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VERMONT ARMY NATIONAL GUARD
Airmen, Soldiers and Family Readiness Program
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Before the

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"VA's Response to the Needs of Returning Guard and Reserve Members"

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Chairman Akaka and members of the Committee, thank you for your invitation to discuss the Vermont National Guard Veterans and Family Outreach Program. My name is Lieutenant Colonel John Boyd and I serve as the Deputy Chief of Staff for Personnel of the Vermont Army National Guard and have direct oversight over the outreach program for returning service members and their families.
"My testimony today reflects my personal views and does not necessarily reflect the views of the Army, the Department of Defense, or the Administration."

Since September 11, 2001, 2581 Vermont National Guardsmen (1968 Army Guard and 613 Air Guard) and 268 Reservists (159 Army Reserve, 22 Air Force Reserve, 59 Marine Corps Reserve and 28 Naval Reserve) have deployed in support of Operation Iraqi Freedom and Operation Enduring Freedom. I believe it is worthwhile to note that Vermont is a Guard and Reserve state with no active duty installation in the state. The closest active duty installations are over five hours travel from anywhere in the state. As we all know, the reserve component's role since 9-11 has transformed from a strategic reserve force to an operational reserve force. This transformation has led to greater frequency in mobilizations and deployments since 2001.
Early in the mobilization process of our very first deployments after September 11th, the Vermont National Guard recognized that Soldiers and Airmen deserved the very best post-

deployment support available. As Operation Enduring Freedom and Operation Iraqi Freedom continued, it became increasingly apparent that Post Traumatic Stress Disorder was developing into a significant issue. While the many degrees of this affliction were diagnosed in some soldiers, the in-state infrastructure to match this emerging need had yet to be created. As the Committee knows, National Guard and Reserve service members, particularly in states such as Vermont which are rural and do not have any active duty military installations, can experience challenges with awareness of and access to mental health and other benefits when they return from deployment. In 2005, the State of Vermont recognized the need for greater assistance for National Guard Soldiers and their families, which led to the legislature allocating $250,000. These funds were used to establish the first ever, sharing agreement between the VA and the Vermont National Guard. This agreement allowed the VA to screen and treat veterans outside their eligibility window and more importantly provide mental health counseling for the family members of our OIF and OEF veterans. This paradigm shift has produced amazing results for the veteran and his or her family and strengthened the ties between the Vermont National Guard and the VA.

Seeing a continued and growing need for mental health services for veterans and their families, the Vermont National Guard, in partnership with the Department of Veterans Affairs Medical Center in White River Junction, Vermont, our Congressional delegation, and other state stakeholders designed an innovative outreach, readjustment, and reintegration program targeted at returning Iraq and Afghanistan veterans and their families throughout the State of Vermont. This program, which was started in 2007 with $1 million in federal funding, employs trained outreach specialists, a majority of which are combat veterans, to reach out directly to returning OIF/OEF service members and their families to ensure that they are receiving the medical, mental health, and other assistance that they may need. That may mean assistance with general health problems; TBI screening and treatment; mental health, marriage, and/or financial counseling; employment issues; services for children; and substance abuse awareness and treatment or other areas. One of the main goals of the program is to personally contact each and every one of these veterans to check in on them and connect them to relevant services.

In order to develop the goals for the outreach program the Vermont National Guard stakeholders (Family Readiness Leadership, Chaplains, State Medical Command representatives, and the United States Property and Fiscal Office in Vermont) and VA officials from the White River Junction Medical Facility met to discuss existing services in the state on the federal and local level and how Congressional resources could be used most effectively to provide service members and their families with the best care possible.

Up to this time, Vermont has lost eleven Guardsmen; nine in Iraq, one in Kuwait and one in Afghanistan. In addition, another sixteen Soldiers and Marines with Vermont-related connections were killed in action. This number continued to elevate Vermont into the unfortunate circumstance of having the highest per capita casualty rate in the Iraq war. This cumulative loss and the effect it had on several deployments, especially Task Force Saber (Ar Ramadi, Iraq June 2005 - June 2006), became a driving force to develop a robust program focused on helping returning soldiers with PTSD, other mental health conditions, TBI and other needs.

The Vermont Veterans and Family Outreach Program first launched in January of 2007. Its goal was to "construct a Vermont National Guard managed outreach program, developed and sustained to help identify and refer Service Members and their families to appropriate clinical care to serve their readjustment needs."

