



DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
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FORT POLK, LA 71459-5339

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MAY 04 2016

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Memorandum SURG-02 – Policy on Behavioral Health Care

1. References:

- a. Department of Defense Directive 7050.06, "Military Whistle Blower Protection", 17 April 2015.
- b. Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, 6 September 2011.
- c. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.
- d. AR 600-63, Army Health Promotion, 14 April 2015.
- e. HQDA EXORD 185-11, Reduction of Non-Deployables, 22 April 2011.
- f. FORSCOM EXORD 11-0538, Reduction of Non-Deployables, 9 July 2011.
- g. AR 40-501, Standards of Medical Fitness, Rapid Action Revision, RAR 4 August 2011.
- h. Department of Defense Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members", 17 August 2011.
- i. Section 711(b) of Public Law 112-81, "National Defense Authorization Act for FY 2012", 31 December 2011.
- j. OTSG/MEDCOM Policy Memorandum 12-036, "Department of the Army (DA) Form 3822, Report of Mental Status Evaluation", 16 April 2012.
- k. Command Policy Memorandum G1-11 Brigade/Battalion Resiliency Teams (BRT).
- l. AR 600-20, Army Command Policy, 6 November 2014.

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m. Department of Defense Directive 6490.04, "Mental Health Evaluations of Members of the Military Services", 4 March 2013.

n. OTSG/MEDCOM Policy Memorandum 13-020, "Command Directed Behavioral Health Evaluations", 12 April 2013.

o. U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT).

p. Sections 1034 and 1090a of Title 10, United States Code.

q. Bayne-Jones Army Community Hospital (BJACH) Department of Behavioral Health (DBH) Standard Operating Procedures for Inpatient Psychiatry Discharges, Inpatient Substance Abuse Discharges, and Command Directed Behavioral Health Evaluations (CDBHE).

r. OTSG/MEDCOM Policy Memorandum 12-015, Command Notification Requirements to Dispel Stigma in Providing Behavioral Healthcare to Soldiers.

2. Purpose: This document establishes policies and standards of medical care for our Soldiers by ensuring quality and compassionate health medical care. Every Soldier is an individual with specific requirements and needs. In each case, the chain of command must address the needs of the individual with care, compassion, and professionalism. The health and medical readiness of service members is an absolute priority for all commands on this installation. This policy is applicable to all units assigned to Fort Polk and is not applicable to JRTC rotational units.

3. Identification and Monitoring of High Risk Soldiers: The U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT) is designed as a screening tool for use by leaders to assist in developing a comprehensive assessment of their Soldiers. It is useful in determining a Soldier's level of functioning in six key inter-related domains: physical, emotional/behavioral, occupational, social/interpersonal, financial, and legal/disciplinary. The purpose of the SLRRT is to facilitate a conversation between the leader and the Soldier. It also identifies issues of concern and connects Soldiers to appropriate resources. Leaders should use this tool along with other sources of information to help determine the Soldier's risk level. It serves as a guide during the developmental counseling process. Leaders will facilitate this process by documenting any pertinent issues of concern and the associated action plan on the Developmental Counseling Form, DA Form 4856. Identifying and maintaining visibility of high risk Soldiers and appropriately managing their transition are critical components to ensuring the wellness of the force. When discrepancies exist regarding whether a Soldier is appropriately designated as at risk, brigade commanders have the authority to regulate the risk level. This mitigation process is optimally done in coordination with the Brigade Resiliency Team (BRT).

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a. The BRT was established in support of the Army Comprehensive Soldier Fitness (CSF) program. The purpose of the BRT is to assist the commander in enhancing strengths in the five domains of emotional, social, spiritual, physical, and Family resiliency. This should be done through the identification, analysis, management, and disposition of at-risk Soldiers through a coordinated and consolidated team approach. This is done by recommending best practices for risk reduction, suicide prevention, and resiliency programs for the brigade. Each BRT will have a standing operating procedure (SOP) specific to their brigade which outlines their mission and goals and is signed and approved by the brigade commander. This group is expected to meet monthly, but in most cases, they meet every two weeks to address Soldier and Family resiliency efforts. In all cases, the brigade commanders chair the BRT effort. Brigade commanders will ensure regular Brigade and Battalion Resiliency Team meetings are held. The members of the BRTs will include the Master Resiliency Trainer, the Resiliency Training Assistants, medical/behavioral health, legal and chaplain participation as well as the participation of other members when necessary.

