Chapter 4: Health Care Benefits for Veterans and Active Duty Military and Their Families through the Federal System

PRIORITY Recommendation 4.1

a) **The General Assembly should appropriate $1,470,000[a] in recurring funds to the North Carolina Department of Crime Control and Prevention to sustain and to add to the North Carolina National Guard Integrated Behavioral Health System, currently located at four Family Assistance Centers and available to all who have served in the military through the active and reserve components and their families. Priority should be given to individuals who are not eligible for or who have difficulty accessing Department of Veterans Affairs (VA) services or TRICARE. Funding for the pilot program should be used to support:**

   1) **Full-time behavioral health clinicians and behavioral health case managers in each of the seven North Carolina National Guard (NCNG) Family Assistance Centers (FACs).**

   2) **Contracts with peers who are veterans and/or family members with appropriate mental health, substance abuse, or behavioral health trainings to provide services and support for active and retired members of the active duty and reserve components, veterans, and their families.**

   3) **Linkages between trained mental health, substance abuse, and behavioral health counselors and psychiatrists or other licensed professionals who can provide medication management or health services needed to address more significant health problems.**

   4) **Use of telepsychiatry in rural areas to expand availability of psychiatric services for active duty and retired members of the active and reserve components, veterans, and their families.**

b) **In addition to the NCNG clinical providers, additional personnel and resources should be collocated in the FACs, including but not limited to:**

   1) **Veteran services officers,**

a The Task Force recommended that the North Carolina General Assembly appropriate $210,000 for each of seven family assistance centers for a total of $1,470,000. Funding would be used to pay for one mental health and substance abuse counselor ($100,000/person including salary, equipment, travel, and training) one behavioral health case manager ($55,000/person including salary, equipment, travel, and training), and one veteran outreach peer specialist ($55,000/person including salary, equipment, travel, and training) at each Family Assistance Center.

2) VA-trained mental health and addiction services providers, including contract behavioral health personnel through the Veterans Integrated Service Network 6 Rural Health Initiative,

3) Division of Mental Health, Developmental Disabilities, and Substance Abuse Services providers and other state and local agency representatives as appropriate, and

4) Other professional, advocacy, and support services.

c) The Family Assistance Centers should report annually to the House and Senate Appropriations Subcommittees on Justice and Public Safety and to the House Committee on Military and Homeland Security on:

1) Services provided

2) Number and type of active and reserve component service members, veterans, and family members served

Recommendation 4.2

The North Carolina Congressional delegation should work with Congress to :

a) Increase funding for behavioral health services for members of the active and reserve components, veteran members of the military, and their families. Special emphasis must be made on meeting the behavioral health needs of the Reserve and National Guard.

b) Direct the Department of Defense (DoD) to change policies to allow licensed substance abuse professionals and other licensed behavioral health professionals to be credentialed as a participating provider in TRICARE.

c) Direct the Department of Veterans Affairs (VA) to designate staff time to provide family and couple's counseling and psychoeducation as a part of mental and behavioral health services provided to veterans with behavioral health problems in the VA health care system.

d) Direct the VA and DoD to work with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and other state TBI service organizations, to support efforts to integrate services for both civilian and military personnel for community-based reintegration day programs.

Chapter 5: Nonmilitary Public and Private Insurance Coverage, and Availability of Mental Health and Substance Abuse Services

Recommendation 5.1

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and military partners should collaborate to determine gaps in order to develop an accessible community-based neurobehavioral system of care for service members with traumatic brain injury. These military/civilian services should be available to service members, veterans, and their families. A fully realized system of care would consist of neurobehavioral programs, residential programs, comprehensive day programs, and home-based programs.

Recommendation 5.2

The North Carolina Division of Medical Assistance, MedSolutions, and appropriate health professionals at the Department of Veterans Affairs should continue to work together to ensure that MedSolutions is using the appropriate evidence-based diagnostic testing (including imaging, biomarker testing, or other tests) for screening and assessment of traumatic brain injury.

