

State Departments
MHSA Progress Report*
Fiscal Year 10-11
Reporting Period: January 1 – June 30 2011

Department - California National Guard – Military Department

1. **Identify 2-3 highlights for this reporting period**

- Initial research with Walter Reed Army Institute Research (WRAIR) and has been initiated, and continuing through 2012
- Completed 3 Soldier Readiness Processing (SRP) supported by MHSA funded clinical staff
- Enhanced county Mental Health Dept referral system for Soldier Readiness Processing (SRP)
- Continued expansion of military culture training for county Mental Health Department clinician/providers and staff
- Work with DMH to complete new MOU

2. **Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MOU work plan and provide an update.**

Goal 1 – Provide a uniformed resource for initial contact and seamless referral to mental health services.

Goal is accomplished, Behavioral Health Outreach program is fully operational

Goal 2 – Improve access to county mental health services to CNG members returning from deployments.

Objective 2a: Provide outreach to CNG members at drill weekend and other required training events throughout the deployment cycle.

During this operational period the Behavioral Health Outreach Program made direct contact with 3833 Soldiers that were identified as having some need for assistance, of these 1986 Soldiers were provided specific resource information and 331 were direct referrals to county Mental Health Departments for clinical intervention.

State Departments
MHSAs Progress Report*
Fiscal Year 10-11
Reporting Period: January 1 – June 30 2011

Objective 2b: Support the assessment process for CNG members to determine their mental health needs and identify referral resources.

Below are numbers of CNG members referred to county mental health either following assessment by a Behavioral Health Outreach Liaison (Interventions/Solder Care) or recommendation of Commanders or Officers (Command Consultation and Referral). Also included is the type of mental health issue that was the primary cause of the referral.

Interventions/Soldier Care * (total = 1586)			Command Consultation and Referral * (total = 2045)		
	Suicide Ideation	29		Anger Management	0
	Suicide Attempts	10		Relationship	434
	Completed Suicides	2		Domestic Violence	4
	Fatal Accidents	3		Substance Abuse	8
	Crisis Interventions	28		Mental Health	463
	Mental Health	492		Family	9
	Substance Abuse	6		Financial	111
	Domestic Violence	9		Stress	429
	Relationship	438		Referral	587
	Medical	1		Threat	0
	Stress	436			
	Family	23			
	Financial	109			

*Data for this reporting period represents three major troop movements, with over 1,000 soldiers per group.

Goal 3 – Establish a process to improve coordination between the CNG, local veterans services, and county mental health departments throughout the state.

Objective 3a. Meet and coordinate with county mental health directors to initiate, develop, and execute effective working relationships.

Ongoing; initial meetings have already occurred and relationships are in place.

Objective 3b. Meet and coordinate with county Veteran Service Officers to initiate, develop, and execute effective working relationships.

Ongoing; most initial meetings have already occurred and relationships are in place.

State Departments
MHSA Progress Report*
Fiscal Year 10-11
Reporting Period: January 1 – June 30 2011

Objective 3c. Coordinate activities between BHLs, collect and report program data, statistics.

Data system is developed and is currently being improved. The BH Outreach Program has become more fully integrated with other CNG State and National efforts to include Army and Air psychological health, peer to peer training, family and transitional assistance, Chaplain Corp and expanded clinical training for providers on PTSD and TBI.

Objective 3d. Develop and deliver training on military cultural competence and for local non-military mental health providers to ensure they can meet the needs of referred CNG members.

A very important component of the “Outreach Program” has been the requested Military Culture Training for county based clinical providers. To date, we have trained over 1000 in 23 counties. Other educational presentations with attendance of over 2000 have also been made.