

POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) PROGRAM

PDHRA TASK FORCE REPORT

ASSESSMENT AND RECOMMENDATIONS



Submitted To:
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The Adjutant General

June 2007

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POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) PROGRAM TASK FORCE REPORT

June 29, 2007

Major General Randall D. Mosley:

As directed by you, the Post-Deployment Health Reassessment Program (PDHRA) Task Force was convened in April 2007 to critically analyze the Montana National Guard's PDHRA program and generate recommendations to enhance its effectiveness. This report of our findings and recommendations is provided for your review and consideration.

We thank you for the opportunity to participate in this important process, and believe that the recommendations – if implemented – will markedly improve the PDHRA program.

Sincerely,

Joe Foster
Chairman

POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) PROGRAM

GOAL AND TASK FORCE GUIDANCE

PDHRA GOAL

The goal of the Post Deployment Health Reassessment Program is to educate Soldiers and Airmen about the normal reactions to abnormal situations that they may have experienced, to encourage honest and full disclosure, to try to provide the healthcare that each Soldier and Airman needs and deserves, and to ensure the physical and mental readiness of the force.

ISSUE

Does the Montana National Guard PDHRA program adequately identify both medical and behavioral health issues that arise from deployment in a manner that provides for effective and efficient follow-up and treatment?

DIRECTED OUTCOME

Using Task Force expertise, review the PDHRA program to identify needed changes and confirm its adequacy. Prepare a report listing recommendations on how the Montana National Guard can better meet the stated goal of the PDHRA program.

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OVERVIEW STATEMENT

The Montana National Guard's Post-Deployment Health Reassessment (PDHRA) program's scope, execution and adequacy were brought to the forefront when Montana Army National Guard member, Specialist Christopher Dana tragically committed suicide March 4, 2007. Specialist Dana was federally activated as part of the Montana-based 1-163rd Infantry Battalion and deployed to Iraq where he served honorably in an intense combat environment.

When the battalion's tour of duty ended in late 2005 after 18 months away from home, Specialist Dana was rapidly processed through Department of Defense demobilization facilities to expedite his return home and reintegration into the civilian environment. This expedited approach is standard operational procedure for Reserve Component (National Guard and Reserve) units whose tour of duty supporting Operation Iraqi Freedom or Operation Enduring Freedom has ended.

However, Chris Dana's suicide – as well as the many others that have occurred nationwide in the aftermath of National Guard and Reserve combat veterans' return to mainstream civilian life – has prompted Montana's critical assessment of the PDHRA program's effectiveness in reintegrating combat veterans into civilian society.

To the Montana National Guard's credit, a reintegration program was established and implemented well before the PDHRA program was mandated by the Department of Defense; and once mandated, the Guard followed the directives, provided the resources, and – though not included in the "official" PDHRA process – continued to conduct reintegration informational briefings. Painfully obvious, however, is that the citizen-soldier, now a combat veteran, oftentimes needs services and support resources that extend far beyond what the Montana National Guard or the PDHRA program currently offer.

This report, as directed, provides recommendations for the Montana National Guard to use in improving the overall reintegration and reconstitution process of its Soldiers and Airmen. This report also recognizes that the Montana National Guard's combat veterans are but a microcosm of those who reside in our large state – which includes those still serving, those discharged from the Guard or Reserve units, and those discharged from active military service.

Therefore, recommendations in this report envision a statewide network of education, support services, and resources that will meaningfully assist Montana's veterans cope with the emotional and mental health issues resulting from serving in combat; and who – once home – are expected to smoothly reintegrate into a civilian lifestyle.

The recommendations presented in this report are considered attainable and pertinent, and are based upon a process that began with the groups first meeting on April 10, 2007, and meeting every week – but one – until the report’s completion. The general public and military members were also invited to participate in the process. On April 24, 2007, the Task Force hosted a public hearing where concerned citizens and Guardsmen provided important, heart-felt testimony and suggestions, many of which are reflected in this report.

Further, a web-based survey was made available to Montana National Guardsmen as a way to obtain their thoughts on the PDHRA program. This 10-question survey was conducted over a two-month period, and yielded 308 complete responses. These also provided the Task Force with valuable information and insights.

