



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

April 1, 2013

The Honorable Justin P. Burr, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 307A, Legislative Office Building
Raleigh, NC 27603

The Honorable Louis Pate, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 1028, Legislative Building
Raleigh, NC 27601

The Honorable Nelson Dollar, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Representatives Burr and Dollar and Senator Pate:

Pursuant to Session Law 2012-142, Section 10.11, as amended by Session Law 2012-145, Section 3.4, the Joint Legislative Oversight Committee on Health and Human Services (JLOC) appointed the Subcommittee on Mental Health to examine the State's delivery of mental health services. The Subcommittee's recommendations were adopted by the JLOC and included in the final report. The Department of Health and Human Services is pleased to report on Recommendation 4. Attached is the *DHHS Report on Recommendation 4 of the Joint Legislative Oversight Committee on Health and Human Services Report to the 2013 NC General Assembly*. This report details the collaborations and ongoing multifaceted approaches to better service the military, veterans and their families. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Please contact Jim Jarrard, Acting Director of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, should you have any questions regarding this report. Mr. Jarrard can be contacted at Jim.Jarrard@dhhs.nc.gov or (919) 733-7011.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wos".

Aldona Wos, M.D.
Secretary

AW:mth

Attachment

cc: Adam Sholar
Jim Slate
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Legislative Library (one hard copy)

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**DHHS Report on Recommendation 4 of the
Joint Legislative Oversight Committee on Health and Human Services
Report to the 2013 NC General Assembly**



**Session Law 2012-142, Section 10.11 as amended by
Session Law 2012 -145, Section 3.4**

April 1, 2013

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

Executive Summary

Recommendation 4: The Joint Legislative Oversight Committee on Health and Human Services encourages the General Assembly to require that the Department of Health and Human Services continue to work with the Department of Veterans Affairs and other military groups to (i) increase training for mental health professionals in evidence-based practices designed specifically for individuals who are active or retired military, (ii) increase the number of veterans taking advantage of Medicaid and other federally funded assistance programs through targeted outreach through local DSS agencies and identifying veterans in the NCFAST program, and (iii) decrease homelessness among veterans.

The United States Department of Commerce (2012) reports that North Carolina is currently home to the third largest active military population in the country. This population is comprised of each branch of the military: Army, Marines, Navy, Air Force, and Coast Guard. An additional 45,000 soldiers, marines, and airmen and women live in all 100 counties of North Carolina and serve in the National Guard or Reserves (NC Institute of Medicine [NCIOM], 2011). North Carolina's veteran population is even larger, consisting of nearly 800,000 Veterans, placing the state fifth in military retirees and ninth in veteran population in the country (NCIOM, 2011). More than 100,000 children and adolescents of active members/National Guard/Reserves live in North Carolina.

North Carolina Focus on the Military, Veterans and Their Families (NC FOCUS) has dedicated its work both to recognize the importance of the military in North Carolina and to demonstrate gratitude to the members of the Armed Forces for their service to our country.

Session Law 2011-185, Section 8(d) directed a variety of agencies to work together on developing training curricula related to serving service members, veterans and their families. The group representing members of the NC FOCUS, worked together to build a plan with the deliberate inclusion of the initial work of NC FOCUS members. In 2006, the General Assembly appropriated one time funds to the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) that supported the development of a variety of training programs.

The North Carolina Families Accessing Services through Technology (NCFAST) will be rolled out in the summer of 2013. It is anticipated that it will be linked to the Department of Health and Human Services (DHHS) Medicaid Management Information System, DHHS NCTRACKS and will contain information about military status. This data will be utilized by DHHS to improve care coordination of the services available to military members and their families from all DHHS Divisions.

Legislative and Executive leadership in North Carolina and the NC FOCUS on the Military, Veterans and their Families has joined with the US Department of Veterans Affairs in a commitment to end homelessness among veterans. Several collaborative projects have been initiated but much more needs to be done.

Recommendation 4: *The Joint Legislative Oversight Committee on Health and Human Services encourages the General Assembly to require that the Department of Health and Human Services continue to work with the Department of Veterans Affairs and other military groups to (i) increase training for mental health professionals in evidence-based practices designed specifically for individuals who are active or retired military, (ii) increase the number of veterans taking advantage of Medicaid and other federally funded assistance programs through targeted outreach through local DSS agencies and identifying veterans in the NCFAST program, and (iii) decrease homelessness among veterans.*

Introduction

The Substance Abuse And Mental Health Services Administration (SAMHSA), under then President George W. Bush, invited representatives of state mental health and substance abuse agencies to join with the Department Of Defense (DOD) and the Department of Veterans Affairs (VA) to begin to construct a behavioral health response for combat veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in 2008. Upon returning from this initial national summit, DMH/DD/SAS, with the approval of the North Carolina DHHS initiated work utilizing a strategic plan that strengthens collaboration, coordination and resource sharing between the State of North Carolina, federal military partners and service members and their families. The NC FOCUS on Service members, Veterans and their Families is a “coalition of federal, state, and local agencies and professional and consumer organizations” (Fang, 2011). The group co-chaired by DMH/DD/SAS and the VA began with the purpose of bringing together key leaders and stakeholders throughout the State of North Carolina to share information, promote best practices in the service provision for Service members, veterans, and their families. The group has been meeting monthly since 2006, to discuss the continuum of care for this population, the timely provision of mental health and substance abuse services, and to develop new ideas to meet their needs. The NC FOCUS is staffed on behalf of DMH/DD/SAS by the Governor’s Institute on Substance Abuse. This group is the center of many training initiatives currently existing in North Carolina regarding the military. The NC FOCUS promotes evidence-based practices in the screening, assessment, and treatment of active and reserve components, veterans, and military family members in North Carolina, including Traumatic Brain Injury (TBI).

The NC FOCUS on the Active Military, Veterans and their Families has successfully competed to participate in three national policy academies supported by SAMHSA where the team works with national leaders to continually refine the North Carolina Plan.

The United States Department of Commerce (2012) reports that North Carolina is currently home to the third largest active military population in the country. This population is comprised of each branch of the military: Army, Marines, Navy, Air Force, and Coast Guard. An additional 45,000 soldiers, marines, and airmen and women live in all 100 counties of North Carolina and serve in the National Guard or Reserves (NC Institute of Medicine [NCIOM], 2011). North Carolina’s veteran population is even larger, consisting of nearly 800,000 veterans, placing the state fifth in military retirees and ninth in veteran population in the country (NCIOM, 2011). More than 100,000 children and adolescents of active members/National Guard/Reserves live in North Carolina.

The NC FOCUS has dedicated its work both to recognize the importance of the military in North Carolina and to demonstrate gratitude to the members of the Armed Forces for their service to our country. The project has expanded its original focus on combat veterans to veterans of all eras living in the state. The North Carolina process to support veterans has received national recognition and has provided technical assistance to many other states. In 2011, "Honoring Their Service: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families:" was presented to the Legislative Oversight Committee on Mental Health. The report identifies potential gaps in services for service members experiencing mental health problems such as post traumatic stress, substance use disorders and TBI. The Institute of Medicine (IOM) report and the on-going work of the NC FOCUS group have been supported with technical assistance and financial supported by SAMHSA.

(I) Increase training for mental health professionals in evidence-based practices designed specifically for individuals who are active or retired military

Session Law 2011-185, Section 8. (d) directed a variety of agencies to work together on developing training curricula for service members, veterans and their families. The group representing members of the NC FOCUS, worked together to build a plan with the deliberate inclusion of the initial work of NC FOCUS members. In 2006, the General Assembly appropriated one time funds to DMH/DD/SAS that supported the development of a variety of training programs described below:

- The Citizen Soldier Support Program (CSSP) with the NC Area Health Education Center (AHEC) and the U.S. Department of Veterans Affairs Integrated Service Network developed training programs for mental health service providers. Free face to face training was offered on military culture, Post Traumatic Stress Disorder (PTSD), and TBI, called "Painting a Moving Train". These programs were then translated to free on-line courses "Treating the Invisible Wounds of War". Workshops were also developed regarding the issues of military women and military families. To date, 11,000 individuals have completed at least one on-line course in each state. New courses are being planned to address suicide prevention.
- The University of North Carolina School of Social Work, Behavioral Health Resource Program, developed a training course for substance abuse clinicians exploring military culture and reactions to stress leading to the abuse of prescription drugs use and alcohol abuse. To date, 675 individuals have participated in this training initiative. This training is offered to any agency and organization upon request.
- The North Carolina DMH/DD/SAS Practice Improvement Collaborative (NCPIC) established in 2005, identifies and reviews evidence based practices for three disabilities, making recommendations to DMH/DD/SAS for adoption in North Carolina programs. The NCPIC has reviewed and presented training on evidence based practices for the treatment of PTSD, suicide, military related substance use disorders, and TBI. The NC FOCUS recommends that providers interested in providing services for military members, veterans and their families take courses on military culture prior to adopting and providing clinical services. The NC PIC specifically recommends a trauma focus intervention, "Seeking Safety" and Cognitive Processing Therapy for PTSD. Many

additional practices are being researched and are under review by major universities and the Defense Centers of Excellence.

Additional training activities include:

- The VA has developed several clinical practice guidelines located on the Center of Excellence on Implementing Evidence Based Practice website at www.ciebp.research.va.gov.
- Currently Community Care of North Carolina (CCNC) is reviewing training priorities and will consider adding military culture training for their Networks.
- The VA is working with Blue Cross/Blue Shield to develop military friendly practices for the Blue Quality Performance Program. This program would include screening a patient's military status.
- The Department of Public Instruction (DPI) has been part of the NC FOCUS group since 2006, and has developed training for school personnel working with military children. The DPI reports that 1423 personnel have taken the module for military children in grades 6-12 and 1800 have taken the course dealing with issues of children grades K-5.

Building on this foundation and as a result of exhaustive research, the NC FOCUS Training Task Force has identified an extensive list of no cost or low cost training programs and curricula in military matters available in North Carolina. North Carolina has pioneered this type of training and much of it is widely used across the nation. NC FOCUS is developing a system for professionals to easily access existing training, instead of developing additional silo-ed programs. The goal is to increase competencies of people and agencies in North Carolina who serve this military population.

Training needs to cover:

- Military Culture
- Depression
- Evidence-based Screening/Assessment Instruments
- Evidence-based Case Management
- Impact of Deployments
- Military Sexual Trauma (MST)
- PTSD
- Potential Suicide Risks
- Substance Abuse in the Military
- TBI
- Medication Management

Using the NC FOCUS website, a training system was launched in October 2012 that invites service providers to take training from named sources covering the desired content. Providers are asked to submit a form upon completion and are provided advertisement by posting their contact information online as professionals who have completed training on military issues. Many of the courses can be used as continuing education for professional licenses, which serves as another inducement. The NC FOCUS website also contains information on becoming a

TRICARE provider, strategies to encourage eligible veterans to enroll in and use services of the VA, referral resources, and a variety of facts and figures regarding the military in North Carolina. The Governors Institute on Substance Abuse monitors grant opportunities and posts them on the NC FOCUS website at www.veteransfocus.org

Advertising the existence of this training system is the next step. The Governors Institute regularly sends military focused emails to anyone signed up as an interested party. Information is also available on the NC FOCUS website. These communications are essential in publicizing resources that are available. Development of other strategies are ongoing and being tracked.

One of the most important projects going forward is a plan to ensure that the NCDHHS Local Management Entities/Managed Care Organizations (LME/MCOs) are prepared to screen individuals including their military status, work with the individual to coordinate their health benefits and to make referrals to trained providers. Each LME/MCO has at least one trained care coordination person on staff. This staff serves as the point of contact for TRICARE, the North Carolina National Guard's (NCNG) Integrated Behavioral Health System, the Army Reserve Department of Psychological Health, the VA, the North Carolina Department of Public Safety, and related organizations. Their purpose is to ensure access for active, reserve, veteran and military families to state-funded services when they are not eligible for federally funded mental health or substance abuse services.

LME/MCO staff members or their providers of screening, triage, or referral services have been offered an initial training to enhance the services provided to members of the active or reserve components of the Armed Forces of the United States, veterans, and their families. In addition, DMH/DD/SAS and the NCNG Integrated Behavioral Health System have provided training for care coordinators in each LME/MCO. Additional training has been conducted for mobile crisis teams to ensure the provision of appropriate intervention for service members, veterans and their families facing crisis situations and to facilitate seamless transition between LME/MCO providers and National Guard licensed clinical outreach workers.

The NCNG Integrated Behavioral Health System provides in-person and telephone-based assessments of risk and needs (clinical or other), providing and case managing referrals to both internal and external resources. This System serves NCNG Service members and their families who are looking for behavioral health treatment referrals, whether deployment related or not. Additionally, in screening for non-clinical needs such as food and housing, the System then serves as a locator resource for those indicators that could be exacerbating the presenting emotional crisis. DMH/DD/SAS will continue to review policy and protocols for care and coordination of services between LME/MCOs, private providers, NCNG and the VA.

Briefings have been conducted with the LME/MCO directors to review this legislative requirement. A series of webinars are underway for the LME/MCO Military Points of Contact to assist them with meeting their assigned responsibilities. More training is planned for the LME/MCOs and their provider networks.

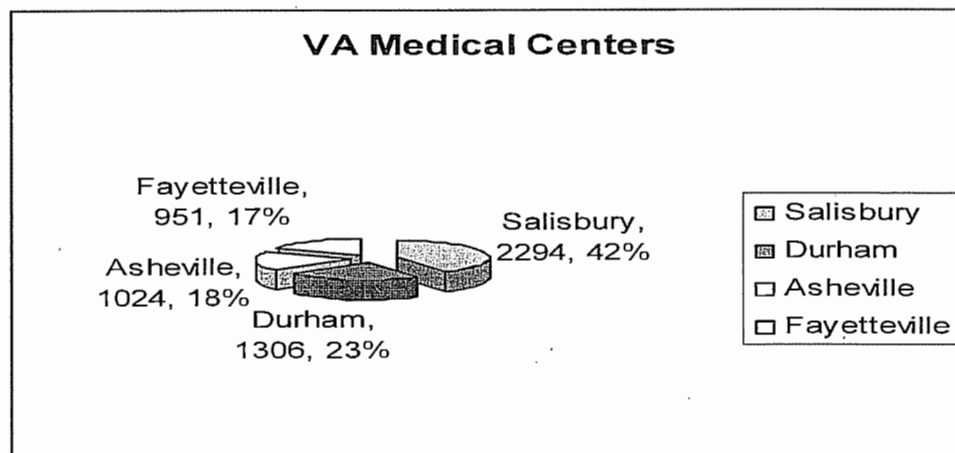
(II) Increase the number of veterans taking advantage of Medicaid and other federally funded assistance programs through targeted outreach through local DSS agencies and identifying veterans in the NCFAST program.

The DHHS Division of Social Services (DSS) participation in the NC FOCUS Program has been ongoing. DSS seeks to ensure services are available to eligible military members, veterans and their families. The DSS military liaison provides information at local health fairs and community resource fairs for service members and their families. The DHHS Customer Service Center tracks calls from military members and veterans. In the month of December 2012, the Center received 406 calls from service members or their families. Information about Medicaid has been the most frequent inquiry made by service members for a number of years. As a result of the tracking, NC DSS is exploring an outreach plan that will allow them to work with the active duty military living on bases to explain child support, answer questions, and assist with child support concerns.

The NCFAST will be rolled out in mid 2013 and be linked to the DHHS Medicaid Management Information System, (DHHS NCTRAKS) where military status information will be located. DHHS will use this data to improve care coordination of the services available to military members and their families from all DHHS Divisions.

(iii) Decrease homelessness among veterans

Legislative and Executive leadership in North Carolina and the NC FOCUS on the Military, Veterans and their Families have joined with the US Department of Veterans Affairs in a commitment to end homelessness among veterans. Several collaborative projects have been initiated. The VA Network Homeless Coordinator for North Carolina estimates 5575 veterans experienced homelessness in Federal Fiscal Year 12. When the data are categorized by VA Medical Center (VAMC), Salisbury had the highest number at 2294, then Durham at 1306, Asheville at 1024, and Fayetteville at 951. Demographics were similar for homeless women veterans (ranged from 7% to 12%) and homeless Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans (ranged from 7% to 9%) for three Medical Centers. Fayetteville VAMC saw the highest percentage of women veterans (19%) and OEF/OIF veterans (18%) who were homeless.



The VA programs to house the homeless include: Supportive Services for Veterans and their Families (SSVF) grants, Grant and Per Diem (GPD) grants, and permanent supportive housing through HUD-VASH vouchers. Passage Home in Raleigh was awarded the first round of SSVF grants in FFY 11. In FFY 12, two additional sites, the Asheville Buncombe Community Christian Ministry and the United Way of Forsyth County received SSVF funding.

The VA also awarded two year grants to the Governor's Institute on Substance Abuse to serve as a national technical assistance center (Center) for the GPD Program from 2007 to 2011. During FY 09, the Center assisted 23 of the 35 capitol awardees and in FY 10 three additional North Carolina agencies---Parker' House Foundation, Triangle Residential Options for Substance Abuse (TROSA) and the NC Housing Foundation received capitol grants. The Center also assisted 83 per diem only grantees. Ten North Carolina agencies have received GPD grants. These 15 agencies have been funded for a total of 584 beds to serve homeless veterans.

The Department of Housing and Urban Development and the Department of Veterans Affairs jointly sponsor HUD-VASH (supportive housing) vouchers. NC has a total of 998 vouchers, with 93% (931) in use. Vouchers are distributed across the four VAMCs.

North Carolina has 150 houses in the Oxford House network, a substance abuse recovery housing program initiated during the Reagan administration supported by SAMHSA. Veterans occupy 11% of the 1115 beds or 123 beds. Although none of the houses are veteran specific, the Oxford Houses in Durham, Fayetteville, and Salisbury have strong referral relationships with the VAMCs in their communities.

The NC Division of Veterans Affairs has four state veterans nursing homes, located in Fayetteville, Salisbury, Black Mountain and Kinston. The Fayetteville home is located adjacent to the VAMC and has 150 beds with a 93-95% occupancy. The Salisbury facility is on the grounds of the VAMC and has 99 beds with 93-96% occupancy. The Black Mountain 100 bed facility opened its doors in October 2012. It is currently waiting on certification. Kinston is not yet operational but should begin admitting veterans in the Spring of this year, to its 100 bed facility. State and federal funds supported the building of both the Black Mountain and Kinston homes.

The DHHS Targeting Program and Key Program providing housing for persons with disabilities currently do not track veteran's status. They do request the source of disability income; records reveal that only three current tenants have self-reported VA benefits. Improving the tracking of veterans, assisting individuals with disabilities that are eligible for VA benefits and improving the referral network with the VA is a potential project for future work. DHHS is also reviewing the Preadmission Screening and Resident Review (PASRR) program to ensure that it is capturing veteran's status and exploring VA supported housing option for eligible individuals.

The NC FOCUS will continue to meet to address issues facing veterans and their families and to coordinate local, state, and federal services to meet the identified needs. Goals for the coming year include a review of employment opportunities for returning service members, the possible implementation of veteran peer support programs and enhanced outreach program to minority veterans. These and other activities will address the NC Focus mission: "Citizens for North Carolina partner to build a community that welcomes, appreciates and supports service

members, veterans and their families through all phases of the deployment cycle (before, during, and after) leading to a successful reintegration back into their communities”.

Acknowledgements

The following members of the North Carolina FOCUS on the Military, Veterans and their Families contributed to this report.

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Kristy Straits-Tröster, Ph.D., formerly Mid-Atlantic Veterans Health Care Network Mental Illness Research, Education and Clinical Center

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Sandra Farmer, President, Brain Injury Association of North Carolina

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