

arranged by

MEDCOM

OPORD 10-70

FRAGO 7

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HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
301830Q March 2011

**FRAGMENTARY ORDER 7 TO OPERATION ORDER 10-70 (USAMEDCOM
COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)**

References: No change.

Time Zone Used Throughout Order: Quebec (Eastern Daylight Time).

Task Organization: No change.

1. **Situation.** No change.

2. **Mission.** No change.

3. **Execution.** No change.

4. **Sustainment.** No change.

5. **Command and Control.**

a. **Command.** No change.

b. **Signal.** No change.

ACKNOWLEDGE: OPS21 at eoc.opns@amedd.army.mil.

SCHOOMAKER
LTG

OFFICIAL:

Daniel J. Jones
ACS, Operations

ANNEXES:

A – No change.

B – [CHANGE] Screening and Intervention Points for Soldiers

C – No change

D – [CHANGE] Synchronization of BH Activities

E-Q – No change.

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**FRAGMENTARY ORDER 7 TO OPERATION ORDER 10-70 (USAMEDCOM
COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)
- USAMEDCOM**

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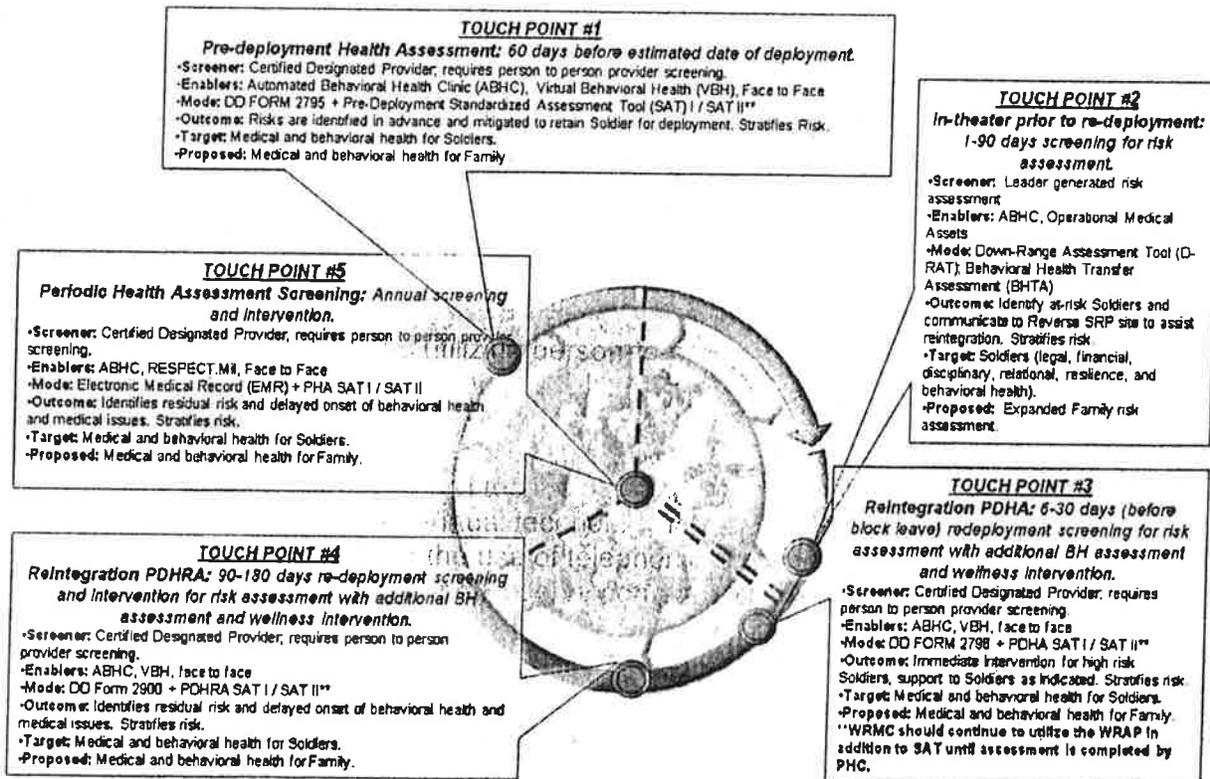
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ANNEX B (SCREENING AND INTERVENTION POINTS FOR SOLDIERS) TO FRAGO 7 TO OPOD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) – USAMEDCOM

1. **Situation.** No change.
2. **Mission.** No change.
3. **Execution.** [CHANGE]

All screening will be conducted utilizing person-to-person dialogue. This includes both face to face and use of virtual technology. The primary mechanism employed will be to utilize trained primary care providers conducting face to face screenings. However, because of geographical dispersion or other factors, face to face screening may be impracticable. In such cases, virtual technology may be employed, for the purposes of complying with this publication. Virtual technology includes the Army's Virtual Behavioral Health Program and the use of telephonic screening such as that employed currently by the National Guard and Reserve components in compliance with existing PDHRA screening requirements.



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a. Pre-deployment screening and intervention point.

(3) **[ADD]** Touch point 1, pre deployment screening, will be conducted within 60 days of deployment. The Soldier Readiness Processing (SRP) will be utilized to conduct these screenings (Mobilization Station SRP site for Reserve Components). Screening tools for this touch-point include the existing DD Form 2795 and the Pre Deployment Standardized Assessment Tool (SAT) I and SAT II.

b. Touch point 2, In theater screening and intervention point. **[CHANGE]** In preparation for redeployment and reintegration, the in-theater screening and intervention point will be conducted in a window of time between 90 days prior to redeployment and the actual date of redeployment for a unit/Soldier. The purpose of this screening and intervention is to identify potential high risk Soldiers, to ensure continuity of care, and to notify installation MTF and SRP personnel of potentially high risk Soldiers. See Annex D for the standard template of screening criteria. The current mode for this screening will be to utilize the Down-Range Assessment Tool (D-RAT). The D-RAT should be completed by unit leadership with assistance from assigned and supporting unit Surgeons/unit personnel. MEDCOM SRP personnel will coordinate with unit personnel to obtain the D-RAT report before units begin processing through SRP sites. In addition, once finalized, a Behavioral Health Transfer Assessment (BHTA) will be completed for all Soldiers identified as requiring this tool.

(1) **[CHANGE]** Soldiers noted as High Risk on the D-RAT will be escorted/walked through at point of entry, by designated personnel, to engage in Touch Point 3 processing at RSRP (Reverse Soldier Readiness Processing). High risk Soldiers are those who require acute care and monitoring during RSRP and reintegration processes. This category includes any Soldier exhibiting suicidal or homicidal ideations or behaviors. It does NOT include Soldiers who are currently receiving routine behavioral health support unless they are specifically identified with acute care issues.