The personal anguish that Specialist Dana endured is shared by many other combat veterans, their families and friends. It is our collective duty to recognize the inadequacies of the PDHRA program and thoughtfully identify and implement programs and processes that can truly serve those who served so honorably and selflessly on our behalf. These brave men and women lived in constant mortal danger a half a world away. Now, at home where they should feel safe and at peace, many shoulder a burden only a few can truly appreciate.

To all those who have stepped forward to offer assistance and provide information, personal insight and perspective – the Task Force thanks you. You all have directly contributed to an important vision of assistance and support for our Montana veterans and their families.

Sincerely and on behalf of the PDHRA Task Force,

Joe Foster
Chairman

INTRODUCTION

This report takes into account the enhancements the Montana National Guard incorporated into its implementation of the PDHRA program, which was designed and mandated by the Department of Defense. However, after listening to those the program is intended to serve and evaluating the PDHRA process in depth, the Task Force considers the program falls short in fulfilling its intended mission, which is to reintegrate combat veterans into the civilian environment.

Before branching out to other related topics, Task Force discussion began with this question: Does the Montana National Guard PDHRA program adequately identify both medical and behavioral health issues that arise from deployment in a manner that provides for effective and efficient follow-up and treatment?

After careful study, the Task Force's assessment is: No, it does not.

However, further clarification is in order. The PDHRA program and its content originated from the Department of Defense and was mandated through the National Guard Bureau (the national authority over state National Guard organizations) to the Montana National Guard. The Task Force finds that the Montana National Guard conducted its PDHRA program "by the book." In fact, it supplemented the PDHRA program with additional and pertinent informational briefings.

However, the Task Force considers the PDHRA program deficient. It does not provide the vision, operational conduct, or resources necessary to adequately identify medical or behavioral health issues that arise from deployment, or provide for proper follow-up and treatment either upon a Guardsman's return from deployment or in the aftermath when emotional or mental health issues often begin to emerge.

As a matter of organization, this report first identifies the Task Force's *Findings*. The *Findings* specify the PDHRA program's shortfalls, as well as other issues that, in varying degrees, impede a combat veteran's successful reintegration. Many *Findings* are quite inclusive in scope and are further defined with related areas of concern.

The report then provides *Recommendations* to the National Guard that the Task Force believes will significantly improve the PDHRA program and processes, as well as other aspects of the reintegration challenge. The *Recommendations*, while predominately directed to the Montana National Guard, also include initiatives for other agencies in an effort to comprehensively address reintegration issues.

The report includes additional, pertinent information provided in three appendices. The first provides a report of the PDHRA program's current content and its implementation in Montana. The second provides the results of the Guardsmen survey, and the third appendix provides a list of available resources that National Guard members can access for assistance if dealing with mental health issues.

FINDINGS

Listed are issues the Task Force determined impact National Guard, as well as Reserve and active component combat veterans, in their successful reintegration into the mainstream, civilian environment.

Finding #1 **Post-Deployment Process Failing in Many Areas**

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 may have or are developing post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) conditions.

- a. Demobilization station identification processes are ineffective for identifying mental health issues, except for those who self-report, or have already been identified during military service.
- b. Home station processing is “endured,” soldier and family attention span is limited, and information provided is overwhelming. The most important and pertinent information is not succinctly provided; rather, the veteran and veteran family members are inundated with paperwork and materials.
- c. Existing query and health assessment processes are not effective in proactively identifying veterans who may need assistance. The query and health assessment events are conducted only for a finite timeframe. When conducted, they are not done in an environment that provides sufficient confidentiality – while mitigating any stigmatizing impact. Further, the personnel conducting the query or health assessment do not necessarily have the type of professional or technical training, education or experience needed to adequately recognize a Guardsman’s emotional or mental health status. Also at issue is the effectiveness and suitability of the query or health assessment instruments used.
- d. Onset of emotional or mental health disability symptoms is variable and unpredictable. Symptoms may manifest immediately or take years, which is problematic for Guardsmen (and other combat veterans) who have been discharged and are no longer a member of a military organization.
- e. Veteran enrollment into the federal VA healthcare system is not automatic, with insufficient command emphasis to ensure this action takes place.
- f. Identification of a veteran’s need for mental health services is ultimately based upon self-reporting. Query and counseling processes supporting self-reporting are not mandatory, except for the National Guard’s Periodic Health Assessment.

Finding #2

Problems Created When Combat Teams Are Separated

Montana's infantry battalion was 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 Guardsman reassignments to other units. The break-up of the combat team has caused unintended and unanticipated consequences.

- a. 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.
- b. Montana National Guard combat team break-ups and the National Guard Bureau policy of no mandated drill for three months after the combat veteran's return can isolate soldiers from those who can provide mutual support and understanding.

Finding #3

Delays in Attaining Awards, Medals and Badges Impact Morale

The perception exists that Montana state government and National Guard leadership doesn't care.

- a. There are delays in processing campaign awards, medals and badges, including, notably, the Combat Action Badge (CAB) and Combat Infantry Badge (CIB). Delays in receiving these and other awards negatively impact the veteran's morale and confidence in military leadership. In addition, the CAB and CIB are two awards that represent a veteran's combat experience and may have a direct impact on a combat veteran receiving significant federal VA benefits. Without the CAB or CIB award, the veteran can experience significant delays in obtaining certain federal VA entitlements and medical services.
- b. Regulatory discharge processes and nature of the discharge ("less than honorable") for Guardsmen not attending drill periods do not take into account the affected persons emotional or mental health conditions.
- c. Unit-level information regarding resources and processes to assist its members in attaining needed mental health services is not sufficiently available.

- d. There is a perceived lack of recognition from the Governor's Office due to Guardsmen not receiving a "Governor's coin."

Finding #4
Veterans Reluctance to Disclose Mental Health Issues

Veterans are hesitant to come forward with emotional or mental health issues.

- a. Guardsmen are concerned about negative impacts on their employment and career, both in the military and civilian sectors.
- b. There is a perceived social stigma attached to emotional or mental health conditions or disorders.
- c. In general, there is a lack of knowledge about or sufficient confidence in available mental health services.
- d. 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.

Finding #5
Inadequate Public Awareness on Veteran Mental Health Issues

There is a lack of awareness by the general public, employers, veterans, and veterans' family members regarding the nature, access to and treatment of mental health conditions.

Finding #6
Lack of Counseling Resources in Some Locations

Statewide availability of counseling resources is limited, particularly in rural areas. The availability of these services may not be timely enough or available in needed frequency or proximity.

Finding #7
Counseling Services Lack Coordination

A specific centralized coordination and referral capability does not exist at the State or National Guard level. Counseling services that are or may be available do not necessarily

know about each other. These services include federal VA, Montana Department of Public Health and Human Services, community health services, or more types of services, such as those provided in various support groups (e.g. “Vet to Vet” concept).

Finding #8
Guard Commanders Lack Education on Mental Health Issues

The National Guard unit-level command structure lacks an education program where its members can learn to recognize and understand emotional or mental health conditions and symptoms, and 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 Guardsman who has a diagnosed emotional or mental health condition.

Finding #9
Family Readiness Program Lacks Resources

The National Guard’s family readiness program is required by regulation to serve all Montana reserve component military organizations before, during, and after any activation into federal military duty. The existing organizational structure, resources, scope of services, and mission-focus all lack the ability to fulfill its regulatory intent and consistent role in military member and family care issues.

Finding #10
Veterans Service Organizations Are Underutilized

Veterans service organizations (e.g., American Legion, Disabled American Veterans, Veterans of Foreign Wars, Vietnam Veterans of America) have posts/chapters located throughout the state and are not consistently utilized as a resource to National Guard units and family programs.

RECOMMENDATIONS for MONTANA NATIONAL GUARD

In response to the *Findings* previously discussed, the Task Force submits the following *Recommendations* directed to the Montana National Guard.

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 timespan 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 Soldier 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 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).

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 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 veterans 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).

RECOMMENDATIONS for GOVERNOR'S OFFICE

The Governor's Office is recognized as a key resource in improving mental health care for Veterans.

Recommendation #1 Governor's Office Can Take a Lead Role in Public Education

The Governor's Office can serve as a lead entity in developing public education initiatives supporting veteran mental health awareness, and available services and resources through public service announcements that would:

- a. Encourage veterans to seek assistance through federal VA healthcare services, federal VA Vets Center counseling services, and the Montana Veterans Affairs Division for federal VA healthcare system enrollment and federal VA disability claim services.
- b. Educate the public that veteran emotional and mental health issues are treatable, and should not be stigmatized as they are no different than other medical conditions. Different public service announcements could target different groups, e.g., employers, friends, workmates and families.
- c. Advertise the statewide suicide hotline.
- d. Incorporate other mental health advocacy groups in public education efforts, e.g., Montana Mental Health Association.

Recommendation #2 Work with Montana Congressional Delegation

Montana's Congressional Delegation can support initiatives that augment VA-provided services and influence Department of Defense officials' support for Montana National Guard initiatives and provision of needed documentation for awarding authorized Guardsmen combat badges and other recognitions. The delegations could:

- a. Work to expand Vet Center locations in Montana.
- b. Work with the Department of Defense to ensure that the Montana National Guard is provided documentation necessary to authorize the award of military service badges (CIB/CAB) or other medals/recognitions that exceed the Montana National Guard's authority to issue.

- c. Assist the Montana National Guard in obtaining support for its envisioned PDHRA program and for significantly enhanced family program staffing and services.

APPENDICES

Appendix 1

PDHRA Program and Implementation in Montana

Background

The Post-Deployment Health Reassessment (PDHRA) program was designed to screen active and reserve component service members between 90 and 180 days after returning from certain deployments. Information from field research indicated that health concerns, particularly those involving mental health, are more frequently identified several months following return from operational deployment. The goal of the PDHRA program is to increase the opportunity for early identification and treatment of emerging mental health and other deployment-related health concerns.

The PDHRA program was launched on March 10, 2005, by the Assistant Secretary of Defense for Health Affairs, who directed an extension of the then current Post Deployment Health Assessment (PDHA) program to provide follow-on through a Post-Deployment Health Reassessment (PDHRA) process. The program was extended on an Army-wide basis on January 16, 2006 and then to the National Guard on April 21, 2006.

Eligibility Criteria

The PDHRA screening is mandatory and is completed three to six months post deployment for all active duty and reserve component service members who redeployed from a combat zone since March 10, 2005. Those service members who redeployed between September 11, 2001 and March 9, 2005, are to be afforded the opportunity to complete the PDHRA if they desire. However, completion is voluntary.

PDHRA Process

Three to six months after returning from deployment, service members are directed to complete the Post Deployment Health Reassessment (PDHRA).

Service members complete a DD Form 2900 Post Deployment Health Reassessment in one of three ways: on a tablet PC during a drill period, through the service member's Army Knowledge Online (AKO) login, or by speaking to a member of the PDHRA Call Center (1-888-PDHRA-99).

Once the DD Form 2900 has been completed, the service member then completes the PDHRA screening. Screenings are done on site by a DOD PDHRA Team (minimum of 60 soldiers required to support this team request) or by telephone through a provider with the PDHRA Call Center. Providers are physicians or mid-level practitioners.

If health concerns are indicated during any part of this process that require further evaluation, the healthcare provider ensures that the service member receives the contact information for the most convenient VA facility, Military Treatment facility, or TRICARE provider. A PDHRA-specific Line of Duty (LOD) DA Form 2173 is completed to ensure that the service member is not billed for the evaluation appointment.

Once the PDHRA assessment is completed, the service member is provided with a copy of the DD Form 2900 and DA Form 2173 if one was generated. Copies of these documents are also placed in the service member’s Medical Record.

