



Health Promotion, Risk Reduction  
And Suicide Prevention

# National Guard Breakout

**MSG Marshall Bradshaw  
(And many others...)**



# Suicide Prevention Statistics

## Agenda

- ARNG Suicide Prevention - Current Operation Picture
- ANG Suicide Prevention Program Overview
- Pilot Program – Virtual Reality Exposure Therapy (Raydon)
- Nebraska – Fellowship Groups, Peer-to-Peer
- Kentucky – State Partnerships
- Indiana – Crisis Action Teams
- Ohio – Ohio Cares
- Michigan – Buddy to Buddy
- California – Embedded Behavioral Health





Health Promotion, Risk Reduction  
And Suicide Prevention

# Current Operating Picture

**MSG Marshall Bradshaw**



# Suicide Prevention Statistics

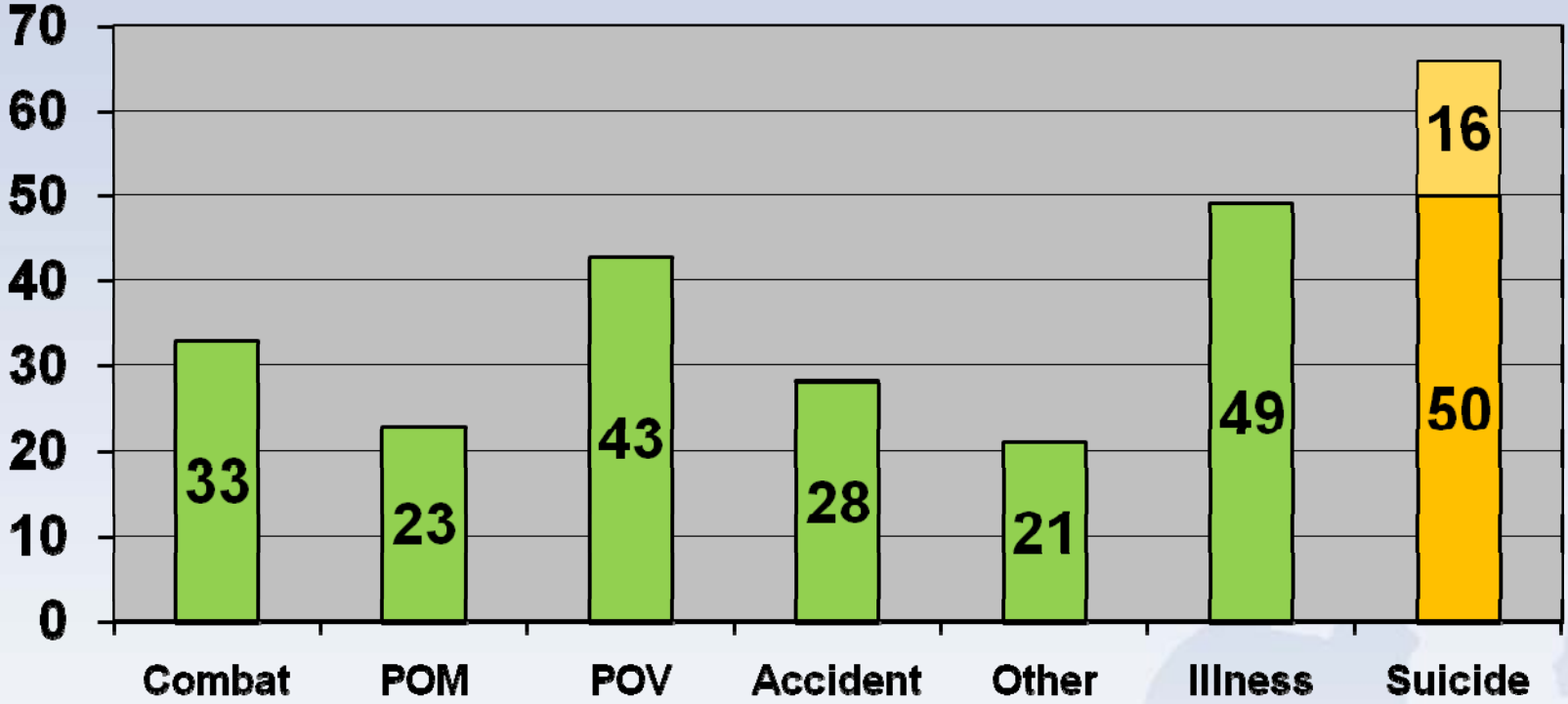
## 2002 - Present

- 95% Male / 86% White / 46% Married
- 35% After REFRAD / 53% Never Deployed / 12% in Theatre
- 95% Enlisted / 50% E1-E4 Grades/ 56% M-Day
- Highest average rate per 100,000 is 20-24 year and the 35-39 year Age Groups
- Stressors
  - ❖ Relationship Failure (70%)                      Job Problems (66%)
  - ❖ Legal Problems(40%)                              Financial Problems
  
  - ❖ Differences between Active Army / ARNG:
    - Access to Care
    - REFRAD (Release from active duty)

