

# BEHAVIORAL HEALTH



**COMDTINST 6000.5**  
**September 2022**

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COMDTINST 6000.5  
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COMMANDANT INSTRUCTION 6000.5

Subj: BEHAVIORAL HEALTH

- Ref:
- (a) Coast Guard Medical Manual, COMDTINST 6000.1 (series)
  - (b) Medical Standards for Military Service: Appointment, Enlistment, or Induction, DoDI 6130.03, Volume 1
  - (c) Medical Standards for Military Service: Retention, DoDI 6130.03, Volume 2
  - (d) Mental Health Evaluations of Members of the Military Services, DoDI 6490.04
  - (e) Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, DoDI 6490.08
  - (f) Public Laws 101-510 (Section 554), 102-484 (Section 546), and 112-81 (Section 711)
  - (g) Telehealth, COMDTINST 6300.3 (series)
  - (h) Use of Imaging and Recording Devices in USCG HealthCare Facilities, COMDTINST 6010.6 (series)
  - (i) Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series)
  - (j) Military Separations, COMDTINST M1000.4 (series)
  - (k) Administration of United States Public Health Service (USPHS) Officers Detailed to the Coast Guard, COMDTINST 6010.5 (series)

1. PURPOSE. This Instruction establishes policy and standards for the referral, evaluation, treatment, and medical and command management of service members who may require assessment for Behavioral Health concerns, such as psychiatric hospitalization, and risk of imminent or potential danger to self or others.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, chief of headquarters directorates shall comply with the policies contained.
3. AUTHORIZED RELEASE. Internet release is authorized.
4. DIRECTIVES AFFECTED. This is a new Commandant Instruction; the contents are complementary to and in part derived from Reference (a). References (b) and (c) must be used for Coast Guard accession and retention medical standards for mental and behavioral health conditions.

5. DISCUSSION. This Instruction establishes policy to support Operational Behavioral Health (OPBH) within the Office of Health Services, Commandant (CG-112) and the Health, Safety, Work-Life Service Center (HSWL SC), and to empower members to seek help in addressing behavioral health concerns.
  - a. Retaliation, reprisal, or retribution against members for seeking assistance and asking for mental and behavioral health care is strictly prohibited. This policy provides a paradigm to support members seeking behavioral health services. Coast Guard leaders must develop the knowledge and confidence to identify members struggling with behavioral health challenges, understand how to access supportive services, and implement strategies to address and improve unit resiliency.
  - b. Reference (a) authorizes Commandant (CG-11) to ensure all Coast Guard health care personnel are qualified through proper credentialing and privileging, and outlines policies regarding all aspects of these functions. This policy complements Reference (a) which shall be applied concurrently with requirements in that policy.
  - c. This Instruction defines internal Coast Guard Behavioral Health (BH) services to include the assessment, diagnosis, and treatment of mental and behavioral health disorders, as well as substance abuse and addiction disorders. It establishes the primary functions for behavioral health providers (BHPs), regional nurse case managers (RNCMs), behavioral health technicians (BHTs), substance abuse prevention personnel, and medical personnel, while also prescribing associated roles and responsibilities of command leadership (e.g. command directed evaluations).
6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide administrative guidance for Coast Guard personnel and is not intended to nor does it impose requirements on any party outside the Coast Guard.
7. MAJOR CHANGES. This is a new Commandant Instruction; the contents are complementary to and in part derived from Reference (a). References (b) and (c) must be used for Coast Guard accession and retention medical standards for mental and behavioral health conditions.
8. SCOPE AND AUTHORITIES. This policy applies to active duty members at all times, including reservists on active duty, and other service members assigned to duty with the Coast Guard.
9. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction and the general policies contained within, and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws

relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).

10. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located Coast Guard Directives System Library internally, and if applicable on the Internet at [www.dcms.uscg.mil/directives](http://www.dcms.uscg.mil/directives) .
11. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with the records retention schedules located on the Records Resource Center SharePoint Online site: <https://uscg.sharepoint-mil.us/sites/cg61/CG611/SitePages/Home.aspx> .
12. POLICY ON BEHAVIORAL HEALTH.
  - a. All Coast Guard personnel involved in the implementation of BH services shall ensure that the information available to them is treated in accordance with all relevant Coast Guard policy and federal laws and regulations regarding the protection of privacy and medical/health information, including References (a) through (k).
  - b. BH services support members and their medical primary care managers (PCMs) with the effective assessment, diagnosis, and treatment of BH disorders. Referrals for BH services are intended to protect and support the readiness, fitness, well-being, and safety of the workforce.
  - c. Members are empowered to make informed decisions, to exercise control over their BH care needs, and to receive appropriate care regardless of where or how they enter the medical care system. BH Personnel and all medical staff including Health Services Technicians (HSs), Independent Duty Health Services Technicians (IDHSs), Medical Officers (MOs), clinic administrators, and Regional Practice Managers (RPMs) shall make every effort to support prompt access to services when a member is seeking BH care or when a MO or a command refers a member for BH services. BH Personnel and all medical staff shall direct the member to the appropriate local point of contact (Duty HS, front desk clerk, nurse, MO, etc.) to facilitate a PCM appointment and internal or external BH referral, as appropriate. All members, commands, medical staff and BH Personnel shall avoid any delay in actualizing BH care. Handoffs and transitions in the continuity of care of the healthcare team shall be done in person or virtually between two members of the healthcare team and in front of the patient (warm handoff), whenever possible. Warm handoffs are preferred to ensure that both the member and healthcare staff are aware of the nature of the member's needs.
  - d. The objectives of the BH Program include:
    - (1) Increase outreach efforts promoting awareness of BH services;

- (2) Promote a stigma-free culture associated with seeking and receiving BH services;
- (3) Provide competent, timely, and efficient support to members or commands seeking advice or services for BH concerns or conditions;
- (4) Increase readiness and retention efforts by providing BH expertise to decrease delays in returning members to full fitness for duty;
- (5) Ensure accuracy and timeliness when: (a) facilitating medical waiver documentation for accession or retention; (b) providing documentation for physical disabilities evaluation, separation, or medical board; or (c) both; and
- (6) Provide professional development, mentorship, and subject matter expertise to MOs, HSs, and other medical personnel in order to increase awareness and knowledge of BH principles and practice concepts, as well as resources available across the enterprise.

e. BH Program Services:

- (1) Outpatient care. A member's PCM, Duty Medical Officer (DMO), or Designated Medical Officer Advisor (DMOA) shall perform the initial triage or evaluation of behavioral health concern. This ensures the most appropriate use of BH services while ruling out any general medical conditions. The PCM shall initiate a referral to a BHP or other appropriate resources where the PCM, DMO, or DMOA determines the need for more specialized or a higher level of care. The BHP may conduct an initial screening or delegate the screening to appropriately trained IDHSs, HSs, and BHTs if a member directly contacts a BHP for services and their PCM, DMO, or DMOA is unavailable. The patient will then be advised, by the healthcare team member, to follow up with their PCM for appropriate coordination of care. All providers, including BHPs, shall document any contact and care provided in the Electronic Health Record according to established procedures by HSWL SC. At minimum, this shall include assessment, diagnosis, and treatment services. Additionally, BH Personnel shall prioritize high value activities, including Command-Directed Evaluations, Medical Evaluation Board (MEB) support, Fitness for Duty Determinations, and triaging requests for BH support. HSWL SC shall establish processes and procedures that, at a minimum, include crisis and emergency psychiatric service protocols, initial screenings, assessments, evaluations, dispositions, and follow up services. In order to support primary call duty staff of MOs, IDHSs, and Duty HSs, secondary supportive consultation procedures from BHPs/RNCMs/Behavioral Health Technicians (BHTs) shall be established by the HSWL SC. When members are processed through the Physical Disability Evaluation System (PDES), care shall be taken by the healthcare team members to accurately document the member's precipitating event, condition, associated symptoms, and any status changes.

