



**SECRETARY OF THE ARMY
WASHINGTON**

22 OCT 2014

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2014-26 (Reassignment of Soldiers Requiring a Command-Directed Behavioral Health Evaluation or Follow-on Treatment)

1. References:

- a. Department of Defense (DoD) Instruction 6490.04 (Mental Health Evaluations of Members of the Military Services), March 4, 2013.
- b. DoD Instruction 6490.10 (Continuity of Behavioral Health Care for Transferring and Transitioning Service Members), March 26, 2012.
- c. Army Regulation (AR) 600-8-11 (Reassignment), 1 May 2007, Rapid Action Revision Issued 18 October 2012.
- d. AR 614-30 (Overseas Service), 30 March 2010.
- e. AR 614-100 (Officer Assignment Policies, Details, and Transfers), 10 January 2006.
- f. AR 614-200 (Enlisted Assignments and Utilization Management), 26 February 2009, Rapid Action Revision No. 2 Issued 11 October 2011.

2. The purpose of this directive is to prevent the reassignment of Soldiers, both officers and enlisted, who may require the continued care and treatment of a trained behavioral health professional. Under this policy, Soldiers requiring a referral for a command-directed behavioral health evaluation, or undergoing follow-on treatment from a behavioral health evaluation, will be stabilized at their current unit and identified as medically nonavailable for permanent change of station (PCS) and deployment until properly cleared by a behavioral healthcare provider (BHP). Consistent with the guidance in reference 1a, commanders must refer a Soldier for a behavioral health evaluation when:

- a. the Soldier, by actions or words such as actual, attempted or threatened violence, intends or is likely to cause serious injury to himself, herself or others;
- b. the facts and circumstances indicate that the Soldier's intent to cause such injury is likely; or

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c. the commander believes the Soldier may be suffering from a severe mental disorder.

3. When referring a Soldier for a behavioral health evaluation, commanders must follow the referral procedures in reference 1a, enclosure 3, paragraph 2.

4. Upon notice of assignment instructions for a Soldier identified as requiring a behavioral health evaluation or follow-on treatment, unit level commanders will consult with the appropriate BHP. If the BHP determines that the Soldier should be stabilized in their current assignment, the commander will initiate a request for a deferment or deletion of the Soldier's reassignment based on the existing medical situation. The Commander, U.S. Army Human Resources Command; Chief, Army Reserve; or Director, Army National Guard will then identify the Soldier as medically nonavailable in personnel assignment systems.

5. If the BHP anticipates that the Soldier will become eligible for PCS within 90 days of the scheduled report date, the commander will request a deferment of assignment. During this deferment period, BHPs will work to resolve the circumstances preventing the Soldier's reassignment. The command will confer with the BHP to determine if a Soldier is PCS-eligible and may request a second 90-day deferment, if necessary. If the Soldier's mental health condition cannot be sufficiently improved within 180 days of the originally scheduled report date, then the command must, in coordination with the BHP, ensure that the Soldier's medical condition is properly documented and tracked. The command will then submit a request for a deletion of assignment to the appropriate personnel agency. This does not prevent the commander from initiating a Medical Evaluation or Physical Evaluation Board consistent with Army regulations.

6. If the BHP determines that the Soldier is eligible to PCS, the procedures outlined in the enclosure to reference 1b must be followed. Additionally, in accordance with reference 1b, paragraph 3, the gaining commander will be notified when the Soldier's adherence to an ongoing treatment plan is deemed necessary to ensure mission readiness and/or safety. Commanders and BHPs will ensure that any notification or disclosure of a Soldier's behavioral health treatment is consistent with applicable law and policy.

7. When a Soldier identified as requiring a behavioral health evaluation or follow-on treatment is stationed outside the continental United States (OCONUS), the date eligible for return from overseas (DEROS) will be the determining factor when a commander submits a request for stabilization, deletion or deferment. Requests that will result in Soldiers departing the OCONUS location after their scheduled DEROS will be submitted as a request for extension of a foreign service tour in accordance with

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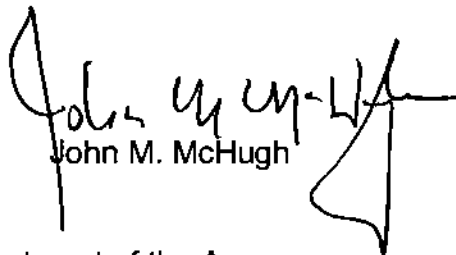
reference 1c, chapters 2 or 3. Accordingly, the applicable component will identify the Soldier as medically nonavailable for PCS or reassignment.

8. The provisions of this directive are effective immediately and apply to all components. The scope of this directive is limited to the reassignment of Soldiers requiring a command-directed behavioral health evaluation or follow-on treatment. Commanders will ensure compliance with the policies and procedures in references 1a and 1b.

9. The Deputy Chief of Staff, G-1 is the proponent for this policy. Questions should be directed to the Chief, Distribution and Readiness Branch, Office of the Deputy Chief of Staff, G-1 at (703) 695-7961.

10. The Deputy Chief of Staff, G-1 will incorporate the provisions of this directive into the next revision of AR 600-8-11 as soon as practicable. The Commander, Human Resources Command, in coordination with the Chief, Army Reserve and Director, Army National Guard, will publish detailed guidance necessary for implementing this policy.

11. This directive is rescinded upon publication of the revised AR 600-8-11.



John M. McHugh

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