



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6490.01

February 22, 2023

DAD-MA

SUBJECT: Behavioral Health System of Care

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ae), establishes the Defense Health Agency's (DHA) standardized behavioral healthcare delivery system within military medical treatment facilities (MTF).

2. APPLICABILITY. This DHA-AI applies to:

a. DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include: assigned, attached, allotted, or detailed personnel.

b. All personnel operating within DHA infrastructure and assigned, allocated, detailed to, or otherwise used to perform duties and functions associated with MTF operations, including the delivery of clinical care services and MTF business operations.

c. For DHA publications, the terms "market" or "direct reporting market" includes the Hawaii Market unless otherwise noted in the publication. This applies to all published DHA publications, thereby ratifying any actions taken by the Hawaii Market after establishment.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (ae), to promote the use of standard operating procedures, evidence-based practices (EBP), and ongoing monitoring of patient outcomes in pursuit of continuous improvements in Behavioral Health (BH) care for all military beneficiaries. This DHA-AI establishes the DHA Behavioral Health System of Care (BHSOC) within the DHA's Direct Care System (DCS), utilizing a system of care model to promote efficient and effective BH care for Military Health System beneficiaries by standardizing program requirements, assessment and treatment services, documentation, coordination processes, training requirements, and outcomes measurement.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA, to determine if the waiver may be granted by the Director, DHA or their designee. The DAD-MA will review the waiver and recommend approval/disapproval to the Director, DHA.

7. RELEASABILITY. **Cleared for public release.** This DHA-AI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: [https://info.health.mil/cos/admin/pubs/SitePages/DHA%20Publications%20System%20Office%20\(PSO\).aspx](https://info.health.mil/cos/admin/pubs/SitePages/DHA%20Publications%20System%20Office%20(PSO).aspx).

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
- (d) DoD Instruction 6490.15, "Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings," August 8, 2013, as amended
- (e) DoD Instruction 6025.20, "Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas," April 9, 2013, as amended
- (f) DoD Instruction 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers," February 7, 2020
- (g) DoD Instruction 6040.42, "Management Standards for Medical Coding of DoD Health Records," June 8, 2016
- (h) DHA-Procedural Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 1: General Clinical Quality Management," August 29, 2019
- (i) Child and Family Behavioral Health System Operations Manual updated 23 January 2019, <https://info.health.mil/sites/hro/CMT/BH/CAFBHS/Documents/CAFBHS-Ops-Manual-Updated-23JAN2019.pdf?d=w2775ad925cff41a6b17fc1f7383c942f>, Accessed 6 February, 2023
- (j) DHA-Procedural Instruction 6490.02, "Behavioral Health (BH) Treatment and Outcomes Monitoring," July 12, 2018
- (k) DHA-Procedural Instruction 6490.01, "inTransition Program," May 23, 2017, as amended
- (l) DoD Instruction 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," February 5, 2010
- (m) DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- (n) Behavioral Health Coding and Documentation Handbook, DHA Medical Coding Program Office (MCPO), Version 33.0, September 2021, <https://info.health.mil/sites/hro/CMT/BH/Library/2023-DHA-BH-Coding-Documentation-Handbook.pdf?d=wfef0381261234f6bac74c3db7358903e>, Accessed 6 February, 2023
- (o) DoD Instruction 6490.09, "DoD Directors of Psychological Health," February 27, 2012, as amended
- (p) DoD Instruction 6490.10, "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members," March 26, 2012, as amended
- (q) DoD Instruction 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting," September 18, 2012, as amended
- (r) DoD Instruction 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," September 11, 2015, as amended
- (s) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

- (t) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (u) DHA-Procedural Instruction 5000.01, "Implementation of the Military Health System (MHS) Request Submissions Portal and Process," February 19, 2020
- (v) DoD Instruction 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," September 11, 2020
- (w) DoD Instruction 6490.16, "Defense Suicide Prevention Program," November 6, 2017, as amended
- (x) DHA-Procedural Instruction 6040.07, "Medical Coding of the DoD Health Record," March 8, 2021
- (y) DoD Instruction 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended
- (z) DoD Instruction 1332.30, "Commissioned Officer Administrative Separations," May 11, 2018, as amended
- (aa) UFC 4-510-01, "Unified Facilities Criteria (UFC), Design: Military Medical Facilities with Change 2," May 30, 2019, as amended
- (ab) American Society of Addictions Medicine, <https://www.asam.org/asam-criteria/about-the-asam-criteria>, Accessed 28 November 2022.
- (ac) VA/DoD Clinical Practice Guidelines, <https://www.healthquality.va.gov/>, Accessed 19 December 2022.
- (ad) The Joint Commission, <https://www.jointcommission.org/standards/>, Accessed 19 December 2022.
- (ae) DHA-Procedural Instruction 6490.12, "Military Behavioral Health Technician (BHT) Management and Utilization," April 14, 2022

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
 - a. Oversee DHA compliance with this DHA-AI.
 - b. Provide personnel and resources for the DHA and DHA Components to meet DHA BHSOC mission.

2. ASSISTANT DIRECTOR, HEALTH CARE ADMINISTRATION. The Assistant Director, Health Care Administration, will establish priorities for the administration and management of the DHA BHSOC.

3. DAD-HEALTH CARE OPERATIONS (HCO). The DAD-HCO will develop implementation and procedural guidance to specify Department of Behavioral Health (DBH) functions and structure.

4. DAD-MA. The DAD-MA will:
 - a. In coordination with DAD HCO, establish functional BHSOC standardization in accordance with this DHA-AI within 24 months of the effective date.
 - b. Designate the DHA Behavioral Health Clinical Management Team (BHCMT) Chief.

5. DAD-RESEARCH AND ENGINEERING (R&E). The DAD-R&E will:
 - a. Ensure collaboration with and input from Chief, BHCMT to inform Psychological Health strategic plan, gaps, and priorities for Defense Health Program funded studies related to BH.
 - b. Through Psychological Health Center of Excellence:
 - (1) Ensure the Practice Based Implementation Network supports the BHCMT to prioritize and translate EBPs and DHA BH standardized guidance into clinical practice more rapidly.
 - (2) Support requests for evidence synthesis, surveillance data, clinical practice guidelines and support tools, and information, briefings, and other requirements related to BH.

