



## DEPARTMENT OF THE ARMY AND THE AIR FORCE

NATIONAL GUARD BUREAU  
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NGB-ARP

17 April 2007

MEMORANDUM FOR The Military Personnel Offices of All States, Puerto Rico, the US Virgin Islands, Guam, and the District of Columbia

SUBJECT: Toolkit for Post Deployment Health Reassessment (PDHRA)

1. Purpose. The purpose of this document is to provide information on the Army National Guard (ARNG) PDHRA program, policies, and procedures. This document and the accompanying appendices comprise the ARNG PDHRA Commander's Toolkit. This toolkit was designed to provide information for ARNG Unit Commanders, State PDHRA Program Managers, and all other personnel participating in, planning, or conducting a PDHRA event.

2. References:

a. Memorandum, DA, 23 January 2006, subject: US Army Post Deployment Health Reassessment Implementation Plan.

b. Memorandum, NGB-ARS, 21 April 2006, subject: Army National Guard Post Deployment Health Reassessment (PDHRA) Screen.

c. Memorandum, NGB-ARP, 6 February 2007, subject: Line of Duty (LOD) Procedures for the Post Deployment Health Reassessment (PDHRA) Process.

d. Memorandum, NGB-ARP, 10 March 2006, subject: Army National Guard (ARNG) Post Deployment Health Reassessment (PDHRA) Program Personnel Instructions.

e. Memorandum, NGB-ARP, 7 November 2006, subject: Army National Guard (ARNG) Post Deployment Health Reassessment (PDHRA) Organic Screening Process & Procedures.

3. Introduction. Research has shown that many combat-related health concerns may not manifest themselves until 90-180 days after a combat deployment.

a. The PDHRA is designed to provide a health reassessment for our Soldiers 90-180 days after returning from a combat deployment, with a specific emphasis on mental health. The PDHRA identifies these health concerns and provides Soldiers access to appropriate healthcare resources.

b. The PDHRA is part of the Deployment Cycle Support (DCS) Program and is a mandatory event for units returning from a combat deployment.

c. Experience has shown that most Soldiers will be excited to take part in this program and to have the opportunity to voice their health concerns resulting from their deployment.

#### 4. Roles and Responsibilities.

a. Office of the Secretary of Defense-Health Affairs (OSD-HA). Responsible for implementing the PDHRA Program across all military services. Has contracted to conduct PDHRA screens using face-to-face on-site screening interviews and a 24x7 PDHRA Call Center. **Utilization of the contracted screening teams by ARNG units must be scheduled and coordinated through the NGB PDHRA Team.**

b. Assistant Secretary of the Army for Manpower & Reserve Affairs (ASA (M&RA)). Responsible for implementing and managing the PDHRA Program, scheduling PDHRA screening events, and providing assistance to Army service components.

c. The National Guard Bureau (NGB). Responsible for coordinating PDHRA events for all ARNG units. The NGB oversees PDHRA compliance, metrics reporting, forecasting, and scheduling for the ARNG.

d. State PDHRA Program Managers. Responsible for coordinating all State PDHRA activity and providing follow-up and tracking for referrals and LODs generated as a result of PDHRA screening. Responsible for reporting referral, LOD, and treatment statistics to the NGB on a monthly basis.

e. Unit Commanders. Accurately identify Soldiers that require PDHRA screening and request assets through the State PDHRA Representatives. Allocate time to complete PDHRA screening on the unit training schedule and ensure eligible Soldiers are accounted for during scheduled screening events.

f. The Veteran's Administration (VA). In conjunction with the Vet Center, provides support for PDHRA on-site screening events. Provides benefits counseling, medical evaluation and treatment for combat and disabled veterans. Provides evaluation and treatment for PDHRA referrals for separated and retired Soldiers.

g. Military Treatment Facilities (MTF). Provides PDHRA screening, conducts referral care coordination, and provides treatment for Active Component Soldiers. With prior coordination, ARNG Soldiers may use MTFs for treatment of deployment-related health concerns under the same priority of care as Active Component Soldiers.

j. TRICARE/Military Medical Support Office (MMSO). An alternate source for referral care and treatment for ARNG Soldiers, which requires prior authorization for care from MMSO.

5. Screening Methods. The ARNG has three primary methods available for Unit Commanders to screen their Soldiers: On-Site Screening, Call Center Screening, and Organic Screening.

a. On-Site Screening. Provided by licensed and trained Healthcare Providers (HCPs) that travel to the unit's location. Each team is composed of six team members and the equipment required to complete the DD Form 2900 electronically. Internet connectivity is not required to support the teams. Each team is capable of screening a minimum of 60 Soldiers per eight-hour day. In order to schedule an on-site screening event, a minimum of 60 Soldiers must be eligible for screening, and the unit must be able to make Soldiers available for screening throughout a full duty day. If more than 60 Soldiers need screening, additional teams may be scheduled or events can be scheduled over multiple days. On-site screening teams are reserved on a first-come, first-served basis.

b. Call Center Screening can be accomplished in one of two ways. Units may schedule Call Center events during drill weekends or they can allow Soldiers to contact the Call Center during their off-duty time.