More specifically the first phase of the program included:

- Interviewing, hiring, and training five Outreach Specialists and one supervisor in skills to contact post-deployed Reservists and their families, ascertain their individual health situation, and then refer them to qualified clinical and pastoral help as needed;
- Entering into a sharing agreement with the VA to use DoD dollars to pay for VA care for service members and their families; and
- Resources were also used to reimburse outreach specialists who drove service members to VA facilities to get clinical help.

The program was designed so that each of the five outreach specialists worked out of five existing Vermont National Guard Family Assistance Centers (FACs) in five different areas of the state where there was significant in-state Guard membership. Linking our work with the Guard's Family Assistance Centers made sense for a number of reasons:

- The new outreach staff was able to capitalize on the existing networks used by the FAC Specialists which gave them immediate access to service members and their families that had strong and trusted relationships with the FAC staff;
- We leveraged the resources of the Family Assistance Centers allowing us to use federal dollars more efficiently by reducing the need for new office space; and
- Referrals to the Outreach Program came through the FACs by concerned family members, employers, and commanders. Conversely, family related issues identified during Outreach Specialist/Soldier discussions were given to the FACs for immediate attention.

This full "wrap-around" method continues to work extremely well. The program began in earnest in the late spring of 2007 with Outreach Team members traveling around the state to conduct direct outreach to veterans.

At the same time that this Outreach Team was working across the state, federal resources were also used to fulfill the Adjutant General's and the Outreach Program's goal to help all soldiers suffering from mental health difficulties. The resources were used to enter into a sharing agreement with the VA, allowing them to hire two additional qualified and certified clinicians serving under the supervision of the Mental Health Services Director at the White River Junction VA Medical Center. In addition, $259,000 was shared with the VA to support the clinical mental health outreach throughout Vermont. These services included basic and advanced mental health services for our service members and their families.

We also realized early on, the strong need to track our work so that we could follow the trends in the health or other challenges our returning service members and their families were experiencing, and to evaluate and improve our efforts. Initially a simple survey was developed to capture basic solder data such as name, age, and gender. In addition, among other questions, each respondent was asked to answer which deployment they were on, which Component they deployed with, length of tour, and whether or not they were receiving any disability benefits. This initial survey has been revised twice with the assistance of the Mental Health Services Director of the VA Medical Center and a copy is included as an attachment to this testimony. Subsequently, in concert with the VA we also introduced a TBI survey that has greatly improved

our efficiency at determining those veterans who require a more formal TBI screening.
The program has set as its goal contacting all OIF/OEF Reserve Soldiers, Airmen, Sailors, and Marines in the state. To do this we used a number of different strategies for reaching out to these service members. Each Reserve Center in Vermont was contacted with information about the Outreach program and its features were explained to unit commanders. Additional help came from the State of Vermont's Office of Veterans' Affairs, which had Reserve soldier contact information not available to the National Guard. Information from the Department of Defense Form 214 was shared with the Guard and that proved immensely useful in figuring out how to contact these service members. In addition, the Outreach Team placed information about the program at each rest stop on Interstate Highways 89 and 91. These highly visible posters resulted in some of the first referrals to the program.
I also want to highlight the importance of using combat veterans as Outreach Team members and focusing on direct person-to-person or peer outreach. Our program has observed that using fellow veterans helped allay anxiety some soldiers felt when first contacted. Two of the team members are OIF Task Force Saber veterans, further strengthening ties to service members from this deployment. All of our Outreach specialists focused on ensuring veterans were receiving benefits including early diagnosis and treatment of PTSD and TBI, and also assuring that mental health counseling could be extended to family members, and that as much as possible treatment could take place in the communities where the veterans lived.

In doing this detailed oriented work our staff have observed that making personal contact with veterans is a time intensive process. When we list a service member as being "contacted," that means that we have actually opened a case with the individual and made a serious attempt at completing a survey with them. For many cases, this is just the first phase of work. Often, after establishing a relationship with a contacted Veteran, referral to the VA takes place. In many cases the Outreach Specialist drives the service member to the White River Junction VA Medical Center, or the CBOC clinic in Colchester, Vermont, for their first couple of visits. While this "windshield time" reduced the time available to contact other veterans, Outreach Team members have noted that this drive time is, in reality, a short decompression period for the service member. This time helps many soldiers prior to their arrival at either of the two VA facilities. Faced with the decision between helping a soldier right in front of them and those yet to be contacted, the Outreach Specialist always tends to the more immediate need. The person-to-person time spent by our Outreach Specialists with each individual service member and/or their family is a very important component of the program.
In order to make sure that our Outreach staff was of the highest quality we also spent a significant amount of time in training so as to ensure professionalism on the job. Training opportunities were explored, designed, and scheduled using existing VA and State Department of Human Services expertise. Each team member went through a series of VA benefit classes so as to best understand the system they were bringing referrals to. In addition, each Outreach Specialist graduated from a Critical Incident Stress Management (CISM) course taught by the International Critical Incident Stress Foundation. This coursework included "what-if" scenario training and dovetailed well with additional training on anger management, sexual assault, active listening skill development, suicide prevention, and reintegration coping skills.