6. DHA CHIEF, BHCMT. The DHA Chief, BHCMT will:

- a. Act as primary POC in providing DHA BHSOC implementation and compliance guidance of all standardized BH services and initiatives.
- b. Ensure timely support of requests for information, briefings, and other requirements related to BH.
- c. Provide consultation to DRMs BH leads and, through them, disseminate best practices.
- d. In collaboration with the DRMs BH leads, consult on the activities of DBHs to ensure integrated, effective, and efficient BH care for beneficiaries across DRMs.
- e. Solicit input for strategic planning from DHA, DRMs, and MTFs.
- f. Collaborate with other DHA Clinical Management Team (CMT) Chiefs to ensure integrated, efficient, and effective health care.
- g. Collaborate with Military Departments (MILDEP) Medical, BH leadership and provide information as it applies to clinical BH resourcing and trends to enhance community and individual BH readiness.
- h. Provide analytical and programmatic expertise for the BHCMT and BH DRMs Leads, and other stakeholders as needed.
- i. In coordination with Clinical Quality Management's Clinical Measurement Program, assist with development, implementation, and execution of the BHSOC, and develop clinical metrics and analytics to provide leaders information and feedback on execution and inform strategic planning.
- j. Collaborate with DHA-R&E Psychological Health Center of Excellence to ensure bidirectional visibility of research efforts planned or underway in both BHCMT and Defense Health Program-funded Psychological Health research studies to find efficiencies and share knowledge.
- k. Collaborate with Chair, BH Clinical Community and provide execution support of supported initiatives in accordance with the Clinical Communities/CMTs model.

7. BHCMT PROGRAM MANAGEMENT LEADS, DHA. The Program Management Office (PMO) Program Leads will:

- a. Lead development and implementation of program-specific policy and best practices as part of the BHCMT.
- b. Provide subject matter expertise to the BHCMT Chief with respect to program-specific

policies, business rules, and best practices for clinical service delivery.

c. Serve as a repository of information for their respective BHSOC program.

d. Provide oversight and training of program-specific implementation and sustainment of standardized model(s) of care.

8. BHCMT MARKET LIAISONS, DHA. The BHCMT Market Liaisons will:

a. Serve as the primary points of contact for BH DRM Leads for general information and assistance.

b. Coordinate with BH DRM Leads as needed and serve as the primary conduit for BH DRM Leads to recommend changes, ask questions, and solicit support.

c. Refer BH DRM Leads to BHCMT Program Leads for program- or initiative-specific questions and support.

9. BHCMT DIRECTOR OF EDUCATION & TRAINING, DHA. The BHCMT Director of Education & Training will:

a. Identify clinical and BH-focused training needs and gaps.

b. Develop, disseminate, collaborate, coordinate, and conduct training programs for BH staff as directed by DHA BH standardized guidance or in support of a validated need.

10. BHCMT PROGRAM LEADS, DHA. BHCMT Program Leads will:

a. Provide status updates to the BHCMT Chief and advise on and oversee the DHA system-wide implementation of projects, programs, and initiatives (e.g., inTransition, Substance Use Disorder Clinical Care (SUDCC), Sexual Assault, Women's Health, Suicide Prevention, and Intervention).

b. Serve as the functional proponent for all DHA BH programs within the BHSOC and provides oversight of guidance, procedures, training, technical support, and research for BH programs.

c. Disseminate leading practices and improvement projects developed or identified by the Military Health System Clinical Communities.

d. Formulate, manage, and evaluate all guidance, plans, and programs that relate to BH care delivery for Direct Care beneficiaries.

e. Support Healthcare Risk Management activities, (i.e., arrange/assign HRM quality assurance reviews (AD Death/Disability, tort claims, military medical malpractice claims) for DHA HQ review.

11. DIRECTORS, DHA COMPONENTS. The Directors, DHA Components, will:

a. Provide all active-duty Service members (ADSM) within their area of responsibility with BH treatment and evaluation services. When BH services are unavailable to ADSMs located within the Market, Directors will leverage capabilities such as central appointing and virtual BH care to improve access to care and ADSM readiness. Access to care for ADSMs should be based on severity of illness rather than geographic location.

b. Establish BH Market Lead position for DRMs. BH Market Lead should be military BH Provider in the grade of O-5/O-6. While dual-hatting MTF BH Providers in significant leadership positions at MTFs (e.g., Director, DBH; Deputy Director, Service Chief) as the Market lead is permitted, it is not recommended. It is highly encouraged that the Market Lead perform primary duties at the Market Office and that Market Lead be the primary duty description. BH Market Lead should engage in regular leader rounds at MTFs.

c. Provide on-going trainings to educate Behavioral Health Data Portal (BHDP) new users, champions, local approval authorities, and clerks.

12. BH MARKET AND REGION LEADS. On behalf of the Market/Region Director, BH Market Leads will:

a. Implement and ensure compliance with DHA BH standardized guidance and programs.

b. Ensure MTF Directors and/or DHA Component Directors comply with DHA BH standardized guidance, recommend corrective actions, and/or provide additional consultation/training as required.

c. Monitor and track measures to assess MTF standardization, processes, and compliance with delivery of BH services as outlined in DHA BH standardized guidance and DHA standard appointing guidance.

d. Provide analysis support to MTF staff on BH and access to metrics, measures, and issues, as needed.

e. Integrate knowledge of and compliance with TJC Standards into Training Requirements.

f. Coordinate with the DHA BHCMT Chief on BH-related complaints and inquiries.

g. Provide assistance and guidance to installation-level BH staff.

h. Participate in regular (monthly to quarterly) CMT-specific or all-CMT calls with DHA MAs' Clinical Operations Branch, the DHA HCO Health Care Optimization Division, and CMT leads from other DHA Markets.

i. Coordinate and collaborate with Military Department regional and major command BH leadership within area of operation to ensure unity of effort and maximal responsiveness to emerging BH demands.

j. Establish Market/Region-level BH Service Line. Market/Region Lead for BH will identify Program Line Chairs (PLC) for all standardized BH Clinical Programs. PLCs may be dual-hatted MTF staff. Directors, DBH, will identify Program Line Leads within the DBH for all standardized BH Clinical Programs present within the DBH. Program Line Leads will coordinate with the PLC, participate in PLC chaired meetings, and ensure compliance with DHA BH standardized guidance applicable to their Program Line at the MTF.

13. SSO BH LEAD. On behalf of the SSO Director, the SSO BH Lead will:

a. Serve as the primary point of contact (POC) for SSO MTF BH Leads for general information and assistance. They will coordinate with BHCMT as needed and serve as the primary conduit for SSO MTF BH Leads to recommend changes, ask questions, and solicit support. The SSO BH Lead will refer SSO MTF BH Leads to BHCMT Program Leads for program- or initiative-specific questions and support.

b. Implement and ensure compliance with DHA BH standardized guidance and programs.

c. Ensure SSO MTF Directors and/or SSO MTF BH Leads ensure compliance with DHA BH standardized guidance, recommend corrective actions, and/or provide additional consultation/training as required.

d. Monitor and track measures to assess SSO MTF standardization, processes, and compliance with delivery of BH services as outlined in DHA BH standardized guidance and DHA standard appointing guidance.

e. Provide analysis support to SSO MTFs' staff on BH and access to metrics, measures, and issues, as needed.

f. Identify and monitor compliance with training requirements for SSO MTFs' BH staff.

g. Coordinate with the DHA BHCMT Chief on BH-related complaints and inquiries.

h. Provide assistance and guidance to installation-level BH staff.

i. Participate in regular (monthly or quarterly) CMT-specific or all-CMT calls with DHA MAs' Clinical Operations Branch, the DHA HCO Health Care Optimization Division, and CMT leads from other DHA Markets or Regions.

j. Coordinate and collaborate with service regional and major command BH leadership within area of operation to ensure unity of effort and maximal responsiveness to emerging BH demands.

14. DIRECTOR, MTF. Director, MTF will:

a. Ensure the DBH implements and complies with DHA BH standardized guidance and programs.

b. Ensure the DBH complies with DHA policies and implement corrective actions or provide additional resources and training, if required.

c. Monitor and track measures to assess MTF standardization, processes, and compliance with delivery of BH services as outlined in DHA BH standardized guidance and DHA standard appointing guidance.

d. Ensure analysis support is provided to MTF staff on BH metrics, measures, issues, and DHA standard appointing guidance, as needed.

e. Identify and monitor compliance with DHA training requirements for BH staff and BH-related training for other MTF staff.

f. Ensure the availability of adequate resources for effective and efficient operation of the DBH.

g. Ensure a safe physical environment for BH staff and patients. Implement safety requirements to include duress systems, controlled access to provider offices, and other measures to support safety.

h. Establish MTF guidance for emergency BH evaluation and care consistent with Market/Region/SSO and local resources.

i. Coordinate with BHCMT prior to adding, subtracting, starting, or stopping any BH programs not otherwise specified in this AI.

15. MTF CHIEF MEDICAL OFFICER (CMO)/CHIEF OF THE MEDICAL STAFF. MTF CMO/Chief of the Medical Staff will:

a. Ensure effective patient care coordination and clinical support between BH, Primary Care, and other medical services.

b. Ensure care coordination and monitoring of fitness for duty for ADSMs receiving BH care from network providers is accomplished by the MTF. MTF Referral Management Centers/HCO

and Primary care managers are typically responsible for this action. In some cases, a treating BH provider in Outpatient BH (OBH) may be more appropriate to perform the monitoring when a SM is receiving BH care in both the direct and private sector care system.

16. DIRECTOR, DBH. DIRECTOR, DBH will:

- a. Under the authority of the MTF Director, coordinate with BH Market/Region/SSO leads on BH analyses, metrics, measures, and significant issues identified by the Market/SSO lead.
- b. Implement and ensure compliance with DHA BH standardized guidance and programs in accordance with DHA authority documents.
- c. Supervise all clinic/service leaders ensuring implementation of BH programs.
- d. Ensure training of personnel in accordance with published guidelines.
- e. Participate in monthly or quarterly meetings with Market/Region/SSO Lead for BH.
- f. Identify participants and ensure participation in other Market initiatives such as product line meetings or work groups.

17. BH PROVIDER. The BH Provider will:

- a. Complete DHA mandated BH standardized training and locally directed training.
- b. Provide services consistent with the Department of Veterans Affairs/DoD Clinical Practice Guidelines, or other professional guidance that establishes standards of care, including implementation of EBPs, accordance with Reference (ac). Providers should annotate departures from Clinical Practice Guidelines, and rationale for doing so, in the Electronic Health Record (EHR).
- c. Comply with DoD policies and DHA BH standardized guidance and Military Department unique requirements for BH.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW AND GOALS. This enclosure provides procedures for the DHA BHSOC implementation and administration, outcomes monitoring, use of EBPs, collaboration with Primary Care, and assessment of EBP barriers. As MTFs and clinics adopt other EHR data collection platforms and processes, similar capabilities and procedures will be developed to continue maintenance of minimum standards for treatment and outcomes monitoring. The DHA recognizes that the well-being of military ADSMs and family members (FM) is critical to force readiness and optimizing mission success. This Instruction directs the implementation and sustainment of the DHA BHSOC and its subordinate components where appropriate, to achieve the following goals:

- a. Implement a consultative and collaborative BH care model for military beneficiaries.
- b. Provide BH services through DHA oversight, resourcing, and healthcare delivery, ensuring all installations throughout the DoD are supported in their consultation, coordination, and direct care of BH patients.
- c. Optimize access to care by providing easily accessible and coordinated BH consultative and collaborative care with Primary Care, as per the Patient-Centered Medical Home (PCMH) model and DHA standard appointing guidance supporting the needs of the identified population in accordance with Reference (ad).
- d. Implement standardized, evidence based BH care services, including direct care, consultation, and virtual behavioral health (VBH), focused on efficient and effective use of resources.
- e. Implement standardized training programs for Primary Care Managers and BH specialty clinicians to ensure utilization of best practices across the enterprise (e.g., care coordination, EBP).
- f. Promote excellence in BH care delivery using EBPs and ongoing performance improvement processes, including quantitative and qualitative outcome measures.
- g. Standardize processes for assessment and monitoring of treatment progress and patient outcomes for BH care throughout the DHA via the BHDP.
- h. With the goal of long-term sustainability, create partnerships with the Installation Director of Psychological Health, and military or civilian community resources to promote resiliency and wellness for ADSMs, FMs, and the military community.,
- i. Support MILDEPs defined readiness requirements including conducting military-specific evaluations.

j. Prioritize needs of ADSMs, followed by active duty FM's, then other beneficiaries or others authorized to receive care in the MTF with an identified health plan and guarantor.

k. Leverage available Private Sector Care capacity to meet remaining entitled beneficiary BH care demand. Clinics can consider provider skillset maintenance and training requirements when prioritizing patients, in accordance with Reference (f).

l. Demonstrate knowledge of and compliance with TJC Standards.

m. Development and implementation of corrective measures for non-compliance with PI metrics.

2. BHCMT

a. The BHCMT is the DHA BH standardized guidance and resourcing function.

b. The BHCMT staff work closely with each other, external stakeholders, their senior leadership within DHA, the Markets/Regions/SSO, MILDEPs Directors of Psychological Health to include Reserve Forces and National Guard Bureau where appropriate, and each MTF's Director, DBH in establishing and sustaining the DHA BHSOC.

c. The BHCMT is responsible for creating and sustaining a centralized BHSOC management structure and identifying support functions. Focused on the BH domain of care delivery, the BHCMT will either have executive control, or coordinate execution with relevant stakeholders of assets, funding, services, and resources. This team will assess BH domain performance, set policy, and build a collaborative enterprise community of practice around evidence-based standards to equip subordinate organizations for mission success in a culture of health, safety, and continual improvement. Guidance compliance and assessment will be accomplished through authority documents.