b. Once a leader identifies a Soldier at risk, it is the responsibility of the chain of command to ensure proper steps are taken to mitigate risk. These actions could be referrals to support agencies, crisis intervention, or other measures suggested in the recommended leader action of the SLRRT. Commanders should consult with medical, legal, and other experts to determine appropriate actions.

c. Soldiers who require an emergent or non-emergent Command Directed Behavioral Health Evaluation (CDBHE) will be referred to Bayne-Jones Army Community Hospital's (BJACH) Department of Behavioral Health from 0800-1600 Monday through Friday. After hours or holidays, Soldiers defined as high risk and requiring emergent care will be referred to the BJACH Emergency Department where a complete assessment will be conducted. Typically, after hours referrals are for an emergent crisis such as homicidal and/or suicidal ideations/behaviors.

d. In accordance with HQDA EXORD 185-11, Reduction of Non-Deployable Soldiers, and FORSCOM EXORD 11-0538, Reduction of Non-Deployable Soldiers, commanders will not allow Soldiers designated as high risk to depart the installation on PCS orders. Commanders will coordinate with the Installation Command Surgeon and/or BJACH Commander who will then coordinate with both the Fort Polk G1 and Human Resources Command (HRC) as required for the amendment of orders. Commanders will ensure clear communication with the Soldier and medical providers regarding the amendment of orders and the plan of care.

4. Admissions to and discharges from Behavioral Health Facilities: Admissions to and discharges from behavioral health hospitalizations are particularly high-risk transitions and must be carefully managed. Clear communication between service members,

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commanders, and behavioral health professionals is essential in managing these transitions. Effective immediately:

a. Soldiers who require behavioral health evaluation will be referred to BJACH Department of Behavioral Health from 0800-1600 Monday through Friday. After hours or holidays, Soldiers requiring emergent care will be referred to the BJACH Emergency Department where a complete assessment will be conducted. After hours referrals are typically for an emergent crisis such as homicidal and/or suicidal ideations/behavior.

b. Company commanders will visit service members while they are hospitalized as inpatients in psychiatric facilities to offer support for their Soldier. The first visit will occur within 72 hours of hospitalization, and then weekly until the SM is discharged.

c. Upon discharge from an inpatient psychiatric unit, the company commander or his/her designated representative will escort the Soldier to the BJACH Department of Behavioral Health for a pre-release assessment. Typically, the designee is the company first sergeant. When the Soldier arrives at BJACH, a Behavioral Health Licensed Independent Provider (BHLIP) will review inpatient behavioral health records, discuss a treatment plan with the Soldier and his chain of command, and provide the completed DA Form 3822 to the battalion commander or designated representative.

d. The Soldier will be released from the BJACH Department of Behavioral Health to an officer who assumes responsibility for the welfare of the Soldier. For Soldiers with previous suicidal or homicidal issues, either the company commander or the interim/acting company commander on orders will receive the Soldier. In rare instances, battalion commanders may delegate this responsibility to another field grade officer directly in the Soldier's chain of command. For Soldiers released with drug, alcohol, and other less serious behavioral health issues, the Soldier may be released to his company commander and first sergeant. It is important that the battalion commander or other receiving Officer be available at BJACH to receive the Soldier in a timely manner. Soldiers are normally evaluated between 1130-1330 hours; depending on release time from the inpatient facility. All efforts will be made to notify the commander or other receiving officer in advance of release of the Soldier.

e. For select high acuity Soldiers, BHLIPs and/or battalion commanders or designee can convene a meeting to discuss treatment, current duty restrictions, and long-term fitness for duty, to include recommendations for administrative separation or referral to the Integrated Disability Evaluation System (IDES) IAW AR 40-501.

f. Commanders will comply with recommendations from behavioral health providers. In the event of a disagreement with duty restrictions, only battalion commanders or above may approve deviation from these recommendations, following discussion with the Command Surgeon or the BJACH Commander.