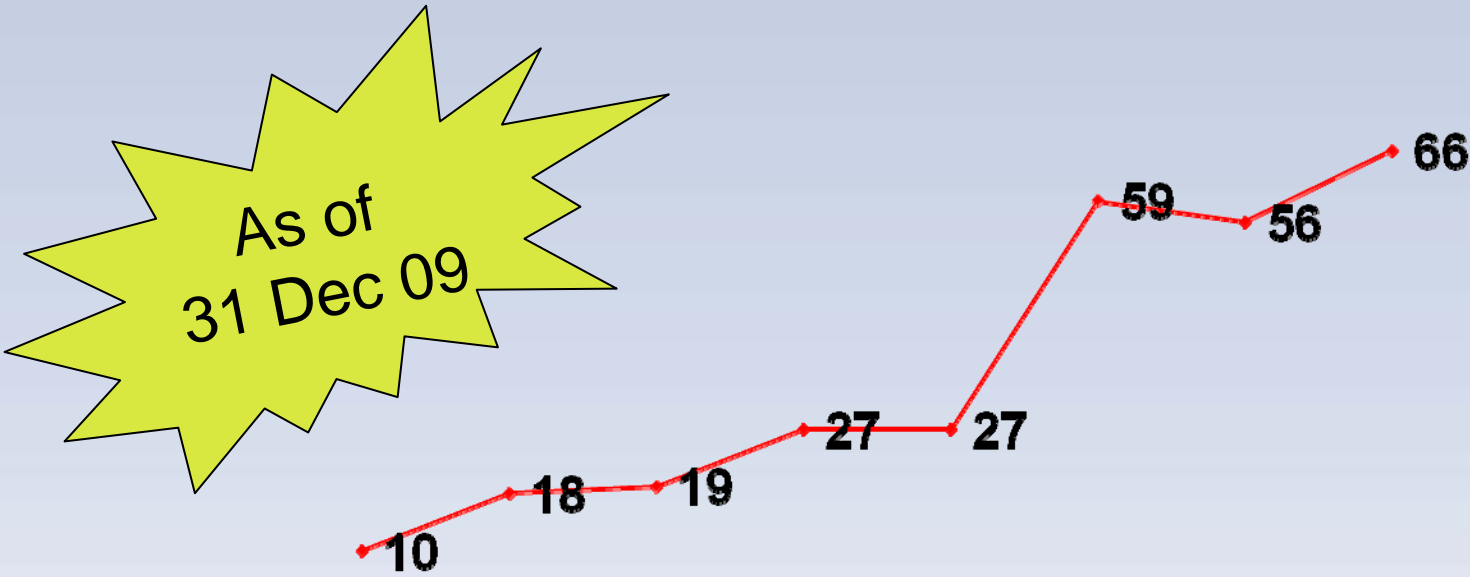


# Suicide Prevention Statistics

## Army National Guard Fatalities 2008



# Suicide Prevention Statistics

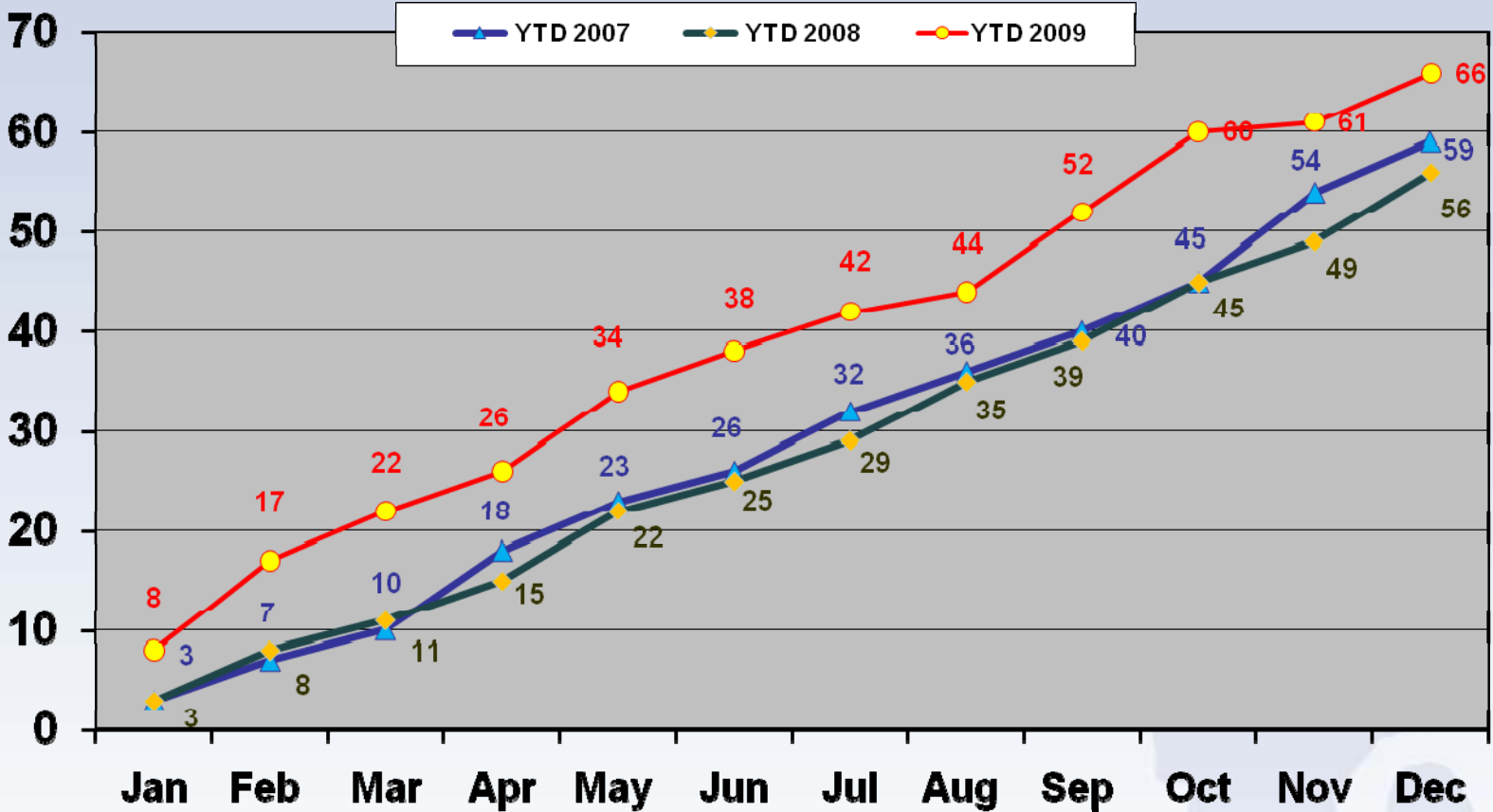


	2002	2003	2004	2005	2006	2007	2008	2009
<b>M Day</b>	1	6	10	10	22	40	40	50
<b>Title 32</b>	4	5	5	5	2	9	5	7
<b>Title 10</b>	5	7	4	12	3	10	11	9
<b>→ Total</b>	10	18	19	27	27	59	56	66