3. STANDARDIZED BH CLINICAL PROGRAMS

a. DBHs will be comprised of four standardized clinical enterprise programs (Figure 1):

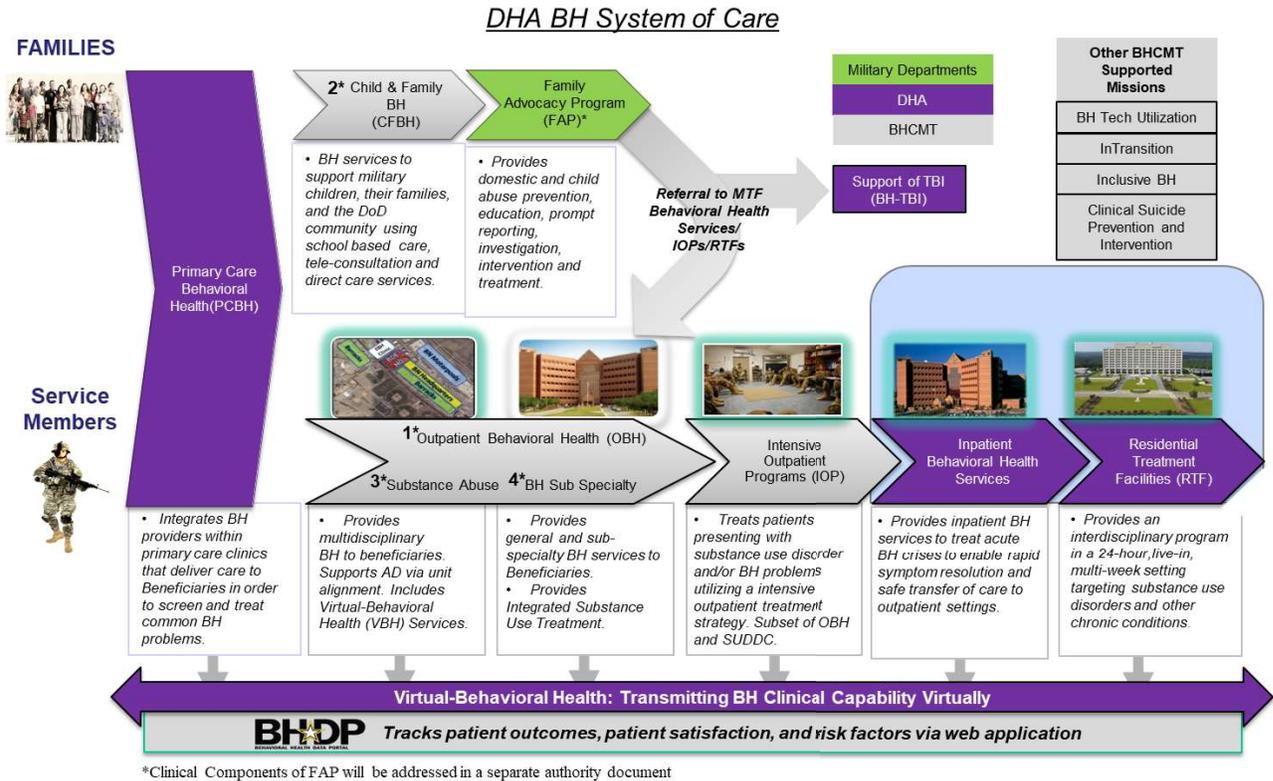


Figure 1: Defense Health Agency Behavioral Health System of Care

(1) **OBH.** The primary MTF DBH clinic, providing unit-aligned BH and integrated substance abuse treatment and prevention services to ADSMs and supported FMs.

(a) In MTFs without other stand-alone DBH clinics, this clinic may include other BH services, such as VBH, sub-specialty, intensive outpatient programs, or Child and Family Behavioral Health (CFBH).

(b) For administrative purposes, this clinic will be known as the OBH Clinic; however, in keeping with MILDEPs traditions and culture, MTFs are authorized to utilize local public naming conventions that leadership determine is in the best interest of installation readiness, such as “Multi-Disciplinary BH,” “Mental Health Clinic,” or “BH Clinic.” Regardless of naming convention, MTFs must comply with all OBH business rules and clinical practice standards as documented in this instruction or subsequent DHA publications.

(c) Unit alignment has been validated to optimize clinic engagement between MTF BH clinics and supported installation and unit leaders resulting in improved leader satisfaction and reduced stigma related to seeking BH care. When feasible, OBH providers will be unit aligned to supported military organizations in support of routine direct care activities. The Director, DBH will determine feasibility of, and how providers are aligned, as appropriate. Intent of unit alignment is to provide a dedicated provider who will serve as the aligned

commander's POC for BH issues/care. Aligned providers should prioritize patient care in support of their assigned organization. Preferably, ADSMs from the aligned unit will receive care from the aligned provider. If a unit is aligned to a provider, it is expected that the aligned provider will be that unit's primary POC for all matters related to MTF OBH care delivery, to include coordinating updates for any ADSMs within their aligned organization receiving care from another provider. Communication with unit leadership will be in accordance with Reference (m). To maximize the benefit of unit alignment, aligned providers should meet with assigned Embedded Behavioral Health (EBH) providers and/or unit senior leaders within 60 days upon their arrival and at least semi-annually thereafter. If conditions support, aligned providers should strive to visit supported units to foster trust, communication, and understanding of the unit mission as well as provide primary and secondary prevention activities. It is recommended to conduct unit visits a minimum of eight hours every six months, dependent on clinic demand and provider availability.

(d) OBH includes increased levels of outpatient care such as BH Intensive Outpatient Programs (BHIOP), where demand exists. BHIOP includes all intermediate levels of care. BHIOPs treat beneficiaries presenting with BH conditions that require treatment that exceeds the level of care provided by standard outpatient treatment but do not require inpatient or partial hospitalization. BHIOPs follow TRICARE and DHA business rules and employ evidence-based individual and group therapeutic modalities to a variety of clinical conditions. These programs deliver organized outpatient treatment services during the day, which may include evenings and weekends, but does not require twenty-four hours a day, seven days a week (24/7) nursing support. Not all MTFs will have BHIOP services.

(2) CFBH. CFBH provides outpatient BH care as well as consultation/virtual consultation services to PCMHs for covered beneficiaries in accordance with DHA business rules. Not all MTFs will have all elements of CFBH or provide services to non-AD beneficiaries.

(a) Depending on personnel requirements and facility space availability, CFBH may be a stand-alone clinic or be integrated with the OBH clinic.

(b) School BH (SBH) may be a component of CFBH. SBH provides a continuum of care from prevention/early intervention to clinical BH services to military children by embedding BH professionals within schools with a critical density of enrolled ADSMs children and adolescents. Not all CFBHs will have SBH services.

(3) SUDCC. Provides substance use disorder clinical care including assessment, in accordance with Reference (ab), the American Society of Addiction Medicine Level 1.0 interventions, treatment, rehabilitation, and aftercare for ADSMs and when available, other beneficiaries, within an integrated medical and BH model to enhance health and readiness. Depending on size and scope of the DBH and demand for SUDCC and other DBH-related services, providers and support staff may be dedicated to SUDCC or may also provide other DBH services. SUDCC providers will be integrated and co-located with OBH clinics. Given that most ADSMs with Substance Use Disorder are command referred and treatment compulsory, the appropriate Service Commander with legal authority should be involved in

every step of rehabilitation. Additionally, the MILDEPs may designate SUDCC missions as Service-directed medical readiness programs. All SUDCC programs, including Addiction Medicine Intensive Outpatient Programs (AMIOP), Partial Hospital Programs and Residential Treatment Facility programs should be considered essential to medical readiness. Command coordination, documentation, and aftercare services may also require different business rules than other OBH providers.