Timeline

Army Announces PDHRA Implementation Plan (Pilots)	Army Announces FULL PDHRA Implementation	NG Announces FULL PDHRA Implementation	MTNG PDHRA Implementation Announced
March 10 2005	January 16, 2006	21 April 2006	1 June 2006
2006			
• Jun	Onsite PDHRA (INF/AVN) – Missoula, Belgrade, Fort Harrison, Billings, Great Falls, Butte, Helena		
• Aug	Phone Call to Soldiers – Soldiers who attended onsite event and received referrals		
• Sep/Oct	First follow-up memos – Incomplete PDHRA per MEDPROS		
• Nov/Dec	First partial follow-up memo – Online portion complete: provider contact not done		
2007			
• Feb 07	Second follow-up memo – Incomplete PDHRA per MEDPROS		
• Mar 07	Phone call to Soldiers – Incomplete or partially incomplete		

Periodic Health Assessment

On October 12, 2006, the Department of the Army announced that the Army-wide implementation of the Periodic Health Assessment (PHA) would be effective on November 1, 2006. The PHA was designed to improve and maintain the medical readiness of the Army by closely monitoring the health status of all Soldiers to provide timely evidence-based preventive health care, information, counseling, treatment or testing as appropriate.

A PHA includes a self-reported health status, a review of current medical issues, a symptom-directed physical exam as appropriate, and clinical preventive services (counseling and interventions) recommended by age and gender.

The annual PHA replaces the routine physical exams that were previously done every 5 years between the ages of 30 and 60 and annually after age 60. It also replaces the requirement of Soldiers to complete an Annual Medical Certificate that outlined self-reported medical issues and/or concerns.

The PHA is conducted in two parts including a self-reported health status and a health status review and physical examination.

Part 1 – Self-Reported Health Status

Primary Care Provider Review of Medical Issues

Focused Physical Exam

Preventive Education Based on Age and Gender

Preventive Discussions

Conducted/Coordinated by Non-Credentialed Provider

Pre-DHA, Post-DHA, PDHRA, AMC

Health Assessment Review Tool (HART)

Part 2 - Health Status Review/Physical Exam

Conducted by Credentialed Provider

Physician, Physician's Assistant, Nurse Practitioner

Issues Identified on Self Reported

Focused Physical Exam

In addition to the medical focus, the Montana National Guard is also incorporating a questionnaire and review of the Soldier's mental wellness. This will allow us to continue to identify those Soldiers who may be at greater risk due to issues that may arise from a previous deployment.

The Montana National Guard implemented the PHA on June 1, 2007 in a manual format and will adopt the Health Assessment Review Tool (HART) when it becomes available. This electronic system will further increase the efficiencies of this annual requirement.

Appendix 2 Montana National Guard PDHRA Survey

Deployment Survey - PDHRA Task Force Input Results Overview



Date: 6/27/2007 6:41 AM PST
Responses: Completes
Filter: No filter applied

1. In what phase of the deployment process do you think it is MOST CRITICAL to include training and education on medical and mental health resources?

Pre-Mobilization Phase		98	32%
Mobilization Phase		34	11%
Post-Mobilization Phase		73	24%
Reintegration/Reconstitution Phase		78	25%
Comment		27	9%
Total		310	100%

2. Do you think that the information and/or education provided through the Montana National Guard was sufficient to inform you of the medical and mental healthcare resources and/or benefits available to you after deployment?

Yes		183	59%
No		127	41%
Total		310	100%

61 Responses

3. Current DOD policy discourages units from conducting monthly drills during the first 90-days following deployment. If the Montana National Guard were to implement drill assemblies during the first 90 days after returning from deployment, what would you like to see incorporated during this time? Please check all that apply.

Open Discussions regarding deployment experiences		84	27%
Reunion/Reintegration Training		94	30%
Regular Drill		54	17%
Prefer to have no assemblies or drills during this time		161	52%
Other, please specify		54	17%

4. How satisfied are or were you with the services provided to you through the Federal and State Veteran's Affairs programs?

Very Satisfied		58	19%
Satisfied		166	54%
Unsatisfied		52	17%
Extremely Unsatisfied		10	3%
Comment		52	17%

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5. If you were or are currently concerned about your post deployment physical or mental health, what would prevent you from seeking care? Please check all that apply.

