North Carolina National Guard

Joint Force Headquarters Raleigh

Responsible for the Strategic Direction and Daily Operations of the North Carolina National Guard to include: administrative, logistical, planning, organizing and equipping all units in the state. JFHQ is the Mission Command Center for disaster response.
OUTLINE

- Where we are
- NC TAG/NGB Resiliency & Suicide Update & Summary
- NGB Fatality and Safety Review
- Chaplain Corps Role
- R3SP & CHPC Program
- Suicide Prevention Program
- Community Story Boards
- Behavioral Health Program
- ACSAP
- Best Practices
- Questions
North Carolina National Guard

Where We Are

- 93 Army National Guard Armories
- Two Air National Guard Locations

Full-Time Employees: 2,230

Traditional Soldiers and Airmen: 11,778
North Carolina National Guard

Supporting the Military and Families Across the State

Resilience, Risk Reduction, & Suicide Prevention

Army Center for Substance Abuse Programs

Chaplain Corps
## Current State

*The Green annotates a positive trend from the previous FY*

### Status:

- **Safety**: EOY FY14: 1 fatality
- **Suicides**: YTD 2014 3 suicide 25%
- **Behavioral Health Initiatives**
  - IBHS (Integrated Behavioral Health System): 1 Director, 6 Clinicians, 3 Case Managers, 1 Admin Assistant have managed 3,780 calls into the toll free number and 285 crisis interventions since 1 NOV 10
  - BHOP (Behavioral Health Operations Program): 1 FTE SBHO, 2 National Contractors (PHCs), 5 M-Day BHOs
- **IDES**: 1 Director, 6 Clinicians, 3 Case Managers, 1 Admin Assistant
- **EO**: 0% Gender, 100% Race, 0% Color, 0% National Origin
- **Sexual Assault**: 6 reported in FY14
- **Strong Choices Training Hours Completed**: FY14 = 0 FY15 = 601
- **CSF2**: Unit MRT % Fill: 62.5%

### Challenges:

- Organizational understanding of IBHS & BHOP partnership

## Higher HQS Assistance Needed

### Soldiers/Families or Civilian Relevance:

- NCNG R3SP serves as a quarterly synch meeting for J9 Soldier and Airman support programs, G1 Medical's BHOP, and is also tasked to maintain MSCs priority of effort in combating suicides in our ranks by eliciting evidence of their best practices at the unit level.
- NC IBHS and BHOP are two specific programs that work together as a partnership to cover gaps in our Behavioral Health response.
  - IBHS: 24/7 Response, Confidential, No Command Influence, Broad Support Capability (Soldiers, Airmen, Families, etc.), Counsels and Treats, and Cannot make Fit for Duty determinations
  - BHOP: No 24/7 Response, Non-confidential, Command Influenced, Specific Support Capability (Soldiers only), Cannot Counsel or Treat, and Can make Fit for Duty determinations

### Commander’s Concerns

- IBHS increases available access and referral to ALL support programs (SHARP, SASI, Medical, Chaplains, R3SP, etc.) by operating as a 24/7 confidential portal for assistance. Additionally it serves to maintain a connective network to community resources for NCNG Soldiers, Airmen and their Families.
- Keeping G1 BHOP and NC IBHS partnered but separate is vital to the success of the behavioral initiatives in the state. IBHS advocates for individual wellness for Servicemembers and Families and BHOP assesses for the readiness of the organization through individual Soldier evaluations. It is unethical or a conflict of interest for either of these programs to serve both functions. See attached for a visual aid.

## Best Practices

### Leading the Charge:

- NCNG behavioral health initiatives: Joining Forces and Closing Gaps - Integration of IBHS and BHOP
- Combining Resilience Training Assistant (RTA) Training and Applied Suicide Intervention Skills Training (ASIST) Workshops ensure Resilience and Suicide Intervention skills are readily available at all echelons of the force.

### Opportunities for Improvement:

- Training of Full-Time Staff at each company level in MRT and ASIST increases approachability of Full-Time personnel when M-Day Soldiers and Airmen need help.

## Health of the Force Trend Update

<table>
<thead>
<tr>
<th>PERSONAL READINESS</th>
<th>CY16Q1</th>
<th>CY15Q1</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Soldiers w/out temp. profile</td>
<td>96.4%</td>
<td>97.1%</td>
<td>🔺🔺</td>
</tr>
<tr>
<td>% Meet APFT standards</td>
<td>51%</td>
<td>%</td>
<td>🔺 🔺</td>
</tr>
<tr>
<td>Financial:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment / Underemployment Rate</td>
<td>5%</td>
<td>5%</td>
<td>🔺 🔺</td>
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<table>
<thead>
<tr>
<th>RESILIENCY</th>
<th>CY16Q1</th>
<th>CY15Q1</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAT: % completed</td>
<td>51%</td>
<td>%</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># MRTs on hand</td>
<td>146</td>
<td>125</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># MRTs required</td>
<td>61</td>
<td>54</td>
<td>🔺🔺</td>
</tr>
<tr>
<td>SHARP: % completed required training</td>
<td>8%</td>
<td>12%</td>
<td>🔺🔺</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>RISKS</th>
<th>CY16Q1</th>
<th>CY15Q1</th>
<th>TREND</th>
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</thead>
<tbody>
<tr>
<td># Safety accidents</td>
<td>28</td>
<td>21</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># Suicides</td>
<td>0</td>
<td>1</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># Suicide Interventions</td>
<td>1</td>
<td>5</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># Illicit Positives</td>
<td>23</td>
<td>77</td>
<td>🔺🔺</td>
</tr>
<tr>
<td># URIs completed</td>
<td>447</td>
<td>683</td>
<td>🔺🔺</td>
</tr>
</tbody>
</table>

### Upcoming Risk Potential and Mitigation Strategy

**Challenge Statement:** NCNG continues to combat unemployment, financial, and relationship issues as the three leading risks to the welfare of service members and the readiness of the organization. How can we assist our personnel if they do not trust us enough to ask for help?

**Mitigation Strategy**

NCNG must continue to support the utilization of anonymous products, such as Unit Risk Inventories (URIs), to identify the presence of risks, while at the same time promoting programs that foster and teach acceptance, understanding, and trust amongst the Chain of Command. Additionally, service members must be made aware of the services available to them through direct marketing and use of available media outlets (i.e. social media, Yellow Ribbon events, printed publications, etc.).

### Leading the Charge - Developing Practices and Good News

The collaborative efforts of the NCNG’s Psychological Services Section effectively utilizes confidential case management and counseling provided by our Integrated Behavioral Health System (IBHS) and the medical readiness / deployability provided by our Behavioral Health Operations Program (BHOP) to ensure that Soldiers and Airmen receive immediate access to the appropriate level of mental health care and a tailored solution to support the needs of our service members and units.

### Requested Support

Continue the fight to ensure a steady funding stream that supports internal solutions for high priority issues such as mental health and employment.
ARNG Suicides – Calendar Year (CY Summary)

<table>
<thead>
<tr>
<th></th>
<th>Full CY Counts 2013-16 – 2017 Counts thru 02 August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army National Guard (ARNG)</td>
<td>72</td>
</tr>
<tr>
<td>Active Army (AA)</td>
<td>63</td>
</tr>
<tr>
<td>US Army Reserve (USAR)</td>
<td>35</td>
</tr>
<tr>
<td>All Soldiers</td>
<td>170</td>
</tr>
</tbody>
</table>

1. ARNG and USAR counts above include both Active Duty (AD) and Not on Active Duty (NAD) 2. CY 2016/17 includes suspected suicides
3. All Data as of 09 August 2017

Weekly message:

Operationalizing Character Strengths
Are you helping or harming your ‘go to’ Soldier? You know the strengths of your ‘go to’ Soldier and you are probably relying on those strengths on a daily basis. But how often do you give them tasks that are outside their areas of expertise? By only relying on their strengths you are not advancing their development as a well-rounded Soldier and leader. To learn more about using Character Strengths to mentor your Soldiers, talk to your unit MRT.

Awareness Message:

The “Be There” Call and Outreach Center offers confidential peer support to active duty Service members, National Guardsmen, reservists and Family members through 24/7 chat, phone and text. This Department of Defense service is staffed by peers who are veteran service members and family members of veterans. The center aims to provide support for the everyday problem solving of career and general life challenges. The TriWest Healthcare Alliance administers the Be There Call and Outreach Center. For more information, visit the Be There Peer Support website or call 844-357-PEER (7337).

Observations:

To date 09 August 2017 suicides - ARNG = 72, AA= 63, USAR= 35

ARNG CY17 QTR:
1st QTR – 30 deaths
2nd QTR – 31 deaths
3rd QTR
July – 11 deaths
August – 0 deaths

ARNG CY16 QTR:
1st QTR – 33 deaths.
2nd QTR – 22 deaths.
3rd QTR – 27 deaths.
4th QTR – 27 deaths.
National Guard Bureau
Review of NC Accident Fatality Review
07 February 2017
Motorcycle Accident / NC

State: North Carolina
Unit: CMP Post Operational DET
Unit Last URI: 

Demographics
Age: 27
Rank: SGT
Gender: Male
Race: White
Marital Status / Dependents: Married / Unknown
Education: 1 semester of college
Civilian Job: Unknown
Religious Affiliation: Unknown

Military Service
Time In Service: 7 YOS
Duty MOS: 12N
Duty Status: MDAY
Deployment History: 

Motorcycle Safety and Accident Practices
-Counsel every SM (as well as incoming SM’s) whether they have a motorcycle or not on what the Army requires from the SM before they allowed to ride. The counseling should cover items such as if SM has one, if they plan to buy one in the near future, mandatory training required to include sustainment training, and PPE, etc. (IAW AR 385-10, 11-9)

-Units should brief annually the hazards and safe practices of operating a motorcycle.

-Unit level Motorcycle Safety Inspections conducted every 6 months (IAW AR 385-10, 11-8)

-NCNG has a Motorcycle safety training program in place found on our NC GKO website: https://states.gkoportal.ng.mil/states/NC/jstaff/j3/asos/Pages/Motorcycle-Safety-Training.aspx


Trend Data
North Carolina has ___ incidents recorded in CIMS. These incidents range from 2004-2016. Below is the breakout of the incidents.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearms Incident</td>
<td>3</td>
</tr>
<tr>
<td>Natural Causes &amp; Disease</td>
<td>5</td>
</tr>
<tr>
<td>Homicide</td>
<td>1</td>
</tr>
<tr>
<td>Motorcycle Accident</td>
<td>2</td>
</tr>
<tr>
<td>Vehicle Accident</td>
<td>5</td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
</tr>
<tr>
<td>Suicide</td>
<td>27</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td></td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td></td>
</tr>
</tbody>
</table>

Incident Summary
SM was involved in a motorcycle accident in Hickory, NC on 28 July 2016, at approximately 2200 hrs. SM was operating the MC in the section of 29th Avenue NE with a slight up hill grade left curve exceeding the posted speed limit of 45 MPH required to negotiate the turn.

SM locked the rear wheel of the MC causing the motorcycle to exit the roadway to the right and lose control of the MC. The SM was ejected and struck a rock lined drainage culvert. SM and the MC continued to travel East across a driveway before coming to a rest. SM came to rest along side a curb, and the MC came to rest against the wood line.
Chaplain Corps Mission

PASTORAL CARE AND INTERVENTION

Chaplain Contacts: 1877
Chaplain Counseling: 353
Suicide Prevention: 14
Suicide Intervention: 17

As of: 1 October 2012 – 30 September 2013

Provide relevant spiritual support to assigned Soldiers, Airmen, and their Families, while preparing Religious Support Teams who are religiously, spiritually, morally, and ethically fit for leadership as they stand ready to support all Federal, Civil, and Domestic operations, wherever needed, whenever required.
NCNG Chaplain Corps Challenges

• Training Requirements:
  • DOMA, Casualty Notification, SHARP, Defense Support of Civil Authorities (DSCA), Admin Support
  • Chaplain Professional Reinforcement Training (CPRT), Transition for New Army Chaplain
  • Catholic Chaplain; Collaboration/coordination with local parishes
  • Funding and minimal staffing

• Future Opportunities
  • Collaboration/Synchronization with Active Duty/Fort Bragg
  • Chaplain Diversity (Future Chaplaincy)
  • FTS Chaplain in FY ‘15?
State Resilience Program Coordinator (SRC)
Resilience, Risk Reduction, & Suicide Prevention (R3SP)

20 Veterans a day DIE due to Suicide.1 every 72 minutes (>7,000 per year).
Survivor testimonies encouraging others to seek help and build resilience.
NC National Guard family raising awareness to promote the Ready & Resilience Campaign Plan.