(a) SUDCC services may also include one or more AMIOPs or Partial Hospital Programs, treating beneficiaries with substance use disorders exceeding the treatment capability of standard outpatient care. These programs deliver organized outpatient treatment services during the day, which may include evenings and weekends, but do not require 24/7 nursing support. Not all MTFs will have an AMIOP.

(b) SUDCC may also include an Addictions Medicine Residential Treatment Facility that provides residential care for beneficiaries with severe substance use disorders and intensive longer-term treatment for patients with concomitant substance use and other BH disorders.

(c) For administrative purposes, this service will be referred to as SUDCC. However, in keeping with MILDEPs traditions and culture, MTFs are authorized to utilize local public naming conventions that leadership determines are in the best interest of installation readiness, such as “Alcohol and Drug Abuse Prevention and Treatment;” however, MTFs must comply with all SUDCC business rules and clinical practice standards as documented in this instruction and subsequent DHA Publications.

(4) BH Sub-Specialty Services. Provides subspecialty outpatient BH services not otherwise identified in this DHA-AI, such as Clinical Health Psychology, Neuropsychology, Forensic Services, and Consultation/Liaison Services. Not all MTFs will have BH Sub-Specialty services. DBHs may choose to integrate these services in the OBH clinic, or they may be a stand-alone service. BH Sub-Specialty providers with capacity due to reduced demand will augment other DBH services.

b. BHCMT provides guidance on composition of programs recognized by DHA at the Market or MTF level. Decisions by Markets and MTFs to establish or discontinue BH programs, including Substance Use Disorder programs, require coordination with the BHCMT.

c. Locally, MTF BH capability will be coordinated and synchronized to optimize access to care and treatment outcomes.

d. Approved DHA BHSOC programs will align providers and clinics against approved people groups and coding guidelines in accordance with published Medical Expense Performance & Reporting System guidelines.

e. The BHCMT, through DHA Markets/Regions/SSO, will monitor DHA BHSOC execution/sustainment and compliance and utilize existing data systems to inform the organizational BHSOC footprint within each MTF.

f. DBH services will not consolidate into discipline-based functions or sections such as a Psychology Clinic, Social Work Clinic, or Psychiatry Clinic.

4. OTHER SUPPORTED BHCMT MISSIONS

a. The BH Technician Utilization mission provides information about military BH technician training, competencies, and utilization in the DHA. BH technicians will be equitably in accordance with Reference (ae) assigned, trained, and given experience in SUDCC, an important deployment skillset, through support of SUDCC and their aftercare mission.

b. DoD inTransition program is a voluntary and confidential program designed to ensure care-continuity support to ADSMs, National Guard members, and Reserve Components with BH needs as they move between healthcare providers and systems.

c. Sexual Assault BH Clinical Intervention provides clinical support and services to survivors of sexual assault and harassment regardless of gender.

d. The Inclusive BH mission, including the Women's BH mission, is to ensure support of the delivery of BH care and services, as well as gender-focused DHA BH standardized guidance, in support of the BH needs of women; black, indigenous people, and people of color individuals; members of the lesbian, gay, bisexual, and transgender communities; and other underserved populations. Inclusive BH will also support gender specific and cross-cultural BH training in the DHA.

e. The Suicide Prevention and Intervention mission focuses on training and supporting healthcare providers delivering clinical services to individuals with suicide risk. The mission will advance the implementation of an evidence-based suicide risk care pathway that extends from initial screening through treatment and follow-up care and will be available throughout the DHA.

5. SUPPORTED CLINICAL ENTERPRISE PROGRAMS

a. Inpatient BH (IBH) provides inpatient BH services to address acute crises and rapid symptom resolution to support safe transfer of care to outpatient settings or intensive outpatient programs. Non-nursing clinical services will be provided by providers assigned to the DBH. They may be dedicated to the IBH or may provide IBH services in conjunction with other assigned duties. IBH and DBH programs will ensure coordinated DHA BH standardized guidance and procedures are in place to support safe, therapeutic patient transitions between these levels of care. DBHs with IBH capability will have a DBH CMO. MTF DBH identifies a DBH CMO who reports to the Director of BH to ensure consistency and continuity throughout the continuum of BH service.

b. The Primary Care BH (PCBH) program is part of PCMH care delivery. PCBH integrates BH into primary care to include BH care facilitation and BH Consultants (BHC). While the

DHA BHSOC does not have direct supervisory authority over BHCs and Behavioral Healthcare Facilitators (BHCF) associated with PCBH, it will provide coordinated clinical support as required to meet mission goals, to include providing a clinical supervisor for the BHCs and BHCFs as needed, to monitor clinical activities and assist with credentialing, privileging, and utilization in accordance with existing authority documents including Reference h.

c. BH support of traumatic brain injury (TBI) treatment is limited to BH care provided within TBI clinics or within PCBH. It does not include the TBI program itself. DHA BHSOC will provide coordinated clinical support for this mission through the Director, DBH, who will be responsible to support the BH-TBI mission in accordance with existing authority documents.

d. VBH enables DHA to deliver clinical BH services at a distance via electronic communications. VBH enhances access to care and readiness by surging providers, virtually, to geographic areas with a shortage of resources. While most MTFs will not have a dedicated VBH clinic, BH providers may provide VBH services as part of their normal duty. When feasible, BH provider should offer VBH services as part of their normal duty and offer patients the option of virtual or face-to-face if virtual is clinically appropriate.

e. EBH Services include but are not limited to: Combat and Operational Stress Control, Operations Support Team, Limited Scope Counseling and Expanded Scope Counseling, Preservation of the Force and Family Services, and operational BH services in the Navy. MTFs provide platforms for operational units assigned personnel to maintain clinical competency in full-spectrum BH services. DBHs will ensure opportunity for Service-specific clinical readiness training, enhancing the readiness of the clinical ready force. It is recommended that EBH providers provide 0.5 full-time equivalent in Direct Care services for purposes of privileging, maintaining clinical competency, and readiness skills. DHA DBHs provide the opportunity for peer review and credentialing support for unit assigned personnel to ensure quality assurance of operational BH personnel's clinical care within the DHA MTFs. Embedded/Operational BH Services do not include MTF based BH direct healthcare delivery efforts. Service Departments may refer to this capacity as Operational BH or Embedded MH. While operating in DHA MTFs, non-MTF providers will comply with all relevant DHA policy guidance to include, but not limited to, standards of care, business rules and documentation requirements.

f. The Family Advocacy Program is a DoD military family readiness program, under the oversight of the MILDEPs, designed to promote early identification, reporting options, assessments, and coordinated and comprehensive interventions, to support and treat victims of child abuse, including victims of extra-familial child abuse, victims of domestic abuse, and others who have been impacted by abuse. The DHA and DHA BHSOC provide coordinated clinical support as required to meet mission goals, laws, regulations, and policies.

g. The BHSOC recognizes the important role of installation-based and community-based outreach and prevention programs, to include the role of the Director of Psychological Health, focused on improving the well-being and functioning of ADSMs and their FMs. MTF-based BH clinics will collaborate and coordinate with these outreach and prevention programs to ensure the continuum of healthcare opportunities, from health and wellness programs to BH specialty care, is optimally leveraged to the benefit of ADSMs and FMs.