(1) A Soldier completes Pages 1 through 3 of the DD Form 2900 online through AKO at <https://apps.mods.army.mil/mwde/secure/AKOFForms.asp>. Once complete the Soldier should contact the Call Center at 1-888-PDHRA-99 to complete Page 4 of the DD Form 2900 with an HCP. *Typically requires 15-30 minutes to complete.*

(2) If a Soldier does not have access to the Internet, the Soldier can contact the Call Center directly at 1-888-PDHRA-99. Call Center staff will assist the Soldier in completing Pages 1 through 3 of the DD Form 2900 over the phone and will then immediately conduct a PDHRA screening interview. *Typically requires 30-45 minutes to complete.*

c. Organic Screening. If neither of the above options meets the needs of a unit, States may resource and use organic assets, along with the DD Form 2900, to provide PDHRA screening for their Soldiers. However, per the referenced Organic Screening Process & Procedures memorandum, all screenings must be completed electronically and uploaded to the Medical Protection System (MEDPROS).

6. Scheduling. State PDHRA representatives complete the On-Site Screening Request Form or the Call Center Screening Request Form and forward it to the NGB PDHRA Team ([nqgbg1pdhra@ng.army.mil](mailto:nqgbg1pdhra@ng.army.mil)) to schedule PDHRA screening events. Units must accurately project the number of Soldiers that will participate in screening events, using the following guidelines:

a. Base scheduling requests on Soldiers **currently** assigned. Soldiers who deployed with one unit and subsequently transferred to another component or unit will be the responsibility of their gaining Unit Commander.

b. MEDPROS was designed to ensure that PDHRA eligibility and screening status is tracked on a by-name basis. Soldiers' eligibility and compliance can be verified using this module.

c. Units may invite former Soldiers that have ETS'd or Retired and remain in the local area to participate in the PDHRA process, however these former Soldiers should not be included in scheduling projections since their attendance cannot be enforced. Historically, on-site screening teams have not had any problems screening small numbers of additional Soldiers. If projected ETS/Retired participation will significantly increase projected participation numbers, consult NGB PDHRA Team for guidance. Additionally, States may coordinate with local USAR units to incorporate USAR Soldiers into the PDHRA on-site screening events.

d. Requests to schedule on-site PDHRA events cannot be accepted within 21 days of the proposed date. This lock-in period is required to minimize cost to the government in making travel arrangements for the screening teams. Additionally, events are locked-in by the contractor and cannot be changed or cancelled within 14 days of the scheduled event.

7. Battlemind Training. The Walter Reed Army Institute of Research (WRAIR) developed Battlemind Training to be part of the PDHRA process in the DCS plan. Units will conduct this training at 3-6 months post-deployment to help Soldiers understand that the Battlemind skills that are essential in combat may be harmful in day-to-day life.

a. Units should conduct this training either during a drill weekend prior to the PDHRA event, or in conjunction with the PDHRA screening process prior to completion of the DD Form 2900 and subsequent HCP evaluation.

b. The training requires approximately one hour. Units should conduct the training in small, platoon-sized groups to encourage interaction and discussion. Soldiers may view Battlemind Training at <http://www.virtualarmory.com/mobiledeploy/PDHRA> in locations where small group training is not possible.

c. Units should assign an individual to facilitate the Battlemind Training. Training should be facilitated by behavioral health personnel, chaplains, or other personnel who are familiar with behavioral health issues and preferably who have deployment experience. Instructor materials, including a PowerPoint presentation with embedded video clips, are available to assist these unit facilitators in presenting the training at <http://www.virtualarmory.com/mobiledeploy/PDHRA>. For those units conducting on-site screening, the on-site screening teams' behavioral health specialists are available for additional training support. For those units conducting Call Center screening, include Battlemind Training on the training schedule and conduct the class prior to beginning the Call Center process. With prior coordination, Vet Center personnel may provide valuable assistance with this training, as well.

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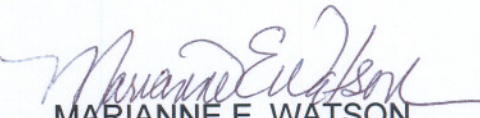
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8. Resources and Coordination Required. Every PDHRA event is unique. Details about facilities and equipment required to support PDHRA events are located in Appendix D of this Toolkit.

9. Enclosures. Various enclosures to this document provide more detailed information on specific processes or procedures. These enclosures may be updated from time-to-time, to reflect the most current processes. Enclosures are available at <http://www.virtualarmory.com/mobiledeploy/PDHRA/toolkit.aspx>.

10. The point of contact for this memorandum is CW3 Bonny Bell at DSN 327-9472 or 703-607-9472, [bonny.bell@ng.army.mil](mailto:bonny.bell@ng.army.mil).

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