Towards the end of 2007 the Vermont Congressional delegation secured follow-on year resources of $3 million to continue the program. In order to make sure the resources were used most

effectively, Senator Sanders convened a meeting of the Vermont veteran and military community stakeholders (including the Vermont National Guard and federal and state VA leadership) to discuss the lessons learned from the first year of the program and establish how the new resources could best be used to strengthen and expand the program.
Beyond continuing the existing program the stakeholders agreed to:

- Deliver a joint letter from the Adjutant General and the Director of the White River Junction VA Medical Center to all returning Vermont veterans letting them and their families know about the program;
- Craft a series of public service announcements about the program;
- Create a 24-hour 1-800 number staffed by Vermont National Guard Veterans and Family Outreach personnel that service members and families could access for immediate information;
- Enhance VA services for service members and families;
- Hire more outreach workers to extend the reach and coverage area of our program;
- Provide expanded mental health services to treat Post Traumatic Stress Disorder and other health issues;
- Screen service members for possible Traumatic Brain Injuries that have gone undetected or untreated; and
- Produce more publications for posting, mailing and delivery to increase awareness of the program.

We are currently implementing all of these initiatives.
In the last number of years, many states including Minnesota, Maryland, Missouri, Montana, Maine, New Hampshire, and California have developed a wide range of innovative programs to help service members transition back home. Each of these programs has important lessons to offer that other states can learn from and use as appropriate to their state and military population. We believe that Vermont's outreach program's strength is its use of mostly veteran outreach specialists to focus on personally meeting soldiers on their "own turf" where anecdotal evidence suggests they are much more prone to reveal the challenges they are experiencing in their lives than if they were being interviewed at a military facility or in a group setting. Our program also does a strong job of leveraging the resources of entities in the state that already provide important services for our service members, especially the Vermont Department of Veterans Affairs. We have formed a strong partnership with the federal VA in Vermont and have used DoD resources to enhance the VA's ability to provide care to our service members and their families. We also have strong partnerships with public, private, and non-profit stakeholders in our state through our Military, Family, and Community Network.
Since 2007, there has been a great deal of attention on the national level regarding reintegration programs for the Guard and Reserves, their proper structure, and the amount and source of funding needed to support them. The Vermont National Guard program, as it continues to mature, serves as an example of an effective and cost efficient rural delivery model for other states. As earlier testimony today has discussed, the Department of Defense is now in the process of implementing the new Yellow Ribbon Reintegration Program created in the FY08 Defense Authorization bill. We are pleased that through Senator Sanders' efforts that the Yellow Ribbon program includes a provision based on our Vermont model, which allows Yellow Ribbon

to fund outreach initiatives in the various states.
We are proud of the role Vermont took in developing an effective response to the "invisible wounds" suffered by our soldiers, which also impacts their families and communities. We believe this commitment to our veterans is our obligation and an important way to ensure that they are able to remain a part of the Guard and Reserve while also living a productive and normal life. As you can see from the Power Point slide presentation attached at the end of my testimony, as of 18 July 2008 a total of 977 Vermont Veterans out of approximately 3700 had been contacted and had a case opened for them by our Outreach Specialist. Our goal is to contact each and every OIF/OEF veteran in our state. Of those contacted to date, 93% are male, 7% female and 85% enrolled in the VA for some level of care and assistance. 27% have been referred to the VA after a TBI screening tool was administered; 21 % are currently on disability; and 19 % are experiencing significant personal issues. Our hope is to continue this work until every service member and their family that needs help, gets help. Thank you for this opportunity to discuss Vermont's outreach program and I look forward to answering any questions you may have.

Attachments:
Vermont Veterans and Family Outreach Program Survey Sheet
Vermont Veterans and Family Outreach Program TBI Survey
July 18, 2008, Power Point Summary of Outreach Program Results with Executive Summary