- (2) Consultation and Outreach. Commands, supervisors, MOs, BHPs, Regional Nurse Case Managers (RNCMs), BHTs, Independent Duty Behavioral Health Technicians (IDBHTs), Senior Independent Duty Behavioral Health Technicians (SIDBHTs), IDHSs, Work-Life staff, Chaplains, Coast Guard Investigative Service (CGIS) agents, or other entities may request consultation or outreach for a specialized BH perspective on a topic, issue, or concern. BH Personnel shall determine appropriateness of requested consultation and outreach, coordinate with requestors, and provide expertise or alternative resources to meet their needs.
- (3) Mentoring and support. BHPs and IDBHT/SIDBHTs shall ensure direct clinical and technical oversight to BHTs and other HSs related to BH services. In addition, BH Personnel shall support efforts to add BH expertise into Work-Life and medical programs through formal and informal professional development and mentoring.
- (4) High-risk collaboration. BH Personnel shall ensure a focus on both safety and communication when working with patients in high-risk situations. Case management and care coordination may occur regularly with RNCMs and clinic staff and shall include review of patients who are at-risk for continued and increased levels of BH care, including post-hospitalization for BH and substance abuse. Members going through a MEB or administrative separation process, as well as members currently under investigation for UCMJ violations, shall also be included in this high- risk collaboration review. Prompt communication shall occur between medical, the command, and the CGIS Threat Management Unit, in cases of imminent risk of harm to self or others. The primary focus shall be injury prevention and risk mitigation, especially the removal of access to lethal means.

f. BH Program Management:

(1) Personnel:

- (a) BH services shall provide appropriate triaging and support with MOs for BH requests on a Regional and Enterprise-wide level, as directed by the technical authority of the HSWL SC.
- (b) Clinic Administrators shall ensure optimal performance of BH Personnel by expanding telemedicine efforts and addressing local new staff orientation, safety, clinic operations, and procedures. Clinic Administrators shall properly establish and enforce performance expectations for all staff. When the HSWL SC identifies performance issues of BH Personnel, they shall report these performance issues to the Clinic Administrators and HSWL Regional Practice (RP) staff per established technical directives and standard operating procedures.
- (c) Uniformed BH Personnel shall be ready and able to support the Coast Guard through deployments with short notice and shall have a Family Care Plan in place. BH Personnel can find more details at:  
<https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for->

Human-Resources-CG-1/Health-Safety- and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Sea-Legs/Deployments-Coast-Guard-Ops/. BH Personnel are expected to partake in underway care and mobile (Mobile Medical Unit and Tailored Readiness Availability-Mobile Unit) deployments to facilitate Coast Guard members receiving care when and where members need it.

- (d) HSWL RPMs shall ensure each Coast Guard medical clinic facilitates at least one uniformed BH Personnel visit annually; however, additional visits are recommended. Uniformed BH Personnel visits will typically be conducted by one of the Uniformed BH Personnel assigned to that Area of Responsibility (AOR). Staff may take the opportunity, as time allows, to provide BH briefings with clinic staff, conduct outreach/prevention, and assess local BH resources and gaps during these visits. RPMs will generally fund site visits by uniformed BH Personnel. These site visits may include outreach to other Coast Guard units along the way, including locations with embedded IDHSs/BHTs. This level of BH programmatic promotion will build relationships, increase understanding of the program and services, and reduce stigma associated with behavioral health issues.
- (e) BHTs shall be co-located with a BHP during their initial assignment after completion of BHT training. BHTs shall be supervised by a BHP; however, a PCM/DMOA may provide interim supervision if no BHP is available.
- (f) Each BHT shall have a BHP assigned in writing as their Designated Behavioral Health Advisor (DBHA).

(2) Administration:

- (a) HSWL SC has the technical authority to define standard operating procedures. All BH Personnel and their local leadership shall comply with these Standard Operating Procedures (SOPs) and Technical Directives (TDs).
  - (b) Confidentiality and Health Insurance Portability and Accountability Act (HIPAA) protections shall follow relevant policies, references, and HSWL SC TDs related to recordkeeping and data reporting.
  - (c) All BH Personnel shall participate in program evaluation efforts including peer review and quality assurance/improvement efforts, preparation for and participation in internal quality assurance and improvement, and external accreditation processes in accordance with HSWL SC SOPs and TDs.
  - (d) Medical quality management case reviews shall be conducted by the HSWL SC, following the requirements defined in Reference (d), when a service member who received BH services commits a deliberate act resulting in suicide, homicide, serious injury, or significant violence.
- g. Roles and Responsibilities. Below are described primary roles and responsibilities for key stakeholders of this policy:



- (1) Commandant (CG-11), Director, Health, Safety, and Work-Life, shall promulgate policy and guidance regarding BH services.
- (2) Commandant (CG-111), Office of Work-Life, shall provide non-medical policy to support the well-being of active duty members, reserve members, civilian employees, and family members of members and employees, in collaboration with Commandant (CG-112). These policies include suicide and substance abuse prevention and treatment, as well as other areas of collaboration.
- (3) Commandant (CG-112), Office of Health Services, shall provide policy oversight to ensure delivery of quality, cost effective health care. Commandant (CG-112) establishes and manages processes for credentialing and privileging of all healthcare providers, including BH Personnel. Commandant (CG-112) shall also advocate for resources and shall work collaboratively with other offices and entities to ensure mission success.
- (4) Commandant (CG-1121), Operational Medicine and Quality Improvement Division, shall enforce the Force Health Protection and the medical readiness for all Coast Guard personnel and ensure the Coast Guard Health Care Program meets established standards in providing the highest possible quality health care, including BH services, to its beneficiaries.
- (5) Commandant (CG-113), Office of Safety and Environmental Health, shall operate under COMDINST M5100.47 (series) and shall align with Commandant (CG- 112) efforts on the health and well-being of our workforce.
- (6) Commandant (CG-114), Sexual Assault Prevention, Response, and Recovery (SAPRR), shall develop non-medical policy to prevent and mitigate the effects of sexual assault and provide immediate and compassionate holistic victim care and recovery of all individuals entitled to services under the SAPRR program. This effort shall align with Commandant (CG-112) efforts on the health and well- being of our workforce.
- (7) Operational Behavioral Health Program Manager (OPBH PM) shall:
  - (a) Act as Force Manager, in conjunction with Deputy Force Manager, to handle matters of accession, retention, and assignment of BH Personnel in the Coast Guard, including uniformed nurses;
  - (b) Serve as a senior subject matter expert to Commandant (CG-11) in reference to BH issues and concerns; and
  - (c) Support policy development and sustainment related to BH.
- (8) HSWL SC shall:
  - (a) Establish an Operational BH component within its command structure to

fulfill the Coast Guard BH missions as outlined in this policy.

- (b) Ensure proper technical oversight of OPBH services in accordance with policy;
  - (c) Coordinate and facilitate medical quality management case reviews for all cases that, subsequent to a command directed evaluation or other BH evaluation, result in suicide, homicide, serious injury, or violence and provide a summary of findings and recommendations to Commandant (CG-111), Commandant (CG-112), CGIS Threat Management Unit and ultimately Commandant (CG-11); and
  - (d) Distribute program funding to HSWL RMs in accordance with the existing budget model and local needs and identify current and future funding gaps.
- (9) HSWL SC Directors of BH shall:
- (a) Function as lead technical authority for BH operations, providing professional oversight of all BH Personnel and processes, including the selection and clinical supervision of BHPs, RNCMs, and BHTs;
  - (b) Provide clinical and technical oversight of the OPBH services in accordance with policy;
  - (c) Develop BH standard operating procedures in collaboration with Commandant (CG-112) staff;
  - (d) Identify best practices and make recommendations for standardization through regular policy and TD/SOP updates;
  - (e) Develop and oversee professional development and mentorship of BH and medical personnel on BH topics;
  - (f) Fulfill duties and responsibilities of HSWL SC BH Technical Authority as needed; and
  - (g) Provide clinical care and outreach as defined by BHP section in this Instruction, as time permits and only once above responsibilities are fulfilled.
- (10) HSWL SC Behavioral Health Technical Authority shall:
- (a) Provide clinical oversight for OPBH operations in conjunction with the Directors of Behavioral Health to include selection and clinical supervision of BHPs, RNCMs, and BHTs;
  - (b) Serve as Deputy Force Manager for BH, and report to HSWL SC OPMED;