6. DELIVERY OF SERVICE. All DHA facilities that deliver BH care will meet The Joint Commission (TJC) standards and will be listed by the MTF on the TJC application in accordance with Reference (ad). All design and development of the built environment for BH functions will be in accordance with Reference (aa), current version.

7. PROGRAM EXECUTION MANAGEMENT (PEM). BHCMT PEM provides oversight and direction, ensuring standardization and fidelity of each program area identified in this DHA-AI. This includes assistance with program compliance at MTFs, optimizing use of EBPs, training healthcare providers, ongoing evaluation of performance and clinical outcomes, and monitoring administrative tasks and data management.

a. Each BHCMT standardized clinical enterprise program's PMO will publish and maintain a DHA-PM establishing operational standards and guidance related to their area of responsibility.

b. BHCMT PEM will coordinate and centrally manage business rules, metrics, and outcomes standards. PEM will monitor program compliance and accountability through fully transparent standardized metric monitoring with dashboards. PEM will conduct compliance inspections to ensure effective and efficient DHA BHSOC implementation. BHCMT PEM may conduct periodic Market/SSO/DHAR/MTF audits and onsite visits.

c. BHCMT PEM will provide or coordinate with key stakeholders to institute standardized workload targets in accordance with DHA guidance. Workload will be the basis to conduct need-based assessments and compliance analyses to determine workflow optimization at the MTF level.

d. BHCMT PEM will provide or coordinate with key stakeholders to determine manning document requirements and expected personnel needed to meet validated healthcare demand in accordance with DHA guidance.

e. BHCMT PEM will support Healthcare Risk Management activities, (i.e., arrange/assign HRM quality assurance reviews (AD Death/Disability, tort claims, military medical malpractice claims) for DHA HQ review).

8. APPOINTING. The DBH will optimize the availability of services to meet the beneficiaries' needs. The Director, DBH, is responsible for ensuring access standards are met.

9. CODING. Coding guidance comes from the DHA Medical Coding Program Branch. Coding guidance is a mixture of civilian industry standards based on Centers for Medicare & Medicaid Services, American Medical Association, and International Classification of Diseases guidelines with some DHA-specific guidance. Coding guidance for BH is in Reference (n).

10. STANDARDIZED POSITION DESCRIPTIONS. Standardized position descriptions are a critical component of the DHA BHSOC and provide equity across the DHA. Current employees assigned to non-standardized position descriptions should be placed into standardized position descriptions to the maximum extent practicable at the same grade level. The use of standardized position descriptions, where they exist, is mandatory. Modification of the standardized position descriptions is prohibited.

11. NON-STANDARD UTILIZATION. Non-standard utilization, defined as any unapproved MTF-based BH services, unrecognized BH programs, or unapproved utilization of BH providers cannot be executed without approval of superordinate the appropriate DHA Market and BHCMT. Markets and MTF leadership are not authorized to utilize unapproved DHA BHSOC or local funds to establish non-standard programs or hire BH providers to support utilization practices that are not recognized by BHCMT. Requests for non-standard utilization will be routed through the MTF Market/SSO/DHAR to BHCMT for approval. If approved, to ensure compliance with credentialing and privileging requirements for utilization, requests will also be reviewed by Market/SSO/DHAR and MTF credentialing and privileging.

12. DHA BHSOC IMPLEMENTATION. Successful implementation and sustainment of BH programs at the MTF level require the active participation of multiple agencies and personnel. The MTF Director will ensure routine coordination by installation-level stakeholders. MTFs will establish a routine workgroup to sustain ongoing efforts. Frequency of meetings is at the discretion of the MTF Director; however, it is recommended meetings should be at minimum quarterly and include Resource Management, Human Resources, Clinical Operations, Defense Medical Human Resources System internet, Medical Expense and Performance Reporting System, and the Facility Manager. Additional key stakeholders may be included at the discretion of the MTF Director. The Director, DBH, will facilitate and manage attendance and frequency of workgroup meetings.

13. BHDP

- a. The BHDP PMO is responsible for BHDP implementation, planning, and execution.
- b. BHDP PMO will conduct recurring BHDP Champion meetings to update MTFs on any changes to BHDP.
- c. MTF Directors and Directors, DBH are responsible for purchasing and maintaining appropriate numbers of patient end user devices (desktop personal computers, laptops, or tablets. The BHDP PMO recommends a ratio of 0.7 end user devices) per BH provider.
- d. Reference (j) defines the requirements for BHDP assessments, implementation, training utilization, and data reporting. In addition, it identifies the assessments, equipment, training, roles, and inspection criteria needed to properly execute a successful BHDP program at DHA Markets and MTFs.

14. MEDICAL READINESS ASSESSMENT. ADSMs must be fit and suitable for their assigned duty, both physically and psychologically. BH providers will assess medical readiness during every clinical encounter. Assessment includes making determinations on psychological fitness and suitability for duty or deployment regarding functional impairment related to BH conditions and the individual's ability to perform job-related duties and relate effectively, accomplish mission tasks, and tolerate environmental stressors. Providers will inform ADSMs when duty restrictions or referral to the Disability Evaluation System is recommended. BH providers will document ADSMs' duty limitations in accordance with applicable published DoD, MILDEPs, and DHA guidelines.

15. MILITARY-SPECIFIC EVALUATIONS

a. Appropriately privileged Military and Civilian BH providers may be called upon to conduct BH evaluations (BHE) for personnel based on their assignment to certain programs, to include required role-based administrative screening evaluations, as well as for positions such as recruiters and drill instructors.

b. BH providers may be called upon to conduct BHEs for personnel undergoing certain administrative separations in accordance with Reference (y) and Reference (z).

c. BHEs will comply with DoD, DHA, and MILDEPs guidance with respect to BH readiness.

