


Figure 60

7.3. Create a Non-Medical Counseling Case

A case can be created for a Participant while viewing their Participant record or one of their cases. From the Participant record, you can select "Create Case" to open the navigation list of Case Types to choose from. If viewing a case, simply select the "Program Referrals" tab on the right of your screen.

The screenshot displays the 'View Participant' interface. At the top right, there are two buttons: 'Create Case' (highlighted with a red box) and 'Edit'. The main content area is divided into two columns. The left column contains personal information, and the right column contains eligibility and service details. A vertical navigation bar on the right side includes tabs for 'CRISIS /OW/ME', 'PROGRAM REFERRALS' (highlighted with a red box), and 'RELATED CASES'. At the bottom right, there is a 'Wounded Warrior' logo and text.

Participant Name and Information			
First	Middle	Last	Suffix
Jo	Marie	Zee	
DOB	Gender	Marital Status	
2/19/2004	Female	Dual Military Career	
Current Address			
Address			
123 Happy Street			
Address (continued)			
Apt 2			
City	State	Postal Code	
Awesomeville	PA	12345	
Country			
United States			
Telephone			

Eligibility Info	
Service Member?	Yes
Relation	Guardian
Pay Grade	W-3
Branch of SVC	Army National Guard
Eligibility Status	Active Duty
Separation/Retirement Date	
	Wounded Warrior

CRISIS /OW/ME

PROGRAM REFERRALS

RELATED CASES



Select "Non-Medical."

Participant Name and Information			
First	Middle	Last	Suffix
Jo	Marie	Zee	
DOB	Gender	Marital Status	
2/19/2004	Female	Dual Military Career	
Current Address			
Address			
123 Happy Street			
Address (continued)			
Apt 2			
Eligibility Info			
Service Member?			
Yes			
Relation			
Guardian			
Pay Grade			
W-3			
Branch of SVC			
Army National Guard			
Eligible for State...			

Figure 61

You first must explain the Limits of Confidentiality to the Participant. You will find script prompts in some areas of the page for you.

Non-Medical Counseling

Family member of those diagnosed with a mental disorder may be eligible for non-medical counseling. These are to be used for NON-CRISIS situations. If this is a CRISIS situation, then please use the Crisis Call Drawer to the right of the screen.

Limits of Confidentiality Explained

"Please be advised the information you provide to me or other counselors will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others include suicidal thoughts or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, including sexual assault involving service members, and any present or future illegal activity."

"Do you understand everything I just read to you?"

"Do any of those things I just mentioned apply to you or your situation?"

AIR FORCE SERVICE MEMBERS AND FAMILY MEMBERS ONLY:

"For Personnel Reliability Program (PRP) certified participants, reporting any concerns related to reliability is also required."

Figure 62



If a Participant is a minor, you will need to enter "Parent/Guardian Info." You can see a "Minor Participant" icon in the "Participant Overview," as well as name(s) of their Parent/Guardian(s).

DASHBOARD	Non-Medical Counseling
<p>PARTICIPANT OVERVIEW</p> <p>Name Jo Marie Zee</p> <p>Participant ID 585069</p> <p>Current Address 123 Happy Street Apt 2 Awesomeville, PA 12345 United States</p> <p>Preferred Phone 1-212-212-2221 Confidential</p> <p>Work Phone 3-333-333-3333</p> <p>Cell Phone 444-444-4444 Confidential</p> <p>Email Address BestEmailAddress@AwesomeEmails.com</p> <p>DOB 2/19/2004</p> <p>Service Member? Yes</p> <p>Relation Guardian</p> <p>Pay Grade W-5</p> <p>Branch of SVC Army National Guard</p> <p>Eligibility Status Active Duty</p> <p>Assigned Installation Camp Patix Reserve Forces Training Area</p> <p>PARENT/GUARDIAN INFO</p> <p>Name Bob zee</p>	<p>Family member of those diagnosed with a mental disorder may be eligible for non-medical counseling. These are to be used for NON-CRISIS situations. If this is a CRISIS situation, then please use the Crisis Call Drawer to the right of the screen.</p> <p><input type="checkbox"/> Limits of Confidentiality Explained</p> <p>*Please be advised the information you provide to me or other counselors will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others include suicidal thoughts or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, including sexual assault involving service members, and any present or future illegal activity.</p> <p>*Do you understand everything I just read to you?</p> <p>*Do any of those things I just mentioned apply to you or your situation?</p> <p>AIR FORCE SERVICE MEMBERS AND FAMILY MEMBERS ONLY. *For Personnel Reliability Program (PRP) certified participants, reporting any concerns related to reliability is also required.*</p> <p>Minor Participant - Parent/Guardian Info</p> <p>*Case Initiated by Parent/Guardian? <input type="radio"/> Yes <input type="radio"/> No Parent/Guardian(s) Permitted to Discuss Case</p> <p>Parent/Guardian Name <input type="text" value="Please Select"/> <input type="text" value="Please Select"/></p> <p><input type="button" value="Add Option"/></p> <p>*What prompted your call for counseling today?</p> <p>*Presenting Problem <input type="text" value="Please Select"/></p> <p>*Have you ever been diagnosed with a mental health condition?*</p> <p>*Have you ever received any mental health treatment?*</p> <p>*Have you ever been prescribed any medications for a mental health condition?*</p> <p>Referral Assessment</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Participant's Risk to Self <input type="checkbox"/> Domestic Abuse</p> <p><input type="checkbox"/> Participant's Risk to Others <input type="checkbox"/> Child Abuse</p>

