

COMMANDER'S REQUEST FOR BEHAVIORAL HEALTH EVALUATION CALIFORNIA NATIONAL GUARD

SERVICE MEMBERS MAY SELF-REFER FOR TREATMENT TO THE STATE BEHAVIORAL HEALTH OFFICE (this form not required)

NAME: _____ RANK: _____
SSN: _____ AGE: _____ MARITAL STATUS: _____ TIME IN UNIT: _____
CURRENT UNIT ASSIGNMENT: _____
UNIT TELEPHONE: _____ CO: _____ 1SG: _____

Please select the type of Command Directed Evaluation (CDE) you are requesting: (select one)

- Routine Command Directed Evaluation** (suitable for duty): (check the following when completed)
- CONTACTED the Behavioral Health Office and consulted with the CNG Behavioral Health Officer (see page 2 for details)
 - COMPLETED both pages of this form AND this was reviewed with/and signed by the Service Member two (2) working days prior to the evaluation
- Emergency Command Directed Evaluation** (danger to self or others): (check the following when completed)
- COMPLETED this side of the form.
 - During duty hours:** California National Guard Behavioral Health Service at (916) 854-3019
 - CONTACTED one of the Behavioral Health Officers through the office above.
 - After 1630 or weekend/holidays:**
 - ESCORTED the Service Member to nearest Medical Treatment Facility or Emergency Room. (If unit is unable to escort Service Member safely, dial 9-1-1 for assistance.)

COMMANDER'S COMMENTS: (To warrant a CDE, the nature of the problem, impact on military duty and rehabilitation attempts must be adequately described below; references can be made to supporting documents that may be attached as needed)

NATURE OF THE PROBLEM(S):

PROBLEMS WITH MILITARY PERFORMANCE: (How does Service Member get along on the job, with others and with supervisor?)

DISCIPLINARY ACTION: Previous Articles 15: No Yes Article 15 pending: No Yes

REHABILITATION ATTEMPTS: (list counseling in unit, transfers, and job changes)

PREVIOUS CONTACT WITH: BEHAVIORAL HEALTH: No Yes **ASAP:** No Yes **FAMILY ADVOCACY:** No Yes

ESTIMATE OF RETENTION POTENTIAL: None Questionable (Low) Good Very Good

Commander's Printed Name and Rank:

Commander's Signature:

Date: (required)

POLICIES AND PROCEDURES GOVERNING COMMAND DIRECTED BEHAVIORAL EVALUATIONS

BACKGROUND. DOD Directive 6490.1 and DOD Instruction 6490.4 establish the procedures commanders must follow and the rights of Service Members referred for Command Directed Mental Health evaluations.

PURPOSE. The DOD Directive is designed to protect Service Members from referral to the mental health system as a means of "reprisal" or control of "whistleblowers".

SCOPE. Applies to Command Directed Behavioral Health Evaluations. This procedure DOES NOT apply to referrals for routine evaluations required for security clearances or to attend military schools.

NON-EMERGENCY PROCEDURAL REQUIREMENTS:

Command, upon deciding an evaluation is needed, will:

1. Consult with the CNG Behavioral Health Office at (916) 854-3019 or one of the Behavioral Health Officers before executing the referral.
2. Provide the Service Member, at least two business/working days before the referral, a copy of this form and include:
 - a. Date and time the evaluation is scheduled:
 - b. Factual description of behaviors prompting the referral (see page 1)
 - c. Name of the behavioral health provider telephonically consulted:
 - d. Phone numbers of Staff Judge Advocate and Inspector General accessible to the Service Member.
3. Have Service Member sign this written notice or annotate that Service Member refused to sign and his/her stated reason.

EMERGENCY PROCEDURAL REQUIREMENTS:

1. **During duty hours**, contact the CNG Behavioral Health Office at (916) 854-3019.
2. **After duty hours**, escort Service Member to the nearest MTF or Emergency Room. (If unit is unable to escort Service Member safely, dial 9-1-1 for assistance.)
3. Complete this form.
4. Provide the Service Member before, or soon after, the evaluation, a copy of this form and include:
 - a. Factual description of behaviors prompting the referral (see page 1)
 - b. Phone numbers of Staff Judge Advocate and Inspector General whom the Service Member can access.
5. Have Service Member sign this written notice or annotate that the Service Member refused to sign and his/her stated reason.

SERVICE MEMBER'S RIGHTS under DOD Directive 6490.1 and 6490.4

1. Receive notice two business/working days' prior to the appointment for the Command Directed Behavioral Health Evaluation (unless Emergency CDE).
2. Receive written notice of referral (completion of Commander's Request for Behavioral Health Evaluation).
3. Right to request advice from attorney (Staff Judge Advocate or civilian legal counsel at own expense).
4. Right to submit complaint to Inspector General, if Service Member believes this referral is not justified.
5. Right to be evaluated by a behavioral health professional of his/her own choosing to include civilian (at Service Member's own expense) in addition to any evaluations required to be conducted by military behavioral health professionals.
6. No person may restrict a Service Member's right to communicate with the Inspector General, member of Congress, or any others concerning the Behavioral Health referral.

I understand my rights under DOD Directive 6490.1 and 6490.4. I have read this form which states the reasons for this referral and I have received a copy.

Soldier's Signature: _____ Date _____
Printed Name Signature

Commander's Signature: _____ Date _____
Printed Name Signature