16. TRANSFER OF CARE. Transfer of open BH care includes permanent change of station (PCS), expiration of term of Service, and retirement. Transfer of care of ADSMs who are assessed as requiring further support as they PCS or otherwise leave their current BH care setting requires a 'warm handoff.' It is DHA BH standardized guidance to maintain continuity of care consistent with guidelines prescribed in Reference (o) for ADSMs who require further Substance Abuse or other BH treatment at the time of PCS to another installation or expiration of term of Service/retirement out of military service. Additionally, BH providers will ensure ADSMs are psychiatrically stable at time of PCS and that they have been offered inTransition services in accordance with Reference (j). The intent is not to interfere with timely movement of the involved ADSMs but to ensure continuity of care when BH treatment conditions warrant case transfer. At a minimum, all substance abuse/BH case transfers will utilize the PCS transition flag within BHDP to notify gaining installations of inbound ADSMs who require follow-on substance use/BH services. FMs who are in active BH care within CFBH (including SBH) who require follow-on care at the time of an ADSM's PCS should be referred to the CFBH or equivalent supporting managed care capacity at the gaining MTF to coordinate follow-up care either in the DCS or through the TRICARE Network.

17. ADSMs REFERRED TO PRIVATE SECTOR FOR BH CARE. It is imperative that the MTF Director ensure all enrolled ADSMs who are referred to the private sector network for BH care are tracked to inform Military Service Readiness requirements. Some ADSMs, because of

the sensitivity of their job, situation, or other factors, are not appropriate for network care; therefore, they must be screened, and providers must consider readiness/risk to the mission before referring a patient to network care. In general, referring providers are responsible for ensuring that ADSMs with duty limiting BH symptoms or conditions are not deferred to private sector BH care. Referring providers will coordinate with a DCS BH clinic to ensure that ADSMs with duty limiting BH symptoms or conditions are not deferred to private sector care and DCS BH OBH clinics will ensure sufficient capacity for new referrals of ADSMs with duty limiting BH symptoms or conditions. Local MTFs will establish processes to periodically assess readiness of those ADSMs who are deferred to private sector care BH. The processes will vary depending on the resources and capabilities available and each MTF will endeavor to best meet the readiness requirements of their empaneled ADSM population. Readiness monitoring activities may include referred ADSMs being re-evaluated within the DCS periodically, review of clear and legible reports from the treating private sector care BH provider, periodic health assessments, or monitoring of private sector care utilization reports to identify ADSMs with duty limiting diagnoses. When meeting criteria established in Reference (m), commanders will be notified, and appropriate documentation completed. Service Members on TRICARE Remote will be managed through separate authority documents.

18. CASE MANAGEMENT. Reference (e) directs that MTF case managers will coordinate with Managed Care Support Contractor clinical case managers when TRICARE beneficiaries require clinical case management outside the DCS. Certain ADSMs and FMs may warrant case management due to case complexity, severity of symptoms and illness, a disqualifying condition, or other reason.

19. PATIENT SAFETY AND PROTECTION. Direct Care BH services will only be performed in established clinical locations that meet TJC standards. DBHs will comply with published reporting guidelines as mandated and appropriate.

20. COMMAND NOTIFICATION REQUIREMENTS. Reference (m) establishes policy and prescribes procedures for health care providers for determining Command notification requirements for Service Members involved in mental healthcare and voluntarily seeking alcohol treatment services. DBH staff will refer to the current version of Reference (m) as well as Reference (s) and Reference (t) regarding requirements for notifying Command when treating ADSMs.

21. NO-SHOW/NON-COMPLIANCE WITH TREATMENT. If an entitled beneficiary or others authorized to receive care in the MTF with an identified health plan and guarantor declines to continue treatment and/or to schedule a follow-up appointment as recommended by the healthcare provider, the provider documents the encounter and the decision by the patient to refuse services. The provider should complete a summary of treatment in the EHR.

a. If, in the provider's judgment, an ADSM's failure to continue care results in risk to the patient, others, or the military mission, the provider will contact the patient's Commander and communicate concerns regarding increased risk and discuss the possible need for a command-directed BHE to answer questions such as safety, ability to perform the mission, deployability, or fitness/suitability for continued military service. In addition, the provider must consider the need to document light-duty recommendations or duty-limiting conditions through issuing a profile or placing on limited duty status to include duty restrictions and/or limiting mobility (e.g., PCS, deployment). If the ADSM has or will PCS and refuses to follow up with BH care at the gaining installation, then the provider shall notify the Command to which patient is current assigned.

b. At the provider's discretion, self-referred patients currently at low risk for suicide or not at elevated risk for suicide who no-show may be considered for case closure after three valid attempts (phone calls and/or letter) to reach the patient. Determinations to close will be documented in the EHR.

c. No-shows can be included in overall MTF no-shows and Command notifications as long as BH no-shows are not differentiated from other MTF no-shows, and no Health Insurance Portability and Accountability Act information is released.

22. DOCUMENTATION. All DHA BHSOC care will be documented in the EHR.

23. UNFUNDED REQUIREMENTS. The DHA BHCMT manages all related direct care BH care efforts. Any request to hire in excess of authorized programs must submit an Unfunded Request in accordance with guidance published by Reference (u).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

24/7	twenty-four hours a day, seven days a week
ADSM	active-duty Service Member
AMIOP	Addictions Medicine Intensive Outpatient Program
BH	behavioral health
BHC	Behavioral Health Consultants
BHCF	Behavioral Healthcare Facilitator
BHCMT	Behavioral Health Clinical Management Team
BHDP	Behavioral Health Data Portal
BHE	behavioral health evaluation
BHIOP	Behavioral Health Intensive Outpatient Program
BHSOC	Behavioral Health System of Care
CFBH	Child and Family Behavioral Health
CMO	Chief Medical Officer
CMT	Clinical Management Team
DAD	Deputy Assistant Director
DBH	Department of Behavioral Health
DCS	Direct Care System
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHA-PI	Defense Health Agency-Procedural Instruction
DHA-PM	Defense Health Agency-Procedures Manual
DRM	Direct Reporting Market
EBH	Embedded Behavioral Health
EBP	evidence-based practice
EHR	electronic health record
FM	family member
HCO	Health Care Operations
IBH	Inpatient Behavioral Health
IOP	Intensive Outpatient Program
MA	Medical Affairs
MILDEP	Military Departments
MTF	military medical treatment facility

OBH	Outpatient Behavioral Health
PCBH	Primary Care Behavioral Health
PCMH	Patient-Centered Medical Home
PCS	permanent change of station
PEM	Program Execution Management
PLC	Program Line Chair
PMO	Program Management Office
POC	point of contact
R&E	Research and Engineering
SBH	School Behavioral Health
SSO	DHA Small Markets and Stand-Alone Military Medical Treatment Facility Organizations
SUD	Substance Use Disorder
SUDCC	Substance Use Disorder Clinical Care
TBI	traumatic brain injury
TJC	The Joint Commission
VBH	virtual behavioral health

PART II. DEFINITIONS

AMIOP. Program that treats beneficiaries with substance use disorders that exceed the treatment capability of standard outpatient care. These programs deliver organized outpatient treatment services during the day, which may include evenings and weekends, but do not require 24/7 nursing support.

BH care. The integration of behavioral, psychosocial, emotional, and biomedical science knowledge and techniques, and their application to prevention, diagnosis, and treatment of a person's mental well-being, their ability to function in everyday life, their quality of life, and their concept of self.