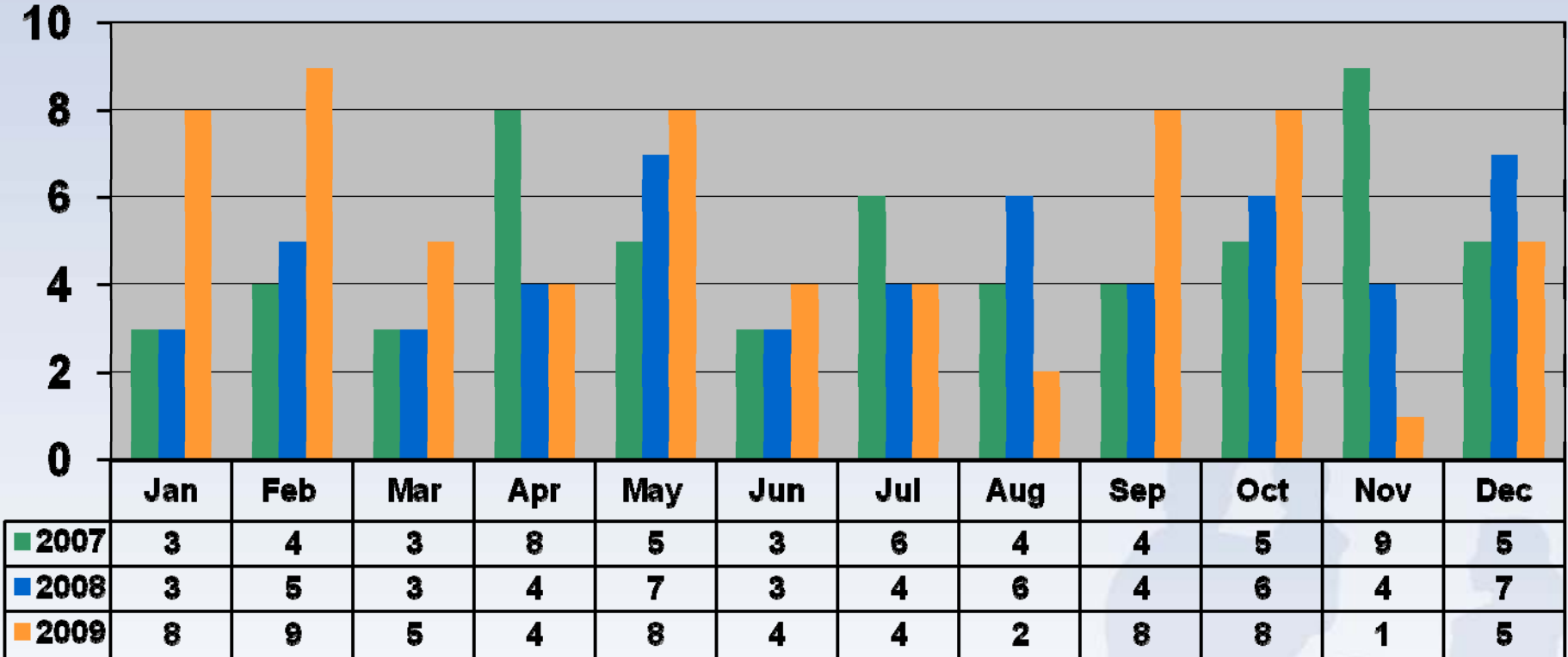
# Suicide Prevention Statistics

## Suicides Year-to-Date: 2007 vs 2008 vs 2009



# Suicide Prevention Statistics

Suicides Year-to-Date: 2007 vs 2008 vs 2009

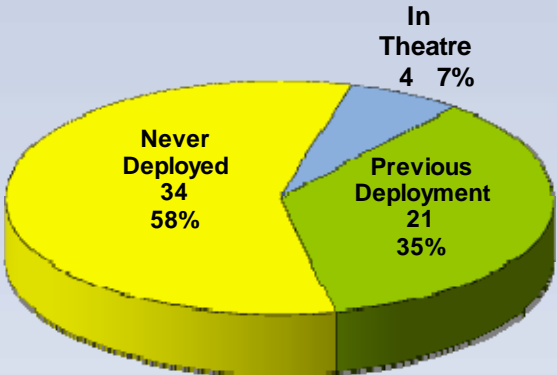




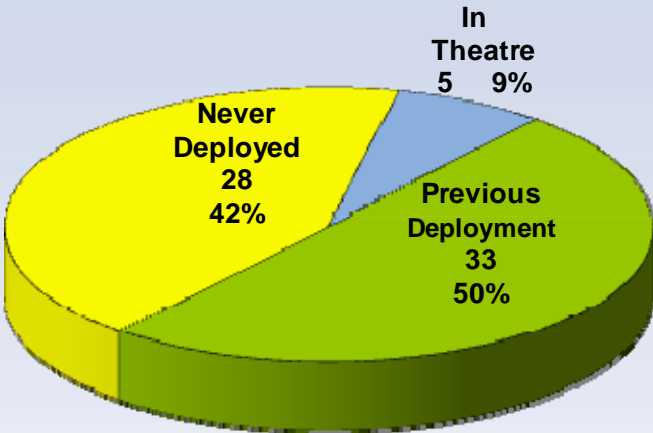
# Suicide Prevention Statistics

## Deployment History

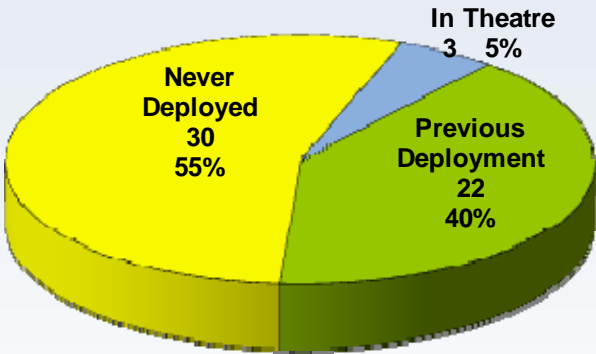
2007



2009



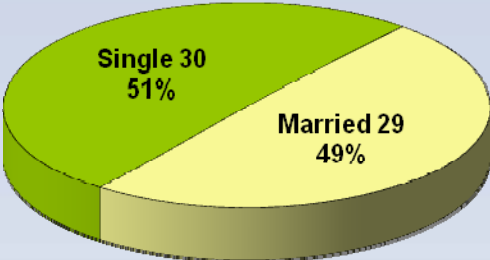
2008



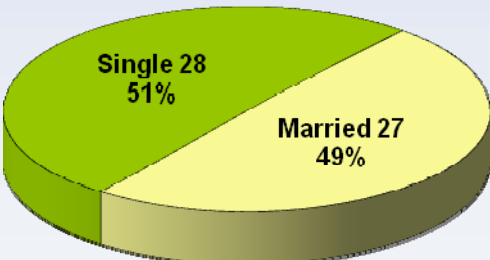
# Suicide Prevention Statistics

## Marital Status

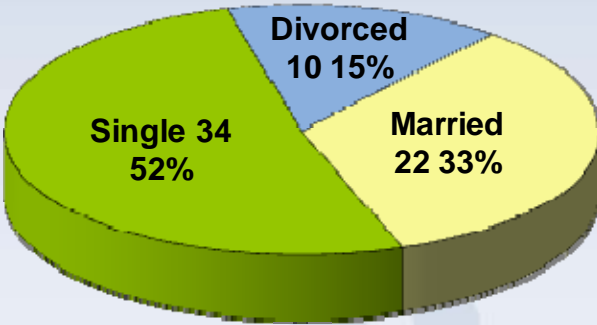
2007



2008



2009



# Challenges?



# Challenges

- STIGMA
- Rising number of Suicides
- Data tracking
  - ❖ Improved documenting of suicides since mid 2006
  - ❖ Lack of historical data
  - ❖ Lack of reliable system for gathering usable data (soft information - historical personal data, forensic autopsy, etc.)
  - ❖ Lack of ability to track attempts effectively



# Challenges

- Geographically dispersed population
- Competition for quality time during drill
- Limited mental health and chaplain resources
- Unfunded requirements (AR 15-6, ASIST)
- Communication
- Uniqueness / Diversity of States
- Collaboration with Active Component (Stand Down, AR 600-63)



# Challenges

- Confusing policy surrounding services
- Multiple Deployments
- Lack of good handoff from Active Army
- Recruiting of high Risk Soldiers
- Economy



# Change?



# Change

- Health Promotion, Risk Reduction Model
- Redefine Prevention
- Resiliency
- Collaboration between programs (Sexual Assault, Suicide Prevention, Family Programs, Deployment Cycle Support)
- Collaboration between components, services and agencies (Army looking to Guard for answers)
- Re-structuring (SFSS, J9)
- Infusion of command attention and funding for new initiatives





## Successes ?



## Successes

- SPPMs, Task Forces and support personnel
- Integrated into Army initiatives (VCSA Task Force, CSF)
- Integrated into the AR 600-63 and DA Pam 600-24
- Soldier Family Support and Services Division
- Stand Down and Chain Teaching
- Blast Tracker
- Full Time manning for Suicide Prevention Program Managers
- Directors of Psychological Health



# Successes

- Way ahead for tracking PDHA and PDHRA referrals ( MND Module)
- Home Front interactive video starting production
- State initiatives leading the way – pioneering spirit (The positive side of state autonomy)
- Future initiatives gaining momentum
- This workshop – moving beyond the basics
- SPPMs, task forces and support personnel – passion, optimism and drive



# Way Ahead

- VCSA Task Force – Multi-Component Solutions
- Collaboration Across Services, Components, National Agencies, States, Counties and Local Communities
- Studies: NIMH 5 year study, USACHPPM Analysis Cell, Data Collection efforts
- Standardized and Funded Policy
- Health Promotion / Risk Reduction Model (Prevention and Resiliency)
- Standardized / Certified Training
- State Based Solutions – Unique, Developed, Distributed



# Way Ahead

- Full-time, dedicated risk reduction structure at the state level
- Health Promotion, Risk Reduction collaborative training solutions
- Measure effectiveness to ensure quality programming and policy
- 





# Health Promotion, Risk Reduction And Suicide Prevention

## Questions?

**MSG Marshall Bradshaw**

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**[Marshall.bradshaw@us.army.mil](mailto:Marshall.bradshaw@us.army.mil)**





# ANG – Suicide Prevention Update

## 13 January 2010

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## DoD Joint Suicide Prevention Conference Washington, DC



Air National Guard Chaplain Corps

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UNCLASSIFIED



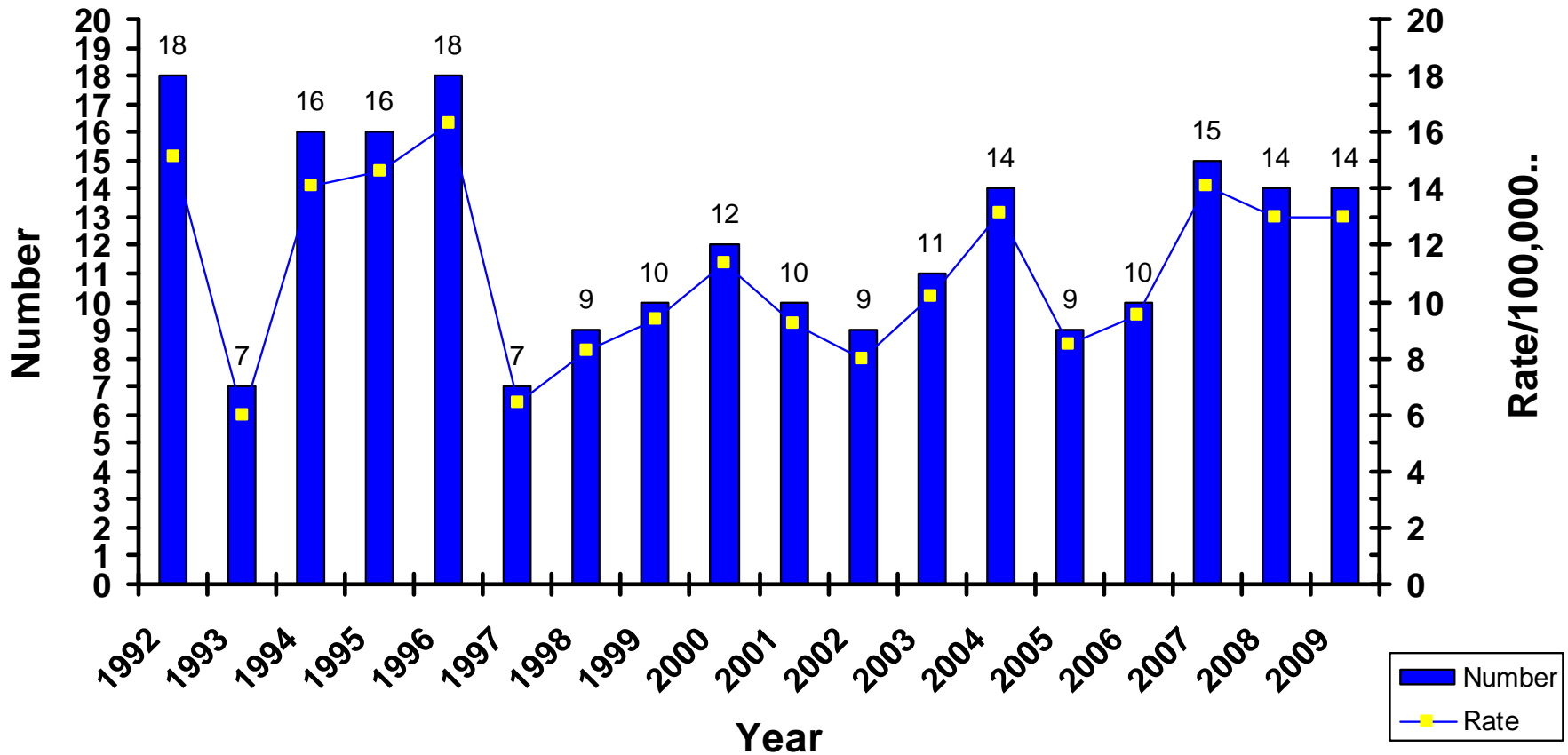
# ANG CY Number and Rate of Suicides – 1992-2009