- (c) Evaluate if HSWL RPs and clinics are in compliance with all applicable Commandant Instructions and other relevant regulations;
  - (d) Verify and assess compliance with peer review and quality assurance processes;
  - (e) Ensure DBHAs are identified in writing for all BHTs;
  - (f) Support enterprise-wide OPBH personnel coverage and availability;
  - (g) In collaboration with Directors of BH, identify best practices in the field and make recommendations for standardization of these practices through regular policy recommendations and TD/SOP updates;
  - (h) Gather and maintain BH Program data for operational and programmatic reporting; and
  - (i) Provide clinical care and outreach as defined by BHP section in this policy, as time permits and only once above responsibilities are fulfilled.
- (11) Behavioral Health Providers (BHPs) shall:
- (a) Provide a full range of clinical services at Regional and Enterprise-wide scale within the scope of clinical privileges granted and within contractual statements of work, as applicable;
  - (b) As the DBHA, provide direct clinical and technical oversight for BHTs and other HSs as it relates to BH. This shall include regular communications and ongoing professional development/mentorship, an annual on-site visit to all BHT's units if not co-located with BHP, direct input to BHTs administrative chain of command regarding their professional performance, and a review of any quality improvement or quality assurance concerns;
  - (c) In accordance with policies and professional diagnostic references (e.g., Diagnostic and Statistical Manual of Mental Disorders, current edition), collaborate with MOs in providing BH care, substance abuse screenings, and aftercare;
  - (d) Fully integrate telemedicine services and capabilities;
  - (e) Support validated Surge Staffing requirements as directed by applicable authority;
  - (f) Comply with all program management (personnel and administrative) requirements in section 12(g) of this Instruction;

- (g) Support efforts to develop, incorporate, expand, and improve BH expertise across Work-Life and medical programs;
- (h) Provide preventive outreach to commands and operational units to decrease stigma and increase awareness related to BH services; and
- (i) Act as signature authorities for:
  - (1) Coast Guard substance abuse screenings in accordance with Reference (i);
  - (2) Command directed behavioral health evaluations;
  - (3) Fitness for duty evaluations not related to aviation or dive/undersea medicine (unless BHP has appropriate qualifications and privileges);
  - (4) Security clearance evaluations;
  - (5) Statements relating to officer resignations as described by Reference (j);
  - (6) Medical advisory opinions in response to Coast Guard Board of Correction of Military Records with mandatory review by a psychiatrist or clinical psychologist pursuant to 10 U.S.C. § 1552;
  - (7) Advisor to Discharge Review Boards pursuant to 10 U.S.C. § 1553;
  - (8) Mental Health Assessments (MHAs) associated with periodic health assessments (PHAs), pre-separation/retirement assessments, and all types of deployment-related assessments as described by Reference (a) or updated Instruction;
  - (9) MEB associated with BH conditions (doctoral level BHPs only);
  - (10) Line of duty evaluations relating to behavioral or BH conditions, including those related to substance use/abuse; and
  - (11) Department of Veterans Affairs BH related disability benefit questionnaires (doctoral level BHPs only).
- (12) Regional Nurse Case Managers (RNCMs) shall:
  - (a) Develop, implement, and review healthcare plans for BH patients with a focus on providing effective and efficient BH and medical care;
  - (b) Act as a liaison regarding case management between patients, their families, commands, and health care providers;
  - (c) Work in a collaborative manner with all stakeholders to ensure patients' comprehensive health care needs are met through clear lines of communication and utilization of available resources (military and

civilian);

- (d) Provide clinical case management in coordination with care partners (i.e. TRICARE, DHA, other civilian partners) and BHTs, BHPs and other privileged providers and medical staff, as appropriate; and
- (e) Demonstrate leadership within the treatment team by providing support and guidance on patient care needs.

(13) BHTs shall:

- (a) Be selected from HS “A” school graduates with a minimum of two years in a clinic setting and have a successful screening from the HSWL SC BH staff to ensure appropriate maturity and competency prior to being selected as a BHT candidate;
- (b) Ensure successful completion of Coast Guard-approved BHT training;
- (c) Follow direction and support provided by their Coast Guard privileged BHP that has been designated in writing as their DBHA by HSWL SC;
- (d) Complete the BHT Integration Form within 60 days of reporting to a new unit or DBHA change over;
- (e) Work in close collaboration with DBHA and conduct BH-related patient care per HSWL SC TD/SOP directions including intake and follow-up evaluations, triage screenings, crisis intervention, support group facilitation, treatment planning and post-rehab support, and ensure ongoing documentation of proficiency;
- (f) Perform duties, treatment, or BH activities only under the supervision, direction or approval of a BHP, with a minimum of 60% of that supervision being in person;
- (g) Provide peer support and mentorship to other BHTs;
- (h) Be prepared and able for Coast Guard-wide deployment in support of units and AORs requiring routine and emergent BH support and provide backfill coverage, as necessary;
- (i) Comply with all program management (personnel and administrative) requirements in section 12(g) of this Instruction;
- (j) Provide periodic briefings to commands, supervisors, and service members regarding the recognition of members who may require BH evaluations or referrals for dangerousness to self, others, or mission, based on the member’s behavioral or apparent mental state; and

- (k) Strictly adhere to Reference (a) which contains all required training compliance with HIPAA privacy and security.

(14) IDBHTs shall:

- (a) Be selected from qualified BHTs after a standardized screening from the HSWL SC BH staff to ensure appropriate maturity and competency in this more independent position;
- (b) Have completed two years of direct (in person at least 60% of the time) supervision and oversight by a BHP;
- (c) Follow direction and support provided by their Coast Guard privileged BHP that has been designated in writing as their DBHA by HSWL SC;
- (d) Complete the IDBHT Integration Form within 60 days of reporting to a new unit or DBHA change over;
- (e) Work in close collaboration with DBHA and conduct BH-related patient care per HSWL SC TD/SOP directions including intake and follow-up evaluations, triage screenings, crisis intervention, support group facilitation, and treatment planning and post-rehab support and ensure ongoing documentation of proficiency;
- (f) Perform duties, treatment, or BH activities only under the supervision, direction, or approval of a BHP.
- (g) Provide peer support and mentorship to other IDBHTs and BHTs;
- (h) Comply with all program management (personnel and administrative) requirements in section 12(g) of this Instruction;
- (i) Provide periodic briefings to commands, supervisors, and service members regarding the recognition of members who may require BH evaluations or referrals for dangerousness to self, others, or mission, based on the member's behavioral or apparent mental state; and
- (j) Strictly adhere to Reference (a) which contains all required training compliance with HIPAA privacy and security.

## (15) SIDBHTs shall:

- (a) Be selected from the most experienced IDBHTs along with a standardized screening from the HSWL SC BH staff to ensure appropriate competency in this senior leadership position;
- (b) Act as BHT Advisor to BH leadership on all matters affecting BHTs and IDBHTs;
- (c) Receive 100% supervision and oversight by a Director of BH or BH Technical Authority for all BHT-related duties;
- (d) Support DBHA and BH visits and foster an ongoing relationship with BHTs and IDBHTs;
- (e) Provide clinical oversight, support, and mentorship of all BHTs and IDBHTs under the clinical supervision of a BHP;
- (f) Maintain training documentation for all BHTs and IDBHTs;
- (g) Stay up to date with continuing education developments for BHTs and IDBHTs, including familiarity with information published for other branches of the Armed Forces;
- (h) Maintain administrative oversight of BHTs and IDBHTs;
- (i) Conduct annual SIDBHT Inspections for all BHT and IDBHT sites;
- (j) Forward all command requests for site assist visits to the BH staff for consideration;
- (k) Assist the BH staff in planning and coordinating annual professional development conferences for all BHTs, IDBHTs, and DBHAs;
- (l) Assist surge staffing process with commands in response to BHT and IDBHT staffing issues;
- (m) Develop and update BHT and IDBHT procedures and guidance; and
- (n) Collect and maintain BH metrics and related readiness numbers on a regular basis from BHTs and IDBHTs and report this information to BH staff.

## (16) HSWL RP Regional Practice Managers shall:

- (a) Coordinate service delivery throughout the HSWL RP to ensure patients that are high-risk are tracked & coordinated with clinic staff and BH

- Personnel;
- (b) Ensure regular coordinated communications are established between medical/BH and impacted commands on status of their members while maintaining HIPAA compliance;
  - (c) Ensure appropriate funding and RP/clinic administrative assistance to support BH Personnel (e.g., clinic and unit visitation requirements);
  - (d) Support other Regional and Enterprise-wide BH surge staffing requests; and
  - (e) Support a mixture of in-person, virtual, and alternate work-site scheduling of BH Personnel to maximize availability and access to care.
- (17) HSWL RP Senior Medical Executive (SME) shall coordinate with HSWL RP leadership personnel and BH Personnel to ensure patients are receiving appropriate primary care while undergoing BH services.
- (18) HSWL RP MOs shall collaborate as overall managers of the medical status of patients, including support or guidance from BHPs and ensuring timely referrals to BHPs when beyond MOs scope of practice or expertise.
- (19) IDHSs shall participate in professional development and mentoring efforts by BH Personnel, as well as coordinate care with MOs and BH Personnel for patients with high-risk BH concerns.
- (20) HSWL RP Clinic Administrators shall:
- (a) Provide appropriate workspace, computer access, personnel support for scheduling appointments, filing records, and other administrative support needed to perform duties as BH Personnel;
  - (b) Provide BH Personnel with orientation to the AOR and help establish relationships with area commands; and
  - (c) Assist BH Personnel to coordinate professional development and mentoring for other regional HSWL staff.
- (21) HSWL SC Substance Abuse Prevention Specialists (SAPS) shall:
- (a) Notify the AOR BHP for cases that involve inpatient or residential substance use treatment;
  - (b) Ensure appropriate follow up and after-care treatment for patients who received substance use treatment and collaborate with BHPs, as needed;
  - (c) Provide periodic briefings to commands, supervisors, and service members



regarding the recognition of members who may require evaluations or referrals for substance use concerns. When duties provided by SAPS include discussion of BH concerns other than substance use (e.g., behavioral health diagnosis and treatment or dangerousness to self, others, or mission), SAPS shall consult with BH Personnel as subject matter experts in those duties; and

(d) Self-identify if interested in BHT Training.

(22) HSWL RP Work-Life (WL) staff shall collaborate with medical and BH Personnel for behavioral health concerns. Routine WL functions (e.g., Critical Incident Stress Management (CISM), Operational Stress Control (OSC), Applied Suicide Intervention Skills Training (ASIST), other suicide prevention efforts) do not necessitate BH Personnel involvement unless otherwise specified in policy. However, BH Personnel may support these efforts as time permits and if no other resources are available.

(23) Commanding Officers shall:

(a) Comply with details in Reference (d) related to both emergency and non-emergency command directed evaluations and facilitating other BH referrals. Additional guidance can be found at:

<https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Health-Services-CG-112/Operational-Medicine-and-Quality-Improvement-Division/Behavioral-Health/>;

(b) Ensure adequate unit locations are available to provide privacy to support virtual and telephonic therapeutic visits;

(c) Provide members with the encouragement, opportunity, and resources to seek non-directed BH, social service, or other types of assistance, consistent with the promotion of well-being and maintenance of the service member's health and readiness. These resources may be available through their medical clinic and Work-Life staff, as well as

<https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Health-Services-CG-112/Operational-Medicine-and-Quality-Improvement-Division/Behavioral-Health/>.

13. FORMS/REPORTS. The forms referenced in this Instruction are available on the Coast Guard Standard Workstation or on the Internet: [www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/](http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/).

14. SECTION 508. This Instruction adheres to Accessibility Guidelines and Standards as promulgated by the U.S. Access Board. If changes are needed, please communicate with the Coast Guard Section 508 Program Management Office at: [Section.508@uscg.mil](mailto:Section.508@uscg.mil) .
15. REQUEST FOR CHANGES. Units and individuals may recommend changes via the chain of command to: [HQS-DG-1st-CG-112@uscg.mil](mailto:HQS-DG-1st-CG-112@uscg.mil).

/DANA L. THOMAS/  
Rear Admiral, U.S. Coast Guard  
Director, Health, Safety, and Work-Life