PRIORITY Recommendation 5.3

a) **The Area Health Education Centers (AHECs), in collaboration with the Citizen Soldier Support Program; North Carolina health professional training programs; Department of Veterans Affairs; University of North Carolina system; Operation Re-entry North Carolina; North Carolina Community College System; health care professional associations; DMHDDSAS; Governor's Focus on Servicemembers, Veterans, and Their Families; and academic health programs, should facilitate and continue to provide health education and skills training for health professional students; primary care, mental health, and substance abuse providers; and hospital administrators about the health, mental health, and substance abuse needs of the military and their families. Trainings should include but not be limited to:**

    1) **Information about the number of North Carolinians who are serving or who have served in the active and reserve components and their families.**

    2) **Information about military culture.**

3) **Information about the average number of deployments, length of time in conflict zones, and potential injuries these members may have faced, particularly those who have served recently in Iraq or Afghanistan.**

4) **The types of health, mental health, and substance abuse disorders that these service personnel may have experienced, including but not limited to traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST), depression, substance use disorders, potential suicide risks, or domestic violence.**

5) **The potential impact of the deployment cycle (before, during, and after) on family members and children, including but not limited to resiliency skills, intervention skills, resources, and community supports.**

6) **Evidence-based screening and assessment instruments.**

7) **Evidence-based case management, treatment, and medication management for different mental health and substance abuse problems, and potential adverse effects of prescribed medications, particularly for people with comorbidities.**

8) **Information about the TRICARE system, payment, and enrollment procedures.**

9) **Available referral sources through the TRICARE, Department of Veterans Affairs, Military One Source, Army One Source, Defense Center of Excellence Deployment Health Clinical Center, North Carolina National Guard's Integrated Behavioral Health System, Local Management Entities, North Carolina Department of Health and Human Services (DHHS) Office of Citizen Services, North Carolina Health Info, Federally Qualified Health Centers, professional advocacy and support services, and other community resources.**

b) **The North Carolina General Assembly should appropriate $250,000 in one-time funds to the Area Health Education Centers program to develop additional continuing education conferences, workshops, and online courses that address the remaining topics 6, 7, 8 and 9 (above). Existing curricula that address clinical care and evidence-based treatments for brain injury, behavioral health, and substance abuse problems may also be adapted to reflect the special needs of service personnel.**

Recommendation 5.4

a) **The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should work with the North Carolina Division of Medical Assistance to explore value-based purchasing or grants, which would provide additional reimbursement to providers who:**

   1) **Complete approved training programs that focus on the identification, treatment, and referral of service members, veterans, and their families who may have experienced depression, traumatic brain injury, posttraumatic stress disorder, military sexual trauma, substance use disorders, potential suicide risks, or domestic violence.**

   2) **Consistently use state-approved evidence-based screening and assessment instruments to identify people with one or more of these conditions.**

   3) **Consistently offer evidence-based treatment, including medication management and psychotherapy.**

   4) **Report process and outcome measures, as defined in subsection b) below.**

   5) **Actively participate in TRICARE, Department of Veterans Affairs (VA) fee-for-service system, DMHDDSAS, and Medicaid.**

b) **DMHDDSAS, North Carolina Division of Medical Assistance (DMA), and VA should work collaboratively to define appropriate behavioral health process and outcome measures on which to tie performance-based incentive payments.**

Recommendation 5.5

a) **The North Carolina Foundation for Advanced Health Programs through the Center of Excellence in Integrated Care should work in collaboration with the North Carolina Office of Rural Health and Community Care (NCORHCC); Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; the Governor's Institute on Substance Abuse; North Carolina Community Care Networks, Inc.; the North Carolina Community Health Center Association; and other professional associations to support and to expand collocation in primary care practices of licensed health professionals trained in providing substance abuse services, and to expand the availability of mental health and substance abuse professionals in primary care practices serving an adult population.**

b) **The North Carolina General Assembly should appropriate $500,000[b] in recurring funds to the NCORHCC to support this effort. Funding can be used to help support the start-up costs of collocation of licensed substance abuse and mental health professionals in primary care practices, or to support continuing education of mental health and substance abuse professionals who are already collocated in an existing primary care practice in order to cross-train these professionals to provide mental health and/or substance abuse services to TRICARE, Medicaid, and uninsured patients with substance abuse disorders. Funding should be targeted to private practices, Federally Qualified Health Centers, local health departments, and rural health clinics that are located in counties with or that serve a substantial number of active or former members of the military and their families, that are enrolled providers in TRICARE, and that participate in Community Care of North Carolina.**

Recommendation 5.6

The North Carolina General Assembly should appropriate an additional $128,502 in recurring funds to the North Carolina Department of Health and Human Services to expand CARE-LINE, in order to ensure the competency and capacity to handle crisis calls, including potential suicides, in a timely manner, and to ensure that telephone counselors are available 24 hours/day, 7 days/week, 365 days/year.

PRIORITY Recommendation 5.7

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services should:

a) **Continue the work of the Governor's Focus on Servicemembers, Veterans, and Their Families.**

b) **Continue to ensure that each Local Management Entity (LME) has at least one trained care coordination staff member to serve as the point of contact for TRICARE, the North Carolina National Guard's Integrated Behavioral Health System (e.g., Behavioral Health Clinicians and Military and Family Life Consultants), the Army Reserve Department of Psychological Health, the Department of Veterans Affairs (VA), and the North Carolina Department of Corrections to enable active duty and reserve components, veterans, and their**

b This estimate is based on supporting 20 new practices in their collocation efforts at a cost of $25,000 over two years and training 40 new providers (at a cost to be determined) to function in these settings. The total could change on the basis of the number of practices and providers. This is the maximum number that the Office of Rural Health and Community Care estimates it could support each year.

families to access state-funded services when they are not eligible for federally funded mental health or substance abuse services.

c) Develop a required training curriculum for LME staff members who provide screening, treatment, and referral services. The training should be available in person and online and should include but not be limited to information about:

   1) The numbers of North Carolinians who are serving or who have served in the active duty and reserve components living in their catchment areas.

   2) The types of mental health and substance abuse disorders that these service personnel and their families may have experienced, including but not limited to traumatic brain injury, posttraumatic stress disorder, depression, substance use disorders, potential suicide risks, military sexual trauma, and domestic violence.

   3) Available referral sources through TRICARE, VA, Military One Source, Army One Source, Defense Center of Excellence Deployment Health Clinical Center, North Carolina National Guard's Integrated Behavioral Health System, Army Reserve Department of Behavioral Health, North Carolina DHHS Office of Citizen Services (e.g., CARE-LINE and CARE-LINK), North Carolina Health Info, Federally Qualified Health Centers, professional advocacy and support services, and other community resources.

Chapter 6: Workforce and Outreach for the Military and Their Families

Pecommendation 6.1

a) The University of North Carolina (UNC) System, North Carolina Community College System, and other independent colleges and universities in the state should monitor and apply for any federal grant opportunities to expand training funds to increase the number of mental health and substance abuse providers in the state.

   1) North Carolina institutions of higher education should ensure that the curriculum includes information that educates health professionals about the unique behavioral health needs of the active duty and reserve components and their families, as specified in more detail in Recommendation 5.3.

   2) Funding should be used to help support people seeking training through the community colleges, undergraduate education, master's or doctoral degree programs or those who are seeking to pay for the hours of supervised training needed for their license. Priority for enrollment should be given to individuals who have served in the military through active duty and reserve components and those who are willing to work with military members and their families.

b) If efforts to obtain federal funding are unsuccessful or insufficient, the North Carolina General Assembly should appropriate $1.9 million beginning in FY 2011. Of this:

   1) $750,000 in recurring funds in SFY 2011, $1.5 million in recurring funds in SFY 2012, and $2.0 million in recurring funds in SFY 2012 and thereafter to the Governor's Institute on Substance Abuse to create a scholarship program to increase the number of qualified professionals in the field of substance abuse training. Funding should be provided to help support people seeking training through the community colleges, undergraduate education, master's or doctoral degree programs or those who are seeking to pay for the hours of supervised training needed for their license. Priority for enrollment should be given to individuals who have served in the military through active duty and reserve components. Individuals who receive state funds must agree to work for one year in a public or private not-for-profit substance abuse treatment program for every $4,000 in scholarship funds, and must agree to serve the active duty and reserve components and their families.