Year	# Suicides	ANG Population	Rate per 100,000	Source
1992	18	119,083	15.1	ANG/SPM
1993	7	117,162	6	ANG/SPM
1994	16	113,587	14.1	ANG/SPM
1995	16	109,826	14.6	ANG/SPM
1996	18	110,484	16.3	ANG/SPM
1997	7	110,025	6.4	ANG/SPM
1998	9	108,792	8.3	ANG/SPM
1999	10	106,476	9.4	ANG/HC
2000	12	104,877	11.4	ANG/HC
2001	10	108,487	9.2	ANG/HC
2002	9	112,075	8.0	NGB/AIM
2003	11	108,138	10.2	NGB/AIM
2004	14	107,030	13.1	NGB/AIM
2005	9	106,430	8.5	NGB/AIM
2006	10	105,660	9.5	NGB/AIM
2007	15	106,254	14.1	NGB/AIM
2008	14	107,679	13	NGB/AIM
2009	14	107,679	13	NGB/AIM





# ANG CY Number and Rate of Suicides – 1992-2009





# Suicide Prevention Resources

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- Air Force Suicide Prevention Program
  - <http://afspp.afms.mil>
- Army Suicide Prevention Program
  - <http://www.armyg1.army.mil/hr/suicide/>
- Army Center for Health Promotion
  - <http://chppm-www.apgea.army.mil/DHPW/READINESS/SUICIDE.ASPX>
- Marine Corps Suicide Prevention
  - <http://www.usmc-mccs.org/suicideprevent/>



# Suicide Intervention Training

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- Applied Suicide Intervention Skills Training
  - <http://www.livingworks.net/AS.php>
- National Center for Suicide Prevention Training
  - <http://training.sprc.org/>
- Suicide Prevention Training (QPR)
  - <http://www.qprinstitute.com/>
- Suicide Prevention, Intervention & Postvention
  - <http://www.icisf.org/training/classes/>



# **Suicide AFI's on Prevention/Intervention/ERB**

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- **AFI 90-501 – (Suicide) Event Review Board**
- **AFI 44-153 - Traumatic Stress Response**
- **AFI 44-154 - Suicide and Violence Prevention Education and Training**
- **ANGI 52-154 - Suicide Prevention and Violence Awareness Education and Training**



# ANG-Wide

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- Suicide Prevention is a Commander's program
- SG has the over-all responsibility
- HC and SG have always been in a collaborative-supportive role
- ANG/Safety is also a partner
- Mandatory annual CBT training, tracked by unit training manager, annual report to ANG/SG
- Should be incorporated into a Unit – Wingman Day Program



# ANG-Suicide Prevention IPT

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- ANGRC Integrated Product Team (IPT) will include HC, SG, and SE
- With senior leadership support, the IPT will develop a plan for recommendation to the field
- The plan will outline steps that will heighten community awareness of suicide and suicide risk factors, and create a safety net that provides protection and adds support for those in trouble.
- Wing/HC is strongly encouraged to establish an Integrated Delivery System (IDS) to adapt and implement plan.



# ANG-Suicide Prevention

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**QUESTIONS?**



**The 2010  
DoD/VA Suicide Prevention  
Conference  
National Guard Breakout Session**



# Agenda

- Raydon
- Medical VR Infrastructure Concept
- Early Adopters
- National Guard Opportunity
- Issues/Challenges
- Q&A

# WHO IS RAYDON

# Who We Are & What We Do

- Formed in 1988 by three former GE Conduct of Fire Trainer (COFT) logistics engineers
- 300+ employees

## DRIVER TRAINING

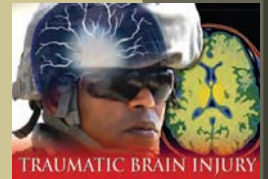


232 Raydon Virtual Driver (RVD) Seats in Schools & Corporations



## MEDICAL

Aggressively Investing in Fundamentally Changing How We Access and Treat TBI, PTSD, and Soldier Resiliency



## MILITARY

Largest Provider of Convoy Training Seats and Route Clearance Training Systems to the US Military

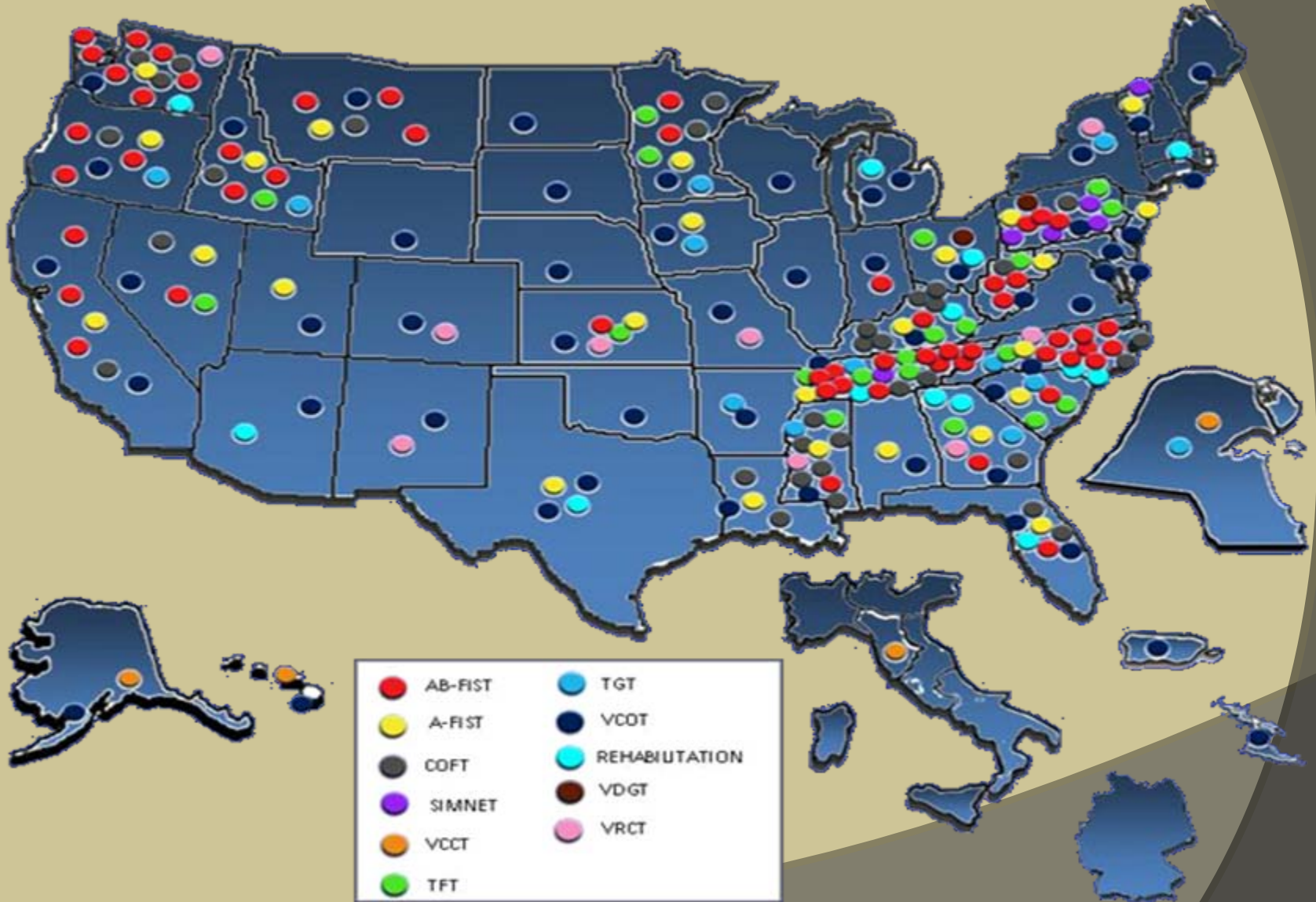


## INTERNATIONAL

Engaging in International Allied Market Sales to Bring Simulation Solutions Worldwide