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g. The Soldier's chain of command will make every effort to conduct weekly home visits to ensure the well being of the Soldier and to assess whether or not the Soldier may require additional assistance or resources. The goal is to make contact and, if possible, attempt to gain visibility of how the Soldier is doing at home. Any entry onto the premises or surrounding property will be made only upon consent of the occupants.

h. Members of the chain of command should be aware that their rank may intimidate junior enlisted Soldiers, who may perceive that they do not have a choice to decline permission to enter the premises. Therefore, members of the chain of command conducting the home visits will politely inform the Soldier of their purpose. Further, they will explain in no uncertain terms that the Soldier does have the option to prohibit entry without fear of repercussion. If either the Soldier or other lawful occupants declines to invite members of the chain of command into the home, then those personnel will immediately leave the premises and surrounding property. Common sense and accepted societal norms of decency will guide these interactions.

i. Commanders will minimize delays in processing administrative separations.

5. Watch Procedures: The Buddy Watch procedure is used for Soldiers who do not meet the criteria for inpatient psychiatric hospitalization. The Buddy Watch system is a comprehensive coordination between BHLIPs and the Soldier's chain of command. Buddy Watch is an established program for short term supervision of Soldiers with behavioral health issues who do not meet criteria for hospitalization. It has been shown that many Soldiers may be better served by local care in their units in an effort to prevent the stigmata of admission to a behavioral health facility. AR 600-63 requires commanders to have policies in place for Buddy Watch as a part of a suicide prevention program to include controlling a Soldier's environment during behavioral health crises.

a. After evaluation by a Behavioral Health Licensed Independent Practitioner (BHLIP/psychiatrist, psychiatric nurse practitioner, psychologist, social worker), a determination will be made to: 1) admit the patient to an inpatient treatment facility; 2) discharge the patient on Buddy Watch, or 3) discharge the patient to home.

b. Patients meeting criteria for admission to an inpatient facility typically have grave disability due to mania, psychosis, impairment from drug-alcohol habituation, suicidal ideation with intent and/or means, and/or homicidal ideation with intent and/or means. In the event that the Soldier does not agree to admission to an inpatient facility, a Physician Emergency Certificate (PEC) may be used to admit the Soldier for a 72-hour evaluation period. Louisiana statutes strictly govern the use of PEC for a mentally ill person or a person suffering from substance abuse for observation, diagnosis, and treatment for a period not to exceed fifteen days, with the provision for an additional period not to exceed fifteen days.

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c. Not all behavioral health issues warrant admission to an inpatient facility. In certain situations, it is appropriate to discharge a Soldier to the supervision of his unit under Buddy Watch. Before release of a Soldier to Buddy Watch, the BHLIP communicates with the unit commander and coordinates care of the Soldier. A Soldier under Buddy Watch will be reevaluated by a BHLIP every 48 hours or more frequently as needed.

d. Buddy Watch requires supervision between first formation and lights out. The Soldier typically carries out his normal activities during the day, including training, physical training, chow, and personal hygiene, but under the observation of a battle buddy. The battle buddy may sometimes sleep in the same quarters as the Soldier under Buddy Watch for support and encouragement. The intent of Buddy Watch is not to require the Soldier to sleep on a cot at the CQ desk or in other public areas.

e. The battle buddy does not replace the responsibilities of the chain of command, but is used to augment the responsibilities. Buddy Watch is a coordinated effort between the unit chain of command and the BHLIP.

f. Buddy Watch will be recommended to the commander if there is risk for harm to self or others, and the Behavioral Health Provider will clearly document a risk assessment on a DA Form 3822 and the Electronic Medical Record (EMR) that the Soldier's risk is not high enough to warrant hospitalization. Buddy Watch allows for monitoring the Soldier while treatment is initiated, and may have advantages over hospitalization.

g. When a Soldier is placed on a Buddy Watch, the Behavioral Health Provider will contact the commander, either in person or via telephone prior to release of Soldier, to discuss the reasons for the Watch and other pertinent recommendations. Telephonic contact will only be used as a last resort if mission parameters dictate the commander be absent from the confines of North or South Fort Polk. The Soldier will only be released to the unit escort identified and provided by the commander.

h. A Soldier placed on a Buddy Watch will be seen for a follow up appointment at least every 48 hours until the watch is discontinued. The Soldier will be escorted to each appointment. The Behavioral Health Provider will renew and/or update documentation of the DA Form 3822 and Watch Form for the continuation of the Watch. The Soldier will be escorted and a Behavioral Health Provider will evaluate the Soldier at each return appointment until the watch is discontinued. The decision to recommend discontinuation of a watch will be made only by a behavioral health provider.

i. When considered for use, Buddy Watches as described above are recommendations to commanders. Behavioral health providers must discuss their recommendations with the commander and be sensitive to specific command and unit

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circumstances. In all cases, the safety of the Soldier and others that might be at risk will be the primary concern.

j. Buddy Watch will only be used for Soldiers who have been assessed for their level of risk by a behavioral health provider. Watches may be recommended by an Emergency Department provider with consultation and/or assessment of the on-call/walk-in behavioral health provider.

k. When the Behavioral Health Provider recommends discontinuation of the Watch, a DA Form 3822 will be forwarded to the commander.