2) **$750,000 to increase the number of qualified mental health professionals who are seeking training through community colleges, undergraduate programs, and graduate education programs or who are seeking to pay for the hours of supervised training needed for their licensure (i.e., psychiatrist, psychologist, LPC, LCSW). Priority should be given to individuals who have served in the military through the active duty and reserve components. Individuals who receive state funds must participate in training on military culture, military benefits, and military resiliency and agree to work for a year accepting individuals with TRICARE insurance for every $4,000 in scholarship funds.**

3) **$400,000 in recurring funds to the Area Health Education Center (AHEC) program to establish clinical training sites for people seeking their substance abuse professional credentials, and to develop and support new residency training rotations for psychiatrists, family physicians, emergency medicine physicians, or other physicians likely to enter the addiction field. AHEC shall give priority to clinical training sites or residency training rotations that expose health professionals to working with active duty and reserve components, veterans, and their families.**

PRIORITY Recommendation 6.2

a) **The Citizen Soldier Support Program; the Governor's Focus on Servicemembers, Veterans, and Their Families; the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS); the North Carolina Division of Veterans Affairs; the Department of Veterans Affairs; and other military-related organizations should offer trainings to:**

1) **Crisis workers, including but not limited to mental health and addiction services staff on mobile crisis teams; screening, triage, and referral (STR) teams; public safety officers; crisis intervention teams (CITs); emergency management technicians (EMTs); disaster and emergency response teams; local sheriff's offices; and local Red Cross chapters.**

2) **Veterans service organizations and veterans service officers.**

3) **Professional advocacy and support organizations, including but not limited to the National Alliance on Mental Illness North Carolina, the Traumatic Brain Injury Association of North Carolina, and other nonprofit organizations that have a mission to serve members of the active duty and reserve components, veteran members of the military, and their families.**

b) Training for all of the groups should cover certain core information, including:

1) The types of mental health and substance abuse disorders that these service personnel and their families may have experienced, including but not limited to traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST), depression, substance use disorder (SUD), potential suicide risks, or domestic violence.

2) Strategies to encourage eligible veterans to enroll in and access services through the VA system, including opportunities to enroll former military members with previously undiagnosed PTSD, MST, TBI, or SUD, and those who left under less-than-honorable discharges into the VA system, if the reason for the discharge was due to behavioral health problems that arose or were exacerbated through military service.

3) Available referral sources through TRICARE, Department of Veterans Affairs, Military One Source, Army One Source, Defense Center of Excellence Deployment Health Clinical Center, North Carolina National Guard's Integrated Behavioral Health System, Army Reserve Department of Psychological Health, Local Management Entities, North Carolina Department of Health and Human Services Office of Citizen Services (e.g., CARE-LINE and CARE-LINK), North Carolina Health Info, Federally Qualified Health Centers, professional advocacy and support services, or other community resources.

c) In addition to the content listed above, training for crisis workers, professional advocacy and support organizations, and the faith communities should include the following:

1) Information about the number of North Carolinians who are serving or who have served in the active duty and reserve components and their families living in North Carolina.

2) Information on military culture.

3) Information about the average number of deployments, length of time in conflict zones, and potential injuries these members may have faced, particularly those who have served recently in Iraq or Afghanistan.

4) The potential impact of the deployment cycle (before, during, and after) on family members and children, including but not limited to resiliency skills, intervention skills, resources, and community supports, with a focus on the critical role of the faith community in the provision of assistance with needed service, personal support, and when necessary, grief counseling.

