US Army Reserve Command

Fort Bragg, NC

011600ZJUL15

**OPERATION ORDER 15-131** **(United States Army Reserve Command (USARC), Army Reserve (AR) Deployment Health Assessment Program (DHAP) Updates)**

**(U) References**:

a. Department of the Army, HQDA EXORD 015-14, Deployment Health Assessment Program, 12 Dec 13.

b. DoD Instruction (DoDI) 6490.03, subject: Deployment Health, 11 Aug 06 (updated 30 Sep 11).

c. Department of the Army, HQDA Ready and Resilient Execution Order (EXORD), 25 Mar 13.

**Time Zone Used Throughout the Order: (Zulu)**

**1. (U)** **Situation**.

a. The Army Reserve (AR) Deployment Health Assessment Program (DHAP) is designed to address deployment-related physical and behavioral needs and concerns of Soldiers within the deployment cycle. The DHAP supports the Army-Wide effort to promote well being, reduce Medically Not Ready (MNR) Soldiers to deploy, and maximize unit readiness.

b. Since 2008, the AR DHAP has been supported utilizing Overseas Contingency Operation funding using Active Duty for Operational Support – Reserve Component (ADOS-RC) Soldiers to assist Operational, Functional, Training, and Support (OFTS) commands with scheduling assessments and tracking medical referrals generated from those assessments. Changes in the DHAP ADOS-RC structure require changes in assessment scheduling and referral tracking.

**2. (U) Mission**. OFTS commands will assume responsibility for scheduling Pre-Deployment Health Assessments (PHA) and Post Deployment Health Reassessments (PDHRA) for their Soldiers with DHAP staff NLT 01 Sep 15 in response to structural changes within the DAHP program,

**3. (U) Execution**.

a. Commander’s Intent.

(1) Purpose. DHAP addresses deployment-related physical and behavioral needs. OFTS Commands will manage coordination and scheduling of all DHAs and RSCs will support tracking referrals generated from those assessments.

(2) Key Tasks.

(a) OFTS commands identify Points of Contact (POCs) within their command that will be responsible for coordinating and scheduling DHAs.

(b) The OCAR Program Manager selects and assigns DHA referral tracker personnel supporting the RSC.

(3) Endstate. OFTS commands assume responsibility for DHA scheduling and event coordination and RSCs assume responsibility for referral tracking.

b. Concept of Operations.

(1) OCAR Program Management (PM) personnel train OFTS command personnel on DHA scheduling and coordination.

(2) OCAR DHA Referral Tracker personnel train the assigned RSC DHA Referral Tracker personnel.

(3) Phase I (Jun 15 – Jul 15) – Program Manager hires DHAP FY16 staff and prepares training event (including Exportable Training Package).

(4) Phase II (28-30 Jul 15) – Train-the-Trainer event at Smyrna, Tennessee. OFTS commands will select personnel to attend the Train-the-Trainer event. The trained personnel will become the Subject Matter Experts for the OFTS commands in scheduling and coordinating Deployment Health Assessments. Commands submit number of participants based on unit size (see Annex A).

(5) Phase III (01 Aug – 31 Aug 15) – Left Seat / Right Seat Ride: OCAR / USARC DHAP personnel will assist in transitioning responsibilities to OFTS commands to assume the responsibility for the commands to schedule their own assessment events and attend scheduled events.

(6) Phase IV (01 Sep 15) – OFTS commands manage DHA scheduling and coordination mission.

(7) Phase V (1-15 Oct 15) DHAP Program Manager in-processes and trains the new Referral Tracker personnel. New Referral Tracker personnel assume responsibility of referral tracking mission NLT 15 Oct 15.

c. Task to Staff and Subordinate Units.

(1) **USARC Surgeon.**

(a) Plan, coordinate and execute DHAP Train-the Trainer event during 28-30 Jul 15.

(b) Build Tour of Duty positions for Referral Tracker personnel and make selection.

(c) Build Tour of Duty position for Program Manager / Deputy Program Manager / NCOIC and make selections.

(d) Train and manage Referral Trackers supporting RSCs.

(e) Transmit list of approved referrals generated by Referral Trackers on a monthly basis to Recovery Care Coordinators.

(f) Transmit all completed DHA request forms generated by OFTS Commands to RHRP contractor.

(g) Manage DHAP and ensure quality and performance of the program.

(h) Provide Program Manager, Deputy Program Manager, and NCOIC with office supplies and work space.

(i) Coordinate with MFGIs to provide Liaison NCOs with office supplies and work space.

(2) **USARC G-1.**

(a) Provide RPA and OMAR funding.

(b) Approve Tour of Duty positions.

(3) **Operational, Functional, Training and Support Commands**.

(a) Identify personnel to attend DHAP Train-the Trainer event 28-30 Jul 15. These individuals will train subordinate units scheduling DHAs. OFTS Commands will select personnel to attend 2015 Army Reserve DHAP training based off OFTS Command authorization. See OFTS Command Train the Trainer authorization (see annex A). OFTS Command personnel to attend 2015 Army Reserve DHAP training will be identified NLT 10 Jul 15. Once the personnel selected, send the attendee list to USARC POC noted below.

(b) Left Seat / Right Seat Ride: OCAR / USARC DHAP personnel will assist in transitioning responsibilities to OFTS commands to assume the responsibility of the commands to schedule their own assessment events and attend scheduled events.

