

Behavior Health Incident Report (BHIR) background information

BHIR's criteria applies when a SM reports significant behavioral health situations/events such as but not limited to: suicidal ideations, suicidal plans, suicidal attempts, and homicidal ideations or has a BH related hospitalization or medical encounter, positive POSTA BH screening, alcohol/drug related incident or any other time a Commander feels it's necessary due to Soldiers odd behavior.

All alcohol/drug related incidents that include but not limited to: law enforcement/legal involvement, OVI/DUI, domestic abuse, public intoxication, and or positive drug screen results. These occurrences should be reported on the BHIR and annotated within current year for each incident. This is for data collection purposes only and should not be considered punitive in nature or utilized as corrective actions, take the place of commander's policy, discretion, or guidance for alcohol/drug related offenses per AR600-85. The reporting unit fills out the BHIR for Alcohol/Drug related offenses/events and emails it directly to the Director of Psychological Health (DPH), CPT Kirker, at david.i.kirker.mil@mail.mil and CPT Bochkor at joshua.r.bochkor.mil@mail.mil.

The BHIR is utilized to help sync Commands, Soldiers, and Case Management with the resources needed to bolster the crisis management of the critical situation. This information is also used for unit preparedness and medical readiness for behavioral health conditions as indicated for each service member.

Units do not report behavior health concerns as a SIR or CCIR through command channels. MSCs will receive a roll up report from the state DPH or Physiological Health Coordinator (PHC).

BEHAVIORAL HEALTH INCIDENT REPORT (BHIR) TEMPLATE

BHIRs are internal reports delivered to the R3SP PM having to do with suicidal attempts (threats or ideations), homicidal ideations, behavior health concerns or alcohol/drug related events. This form will be used to allow the proper resources to connect the SM with the proper resource for follow up care. Suicide deaths warrant an SIR to the JOC with the standard SIR format.

+

1. Type of Incident: Suicide Choose an item. ; Homicidal Choose an item. ; Other BH Symptoms Choose an item. ; Choose an item. ; Use details Choose an item.

2. Date/time of incident:

3. Location:

4. Subject/Victim Name:

a) Pay Grade:

b) Rank:

c) SSN: XXX-XX-XXXX

d) Race:

e) Gender:

f) Relationship Status: Other:

g) Military Occupational Skill:

h) Security Clearance:

i) Unit and Station of Assignment:

j) Duty Status: Other:

 i) Line of Duty (LOD) Initiated?

k) Deployment Information (if Member has ever deployed, enter most recent data):

 i) Dates of Deployment:

 ii) Operation:

 iii) Theater:

 iv) Unit Deployed With:

l) Date of Annual Suicide Prevention training and was SM in attendance:

m) Next of Kin:

 i) Name:

 ii) Address:

 iii) City/State/Zip:

 iv) Relationship:

5. Summary of Incident:

a) List any prior behavior health concerns:

b) List any prior AOD abuse:

c) List any known prescription medications:

6. Outcome:

7. Law Enforcement Involved?

9. Commander Reporting:

10. Commander Phone:

11. Unit Point of Contact: