DEPARTMENT OF HEALTH & SOCIAL SERVICES

SOLANO COUNTY

MINUTES: Mental Health Advisory Board Meeting

March 17, 2020, 4:30 – 6:00 pm

2101 Courage Drive, Multi-Purpose Room, Fairfield, CA 94533

I. CALL TO ORDER/ROLL CALL
- The meeting was called to order at 4:34 PM by Supervisor Monica Brown. A quorum was attained.

MHAB Members Present
1. Monica Brown, Supervisor
2. Denise Coleman
3. Daniel Cotton (late)
4. J.D. Hatchett
5. Rachelle Jackson

MHAB Members Absent
6. Heather Theaux-Venezio, Chair (E)
7. Michael Wright (E)

Behavioral Health Staff Present:
1. Tracy Lacey, Sr. MH Manager
2. Sandra Sinz, BH Director

II. ITEMS FROM THE PUBLIC:
- There were no items from the public on matters not listed on the Agenda.

III. APPROVAL OF MINUTES
- Approval of the January 21, 2020 Minutes
  Monica Brown motioned to approve the January 21, 2020 Minutes. The motion was properly moved and seconded. Ordered by a vote of 4-0.
- Approval of the February 18, 2020 Minutes
  Monica Brown motioned to approve the February 18, 2020 Minutes. The motion was properly moved and seconded. Ordered by a vote of 4-0.

IV. APPROVAL OF MARCH 17, 2020 AGENDA
- Rachelle Jackson motioned to approve the March 17, 2020 Agenda. The motion was properly moved and seconded. Ordered by a vote of 4-0.

V. PRESENTATION – California Army National Guard State Behavioral Program by Captain Michael Molina
- Captain Molina gave a presentation about the military culture. He discussed differences and similarities between the military branches. He talked about the stressors on the military population and the various Behavioral Health resources and contact information for the Health Officers' and Clinical Team that can help military families and veterans Mental Health services and other benefits. He also touched on the clinical impact and barriers faced by the individual, the family, their career, etc.

VI. SCHEDULED CALENDAR
a. Routine Business
   i. Laura's Law Assisted Outpatient Treatment (AOT) Referrals
   Freddy Ford, Jr. provided an update regarding AOT referrals. There have been approximately twenty referrals since inception. He also informed the Board and members of the public the process for the first AOT referral that required a court order.

   ii. MH Related Legislation
   - There were no updates.

iii. LPS/PES Meeting Discussion
- There were no updates.

b. New Business
- There were no updates.

VII. PUBLIC COMMENTS
- There were no public comments on matters listed on the Agenda.

VIII. STAFF REPORTS

a. Director's Report
- There were no updates.

b. MHSA Report
- Tracy Lacey informed the Board and members of the public that Stakeholder meetings along with other large meetings were being postponed or cancelled due to the COVID-19 physical distancing guidelines set by the CDC. She will reschedule once she receives clearance.

- Tracy Lacey also gave a brief Suicide Prevention Committee update about how they capture data and plan to add a few fields to the report.

IX. COMMITTEE REPORTS

a. Executive Board
- There were no updates.

b. Membership
- Roxanne Michelle Rodezno Medearis MHAB Appointment was approved at the March 24, 2020 Board of Supervisors meeting.

c. Outreach and Education
- There were no updates.

d. Ad hoc committee (if applicable)
- There were no updates.

X. BOARD DISCUSSION OR ACTION
- Daniel Cotton – This was Daniel Cotton's first meeting as an acting Mental Health Advisory Board member.
- J.D. Hatchett – Raised concern about homelessness within Fairfield, California. Supreme Court ruling indicates that if you cannot find a place for the homeless, they are allowed to camp anywhere.
- Denise Coleman – Wanted to praise the Mental Health Leadership team for the valuable work they have done within the community.

XI. ADJOURN
- The meeting was adjourned at 6:34 PM by Supervisor Monica Brown.

Military Culture: Basics of Military Culture

CPT Michael Molina, LCSW

California National Guard

Funding

Funding

The Mental Health Services Act (Prop 63) allows California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of $1 million.

California National Guard
Behavioral Health Outreach Liaison Program
Mental Health Services Act

Objectives

1. To establish a process for better agency coordination between the CNG and county mental health departments throughout the state
2. To improve access to mental health services at the county level to CNG service members returning from deployments
3. To provide a uniformed resource for initial contact and early referral
4. Provide a seamless referral to county mental health departments for treatment services for both brief and longer term therapeutic services
5. To provide **training** by the CNG to county agencies in order to provide culturally competent services

CA BHO Coverage Area

[redacted]

CNG Joint Behavioral Health Directorate
CNG Behavioral Health Director **(916) 854-3019**
Agency Coordinator **(916) 317-1685**

Clinical staff available for contact 24/7 and drop-in hours are at the times indicated for each region.

Statewide Operations Officer
24/7 contact **(805) 540-4460**

Behavioral Health Officer
(NorCal/Sacramento)
Tues-Thurs 0800-1600
649 EN/Chico Armory
(530) 220-3131

Behavioral Health Officer
(San Francisco /Monterey)
Mon-Wed 0800-1600
49MP HHC: Fairfield
(925) 207-5367

Wing Director of Psychological Health
129RQW Moffett **(650) 793-7097**

Wing Director of Psychological Health
144FW Fresno **(559) 260-5929**

*Behavioral Health Officer (**Los Angeles/Santa Barbara**)
Mon, Tues, Thurs 0600-1400 JFTB Los Alamitos
(562) 965-6563
*Chief, MEDCOM Behavioral Health CSMR
(Psychologist)

Wing Director of Psychological Health
146AW Channel Islands (805) 986-7549

Behavioral Health CA ARNG **(JFHQ)** Clinician
Mon-Fri **(916) 854-3133**
[Statewide Fed Tech]

Behavioral Health Officer(Central CA)
Mon/Fri 0800-1600 Camp Roberts
Wed 0800-1600 Fresno **(559) 341-9001**

Behavioral Health Officer **(High Desert/San Bernardino)**
Mon-Wed 0800-1600 Lancaster Armory
(760) 672-4369

Wing Director of Psychological Health
163 ATKW March (951) 655-7625

Behavioral Health Officer
(San Diego/Riverside)
Mon-Wed 0800-1600
79 IBCT: San Diego **(760) 897-6164**

www.calguard.ca.gov/bh

As of 11 Apr 2018

California National Guard Behavioral Health Clinical Team

CPT Curtis Ketsenburg (530- 220-3131);
curtis.l.ketsenburg.mil@mail.mil
Clinical Officer, Northern California

CPT Michael Molina, (925) 207-5367;
michael.j.molina8.mil@mail.mil
Clinical Officer, San Francisco Bay Area/Sacramento

CPT Daniel Burns (559) 341-9001;
daniel.l.burns31.mil@mail.mil
Clinical Officer, Central California (North Team Lead)

MAJ Dustin Harris (805) 540-4460;
dustin.t.harris2.mil@mail.mil
Operations Clinical Officer, Central Coast

CPT Jason Black, (760) 897-6164;
jason.r.black5.mil@mail.mil
Clinical Officer, San Diego/Riverside

1LT Camille Cue, (760) 672-4369;
camille.f.cue.mil@mail.mil
Clinical Officer, Lancaster/high Desert

CDR Michael Franc, (925) 207-5367;
michael.franc.nfg@mail.mil
Chief Clinical Officer, Los Angeles/Santa Barbara (South Team Lead)

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OUTLINE

1. Branches and Components
2. Rank Structure
3. Key Cultural Concepts
4. Resources

Branches and Components

Army and Air Force are the only Branches with a National Guard Component

National Guard

"…the National Guard continues its historic dual mission, providing to the states units trained and equipped to protect life and property, while providing to the nation units trained, equipped and ready to defend the United States and its interests, all over the globe. Simply put, the National Guard is a critical element in the nation's defense."

Source: www.nationalguard.mil/about

ARMY

Army's Mission: “To fight and win our Nation’s wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders.”

Motto: This We’ll Defend.

Army Core Values

Loyalty
Duty
Respect
Selfless Service
Honor
Integrity
Personal Courage

Components: Active Duty (14 June 1775), Reserves, and National Guard (13 Dec 1636)

Source: http://www.army.mil/info/organization/

AIR FORCE

Air Force Mission: "To deliver sovereign options for the defense of the United States of America and its global interests to fly, fight and win … in air, space and cyberspace."

Motto: Above All

Air Force Core Values

Integrity First

Service Before Self

Excellence In All We Do

Components: Active Duty (18 Sep 1947), Reserves, and Air National Guard

NAVY

Navy Mission: "To maintain, train and equip combat-ready Naval forces capable of winning wars, deterring aggression and maintaining freedom of the seas."

Motto: Semper Fortis "Always Courageous"

Navy Core Values

Honor

Courage

Commitment

Components: Active Duty (13 Oct 1775) and Reserves

Source: www.navy.mil/navydata/organization/

MARINE CORPS

Marine Corps Mission:

- Forward deployed to respond swiftly and aggressively in times of crisis.
- Providing forces and detachments to naval ships and shore operations.
- "First to Fight," and our nation's first line of defense.

Motto: Semper Fidelis, “Semper Fi” “Always Faithful”

Marine Core Values

Honor
Courage
Commitment

Components: Active Duty (10 Nov 1775)
and Reserves

Source: http://www.marines.com/history-heritage/our-purpose

COAST GUARD

Coast Guard Mission: “To protect the public, the environment, and the United States economic and security interests in any maritime region in which those interests may be at risk, including international waters and America's coasts, ports, and inland waterways.”

Motto: Semper Paratus, "Always Ready".

The U.S. Coast Guard is one of the five branches and the only military organization within the Department of Homeland Security.

Coast Guard Core Values

- **Honor and Integrity**
- **Greater Good of the Coast Guard**
- **Innovation**
- **Personal Initiative**
- **Drive for Success**
- **Teamwork**

Components: Active Duty (4 Aug 1790) and Reserves

Source: http://www.uscg.mil/hq/osc/values.asp

COMPONENTS

Active Component

- Works “full-time” for the military
- Lives on or near Military base
- Full time hours, full time benefits
- On-call 24 hrs / day, 365 days a year
- Permanent force of the military

COMPONENTS

Reserve Component

- Part-time duties
- May live near duty station or several hours away
- One weekend a month, 2 weeks a year (39 Days)
- Can be activated to augment Active Component
- Limited benefits

COMPONENTS

Stressors and Challenges for Reserve Component Service Members and Their Families

- “Citizen Soldiers”
- Mobilization and deployment
- Separation from family, school, jobs,
- Demobilization
- Temporary Duty/TDY
- Employers who are unsupportive

RANK STRUCTURE

- Commissioned Officers:
  - plan, lead, organize (EXECUTIVE) 19% of the Army
- Noncommissioned Officers or NCOs:
  - implement, lead, train (MANAGER)
- Junior Enlisted:
  - execute assigned tasks (Entry Level)

Key Cultural Concepts

What is a VETERAN?

- Current reserve component troops who have deployed or served active duty stateside may be VA healthcare eligible
- Under certain circumstances, VA serves active duty troops with a valid TRICARE referral or authorization.
- VA Healthcare eligibility-1 day of service prior to 1980 (2 consecutive years of service after 1980)
- All Veterans have a DD-214 (Discharge Certificate)
- Not all former Service Members are Veterans

The Nature of Military Life

Military Life is Hard:

- **Frequent military deployments**
- **Frequent training exercises**
- **Long duty days**
- **Weekend duty**
- **Frequent military moves (PCSs)**
- **Fear of death and/or serious injury**
- **Distance from extended family**
- **Financial strain**
- **Family separations**

The Nature of Military Life

Military Life has Benefits:

- **Financial stability/Retirement benefits**
- **Health Care**
- **Community and sense of belonging**
- **Education and job training**
- **Overseas assignments**
- **Part of a tradition**
- **Resilient families**
- **Pride and patriotism**

Stressors

- Combat
  - Increased rates of exposure to combat (killing, threat of life, fighting, death)
    - Increased rate of impact on multiple deployments
- Military Sexual Trauma
  - Estimate only 14% of sexual assaults were reported (Department of Defense Annual Report on Sexual Assault in the Military, 2016)

Stressors (cont'd)

- Multiple Health Risks
  - Musculoskeletal
  - Infectious disease
  - Environmental hazards (burn pits)
  - Combined trauma injuries (burns, blunt trauma, penetrating injuries)
  - Traumatic brain injury
  - Amputation
  - Behavioral Health Issues
- Stress and strengths in veterans
  - Include both positive and negative aspects and outcomes

CLINICAL IMPLICATIONS

Barriers to Treatment:

- Stigma
  - 49% of Service Members who screened positive for a mental health condition and indicated that they "would be seen as weak" if they sought mental health treatment (MHAT, 2011)
- Impact on career
- Don't want to go home from deployment
- Those higher in rank have a harder time disclosing traumatic experiences
  - However, higher ranking individuals who disclose PTSD can have a big influence on encouraging lower ranking individuals to present for care

Barriers Stated from Service Members:

- Making assumptions about their unique experiences in the military without asking them what their experiences and views
- Comparing any military experience to a movie
- Saying you understand what they've been through
- Trying to impose your values on military experiences or acculturation
  - "it's more important to take care of yourself than it is to serve others"
- Assuming they have PTSD because of their military experiences.

Barriers Stated from Service Members:

- Poor customer service
  - Not being organized
  - Not being punctual
  - Seeming like you don't care
- Attitude
  - Acting judgmental about killing/combat; looking uncomfortable or disgusted when they talk about their experiences
  - Trying to get them to open up too soon, or telling them they have to open up their feelings in order to get better
- Inflexibility
  - Inflexible regarding treatment types or appointment times
  - Telling them you can't help them if they don't take medications
  - Being too rigid with a treatment protocol

Department of Veterans Affairs Services

The VA provides a variety of benefits to veterans

- Medical Care
- Housing
- Disability Compensation
- Education Benefits (GI Bill & Vocational Rehab)
- Readjustment Counseling (Vet Centers)
- Home Loans
- Burial Benefits

Benefit Eligibility based on service and discharge status

Limitations

- NG troops without federal service are not eligible
- Active duty troops are currently not eligible
- Reserve troops without Active Duty Service are not eligible

www.va.gov

Outreach to Veterans

Joint Services Support

Schedule of Yellow Ribbon Events

http://www.jointservicessupport.org/

County Veteran Services Office

Veterans Organizations

Veterans of Foreign Wars

American Legion

AMVETS

Disabled American Veterans

Ask

Make it part of your standard intake. Time in Service, Rank upon Discharge

California Department of Veteran Affairs

Veteran Services

- **Mobile App! CALVET** **(healthcare, education, housing & employment services)**
- **Home Loans**
- **Tuition Fee Waivers**

  Service connected veterans are able to send their dependents to a UC or CSU tuition free
- **Vet Homes**

  Purpose is to provide the state's aged or disabled veterans with rehabilitative, residential, and medical care and services in a home-like environment at the California Veterans Homes
- **CalVet Connect** Resource Info Request https://cvcs.calvet.ca.gov/Pages/Intake/ReintegrationForm.aspx

www.calvet.ca.gov

RESOURCES

- VA/DoD Clinical Practice Guidelines
  - Bipolar
  - MDD
  - PTSD
  - Substance Abuse
  - Prevention of Suicide
  - mTBI
- Center for Deployment Psychology
- Military OneSource
- Military Chaplains and Behavioral Health Officers

RESOURCES

War Veteran ONLY hotline- 1-877-WAR VETS

Give an Hour – www.giveanhour.org

The Coming Home Project www.cominghomeproject.net

The Pathway Home www.thepathwayhome.org

Swords to Plowshares http://swords-to-plowshares.org

Vietnam Vets of California www.vietvets.org

Stanford Vets Connect http://vetsconnect.stanford.edu

Military One Source www.militaryonesource.com

Defense Centers of Excellence www.dcoe.health.mil

Books

Soldier's Heart by Elizabeth D. Samet

Samet is an English professor at West Point. Good for non-prior service personnel as she describes an outsider's journey into the military culture.

Rule Number Two: Lessons I Learned in a Combat Hospital

by Heidi Squier Kraft

Kraft is a former Navy psychologist who treated Marines in Iraq as part of a Naval Combat Surgical Company. It is a memoir rather than a clinical account and offers insight to the role of a clinician with combat troops, especially useful for non-prior service personnel.

One Bullet Away: The Making of a Marine Officer

by Nathaniel Fick

Fick tells of his journey from Dartmouth University to the USMC and tours of Afghanistan and Iraq.

Books

The Unforgiving Minute: A Soldiers Education by Craig M. Mullaney

A memoir of Mullaney's journey from West Point to Oxford and then to Afghanistan.

War by Sebastian Junger

A report of a journalist's time embedded with a unit in Afghanistan.

They Fought for Each Other by Kelly Kennedy

Kelly report during her time embedded with a unit in Iraq.

On Killing by LTC Dave Grossman

Grossman is a retired Army Ranger officer and a clinical psychologist. This is a look at the psychological impact of killing.

QUESTIONS