(2) **[CHANGE]** Moderate and Low risk Soldiers will be cycled through Touch Point 3 processing with existing chalk/unit/group to RSRP stations. This category includes Soldiers currently undergoing behavioral health care and exhibiting stability and effective functioning as well as all other categories that are not determined to require acute care.

c. Reintegration screening and intervention points.

(1) **[CHANGE]** The first reintegration screening (touch point 3) and intervention will occur in conjunction with the RSRP process in a window of 6 to 30 days after the

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date of redeployment from the contingency operation, but prior to block leave. For Reserve Component Soldiers (including Guardsmen and those in the Individual Ready Reserve), the first reintegration screening and intervention will occur at the RSRP/Demobilization site in a window of 2-10 days after redeployment from the contingency operation and prior to returning to home station. The purpose of this screening and intervention is to further identify high risk Soldiers prior to release. This screening and intervention will utilize the D-RAT report, the Post Deployment Health Assessment (PDHA) DD Form 2796, and the PDHA SAT I and SAT II. WRMC is authorized to utilize the WRAP tool in addition to, but not in lieu of, the PDHA SAT I and SAT II until a formal validity assessment is completed by USAPHC. Instructions for this are located in Annex D.

(2) **[CHANGE]** The second reintegration screening and intervention (touch point 4) will occur during the period beginning 90-180 days after the date of redeployment from the contingency operation for all components in conjunction with the Post Deployment Health Re-Assessment (PDHRA). The purpose of the mental health assessments provided pursuant to this section shall be to identify Post-Traumatic Stress Disorder, suicidal tendencies, and other BH conditions among Soldiers. This screening and intervention will include the PDHRA DD Form 2900, the PDHRA SAT I and the SAT II.

(3) **[CHANGE]** Annual assessments (touch point 5). Annual assessments will be accomplished through existing Periodic Health Assessment (PHA) process and utilization of the PHA SAT I and the SAT II. The PHA SAT I and SAT II will be replaced by the revised PHA forms upon publication and dissemination in MEDPROS.

(4) **[ADD]** Soldiers who deploy in support of another military operation are not required to comply with the screening requirements for the previous mission. They will instead comply with the ARFORGEN cycle screening touch points and timing of their current deployment.

(5) **[ADD]** All designated Touch Points will utilize standardized forms and procedures as identified in Annex D. Non-standardized formats are not authorized.

d. Behavioral Health Assessments. No change.

e. Behavioral Health Assessments. **[CHANGE]** Mental health assessments must be conducted by designated providers who have successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center. Training slides and supporting documents and tools are available at www.pdhealth.mil. Providers must select the link for "DoD Training Including Post-Test to Administer Deployment Mental Health Assessments" (Official

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DoD Training designed to train and certify medical personnel to implement pre- and post-deployment mental health assessments in accordance with Health Affairs Policy dated 19 Jul 10). Non-behavioral health providers will receive 1.5 CEUs upon Completion of this training. After successful completion of the training, designated providers will receive a certificate of completion. All training certificates will be submitted to the MTF credentialing office and included in the providers' credentialing packets or in the competency assessment folders (CAFs) for MOS 68X personnel and BH technicians. All designated providers must complete this training before conducting Behavioral Health Assessments. Qualified designated providers may include:

(4) **[CHANGE]** The Army recognizes MOS 68X and behavioral health technicians as designated providers that require certification. However, neither MOS 68X nor behavioral health technicians are currently authorized to administer screenings. The future use of 68X and BH technicians as screeners is to be determined. OTSG will issue additional guidance in subsequent publications under this OPORD.

(7) **[ADD]** Behavioral Health Providers

- f. Continuity of care handoff requirements. No changes.
 - g. ~~Wellness initiatives and interventions.~~
 - h. Standard minimum information requirements. No changes.
4. **Sustainment.** No changes.
5. **Command and Control.** No changes.

ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPOD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) – USAMEDCOM

1. **Situation.** No change.

2. **Mission.** No change.

3. **Execution.**

e. **Standardized information requirements and templates.**

(1) **Pre-deployment.** **[CHANGE]** The Pre-deployment Health Assessment (DD2795) and Pre-deployment Standardized Assessment Tool (SAT) I and SAT II will be the minimum requirements for the pre-deployment screening and intervention point (see appendix 1). Primary Care Providers meeting appropriate training requirements will conduct the initial screening. For the purpose of this FRAGO, primary care providers may include any Physician (M.D.), Physician's Assistant (PA) or Nurse Practitioner conducting deployment health screenings.

(a) **[ADD]** Following the SRP process (Pre-DHA and BH interviews, etc.), the SRP site staff will provide feedback to the command on their current assessment of the Soldier as follows:

1. **[ADD]** Fit: Cleared, no significant issues.

2. **[ADD]** Fit with waiver: Has concerns, but the individual is not a significant risk to self or others, and will likely be cleared to deploy following some BH intervention on an outpatient basis. If it is determined that the deploying SM is "fit" for deployment but does not meet the deployment criteria (e.g. SM with a history of psychiatric hospitalization or is currently taking low doses of quetiapine for sleep assistance for multiple years and has been stable on the dose with no duty limitations), then the SM can be referred to the unit medical officer to initiate the deployment waiver process. These individuals will be provided Unit Care Coordination.

3. **[ADD]** Unfit: Is ineligible for deployment by DOD/theater standards, is a threat to self or others, and/or needs to be hospitalized or placed in an intensive outpatient program. For reserve component Soldiers, this means remaining at the mobilization site until medically cleared by BH to travel back to home station pending REFRAD and/or a Medical Evaluation Board (MEB). These individuals will be assigned a nurse or social work case manager to provide appropriate oversight throughout this process. Case managers should be assigned at the SRP site.

(b) **[ADD]** Units will conduct coordinated care assessments utilizing the Army Unit Care Assessment form (under development) that will include questions specifically developed to identify those who do not meet deployability standards (see Appendix 1, References). Further guidance will be provided by MEDCOM pending form publication. This assessment will be conducted in coordination with unit Surgeons and available

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MEDCOM healthcare assets. All RMC Commanders will support this process to the fullest extent possible.