Embarrassment		66	21%
Fear of being treated differently		68	22%
My unit would have less confidence in me		60	19%
I would be blamed for the problem		35	11%
It would harm my career		106	34%
Availability of health care providers in my area		56	18%
Loss of military membership or civilian employment		90	29%
Other, please specify		99	32%

6. What could be done to reduce or eliminate these concerns and allow you to be more comfortable in seeking services from a physical or mental health care provider?

[View 209 Responses](#)

7. Do you believe that the Post Deployment Health Assessment (PDHA) conducted in theatre was beneficial in identifying your medical and/or mental healthcare needs?

Yes		151	49%
No		159	51%
Total		310	100%

104 Responses

8. Do you believe that the Post Deployment Health Reassessment (PDHRA), targeted for conduct within the first 180 days after returning from theatre, was beneficial in identifying your medical and/or mental healthcare needs?

Yes		190	61%
No		120	39%
Total		310	100%

95 Responses

9. What more should the Montana National Guard do to better address both physical and mental health care needs of their returning combat veterans once they return from deployment? Please check all that apply.

Provide additional information on medical/mental health care benefits & resources		154	50%
Conduct annual health assessments at unit using medical providers		133	43%
Facilitate the establishment of additional VET Centers in the state		87	28%
Establish a Montana National Guard toll-free PDHRA resource hotline		99	32%
Conduct mandatory counseling sessions for all returning soldiers and airmen		124	40%
Conduct a PDHRA program for 2 years after returning from deployment		136	44%
Provide additional resources and training for family members		142	46%
Other, please specify		58	19%

10. Do you or your family members have other comments that you would like to share with the Task Force?			
Yes		64	21%
No		246	79%
Total		310	100%
64 Responses			

Thank you for your comments. The information you submit is entirely confidential and is an extremely important piece in our evaluation process. Your input will be considered by the PDHRA Task Force in their review of the PDHRA process.

Appendix 3 Mental Health Services Resource Listing

VA Montana Healthcare System Hospitals and Clinics

VA Medical Center

1892 Williams Street
Fort Harrison, MT 59636
(406) 442-6410

Glendive Primary Care Clinic

2000 Montana Avenue
Glendive, MT 59330
(406)377-4755

Anaconda Primary Care Clinic

118 E. 7th St.
Anaconda MT 59711
(406) 563-6090

Great Falls Primary Care Clinic

1417 9th St. South
Suite 200 (Clinic)
Suite 301 (Voc Rehab)
Great Falls, MT 59405
1-877-468-8387

Billings Community Based Clinic

2345 King Avenue West
Billings MT 59102
(406) 651-5670

Kalispell Primary Care Clinic

31 Three Mile Drive, Suite 102
Kalispell, MT 59901
(406)751-5980

Bozeman Primary Care Clinic

300 N. Willson, Suite 703G
Bozeman MT 59715
(406) 522-8923

Miles City Primary Care Clinic and Nursing Home

210 S. Winchester
Miles City MT 59301
(406) 874-5600

Mental Health Service Plan Providers Licensed Mental Health Centers

Eastern Montana CMHC

Frank Lane Executive Director
P.O. Box 1530
2508 Wilson
Miles City MT 59301
(406) 234-0234
email: flanemhc@mcn.net

Western Montana Mental Health Center

Paul Meyer Executive Director
Building T-9 Fort Missoula
Missoula MT 59804
(406) 728-6870
email: pmeyer@wmmhc.org

Center for Mental Health

Mike McLaughlin Executive Director
PO Box 3089
915 1st Ave South
Great Falls, MT 59403
(406) 771-8648 ext. 1603
email: mikem@center4mh.org

Mental Health Center

Bob Ross Exe Director
P.O. Box 219
1245 North 29th Street
Billings, MT 59103
(406) 252-5658
email: rross@scmrhc.org

Other Contacts

Roger Trumper

OEF/OIF Patient Advocate
VA Montana Healthcare System
406-447-7832

Web Sites

United States Department of Veterans Affairs

www.seamlesstransition.va.gov/index.asp

Montana Department of Public Health and Human Services

Addictive and Mental Disorders Division
www.dphhs.mt.gov/amdd/index.shtml

Montana Veterans Affairs Division

www.mt.gov/dma/mvad