

MONTANA NATIONAL GUARD

Joint Force Headquarters (JFHQ)



PDHRA

Campaign Plan

Deployment Cycle Support

16 October 2007





DEPARTMENTS OF THE ARMY AND AIR FORCE

JOINT FORCE HEADQUARTERS - MONTANA

P.O. Box 4789 (1900 Williams Street)
Fort Harrison, Montana 59636-4789

October 3, 2007

The Montana National Guard Deployment Cycle Support (DCS) Action Team was established to address the recommendations provided to the Adjutant General for Montana by the Post Deployment Health Reassessment (PDHRA) Task Force. Additionally, the DCS Action Team was tasked to provide a model for all deployments using a more encompassing approach, addressing the deployment process in all its phases. This approach will provide Service Members, their families, employers and community leaders with information and resources for coping with the exigencies experienced when reserve component Service Members and units are called to active duty in Montana.

This plan is organized into eight separate sections, providing the reader with information relating to deployments as a whole, specific tasks and actions from the PDHRA Task Force recommendations, a DCS Concept Plan for Montana, a communication strategy for implementing the DCS Concept Plan, a proposed budget, tasks requiring outside assistance and a glossary of terms used through the plan.

The reintegration and overall deployment strategy for reserve component Service Members is rapidly changing nationwide. As much as possible, recent changes and proposed legislation have been incorporated into actions to address the PDHRA Task Force recommendations and the DCS Concept plan.

To be fully effective, this plan requires the approval and support of the leadership of the Montana National Guard as well as a commitment by state and community leaders in Montana. This Campaign Plan is designed to be a living document. Future revisions will be made as necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey E. Ireland", is positioned above the typed name.

Jeffrey E. Ireland, Colonel
J1, Director Manpower and Personnel

TABLE OF CONTENTS

Montana National Guard DCS Team Composition.....4

Section I. Introduction/Overview.....5

Section II. Goals and Objectives.....10

Section III. Specific Action Strategies / Policy Recommendations.....10

Section IV. Communication Strategy.....36

Section V. The DCS Concept Plan.....38

Section VI. Budget.....42

Section VII. Remaining Issues.....43

Section VIII. Glossary.....47

Montana National Guard Deployment Cycle Support Action Team

◆ **Chair –LTC Scott J. Smith**

Deputy J-1/Director, Army Personnel
Montana Army National Guard

◆ **LTC Nikki DeWolf**

Mobilization and Readiness Officer
Joint Force Headquarters – J-3
Montana Army National Guard

◆ **LTC Tim Thurston**

Executive Officer
95th Troop Command
Montana Army National Guard

◆ **LTC Ken DuVall**

State Chaplain
Joint Force Headquarters – J-1
Montana Army National Guard

◆ **CPT Adam Karlin**

Administrative Officer
Deputy State Surgeon's Office
Montana Army National Guard

◆ **2d Lt Maureen Maphies**

Military Personnel Management Officer
Joint Force Headquarters
Montana Air National Guard

◆ **SGM Gary Morgan**

Military Personnel Sergeant Major
Joint Force Headquarters – J-1
Montana Army National Guard

◆ **Ms. Dorrie Hagan**

State Family Programs Director
Joint Force Headquarters – J-1
Montana National Guard

◆ **Mr. Dave Lake**

Montana Transition Assistance Advisor
Contractor

◆ **Mr. Gary White**

American Legion Department Adjutant
Montana

MONTANA NATIONAL GUARD DEPLOYMENT CYCLE SUPPORT CAMPAIGN PLAN

I. INTRODUCTION TO THE MONTANA NATIONAL GUARD DEPLOYMENT CYCLE SUPPORT (DCS) CAMPAIGN PLAN

The Montana National Guard Deployment Cycle Support (DCS) is a comprehensive process that ensures Service Members, DA civilians and their families are better prepared and sustained throughout the deployment cycle. It provides a means to identify Service Members, DA civilians and families who may need assistance with the challenges inherent to extended deployments. Personal reconstitution for Service Members is both Commanders' and Sergeants' business, and the Army and Air Force provides them with the right tools and training to execute the mission. The goal of the DCS process is to facilitate Service Member, DA civilian and family well-being throughout the deployment cycle. All Service Members deployed away from home station will complete the DCS process. Services for DA civilians and families are integrated into every stage of the process, and they are encouraged to take advantage of the resources provided.

The Army National Guard (ARNG) supported the Global War on Terrorism (GWOT) with over 245,000 Service Member deployments since 2001. The Air National Guard had multiple deployments as well. GAO determined in FY06 that Reserve Component (RC) members are not receiving the same benefits of the Transition Assistance Program (TAP) as their Active Component (AC) counterparts. The current AC reintegration template simply does not address the challenges of the present-day RC Service Member and their families. In addition, the TAP does not address the needs of the Service Members and their families before and during the deployment.

Because the National Guard is community-based, Guard family members are geographically separated, over prolonged periods of time, from the military support network. This separation experience is one of the most challenging aspects for RC families and contributes significantly to family distress. The National Guard needs to develop a program that will provide our Service Members and their families sufficient information, services, referral and proactive outreach opportunities for Service Members, spouses and youth throughout the entire deployment cycle; Pre-Alert, Alert/Pre-Deployment, Deployment, Post-Deployment and Reconstitution (Reintegration).

The MTNG DCS Action Team took an encompassing view to deployment. The team examined all phases of deployment: pre, during, and post deployment to provide a better framework for future deployments. Included in this examination were the effects faced by families and employers in addition to Service Members. Following the actions for the specific recommendations made by the PDHRA Task Force, the MTNG DCS Team developed a recommended course of action for future deployments. This course of action was developed without regard to funding or regulatory guidance. Some

actions in this plan cannot be implemented without additional funding by the Department of Defense or the State of Montana, and some require changes in existing laws and regulations.

The Montana National Guard is challenged in many respects by deployments. The great distances in the State, combined with a small population and limited medical care in more remote parts present specific challenges in identifying Service Members with post-deployment medical and behavioral issues and subsequently getting them treatment in a timely fashion. Sometimes the first indicator that a Service Member is having difficulty coping with the transition from deployment to civilian life is after the fact; missed drills or other training or unit functions. In past deployments this situation was exacerbated by the practice of cross-leveling (filling deploying units using non-organic Soldiers) of Service Members from one unit to another for the deployment. Following deployment, these Service Members were transferred back to their original unit, severing the support group the Service Member may have established during the deployment.

The Montana DCS Action Team was established with the specific purpose of identifying methods of implementing the recommendations made by the PDHRA Task Force. The PDHRA Task Force made 14 recommendations to the Adjutant General that would enhance the reintegration of Montana National Guard Service Members returning from a combat deployment. The recommendations covered a wide variety of topics ranging from changing internal policies and procedures to increasing availability of resources for families to expanded outreach by Veterans Service Organizations. The specific recommendations by the PDHRA Task Force are:

Recommendation #1
Evaluate Medical Status Before Discharge

Do not initiate discharge processes for an Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) Guardsman for “failure to perform” (e.g., nonattendance at drill periods) until his or her physical or mental health status has been assessed.

Recommendation #2
Allow Guardsmen to Request Honorable Discharge

Provide an opportunity for OEF/OIF Guardsmen to request an honorable discharge based on physical or mental health reasons.

Recommendation #3
Thoroughly Review All Guard PDHRA Personnel Files

Thoroughly review all OEF/OIF Guardsmen’s personnel records to identify those who have not been through the PDHRA process. Ensure that these personnel are immediately scheduled to complete this process.

Recommendation #4 Expand the PDHRA Process

Plan and implement a long-term, enhanced PDHRA process that ensures:

- a. Completion of an initial PDHRA for Guardsmen within 90 days after discharge from active-duty status or during the first scheduled National Guard drill period – whichever is earlier. Subsequent PDHRAs will be scheduled and conducted every six months after the initial query or assessment until a two-year time span has elapsed. After the two-year period, the PDHRA process will accompany the required Periodic Health Assessment action. This process will be accomplished for as long as the Service Member or Airman is in the Montana National Guard.
- b. Use of more comprehensive and effective mental health assessment instruments in the PDHRA process, e.g., VA screening templates, or other survey instruments such as the Mississippi Scale (screens for PTSD conditions) or the Beck Inventory (screens for depression).
- c. Inclusion of a “face to face” educational component in the PDHRA process during which issues related to mental illness stigma and self-reporting of mental health symptoms are discussed.
- d. Referral of Guardsmen who are identified as having mental health issues to appropriate mental health professionals. The National Guard will monitor referral actions and request reports of care.

Recommendation #5 Mandate Enrollment in the VA Healthcare System

Mandate and monitor Guardsmen enrollment in the VA healthcare system through completion and submission of the VA Form 10-10EZ.

Recommendation #6 Guardsmen Receive Awards and Medals within 90 Days

Thoroughly review all OEF/OIF veteran Guardsmen’s personnel records to identify those who have not received authorized awards and medals. Ensure that all authorized awards and medals that can be approved at the Montana National Guard level be issued within 90 days.

Recommendation #7 Send Badge Information to Department of Defense within 90 Days

Thoroughly review all OEF/OIF veteran Guardsmen’s personnel records to identify those who have not received authorized badges or other recognitions that must be approved at Department of Defense level (e.g., Combat Infantry Badge, Combat Action Badge). Ensure that requests and all supporting documentation are forwarded to the Department of Army or Department of Air Force within 90 days. Ensure that the badge or other recognition is notated in the Guardsman’s discharge document.

**Recommendation #8
Include Mental Health Focus in Training**

Develop and implement a comprehensive training program for command leadership and unit personnel that provides information on mental health issues such as combat stress, anxiety, depression and traumatic brain injury. Leadership also needs to be educated on treatment methods for these conditions and made aware of available resources. The training program should be incorporated into the Training Management System and scheduled into each unit's Annual Training Calendar. It should be conducted by qualified mental health providers.

**Recommendation #9
Increase Awareness of Available Resources**

Develop, publish and distribute to all National Guard units and individual Guardsmen an information guide that contains – at a minimum – civilian and federal VA resources for medical and mental health services and care.