(c) **[ADD]** Unit Care Coordination Plan. For deploying soldiers who require ongoing BH treatment in-theater, a Unit Care Coordination plan will be established involving the unit surgeon and assigned behavioral health providers. For example, a Soldier who is stable and fit to deploy after evaluation by the SRP provider, but who was started on a selective serotonin reuptake inhibitor (SSRI) within 90 days of deployment, will require a waiver from CENTCOM to deploy according to the minimum behavioral health standards. The responsibility for obtaining the waiver lies with the unit surgeon, after receiving the relevant information from SRP professionals. In addition to the waiver request, a Care Coordination plan will be established to ensure that the Soldier will receive regular BH follow-up and medication refills in theater. Care Coordination is primarily the responsibility of a unit's organic medical and behavioral health assets, with SRP primary care and behavioral health provider input. Care Coordination may also require input from in-theater behavioral health professionals who have knowledge of the current availability of appropriate medications and treatments in the unit's targeted area of operations.

(d) **[ADD]** At all touch points, Soldiers will be provided medical referrals as appropriate. Soldiers may opt (volunteer) for a behavioral health referral at any time during this process. They may also decline recommended behavioral health referral, as long as there are no urgent safety concerns or occupational/performance problems that require a duty limitation. Providers will annotate all required medical and behavioral health referrals in the respective Soldier's Electronic Medical Record (EMR). If a Soldier declines the referral, the provider will document in the Soldier's EMR that the referral was offered and declined, but that the Soldier presents no urgent safety concerns or occupational/performance problems that require a duty limitation.

(2) Re-deployment. **[CHANGE]** The Down-Range Assessment Tool (D-RAT) will be the minimum standard required for use in-theater to screen prior to a unit beginning the re-deployment process. The D-RAT should be completed by Company Commanders and First Sergeants with assistance from their subordinate leaders, medical staff, chaplains, rear-detachment staff, and others who may have information about current stressors facing particular Soldiers. Additionally, the behavioral health transfer assessment (BHTA) will facilitate transfer of care prior to redeployment and will be disseminated in a separate FRAGO following validation by the Standardized Assessment Working Group (SAWG) (timeline TBD). This tool is intended to ensure that BH information is passed from theater providers to medical providers at the SRP site, and to medical/BH providers at home station.

(a) **[ADD]** Once the assessment is completed, the unit forwards the D-RAT to the highest redeploying unit level for consolidation and transfer to the SRP/Demob Site.

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ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPORD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) – USAMEDCOM

Once a redeploying unit has rolled up their report, they will send a copy electronically to the receiving RSRP site no later than 30 days prior to the unit's redeployment. RSRP sites may utilize the information to plan the availability and amount of BH providers needed based on acuity (numbers of RED/AMBER) and projected date of redeployment. The report will also be used individually to inform SRP primary care and BH providers of potential issues during the screening process.

(b) **[ADD]** Unit commanders will receive feedback from SRP site personnel following the reverse SRP-process, so they can update their Unit Care Coordination plans.

(3) **Reintegration. [CHANGE]** The reintegration touch points will use the standardized PDHA and PDHRA forms (DD2796 and DD9600 respectively) combined with the version specific SAT I and SAT II designed for each respective touch point (touch points 3 and 4). WRMC is authorized to utilize the WRAP tool in addition to, but not in lieu of, the version specific SAT I and SAT II at Touch Point #3 until a formal validity assessment is completed by USAPHC.

(a) **[CHANGE]** Reintegration Post-Deployment Health Assessment (PDHA) and intervention point will utilize results from the D-RAT and BHTA in conjunction with DD Form 2796, the PDHA SAT I and the SAT II.

1. **[ADD]** Based on the D-RAT Command Risk Assessment, redeploying individuals will be managed at the redeployment/demob site as follows:

a. **[ADD]** GREEN (low risk): Normal SRP (PDHA) processing.

b. **[ADD]** AMBER (moderate risk): Normal processing through SRP (PDHA) site, but will receive an automatic on-site BH assessment in order to validate primary care PDHA assessment and to prepare a follow-on BH care plan if needed. This may include a follow-on appointment with BH (active duty) or with a provider at home station (Guard/Reserve). Those who need immediate care or are deemed to be at very high-risk will be handled IAW local policies/procedures for urgent/emergent cases.

c. **[ADD]** RED (high risk): Will be monitored by unit personnel until arrival at the redeployment site, and then upon arrival will be discreetly interviewed by BH personnel to ensure they are stable and appropriately managed through the SRP/Demob process. This includes earliest reasonable processing through SRP (PDHA) site, an automatic on-site BH assessment in order to validate primary care PDHA assessment and to prepare a follow-on BH care plan, and assignment of a nurse or social work case manager at the SRP site to follow-up on the individual through block-leave (active duty) or through the reunion period at Home Station

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(Guard/Reserve). This will include a follow-on appointment with a BH provider at the MTF (active duty) or with a BH provider at home station (Guard/Reserve), if cleared for outpatient care. Those who need immediate care or are deemed to be at very high-risk will be handled IAW local policies/procedures for urgent/emergent cases.

2. **[ADD]** In all cases (GREEN/AMBER/RED), the D-RAT results and comments will be available to both the PDHA primary care providers and the BH providers at the time of the reverse SRP interviews. Thus, they can inquire about any factors or issues noted by the command, but that may or may not have been self-disclosed by the Soldier on the PDHA, SAT forms or verbally.

3. **[ADD]** D-RAT assessments of GREEN may be upgraded to AMBER or RED; those arriving as AMBER may be down-graded to GREEN or upgraded to RED; and those arriving as RED may be down-graded to AMBER.

4. **[ADD]** All redeploying Soldiers will complete the DD Form 2796, the PDHA SAT I, and if directed, the SAT II, and be screened by a primary care provider who has documented completion of the on-line training package developed by the Force Health Protection & Readiness and the Deployment Health Clinical Center. Training slides are available on-line at www.pdhealth.mil. Providers must select the link for "DoD Training Including Post-Test to Administer Deployment Mental Health Assessments" (Official DoD Training designed to train and certify medical personnel to implement pre- and post-deployment mental health assessments in accordance with Health Affairs Policy dated 19 Jul 10:).

5. **[ADD]** Soldiers who received an In-theater BHTA, those assessed as RED by command, and/or those identified with BH issues by the SRP primary care provider, will be referred to a BH provider for follow-up assessment and intervention. Any one or combination of the aforementioned conditions will trigger a referral for a follow-up assessment.

6. **[ADD]** SRP primary care providers will use the information from the D-RAT, the BHTA (where available), the Soldier's self-report on the DD Form 2796 and the PDHA SAT I and SAT II (if directed) during the clinical interview, as well as their clinical judgment, to make a determination as to the need for and urgency of a referral to BH according to medical access standards. Providers may also refer a Soldier for a secondary assessment when the Soldier's presentation (body language, verbal statements, etc.) does not match with recorded responses. All referrals will meet existing access to care standards for routine behavioral health care.