# \$200M Investment - 2190 VR Training Seats



# Raydon the ARNG Virtual Training Systems Integrator



# **MEDICAL VR INFRASTRUCTURE CONCEPT**

# The Concept



**BASELINE**



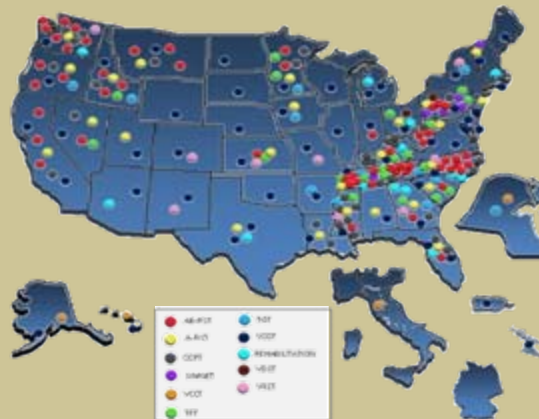
**SCREEN**



**RETRAIN**



**REHABILITATE**



**TREAT**

**VIRTUAL  
INFRASTRUCTURE**

# Methods

## Mild Traumatic Brain Injuries (mTBI)



**BASELINE**



**SCREEN**



**REHABILITATE/  
RETRAIN**

## Post Traumatic Stress Disorder (PTSD)



**INOCULATE &  
BASELINE**



**SCREEN**



**EXPOSURE  
THERAPY**



# virtualRx™ Platforms

- Desktop
  - Full Mission
  - Mobile
- Assessment Center
- Combat Seats



# virtualRx™

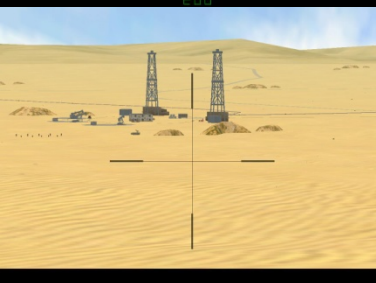
## Content

### Military content:

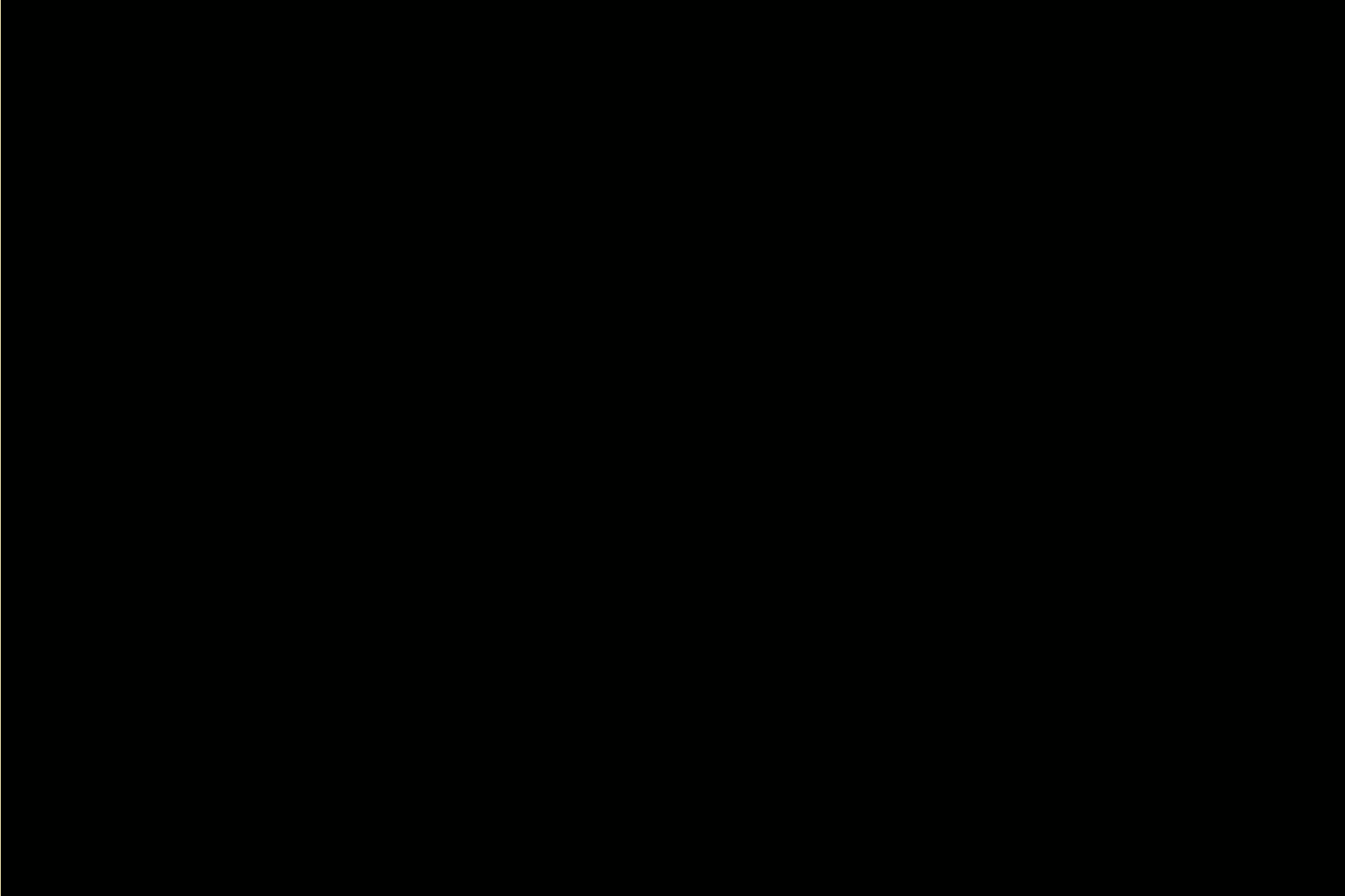
- Geo-specific/geo-typical terrains
- Night vision capabilities
- Canned scenario generation exercises
- Clinician tailored scenario generation exercises

### Driver content:

- Novice driver curricula
- Driver improvement curricula
- Cognitive Assessment curricula
- Selectable Conditions in each curricula



# Terrains



# Army Now



## Army Now

**Title: Soldiers combat PTSD  
though convoy simulation training**

**Air ID: AN111307-2**

**RT: 59 sec.**

**Producer: Thomas**

# **VALIDATION THROUGH CONSUMPTION**

# Medical Facilities using virtualRx™

## Military Treatment Facilities:

- Two locations: Blanchfield and Winn Army Community Hospitals

## Veteran Administration Medical Center:

- Seven locations including one Polytrauma Hospital

## Private Hospital:

- One location: Euclid Hospital



# **PATH FORWARD**

# Five Year Strategy



YEAR 1  
PILOT BASELINE &  
SCREEN



YEAR 2  
UPGRADE  
INFRASTRUCTURE



YEAR 3  
PILOT TREATMENTS



YEAR 4  
UPGRADE INFRASTRUCTURE



YEAR 5  
PILOT PROTOCOL  
PUSH/PULL



# Cognitive and Psychomotor Performance Data is Analogous to Cognitive DNA

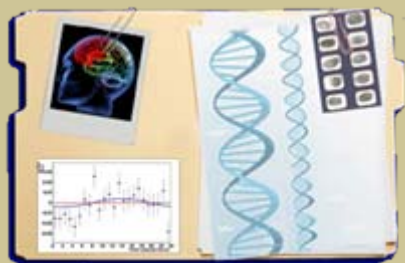


This block contains three distinct visual elements. At the top is a 10x10 grid of small soldier icons, with one icon in the 4th row, 7th column highlighted by a white box. Below the grid is a profile card for 'SGT Joe Smith'. The card includes a small photo of the soldier, a table of 'Combat Platforms' and 'Skill Rating', and two progress bars for 'Cognitive Skill Profile' and 'Psychomotor Skill Profile'. At the bottom of the block are two smaller images: an ECG-style waveform on the left and a dense, colorful pattern resembling a brain scan or data visualization on the right.