5) **Early identification of individual or family members with mental health or substance abuse disorders and appropriate referral sources.**

d) **Military chaplains should be involved in the training of the faith community. This training should include information on the important role of faith leaders in providing spiritual support, counseling, and referral into treatment services for active and former members of the military and their families.**

Recommendation 6.3

a) **The North Carolina State Board of Education (SBE) should require:**

1) **Local Education Agencies (LEAs) to collect information, on an annual basis, about whether a child has an immediate family member who has served in the US military since September 11, 2001, as required in the rules adopted as part of the Interstate Compact on Educational Opportunity for Military Children (NCGS §115C-407.5 et seq.).**

2) **Each LEA to have at least one staff person who is trained on the needs of children of service members. Training should include but not be limited to:**

a. **The numbers of children of current members of the active and reserve components living in their LEA.**

b. **Available curricula on military families.**

c. **The impact of deployments on the emotional and psychological well-being of the children and families.**

d. **Potential warning signs of emotional and mental health disorders, substance use disorders, suicide risks, child maltreatment, or domestic violence.**

e. **Available referral sources through TRICARE, Department of Veterans Affairs, Military OneSource, Army OneSource, Defense Center of Excellence Deployment Health Clinical Center, North Carolina National Guard's Integrated Behavioral Health System, Army Reserve Department of Psychological Health, Local Management Entities, North Carolina Department of Health and Human Services Office of Citizen Services, North Carolina Health Info, Federally Qualified Health Centers, professional advocacy and support services, or other community resources.**

f. Scholarships for after-school and enrichment activities available through the Department of Defense, National Guard, or Reserve for children of parents who are actively deployed.

3) The trained LEA staff member to provide similar trainings to school administrators, nurses, nurse aides, counselors, and social workers in the LEAs.

b) The North Carolina General Assembly should require the SBE to report annually on the number of children served through North Carolina public schools who have immediate family members who have served in the US military since September 11, 2001, as well as the number of LEA staff members who have received the specified training. The SBE should submit the report annually to the Appropriations Subcommittee on Education and the Legislative Oversight Committee on Education.

Recommendation 6.4

a) The University of North Carolina, General Administration, in collaboration with Operation Re-entry North Carolina at East Carolina University, North Carolina Translational and Clinical Sciences Institute, other North Carolina colleges and universities, North Carolina National Guard, military health, and VA should collaborate on research to address the behavioral health problems and challenges facing military personnel, veterans, and family members.

1) The collaborative research teams should include civilian investigators from North Carolina colleges and universities and private research organizations, health providers in regional and national military health system institutions, and providers and investigators in VISN 6 in the VA system. The research should:

a. Define the behavioral health problems facing service members, veterans, and their families, with a special emphasis on the behavioral health needs of the Reserve and National Guard.

b. Develop, implement, and evaluate innovative pilot programs to improve the quality, accessibility, and delivery of behavioral health services provided to this population.

c. Evaluate the effectiveness of new programs put into place by the National Guard and other military organizations to address the behavioral health challenges facing military service personnel, veterans, and family members.

d. Conduct research that will help contribute to the knowledge for evidence-based behavioral health screening, diagnosis, treatment, and recovery supports for military service personnel, veterans, and their families.

e. Study other issues as requested by the different branches of the military, Reserve and National Guard, and VA to improve behavioral health services for service members, veterans, and their families.

2) Collaborative teams and faculty investigators should aggressively pursue federal funding from pertinent agencies to conduct this work.

b) The North Carolina General Assembly should direct the University of North Carolina, General Administration, to provide an annual report to the Health Care Oversight Committee and the Legislative Appropriations Subcommittee on Health and Human Services on the research findings generated as part of this initiative.

c) The North Carolina National Guard should cooperate in providing information to assess the effectiveness of behavioral health services provided to the North Carolina National Guard.