

COMMANDER'S REQUEST FOR BEHAVIORAL HEALTH EVALUATION

Behavioral Health Department · Keller Army Community Hospital · West Point, NY 10996

Phone: (845) 938-3441 · Fax: (845) 938-5770

SECTION A - PERSONAL DATA

Name of SM: _____ Rank/Grade: _____ DOB: _____
DoDID: _____ Unit: _____ Time in Unit: _____
Time in Service: _____ ETS Date: _____ MOS/AOC: _____
SM's e-mail: _____ SM's Phone Number: _____
Commander: _____ Commander's Phone Number: _____
Commander's e-mail: _____ Unit Address: _____

SECTION B - PURPOSE OF EVALUATION

(Attach supplementary documents such as investigations, counseling statements, school referral packets, available medical records, etc.)

Command Directed Evaluation Fitness for Duty Profile Review
 Aeromedical Evaluation Specialty School Security Clearance
 Separation (Chapter #): _____ (School/Start Date): _____ Other: _____

SECTION C - BEHAVIOR REPORT

Describe any recent changes in conduct, behavior, or work performance: _____

When and how did this SM's behavior first come to your attention: _____

How does the SM get along with co-workers and supervisors: _____

Does the SM have a disciplinary history? If so, please explain: _____

How do you feel a behavioral health evaluation can assist in this case: _____

CONSIDERED FOR ADMINISTRATIVE SEPARATION PREVIOUSLY: Yes No
ESTIMATE OF RETENTION POTENTIAL: None Questionable (Low) Good Very Good
PREVIOUS CONTACT WITH: Behavioral Health ASAP/SUDCC Family Advocacy Program (FAP)
OUTSIDE TREATMENT RECORDS (civilian therapist, past hospitalization, etc.): Yes* No

*Please request that SM make these records available to our office for a complete evaluation.

Commander's Printed Name and Rank: _____
Commander's Signature: _____ Date: _____

****PRINT CLEARLY AND PROVIDE ACCURATE AND RELIABLE CONTACT INFORMATION TO ENSURE TIMELY COMMUNICATION OF REPORT RESULTS AND RECOMMENDATIONS.** Send all CDBHE Request to:

usarmy.westpoint.medcom-kach.list.bh-cdmhe-other-evaluations@health.mil and call 845-938-3441 to confirm receipt.

COMMAND DIRECTED BEHAVIORAL HEALTH EVALUATIONS (CDBHE) POLICIES AND PROCEDURES

REFERENCES:

- Department of Defense Instruction (DoDI) 6490.04: Mental Health Evaluations of Members of the Military Services
- OTSG/MEDCOM Policy Memo 22-020: Command Directed Behavioral Health Evaluations

SCOPE:

The above references DO NOT apply to:

- Voluntary self-referrals
- Required pre- and post-deployment mental health assessments for SMs deployed in connection with a contingency operation IAW DoDI 6490.12
- Responsibilities and competency inquiries conducted IAW the guidelines established in the Rules for Courts Martial 706 of the Manual for Courts-Martial
- Interviews conducted IAW the guidelines established for the Family Advocacy Program
- Substance Use Disorder Clinical Care assessments
- Clinical referrals requested by other healthcare providers as a matter of clinical judgment and when the SM consents to the evaluation
- Evaluations under authorized law enforcement or corrections system procedures
- Evaluations for special duties or occupational classifications and other evaluations expressly required by applicable DoD issuance or Service regulation that are not subject to Commander's discretion
- Referrals for evaluations expressly required by regulation, without any discretion by the SM's Commander, such as enlisted administrative separations under AR 635-200 and AR 135-178 and officer eliminations under AR 600-8-24

PROCEDURES:

Referral for a non-emergency CDBHE may be initiated only by a Commander or supervisor. Such evaluations may be for a variety of concerns, including fitness for duty, occupational requirements, special duty screening, safety issues, significant changes in performance, or behavior changes that may be attributable to possible mental status changes.

A CDBHE has the same status as any other military order.

The Behavioral Health provider will discuss the concerns of the Commander or supervisor and gather sufficient information to have a reasonable understanding of the circumstances requiring a CDBHE. The Behavioral Health provider will provide consultation to the Commander or supervisor regarding the urgency and appropriateness of the referral from a clinical perspective.

The MTF will schedule the CDBHE IAW local standard operating procedures and published access to care standards.

Commanders or supervisors will refer a SM for an emergency Behavioral Health evaluation as soon as is feasible whenever:

- A SM, by actions or words, such as actual, attempted, or threatened violence, expresses intent or is likely to cause serious injury to him or herself or others
- When the facts and circumstances indicate that the SM's intent to cause such injury is likely
- When the Commander or supervisor believes that the SM may be suffering from a severe mental disorder
- Of note: If any of these conditions apply, a Commander or supervisor will be instructed to have their SM escorted to the **nearest emergency room**. A CDBHE will only be coordinated after any acute safety concerns have been addressed.

No person will refer a SM for a CDBHE as a reprisal for making or preparing a lawful communication to a member of congress, any appropriate authority in the SM's chain of command, an Inspector General, or a member of a DoD audit, inspection, investigation, or law enforcement organization. Any SM who believes a CDBHE is a reprisal may file a complaint with the Army Inspector General (IG) (800-752-9747) or the DoD IG Hotline (800-424-9098).

Commanders and supervisors may make informal recommendations for SMs under their authority to seek behavioral healthcare.

- Any informal recommendation is NOT considered a CDBHE and will instead constitute a request to seek voluntary self-referral
- Commander and supervisor recommendations are not compulsory and do not constitute a mandatory requirement to seek services
- Commanders and supervisors may educate SMs with respect to additional options for assistance, including confidential counseling from Military Family Life Consultants (MFLC), Military OneSource (800-342-9647), consultation from chaplains, safety resources such as the National Suicide Prevention Lifeline (800-273-8255) and options for obtaining assistance with financial, legal, childcare, housing, or educational issues.