- a. Provide information to the National Guard chain-of-command and all members regarding programs, resources and contact information to be used when a unit member self-reports or is identified as needing assistance for emotional or mental health conditions. Additionally, post the information guide on the Montana National Guard's website.
- b. Actively participate in the newly authorized Suicide Prevention Program to be administered by the Montana Department of Public Health and Human Services.

**Recommendation #10
Create Crisis Response Team for At-Risk Guardsmen**

The team's purpose would be to personally contact OEF/OIF veteran unit members who do not attend drill periods, or whose wellness status is undetermined. The team will consist of, at minimum, a member from the Guardsman's combat team and a person with mental health training. The team is responsible for appropriate follow-up actions.

**Recommendation #11
Allow Guardsmen to Attend Drill Immediately Upon Returning Home**

Allow deactivating Guardsmen to attend drill periods during the three-month "no-drill" timeframe after the return to Home Station. Activities could include providing the Guardsman with needed or additional information, the opportunity to reconnect with "battle buddies," and provide opportunities for more confidential physical or mental health assessments.

**Recommendation #12
Increase Informal Support Systems**

Facilitate the development and implementation of increased "informal" support systems such as the "Vet to Vet" peer support program.

Recommendation #13 Enhance Family Readiness Program

Expand the family readiness program to ensure that National Guard and Reserve unit families have access to support services at all times, including the pre-mobilization, mobilization and post-mobilization time periods.

- a. Consider changing “readiness” in program titles to “resource,” which better conveys the spectrum of services and information envisioned of a comprehensive and active family program.
- b. Strategically establish Family Resource Centers throughout the state. Center locations should be based upon high densities of National Guard and Reserve personnel, as well as geographic considerations. Family Resource Center staffing could be by volunteer and/or part-time paid personnel.
- c. Incorporate veteran's service organizations, including the auxiliaries, into Family Resource Center operations, various training events, information distribution and unit activities.
- d. Educate all family program personnel of the symptoms and characteristics of emotional and mental health conditions, the resources available to treat the conditions, and the processes by which the resources are accessed.
- e. Develop and distribute to all unit personnel, a succinct, one-page critical resource referral listing, to include at a minimum: federal VA medical facilities, federal VA Vets Centers, crisis hotline contact information, Montana Veterans Affairs Division field offices, and pertinent National Guard resources (e.g., the state chaplain).

Recommendation #14 Form a Partnership with State Veterans Organizations

Encourage at both state and unit command levels a more active and mutually supportive relationship with the state's veterans service organizations. Based upon mutual interest and appropriate personnel involvement, potential cooperative relationships may include:

- a. Unit “adoption” programs, which would establish formal relationships between National Guard units and nearby veterans service organization posts or chapters.
- b. Jointly facilitated informal support activities between Guard units and veteran's service organizations' combat veterans.
- c. Active participation in and resource augmentation for unit family programs and activities.
- d. Establishment of a state-level council that includes veteran's service organizations and National Guard leadership. The council would provide command emphasis and guidance to facilitate accomplishment of mutually approved initiatives and relationships with state-level programs (e.g., the family program and employer support program).

II. GOALS AND OBJECTIVES

The goals and objectives for the Montana National Guard Deployment Cycle Support Action Team encompass a broad spectrum.

- Develop an interim solution through the use of policy and procedural changes that will enable the Montana National Guard to address deployment issues.
- Develop permanent changes to the deployment process of Montana National Guard Service Members. This process includes establishing relationships with organizations outside the normal military structure, identifying funding needs in the near and long term, and identifying shortfalls in current legislation that deals with support to returning Service Members.
- Develop a communications strategy to educate not only the Service Members, staff and activities of the Montana National Guard, but the citizens of Montana as a whole.
- Develop longitudinal strategic plan to address sustainment of Campaign Plan elements.

III. SPECIFIC ACTION STRATEGIES / POLICY RECOMMENDATIONS

Even before the creation of the PDHRA Task Force, the Montana National Guard had already begun to evaluate current PDHRA processes and implement changes where possible to improve and/or refine current policies as well as to develop new policies that improve our support to deployed Service Members and their families. These efforts continued throughout the Task Force meetings and they continue today. A summary of our accomplishments to date include:

- **Discharge process modified** - Montana's Inspector General reviewed the discharge process and separation packets of Soldiers returning from OIF/OEF. Recommendations to modify the process have been implemented and a thorough checklist involving all elements in the Service Member's chain of command was implemented to ensure the Service Member receives the correct characterization of service. This policy also ensures every effort is made to contact the Service Member and get them assistance in coping with the stresses of redeployment.
- **Developed a Crisis Response Team at the Joint Force Headquarters** - The Crisis Response Team responds rapidly to any information involving returning Service Members that have demonstrated behavior that would indicate difficulty in coping with redeployment.
- **Enhanced the PDHRA process** – The current PDHRA process was modified to extend the requirement out to 24 months. In addition to the initial PDHRA 90-180 days following redeployment, a returning Service Member will complete the PDHRA every 6 months out to 24 months. Three of these PDHRAs include a face-to-face component, either with the NGB-contracted team or our own medical staff.

- **Mandated enrollment in the VA Healthcare system** – Every returning Service Member will now enroll for VA Healthcare benefits as part of the demobilization process. Whether or not these services are used is up to the individual Service Member. However, this will streamline the process for a Service Member wishing to use the VA system.
- **Conducted Suicide Prevention Training** – Increased the training and awareness level of leaders throughout the Montana National Guard on the signs and resources available for suicide prevention. Through mandated training as well as direct mailings and website information, the Montana National Guard has stressed the importance of knowing its members and the signs to watch for to prevent suicide. This is an ongoing effort that will increase with time.
- **Reaffirmed our current policy regarding drill attendance following deployment** – Every Service Member is allowed, and encouraged, to attend drill during the first 90 days following deployment.
- **Initiated Outreach Contract to train the Montana National Guard on PTSD to better support returning Service Members and their families** – The Montana National Guard has contracted with a local counseling group who will train counselors across Montana in the best methods and techniques for dealing with Service Members and their families exhibiting signs of stress following deployment. Following training these counselors will conduct training at every unit location during the months of October and November 2007.
- **Conducted PTSD Training and Outreach** – The Montana National Guard mailed an informational packet of materials along with a copy of the book “Down Range to Iraq and Back” to all members to ensure our force was aware of the resources that are available to them should they need support.
- **Conducted Family Outreach** – The Montana National Guard Family Programs dedicated their July Newsletter entirely to PTSD. This was done to help family members better understand PTSD, what to look for and what resources are available for support.
- **Conducted Transition Assistance Advisor Outreach** – The Montana National Guard distributed informational flyers to all unit locations, for posting to unit bulletin boards, educating members of the resource and benefits provided by the Transition Assistance Advisor. This position is dedicated to providing support to all members, acting as a liaison for them between the National Guard and other agencies such as the VA.
- **Secured additional funding for temporary PDHRA support** – The State Surgeon’s Office was successful in securing funding to hire temporary staff to review medical files and assist with the PDHRA process. This additional support has allowed Montana to meet a 98 percent completion of all PDHRAs.
- **Updated Montana National Guard website** – The Montana National Guard website was modified to include a resource link modeled after the Minnesota “Beyond the Yellow Ribbon” program. This enhanced information further defines the programs and resources available to our Service Members.
- **Implemented the Periodic Health Assessment** – The State Surgeon’s Office implemented the Periodic Health Assessment (PHA) program. This new program requires a medical evaluation of every Soldier annually. Part of the

PHA includes a face-to-face evaluation with a medical provider. Additional questions specifically focused on mental health are also included to help identify those who may be struggling with these issues.

- **Redesigned the Soldier Readiness Process to enhance support to Soldiers who individually mobilize** – The current process used to out-process Soldiers who return from deployment was modified to include a mandatory checklist that ensures all individual deployers receive the same information as larger units when they return from deployment.
- **Conducted Manager and Supervisor training** – The Montana National Guard coordinated PTSD training for all full-time supervisors and managers. This training was aimed at increasing leadership understanding to better support our employees who return from deployment.
- **Reviewed all Personnel Records of OIF/OEF veterans for awards and decorations.** Initiated board actions to review, award, forward to HRC as applicable.

Most of the recommendations by the PDHRA Task Force require in-depth analysis as well as fundamental changes that bear considerable discussion. In an effort to provide the reader with the best understanding of each issue, we present each recommendation individually, along with actions taken or pending and their impacts.

Recommendation #1
Evaluate Medical Status Before Discharge

Do not initiate discharge processes for an Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) Guardsman for “failure to perform” (e.g., nonattendance at drill periods) until his or her physical or mental health status has been assessed.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report. In some cases, Service Members are considered for discharge for non-attendance at scheduled training events. There is a risk in this process in that there may be mitigating medical or behavioral health issues that prevent or hinder a Service Member from attending drill. The following procedures address this issue in evaluating a Service Member’s health status prior to discharge from the military. Additionally, this will provide the unit and Service Member a vehicle to receive medical treatment.

ACTIONS:

The Montana National Guard has:

- a. Implemented a policy that ensures every Service Member considered for discharge, that has deployed in support of OIF and OEF, will not be discharged without a thorough review of their medical documentation. Additionally, the Crisis Response Team (see Recommendation 10) will contact Service Members who fail to attend drills after a deployment to provide an initial assessment of the Service Member’s mental health status.
- b. Developed a discharge policy that outlines specified criteria that incorporates evaluation procedures and chain of approval to the appropriate level before a separation from service can occur.

The Montana National Guard will:

- a. Require Unit Commanders to complete a “pre-determination” report, submitted through command channels, for all Service Members who have deployed to ensure said policy is being utilized and enforced prior to initiating discharge actions. Ensure report is reviewed by the State CSM or CCM for Enlisted Service Members and ATAG for Officers.
- b. Develop a training program for all leaders on mental health related issues and what to watch for. All leaders will be required to complete the training within 90 days of being placed in their leadership role.
- c. Develop a statewide procedure to help leaders address PDHRA issues that arise in their unit. Items to include forms and processes for reporting known issues without violating HIPPA rules and a resource list for potential referrals.
- d. Strengthen the Chaplains team to include an on-call Crisis Response Team leaders can utilize as a tool to address issues. Team can be regionalized to ensure statewide coverage and include volunteer VSOs, health care professionals, clergy and local authorities. Develop MOU with non guard entities.