7. **[ADD]** Soldiers who are determined by the screening primary care provider to require an urgent (immediate, <24 hour) referral to BH will be evaluated by an on-site BH professional, either through a face-to-face consult or through the VBHP.

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The behavioral health provider will be provided copies of any relevant forms, either in-person or electronically, related to the positive findings and concerns of the screening primary care provider. Further support or medical referral will be determined by the BH provider at the conclusion of the consult. Due to the need to expedite processing reserve component Soldiers through the SRP/demob site so they can return to home station, reserve component Soldiers will have priority over active duty within similar medical risk categories.

8. **[ADD]** Following the SRP process (PDHA and BH interviews, etc.), the SRP site staff will provide feedback to the command (during the command-medical joint validation conference) on their current risk assessment of the Soldier as follows:

a. **[ADD]** Cleared: No significant issues.

b. **[ADD]** Cleared with referral: Behavioral Health concerns exist, but the individual is not a significant risk to self or others, and is cleared to proceed on block leave (active duty) or to home station (Guard/Reserve) with on-going outpatient care/medication. Unit Coordinated Care will be provided to these individuals. If Guard/Reserve, Soldiers will be assigned a nurse or social work case manager to follow-up on the individual through the reunion period at Home Station (Guard/Reserve). Prior to departing the SRP site (active duty) or the Demob site (reserve components), an exact follow-on appointment (date/time/location) will be made and communicated to the Soldier/Family by the SRP staff. Guard/Reserve Soldiers will be case-managed at least through their first follow-on BH appointment following reunion at home station (Guard/Reserve). In addition, In Transition services (a 24/7 DOD program that assigns a "coach" to service members transitioning from one location to another) will be offered to all "Cleared with referral" reserve component Soldiers through their transition to home station. Additional guidance on the In Transition program is provided in OTSG/MEDCOM Policy Memorandum 10-028, MEDCOM Implementation Instructions for the Department of Defense in Transition Program.

c. **[ADD]** Not cleared: Individual is still a significant threat to self or others and/or needs to be hospitalized, placed in Warrior Transition Unit (WTU), or placed in an intensive outpatient program. For Guard/Reserve, this means remaining at the Demob site until further cleared to travel.

9. **[ADD]** Utilizing this feedback and their own on-going risk assessment, commanders will update their Unit Coordinated Care plans. Reserve and National Guard deemed (in conjunction with the SRP staff during the validation conference) to be Cleared with referral or Not cleared, will be assigned a nurse or social work case manager to follow-up on the individual through the reunion period at Home Station. No Soldier will leave the redeployment/Demob site in a Not cleared status, and no Reserve or National Guard Soldier will leave in a Cleared with referral status until a case

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manager has been assigned and an exact follow-on appointment has been made and communicated to the Soldier/Family. All Cleared with referral Soldiers will be case managed at least through their first follow-on BH appointment following reunion at home station.

(b) **[CHANGE]** Reintegration Post-Deployment Health Reassessment (PDHRA) and intervention point will utilize the DD Form 2900 (and the PDHRA SAT I and SAT II) and be screened by a primary care provider who has documented completion of the on-line training package developed by the Force Health Protection & Readiness and the Deployment Health Clinical Center.

1. **[ADD]** In cases where the PDHRA process is conducted in an SRP site, Soldiers who are determined by the screening primary care provider to require an urgent (immediate, <24 hour) referral to BH will be evaluated by an on-site BH professional, either through a face-to-face consult or through the VBHP. All other PDHRA BH-referrals will be handled through the supporting MTF or other relevant clinics to be performed either in-person or through the VBHP. Emergent care requirements will be addressed following existing policy and local SOP.

(7) **[ADD]** Annual. The Army is implementing annual behavioral health screening utilizing the PHA SAT I and the SAT II in conjunction with existing Periodic Health Assessment (PHA) requirements.

(a) **[ADD]** Annually, Soldiers will complete the electronic version of the PHA, available on AKO/MEDPROS, the PHA SAT I and SAT II (if directed), and be screened by a primary care provider who has documented completion of the on-line training package developed by the Force Health Protection & Readiness and the Deployment Health Clinical Center. The PHA SAT I and SAT II will be replaced by the revised PHA forms upon publication and dissemination in MEDPROS.

(b) **[ADD]** Soldiers who are determined by the screening primary care provider to require an urgent (immediate, <24 hour) referral to BH will be evaluated through the supporting MTF or other relevant clinics to be performed either in-person or through the VBHP. Emergent care requirements will be addressed following existing policy and local SOP. Again, The PHA SAT I and SAT II will be replaced by the revised PHA forms upon publication and dissemination in MEDPROS.

(8) **[ADD]** All versions of the SAT I and SAT II are to be utilized in multiple screening and intervention points, and include new DoD mandated questions and triggering events based on where the Soldier is being screened in the ARFORGEN cycle. Utilization of existing automated platforms such as SELF are authorized to administer the screening instruments, but must employ the attached SAT forms as the basis of enhanced behavioral health screening.

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(9) [ADD] The SAT employs a two-step process for depression and post-traumatic stress screening to enhance the reliability and validity of the screen and minimize false positives (SAT I [all versions] and SAT II). For post-traumatic stress (PTS) screening, Soldiers who endorse two or more items of the four Primary Care Post-traumatic Stress Disorder (PC-PTSD) questions will be directed to complete the SAT II which contains the PTSD Checklist – Civilian Version (PCL-C). For depression screening, Soldiers who report 1 or more items on the Patient Health Questionnaire-2 (PHQ-2) will be directed to complete the SAT II which contains the full PHQ as directed by DoD Health Affairs. Soldiers who screen negative for PTS (< than 2 positive responses) and depression (no positive responses), are not required to complete the SAT II.

(10) [ADD] Providers will use the information from completed deployment health forms, version specific SAT I / SAT II, and clinical interview, as well as their clinical judgment, according to the guidelines in the FHP certification training, to make a determination as to the need for further referral (behavioral health or other health clinic), and the level of urgency based on access standards. Soldiers who are determined by the screening primary care provider to require an urgent (immediate, <24 hour) referral to BH will be evaluated by an on-site BH professional, either through a face-to-face consult or through the Virtual Behavioral Health Program (VBHP) – a telephonic or video teleconferencing program that allows Soldiers to be screened locally by a remote provider. The behavioral health provider will be provided copies of any relevant forms, either in-person or electronically, related to the positive findings and concerns of the screening primary care provider. Further support or medical referral will be determined by the BH provider at the conclusion of the consult.

h. [ADD] Tasks to Subordinate Units

(1) Regional Medical Commands

(c) [ADD] Update ARFORGEN screening procedures to include version specific SAT I and SAT II at all touch points.