Combat Platforms	Skill Rating
Abrams	C1
BFV	C3
Stryker	C4

Unique to Each Warfighter and Easy to Collect

# The Benefits



**COGNITIVE DNA  
DATABANK**



**EMPLOY \$200M  
INVESTMENT**



**HIGH TECH  
PERFORMANCE  
RECORDS**



**BASELINE WHILE  
YOU TRAIN**



**CAPABILITY TO THE  
WARFIGHTER**



**CLINICIAN:  
CLIENT RATIO**

# CONCLUSION

- Funding - Who Pays?
- Data Collection – Is Data Private?
- Stigma – Will Warriors Seek to Game it?

# Questions and Answers



# Nebraska National Guard

Information Briefing

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## PEER SUPPORT PROGRAM OVERVIEW

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2010

JOINT FORCE HEADQUARTERS  
NEBRASKA  
Chaplain (COL) Rod Armon



UNCLASSIFIED BRIEFING – FOR OFFICIAL USE ONLY

# PEER-TO-PEER SUPPORT PROGRAM

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## HISTORY

- Initiative established during Katrina – November 2005
- Model is taken from Crisis Intervention Stress Management (CISM) used by Police and Fire Rescue personnel
- Conducted first class of Peer Support Specialist – August 2006
- Contracted with Dr. Jon Kayne to administer and instruct course.



# PEER-TO-PEER SUPPORT PROGRAM

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## WHAT A PSS IS NOT!

- A professional counselor
- Able to diagnose
- A spy for the unit leadership



# PEER-TO-PEER SUPPORT PROGRAM

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## **COMPONENTS OF A PEER SUPPORT SPECIALIST**

- Genuine concern for fellow guard members
- Good listening skills
- Good communication skills
- Problem solving skills
- Willingness to share experiential knowledge and skills
- Have referral skills

# PEER-TO-PEER SUPPORT PROGRAM

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## COURSE CURRICULUM

- Initial training – 16 hours
  - Introduction and Orientation to Peer Support
  - Introduction to Stress and It's History
  - Suicide Prevention
  - Introduction to Counseling Skills
  - Post Traumatic Stress Disorder (PTSD) – Overview
  - Mechanisms of Action in Health and Disease
  - Stress – Coping and Typical Problems
  - Special Assessments and Interventions
  - Resources – used for referral

# PEER-TO-PEER SUPPORT PROGRAM

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## COURSE CURRICULUM

- Refresher Training (PSP2) – 10 hours
  - Introduction and Updates
  - Communication
  - Scenario Role Playing
  - Round Table Discussion on Challenges and Insights



# Nebraska National Guard

## Information Briefing

Building Resilient And Stable  
Warriors and Families In The  
Nebraska National Guard  
(Battalion level and below  
with/without an assigned Chaplain)

2010

JOINT FORCE HEADQUARTERS  
NEBRASKA  
Chaplain (COL) Rod Armon



UNCLASSIFIED BRIEFING – FOR OFFICIAL USE ONLY

# **Building Resilient And Stable Families In The Nebraska National Guard (Battalion level and below with/without an assigned Chaplain)**

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## **PRE-DEPLOYMENT**

### **Current Practice**

Assigning UMT's in support of deploying units to support the Command structure by providing an available and ready Pastoral resource. Giving the CO and other leaders a personal & confidential "ear" & resource. UMT's will address relationship enhancement, communication, suicide prevention and available Chaplain resources with Warriors and their families. UMT's are responsible train as the Warriors train.

### **End Goal**

In addition to the above, a UMT should be sent to the MOB site to train with the unit and to provide onsite pastoral care. Alleviates the Command Staffs preoccupation with potential problems. Serves as a point of contact with families back home. Provides Warriors and families with a known Pastoral resource. Coordinates with MOB site Chaplains for additional Pastoral care.

# **Building Resilient And Stable Families In The Nebraska National Guard (Battalion level and below with/without an assigned Chaplain)**

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## **PRE-DEPLOYMENT**

### **Current Practice**

Push information out to families through the unit leadership.

### **End Goal**

Chaplains attend “Town Hall” meetings as an official component of the Command Staff. These meetings are sponsored by the Unit Commander to educate families and ESG’s offered in the area. In addition the Command gives detailed information regarding training deployment cycle training schedule.

# **Building Resilient And Stable Families In The Nebraska National Guard (Battalion level and below with/without an assigned Chaplain)**

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## **DEPLOYMENT**

Conduct ESG's. The philosophy of ESG's are to create a casual, non-threatening place to meet with other family members of deployed Warriors. TAG assigned Command representatives, Chaplains and Support Staff discuss the deployment, discuss concerns and network. It is a place to give and receive support.

Conduct support groups for youth under the guidance and supervision of the Nebraska National Guard Director of Mental Health.

2-3 months prior to return Chaplains conduct reunion training for families including suicide prevention.

Director of Psychological Health for the VA meets with families to educate them on the difference in "normal" combat stress and PTSD.

# Building Resilient And Stable Families In The Nebraska National Guard (Battalion level and below with/without an assigned Chaplain)

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## POST-DEPLOYMENT

### Current Practice

- Educate Warriors and their families on best practices concerning communication and relationship enhancement as it pertains to reintegration after a long separation.
- Educate Warriors and their families on how to recognize behavioral warning signs and the resources to turn to.
- Combat Stress vs. PTSD

### End Goal

- To continue the above practices in addition to setting up a program to ensure that every soldier has “eyes” on during the reintegration time.





# Nebraska National Guard

## POC FOR QUESTIONS?

JOINT FORCE HEADQUARTERS – NEBRASKA

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# Suicide Prevention Efforts in Kentucky – State Partnerships

CPT Philip V. Majcher  
13 January 2010



# Army Health Promotion and Risk Reduction Campaign

## Kentucky Overview

11<sup>th</sup> ranking cause of death

- Completed Suicides
  - 82% - male
  - 43% - 30-49 years old
  - Firearm – Leading method
- Attempted Suicides
  - 58% - females
  - 51% - 30-49 years old
  - Poisoning – Leading method

POINT:

Suicide is not just a KYNG issue, it a Kentucky issue.





# Army Health Promotion and Risk Reduction Campaign

## Kentucky State Partnership Overview

The National Guard is  
a sub-culture of it's  
state.





# Army Health Promotion and Risk Reduction Campaign

## Kentucky State Partnership Overview

- Kentucky Suicide Prevention Group
  - Goals
  - Targets
  - Means:
    - Question, Persuade, Refer (QPR)





# Army Health Promotion and Risk Reduction Campaign

## Kentucky State Partnership Overview

KYSP Group wants QPR throughout the state  
+ KYNG is located throughout the state

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NATURAL PARTNERSHIP throughout the state





# Army Health Promotion and Risk Reduction Campaign

## Kentucky State Partnership Overview

### End Product:

The KYNG is provide opportunities to FRGs to receive QPR training which will:

- 1) make their communities safer
- 2) provide safe National Guard homes which will increase READINESS.