Figure 63



Was the "Case Initiated by Parent/Guardian?" If so, select the name of the Parent/Guardian initiating the case. Also, select and add all "Parent/Guardians Parent/Guardian(s) Permitted to Discuss Case."

Minor Participant - Parent/Guardian Info

*Case Initiated by Parent/Guardian? Yes No

*Parent/Guardian Name zee, Bob

Parent/Guardian(s) Permitted to Discuss Case

zee, Bob [Remove](#)

Please Select

[Add Option](#)

Figure 64

You will make selections based on your "Referral Assessment" of the Participant. Once you understand the reason for the call, select the appropriate "Presenting Problem" from the list. This will trigger different workflows depending on the answer. If the reason for the call is "Outside Scope of MOS," you will continue with [creating an "Outside Scope for Non-Medical Counseling" case](#). If any other "Presenting Problem" is selected, you will move forward with [creating an "In Scope for Non-Medical Counseling" case](#).

"What prompted your call for counseling today?"

*Presenting Problem

Please Select

Please Select

Outside Scope of MOS

E66.9 Overweight or Obesity

Z55.9 Academic or Educational Problem

Z56.82 Problem Related to Current Military Deployment Status

Z56.9 Other Problem Related to Employment

Figure 65



7.3.1. CREATE AN OUTSIDE SCOPE FOR NON-MEDICAL COUNSELING CASE

When [creating a Non-Medical Counseling case](#), you may determine it is Outside Scope for Non-Medical Counseling.

"What prompted your call for counseling today?"

*Presenting Problem

Please Select

Please Select

Outside Scope of MOS

E66.9 Overweight or Obesity

Z35.9 Academic or Educational Problem

Z56.82 Problem Related to Current Military Deployment Status

Z56.9 Other Problem Related to Employment

Figure 66

You then will select agencies in which to provide Referrals for the Participant.

If the call is related to any "Tracked Event(s)" in the system, you will select those as well.

Referrals

Select all that apply:

Child Protective Services

Clinical Mental Health Care

Community Service

Family Advocacy

Judge Advocate General

Local Hospital

Tracked Event(s)

COVID-19

Program Study Consent

Test Production Entry

My new list item

Figure 67

You must enter the "Handoff Type" and "Deployment Status." There are additional fields you should answer if possible.

Detail any Handoff Notes to help other users understand the circumstances and/or needs of the Participant. Mark the box for "Urgent" cases.

The screenshot shows a form with several fields. A red box highlights the "Handoff Type" dropdown menu. Another red box highlights the "Deployment Status" dropdown menu. A red arrow points to the "Urgent" checkbox, which is checked. Other fields include "Assigned to", "Interpreter Requested", "Language", "In-Theater", and "Who referred the participant to this Military OneSource service?". There is also a "Handoff Notes" text area with a character count of "0 of 32000 characters" and a "Handoff Notes History" link.

Figure 68

Lastly, you must offer a Follow-Up appointment and enter the details in the form.

The screenshot shows a form titled "Participant Follow-Up and Feedback". It has three radio button options: "Appointment Secured Follow-Up", "Declines", and "No Follow-Up Needed". A red box highlights the "Appointment Secured Follow-Up" option. Another red box highlights the "Follow-Up Date" field. A third red box highlights the "Additional Follow-Up or Feedback Information" text area, which has a character count of "0 of 50 characters". At the bottom right, there are "Cancel", "Save", and "Done" buttons.

Figure 69

Click "Save" to save and review the form. Click "Done" to save and return to the Participant record. The newly created case can be found in the Participant's "[Related Cases](#)" when [viewing the Participant](#), with the most recently created case on top.



7.3.2. CREATE AN IN SCOPE FOR NON-MEDICAL COUNSELING CASE

When [creating a Non-Medical Counseling case](#), you may determine it is In Scope for Non-Medical Counseling.

“What prompted your call for counseling today?”