IMPACTS:

- a. This may increase the amount of time and staff work required to process separations of Service Members.
- b. Potential reliance on behavioral health specialist volunteers to be available for on call services.
- c. The physical and mental health status of Service Members will be evaluated prior to being considered for discharge.
- d. Service Members will have a better understanding of their benefits and the resources available to assist them in caring for their physical and mental health.

Recommendation #2

Allow Guardsmen to Request Honorable Discharge

Provide an opportunity for OEF/OIF Guardsmen to request an honorable discharge based on physical or mental health reasons.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report. Service Members returning from deployment often have mixed feelings regarding whether or not to continue their service in the military. If they choose to stop attending required military duties they may not understand the consequences of this action. Some of these Service Members have little time or experience in the military, or are simply not aware of the effects an “Other Than Honorable” discharge may have on their future. By increasing face-to-face contacts with the Service Member, either by the Service Member’s unit or the Crisis Response Team, the unit will learn more about the problems the Guardsman may be experiencing and the Service Member will receive a better understanding of the options available to them if they choose to no longer continue their military service due to physical or mental health reasons.

ACTIONS:

The Montana National Guard will:

- a. Develop policies and procedures to ensure OEF/OIF Guardsmen are able to request an honorable discharge based on physical or mental health reasons without compromise of current regulations: AR 635-200.
- b. Investigate the feasibility of implementing a Pre-Separation Services Program (PSSP) which integrates the pre-transition efforts of the education center, reenlistment NCO, in-service recruiters, veteran services organizations and military personnel center (PSC). The intent will be to honorably transition Service Members (not retirees) and to be conducted not later than 90 days before transition date IAW AR 135-10, Processing Personnel for Separation, 2–3. Pre-Separation Services Program (PSSP) and/or AFI 36-3209, Separation and Retirement Process for Air National Guard and Air Force Reserve Members. Spouses should be invited.
- c. Ensure Commander’s are properly considering the entire period of service when making recommendations as to “characterization of service”, not a specific recent incident.

IMPACTS:

- a. Positively supports all Service Members as they transition from military service to civilian service.
- b. Allows discharged Service Members the ability to re-enlist at a later date providing they meet enlistment criteria.
- c. Potential loss of educational benefits due to a shortened term of service and other service-related benefits.
- d. Potential rewrite of Army Regulations to incorporate special provisions related to OEF/OIF physical or mental health reasons.

Recommendation #3
Thoroughly Review All Guard PDHRA Personnel Files

Thoroughly review all OEF/OIF Guardsmen's personnel records to identify those who have not been through the PDHRA process. Ensure that these personnel are immediately scheduled to complete this process.

BACKGROUND/DISCUSSION: Not all Guardsmen returning from deployment complete the required PDHRA process during the 90-180 day period following deployment. Service Members who do not attend drills following deployment may have undetected medical or behavioral health issues. Demobilization station identification processes may be ineffective for identifying mental health issues, except for those who self-report or have already been identified during military service.

ACTIONS:

The Montana National Guard has:

- a. As of September 2007, all personnel records of previously deployed Service Members have been reviewed for PDHRA compliance.
- b. For Army units, with the assistance of the Deputy State Surgeon's Office, identified Guardsmen who have not participated in the PDHRA process through the online MEDPROS tracking system and provided a weekly list to Commanders for action. The Montana Army National Guard is currently at 98 percent and the Air National Guard at 99 percent PDHRA completion rate.

The Montana National Guard will:

- a. Conduct MEDPROS training for each unit's Readiness NCO/Officer. This will ensure units have all necessary material/resources to thoroughly review all OEF/OIF personnel records to identify those who have not been through the PDHRA process.
- c. Work through each unit Commander to ensure proper emphasis on command-driven completion. Implement policy to ensure that Guardsmen needing to complete the PDHRA are immediately scheduled to do so. In the future, upon returning from deployment, every Service Member will be tracked with respect to their completion of the four (4) PDHRAs.
- d. Develop a Montana Medical Detachment Standard Operating Procedures manual that includes a screening for PDHRA that address Service Members who come through the Troop Medical Clinic at least once annually for a Periodic Health Assessment. If Guardsmen are not up to date in PDHRA, ensure they complete it before being released back to their units.
- e. Write a policy letter, through TAG, directing all members to complete an annual PHA that emphasizes the importance of participation in the PDHRA program.

IMPACTS:

- a. This will increase visibility of Guardsmen who have not completed the PDHRA and enable units to track their progress in the program. It will also provide a base for Commanders to emphasize the importance of full participation in PDHRA.
- b. MEDPROS training for unit Readiness NCO/Officers will require travel by either the instructor or the unit Readiness NCO/Officer.
- c. The screening of records when Guardsmen go through the medical facility will increase the time that it takes for units to complete their PHA and will increase the resource requirements at the TMC (phone lines, Internet-capable computers, private screening rooms). The increase in time it takes for Guardsmen to complete PHAs will need to be accounted for by the unit.
- d. Service Members will be better educated on the benefits and resources available to them to assist with disclosed areas of physical and/or mental health needs.

Recommendation #4 **Expand the PDHRA Process**

Plan and implement a long-term, enhanced PDHRA process that ensures:

a. Completion of an initial PDHRA for Guardsmen within 90 days after discharge from active-duty status or during the first scheduled National Guard drill period – whichever is earlier. Subsequent PDHRAs will be scheduled and conducted every six months after the initial query or assessment until a two-year time span has elapsed. After the two-year period, the PDHRA process will accompany the required Periodic Health Assessment action. This process will be accomplished for as long as the Service Member or Airman is in the Montana National Guard.

b. Use of more comprehensive and effective mental health assessment instruments in the PDHRA process, e.g., VA screening templates, or other survey instruments such as the Mississippi Scale (screens for PTSD conditions) or the Beck Inventory (screens for depression).

c. Inclusion of a “face to face” educational component in the PDHRA process during which issues related to mental illness stigma and self-reporting of mental health symptoms are discussed.

d. Referral of Guardsmen who are identified as having mental health issues to appropriate mental health professionals. The National Guard will monitor referral actions and request reports of care.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report and Recommendation #3. All Service Members are required to complete a PDHRA within 90 to 180 days following Release From Active Duty (REFRAD). This initial PDHRA is fully funded by the National Guard Bureau and can be conducted by mobile teams with medical providers contracted through the NGB. Subsequent PDHRAs will be conducted during the annual Periodic Health Assessment as well as the on-line version between the PHAs. The PDHRAs conducted during the annual PHA include a face-to-face component where the Service Member talks directly to a health professional in a confidential setting.

ACTIONS:

The Montana National Guard has:

a. Implemented a policy that requires every Service Member that returns from deployment to complete a PDHRA every six (6) months out to 24 months after coming home.

b. Requested additional funding through the NGB for subsequent PDHRAs. The goal is to reduce or eliminate the need for the on-line method of completing the PDHRA.

The Montana National Guard will:

a. Establish a PDHRA “Medical Liaison” that will be available by telephone or in person to answer questions and troubleshoot problems with the PDHRA.

b. During Demobilization at home station, incorporate a mental health counselor as one of the required stops. A “face-to-face” counseling will take place plus information on self-reporting of mental health symptoms will be given out. It will be emphasized that mental health issues do NOT flaw a Service Member’s record. A Chaplain would be part of the Demobilization stops in which the Service Member would

also be given information relating to bereavement (which is a big part of PTSD). Again, as part of the PDHRA six-month checkup, questions relating to mental health and grief will be utilized. The Service Member will be reminded that issues concerning mental health do not tarnish a Service Member's record. PDHRA checkups will be completed every 6 months.

c. Request TDA changes or contract funding to employ full time behavioral health counselors in our Medical Detachment.

d. The State Surgeon's Office will monitor the status of Guardsmen who have been referred for mental health care.

e. Review the inclusion of other mental health assessments into the PDHRA process.

f. Refer Guardsmen to seek medical/mental health care as appropriate.

IMPACTS:

a. Requires more funding for face-to-face PDHRAs. Current funding for the Montana National Guard is provided and focused predominantly on the initial PDHRA and to prepare for future deployments.

b. The thorough demobilization process will be more likely to have Service Members admit to possible problems while not allowing "developing problems" slip through the process. There will be more business for the VA and mental health institutions. State money may need to subsidize the need for expanding mental health resources in Montana if additional federal support is not available.

c. The extra tracking will ensure that Service Members with problems will not slip through the process but it will increase the amount of time and staff required to track Service Members returning from deployment.

d. More frequent PDHRA evaluations will help to identify conditions that may subsequently arise which will allow them to be treated and corrected in a timelier manner.

Recommendation #5
Mandate Enrollment in the VA Healthcare System

Mandate and monitor Guardsmen enrollment in the VA healthcare system through completion and submission of the VA Form 10-10EZ.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report. Enrollment and use of the VA healthcare system has been optional for returning Service Members. Returning Service Members are always provided the opportunity to enroll during the demobilization process at home station, however, the enrollment has not been mandatory and this approach may not be the most effective way to convey the full benefits of the use of VA healthcare facilities. Many returning Service Members are more focused on being with family members and friends than concerning themselves with future VA healthcare. Mandating enrollment in the VA healthcare system will provide every Service Member with the option of using this system. Completion and submission of the VA Form 10-10EZ will facilitate the future use of VA healthcare for the Service Member.

ACTIONS:

The Montana National Guard has:

a. Developed a policy that requires all returning Service Members to enroll in the VA healthcare system following deployment, accomplished during their “reverse SRP” in Montana. The decision whether or not to use the VA healthcare system remains with the Service Member.

