

STATEMENT OF MAJOR GENERAL JAMES BUTTERWORTH, GEORGIA NATIONAL GUARD

Mr. Chairman and Members of the Committee, thank you for inviting the Georgia National Guard to testify as part of this hearing to ensure our Veterans are receiving the mental health care they deserve.

Unfortunately, suicide is a real and ongoing tragedy within our military family. Over the last decade, within the ranks of the Georgia National Guard alone, we have had 18 suicides. Within the last month, we have had one suicide attempt and 6 other Guardmembers with reported suicidal ideations. Most cases of suicide, attempted suicide, and suicidal ideation within the Georgia National Guard appear to have either been related to finances or personal relationship issues. The Georgia National Guard is working to mitigate suicide by focusing on prevention and intervention.

Both Army and Air National Guard Suicide Prevention programs focus on Resilience training provided by the Active Component Army and Air Force. Although the Army and Air Force Resilience programs differ slightly in application, both teach life skills to increase mental strength of our Servicemembers. These programs consist of a positive psychology model based on five pillars: Physical, Social, Emotional, Family, and Spiritual. Resilience training is conducted annually through unit training sessions and online web based training.

Our Suicide Intervention programs focus on both peer and leader involvement in ensuring the wellbeing of our Team. Our Intervention programs consist of methods and training to teach our Servicemembers to identify and intervene with someone who is having thoughts of Suicide. Our Intervention programs are:

- A.C.E. (Ask, Care, Escort) – A.C.E. is a suicide prevention training model whose key training objective is awareness in understanding risk factors and warning signs. All Guardmembers must complete this 1.5 hour training annually.
- A.C.E.-SI (Ask, Care, Escort – Suicide Intervention) – The Army National Guard incorporates further leader training into the A.C.E. training model. All junior leaders and first line supervisors are required to attend this 4 hour training.
- ASIST (Applied Suicide Intervention Skills Training) – This course teaches a range of suicide intervention skills. The Army National Guard requires all “gatekeepers” to be trained in the two day ASIST course. Primary gatekeepers are identified as chaplains, chaplain assistants, medical professionals, full time unit administrators, and family program support personnel. Secondary gatekeepers include: Military Police, legal assistants, and the Inspector General.
- Active Duty Air Force (ADAF) Suicide Prevention Program - ADAF Suicide Prevention Program consists of:

- At-risk-career-field Airmen receiving "Frontline Supervisor" training and face-to-face directed discussion by senior enlisted or mid-level officers from the unit.
- Annual Suicide Prevention Computer Based Training (CBT).

The Georgia National Guard has several Behavioral Health Initiatives to expand on the ongoing institutional Suicide Prevention and Intervention training. Behavioral Health is a basic component of force-sustainment for the Georgia National Guard. Psychological and emotional health issues could preclude a Guardsman from deploying and threatens homeland defense capabilities.

Members of the military and their families are part of a unique mission, speak their own language, and have an increased likelihood of experiencing certain behavioral health conditions such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Untreated Behavioral Health issues can increase destructive high risk behaviors including suicide. The Georgia National Guard cannot provide Behavioral Health treatment to Servicemembers or their families beyond assessment, brief counseling, intervention, and referral. Therefore, our goal is to identify Servicemembers at risk for suicide and other Behavioral Health disorders, and then refer them for treatment whether that is to the Department of Veterans Affairs or to Community Healthcare professionals.

To support this unique Behavioral Health mission, the Georgia National Guard has a need for a comprehensive case management program with State and community partners to address the growing Behavioral Health needs of our Citizen Soldiers. The following programs are in development:

- Mobile Crisis Teams – The Georgia National Guard is developing a collaborative relationship with the Georgia Department of Behavioral Health and Developmental Disabilities to respond to at risk Servicemembers through a new Mobile Crisis Response Team Program. This program will enhance identifying individuals appearing to be having psychiatric symptoms needing immediate attention, identifying individuals at risk for withdrawal symptoms needing medical attention, and reporting Suicidal/Homicidal ideations. Services provided by these teams will be assessment, referral to providers, and follow-up contact post crisis within 24 hours.
- Behavioral Health Clinical Case Management Program – This contracted program provides a full range of Behavioral Health Care services provided by

licensed clinicians to assist the Servicemember through the full continuum of care. This includes assessment and diagnosis, intervention, brief counseling, referrals, follow-up with Servicemembers and providers to monitor treatment progress, and re-evaluation of Servicemembers to return to duty.

- Star Behavioral Health Providers – The Georgia National Guard has collaborated with the Georgia Department of Behavioral Health and Developmental Disabilities, Emory University, the Military Family Research Institute at Purdue University, the National Guard Bureau's Psychological Health Program, and the Center for Deployment Psychology to create the Star Behavioral Health Providers.

Star Behavioral Health Providers is a training program and a registry for Servicemembers, families, military providers, and administrators to locate civilian Behavioral Health professionals with specialized training in understanding and treating military service members and their families. The goal of the program is to:

- Identify and train clinicians who want to work with military personnel.
 - Develop accessible systems of services.
 - Increase knowledge about available resources.
 - Enhance provider and community readiness to address the needs of Servicemembers and their Families in their perspective communities.
- Substance Abuse Services Initiative – This program is collaboration between the Georgia National Guard and The Georgia Department of Behavioral Health and Developmental Disabilities to provide services to Servicemembers that have substance abuse issues. Servicemembers receive an initial assessment and up to 8 educational or interventional sessions with a licensed addictions professional.

The Suicide Prevention, Intervention, and Behavioral Health programs that I have just outlined address our Guardmembers that currently serve.

But, when National Guardmembers leave our ranks, there are often limited resources available to support them. The Department of Veterans Affairs (VA) is the primary agency to assist our Servicemembers medically as they leave the organization.

The first challenge of every Servicemember, especially National Guardmembers and Reservist, is verification of eligibility for VA medical benefits. Traditional National

Guardmembers generally do not meet basic eligibility criteria to receive treatment from the VA. If a National Guardmember does meet the criteria, their injuries or medical conditions must be service related in order for the VA to provide treatment.

Upon eligibility verification, our currently serving and former Guardmembers can be referred to the VA for treatment. Based on feedback from our Servicemembers that have been referred to the VA, they have often experienced long lines and wait times for treatment. Another common comment is that the VA administrative process is often difficult to navigate. It should also be noted that Servicemembers have commented that different VA Medical Centers have provided different customer service experiences than others.

To minimize or mitigate service issues between our Guardmembers and the VA, we have been working to incorporate programs such as the Behavioral Health Clinical Case Management Program explained earlier. These contracted case managers will assist with the referrals and help Servicemembers navigate the VA administrative and clinical processes as well as other Behavioral Health Systems.

As the close of Operation Enduring Freedom is upon us, so too is the challenge of funding programs such as the Behavioral Health Clinical Case Management program. Many of our Guardmember and Family Services that we enjoy today did not exist just over a decade ago. As our National Guard was mobilized for Operations Iraqi and Enduring Freedom, along too came additional funding to support the health and wellbeing of our Guardmembers and their families. In the near future with draw down and reduction of overall forces, funding to provide Behavioral Health assistance to our Servicemembers may be in jeopardy.

That being said, the Georgia National Guard is grateful to this Committee for its continued support of our Guardmembers and their families. Your support is evidenced here today by your invitation for me to be here to represent the Georgia National Guard on this important issue. I thank you again for the opportunity to be here.

Mr. Chairman, this concludes my testimony. I will be happy to answer any questions that you or the other Committee members may have.