BH care settings. Specialty BH clinics and other health care settings where BH providers provide specialty care, such as primary care, emergency departments, TBI/polytrauma units, and oncology clinics.

BHCMT. The DHA BH standardized guidance and resourcing function for DHA. The BHCMT serves as the functional proponent for all DHA BH programs within the BHSOC and provides oversight of policies, procedures, training, technical support, and research for BH programs. The BHCMT formulates, manages, and evaluates all policies, plans, and programs that relate to BH care delivery for direct care beneficiaries.

BHDP. A web-based application that tracks patient BH outcomes, patient satisfaction, and risk factors.

BHE. Examination for psychiatric or psychological fitness for duty for personnel based on their assignment to certain programs, to include required role-based administrative screening evaluations, as well as for positions such as recruiters and drill instructors. BH providers may be called upon to conduct BHEs for personnel undergoing certain administrative separations.

BHIOP. Program that treats beneficiaries presenting with BH conditions that require treatment that exceeds the level of care provided by standard outpatient treatment but do not require inpatient or partial hospitalization. BHIOPs follow TRICARE and DHA business rules and employ evidence-based individual and group therapeutic modalities to a variety of clinical conditions. These programs deliver organized outpatient treatment services during the day, which may include evenings and weekends, but does not require 24/7 nursing support.

BH provider. A provider licensed and privileged to provide BH care services within the scope of his or her training.

BHSOC. A coordinated system of efficient and effective BH care consisting of standardized program requirements, assessment and treatment services, documentation, coordination processes, training requirements, and outcomes measurement.

BH technician. An enlisted Service member, civil service, or contract employee trained to conduct tasks to support the military BH mission in both garrison and deployed operations across the world. Primary functions of BH technicians include clinical care, case management, operational outreach, and administrative management duties. Uniformed BH technicians include 68X (Army), L24A (Navy) and 4C0X1 (Air Force).

BH Technician Utilization mission. An initiative that provides information about military BH technician training, competencies, and utilization in the DHA.

CFBH. A program that provides direct outpatient BH care as well as consultation/virtual consultation services to PCMHs for covered FM beneficiaries in accordance with DHA business rules. A CFBH may be a stand-alone clinic or be integrated with the OBH clinic. Some CFBHs include SBH services.

Combat and Operational Stress Control. Programs that support BH in military operations and the early detection and management of combat and operational stress reactions in order to preserve mission effectiveness and warfighting capabilities and mitigate the adverse physical and psychological consequences of exposure to severe stress.

DBH. An entity that provides a range of services focused on the prevention, assessment, and treatment of BH conditions.

Director, DBH. A senior BH provider who will perform all administrative duties for the department. Until a standardized MTF organizational structure is published, the Military Services may utilize alternate duty titles that best fit the role at that installation, such as: Mental Health Flight Commander, Chief of Behavioral Health, or Director of Mental Health. The Director, DBH may also be dual hatted as the Installation Director of Psychological Health.

Director of Psychological Health/Installation Director of Psychological Health. In accordance with Reference (o), each Secretary of the MILDEPS designates a Service-level Director of Psychological Health and ensures that each military installation has a designated Installation Director of Psychological Health. Reserve Forces and National Guard Bureau also have designated Directors of Psychological Health. Service-level Director of Psychological Health responsibilities include strategic BH care planning; monitoring availability, accessibility, quality, and effectiveness of the continuum of BH services; monitoring ADSM and active-duty FM BH; and managing development, coordination, distribution, and effective utilization of provider training materials. Installation Director of Psychological Health responsibilities include monitoring and reporting on the BH status of the local beneficiary population and the degree to which needs for prevention, early intervention, and treatment are being met; reporting on staffing adequacy and access to care metrics; and coordinating with nonclinical services. The Installation Director of Psychological Health may be a separate role, or the Director, Department of Behavioral Health may also be dual hatted as the Installation Director of Psychological Health.

EBP. An intervention that has shown evidence of efficacy and/or effectiveness in clinical research, is supported by clinical expertise, and aligns with the patients' preferences, beliefs, and values.

IBH. A program that provides inpatient BH services, to address acute crises and rapid symptom resolution to support safe transfer of care to outpatient settings or intensive outpatient programs.

inclusive BH mission. Supports the delivery of BH care and services, as well as gender-focused DHA BH standardized guidance, in support of the BH needs of women, black, indigenous, and people of color individuals, members of the lesbian, gay, bisexual, and transgender communities, and other underserved populations in the DHA. Inclusive BH also supports gender specific and cross-cultural BH training in the DHA.

inTransition. A voluntary and confidential program designed to ensure care-continuity support to ADSMs, National Guard members, and Reserve Components with BH needs as they move between health care providers and systems.

OBH. The core DBH clinic for all installations, providing unit aligned BH and integrated substance abuse treatment and prevention services to ADSMs and supported FMs. OBH may include increased levels of outpatient care, such as BHIOPs, where demand exists.

PCBH. The integration of BH into primary care, to include BHCs and BHCs. While the DHA BHSOC does not have direct command and control over BHCs and BHCs associated with PCBH, it does provide coordinated clinical support as required to meet mission goals, to include providing a clinical supervisor for the BHCs and BHCs as needed, to monitor clinical activities

and assist with credentialing, privileging, and utilization in accordance existing authority documents.

psychiatrically stable. Psychiatric patients are considered stable when they are protected and prevented from injuring or harming him/herself or others.

residential treatment facility. A facility that provides residential care for beneficiaries with severe substance use or other BH disorders and intensive longer-term treatment for patients with concomitant substance use and other BH disorders.

SBH. A component of some CFBH programs, SBH provides a continuum of care from prevention/early intervention to clinical BH services to military children by embedding BH professionals within schools with a critical density of enrolled Active Duty member children and adolescents.

Sexual Assault Services/Support. The provision of clinical support and services to survivors of sexual assault and harassment in the military regardless of gender, including sexual assault occurring in the context of intimate partner violence.

SUDCC. Program that provides substance use disorder clinical care, including assessment, treatment, rehabilitation, and aftercare for ADSMs and other beneficiaries within an integrated medical and BH model to enhance health and readiness. SUDCCs may include AMIOPs and/or Residential Treatment Facilities.

Suicide Prevention and Intervention mission. Activities that focus on training and supporting healthcare providers delivering clinical services to individuals with suicide risk. The mission advances the implementation of an evidence-based suicide risk care pathway that extends from initial screening through treatment and follow-up care.

VBH. The use of telecommunications and information technologies to provide BH assessment, treatment, diagnosis, intervention, consultation, clinical supervision, education, and information across distances. VBH enhances access to care and readiness by surging providers, virtually, to geographic areas with a shortage of resources.

virtual consultation. The use of telecommunication and information technologies that enables specialty BH clinicians to provide synchronous and asynchronous provider-to-provider consultation services to primary care managers to assist them in providing BH care to beneficiaries within the primary care setting.