*Presenting Problem

Z55.9 Academic or Educational Problem

Please Select

Outside Scope of MOS

E66.9 Overweight or Obesity

Z55.9 Academic or Educational Problem

Z56.82 Problem Related to Current Military Deployment Status

Figure 70

You will then enter the Participant’s “Counseling Preference,” “Type of Counseling” needed, and whether the “Referral Type” is “MFLC” or “MOS Network.”

*Counseling Preference Please Select

*Type of Counseling Requested

Individual

Couple

Family

Participant is within 40 miles of MFLC installation

Participant accepts MFLC services

*Referral Type

MFLC

MOS Network

Figure 71

If it is a “MOS Referral” for couple or family counseling, you will be able to add and/or associate family members to participate in the counseling sessions.



“MOS Referrals” also require a “Reason Requesting Counseling” and provide a way to enter provider information.

You can track in the system if a “Participant prefers not to be contacted for follow-up,” as well as if you were “Unable to schedule for appointment within 3 business days.”

If the call is related to any “Tracked Event(s)” in the system, you will select those next.

The screenshot shows a web form for MOS Referrals. At the top, there are radio buttons for "Individual" (selected), "Couple", and "Family". To the right, under "Referral Type", there are radio buttons for "MFLC" and "MOS Network" (selected). Below these are several input fields: "MOS Network" (highlighted), "*Reason Requesting Counseling" (highlighted), "Authorization Number" (with a dropdown arrow), "Provider Name", "Phone", and "Location". Below the input fields are three checkboxes: "Participant prefers not to be contacted for follow-up" (highlighted), "Unable to schedule for appointment within 3 business days" (highlighted), and "Tracked Event(s)" (highlighted). Under "Tracked Event(s)", there are checkboxes for "COVID-19" and "Program Study Consent".

Figure 72



You must enter the "Handoff Type" and "Deployment Status." There are additional fields you should answer if possible.

Detail any Handoff Notes to help other users understand the circumstances and/or needs of the Participant.

*Handoff Type
Please Select

Assigned to
Please Select

*Deployment Status
Please Select

Interpreter Requested Language Please Select In-Theater

Who referred the participant to this Military OneSource service?
Please Select

Handoff Notes Urgent

0 of 32000 characters

[Handoff Notes History](#) ▾

Figure 73



Lastly, you must offer a Follow-Up appointment and ask if the Participant would be willing to provide "Satisfaction Feedback." Depending on their answers, you may be required to enter additional information.

Participant Follow-Up and Feedback

***Appointment Secured Follow-Up**

Follow-Up Date

Agrees
 Phone Call
 Text
 Declines
 No Follow-Up Needed

Additional Follow-Up or Feedback Information

0 of 50 characters

***Satisfaction Feedback**

Agrees
(Choose both if applicable)
 Phone Call
 E-mail
 Declines
 N/A (use when participant is under 18)

[Cancel](#) [Save](#) [Done](#)

Figure 74

Click "Save" to save and review the form. Click "Done" to save and return to the Participant record. The newly created case can be found in the Participant's "Related Cases," with the most recently created case on top. You will find information on how to [manage Non-Medical Counseling cases](#) here.



7.4. Create a SECO Triage Case

A case can be created for a Participant while viewing their Participant record or one of their cases. From the Participant record, you can select "Create Case" to open the navigation list of Case Types to choose from. If viewing a case, simply select the "Program Referrals" tab on the right of your screen.

View Participant Create Case Edit

Participant Name and Information			
First	Middle	Last	Suffix
Jo	Marie	Zee	
DOB	Gender	Marital Status	
2/19/2004	Female	Dual Military Career	
Current Address			
Address			
123 Happy Street			
Address (continued)			
Apr 2			
City	State	Postal Code	
Awesomeville	PA	12345	
Country			
United States			

Eligibility Info

Service Member? Yes

Relation Guardian

Pay Grade W-3

Branch of SVC Army National Guard

Eligibility Status Active Duty

Separation/Retirement Date

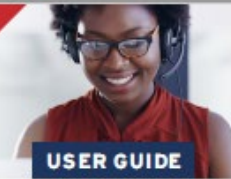
Wounded Warrior

CRISIS / DTW / MR

PROGRAM REFERRALS

RELATED

Figure 75



Select "SECO."

Non-Medical **SECO** Document Translation Wounded Warrior Resources Info & Referral Work Life Consultation-Based

View Participant Cancel Edit

<u>Participant Name and Information</u>			
First	Middle	Last	Suffix
Jo	Marie	Zee	
DOB	Gender	Marital Status	
2/19/2004	Female	Dual Military Career	
<u>Current Address</u>			
Address			
123 Happy Street			
Address (continued)			
Apt 2			

<u>Eligibility Info</u>
Service Member?
Yes
Relation
Guardian
Pay Grade
W-3
Branch of SVC
Army National Guard
Eligibility Status

CRISIS/OTW/MI
PROGRAM REFERRALS

Figure 76