

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
44-143**



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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes a set of guidelines to be followed by 59th Medical Wing (MDW) personnel regarding the integration of Behavioral Health Consultants into primary care clinics. This publication applies to all personnel assigned, attached, or on contract to the 59 MDW. This instruction does not apply to the Air National Guard or Air Force Reserve. **Note:** This publication requires the collection and maintenance of information protected by the Privacy Act of 1974. Privacy Act System of Record Notices F044 AF SG D, *Automated Medical/Dental Record System*, F044 SG E, and *Medical Record System*, apply. Collected information is "For Official Use Only." Request to release Privacy Act information to staff members or agencies outside DoD must be in accordance with (IAW) AFI 33-332, *Air Force Privacy Act Program*, DoD 5400.7-R/AF Supplement, *Freedom of Information Act*, and DoD 6025.18-R, *Health Information Privacy Regulation*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

## ***SUMMARY OF CHANGES***

This publication has been revised and must be reviewed. Major changes reflected in this rewrite of 59 MDWI 44-143 include: clarified and updated guidelines on management of suicide risk, and updated role of Behavioral Health Optimization Program (BHOP).

### **1. Objectives**

- 1.1. Reengineer primary care services to recapture care from the private sector.
- 1.2. Prevent the development of more serious mental health disorders through early recognition of and intervention for primary care patients with behavioral health needs.
- 1.3. Provide timely access to behavioral health consultants, with rapid feedback.
- 1.4. Improve the collaborative care and management of patients who present with behavioral health needs or concerns.
- 1.5. Provide an internal resource for primary care providers to help address patient's behavioral health needs, rather than referring them to a specialty mental health clinic.
- 1.6. Improve the fit between the care patients seek in primary care and the services offered.
- 1.7. Enhance appropriate and effective triage of patients into specialty mental health care by the Behavioral Health Consultants (BHCs).

### **2. Practice Guidelines**

#### 2.1. Required Resources.

- 2.1.1. Privileged full-time behavioral health provider with specialized training to work as a BHC.
- 2.1.2. Access to a Composite Health Care System and Armed Forces Health Longitudinal Technology Application (AHLTA) workstation.
- 2.1.3. BHC Clinic Profile with a Medical Expense and Performance Reporting System (MEPRS) code of the clinic in which services are provided, with the exception of Family Medicine, which will utilize the code BGAZ.
- 2.1.4. Office space within the Primary Care Clinic(s) for BHC appointments.
- 2.1.5. Routine administrative support from Primary Care Clinic(s)
- 2.1.6. Trained 4C Behavioral Health Technician(s) to provided support for BHC and supervised clinical care under BHC.

#### 2.2. Responsibilities.

- 2.2.1. Chief of Primary Care Clinic or Family Health Clinic Flight Commander shall allocate space and manpower necessary to function as an Integrated Primary Care Clinic.
- 2.2.2. Primary Care Managers (PCMs) will:
  - 2.2.2.1. Maintain responsibility for their patients' overall health care.
  - 2.2.2.2. Identify the need for BHC appointments and initiate verbal and/or written referrals to the BHC. The need for a BHC appointment may be identified by another

member of the PCM team (e.g., nurse, other health care provider, the patient or directly by the BHC in rare instances), and the BHC may provide consultation without the BHC having face-to-face contact with the patient. However, the BHC must remain in the role of a consultant.

2.2.2.3. Collaborate with the BHC in implementing behavioral components of patient's health care plans.

2.2.2.4. Collaborate with the BHC on initiatives within the Integrated Primary Care Clinic or Family Health Clinic to improve the recognition of and appropriate interventions for commonly presenting complaints in primary care, as indicated.

2.2.3. BHCs will:

2.2.3.1. Practice within the guidelines specified in the Primary Behavioral Health Care Services Practice Manual and DoD 6490.15, *Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and other Primary Care Services Settings*.

2.2.3.2. Assist PCM's in determining appropriate level of behavioral or mental health care, and in referral to specialized mental health treatment.

2.2.3.3. Provide same-day, walk-in appointments, as available.

2.2.3.4. Serve as a liaison between the PCM and specialty mental healthcare providers, ensuring patients identified as needing specialty mental healthcare receive such services.

2.2.3.5. Assist PCMs in providing preventive services to meet the needs of the Integrated Primary Care Clinic's identified population.

2.2.3.6. Work with on-site health educators to develop effective behavioral health classroom and group educational or intervention programs, as indicated. These interventions can either replace or supplement individual consultative treatment.

2.2.3.7. Assist PCMs in the management of patients who have higher than expected utilization of medical services, and patients with chronic conditions.

2.2.3.8. Provide individual behavioral health interventions using the consultative model described in the Primary Behavioral Health Care Services Practice Manual.

2.2.3.9. Routinely provide verbal or written feedback to referring providers, preferably the same day as the patient's appointment and/or consult.

2.2.3.10. Capitalize on opportunities to educate and train PCMs and other primary care team members on common physical signs, symptoms, manifestations and presentations of behavioral health needs in primary care clinics, the importance of lifestyle factors in improving overall health, and basic skills to recognize and provide front-line intervention for behavioral health problems.

2.2.3.11. Collaborate with the PCM and PCM Team on initiatives within the primary care clinic to improve the recognition of and appropriate interventions for commonly presenting complaints in primary care.

- 2.2.3.12. Comply with notification requirements in IAW AFI 31-117, *Arming and Use of Force by Air Force Personnel*, as it applies to medical teams, for Arming and Use of Forces, Sensitive Duties, and Personnel Reliability Program patients seen in the BHC service. BHC service staff will also discuss and coordinate with PCM and PCM Team in notification process as applicable and/or refer to Mental Health Clinic as needed.
- 2.2.4. Behavioral Health Care Facilitators (BHCF) will:
- 2.2.4.1. Have training as registered nurse with specialty training in Care Management Model.
  - 2.2.4.2. Practice within the guidelines specified in the Primary Behavioral Health Care Services Practice Manual.
  - 2.2.4.3. Following referral to BHCF by PCM: Provide tele-health services to check on medication management and adherence for depression and/or anxiety medications that have been prescribed by PCM.
- 2.2.5. Behavioral Health Care Technicians (4C) will:
- 2.2.5.1. Provide administrative support to BHOP (to include: booking visits, adjusting provider schedules, and other clinic administrative support as applicable).
  - 2.2.5.2. After training by licensed and credentialed BHC provider and under the supervision of such a provider, be involved in appropriate level of patient care given paraprofessional training and abilities. To include, lead psycho-educational, structured groups in BHOP format and conduct initial functional assessment of patients, with immediate feedback to BHC provider.
- 2.2.6. Medical Clinic Staff and Technicians will:
- 2.2.6.1. Provide administrative support to the BHC commensurate with that provided other medical providers.
  - 2.2.6.2. Schedule patients through local administrative booking procedure for primary care under clinic MEPRs code of the clinic in which services are provided, with the exception of Family Medicine, with a code of BGAZ.
  - 2.2.6.3. Participate in screening processes developed by the BHC and PCM to improve the recognition of and appropriate interventions for commonly presenting complaints in primary care.
- 2.2.7. The Mental Health Clinic (MHC) shall provide mental health services for eligible Primary Care patients needing specialty-level care.
- 2.2.7.1. For all patients presenting to MHC (who are not previously established MHC patients), BHOP will be the point of entry to specialty mental health services. MHC will provide direct referral to BHOP (e.g., warm hand-off) and/or booking BHOP appointments.
  - 2.2.7.2. Exceptions: Service members needing security clearances and/or special duty evaluations, Command Directed Evaluations, Active Suicide Thoughts, Active Homicide Thoughts, and Individuals requesting Psychological Testing. Any service

member in initial (Basic Military Training) or re-training status (tech school) should be referred to 559 THLS (Reid Clinic) for Primary and Mental Health Care.

2.2.7.3. Trained BHC will then provide empirically-based patient care in Primary Care Setting and/or make appropriate referrals as necessary to specialty services.

### 2.3. Procedures.

#### 2.3.1. Informed Consent and Ethical Issues.

2.3.1.1. Appropriate levels of confidentiality shall be maintained within the limits of Air Force instructions, law, Health Insurance Portability and Accountability Act guidelines, and commanders' legitimate need to know.

2.3.1.2. BHC shall verbally inform and give all patients an information sheet detailing the consultative role and scope of behavioral health services in primary care. Specifically, the BHC shall inform patients that the role of the BHC is to help the PCM in making a diagnosis and/or developing treatment plans. A separate written informed consent as required in specialty mental health care is not to be used in the BHC service.

2.3.1.3. BHC shall inform patients of the limits of confidentiality as they apply to the BHC service, and that these limits are the same that exist with their PCM.

2.3.1.4. BHC shall inform patients that the record and documentation of their BHC care shall be kept in their outpatient medical record, not a separate mental health record.

#### 2.3.2. Appointment Structure.

2.3.2.1. Following the model of the medical clinic, 15 to 30 minute individual appointments will typically be used. Group classes may be of longer duration.

2.3.2.2. Telephone contact shall also be used for triage or follow up, as needed.

2.3.2.3. The duration of consultative interventions will usually be between one and four appointments. However, a patient may receive more than four BHC appointments at the discretion of the PCM and BHC, particularly if progress is being made on behavioral health goals. Patients shall be re-assessed at each appointment to ensure the level of care offered in the BHC model meets the individual patient's need (i.e., re-assess whether specialty care is indicated).

2.3.2.4. Time between follow-up consultations will vary, depending on the needs of the patient and prescribed BHC interventions. Scheduling follow-ups at weekly intervals is rare; some patients may be seen less than one week following their initial appointment whereas others may be scheduled one month following their initial appointment.

#### 2.3.3. Documentation.

2.3.3.1. All pertinent information shall be documented in AHLTA. A separate mental health record shall not be kept.

2.3.3.2. An AHLTA encounter for every direct patient contact shall be initiated and completed. This coding shall be consistent with the guidance provided in the Primary

Behavioral Healthcare Services Practice Manual. BHCs should receive the same administrative support in completing Ambulatory Data Module coding as other providers in the primary care clinic.

### **3. Management of Suicide Risk**

#### **3.1. BHC Responsibilities:**

3.1.1. Screen for suicide risk during initial contact, either through direct questioning or the use of a brief standardized measure such as the Behavioral Health Measure (BHM-20), or other similar measure.

3.1.2. Note that individuals who screen negative for suicide risk do not require further risk assessment during initial contact.

3.1.3. Provide appropriate assessment and thorough documentation for individuals who screen positive for increased risk of suicide and/or high-risk behaviors in accordance with the Air Force Guide for Suicide Risk Assessment, Management, and Treatment, either in Family Health Clinic or via coordination of assessment through MHC triage, per 59 MDWI 44-134, *Management of Dangerous or Suicidal Patients Requiring Eye Contact*.

3.1.3.1. For patients that are currently at clinically significant risk for suicide but not imminently: Formulate a crisis response, recommendations, and follow-up plan based on risk level for suicide/violence. Whenever possible, notify the referring PCM the same day of the patient's risk level and interventions provided.

3.1.3.2. For patients currently at clinically significant risk for suicide, imminent, coordination with specialty mental health clinic for evaluation and care of the patient. Notify the referring PCM of steps taken to ensure the patient's safety.

3.1.4. Assess changes in suicide risk and/or high risk behaviors at follow-up contacts.

3.1.5. Serve as consultants to other medical staff regarding the management of at-risk patients.

### **4. Provider Coverage**

4.1. BHC service coverage will be provided either by an active duty provider or a contract provider specifically assigned to BHOP.

4.2. When a provider assigned to BHOP will not be available for an extended period of time (e.g. due to deployment, permanent change of station, separation, maternity leave, etc.), BHC services will be provided by a backfill provider.

4.2.1. In the event that no backfill provider is available, PCMs will be provided with information to inform patients how to obtain mental health services outside the BHOP setting.

JOSEPH R. RICHARDS, Colonel, USAF, MC  
Chief of Medical Staff

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 9 June 2016

AFI 31-117, *Arming and Use of Force by Air Force Personnel*, 2 February 2016

59 MDWI, 44-134, *Management of Dangerous or Suicidal Patients Requiring Eye Contact*, 21 January 2014

*Air Force Guide for Suicide Risk Assessment, Management, and Treatment*, December 2013

DoD 6490.15, *Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings*, 8 August 2013

*Primary Behavioral Healthcare Services: Practice Manual*, August 2014

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AHLTA**—Armed Forces Health Longitudinal Technology Application

**BHC**—Behavioral Health Consultant

**BHCF**—Behavioral Health Care Facilitator

**BHOP**—Behavioral Health Optimization Project

**IAW**—In Accordance With

**MDW**—Medical Wing

**MHC**—Mental Health Clinic

**MEPRS**—Medical Expense and Performance Reporting System

**PCM**—Primary Care Manager

***Terms***

**Behavioral Health Consultant (BHC)**—Privileged providers (psychologists, social workers or psychiatrists) with specialized training who work in the role of a consultant to members of the primary care team. BHCs are trained to identify, assess, and intervene with many behavioral health needs in the primary care setting. There is no special credential needed to function as a BHC and no action is required by the credentialing committee.

**Integrated Primary Care Clinic**—Refers to clinics in which collaborative health is available. Collaborative health care involves BHCs serving as consultants to PCMs in order to better align the types of services and providers with the overall health needs of the patients.

**Primary Care Manager (PCM)**—Medical providers in the primary care environment who maintain responsibility for the overall health care of a given patient.

**Primary Care Clinic(s)**—Any medical clinic to which beneficiaries can be enrolled as a means for access to primary medical care, including Flight Medicine, Family Medicine, Internal Medicine, and Women’s Health/OB-GYN.