# Army Health Promotion and Risk Reduction Campaign

## Kentucky State Partnership Overview

### Contact Information:

CH (CPT) Philip V. Majcher

Kentucky Suicide Prevention Program Manager

(502) 607-1252 – Office

[philip.v.majcher@us.army.mil](mailto:philip.v.majcher@us.army.mil) – Email







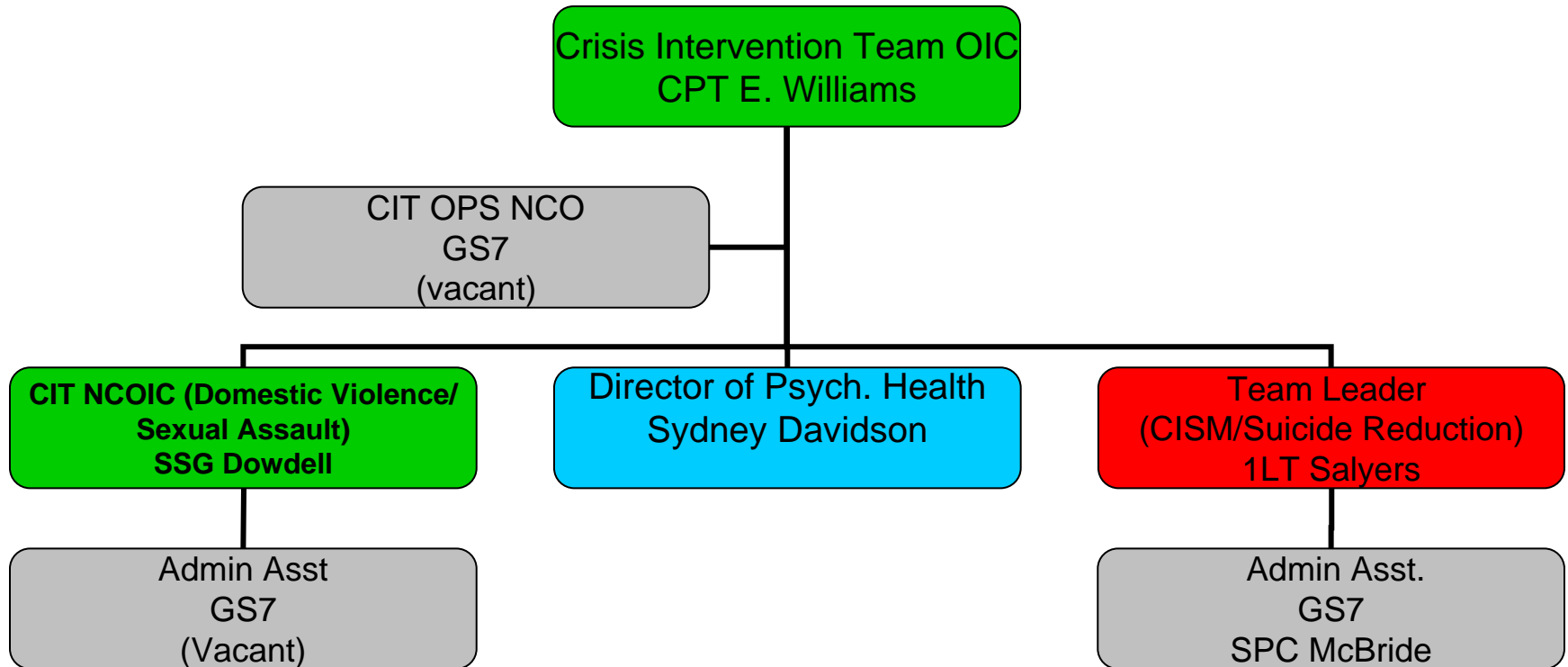
# Indiana Crisis Intervention Team

CPT Elizabeth L. Williams  
(317)247-3300 ext. 85474

[elizabeth.l.williams@us.army.mil](mailto:elizabeth.l.williams@us.army.mil)



# INDIANA CRISIS INTERVENTION TEAM



GS-Dual Status

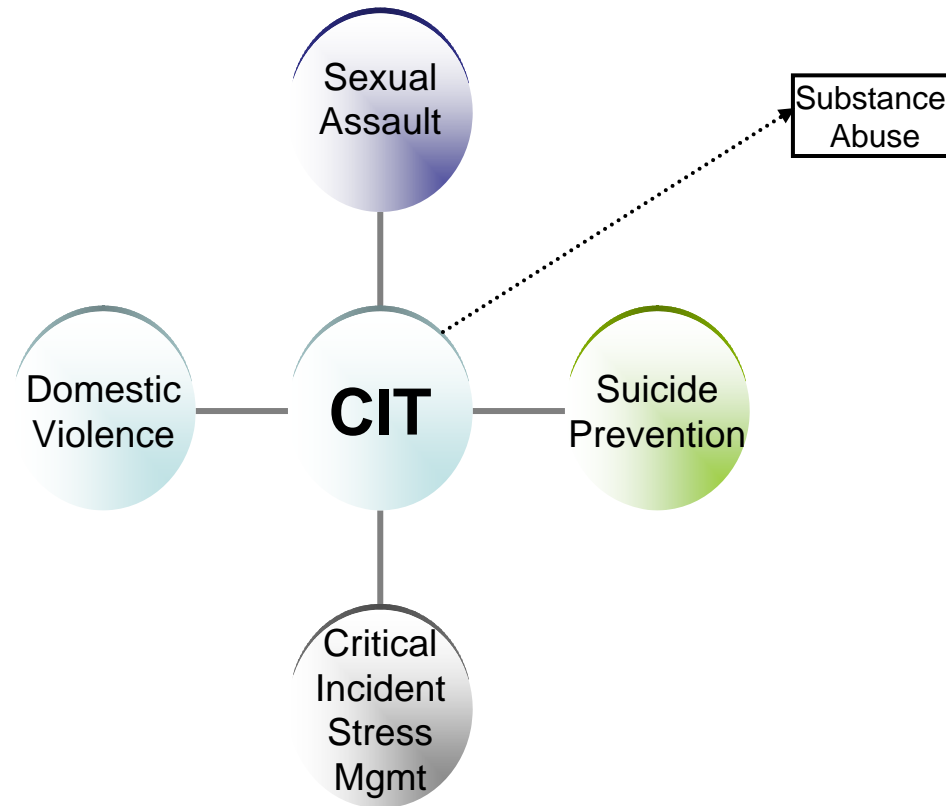
AGR

Contractor

ADOS / ADSW



# INDIANA CRISIS INTERVENTION TEAM



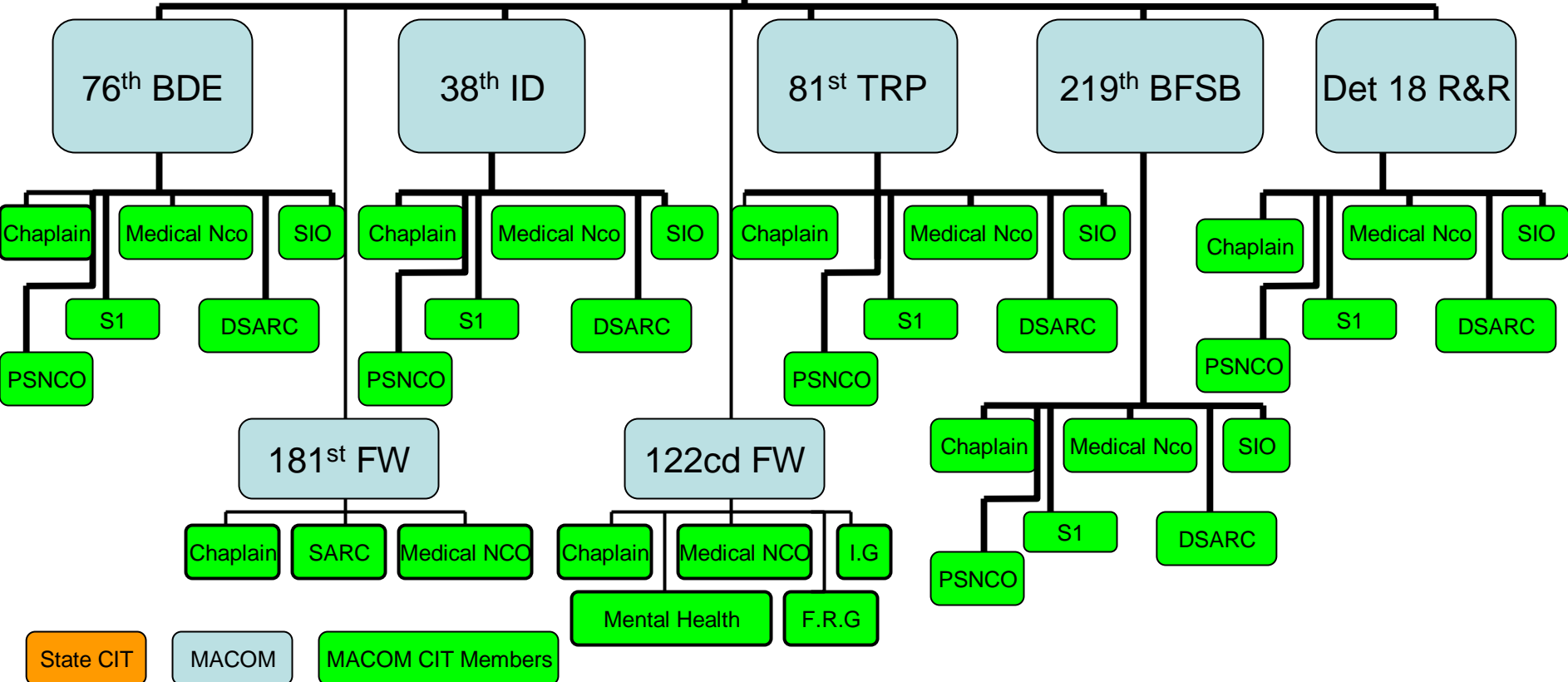
**CPT Elizabeth Williams**  
**(317) 247-3300 ext. 85474**  
[elizabeth.l.williams@us.army.mil](mailto:elizabeth.l.williams@us.army.mil)



