

Financial Oversight Committee

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Presentation on Use of MHS&A Administrative Funds by the Military Department

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Requested link to more information: <http://www.calguard.ca.gov/unit-home-about?Unit=J-1>

Overview:

- Receive \$1.351M in current fiscal year. Entire amount funds staff and no carve out for equipment, supplies
- 8 total positions throughout CA to support 16,000-20,000 National Guard members.
- Previously received \$561,000 that funded two positions in the Northern and Southern California regions to provide support to service people 24/7 and one administrative position. Now there are 7 distinct coverage areas and clinicians, along with an administrator:
 - Extreme northern area
 - San Francisco area
 - Central coast area
 - Central valley area
 - High dessert area
 - Los Angeles area
 - San Diego area
- Total population of 16,000 at any given time, about a 3% utilization rate. In May, 2013 1141 service people were served, 98 were specifically supported with an intervention. Typically 1000-1100 are served by the seven providers per month. Usually run 200-198 actual referrals and post-vention activities after a suicide.
- One of the major activities is educating populace on services available in regional area and participating with interface with any of the private, public governmental agencies that support our general population based on concentration of National Guard members.

- Engage on daily basis developing resources, familiarizing selves with members and resources in area.
- Funding used for salary and travel. Targeted population. Developing knowledge in the area about needs and letting guardsmen know what is available. The 7 clinical positions do not provide direct counseling services and service people do not have to be on military orders goal is to address any issues they may have.
- Stigma is biggest piece of training component and work that the clinical positions work on. Uniformed providers provide element of trust but that changes to distrust that if they go into treatment (which is also forbidden by statutes since they are part time force). Having access to community providers is where soldiers prefer to seek care to manage crisis without commander knowing. More than half of the people who have committed suicide have never been deployed. Soldiers do statewide service, but if they have never been deployed into active duty they are not eligible for VA services.
- Important to educate civilian practitioners about needs of military they are providing services to. Engage on daily basis developing resources, familiarizing selves with members and resources in area.
- Military culture important part of counseling, respond to over 100 armories within the state, 17,000 troops. Commander only has purview over soldier a couple of days a month, but a lot work odd jobs, because the deploy ebb and flow and those types of jobs don't come with coverage. Many make income levels for county services.
- Main areas of coverage for the 7 clinicians: primary prevention, command consultant, responder, community resource
- High expectation that when commander call, drop what they are doing. Crisis response comes out of command center. Responder goes. Intervention, support, but not treatment.