The Montana National Guard will:

- a. Require Guardsmen to complete the VA Form 10-10EZ as part of post deployment processing.
- b. Assign the State Transition Assistance Advisor and VA to identify every previously deployed Service Member who has not yet enrolled. Once identified, outreach will be conducted to enroll these Service Members in the system. Work with the Transition Assistance Advisor and the VA to determine which Service Members have enrolled in the VA healthcare system following deployment. Those not enrolled will complete the VA Form 10-10EZ. The use of the VA healthcare system will again be at the discretion of the Service Member.

IMPACTS:

- a. This will slightly lengthen the home-station demobilization process but will result in improved access into the VA system.
- b. Service Member information will exist in the VA system and be available when services are eventually needed. This will reduce service time and enhance access to health care services.

Recommendation #6
Guardsmen Receive Awards and Medals within 90 Days

Thoroughly review all OEF/OIF veteran Guardsmen's personnel records to identify those who have not received authorized awards and medals. Ensure that all authorized awards and medals that can be approved at the Montana National Guard level be issued within 90 days.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report. The Montana National Guard will make awards a part of an expanded demobilization process at home station for Service Members returning from deployment. It should be noted that the number of medals, awards, and/or badges earned while on Federal Active Duty, which can be approved at the Montana National Guard level, is reasonably small. At the same time, a specific station will be established during the demobilization process, to identify issues in the award of medals, awards, and badges.

ACTIONS:

The Montana National Guard has:

- a. Reviewed all personnel records for previously deployed Service Members for potential awards. Awards which can be approved within the Montana National Guard have been processed. Additionally, the personnel staff has and will continue to assist units and personnel in tracking and processing appropriate awards, medals, and badges.
- b. The leadership of deploying units is instructed during pre-deployment, that it is best to ensure that all proper actions have been initiated in theater prior to departure.

The Montana National Guard will:

- a. Assign the personnel office from the respective branch of service (Air or Army National Guard), to coordinate with subordinate units to identify any awards submitted that were not fully processed and received in theater. This will allow personnel offices to track the awards with the respective commands.
- b. Ask Service Members about the medals and/or awards they have received or were submitted for. This will ensure that the Service Member's records are correct and will initiate actions to determine status of awards not yet received.

IMPACTS:

- a. The impact expected through this change in process will be an increase in the amount of time required to demobilize Service Members in state. We anticipate an additional 20-30 minutes required for this station.
- b. Secondary impact will be to the staff of the units returning from deployment in the form of reviewing and routing of the award information.
- c. Service Members will receive the awards they are eligible and qualified for.

Recommendation #7

Send Badge Information to Department of Defense within 90 Days

Thoroughly review all OEF/OIF veteran Guardsmen's personnel records to identify those who have not received authorized badges or other recognitions that must be approved at Department of Defense level (e.g., Combat Infantry Badge, Combat Action Badge). Ensure that requests and all supporting documentation are forwarded to the Department of Army or Department of Air Force within 90 days. Ensure that the badge or other recognition is notated in the Guardsman's discharge document.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report and Recommendation #6. The Army combat badges – the Combat Action Badge (CAB), the Combat Infantry Badge (CIB), and the Combat Medic Badge (CMB) all require final approval by the Army (Human Resources Command). Additionally, there are some awards that may be recommended in theater that require approval by authority above the Adjutant General. In the early stages of OIF and OEF, The Adjutants General in the states were given limited approval authority for the CAB. The Montana Army National Guard established a board for the recommendation to TAG for CAB. That authority has lapsed, and now all authority for approval of badges again rests with the Army. This is primarily an Army issue, however, some Air National Guard Service Members may be eligible for the CAB if they deploy or work as a part of an Army unit.

ACTIONS:

The Montana National Guard has:

- a. Reviewed all personnel records for previously deployed Service Members for potential awards. Awards, medals, and/or badges requiring approval above that of the Montana National Guard have been processed in a timely manner, and are being tracked and worked on a recurring basis.
- b. The leadership of deploying units is instructed during pre-deployment, that it is best to ensure that all proper actions have been initiated in theater prior to departure.

The Montana National Guard will:

- a. Assign the personnel office from the respective branch of service (Air or Army National Guard), to coordinate with the subordinate units to identify any awards submitted that were not fully processed and received in theater. This will allow personnel offices to track the awards with the respective commands.
- b. Ask Service Members about badges (CAB, CIB, and CMB). If they feel they were authorized one of the badges listed and had not been submitted, they will be provided the information necessary to do so, including routing and a point of contact at the Montana National Guard for this action. The Montana National Guard will provide assistance to the Service Member on the completion of the necessary documentation, and tracking of this action throughout the process.
- c. Assign the Montana Army National Guard Personnel Office (G-1) to establish a mandatory board for the review and recommendation for all combat badges NLT 60

days following demobilization. These recommendations will be forwarded to NGB immediately following endorsement by The Adjutant General.

d. Assign the Montana Air National Guard Personnel Office (A-1) to establish mandatory board for the review and recommendation for all awards or decorations NLT 60 days following demobilization. These recommendations will be forwarded through proper channels following endorsement by the Wing Commander.

e. Ask Service Members about the badges they have received or were submitted for. This will ensure that the Service Member's records are correct and will initiate actions to determine status of badges not yet received.

IMPACTS:

a. The primary impact will be an increase in the time required for demobilization at home station.

b. Secondary impact will be to the staff of the units returning from deployment in the form of reviewing and routing the award information.

c. The establishment of the board will require an additional 1-2 days for board members to conduct the board.

d. The Montana National Guard will be able to provide feedback to the Service Member on why the award was not approved, if applicable.

e. Service Members will receive the badges they are eligible and qualified for.

Recommendation #8
Include Mental Health Focus in Training

Develop and implement a comprehensive training program for command leadership and unit personnel that provides information on mental health issues such as combat stress, anxiety, depression and mild traumatic brain injury. Leadership also needs to be educated on treatment methods for these conditions and made aware of available resources. The training program should be incorporated into the Training Management System and scheduled into each unit's Annual Training Calendar. It should be conducted by qualified mental health providers.

BACKGROUND/DISCUSSION:

Military post-deployment personnel reintegration processes, policies, query or assessment instruments have not been suitably effective nor conducted in an environment that facilitates attaining needed information from veterans who have or are developing post-traumatic stress disorder (PTSD) or mild traumatic brain injury (mTBI) conditions.

The National Guard unit-level command structure lacks an educational program where its members can learn to recognize and understand emotional or mental health conditions and symptoms, and realize the resources available to assist with these types of conditions. Further, the National Guard lacks effective and well-publicized operational standards and policies that would support and maximally retain, in military service, a Guardsmen who has a diagnosed emotional or mental health condition.

ACTIONS:

The Montana National Guard has:

- a. Contracted with a local counseling group who will train counselors across Montana in the best methods and techniques for dealing with Service Members and their families exhibiting signs of stress following deployment. Following training these counselors will conduct training at every unit location during the months of October and November 2007.
- b. Conducted training for all supervisors and managers on PTSD. This training was aimed at increasing leadership understanding to better support our Service Members who return from deployment.
- c. Conducted Suicide Awareness Training to increase the awareness level of leaders throughout the Montana National Guard on the signs and resources available for suicide prevention. Through mandated training as well as direct mailings and website information, the Montana National Guard has stressed the importance of knowing its members and the signs to watch for to prevent suicide. This is an ongoing effort that will increase with time and be included on each unit's Annual Training Calendar.
- d. The Montana National Guard has implemented the comprehensive mTBI/PTSD training program for command leadership and unit personnel that provides information on mental health issues. This is currently an on-line training program with an annual

requirement to begin in future years. This training will be incorporated into the Annual Training Calendar.

The Montana National Guard will:

- a. Require units to have an additional duty consisting of 1-2 personnel designated as Post Deployment Reps (preferably veterans). Conduct training in the 'Train-the-trainer' format for all unit representatives with a health care professional.
- b. Initiate a TAG policy letter mandating annual PTSD/mTBI training and emphasizing the importance of identifying the symptoms. Ensure Commanders set aside time to properly conduct the training.
- c. Endeavor to expand the mental health capabilities within the Montana National Guard, through either TDA changes, and/or contracting of qualified services of civilian mental health professionals.

IMPACTS:

- a. The additional training for Guardsmen and unit leadership will require time set aside specifically for this training.
- b. Travel for personnel from the Montana Medical Command & Medical Group (ANG) and other mental health providers will need to be coordinated with units throughout the State.
- c. The effort to change the existing force structure to allow for additional medical personnel (68X – Mental Health Specialist) will need to go through the NGB to Department of the Army and Air Force and the Department of Defense.
- d. Supervisors, managers, and unit leadership will be better informed on mental health issues such as combat stress, anxiety, depression and mild traumatic brain injury along with the resources available for treatment.

Recommendation #9
Increase Awareness of Available Resources

Develop, publish and distribute to all National Guard units and individual Guardsmen an information guide that contains – at a minimum – civilian and federal VA resource for medical and mental health services and care.

a. Provide information to the National Guard chain-of-command and all members regarding programs, resources and contact information to be used when a unit member self-reports or is identified as needing assistance for emotional or mental health conditions. Additionally, post the information guide on the Montana National Guard’s website.

b. Actively participate in the newly authorized Suicide Prevention Program to be administered by the Montana Department of Public Health and Human Services.

BACKGROUND/DISCUSSION: Returning Service Members and their families in many cases are not aware of services available to them both during and after a deployment. There are a wide variety of services available to Service Members and their families to assist them in coping with the stresses of deployment. These services come from a variety of sources, from the military and the Veteran’s Administration as well as from civilian agencies and companies.

ACTIONS:

The Montana National Guard has:

a. Increased awareness of available resources through its website by using a modified version of the “Beyond the Yellow Ribbon” program in Minnesota.

b. Increased outreach and information through the Montana National Guard Family Programs newsletter. The July MTNG Family Program Newsletter was entirely focused on PTSD. This was done to help orient the families on what to look for in their Service Members and where to go to seek assistance.

c. Developed and sent direct mailings to every Service Member that included the book, “Down Range to Iraq and Back,” a Military OneSource reference card, a Montana National Guard Guide to Mental Wellness for Returning Soldiers, a guide to Veteran’s Centers in Montana and a DVD from TRIWEST Healthcare Alliance that details support programs available to returning Service Members and their families.

d. The MTNG conducted Full-time Employee Supervisor Training to increase awareness and understanding of PTSD and to help recognize signs and symptoms of this illness.

e. A Suicide Prevention Program was developed and scheduled during the month of September coinciding with National Suicide Prevention month.

f. The MTNG supports the National VA Suicide Hotline as well as the Montana State Suicide Hotline.

The Montana National Guard will:

- a. Research related Civilian, State and Federal resources for medical and mental health services and care that could assist Montana with the reintegration process.
- b. Develop a comprehensive resource guide that is functional and informational.
- c. Educate all Service Members, family members and support personnel on services and care available to all veterans to supplement and enhance all referral services.
- d. Assign the Montana National Guard State Chaplain to meet with the Department of Public Health and Human Services to determine how to partner with their newly-created Suicide Prevention Program.

IMPACTS:

- a. Requirement for additional manpower to develop, update, publish and distribute the information guide to all units and members.
- b. National Guard chain-of-command and all members will be better informed regarding programs, resources and contact information to be used when a Service Member self-reports or is identified as needing assistance for emotional or mental health conditions.
- c. An increased awareness of support resources will allow Service Members to more quickly access care to expedite the recovery process.

Recommendation #10
Create Crisis Response Team for At-Risk Guardsmen

The team's purpose would be to personally contact OEF/OIF veteran unit members who do not attend drill periods, or whose wellness status is undetermined. The team will consist of, at minimum, a member from the Guardsman's combat team and a person with mental health training. The team is responsible for appropriate follow-up actions.

BACKGROUND/DISCUSSION: Some Montana National Guard units were deployed to Iraq and functioned as "combat teams." Upon demobilization and return to Montana, the combat teams, which provide a level of mutual support and understanding, were broken up due to mandated unit reorganizations (e.g., units disbanded or new units formed) or Guardsmen reassignments to other units. The break-up of the combat team has caused unintended and unanticipated consequences.

Active component combat teams that return to a base or fort relatively intact can readily access the installation's mental health services infrastructure. On the other hand, reserve component combat veterans are transitioned very rapidly into the civilian environment – an environment that does not necessarily understand what the veteran has been through and does not necessarily have readily identifiable or available mental health services.

Veterans can be hesitant to come forward with emotional or mental health issues. Guardsmen are concerned about negative impacts on their employment and career, both in the military and civilian sectors. There is a perceived social stigma attached to emotional or mental health conditions or disorders. In general, there is a lack of knowledge about or sufficient confidence in available mental health services. Returning Guardsmen have personal pride and may struggle to admit that "something is wrong." The veteran doesn't want to be seen as "weak," be it personally or by family, friends or work colleagues.

One symptom of PTSD is withdrawal, which may manifest itself in the form of a Service Member missing regularly scheduled National Guard drill periods.

ACTIONS:

The Montana National Guard has:

a. Established a pilot Crisis Response Team (CRT) at the Joint Force Headquarters to respond to previously deployed OIF/OEF Service Members that miss scheduled drill periods. The CRT consists of a Chaplain, Retention or Career Counselor, and a Command Sergeant Major or Chief Master Sergeant. Based on need and demographics, other CRTs in separate locations may be stood up in the future. The goal is to ensure every effort is made to contact a previously-deployed Service Member whose wellness status is undetermined. The JFHQ CRT will be treated as a pilot program and further evaluated to determine its applicability at other levels.

The Montana National Guard will:

- a. Determine geographic availability of mental health professionals for the CRT to utilize and establish contracts for their use.
- b. Establish baseline triggers and actions for CRT to follow up on any indications from unit members, family, friends, employers, fellow employees and/or clergy.
- c. Determine minimum initial team training requirements, such as the “AWOL” module contained in the “Retention Now” kit along with “Reintegration,” “Post-Mobilization Issues,” “Post-Mobilization Family,” “Post-Mobilization Well-Being,” and “Post-Mobilization Civilian Life” from the “Team Mobilization Leader Toolkit.”

IMPACTS:

- a. This may increase the amount of time and staff work required to process continuous willful absence status for drill periods of Service Members.
- b. The CRT may potentially increase the requirements for full-time manning and ADSW funds, based on the fact that most of the need for the teams will come outside normally scheduled unit activities – i.e., National Guard drills and annual training.
- c. The Behavioral Health Specialist contract will require additional funding and management of the contract execution.
- d. Training and reference materials will change over time; the JFHQ CRT must continuously readdress viable productive sustainment and improvement.
- e. Soldiers who do not attend drill periods, or whose wellness status is undetermined will receive immediate attention by the CRT. The CRT will evaluate their physical and mental health status. Those Service Members who require additional assistance will receive information on available resources and help in accessing benefits.
- f. The CRT will ensure that soldiers are aware of support resources that will allow them to more quickly access care and expedite the recovery process.

Recommendation #11

Allow Guardsmen to Attend Drill Immediately Upon Returning Home

Allow deactivating Guardsmen to attend drill periods during the three-month “no-drill” timeframe after the return to Home Station. Activities could include providing the Guardsman with needed or additional information, the opportunity to reconnect with “battle buddies,” and provide opportunities for more confidential physical or mental health assessments.

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report and Press release dated August 9, 2007. Current policy from the DoD is that reserve component Service Members returning from deployment will not attend National Guard drills for 60 days after REFRAD. The intent of this policy is to allow Service Members time to “decompress” following deployment. However, in many cases it has the opposite effect – the support system the Service Member developed during deployment is gone. The “battle buddies” the Service Member counted on in the combat zone are no longer around. Families of Service Members may not have the background or understanding the returning Service Member needs. The Montana National Guard has maintained a policy that any Service Member returning from deployment be allowed, and even encouraged, to attend drills. This policy comes at a cost – part of the 60-Day “Hands Off” policy is that there are no funds to pay for units and Service Members to attend drills for 60 days after deployment. By allowing Montana National Guard Service Members to attend drills immediately after deployment, other National Guard programs received reduced funding. The policy restricting Service Members from attending National Guard drill for 60 days following return from deployment is under review by DoD. The Minnesota National Guard has been identified as the pilot state for testing the revision of the DoD policy.

ACTIONS:

The Montana National Guard has:

Reinforced its policy of allowing, and encouraging, returning Service Members the opportunity to attend drills for the 60 days immediately following deployment.

The Montana National Guard will:

Work with the NGB, Departments of the Army (DA) and Air Force and the DoD to rescind the 60-Day “Hands-off” policy and in lieu of that, request funding for National Guard Service Members to attend drill periods immediately following deployment. This will encourage attendance and spending time with their respective “battle buddies”.

IMPACTS:

- a. Allows Service Members time to decompress with the assistance of others who deployed with them and who may have had similar experiences.
- b. Allows the Montana National Guard additional time to educate Service Members about the programs and resources available to support Service Member wellness.

c. Provides a proactive approach in education and destigmatizing PTSD and other physical and mental health issues.

Press Release from Sen. Norm Coleman

Defense Secretary Gates Responds to Coleman Request to Lift 60 - Day Hands-Off Policy for Returning Minnesota Troops

Contact: Leroy Coleman, (202) 224-5641

Date: 8/9/2007

Washington DC - Defense Secretary Robert Gates announced today the Department of Defense will support Senator Norm Coleman's efforts aimed at easing the Minnesota National Guard's reintegration back into civilian life.

Secretary Gates stated that the Pentagon will rescind their 60-day "hands-off policy" on a pilot bases for Minnesota National Guard and Reserve troops returning home from combat in order to facilitate the reintegration programs under Minnesota's Beyond the Yellow Ribbon program. Gates also requested of Pentagon officials additional information to ensure returning Guard and reserve troops are afforded the same level of reintegration support given to active duty troops, with necessary modifications due to the different circumstances facing the reserve component.

"Full implementation of the Beyond the Yellow Ribbon program, by reversing the 60-day "hands-off" policy, is a critical component of a Service Member's adjustment back into their home and their overall reintegration back into civilian life. I have worked long and hard to put these initiatives on the top of the nation's priority list. I applaud Secretary Gates for recognizing what I have been stressing for so long, and urge him to begin thinking about a nationwide approach modeled after Minnesota. I look forward to working with him and the rest of the Department in welcoming our troops home and making their transition into civilian life as easy as possible."

Coleman, along with Senator Amy Klobuchar, introduced the Yellow Ribbon Reintegration Program Act of 2007, which would create a nation-wide program for reintegration of National Guard Service Members based on the Minnesota National Guard's Beyond the Yellow Ribbon Program. It provides informational events and activities to assist National Guard Service Members, families and community members through all phases of their deployment cycle including pre and post-deployment. The legislation calls for events and activities including, family and marriage counseling, financial planning, educational benefits, small business planning, community outreach, and healthcare and veterans benefits education. It also provides reintegration activity seminars 30, 60 and 90 days after the troops return home to assist returning troops and their families with specific challenges presented by the reintegration process. The bill also creates of an Office for Reintegration Programs within the National Guard Bureau to implement and monitor the effectiveness of the program.

Last month, Coleman called Secretary Gates to urge him to rescind the Defense Department's 60-day "hands-off policy" for National Guard and Reserve troops returning home from combat. Currently, military officials cannot require returning National Guard troops to perform any mandatory activities within the first 60 days of their return from combat. Coleman has met with numerous Minnesota National Guard Service Members who have told him repeatedly that while this policy is well intentioned, it doesn't maximize participation in activities where troops can reconnect with their comrades to address the challenges they are confronting upon their return home.

Recommendation #12
Increase Informal Support Systems

Facilitate the development and implementation of increased “informal” support systems such as the “Vet to Vet” peer support program.

BACKGROUND/DISCUSSION: The Montana National Guard currently has no formal partnership with statewide Veteran Service Organizations (VSO) to assist with outreach, education or support to National Guard veterans. Facilitating this relationship will involve these organizations and allow them to assist our OIF/EOF veteran population.

ACTIONS: Initiate discussions with VSO throughout Montana to include the American Legion and Veteran’s of Foreign Wars (VFW) to establish an informal process that uses VSO assistance in outreach to our guard veterans.

The Montana National Guard will:

- a. Establish meetings with the leadership of the American Legion and Veterans of Foreign Wars (VFW) to initiate discussions and evaluate what assistance these entities can and are willing to provide.
- b. Evaluate programs that have been established in other states to use as a model.
- c. Work with the Montana Veteran’s Administration (VA) to determine what can be done to increase the number of Vet-to-Vet sites throughout the state.

IMPACTS:

- a. The Montana National Guard will need to establish partnerships with each organization to determine their level of interest and willingness to participate.
- b. An implementation team will need to be formed to establish the program intent and guidance.
- c. The Montana National Guard will incur costs to support the organizations with educational materials and referral information.
- d. The Montana National Guard will need to ensure that this type of program will not present unacceptable risks to the organizations. JAG review will be needed.
- e. The Montana National Guard may consider implementing the program beginning with pilot sites to determine its value and use before moving statewide. If the pilots are successful, further implementation in stages will ensure that effectively manage the implementation process.
- f. Expands the availability of informal support systems for veterans.
- g. A program that potentially assists all Montana veterans.

Recommendation #13
Enhance Family Readiness Program

Expand the family readiness program to ensure that National Guard and Reserve unit families have access to support services at all times, including the pre-mobilization, mobilization and post-mobilization time periods.

- a. Consider changing “readiness” in program titles to “resource,” which better conveys the spectrum of services and information envisioned of a comprehensive and active family program.***
- b. Strategically establish Family Resource Centers throughout the state. Center locations should be based upon high densities of National Guard and Reserve personnel, as well as geographic considerations. Family Resource Center staffing could be by volunteer and/or part-time paid personnel.***
- c. Incorporate veterans’ service organizations, including the auxiliaries, into Family Resource Center operations, various training events, information distribution and unit activities.***
- d. Educate all family program personnel of the symptoms and characteristics of emotional and mental health conditions, the resources available to treat the conditions, and the processes by which the resources are accessed.***
- e. Develop and distribute to all unit personnel, a succinct, one-page critical resource referral listing, to include at a minimum: federal VA medical facilities, federal VA Vets Centers, crisis hotline contact information, Montana Veterans Affairs Division field offices, and pertinent National Guard resources (e.g., the state chaplain).***

BACKGROUND/DISCUSSION: The Montana National Guard Family Programs Office is currently funded for a specific baseline of support, determined by the number of National Guard Service Members currently deployed or scheduled to be deployed. This level of support diminishes after Service Members return from deployment. The Montana National Guard has requested and received funding to put additional Family Assistance Centers (FAC) in more locations in Montana.

ACTIONS:

The Montana National Guard has:

- a. Added an additional Family Assistance Centers (FAC) position which will be implemented as two part-time positions to be located in the Billings and Kalispell areas. FACs are currently located in Missoula, Helena, Great Falls and Glasgow. This will strategically place FACs in areas to best service our members.
- b. Dedicated its July 2007 bimonthly newsletter entirely to PTSD. The newsletter was mailed to all MTNG families and contained important information on identifying PTSD, highlighting the signs and symptoms and also included a listing of resources available to assist families. Future newsletters will continue to incorporate information to ensure ongoing training and resource sharing for PTSD. The Family Program staff were also included in the PTSD leadership training conducted by the Missoula VET Center for full-time supervisors and managers.
- c. Distributed a critical resource and referral listing to all Service Members in July 2007. The information included materials from the Office of the State Surgeon, Montana VA, VET Centers, Military One Source, TRIWEST Healthcare Alliance, Family Programs, and other information regarding services available to treat PTSD. A copy of the book *Down Range to Iraq and Back* was also included in the mailing. The MTNG will continue to provide resource information to guardsmen on a regular basis.

The Montana National Guard will:

- a. Incorporate the word “Resource” into all internally produced communications to help strengthen the nature of our Family Assistance Centers. While the Montana National Guard is comfortable that Service Members and families are aware of the FAC purpose, highlighting their resource component will be a great way to add value to this benefit.
- b. Conduct an internal needs analysis to determine the most appropriate locations for current/future FAC locations. The Montana National Guard will secure additional funding for increased locations based on the outcome of the assessment.
- c. Facilitate communications with the various VSOs in Montana to identify what resources are available to partner with our existing programs. Additionally, VSO representation will be included in an Advisory Group to be formed in early 2008.
- d. Request additional federal or state funding for Family Assistance Centers in areas requiring one, but not funded through the NGB.
- e. Invite veterans’ service organizations, including the auxiliaries, to participate in Family Resource Center operations through various training events, information distribution and unit activities.
- f. Develop a one-page resource listing to distribute to all families in a subsequent newsletter.
- g. Establish an Advisory Council to assist in the operations of the Family Programs. This council will encourage outside input to ensure we are meeting the needs of our Soldiers and Airmen and their families.

III. IMPACTS:

- a. Expands the opportunity for veteran service organizations, including the auxiliaries, to assist the Montana National Guard Family Program.
- b. Clarifies the role of the Family Assistance (Resource) Centers.
- c. Increases the knowledge-base of Family Program personnel regarding the signs and symptoms and characteristics of emotional and mental health conditions, the resources available to treat the conditions, and the processes by which the resources are accessed.

Recommendation #14

Form a Partnership with State Veterans Organizations

Encourage at both state and unit command levels a more active and mutually supportive relationship with the state's veteran's service organizations. Based upon mutual interest and appropriate personnel involvement, potential cooperative relationships may include:

- a. Unit "adoption" programs, which would establish formal relationships between National Guard units and nearby veterans service organization posts or chapters.**
- b. Jointly facilitated informal support activities between Guard units and veterans service organizations' combat veterans.**
- c. Active participation in and resource augmentation for unit family programs and activities.**
- d. Establishment of a state-level council that includes veteran's service organizations and National Guard leadership. The council would provide command emphasis and guidance to facilitate accomplishment of mutually approved initiatives and relationships with state-level programs (e.g., the family program and employer support program).**

BACKGROUND/DISCUSSION: Reference the PDHRA Task Force Report. The VSO are an excellent means to get Service Members into peer counseling groups and other services available to veterans.

ACTIONS:

The Montana National Guard will:

- a. Work with VSO to facilitate an "adopt a unit" program that partners community organizations with one of our unit armories.
- b. Establish a partnership program that incorporates the Family Readiness Group and VSO representatives to be present and/or available for unit IDT training, AT, and pre-post-deployment opportunities.
- c. Develop a campaign/marketing plan to advertise the military/VSO partnership; "Our Team Supports You." This will be combined with the VSO outreach outlined in recommendation 12.
- d. Provide more opportunities for joint military/VSO functions.
- e. Educate all military members on VSO organizations and the services they provide.
- f. Include a VSO representative on the Family Program Advisory Council. This will allow input of mutually approved initiatives and further the relationship between the National Guard and the VSO.

IMPACTS:

- a. Strengthens public relations between the military, families and VSOs.
- b. Facilitates the education process between the military, families and VSOs with regards to available benefits and services.

IV. COMMUNICATION STRATEGY

Communications in the implementation of this plan mirror the phases of deployment. They must be constant, using multiple means to ensure all entities effected by deployment – the unit, the Service Member, the family, the employer and the community – are aware of all available resources and activities available to them.

- Maximum use of military channels of communication will be made in the form of newsletters and direct mailings. This is critical when using the “battle buddy” concept. Additionally, it is a good means for the state and unit command to emphasize the importance of this topic.
 - Maximize the use of Internet and e-mail. Again, this is primarily military, however, the Internet provides easy access to others affected by mobilizations. In this medium, schedules for family activities, resources available and pertinent links provide ready access 24 hours per day, seven days per week.
 - Use of Service Members. One of the most effective ways to ensure family members, employers and community leaders receive information and attend events and activities is through the Service Member. Ensuring deployed units and Service Members know of the events and their importance to reintegration is critical for this to be successful.
 - Using the communication networks inherent in other activities with military ties, specifically the Family Programs Office and the Employer Support to the Guard and Reserve.
 - External media sources. The timely and effective use of in-state media is critical to the success of this plan. Press releases and interviews on the signing and initiation of the plan is the starting point. Additional opportunities need to be exploited in announcing upcoming training and reintegration events as well as informing the public of milestones reached in the implementation of the MTNG DCS plan.
 - Advertisements in local papers announcing upcoming events.
 - Maximize use of community and state leaders. One of the most effective means to convey the importance of reintegration of Service Members following deployment is through community and state leaders. Public Service Announcements (PSA) and city and county commission meetings are all effective means of informing the public of upcoming events and activities.
 - Presentations to community groups, including military affairs committees and service clubs, e.g. Rotary Clubs, Jaycees, etc.
 - Presentations to professional associations, e.g. Montana Broadcasters Association.

Audiences. The primary audience for all activities is the individual Service Member. For the resources identified and provided through this plan, most require initiation by the Service Member. However, there are other audiences for information pertaining to this plan:

- Family members
- Employers
- National Guard units and activities
- Retired Montana National Guard Service Members
- Members and family members from other services
- Civil authorities – police, medical, city, county and state officials.
- Community, state and federal elected officials.
- Clergy and community crisis counseling centers

Media and Events. The approach to this portion of the plan is driven primarily by event; announcing and advertising specific events, activities and milestones for the plan. Initially, media will be planned around the following events and activities:

- Initial Campaign Plan “Kick-Off.” The audience for this event is all Montanans. Advance copy and explanation of the plan to elected officials and higher headquarters is recommended. It should be a coordinated event, using press releases, news articles, direct mailing and Internet as the means to inform the public.
- Family reintegration activities (during and post mobilization). Direct mailing, Internet, news releases and advertisements. Marketing should start at least 30 days prior to the event, with a more intensified effort the week prior to the event.
- Milestones. When certain milestones are reached, the media should be informed. Specific milestones have yet to be determined, but may include number of Service Members and families reached, number of communities holding events, public support milestones, private companies or organizations donating or providing in-kind donations. Primary means is through the media using press releases. However, if listing private companies or organizations, the best means may be through newspaper advertisements and written articles, e.g., “Your Turn” in the Helena Independent Record.
- Press releases on military-related holidays – Veteran’s Day, Memorial Day, National Guard birthday, etc.