(d) [ADD] NLT 30 days after FRAGO publication, identify, if required, request and integrate additional personnel needed to implement new requirements.

(e) [ADD] NLT 30 days after FRAGO publication, identify and request additional equipment and space needed to implement new requirements.

(f) [ADD] NLT 30 days after FRAGO publication, develop and submit to MEDCOM regional implementation plan to include an overall timeline for regional and specific SRP site implementation (to include Virtual Behavioral Health Program support for behavioral health referrals).

ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPORD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) – USAMEDCOM

(g) [ADD] NLT 30 days after FRAGO publication, develop and submit to MEDCOM regional implementation plan for electronic forms (pending publication) to include an overall timeline for regional and specific SRP.

(h) [ADD] NLT 30 days after approval of regional implementation plan, begin use of version specific SAT I and SAT II at all touch points.

(i) [ADD] Monitor implementation progress at each SRP site and submit a monthly progress report to MEDCOM by the 5th day of each month. Format for reports will be provided to RMC's at a date TBD. Supplemental guidance will be provided by MEDCOM.

(j) [ADD] All paper forms should be batched and sent to USAPHC/BSHOP (US Army Public Health Command (Provisional) c/o Mr. Kevin Lamer, Program 14, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403). Once the monthly implementation reports are instituted, batched forms can be sent on a monthly basis with the reporting requirement. PHC will scan the data, request the accompanying DHA forms from AFHSC, and provide MEDCOM/OTSG with reporting through this route pending implementation in MEDPROS.

(2) [ADD] US Army Public Health Command. MEDCOM will begin collecting monthly implementation reports on the 5th day of each month. MEDCOM will provide report format TBD. RMCs will be required to submit reports TBD.

i. [ADD] Tasks to OneStaff

(1) [ADD] ACS, Human Resources. Ensure MODS Office uploads digital form to MEDPROS NLT 8 weeks after FRAGO publication.

4. Sustainment. No changes.

5. Command and Control. No changes.

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APPENDIX 7 (STANDARDIZED ASSESSMENT TOOL) TO ANNEX D
(SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPOD 10-70
(COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM

1. SAT I for Pre-Deployment



SAT_1_Pre_Deploy-
ment_Page1-2_v3.pdf

<https://www.us.army.mil/suite/files/27638008>

2. SAT I for Post-Deployment Health Assessment



SAT_1_PostDHA_v3.
pdf

<https://www.us.army.mil/suite/files/27638008>

3. SAT I for Post-Deployment Health Re-Assessment



SAT_1_PDHRA_v3.p
df

<https://www.us.army.mil/suite/files/27638008>

4. SAT I for Periodic Health Assessment



SAT_1_PHA_v3.pdf

<https://www.us.army.mil/suite/files/27638008>

5. SAT II



SAT_PartII_ACTIVEX
X030911X.pdf

<https://www.us.army.mil/suite/files/27638008>

APPENDIX 7 (STANDARDIZED ASSESSMENT TOOL) TO ANNEX D
(SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPORD 10-70
(COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM



Standardized Assessment Tool-Section 1
Pre-Deployment (to be completed by all Soldiers)

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Today's Date (dd/mm/yyyy)

Social Security Number
 - -

Last Name
 / /

1. Have you recently had or are you having any of the following:

a. Family stress	<input type="radio"/> Yes <input type="radio"/> No	f. Financial problems	<input type="radio"/> Yes <input type="radio"/> No
b. A relationship break-up	<input type="radio"/> Yes <input type="radio"/> No	g. Work problems	<input type="radio"/> Yes <input type="radio"/> No
c. The recent loss of someone close to you	<input type="radio"/> Yes <input type="radio"/> No	h. Career problems	<input type="radio"/> Yes <input type="radio"/> No
d. Major health concerns	<input type="radio"/> Yes <input type="radio"/> No	i. Discipline/legal problems (formal reprimand, article 15, etc.)	<input type="radio"/> Yes <input type="radio"/> No
e. Chronic pain	<input type="radio"/> Yes <input type="radio"/> No		

2. In the PAST YEAR have you sought counseling for a behavioral health concern from any of the following Professional Sources:

a. Military psychiatrist / psychologist / social worker / combat stress professional	<input type="radio"/> Yes <input type="radio"/> No
b. Civilian psychiatrist / psychologist / social worker	<input type="radio"/> Yes <input type="radio"/> No
c. Military chaplain	<input type="radio"/> Yes <input type="radio"/> No
d. Military One Source	<input type="radio"/> Yes <input type="radio"/> No
e. Military Family Life Consultant	<input type="radio"/> Yes <input type="radio"/> No
f. Military Community Services Provider (ACS, NFPS, MCCS, etc.)	<input type="radio"/> Yes <input type="radio"/> No
g. Civilian chaplain/religious counselor, etc.	<input type="radio"/> Yes <input type="radio"/> No

3. In the past year, have you received a diagnosis for any mental health problem such as PTSD, depression, anxiety disorder, alcohol abuse or substance abuse? Yes No

a. What was your mental health diagnosis?

4. Are you CURRENTLY taking prescription or over-the-counter medications (including herbs/supplements) for sleep or mental health problems? Yes No

5. In the PAST THREE MONTHS have you:

a. Had a problem with alcohol/drugs that resulted in counseling by your unit or referral to the Army Substance Abuse Program (ASAP)?	<input type="radio"/> Yes <input type="radio"/> No
b. Had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?	<input type="radio"/> Yes <input type="radio"/> No
c. Been referred to the Family Advocacy Program (FAP) for concerns about domestic violence?	<input type="radio"/> Yes <input type="radio"/> No
d. Gotten in a fight and hit someone?	<input type="radio"/> Yes <input type="radio"/> No
e. Engaged in behavior such as driving too fast, riding a motorcycle without a helmet, having unprotected sex with new partners, handling weapons while intoxicated, or driving while intoxicated?	<input type="radio"/> Yes <input type="radio"/> No

6. In the PAST THREE MONTHS, on average:

a. How many hours of sleep did you get per night?	<input type="radio"/> 4 hrs or less	<input type="radio"/> 5 hrs	<input type="radio"/> 6 hrs	<input type="radio"/> 7 hrs	<input type="radio"/> 8 hrs	<input type="radio"/> 9+ hrs
b. How many hours of sleep do you need per night?	<input type="radio"/> 4 hrs or less	<input type="radio"/> 5 hrs	<input type="radio"/> 6 hrs	<input type="radio"/> 7 hrs	<input type="radio"/> 8 hrs	<input type="radio"/> 9+ hrs

7a. How often do you have a drink containing alcohol? Never Monthly or less 2-4 times a month 2-3 times per week 4 or more times a week

7b. How many drinks containing alcohol do you have on a typical day when you are drinking? 1 or 2 3 or 4 5 or 6 7 to 9 10 or more

7c. How often do you have six or more drinks containing alcohol on one occasion? Never Less than monthly Monthly Weekly Daily or almost daily

APPENDIX 7 (STANDARDIZED ASSESSMENT TOOL) TO ANNEX D
(SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPORD 10-70
(COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM



Standardized Assessment Tool-Section 1
Post-Deployment Health Reassessment (to be completed by all Soldiers)

PAGE 1 OF 1

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Today's Date (dd/mm/yyyy)

□□ / □□ / □□□□

Social Security Number

□□□□ - □□ - □□□□

Last Name

□□□□□□□□□□□□□□□□

1. Have you recently had or are you having any of the following:

a. Family stress	<input type="radio"/> Yes <input type="radio"/> No	f. Financial problems	<input type="radio"/> Yes <input type="radio"/> No
b. A relationship break-up	<input type="radio"/> Yes <input type="radio"/> No	g. Work problems	<input type="radio"/> Yes <input type="radio"/> No
c. The recent loss of someone close to you	<input type="radio"/> Yes <input type="radio"/> No	h. Career problems	<input type="radio"/> Yes <input type="radio"/> No
d. Major health concerns	<input type="radio"/> Yes <input type="radio"/> No	i. Discipline/legal problems (formal reprimand, article 15, etc.)	<input type="radio"/> Yes <input type="radio"/> No
e. Chronic pain	<input type="radio"/> Yes <input type="radio"/> No		

2. In the PAST YEAR have you sought counseling for a behavioral health concern from any of the following Professional Sources:

a. Military psychiatrist / psychologist / social worker / combat stress professional	<input type="radio"/> Yes <input type="radio"/> No
b. Civilian psychiatrist / psychologist / social worker	<input type="radio"/> Yes <input type="radio"/> No
c. Military chaplain	<input type="radio"/> Yes <input type="radio"/> No
d. Military One Source	<input type="radio"/> Yes <input type="radio"/> No
e. Military Family Life Consultant	<input type="radio"/> Yes <input type="radio"/> No
f. Military Community Services Provider (ACS, NFPS, MCCS, etc.)	<input type="radio"/> Yes <input type="radio"/> No
g. Civilian chaplain/religious counselor, etc.	<input type="radio"/> Yes <input type="radio"/> No

3. In the past year, have you received a diagnosis for any mental health problem such as PTSD, depression, anxiety disorder, alcohol abuse or substance abuse? Yes No

a. What was your mental health diagnosis?

4. Are you CURRENTLY taking prescription or over-the-counter medications (including herbs/supplements) for sleep or mental health problems? Yes No

5. In the PAST THREE MONTHS have you:

a. Had a problem with alcohol/drugs that resulted in counseling by your unit or referral to the Army Substance Abuse Program (ASAP)?	<input type="radio"/> Yes <input type="radio"/> No
b. Had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?	<input type="radio"/> Yes <input type="radio"/> No
c. Been referred to the Family Advocacy Program (FAP) for concerns about domestic violence?	<input type="radio"/> Yes <input type="radio"/> No
d. Gotten in a fight and hit someone?	<input type="radio"/> Yes <input type="radio"/> No
e. Engaged in behavior such as driving too fast, riding a motorcycle without a helmet, having unprotected sex with new partners, handling weapons while intoxicated, or driving while intoxicated?	<input type="radio"/> Yes <input type="radio"/> No

6. In the PAST THREE MONTHS, on average:

a. How many hours of sleep did you get per night?	<input type="radio"/> 4 hrs or less	<input type="radio"/> 5 hrs	<input type="radio"/> 6 hrs	<input type="radio"/> 7 hrs	<input type="radio"/> 8 hrs	<input type="radio"/> 9+ hrs
b. How many hours of sleep do you need per night?	<input type="radio"/> 4 hrs or less	<input type="radio"/> 5 hrs	<input type="radio"/> 6 hrs	<input type="radio"/> 7 hrs	<input type="radio"/> 8 hrs	<input type="radio"/> 9+ hrs

7. Do you have any questions or concerns about your mental health? Yes No

APPENDIX 7 (STANDARDIZED ASSESSMENT TOOL) TO ANNEX D
(SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 7 TO OPORD 10-70
(COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM



Standardized Assessment Tool-Section II (Secondary Screening)

INSTRUCTIONS: Please read each question completely and carefully before making your selections.
Provide a response for each question. If you do not understand a question, ask the administrator.

Today's Date (dd/mm/yyyy)

/ /

Social Security Number

- -

Last Name

Please mark how much you have been bothered by each problem in the past 30 days.	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
a. Repeated, disturbing memories, thoughts, or images of a stressful experience	<input type="checkbox"/>				
b. Repeated, disturbing dreams of a stressful experience	<input type="checkbox"/>				
c. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	<input type="checkbox"/>				
d. Feeling very upset when something reminded you of a stressful experience	<input type="checkbox"/>				
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	<input type="checkbox"/>				
f. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it	<input type="checkbox"/>				
g. Avoiding activities or situations because they reminded you of a stressful experience	<input type="checkbox"/>				
h. Trouble remembering important parts of a stressful experience	<input type="checkbox"/>				
i. Loss of interest in activities that you used to enjoy	<input type="checkbox"/>				
j. Feeling distant or cut-off from other people	<input type="checkbox"/>				
k. Feeling emotionally numb or being unable to have loving feelings for those close to you	<input type="checkbox"/>				
l. Feeling as if your future somehow will be cut short	<input type="checkbox"/>				
m. Trouble falling or staying asleep	<input type="checkbox"/>				
n. Feeling irritable or having angry outbursts	<input type="checkbox"/>				
o. Having difficulty concentrating	<input type="checkbox"/>				
p. Being "super alert" or watchful or on-guard	<input type="checkbox"/>				
q. Feeling jumpy or easily startled	<input type="checkbox"/>				

In the last two weeks (14 days), have you been bothered by the following problems?	Not at all (0)	Several days (1)	More than half of days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

MEDCOM

OPORD 10-70

FRAGO 8

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HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
221500Q July 2011

**FRAGMENTARY ORDER 8 TO OPERATION ORDER 10-70 (USAMEDCOM
COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)**

References: No change.

Time Zone Used Throughout Order: Quebec (Eastern Daylight Time).

Task Organization: No change

1. **Situation.** No change
2. **Mission.** No change
3. **Execution.** No change
4. **Sustainment.** No change
5. **Command and Control.** No change

b. **Signal.** POC for this FRAGO:

(1) LTC Edward A Brusher, Chief, Operations Branch, Behavioral Health Division at 703-681-4188 (DSN 761) or email edward.brusher@us.army.mil

ACKNOWLEDGE: OPS21 at eoc.opns@amedd.army.mil.

SCHOOMAKER
LTG

OFFICIAL:

Daniel J. Jones
ACS, Operations

ANNEXES:

A-C - No change.
D - **[CHANGE]** Synchronization of BH Activities
E-Q - No change.

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FRAGO 8 TO OPORD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN) - USAMEDCOM

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ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 8 TO OPORD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM

1. **Situation.** No change.

2. **Mission.** No change

3. **Execution.**

e. **Standardized information requirements and templates.**

(1) **Pre-deployment.** [CHANGE] The Pre-deployment Health Assessment (PDHA) (DD2795) and Pre-deployment Standardized Assessment Tool (SAT) I and SAT II will be the minimum requirements for the pre-deployment screening and intervention point (see appendix 1). Revised SAT II screening instrument is provided at appendix 7. Primary Care Providers meeting appropriate training requirements will conduct the initial screening. For the purpose of this FRAGO primary care providers may include any Physician (M.D.), Physician's Assistant (PA) or Nurse Practitioner conducting deployment health screenings.

h. **Tasks to Subordinate Units.**

(1) **Regional Medical Commands.**

(i) [CHANGE] IAW FRAGO 7 to the CBHSOC OPORD (10-70) monitor SAT form implementation progress at each SRP site and submit a monthly progress report to MEDCOM by the 5th day of each month. The format and further guidance for the reports are provided at Appendix 8. Implementation reports should be sent via e-mail to the Behavioral Health Division, Office of The Surgeon General, ATTN: LTC Edward Brusher (Edward.brusher@us.army.mil) and sent via hard copy with the batched SAT forms to the United States Army Public Health Command (Provisional), c/o Mr. Kevin Lamer, Program 14, 5158 Blackhawk Road, Aberdeen Proving Ground, MD, 21010-5403.

(2) **United States Army Public Health Command (Provisional).**

(a) [ADD] Conduct data analysis in support of the validity assessment of the Wellness and Resiliency Assessment Post-Deployment (WRAP) tool and the PDHA SAT I and SAT II at WRMC.

(b) [ADD] Provide quarterly In-progress Reviews (IPR) on validity assessment status to the CBHSOC General Officer Steering Committee (GOSC).

(c) [ADD] NLT 360 days following redeployment of the identified unit, provide a final public health report on assessment findings and recommendations to the CBHSOC GOSC.

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ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 8 TO OPORD 10-70 (COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM

(3) **[ADD] Western Regional Medical Command (WRMC).**

(a) **[ADD]** Annex B para 3c1 authorizes WRMC to utilize the WRAP tool in addition to, but not in lieu of, the PDHA SAT I and SAT II until a formal validity assessment is completed by USAPHC.

(b) **[ADD]** In support of USAPHC's validity assessment, not later than (NLT) 30 days following the publication of this FRAGO, identify one unit redeploying to WRMC to complete the WRAP tool in addition to the PDHA SAT I and SAT II during Reverse Soldier Readiness Processing (R-SRP). Requirements and timelines for SAT implementation were previously identified in FRAGO 7 to the CBHSOC OPORD.

(c) **[ADD]** NLT 30 days following redeployment of the identified unit, provide USAPHC (P) with batched, hard copy SAT I and II forms and electronic WRAP data for all Soldiers in the identified unit. Hard copy forms should be batched and sent to USAPHC/BSHOP (US Army Public Health Command (Provisional) c/o Mr. Kevin Lamer, Program 14, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403) IAW FRAGO 7 to the CBHSOC OPORD.

(d) **[ADD]** NLT 7 days following the publication of this FRAGO, provide the name of one Liaison Officer (LO) / Action Officer (AO) and one BH point of contact (POC) who is familiar with the redeployment BH screening operations at the local medical treatment facility to participate in the planning and execution to Dr. Amy Millikan, 410-436-8447, amy.millikan@us.army.mil.

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APPENDIX 7 (STANDARDIZED ASSESSMENT TOOL) TO ANNEX D
(SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO 8 TO OPORD 10-70
(COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE) - USAMEDCOM

PAGE 1 of 1



48948

Standardized Assessment Tool-Section II (Secondary Screening)

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Today's Date (dd/mm/yyyy)

/ /

Social Security Number

- -

Last Name

Please mark how much you have been bothered by each problem in the past 30 days.	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
a. Repeated, disturbing memories, thoughts, or images of a stressful experience	<input type="radio"/>				
b. Repeated, disturbing dreams of a stressful experience	<input type="radio"/>				
c. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	<input type="radio"/>				
d. Feeling very upset when something reminded you of a stressful experience	<input type="radio"/>				
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	<input type="radio"/>				
f. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it	<input type="radio"/>				
g. Avoiding activities or situations because they remind you of a stressful experience	<input type="radio"/>				
h. Trouble remembering important parts of a stressful experience	<input type="radio"/>				
i. Loss of interest in activities that you used to enjoy	<input type="radio"/>				
j. Feeling distant or cut-off from other people	<input type="radio"/>				
k. Feeling emotionally numb or being unable to have loving feelings for those close to you	<input type="radio"/>				
l. Feeling as if your future somehow will be cut short	<input type="radio"/>				
m. Trouble falling or staying asleep	<input type="radio"/>				
n. Feeling irritable or having angry outbursts	<input type="radio"/>				
o. Having difficulty concentrating	<input type="radio"/>				
p. Being "super alert" or watchful or on-guard	<input type="radio"/>				
q. Feeling jittery or easily startled	<input type="radio"/>				

In the last two weeks (14 days), have you been bothered by the following problems?	Not at all (0)	Several days (1)	More than half of days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself, or that you are a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Moving or speaking so slowly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

SAT II, APRIL 2011

PREVIOUS EDITION IS OBSOLETE.

MEDCOM Monthly Standardized Assessment Tool Implementation Report

7-D-1

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APPENDIX 8 (MEDCOM MONTHLY STANDARDIZED ASSESSMENT TOOL IMPLEMENTATION REPORT) TO ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO XX TO OPERATION ORDER 10-70 (USAMEDCOM COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)

MEDCOM requires all Regional Medical Commands to submit a report on the implementation of the Standardized Assessment Tool (SAT) on the 5th day of each month. Complete the below items for implementation of the SAT within each of the touch-points for the most recent completed month.

Installation: _____

Date: _____

Month Reporting Timeframe: _____

Contact Information of Person Completing Report

Name	
Job Title	
Address	
Phone Number	
E-mail Address	

Touch Point 1: Pre deployment screening, will be conducted within 60 days of deployment. The Soldier Readiness Processing (SRP) will be utilized to conduct these screenings (Mobilization Station SRP site for Reserve Components). Screening tools for this touch-point include the existing DD Form 2795 and the Pre Deployment Standardized Assessment Tool (SAT) I and SAT II.

Touch Point 3: The first reintegration screening and intervention will occur in conjunction with the RSRP process in a window of 6 to 30 days after the date of redeployment from the contingency operation, but prior to block leave. For Reserve Component Soldiers (including Guardsmen and those in the Individual Ready Reserve), the first reintegration screening and intervention will occur at the RSRP/Demobilization site in a window of 2-10 days after redeployment from the contingency operation and prior to returning to home station. The purpose of this screening and intervention is to further identify high risk Soldiers prior to release. This screening and intervention will utilize the D-RAT report, the Post Deployment Health Assessment (PDHA) DD Form 2796, and the PDHA SAT I and SAT II. WRMC is authorized to utilize the WRAP tool in addition to, but not in lieu of, the PDHA SAT I and SAT II until a formal validity assessment is completed by USAPHC. Instructions for this are located in Annex D.

Touch Point 4: The second reintegration screening and intervention will occur during the period beginning 90-180 days after the date of redeployment from the contingency operation for all components in conjunction with the Post Deployment Health Re-Assessment (PDHRA). The purpose of the mental health assessments provided pursuant to this section shall be to identify Post-Traumatic Stress Disorder, suicidal tendencies, and other BH conditions among Soldiers. This screening and intervention will include the PDHRA DD Form 2900, the PDHRA SAT I and the SAT II.

Touch Point 5: Annual assessments will be accomplished through existing Periodic Health Assessment (PHA) process and utilization of the PHA SAT I and the SAT II. The PHA SAT I and SAT II will be replaced by the revised PHA forms upon publication and dissemination in MEDPROS.

Screening and intervention after the date of redeployment
8-D-2

Screening and intervention after the date of redeployment
8-D-2

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APPENDIX 8 (MEDCOM MONTHLY STANDARDIZED ASSESSMENT TOOL IMPLEMENTATION REPORT) TO ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO XX TO OPERATION ORDER 10-70 (USAMEDCOM COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)

Touch-Point #1: Pre-deployment screening and intervention

Number of Soldiers deploying	
Number of completed Pre-Deployment Health Assessment Forms (DD Form 2795)	
Number of completed Pre-Deployment SAT I Forms	
Number of completed Pre-Deployment SAT II Forms	
Number of completed screenings conducted within 60 days of deployment	
All Providers conducting screenings successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center If no, please explain:	Yes/No
Were additional personnel required to conduct screenings incorporating the Pre-Deployment SAT Forms? If yes, please explain:	Yes/No
Were additional resources (e.g. equipment) required to conduct screenings incorporating the Pre-Deployment SAT Forms? If yes, please explain:	Yes/No
Issues in SAT implementation at Touch-Point #1:	
Steps taken to resolve issues in SAT implementation at Touch-Point #1:	

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APPENDIX 8 (MEDCOM MONTHLY STANDARDIZED ASSESSMENT TOOL IMPLEMENTATION REPORT) TO ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO XX TO OPERATION ORDER 10-70 (USAMEDCOM COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)

Touch-Point #3: Reintegration Post-Deployment Health Assessment (PDHA) and Intervention

Number of Soldiers redeploying	
Number of completed PDHA Forms (DD Form 2796)	
Number of completed PDHA SAT I Forms	
Number of completed PDHA SAT II Forms	
Number of completed screenings conducted 6 to 30 days after date of redeployment	
All Providers conducting screenings successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center If no, please explain:	Yes/No
Were additional personnel required to conduct screenings incorporating the PDHA SAT Forms? If yes, please explain:	Yes/No
Were additional resources (e.g. equipment) required to conduct screenings incorporating the PDHA SAT Forms? If yes, please explain:	Yes/No
Issues in SAT implementation at Touch-Point #3:	
Steps taken to resolve issues in SAT implementation at Touch-Point #3:	

8-D-4

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APPENDIX 8 (MEDCOM MONTHLY STANDARDIZED ASSESSMENT TOOL IMPLEMENTATION REPORT) TO ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO XX TO OPERATION ORDER 10-70 (USAMEDCOM COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)

Touch-Point #4: Reintegration Post-Deployment Health Reassessment (PDHRA) and intervention

Number of completed PDHRA Forms (DD Form 2900)	
Number of completed PDHRA SAT I Forms	
Number of completed PDHRA SAT II Forms	
Number of completed screenings conducted 90 to 180 days after date of redeployment	
All Providers conducting screenings successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center If no, please explain:	Yes/No
Were additional personnel required to conduct screenings incorporating the PDHRA SAT Forms? If yes, please explain:	Yes/No
Were additional resources (e.g. equipment) required to conduct screenings incorporating the PDHRA SAT Forms? If yes, please explain:	Yes/No
Issues in SAT implementation at Touch-Point #4:	
Steps taken to resolve issues in SAT-implementation at Touch-Point #4:	

APPENDIX 8 (MEDCOM MONTHLY STANDARDIZED ASSESSMENT TOOL IMPLEMENTATION REPORT) TO ANNEX D (SYNCHRONIZATION OF BH ACTIVITIES) TO FRAGO XX TO OPERATION ORDER 10-70 (USAMEDCOM COMPREHENSIVE BEHAVIORAL HEALTH SYSTEM OF CARE CAMPAIGN PLAN)

Touch-Point #5: Periodic Health Assessment (PHA) and intervention

Number of completed PHA Forms (DD Form 2900)	
Number of completed PHA SAT I Forms	
Number of completed PHA SAT II Forms	
All Providers conducting screenings successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center If no, please explain:	Yes/No
Were additional personnel required to conduct screenings incorporating the PHA SAT Forms? If yes, please explain:	Yes/No
Were additional resources (e.g. equipment) required to conduct screenings incorporating the PHA SAT Forms? If yes, please explain:	Yes/No
Issues in SAT implementation at Touch-Point #5:	
Steps taken to resolve Issues in SAT implementation at Touch-Point #5:	