(c) 1 Sep 15, OFTS Commands take ownership of DHA scheduling and coordination mission.

(d) IAW DoDI 6490.03 DHAs are required for all OCONUS deployments greater than 30 days, to locations not supported by a fixed Medical Treatment Facility (MTF). Additionally, Soldiers may be instructed to complete DHAs based on environmental risks and at a commander’s discretion for all other deployments (OCONUS deployments less than 30 days, OCONUS deployments with fixed U.S. MTFs, or CONUS deployments).

(e) OFTS Commands will maintain 85% or greater completion of the Post Deployment Health Reassessment within the 90-180 day DoD compliance window from redeployment date.

(f) OFTS Commands will maintain 99% or greater completion of the Post Deployment Health Reassessment in aggregate (from March 2005 – current).

(4) **Regional Support Commands**. RSC Surgeon's offices will provide or coordinate office supplies, work space, and life support for identified Referral Tracker personnel.

d. Coordinating Instructions.

(1) All DHAP personnel will be funded utilizing Overseas Contingency Operation funds.

(2) Train-the-Trainer Event will be at Tennessee the Army National Guard Volunteer training site, Building 500, 7th Ave, Smyrna, TN.

(3) OFTS Commands are expected to fund TDY travel as possible. Limited TDY funds are available via DHAP LOA and G1 Budget Integration office to assist commands with budgetary shortfall if representatives utilize on-post lodging.

(4) Personnel selected to attend Train-the-Trainer event are required to have access and completed current training for these data systems. (HIPAA certificate, Access to Medical Protection System (MEDPROS), Medical Operation Data System (MODS), Integrated Web Services (IWS), Health Readiness Record (HRR), and Emergency Medical Management Processing System (e-MMPS)) (see Annex D).

(5) All attendees will bring their government laptop for training and access to the data systems.

(6) Direct all comments / concerns to the USARC POC noted in 5.c.

**4. (U) Sustainment**. Not used.

**5. (U) Command and Signal**.

a. Command. Not used.

b. Control. OPSEC. All personnel associated with this operation are to become familiar with the USARC Critical Information List (CIL), to prevent disclosures. At no time will critical information be transmitted or discussed via non-secure means of any type. All material directly or indirectly related to this operation will be properly marked, stored and disposed of using approved methods and processes. All accidental disclosure of CILs must be reported as a CCIR per USARC OPORD 15-117 (USARC, CCIR) and associated FRAGOs.

c. Signal.

(1) DHAP Program Manager LTC Steven Gandia, (703)806-6687 or [stecen.gandia.mil@mail.mil](mailto:stecen.gandia.mil@mail.mil).

(2) OCAR Surgeon POC is CPT Holley-Mobley, (910) 570-8108, or [rhuna.a.holleymobley.mil@mail.mil](mailto:rhuna.a.holleymobley.mil@mail.mil).

(3) USARC Surgeon POC is Wendy Gibbs, (910) 570-8105, or [wendy.m.gibbs5.ctr@mail.mil](mailto:wendy.m.gibbs5.ctr@mail.mil).

**ACKNOWLEDGE:** Receipt of this order within 72 hours to the ARWATCH at [usarmy.usarc.usarc-hq.mbx.army-reserve-operations-center@mail.mil](mailto:usarmy.usarc.usarc-hq.mbx.army-reserve-operations-center@mail.mil).

**TALLEY**

**LTG**

**OFFICIAL:**

WARMACK

G-3/5/7

**ANNEXES:**

**Annex A** (OFTS Authorization Train the Trainer)

**Annex B** (SOP TBP)

**Annex C** (Data System)

**Annex D** (Save the Date Flyer)

**DISTRIBUTION:**

**OPERATIONAL COMMANDS:**

3 MCDS

11 TAC

200 MP CMD

311 SC(T)

335 SC(T)

377 TSC

412 TEC

416 TEC

807 MCDS

**FUNCTIONAL COMMANDS:**

1 MSC

7 CSC

9 MSC

79 SSC

AR-MEDCOM

MIRC

USACAPOC(A)

**TRAINING COMMANDS:**

75 TNG CMD (MC)

80 TNG CMD (TASS)

83 US ARRTC

84 TNG CMD (UR)

85 USAR SPT CMD (W)

USAR SPT CMD 1A DIV (W)

87 USAR SPT CMD (E)

USAR SPT CMD 1A DIV (E)

108 TNG CMD (IET)

USAR SPT CMD (1A)

**SUPPORTING COMMANDS:**

63 RSC

81 RSC

88 RSC

99 RSC

76 ORC

ARCD

LEGAL CMD

USAG-Fort Buchanan

ASA-Dix

USAG-FHL

USAG-Fort McCoy

UAU (USARC Augmentation Unit)

AREC:

USARPAC

ARNORTH

ARSOUTH

ARCENT

AFRICOM

CENTCOM

USAREUR

USARAF

8TH ARMY

NORTHCOM

USARJ

I CORPS

PACOM

SOUTHCOM

III CORPS

COPY FURNISH:

AOC/CAT USA Reserves

USARC XOs

USARC DIR/DEP/CH/ASST

OCAR Directors & Deputies

**ANNEXES:**

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**Annex B** (SOP) TBD

**Annex C** (Data Systems)



**Annex D** (Save the Date Flyer)

