



**National Association of
State Mental Health
Program Directors
8 Dec 2008**

**CAPT Joan Hunter
Director of Psychological Health
National Guard Bureau**



National Guard Background



54 states and territories (DC, PR, Guam, VI)

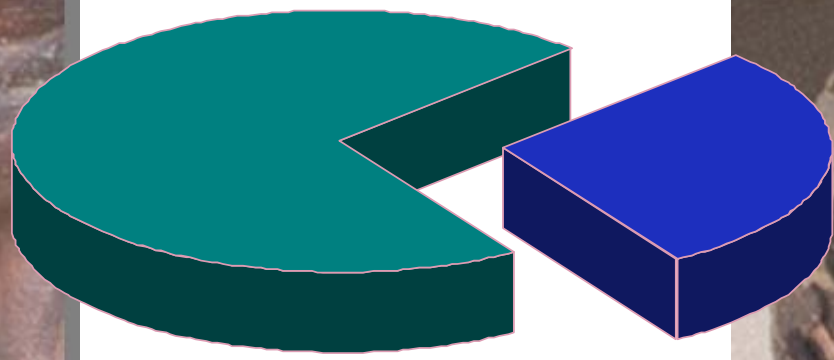
- Governor - Commander in Chief
- Governor appoints Adjutant General (TAG) - senior military state leader
- State and Federal mission

Drill once a month (IDT – individual duty training), and two weeks annual training (AT)

National Guard status

- Title 10 = Federal status and benefits
- Title 32 = State control and federal benefits
- State active duty and state benefits

National Guard Manpower



**Army
National
Guard**
77%
350,000

**Air
National
Guard**
23%
107,000

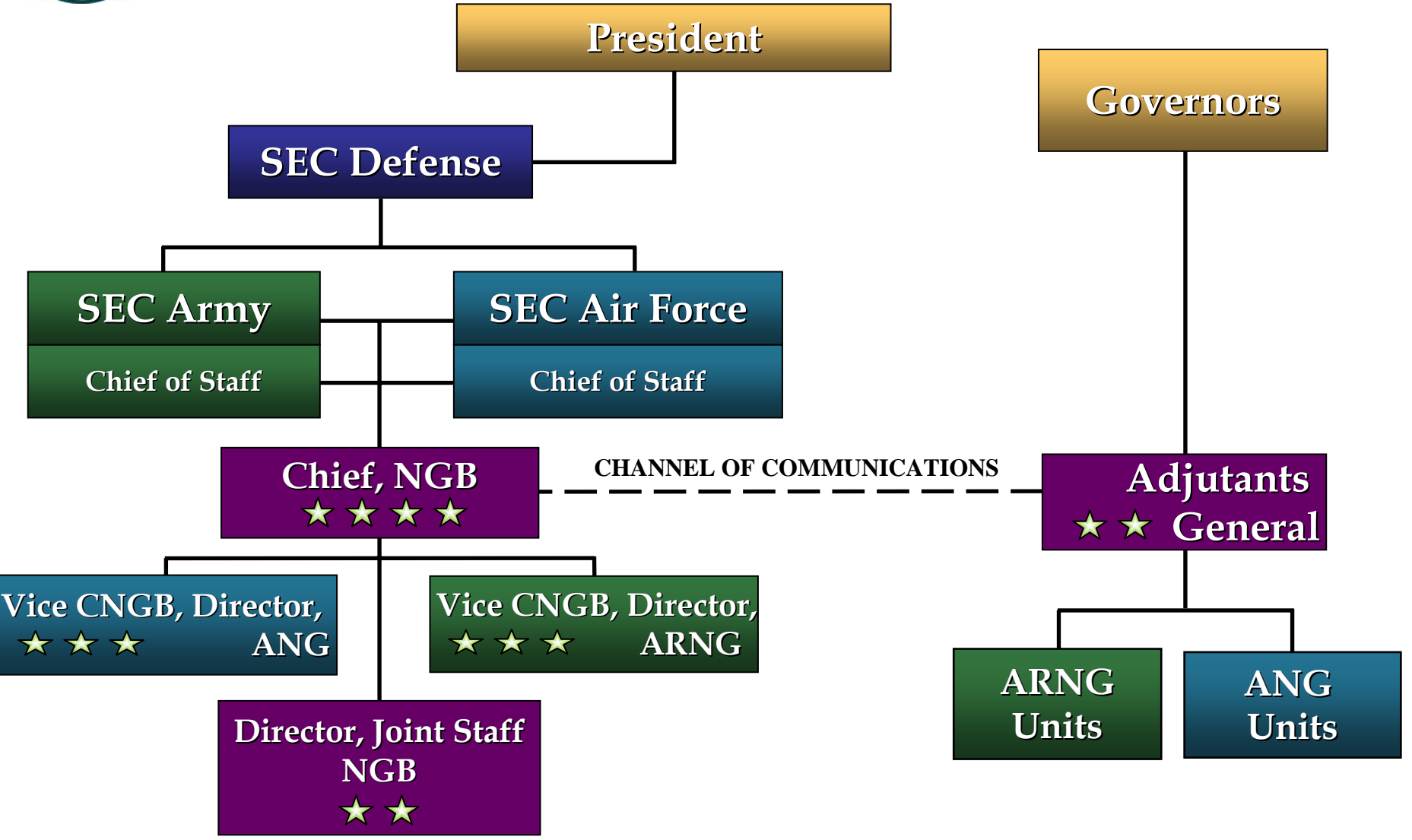


Majority of Guard members are “traditional” or “part-timers”

80-85% traditional; 15-20% Active Duty (AGR – Active Guard and Reserve – T32 at State level)

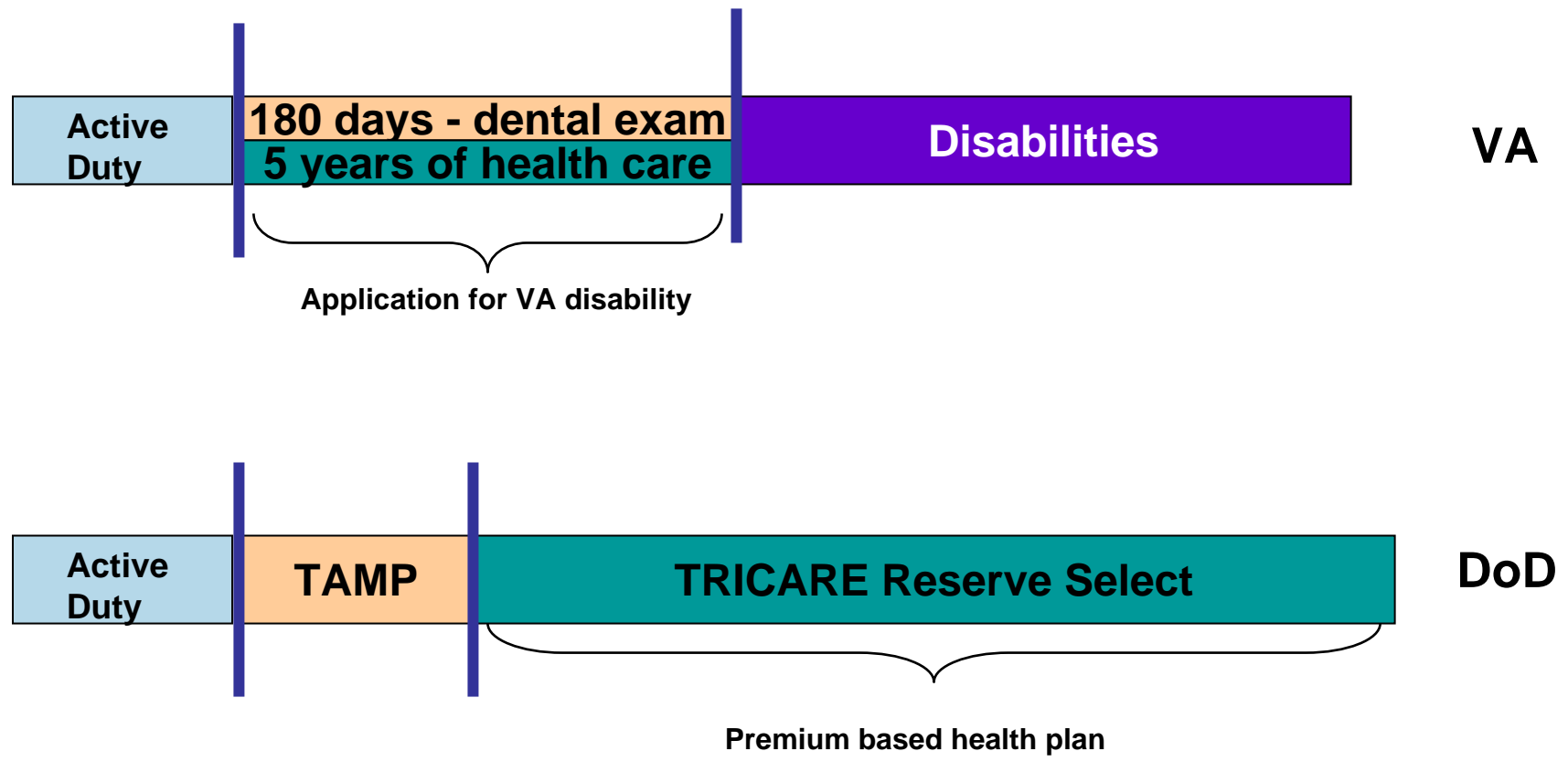


Constitutionally Unique

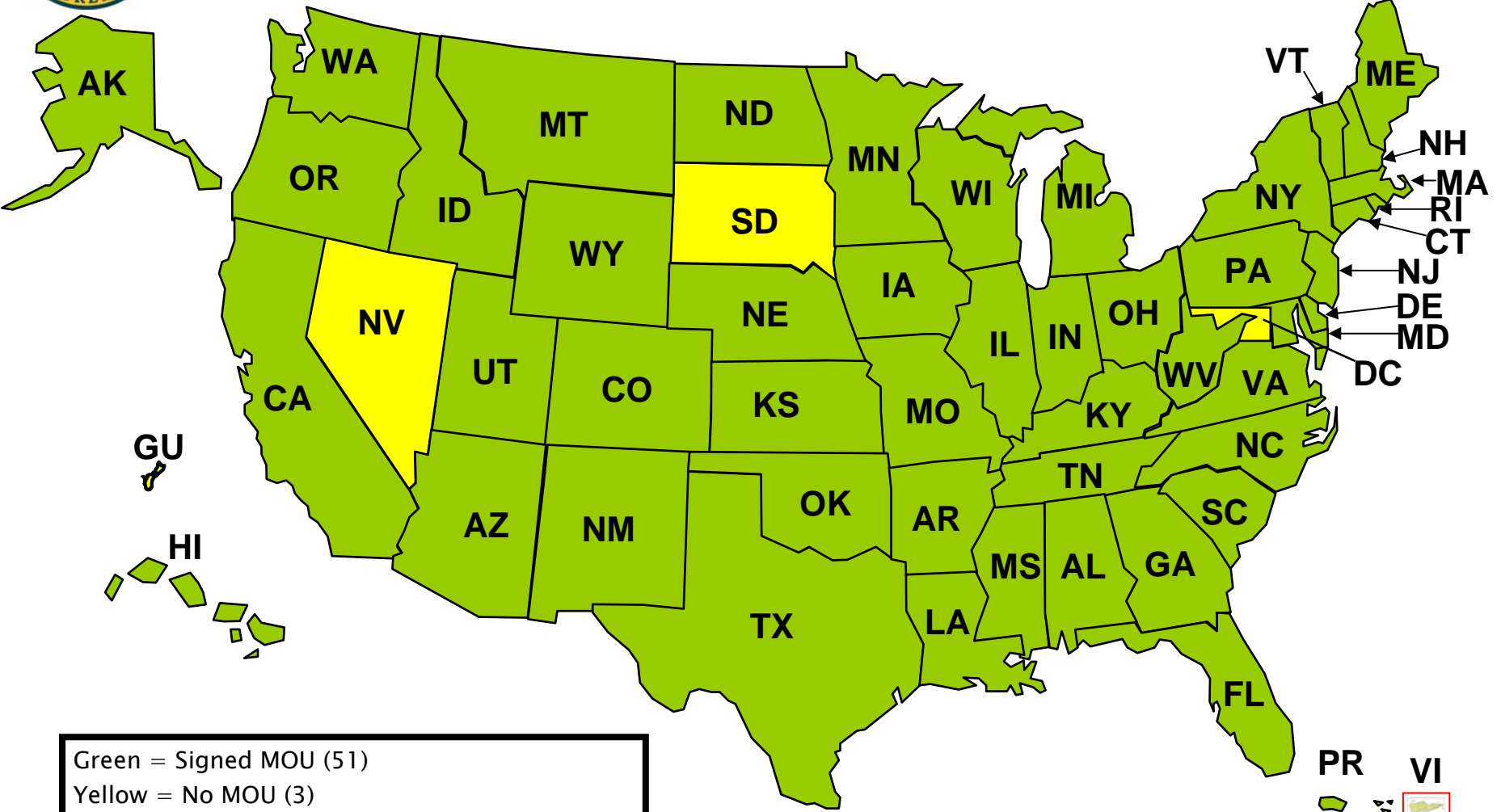




VA/TRICARE Coverage for Deployed National Guard Members



State VA MOU Status for Transition Assistance



Green = Signed MOU (51)
Yellow = No MOU (3)

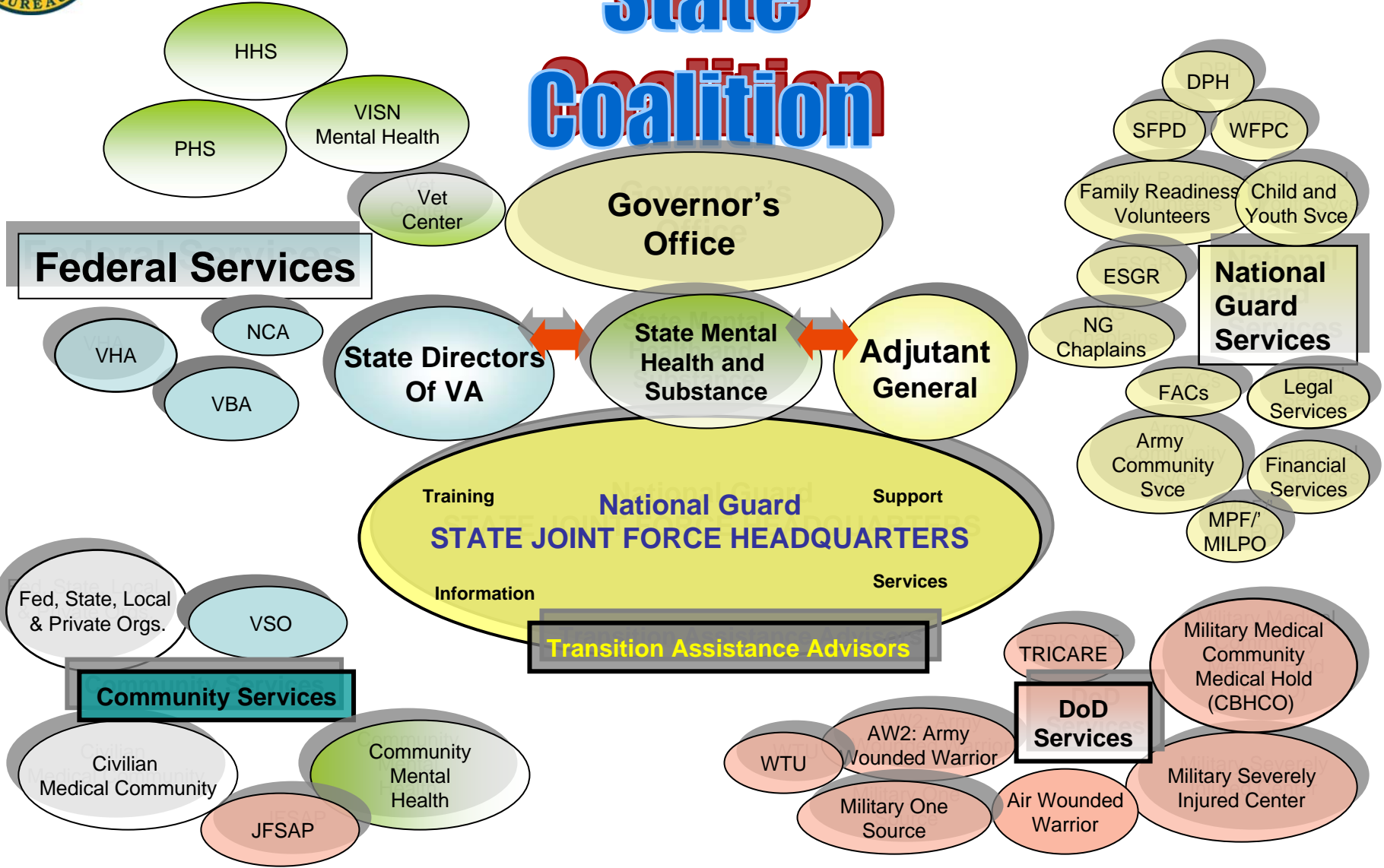
NGB/VA INTEGRATED SERVICES DELIVERY MODEL



VA/NGB
Liaison

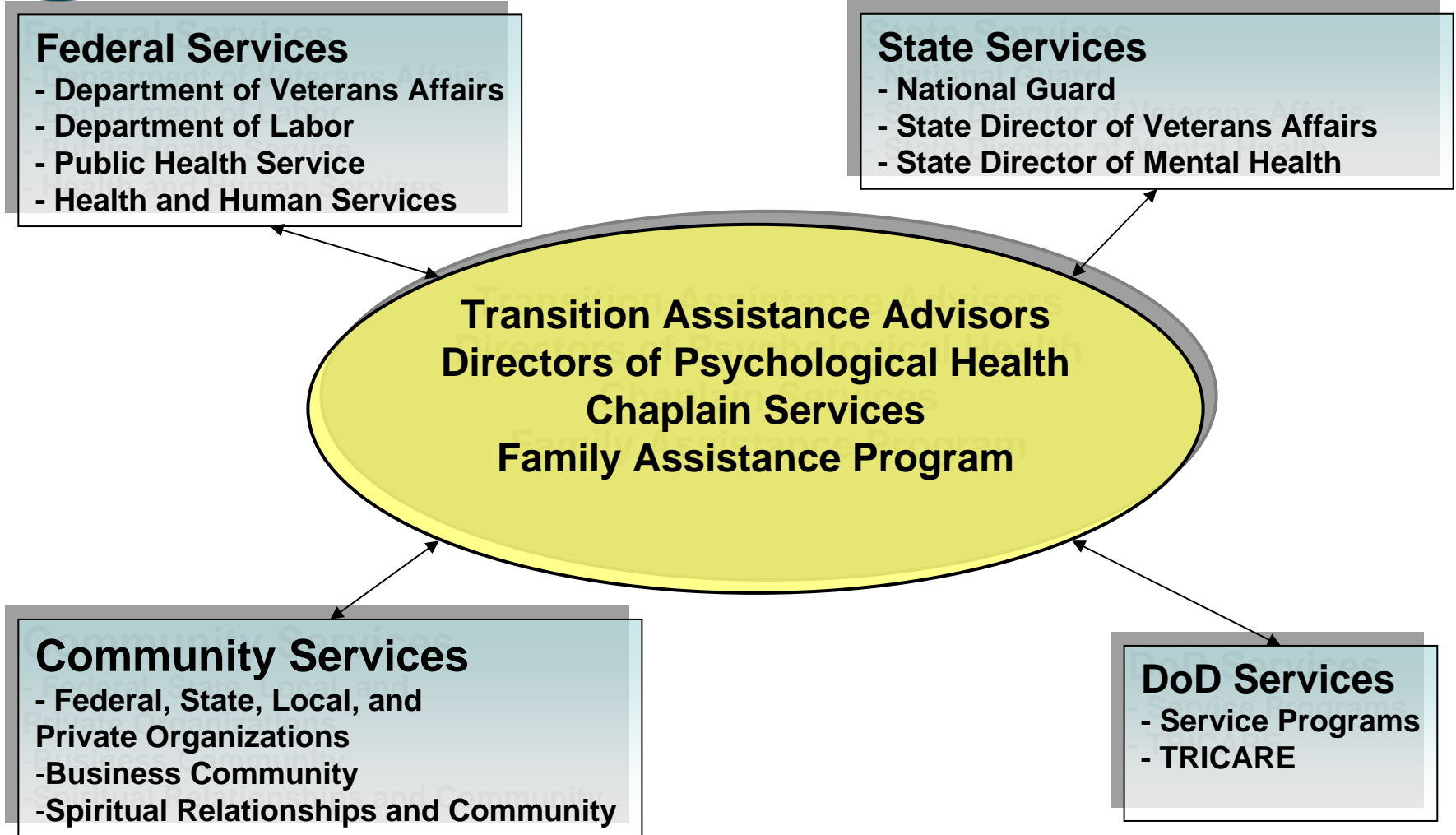
NGB/VA
Liaison

State Coalition





Service Member Integrated Services Delivery Model





Unique Challenges:

Remote locations

Confidentiality and Recordkeeping

Mental Health “preferred provider” networks- with cultural competency

Specialized clinical training “certification” for private providers

Standardization of psychological health services

Future Goals:

- Evidence Based Best Practice: *National Guard Psychological Health Council*
- Identify and address concerns of National Guard “special populations”
 - i.e. UAV/Predator, Medics, etc.
- Build better state networks via “NGB sponsored, Policy Academies”
- Utilize state agencies/partnerships/assets
- Continued relationship building with local and community assets
- NGB PH Strategic Planning