WHO: NC National Guard Soldiers/Family/Civilians
WHAT: Conduct Annual Suicide Prevention and Resilience training and various events that build resilience and promote suicide awareness.
WHEN: 24/7/365 days
WHERE: Statewide
WHY: Ensure all personnel are trained with the skills to maintain resilience; as well as to recognize distress, intervene appropriately, and escort those in need to advanced care.

RESULTS: Reduce number of suicides while building resilience and strengthening the army professionals by creating awareness and ultimately sustaining readiness across the total Army.
The Community Health Promotion Council (CHPC) process integrates community, medical, and mission efforts in support of the synchronization of health promotion, risk reduction, and suicide prevention programs (R2SP). Chaired by the Adjutant General (TAG), the CHPC includes Brigade to Unit Commanders, Hospital Representatives, local city, county, state representation, and appropriate subject matter experts. The CHPC provides linkages from the TAG down to individual units to directly impact Soldiers and ensure the process is driven based on identified issues and trends. The Health Promotion Officer (HPO) is the recommended proponent and Subject Matter Expert (SME) for facilitating the CHPC process. The CHPC improve the collaboration and synchronization of medical, community, and helping agency services across the state to improve efficiency, effectiveness, and performance of the public health systems by utilizing this best practice process allows a comprehensive strategic plan for health promotion to be developed for our ARNG communities that is formed by partnerships and planning. The CHPC is a multidisciplinary forum with standard membership that allows key players in the community to work together on significant multidisciplinary issues that face the well being of the community and constituents. This is not solely a forum to address health inadequacies, but includes issues that range from deployment, unemployment, homelessness, public works, substance abuse issues, safety, schools, unit readiness and more. The CHPC, which is facilitated by a Health Promotion Officer (HPO) or CHPC Coordinator (CHPC-C), supports the health and resiliency of our Soldiers, Family Members and Civilians in the community and tactical environments.
NC CHPC Ad Hoc Working Groups

- **CPPC Executive Board (CHPC-EXB):** Must be authorized by the Adjutant General (TAG) – It is recommended (not required) that the TAG established the CHPC-EXB or a similar steering committee type forum to discuss issues and solutions prior to the CHPC. The output from the CHPC-EXB meeting will feed back to the working groups to help guide processes that further improve the health and readiness and family members.

- **Environmental Health (Family Community Resiliency):** Create and maintain a supportive, save and healthy environment - Chair: Family Programs Director, Suggested Membership- State Chaplain, Education /Employment, Admin NCO from each MSC.

- **Safety Council (Physical Resilience):** Physical Health; Fitness and health, injury prevention, ergonomics, oral health, nutrition, and weight management - Chair: State Surgeon and Senior Safety rep Suggested Membership- Occupational Health Nurse, State Retention NCO, HPO, Master Fitness Trainer, Admin NCO from each MSC., Suggested Membership- Environmental Program rep, HRO, MSC safety reps, CFMO rep.

- **Spiritual Fitness:** develop total person concept - Chair: Senior Chaplain, Suggested Membership- Strong Bonds Rep, Master Resilience Trainer rep, Family Programs rep, Finance rep, Admin NCO from each MSC.

- **Prevention Team (Behavioral Health):** Stress management, Combat operation stress control, suicide prevention and surveillance, responsible sexual behavior, ASAP & Tobacco control - Chair: IBHS Director, Suggested Membership- SHARP, Resilience, Suicide Prevention, ADCO, JAG, Counter Drug, HPO, Admin NCO from each MSC.