



Command Directed Mental Health Evaluation Referral Algorithm



Warning Signs and Indicators

Signs of Possible BH Condition:
 Concerning change in behavior
 Unusual or bizarre behavior
 Intense sadness
 Self report of BH concerns

Possible Indicators of Risk:
 Threatening statements
 Self-harm statements
 Appearing withdrawn
 Losing military bearing

Indications of an Emergency:
 Threatening behavior
 Threats of self-harm
 Disoriented or disorganized
 Concerned about risk to soldier/unit

Command Team or Supervisor

CMD suspects a BH condition

Yes ↓

Risk to safety or unit mission

Yes ↓

Is this an emergency?

Yes

No →

No →

No →

Sustain unit BH education efforts

Informal recommendation to seek BH support

Review available resources with SM

Increase leader engagement

Call BH for guidance

If unsure, contact KACH BH: 845-938-3441 or KACH ER at 845-938-4004

Emergent Evaluation Process

Ensure Safety
 Contain Situation (escort SM)
 Use Community First Responders

Use Local Resources
 Closest ER
 If on base use MTF ER

Communicate with Provider
 Reason for referral/situation
 Ensure release of info to unit
 Provider can be civilian/military

Accountability & Pay
 If during BA for COMPO II/III, payment covered
 If not BA, insurance/out of pocket
 If AD, covered anytime
 If questions arise, call Humana

Documentation / Notification
 Initiated SIR/CCIR
 Initiate 2173, MMSO, LOD if needed
 TRICARE one-off if needed
 Notify your unit BH POC or clinic/MTF

Follow-Up
 Follow through on treatment recommendations with SM
 After resolution of acute episode, schedule non-emergent CDBHE for admin documentation/actions

*Non-Emergent Process

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

***Request CDBHE**
 Submit CDBHE packet from KACH internet homepage
 Or call (845) 938-3441 to request a copy

Direct SM to CDBHE
 Provider appointment information
 Communicate directly with SM
 Counsel SM of their rights

Ensure Duty Status for Accountability & Pay
 Place on orders for movement if not AD
 Escort is required
 SM must be in uniform

Documentation
 MTF Completes DA 3822 within five working days, outlining risk level, duty recommendations, safety information, etc.

Follow-Up
 Discuss findings with SM
 Contact MTF to identify resources, as needed
 Initiate any administration actions/recommendations

Self-Initiated Evaluation

Notify Command
 SM notifies supervisor re: intent to be evaluated

Request BHE
 Leadership coordinates appointment with MTF For SM

Communicate with SM
 BH confirms SM initiated BHE and books appointment

Readiness & Safety
 Supervisors are entitled to readiness and safety info, as well as date/time/location and confirmation that BHE occurred, but no clinical data

Documentation
 Encounter data will be saved in GENESIS
 Provider may initiate profile or other communication with CMD if warranted

Follow-Up
 Discuss BHE results with SM
 Provide support and access to care as indicated

***Keller Army Community Hospital Public Website to retrieve Command Directed BH Evaluation Referral Forms:**
<https://keller.tricare.mil/Health-Services/Mental-Health/Behavioral-Health>

***Keller Army Community Hospital BH inbox to submit completed Command Directed BH Evaluation Referral Forms:**
usarmy.westpoint.medcom-kach.list.bh-cdmhe-other-evaluations@health.mil or send to BH Fax number: 845-938-5770

DHA Policy Memorandum 23-014, "Military Medical Treatment Facility Management of Self-Initiated Referral Process for Mental Health Evaluations of Service Members," November 28, 2023

DoD Instruction 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013

DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigmas in Providing Mental Health Care to Service Members," September 6, 2023