#### Appendix A. Definitions

## DEFINITIONS

1. **Behavioral Health (BH)**. The emotional, psychological, and social facets of overall health and the associated thoughts, feelings, behaviors, and mood. It relates to the impact of these things on daily functioning and the ability to relate to others, specifically in regards to mental illness and addiction.
2. **Behavioral Health Personnel**. Includes all credentialed or privileged BHPs, RNCMs, and BHTs/IDBHTs/SIDBHTs, regardless of location within the organization.
3. **Behavioral Health Program Manager (BHPM)**. Position at Commandant (CG-112) that provides subject matter expertise related to behavioral health and supports officer workforce management for Licensed Clinical Social Workers and Psychologists. This position is supported by HSWL SC Directors of BH and BH Technical Authority.
4. **Behavioral Health Provider (BHP)**. Licensed, credentialed, and privileged uniformed/civilian/contractor psychiatrists, psychiatric physician associates (PAs), psychiatric nurse practitioners (NPs), clinical psychologists and clinical social workers that provide clinical care and work within the scope of clinical privileges granted by Commandant (CG-11). Members assigned as HSWL RP Work-Life staff are not considered BHPs as defined in this policy.
5. **Behavioral Health Services**. Operational framework utilized by BHPs to balance the roles of serving as a clinician to members and as a behavioral health consultant to command leadership on matters that may affect psychiatric outcomes for individuals or larger groups of members. Behavioral health and mental illness describe a spectrum of conditions that affect a person's thinking, feeling, behavior or mood. These conditions can deeply impact day-to-day living and may also affect the ability to relate to others.
6. **Behavioral Health Technical Authority (BHTA)**. Uniformed BHP that provides clinical and technical oversight for BHPs throughout the Coast Guard and collaborates with the Directors of BH.
7. **Behavioral Health Technician (BHT)**. An enlisted Health Services Technician (HS), typically starting as a mature, senior HS3 or HS2 rate, who has completed a Coast Guard-approved Behavioral Health "C" school through either the DoD or the Coast Guard and is clinically supervised by a BHP. BHTs with this level of training are qualified to fill BHT billets that are directly attached to a BHP, i.e., with 100% BHP supervision of which at least 60% is in person.
8. **Binnacle List**. List of members maintained by Coast Guard clinic staff, or IDHS/Executive Officer aboard afloat platform, indicating current duty limitations, ongoing treatment requiring close monitoring, or both.

9. **Care Coordination**. Function of coordination and organization of a service member's treatment plan to achieve safe and effective care. Care coordination involves assisting patient with coordination of treatment plans from multiple providers coupled with commands, member, and member's home support needs.
10. **Designated Behavioral Health Advisor (DBHA)**. A uniformed, privileged BHP that provides direct oversight and clinical supervision for specific BHTs within their AOR.
11. **HSWL Regional Practice (HSWL RP)**. The regional management structure for the exercise of operational, technical, and professional authority and responsibilities of the HSWL SC within an AOR.
12. **Independent Duty Behavioral Health Technician (IDBHT)**. An experienced BHT that has been functioning proficiently for at least 2 years under direct (in person at least 60% of the time) BHP supervision and is assigned to a remote duty station away from direct line of sight supervision from a BHP. IDBHTs are qualified to fill BHT billets that are detached from the BHP, i.e., with less than 60% of supervision time being in person.
13. **Medical Officer (MO)**. Licensed, credentialed, and privileged physicians (MD and DO), physician associates (PAs), and nurse practitioners (NPs) that provide clinical care and work within the scope of clinical privileges granted by Commandant (CG-11).
14. **Mobile Medical Unit**. A multiple tiered capability to provide medical contingency response ranging from Tier One Medical Assist Team (MEDT), Tier Two Full Medical Equipment and Staff (MMU) and Tier Three which includes tier one and two plus Mobile Support Unit (MSU) providing shelter, power, and heating/ventilation/air conditioning system.
15. **Operational Behavioral Health (OPBH)**. Operational framework for Coast Guard's BH care system, focused on the core missions as outlined in this policy.
16. **Operational Medicine (OPMED)**. Operational framework for Coast Guard's medical care system designed to balance the primary care management of member's medical care via the delivery of medical care across all Coast Guard clinics, Ashore Sick Bays, and Cutter Sick Bays, while simultaneously supporting the medical readiness of all members and units.
17. **Directors of Behavioral Health**. Uniformed psychiatrists that provide oversight and management of the BH operational framework within the Coast Guards's medical care system. The BHPs, RNCMs, and all IDBHTs/BHTs fall under this operational framework to ensure consistent and aligned support services are delivered throughout the Service.
18. **Regional Behavioral Health Provider (RBHP)**. A uniformed BHP that works across the entire Coast Guard as an enterprise-wide BH asset and receives technical direction from the

HSWL SC.

19. **Regional Nurse Case Manager (RNCM)**. A uniformed, credentialed registered nurse who works across the entire Coast Guard as an enterprise-wide BH asset and receives technical direction from the HSWL SC.
  
20. **Senior Independent Duty Behavioral Health Technician (SIDBHT)**. Most experienced designated BHT/IDBHT leader(s) responsible for quality assurance and oversight of BHTs/IDBHTs workforce.
  
21. **Tailored Readiness Availability Mobile Unit**. A rapid deployment platform designed for medical and dental readiness that may be used for contingencies when modified.
  
22. **Uniformed BH Personnel**. This includes all Coast Guard and U.S. Public Health Service members who are either Active Duty or Reservists.