1-2 to Behavioral Health Crisis Intervention.**
- o. Changes LODs language for military sexual trauma (Chapter 2-3 b)**
- o. Adds SRP Walk-In Processing Steps (Chapter 3 c, d, e).**
- o. Adds MRNCOs and RNCOs contact information link (Chapter 3, f).**

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

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## **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 is conducted in person, telephonically (case by case), or by a review of medical documents provided by the Soldier.

### **1-2 Behavioral Health Crisis Intervention.**

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 risk assessments, SAPR (Sexual Assault Prevention and Response) referrals with participation in SAPR Case Management Group (CMG).
2. BH resource identification and support, communication of applicable benefits and other counseling services, community outreach, and referral services.
3. Unit leadership, Soldiers in crisis, Soldiers' dependents, and any involved individuals may contact the PHCs for crisis intervention support via the crisis line at 678-569-5315. Unit leaders must ensure the Soldier in crisis contacts the crisis line for support.

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, generate DA Form 3822 (Report of Mental Status Evaluation) for MST (Military Sexual Trauma) cases 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 packet must be submitted along with current BH medical documentation through the CH3 distro [ng.ga.gaarnng.list.ngga-fit-for-duty@mail.mil](mailto:ng.ga.gaarnng.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.

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 must be by the Commander or designee E7 or above.
3. The Case Manager (CM) will receive or request medical documentation from the Soldier, LCSW, PHC, or Primary Care Provider (PCP) via Authorization for Disclosure of Medical or Dental Information (DD Form 2870) 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 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 or medication 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. Units will submit the CH3 BHE packet for Soldiers requiring a CH3 BHE to Medical Actions via the CH3 distro [ng.ga.gaarnng.list.ngga-fit-for-duty@mail.mil](mailto:ng.ga.gaarnng.list.ngga-fit-for-duty@mail.mil). 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.
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 DA Form 3822 which will then be uploaded into HRR, and the unit will proceed with the LOD packet.

- b. LODs for military sexual trauma are managed by the Sexual Assault Prevention and Response office.

**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 Periodic Health Assessment (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 BH Administrator.

#### **Process Steps:**

- a. Soldier will complete the BH Profile Worksheet, limits of confidentiality, DA Form 2870, and the intake assessment on the BHDP. The BH Provider will review the results of the BHDP screening to determine next steps.
- b. The 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 the BHP may request a follow-up or CH3 BHE.
- c. The BHP will create or update existing eCase in MEDCHART while Soldier is present or immediately following the assessment. All walk-ins will have an eCase in MEDCHART before the end of the event, regardless of the severity or scope of the situation.
- d. BHOs who assess Soldiers will create eCases, annotating assessment findings (severity low, mild, high), recommendations (profile, Chp3, resources needed), and current Soldier's contact information, civilian email and phone number. BHOs will assign eCases to the appropriate LCSW as assigned per MSC.
- e. At the conclusion of each event, LCSWs will contact all walk-in Soldiers assigned to them in eCase. An attempt consists of a phone call, text message, and email, all combined to make one attempt. LCSWs will make the first follow-up contact with the Soldier NLT five business days after the event. If a second attempt is required, it will be made five business days after the first attempt. At the time of the second attempt, the LCSW will email the MSC Medical Readiness NCO (MRNCO) and Unit Readiness NCO (RNCO) to confirm Soldier's contact information and update the unit on the attempt process. If no response is received after five business days of the second attempt, a third and final attempt will be made. No response after third and final attempt will result in the walk-in eCase being closed. Any eCase for a Soldier that has been closed for non-contact, can have a new eCase opened at any time if BH services are needed in the future.
- f. MRNCOs and RNCOs contact information can be found in the GA CONTACTS Power App link below.  
[GA Contacts Power App](#)
- g. Soldiers in imminent crisis will require a brief assessment and the unit will escort the Soldier to the nearest ER (Emergency Room), 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. An eCase will be created for the Soldier, or if an open eCase is present, the eCase owner will update and transfer to PHC if needed.

## **Chapter 4**

### **Non-Compliance.**

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

#### **Process Steps:**

- a. The CM, LCSW or PHC will make repeated attempts, using all available methods (text, civilian email, phone call, unit assistance, etc.) to contact the Soldier.
- b. If a Soldier misses 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). A copy of this memo is emailed to the unit Commander or First Sergeant, MRNCO, 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 there is 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 a local Crisis Stabilization Unit, utilizing the Medical Incident Packet.

- a. Contact the GAARNG 24/7 Crisis line at (678) 569-5315 to speak directly with a PHC, which allows for eCase management and tracking Soldier for follow up care.
- b. Unit Rep will generate and submit Serious Incident Report (SIR) following each new crisis incident.
- c. Follow up with unit Chaplain for continued support.

## **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

#### **CMG**

Case Management Group

#### **ER**

Emergency Room

#### **GAARNG**

Georgia Army National Guard

#### **HRR**

Health Readiness Record

#### **IPPS-A**

Integrated Personnel and Pay System – Army

#### **LCSW**

Licensed Clinical Social Worker

#### **LOD**

Line of Duty

#### **MRNCO**

Medical Readiness Non-Commissioned Officer

#### **MSC**

Major Subordinate Command

#### **MST**

Military Sexual Trauma

#### **MTF**

Military Treatment Facility

## **Appendix C**

### **Glossary**

#### **PCP**

Primary Care Provider

#### **PHA**

Periodic Health Assessment

#### **PHC**

Psychological Health Coordinator

#### **RNCO**

Readiness Non-Commissioned Officer

#### **RTD**

Return to Duty

#### **SAPR**

Sexual Assault Prevention and Response

#### **SOP**

Standard Operations Procedure

#### **SRP**

Soldier Readiness Processing

#### **VAMC**

Veterans Administration Medical Center