# MACOM CRISIS INTERVENTION TEAM



## State JFHQ CIT





# INDIANA CRISIS INTERVENTION TEAM



- Circular
- Battle Drills
- Internal/external INNG Websites (24-hour numbers, resources, etc)
- 113 Interventions - Calendar Year 2009



# INDIANA CRISIS INTERVENTION TEAM



Service Member Correspondence:

Hey Captain,

Awhile back yourself and Sgt. e. had talked to me when I was at a bad time in my life, and had helpd me take care of my situation. I wanted to let you know I havnt forgot about you two, and I greatly appreciate it. I now have a baby girl due in may of next year, I am greatlt looking forward to and with out the help from yourself and and Sgt e. that wouldn't be possible! So again I greatly appreciate you and sgt e. I feel that you guys went beyond wat you had to do for me. So I wanted to wish both yourself and sgt e. a very happy and safe holiday, and ill keep your familys in my prayers so as it will be a safe holiday, merry christmas and happy new year



# Questions?

CPT Elizabeth L. Williams

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**OHIO CARES**

**FOR SERVICE MEMBERS. FOR FAMILY. FOR YOU.**

© Hall 06



# OHIO CARES

## MISSION STATEMENT

The mission of *OHIO CARES* is to enhance the “safety net” of behavioral health services available for service members and their families.

# OHIO CARES

## DESCRIPTION

*OHIO CARES* is a collaboration of state and local agencies supporting this effort. Although the VA is the primary source of services for veterans, this partnership also identifies community based resources such as county alcohol, drug and mental health boards, public agencies, and private providers for all service members and their families.

# OHIO CARES

## The Key Partners

- Ohio National Guard
  - OHIOCARES Chaplain – CH (CPT) Nicholas Chou
  - Director of Psychological Health – Dr. Jeremy Kaufman
- Governor's Office of Veterans' Affairs
- Ohio Department of Mental Health
- Ohio Department of Alcohol and Drug Addiction Services
- Ohio Association of County Behavioral Health Authorities
- Brain Injury Association of Ohio
- U.S. Department of Veterans Affairs
- Case Western Reserve University
- County Agencies

# OHIO CARES

**“A Call to Action”**

# OHIO CARES

## OBJECTIVES

- **Maintain and Grow the Network of Mental Health Providers available to service members and their families**
- **Train and Educate Providers on mental health issues related to the military**
- **Coordinate Mental Health Services for Service Members and their Families**
- **Promote Awareness about OHIO CARES and mental health issues related to the military**

# OHIO CARES

## Maintain and Grow the Network of Providers

- The OHIO CARES Steering Committee meets every three months to provide direction for the organization
- The OHIO CARES Sub Committee meets every other month to network and carry out the work of meeting the four objectives

# OHIO CARES

## Maintain and Grow the Network of Providers

- SAMHSA Grant
- Database of OHIO CARES providers
- Governor's Office encourages providers to be TRICARE providers
- Congressional Advocacy
- Site Visits

# OHIO CARES

## Train and Educate Providers

- Educational topics: PTSD, TBI, readjustment stress, military culture, and state/local resources
- Training Seminars at conferences, hospitals, etc.
- Statewide Training Event: Ohio Department of Mental Health Annual Conference
- Online training links posted on the OHIO CARES website
- Kaptur Combat Health Initiative



# OHIO CARES

## Coordinate Mental Health Services

- Non-emergency referral help line
- Resource Guide Book
- OHIO CARES Website

# OHIO CARES

## Promote Awareness

- Leadership Emphasis
- Suicide Prevention Training
- Yellow Ribbon
- Promotional Materials: magnets, postcards, posters
- PBS Series “This Community Cares”
- Facebook “Ohio Veterans Connect”

# OHIO CARES

## Questions

- Chaplain (CPT) Nicholas Chou
  - [Nicholas.a.chou@us.army.mil](mailto:Nicholas.a.chou@us.army.mil)
  - (614) 336-4117
- Dr. Jeremy Kaufman
  - [Jeremy.Kaufman@ceridian.com](mailto:Jeremy.Kaufman@ceridian.com)
  - (614) 336-7246



# CNG BHS



## CALIFORNIA NATIONAL GUARD

## STATE BEHAVIORAL HEALTH SERVICE



# CNG Behavioral Health Service



## CNG Behavioral Health Service provides:

- Ongoing Referrals / Resources
- Educational Materials
- Behavioral Health training to include PTSD, TBI, and depression



# CNG Personnel Available



- **OIC Director State Behavioral Health Service**  
Director / Social Worker (State Active Duty position approved by state legislature)
- **2 Licensed Clinical Officers ( 2 LMFT)**  
Behavioral Health Outreach Liaison Program  
Northern / Southern (CSMR State Active Duty positions)
- **Agency Coordination Officer (Healthcare Administrator)**  
Behavioral Health Outreach Liaison Program  
(CSMR State Active Duty Position)
- **CNG Behavioral Health Liaison (DPH Position)**  
Behavioral Health Services Coordination and Intervention
- **NCOIC of CNG Behavioral Health Services**  
68X AGR position(JFHQ TDA)



# Resource/Referral System



- **Cal Guard Website**

Regularly updated comprehensive resource/referral site for command, Guardsmen, and families

([www.calguard.ca.gov/mh](http://www.calguard.ca.gov/mh))

- ***The Grizzly***

Quarterly article provided to monthly magazine with information on Behavioral Health awareness, program development and policy, and treatment resources.

- **Crisis Intervention**

Personnel available for emergencies, guidance, and referrals during business hours. 6 personnel available for 24/7 emergency contact.



# CNG Embed Program



- **TriWest Healthcare Alliance**
  - 27 Licensed TriCare providers supporting 40 units
  - Pilot program extended through 2010
- **CSMR Clinical Officers(LMFT, LCSW, PHD/PsyD)**
  - 6 CSMR(State Defense Force) Behavioral Health Clinical officers embedded in 6 units during drill weekends and designated AT periods
  - 9 additional officers awaiting assignment





# CNG Behavioral Health Support Programs



## **Combat Stress Team**

Provides pre-deployment assessments / evaluations at SRP working in conjunction with State Surgeons Office (G1).

## **Peer to Peer Program (J1)**

Support program that lays the groundwork to provide trained peers (not medical or spiritual professionals) to assist and provide all California National Guard members with the opportunity to receive emotional and tangible peer support through times of crisis and to help anticipate and address potential challenges.

## **Behavioral Health Outreach Liaison Program (J1)**

Program funded under California Mental Health Services Act Prop 63 . Three State Active Duty positions approved by California Dept of Mental Health to provide liaison/coordination services for Soldiers to receive care in county mental health service agencies statewide.



# CNG Behavioral Health Support Programs



## **Yellow Ribbon (G1)**

The Yellow Ribbon Reintegration Program (YRRP) provides education, information, services, referrals and proactive out-reach opportunities for all involved throughout the entire deployment cycle.

## **Suicide Prevention (G1)**

Work in conjunction with the Suicide Prevention Program Manager

## **Sexual Assault (J1)**

Support the activities of the Sexual Assault Response Coordinator

## **Substance Abuse (J1)**

Coordinate services with Joint Substance Abuse Program (JSAP)



# CNG Behavioral Health Service



# QUESTIONS??

