

How can Command support Embedded Behavioral Health?

Commanders demonstrate leadership and promote a culture of Soldier well-being when they provide clear messages regarding the value of voluntarily seeking behavioral health care. In fact, skilled commanders proactively seek to minimize potential barriers to BH care. For example,

- Some Soldiers may view behavioral health problems as a sign of weakness. *Effective leaders emphasize that seeking help is a sign of strength.*
- Some Soldiers fear that being a behavioral health patient will be detrimental to one's career. *Effective leaders emphasize that the process of selecting Soldiers for assignments and promotions does not include review of medical information unless there is a duty-limiting reason.*
- Some Soldiers fear being mocked or labeled for seeking care. *Effective leaders don't engage in or tolerate mocking, derogatory joking, or shaming of Soldiers seeking behavioral health care.*

It is every leader's job to help Soldiers understand that it is okay to seek help and to reintegrate Soldiers that have received treatment back into the unit. Some leaders may question this, but ask yourself which person you would rather have working beside you, the person who has received help for their stress issues or the person who needs help but is not getting it or is self-medicating in other ways?

How do I get a MSE for a Chapter 13 or 14 Administrative Separation?

Mental Status Evaluations for Chapter 13 or 14 separations occur every Thursday morning on a walk-in basis. Soldiers must be escorted to the clinic and report prior to 0730. The escort must bring the FB Form 1462E completed by the commander.

Note: If you require an evaluation for a CH 5-17 administrative separation, contact the clinic to schedule a routine CDBHE.

Who do I contact after hours for a BH emergency?

All after hour BH emergencies should be brought directly to the WAMC Emergency Room. Attempting to manage a BH emergency at any other location or without the support of a full medical team incurs significant risk upon your unit and the individuals involved.

Who is my BH Liaison?

How do I get information regarding the BH of my unit?

Brigade-level BH information is provided to your unit liaison monthly for presentation at your BHPT meeting. The data provided will be more meaningful to you as a leader if your Soldiers have completed the Unit Risk Inventory (URI).

Commander's Resource Guide

Robinson Embedded Behavioral Health (REBH) BLDG C-1622 Tagatay Rd.



Service Member Behavioral Health Line (SMBHL) Womack Army Medical Center Fort Bragg, NC



One of my Soldiers needs care. What does he/she do?

Various life circumstances can produce added stress for Soldiers aside from the demands of his/her work duties. It is recommended that leaders encourage Soldiers to voluntarily seek assistance when signs of distress appear. Soldiers can self-refer to the EBH clinic by calling the front desk to schedule an intake appointment.

How do I get a Command Directed BH evaluation?

Commanders can make a referral for either an emergency or a routine CDBHE.

EMERGENT: If you believe in good faith that the Soldier is an imminent risk to themselves or others, the Soldier should be brought directly to the EBH clinic for an Emergent CDBHE during duty hours and the WAMC ER after duty hours.

ROUTINE: For questions regarding fitness for duty due to changes in behavior and performance, contact the EBH clinic to schedule a routine CDBHE.

1. Speak with your BH Liaison in order to share specific reasons for request.
2. Advise the Soldier that there is no stigma associated with obtaining BH services.
3. Inform the Soldier of the date, time and place of the scheduled CDBHE.
4. Complete a FB Form 1462E.
5. Arrange for an escort (E-5 or above and senior to the referred Soldier) to accompany him/her to the appointment.

How does HIPAA impact a Commander?

- Commanders have a right & need to know health information about Soldiers that impacts the readiness of the unit and the individual's ability to perform their duties.
- A goal of Health Insurance Portability and Accountability Act (HIPAA) is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and to promote high quality care.
- HIPAA strikes a balance that permits important uses of information, while protecting the privacy of people who seek health care.

HIPAA BLUF

- Providers are bound by HIPAA and Privacy Act Federal Laws and regulations.
- Medical personnel are subject to the requirements and restrictions of HIPAA, a federal statute, so requests/releases must be made appropriately. Failing to do so may result in significant consequences for providers.
- Commanders have a need to know minimum necessary Protected Health Information (PHI). ***There are paths to obtain what you need to accomplish your mission.***
- Commanders have a responsibility to assess the true need to know and be specific in their requests for PHI.
- There must be a balance between protecting patients' privacy and the unit mission to maintain trust of our patients.
- Once PHI is released to Commanders, it is their responsibility to protect this sensitive information IAW the Privacy Act.

What CAN a Commander ask for and receive?

- Appointments made and missed status
- MEB/PEB related data
- Requirements for deployability
- Performance limiting meds/conditions
- CDMHE results
- LOD (Mental Soundness) determinations

Examples

- What is the status of PVT Smith's MEB?
- Does LT Wu have an appointment today?
- Is CW2 Jones cleared for Flight Duty?
- PVT Smith is seeing multiple doctors for many conditions. Do any of his meds interfere with deploying? His duties as a driver? (*Request a CDBHE)
- Can LT Rich & his family PCS with their EFMP issues?

What CAN'T a Commander ask for & receive from a provider?

- Medical Information that does NOT impact readiness or ability to do job.
- Family information (unless and only as it applies to EFMP IAW AR 608-75 & Family Advocacy IAW AR 608-18)

Examples

- Is PVT Jones' wife in for an appointment?
- What medication is PVT Smith on? Is PVT Smith on birth control pills?
- I heard COL Kim is having surgery to have his gallbladder removed, is that true?
- Did SGT Jones self-refer for BH?
- I heard PFC Brown went to BH, but we never received a profile or DA3822. Can you tell me her diagnosis?