MEMORANDUM FOR J1s All States, Territories and the District of Columbia

SUBJECT: Veteran Center Outreach Initiative

1. PURPOSE. This memorandum provides information on challenges Soldiers, Airmen and their Families, especially in more remote locations throughout the nation have gaining access to behavioral health care. The Veterans Health Administration (VHA) Readjustment Counseling Service (RCS) incorporates Vet Center personnel and deploy its Mobile Vet Centers to help fill this critical gap. This important initiative enhances the continuum of support for our service members and their families.

2. APPLICABILITY. This information is for Soldiers, Airmen and their Families.

3. DISCUSSION.

   a. An initial email introducing this concept has already been sent to each of The Adjutant Generals by MG Murphy. This was followed by another email to State Family Program Directors and their supervisors by Mr. Wickham. CAPT Kleiman briefed the ANG Directors of Psychological Health at their meeting on 24 Jul 18.

   b. Department of Veterans Affairs RCS provides a full spectrum of counseling services (individual, group, marriage, and family counseling) to eligible Veterans, active duty Service members, eligible members of the National Guard and Reserve forces, and their families to address a wide range of socioeconomic and psychological challenges. These services are provided through the 300 Vet Centers, 80 Mobile Vet Centers (MVCs), and the Vet Center Call Center (877-WAR-VETS). The Vet Center model of service is designed to decrease barriers associated with receiving care to include providing services during non-traditional hours or in communities distant from existing “brick and mortar” Vet Center facilities. Over 70% of Vet Center staff are Veterans of which the majority have served in combat zones.

4. PROBLEM STATEMENT. How to most effectively link Vet Center support to local units to best promote our Service members’ health for geographically dispersed Service members that support the readiness, resiliency, and wellness of the all-volunteer force across a lifetime of service?

5. MISSION AND VISION.
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a. Mission. NGB supports the Vet Center outreach initiative across all States, Territories and the District for our geographically dispersed Service Members, Veterans and their Families (SMVF).

b. Vision. This initiative does not replace existing programs, but enhances already existing Joining Community Forces integration and other outreach programs. It provides an integrated process mechanism to coordinate and track efforts, identify best practices, and support consistency of programs across the state Joint Force Headquarters (JFHQ).

6. GOALS.

a. Readjustment Counseling Service (RCS) in coordination with the National Guard Bureau and State Adjutant Generals will develop partnerships with National Guard and Reserve Units to provide readjustment counseling, referral, and care coordination to improve Guard and Reserve force readiness, transition adjustment, and to mitigate suicides and other negative behaviors.

b. NGB improves overall readiness of the force and strengthens ties to VA.

7. IMPLEMENTATION STRATEGY.

a. Organizationally, RCS resources are broken down into five geographically based Districts, led by a District Director (highest RCS Field Leader). These five leaders will be the RCS Points of Contact to coordinate with National Guard Leadership or their designee, with the goal of extending supportive services to National Guard and Reserve Service members and their families. Included in this document is the District Map and contact information for those individuals and their teams.

b. NGB will use our Behavioral Health Officer (BHO) (ARNG) and Directors of Psychological Health (DPH) (ANG) to facilitate RCS engagements. The local VA representative will reach out to each State/Territory to arrange outreach opportunities during agreed-upon drill weekends, annual training, or other training events to facilitate access to services for eligible members of the National Guard and Reserve forces and their families to address a wide range of socioeconomic and psychological challenges and provide access to VA entitlements and benefits. During this outreach, RCS clinicians will be available to provide direct counseling as well as facilitate coordination with local VA partners to provide behavioral health support to our members.

c. RCS, leveraging Vet Center clinical and outreach staff and 80 MVCs, will provide outreach, direct counseling, and referrals to National Guard and Reserve Unit personnel during agreed-upon drill weekends, annual training, or other training events.
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This includes providing referrals to other available services or resources when individuals are not eligible for services from VA.

1) RCS Clinicians can provide direct counseling at these events and coordination with local VA (Veterans Health Administration, Veterans Benefits Administration) partners to create a single VA resource.

2) RCS understands the essential nature of National Guard and Reserve training schedules and will remain flexible in providing services to include delivering those services during non-traditional hours.

3) RCS can and will work closely with the BHO and DPH to schedule these engagements with the units.

4) RCS staff can and will work with National Guard and Reserve Units to create the appropriate bi-directional referral process for situations in that the individual needs a level of care outside the scope of readjustment counseling.

8. METRICS.

a. RCS: Number of Unit visits, number of individuals engaged in services to include the associated encounters, and the number of referrals.

b. NGB: Number of soldiers and airmen that are Military Readiness Category (MRC) 3 or 4, reported quarterly.

9. REQUIREMENTS.

a. National Guard Bureau J1 Programs. Inform internal stakeholders including Office of the Surgeon, J3, ARNG G1, ANG/A1S of initiative.

b. National Guard Bureau JSG. Provide list of each state BHO and DPH to the RCS. Update annually.

c. Army National Guard
   1) Identify single point of contact (POC) for initial coordination of outreach efforts.
   2) Share MRC 3 & 4 level soldier data quarterly through ARNG Commander’s Ready & Resilient (R2) Council reports.

d. Air National Guard
   1) Identify single POC for initial coordination of outreach efforts.
   2) Share MRC 3 &4 level airmen data quarterly.

e. States, Territories, District of Columbia
   1) Identify single POC for initial coordination of outreach efforts.
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2) Coordinate outreach efforts between local VA representative and individual units.

10. POC. The POC is Mr. Anthony A. Wickham, Chief, Programs, at 703-607-0158 or anthony.a.wickham.civ@mail.mil.

Attachment
As

KEVIN L. MCNEELY
Major General, U.S. Army
Director, Manpower and Personnel
National Guard Bureau