



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MAY 15 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-255, pages 203-204, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year 2017, which requests the Service Secretaries and the National Capital Region Medical Directorate to review and report on the following: (1) their current method for assessing mental health provider staffing needs; (2) the utility of the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS) to their organization; and (3) any organization-specific methods they use or recommend to improve the utility of PHRAMS. Each Service Secretary will submit a separate review and report.

The report provides information concerning the utility of PHRAMS and other tools to identify total mental health requirements. In 2007, the Office of the Assistant Secretary of Defense for Health Affairs contracted with the Center for Naval Analyses to develop a model for projecting the numbers of mental health providers needed to meet the needs of the Military Health System (MHS). The PHRAMS model has gone through seven updates, each of which was designed to narrow the gaps in identification of mental health provider requirements across the Services. This final update, Version 7, was reviewed by the Services and MHS Governance bodies and their conclusion was that the model does not account for total MHS mental health provider needs, nor does it provide any additional value over the existing service models.

A similar letter is being sent to the Chairman of the House Armed Services Committee. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in blue ink that reads "A. M. Kurta".

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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WASHINGTON, D.C. 20301-4000

MAY 15 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

**Report to the Congress in Response to Senate
Report 114-255, Pages 203-204, Accompanying
S. 2943 for the National Defense Authorization
Act for Fiscal Year 2017**

**Psychological Health Risk-Adjusted Model for
Staffing**

**The estimated cost of this report or study for
the Department of Defense is approximately
\$3,130 for the 2016 Fiscal Year. This includes
\$0 in expenses and \$3,130 in DoD labor.
Generated on 2016Aug22 RefID: 9-6459CF9**

Department of Defense Defense Health Agency

Introduction

Senate Report 114-255, pages 203-204, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year 2017, Psychological Health Risk-Adjusted Model for Staffing (PHRAMS), requests the Military Departments and the National Capital Region Medical Directorate (NCRMD) to include estimated mental health provider staffing needs generated through PHRAMS in their quarterly mental health staffing reports to the Defense Health Agency (DHA); and the Service Secretaries of each of the Military Departments as well as the Director of the NCRMD to review and report on the following: (1) their current method for assessing mental health provider staffing needs; (2) the utility of the PHRAMS model to their Service or organization; and (3) any Service- or organization-specific methods they use or recommend to improve PHRAMS' utility. This report provides the response for NCRMD.

Executive Summary

Identifying mental health requirements across the Defense Health Program is a complex task that must consider both peacetime and operational mission requirements. Currently, the Military Departments and the NCRMD utilize several methods to identify total mental health provider requirements. An updated version of PHRAMS was produced during the past year in coordination with the Services and the Military Health System (MHS) Governance process. This latest version's enhancements overcame some, but not all of PHRAMS' existing shortcomings. Service manpower models (the Army Professional Services Model (PSM) and the Navy Requirements Determination (REDE) model) have improved over time, and similarity between the models has evolved to where a stand-alone PHRAMS model for the Services or NCRMD provides no value for NCR Military Treatment Facility (MTF) application over the existing Service models. Therefore, it was the position of the Services and NCRMD and confirmed by MHS Governance that the PHRAMS model should no longer be required for use.

Background

In 2007, the Office of the Assistant Secretary of Defense for Health Affairs (HA) contracted with the Center for Naval Analyses (CNA) to develop a model for projecting the numbers and types of mental health providers needed to meet the needs of the

MHS. Since that time, several versions of PHRAMS have been developed by CNA in response to HA direction.

Current Assessing Methods at NCR MTFs

The PHRAMS model has gone through several updates each of which aimed to better assist in the identification of mental health provider requirements at the MTF level. The results of the PHRAMS application were compared to the latest study of mental health provider requirements at the Walter Reed National Military Medical Center and the Ft. Belvoir Community Hospital. PHRAMS results were directly compared to the two Service models (Navy REDE and Army PSM) for the determination of the overall MTF manpower requirements. It was clear that the PHRAMS model did not identify all the necessary requirements.

Utility of PHRAMS to NCR MD

PHRAMS has been applied to support the identification of requirements but because of its shortcomings, Service models were used to develop requirements. In 2016, additional development was pursued by DHA and CNA to include the identification of requirements for Inpatient Wards, Training and Graduate Medical Education, Family Advocacy Programs, Integrated Behavioral Health Programs, Substance Abuse, Deployment needs, Line-Funded Requirements, and Administrative support.

Evaluation by NCRMD MTF staff indicated that PHRAMS Version 7 still could not produce results that would adequately identify the total mental health staffing needs of the facilities. Specific shortcomings of this latest version were identified in the following areas:

- Productivity assumptions
- Mental health services provided by the facilities outside the model
- Inpatient support
- Contractor gap offset productivity
- Administrative staffing
- Mental health nursing staff levels

Recommendations for PHRAMS Utility Improvement

The DHA, Services, and NCRMD coordinated to conduct reviews of the Version 7 update of the PHRAMS model. As stated above, the enhanced model was applied to all MTFs but still required supplemental identification of requirements to account for all

MHS needs. As such, the Services, DHA and MHS Governance concurred that the PHRAMS model should no longer be required for use.

Conclusion

This final update, Version 7, has been reviewed by NCRMD, the Services, and MHS Governance bodies and the conclusion drawn is that the model does not sufficiently account for total MHS mental health provider needs. Based on the evaluation results of this most current version of PHRAMS, MHS Governance has made the decision that the use of PHRAMS should be discontinued and that no further funding provided. Service models (Army PSM and Navy REDE) have improved over time and similarities between the models have evolved to where a stand-alone mental health requirements model provides no value over the existing Service models.