6. No-Show Medical Appointments: A Soldier who fails to attend medical appointments (no-show) causes a significant and detrimental impact to BJACH's operations. A Soldier who no-shows wastes valuable medical assets and denies care to other Soldiers and their Families. A medical appointment is the Soldier's authorized place of duty at that date and time. Effective immediately:

a. The BJACH Commander will provide a weekly HIPAA compliant summary of missed appointments to all applicable brigade commanders. A quarterly HIPAA compliant summary, by unit, will be provided to the Commanding General, and reviewed with brigade commanders at the quarterly Soldier Welfare Forum.

b. Commanders will institute effective measures to ensure service members' compliance with attending medical appointments, including appropriate disciplinary action for violations as determined by the commander.

c. To reschedule or cancel a routine medical appointment, service members must call (337) 531-3011. The appointment line call center is open 0700-1600 Monday through Friday. To cancel an appointment after hours, call (337) 531-1191, select the automated option to "cancel an existing appointment" and follow the instructions.

d. To reschedule or cancel a behavioral health appointment, patients must call (337) 531-3922/23 during normal operating hours 0800-1600 Monday through Friday.

e. Commanders will ensure service members undergoing the IDES attend all medical appointments. Service members entered into IDES are considered non-deployable with their primary duty focused on meeting all of the appropriate gates in order to prevent delays in the execution of the IDES process.

f. To cancel or reschedule an IDES appointment, the Soldier must contact his/her Physical Evaluation Board Liaison Officer (PEBLO) as far in advance as possible (at least 72 hours). The PEBLO will notify the VA, BJACH, or network provider of

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cancellation, obtain a new date and time for the appointment, and notify the Soldier. Cancellation of IDES appointments should be for emergencies only.

7. Physical Profiling by Network Providers: The intent of physical profiling is to ensure qualified medical and behavioral health personnel determine functional activities and limitations/restrictions related to medical and behavioral health conditions. Network providers (providers outside the military healthcare system) are usually unfamiliar with the military profiling system and are unable to issue profiles in e-Profile. Network providers are usually not aware of the requirements of the different military occupational specialties (MOS). Network providers do not usually coordinate with the Soldier's command and as a result, may not be aware of the operational impact of a Soldier's restrictions. Effectively immediately:

a. Medical restrictions written by network providers will be entered into e-Profile by the Soldier's primary care manager (PCM) or a military treatment facility (MTF) health care provider.

b. Soldiers will report to their PCM on the first business day following a network appointment to process a civilian profile and/or report any medications added or changed.

c. The PCM will create an e-Profile that properly takes into consideration the duty limitations for the service member's military occupational specialty (MOS), how prescribed medications may affect duty performance, and recommendations for expected return to duty.

d. In the event the service member is taking a medication that could lead to unsafe operation of dangerous equipment, a restriction stating this limitation must be on the e-Profile.

e. In the event the service member is placed on a psychotropic medication or a change is made to the medication, a 90 day stabilization restriction stating this limitation must be on the e-Profile.

f. In the event the service member is hospitalized, a 90 day non-deployability restriction stating this limitation must be on the e-Profile.

g. Commanders and health care providers will follow the restrictions stated by network healthcare providers. The chain of command will contact the Soldier's PCM for clarification. If the PCM/BDE Surgeon/PA is unable to resolve the issue, they will consult with a MTF provider of the same specialty as the network provider. The MTF provider will produce the final wording of the profile.

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8. The point of contact for this policy is the Deputy Commander for Clinical Services, Bayne-Jones Army Community Hospital at (337) 531-3106.

A handwritten signature in black ink, appearing to read 'GARY M. BRITO', with a horizontal line extending from the end of the signature.

GARY M. BRITO
Brigadier General, USA
Commanding

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