Messages. The overall message for this campaign needs to impart several messages that indicate a continuing commitment to our Service Members and their families. We must continue our commitment of support to all Montana Service Members through a comprehensive education program for Service Members, families and the community. While there will be one central message, theme or slogan for the campaign, there are sub-messages that apply and will be used as well.

- To the families, multiple messages indicating our availability and willingness to help. Families need to know that when their loved ones are deployed or experiencing problems following deployment, they have a built-in support system in the Montana National Guard.
- Additional messages to community leaders and organizations need to be developed as well. Being that the National Guard is community-based, community leaders need to know the important role they play in the deployment cycle for Service Members, families and units in their communities.
- Internal command messages from the highest levels of command in the Montana National Guard will play an important role in developing a base of support within the organization. Emphasizing the importance of DCS to the Montana National Guard will help full-time employees and all Service Members focus their efforts.

V. THE DCS CONCEPT PLAN

Purpose – The MTNG DCS Concept Plan consists of informational events and activities for Reserve Component members, their families and community members through the four phases of the deployment cycle:

- Pre-deployment.
- Deployment.
- Demobilization.
- Post-deployment-reconstitution.

MTNG DCS Support Team – The MTNG will establish a team to coordinate all DCS activities. The team will have a core group of 5-6 personnel and be supplemented by other full-time employees on an as-needed basis. The primary function of team members should be:

- Developing and managing the reintegration curriculum;
- Contracting and recruiting for necessary service providers; and
- Ensuring that providers' skills adapt to the unique military nature of the reintegration program.

PRE-DEPLOYMENT PHASE – The Pre-Deployment Phase shall constitute the time from first notification of mobilization until deployment of the mobilized National Guard unit. Events and activities shall focus on providing education and ensuring the readiness of Service Members, families and communities for the rigors of a combat deployment and shall include the following:

- Service Member readiness.
- Marriage counseling.
- Youth counseling.
- Family counseling.
- Single Service Member counseling.
- Information on resources available to Service Members and families.
- Introduction to the Military OneSource program.
- Department of Veteran's Affairs resources.
- Small business planning.
- Financial planning and education.
- Stresses of combat and deployment.

DEPLOYMENT PHASE –

IN GENERAL – The Deployment Phase shall constitute the period from deployment of the mobilized National Guard unit until the unit arrives at a demobilization station inside the continental United States. Events and services provided shall focus on the challenges and stress associated with separation of having a Service Member in a

combat zone. Events and services will include support activities and reintegration activities.

SUPPORT ACTIVITIES –

- Youth counseling.
- Family counseling.
- Community outreach.
- Continued contact with spouses and parents.
- Information on resources available to family members, to include access to Military OneSource and child care.
- TRICARE and healthcare.
- Military pay and allowances.
- Financial management during separation.
- Stresses of combat deployment.

REINTEGRATION PREPARATION ACTIVITIES –

a. **FAMILY INFORMATION SESSIONS** – Family reunion training should prepare family members for the homecoming of their Service Member and inform them on what they can do to make this transition as easy as possible. The sessions are designed to increase the family member's knowledge of the reintegration process and to provide resources to them as they go through the steps of reintegration. Reunion training should be offered at locations and times that will accommodate as many family members as possible.

b. **COMMUNITY INFORMATION SESSIONS** – The Community information sessions should educate community leaders, clergy, schools, employers, mental health professionals and family readiness groups (FRG) about the challenges of reintegration and what they can do to assist combat veterans and their families with successful reintegration back into the community. Information sessions should be offered at locations and times that will accommodate as many participants as possible.

DEMOBILIZATION PHASE –

a. **IN GENERAL** – The Demobilization Phase shall begin at the arrival of the National Guard unit at the Service Members' home station. In the interest of returning Service Members as soon as possible to their home stations, reintegration briefings during the Demobilization Phase shall be minimized.

b. **INITIAL REINTEGRATION ACTIVITY** – The purpose of this reintegration program is to educate Service Members about the resources available to them and to connect Service Members to service providers who can assist them in overcoming the challenges of reintegration. The Initial Reintegration Activity should include, but is not limited to--

- Informing Service Members of their veterans' benefits;
- Assisting with unemployment and enrollment in employment transition services;
- A driver safety briefing given by qualified law enforcement officials;
- Identification of high-risk Service Members and establishment of plans for follow-on care;
- Identification of Service Members requiring follow-on health care;
- Legal briefings and legal assistance; and
- An opportunity for sexual assault victims to confidentially report such crimes;
- Evaluation of Service Member awards and badges recommendations;
- Completion of the VA Form 10-10EZ;
- Briefings on post-deployment combat stresses.

POST-DEPLOYMENT-RECONSTITUTION PHASE –

a. IN GENERAL – The Post-Deployment-Reconstitution Phase shall constitute the period from arrival at home station until 180 days following demobilization. Activities and services provided shall focus on reconnecting Service Members with their families and communities and providing resources and information necessary for successful reintegration. Reintegration events shall begin with elements of the Initial Reintegration Activity program that were not completed during the Demobilization Phase.

b. 30-day, 60-day, and 90-day REINTEGRATION ACTIVITIES- The State National Guard organizations shall hold reintegration activities at the 30-day, 60-day and 90-day interval following demobilization. These activities shall focus on reconnecting Service Members and family members with the service providers from Initial Reintegration Activity to ensure Service Members and their families understand what benefits they are entitled to and what resources are available to help them overcome the challenges of reintegration. The Reintegration Activities should also provide a forum for Service Members and families to address negative behaviors related to combat stress and transition. One of the Reintegration Activities shall be for Service Members only to conduct a thorough Post-Deployment Health Reassessment (PDHRA) of combat veterans and provide any remaining medical or dental services. Activities, events and services provided at the 30-day, 60-day and 90-day Reintegration Activities shall include, but not be limited to--

PROGRAM OF ACTIVITIES –

- BATTLEMIND Training II for Service Members and their families.
- Prevention and Relationship Enhancement Program (PREP) Marriage Enrichment Workshop to focus on assisting Service Members in reconnecting with their spouses.
- Single Service Member challenges workshop.
- Parenting workshop to assist Service Members in reconnecting with their children.
- Local services station program with representatives from legal, TRICARE, Education Services, the Department of Veterans Affairs, State Veterans Centers,

State Workforce offices, chaplain's office, County Veterans Service Officers, Military OneSource, State tax officials, State Youth Programs and National Guard unit administration offices.

- Anger management workshop.
- Substance abuse workshop.
- Gambling abuse workshop.
- Law enforcement briefing.
- TRICARE and Military OneSource representatives.
- PDHRA with on-site support from Department of Veterans Affairs Medical Centers, State veterans' office representatives and case managers provided by the Department of Defense.
- Periodic Health Assessment (PHA), if not provided during the Demobilization Phase.
- Hearing audiogram, if not provided during the Demobilization Phase.
- Dental examination, if not provided during the Demobilization Phase.
- Tuberculosis test.
- Reintegration program assessment.
- Completion of any pending personnel or administrative actions.

PAY- Service Members shall receive appropriate pay for days spent attending the Reintegration Activities.

MONTHLY INDIVIDUAL REINTEGRATION PROGRAM – Recommend a monthly reintegration program for individual Service Members released from active duty or formerly in a medical hold status. The program shall focus on the special needs of this Service Member subset and will provide an appropriate program of services and information.

Staffing. Effective execution of this plan will likely require a dedicated full-time component for day-to-day operations and coordination of all activities required in the pre, during and reintegration phases of the plan. Resources, information and limited assistance can be provided by the existing full-time force. The MTNG will investigate an organizational structure of a DCS team similar to the structure used by the Minnesota program. For example:

- **DCS Support Team Composition.** The recommended composition of the DCS Team is for six personnel, broken out as follows:
 - Team Chief – Major (O-4) or Lieutenant Colonel (O-5)
 - Executive Officer – Captain (O-3)
 - Medical Liaison - Captain (O-3)
 - Operations Non-Commissioned Officer – E-8
 - Operations Non-Commissioned Officer (x2) – E-6 or E-5
- **Pay Status of DCS Support Team.** The simplest method to fund the DCS Support Team initially would be to use Active Duty Special Work (ADSW). However, the nature of ADSW funding can change year-to-year, degrading predictability. A concerted effort to increase full-time manning in the Military

Technician and AGR programs specifically to support this program should be pursued.

- Payroll estimate for DCS Support Team. Assuming the DCS Support Team will be in an ADSW status at least for the first year of operation, the estimated composite salaries for the team are \$400,000.

VI. BUDGET

DISCUSSION. Senate Bill 1272 authorizes baseline funding for this and similar programs in all 54 states and territories. This will provide a basis for all salaries and activities conducted under the execution of this concept plan. However, it is conceivable that additional funds from existing MTNG personnel and operations and maintenance funds will be required in excess of those received from the NGB. Part of the duties and responsibilities of the DCS Support Team are to solicit in-kind donations from private companies and organizations to enhance the level of support to Service Members, their families and employers. Additionally, the use of state facilities (community colleges and state universities) as training locations will offset costs associated with family reintegration and training activities.

SPECIFIC BUDGET CONSIDERATIONS: The primary requirements and estimates for funding are outlined below:

FUNCTION/ACTIVITY	EST. COST
DCS Support Team Payroll	\$400K
DCS Support Team Travel Costs	\$50K
Service Member Pay and Allowances*	\$50K
Invitational Travel Orders (ITO) for family members*	\$50K
Marketing	\$15K
Direct Mailing Costs	\$15K
Contract Day-Care Providers*	\$10K
Information Technology Costs (computers, phones, blackberries, copiers, fax)	\$50K
Facility Requirements	\$30K
OTHER COSTS FOR CONSIDERATION:	
Behavioral Health Contact	\$75K
Family Assistance Center (FAC) Contract	\$75K
Crisis Response Team (CRT) Pay	\$75K
Marketing Contract	\$75K

* Assuming large unit deployment (battalion/group; will be reduced for smaller units/elements

VII. REMAINING ISSUES

GENERAL. A number of issues remain for resolution, require assistance or require coordination with outside agencies:

MTNG:

- Establish expanded relationships with Veteran Service Organizations
- Establish relationships and/or contracts with civilian counseling resources
- Develop presentations for use by Montana National Guard leadership in Speaker's Bureau activities
- Expand the working relationship with Human Resources Command (HRC) to expedite the processing of awards and badges
- Require Unit Commanders to complete a "pre-determination" report submitted through command channels for all Service members who have deployed to ensure said policy is being utilized and enforced prior to initiating discharge actions.
- Develop a training program for all leaders on mental health related issues and what to watch for.
- Develop a state-wide procedure policy to help leaders address PDHRA issues that arise in their unit.
- Strengthen the Chaplains team to include an on call Crisis Response Team that leaders can utilize as a tool to address issues. Develop MOUs with non guard entities.
- Develop an altered "Commander's Report" to allow the service member to recommend his or her own characterization of service.
- Develop policies and procedures to ensure OEF/OIF Guardsmen are able to request an honorable discharge based on physical or mental health reasons without compromise of current regulations: AR 635-200.
- Implement a Pre-Separation Services Program (PSSP) which integrates the pre-transition efforts of the education center, reenlistment NCO, in-service recruiters, Veteran Services Organizations and military personnel center (PSC).
- Conduct MEDPROS training for each unit's readiness NCO/Officer.
- Work through each unit commander to ensure proper emphasis on command-driven completion of new PDHRA requirements.
- Develop a Montana Medical Detachment SOP to include a screening for PDHRA for Service members processed through the TMC for annual Periodic Health Assessments.
- Write a policy letter through TAG directing all members to complete an annual PHA that emphasizes the importance of participation in the PDHRA program.
- Establish a PDHRA "Medical Liaison" that will be available by telephone or in person to answer questions and troubleshoot problems with the PDHRA.
- During Demobilization at home station, incorporate a mental health counselor as one of the required stops.
- Track any Guardsmen, who either have been referred or have referred themselves, for behavioral health issues through the State Surgeon's Office as well as the company to which the guardsmen are a member.
- Review the inclusion of other mental health assessments into the PDHRA process.
- Refer Guardsmen to seek medical/mental health care as appropriate.
- Require Guardsmen to complete the VA Form 10-10EZ as part of post deployment processing.

- Assign the State Transition Assistance Advisor and VA to identify all previously deployed service members who have not yet enrolled.
- Assign the personnel office from the respective branch of service (Air or Army National Guard), to coordinate with the personnel officer or officer in charge to identify any awards submitted that were not fully processed and received in theater.
- Ask Service members about the awards they have received or were submitted for.
- Ask Service members about badges (CAB, CIB, and CMB). If they feel they were authorized one of the badges listed and had not been submitted, they will be provided the information necessary to do so, including routing and a point of contact at the Montana National Guard for this action. The Montana National Guard will provide assistance to the service member on the completion of the necessary documentation.
- Assign the Montana Army National Guard Personnel Office (G-1) and the Montana Air National Guard Personnel Office (A-1) to establish a mandatory board for the review and recommendation for all combat badges NLT 60 days following demobilization. These recommendations will be forwarded through proper channels following endorsement.
- Require units to have an additional duty consisting of 1-2 personnel designated as Post Deployment Reps (preferably veterans). Conduct training in the 'Train-the-trainer' format for all unit representatives with a healthcare professional.
- Initiate a TAG policy letter mandating annual PTSD/mTBI training and emphasizing the importance of identifying the symptoms. Ensure that commanders set aside time to properly conduct the training.
- Research all Civilian, State, and Federal resources for medical and mental health services and care.
- Contact all Civilian, State, and Federal agencies to determine resources available for medical and mental health services and care.
- Develop a comprehensive resource guide that is functional and informational.
- Educate all service members, family members and support personnel on services and care available to all veterans to supplement and enhance all referral services.
- Assign the Montana National Guard State Chaplain to meet with the Department of Public Health and Human Services to determine how to partner with their newly created Suicide Prevention Program.
- Determine geographic availability of mental health professionals for the CRT to utilize and establish contracts for their use.
- Establish baseline triggers and actions for CRT to follow up on any indications from unit members, family, friends, employers, fellow employees, or clergy.
- Determine minimum initial team training requirements for the CRT.
- Work with the NGB, Department of the Army (DA) and the DoD to rescind the 60-Day "Hands-off" policy and in lieu of that, request funding for National Guard service members and units to attend drill periods immediately following deployment.
- Establish meetings with the leadership of the American Legion and Veteran's of Foreign Wars (VFW) to initiate discussions and evaluate what assistance these entities can and are willing to provide.
- Evaluate programs that have been established in other states to use as a model.
- Work with the Montana Veteran's Administration (VA) to determine what can be done to increase the number of Vet-to-Vet sites throughout the state.
- Incorporate the word resource into all internally produced communications to help strengthen the nature of our Family Assistance Centers.
- Conduct an internal needs analysis to determine the most appropriate locations for current/future FAC locations.

- Facilitate communications with the Veteran Service Organizations (VSO) in Montana to identify what resources are available to partner with our existing programs.
- Request additional state funding for Family Assistance Centers in areas requiring one but not funded through the NGB.
- Invite veterans' service organizations, including the auxiliaries, to participate in Family Resource Center operations through various training events, information distribution and unit activities.
- Develop a one-page resource listing to distribute to all families in a subsequent newsletter.
- Establish an Advisory Council to assist in the operations of the Family Programs.
- Work with Veteran Service Organizations to facilitate an "adopt a unit" program that partners community organizations with one of our unit armories.
- Establish a partnership program that incorporates the Family Readiness Group and Veteran Service Organization representatives to be present and/or available for unit IDT training, AT, and pre/post deployment opportunities.
- Develop a campaign/marketing plan to advertise the military/VSO partnership; "Our Team Supports You".
- Provide more joint opportunities with military/civilian functions to promote and enhance a growing relationship.
- Educate all military members on the benefits of VSO organizations and the services they provide.
- Include a VSO representative on the Family Program Advisory Council.
- Provide space in NG armories for increased numbers of VSOs.
- Provide space for DCS Team on Fort Harrison.
- Distribute contact information for the Department of Veteran's Affairs Veteran Service Officers throughout the state.

NGB:

- Request long-term changes to Montana National Guard medical structure to allow the addition of two full-time (or contract) Mental/Behavioral Health Specialists and to increase the Montana Medical Detachment TDA authorization to include four Mental/Behavioral Health Specialists (MOS 68X).
- Support the addition of two full-time Program Managers to facilitate full implementation of the PDHRA program.
- Extend authority and increase funding to expand the PDHRA program to a minimum of 24 months.
- Extend funding to Montana to allow returning Montana soldiers the opportunity to drill immediately following redeployment,
- Provide funding to open two additional Family Assistance Centers in Montana.
- Change or broaden the ITO policy for family members to attend DCS and reintegration activities.

State of Montana:

- In the absence of Federal funding, provide state funding for an "on-call" counseling contract (see recommendation 10)
- In the absence of Federal funding, provide state funding for a full-time mental health counselor/case manager to be located with the JFHQ
- In the absence of Federal funding, provide state funding for additional FACs/FAC Support

- Increase the number of Veterans Service Officers in the state. Try to locate offices in NG armories whenever possible.
- Provide support for DCS activities via the use of state facilities (colleges) for local presentations.
- Provide counseling or mental health expertise in coordination with the DCS Team.
- Incorporate DCS information on state website.

US Senators/Representative:

- Support an increase in funding to expand the PDHRA program to a minimum of 24 months.
- Work with the NGB, Department of the Army (DA) and the DoD to rescind the 60-Day “Hands-off” policy.
- Expand the number of pilot programs for the MN NG “Beyond the Yellow Ribbon” program. Include MT NG in the pilot program.
- MILCON – increase funding to allow for the construction of a deployment processing station.
- Increase funding and the capabilities of VA facilities to support veterans at Fort Harrison and Miles City to include the expansion of the Vet-to-Vet program.

Other:

- Explore the potential for long-term changes to Montana National Guard medical structure to allow more Mental Health Specialists (FORSCOM)

VIII. GLOSSARY

A1 – Air National Guard Personnel Office/Officer
 AC – Active Component
 AGR – Active Guard/Reserve
 ANG – Air National Guard
 ARNG – Army National Guard
 AT – Annual Training
 BCC – Battalion Career Counselor
 CAB – Combat Action Badge
 CIB – Combat Infantryman’s Badge
 CMB – Combat Medic Badge
 CRT – Crisis Response Team
 CSM – Command Sergeant Major
 DoD – Department of Defense
 DSS – Deputy State Surgeon
 ESGR – Employer Support to the Guard and Reserve
 FAC – Family Assistance Center
 FLL – First Line Leader
 REFRAD – Return From Active Duty
 FRG – Family Readiness Group
 G1 – Army National Guard Military Personnel Office/Officer
 GWOT – Global War on Terror
 HRO – Human Resources Office/Officer
 IDT – Inactive Duty Training
 ITO – Invitational Travel Order
 J1 – National Guard Director of Manpower and Personnel
 JFHQ – Joint Forces Headquarters
 LOD – Line of Duty (investigation)
 MOU – Memorandum of Understanding
 mTBI – mild Traumatic Brain Injury
 MTNG – Montana National Guard
 MTOE – Modified Table of Organization and Equipment
 MVAD – Montana Veteran’s Affairs Division
 NCO – Non-Commissioned Officer
 NGB – National Guard Bureau
 OEF – Operation Enduring Freedom
 OIF – Operation Iraqi Freedom
 PDHRA – Post Deployment Health Reassessment
 PHA – Periodic Health Assessment
 PTSD – Post-Traumatic Stress Disorder
 TAG – The Adjutant General
 TDA – Table of Distribution and Allowances
 TMC – Troop Medical Clinic
 VA – Veteran’s Administration
 VSO – Veteran Service Organization