

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

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**SENATE BILL 597*
Health Care Committee Substitute Adopted 6/8/11**

Short Title: Behavioral Health Services for Military.

(Public)

Sponsors:

Referred to:

April 14, 2011

A BILL TO BE ENTITLED

1 AN ACT TO ENSURE THAT THE BEHAVIORAL HEALTH NEEDS OF MEMBERS OF
2 THE MILITARY, VETERANS, AND THEIR FAMILIES ARE MET.

3 The General Assembly of North Carolina enacts:

4 **SECTION 1.(a)** To the extent feasible and practicable, State and local agencies
5 who provide services directed at individuals who have served in the active or reserve
6 components of the Armed Forces of the United States and their families shall make personnel
7 and other resources available to the National Guard Family Assistance Centers.

8 **SECTION 1.(b)** The Department of Crime Control and Public Safety shall report
9 annually to the Chairs of the House of Representatives and Senate Appropriations
10 Subcommittees on Justice and Public Safety and to the House of Representatives Committee on
11 Homeland Security, Military, and Veterans Affairs on the activities of the National Guard
12 Family Assistance Centers. This report shall include information on services provided as well
13 as on the number and type of members of the active or reserve components of the Armed
14 Forces of the United States, veterans, and family members served.

15 **SECTION 2.(a)** The Division of Mental Health, Developmental Disabilities, and
16 Substance Abuse Services of the Department of Health and Human Services shall collaborate
17 with military agencies and other appropriate organizations to determine gaps in the care of
18 current and former members of the reserve or active components of the Armed Forces of the
19 United States with traumatic brain injury, shall develop recommendations for an accessible
20 community-based neurobehavioral system of care for those service members, and shall report
21 its recommendations by July 1, 2012, to the Chairs of the House of Representatives and Senate
22 Appropriations Subcommittees on Health and Human Services and Justice and Public Safety,
23 to the Chairs of the House of Representatives Committee on Homeland Security, Military, and
24 Veterans Affairs, and to the Joint Legislative Oversight Committee on Mental Health,
25 Developmental Disabilities, and Substance Abuse Services. The recommendations shall be
26 tailored so that, if implemented, services would be available to service members, veterans,
27 and their families and would consist of neurobehavioral programs, residential programs,
28 comprehensive day programs, and home-based programs.

29 **SECTION 2.(b)** The Division of Medical Assistance of the Department of Health
30 and Human Services, MedSolutions, Inc., and the appropriate health professionals at the United
31 States Department of Veterans Affairs shall work together to ensure that MedSolutions, Inc., is
32 using the appropriate evidence-based diagnostic testing (including imaging, biomarker testing,
33 and other tests) for screening and assessment of traumatic brain injury.

34 **SECTION 3.(a)** The North Carolina Area Health Education Centers (AHEC)
35 Program shall facilitate and continue to provide health education and skills training for health
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1 professional students; primary care, mental health, and substance abuse service providers; and
2 hospital administrators about the health, mental health, and substance abuse needs of the
3 military and their families. This training shall include information about the following:

- 4 (1) The number of North Carolinians who are serving or who have served in the
5 active or reserve components of the Armed Forces of the United States.
- 6 (2) Military culture.
- 7 (3) The average number of deployments, length of time in conflict zones, and
8 potential injuries these members may have faced, particularly those who
9 have served recently in Iraq or Afghanistan.
- 10 (4) The types of health, mental health, and substance abuse disorders that
11 service personnel may have experienced, including traumatic brain injury
12 (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST),
13 depression, substance use disorders, potential suicide risks, or domestic
14 violence.
- 15 (5) The potential impact of the deployment cycle on family members and
16 children. This information shall include information about resiliency skills,
17 intervention skills, resources, and community supports.
- 18 (6) Evidence-based screening and assessment instruments.
- 19 (7) Evidence-based case management, treatment, and medication management
20 for different mental health and substance abuse problems, and potential
21 adverse effects of prescribed medications, particularly for people with
22 comorbidities.
- 23 (8) Information about the TRICARE system, payment, and enrollment
24 procedures.
- 25 (9) Available referral sources through TRICARE, the United States Department
26 of Veterans Affairs, Military One Source, Army One Source, Defense
27 Centers of Excellence, Deployment Health Clinical Center, the North
28 Carolina National Guard's Integrated Behavioral Health System, Local
29 Management Entities, the North Carolina Department of Health and Human
30 Services (DHHS) Office of Citizen Services, North Carolina Health Info,
31 Federally Qualified Health Centers, professional advocacy and support
32 services, and other community resources.

33 **SECTION 3.(b)** In carrying out the requirements of Section 3(a) of this act, the
34 AHEC Program shall collaborate with the Citizen Soldier Support Program; North Carolina
35 health professional training programs; the United States Department of Veterans Affairs; the
36 North Carolina Division of Veterans Affairs; The University of North Carolina; Operation
37 Re-Entry North Carolina; the North Carolina Community College System; health care
38 professional associations; the Division of Mental Health, Developmental Disabilities, and
39 Substance Abuse Services; Governor's Focus on Servicemembers, Veterans, and Their
40 Families; and academic health programs.

41 **SECTION 4.(a)** The Division of Mental Health, Developmental Disabilities, and
42 Substance Abuse Services of the Department of Health and Human Services shall, together
43 with the Division of Medical Assistance of the Department of Health and Human Services,
44 explore the possibility of implementing value-based purchasing or grants that would provide
45 additional reimbursement to providers who:

- 46 (1) Complete approved training programs that focus on the identification,
47 treatment, and referral of members of the reserve or active components of
48 the Armed Forces of the United States, veterans, and their families who may
49 have experienced depression, traumatic brain injury, posttraumatic stress
50 disorder, military sexual trauma, substance use disorders, potential suicide
51 risks, or domestic violence.

- 1 (2) Consistently use State-approved, evidence-based screening and assessment
2 instruments to identify people with one or more of the conditions described
3 in subdivision (1) of this subsection.
- 4 (3) Consistently offer evidence-based treatment, including medication
5 management and psychotherapy.
- 6 (4) Report the process and outcome measures recommended pursuant to Section
7 4(b) of this act.
- 8 (5) Actively participate in TRICARE; the United States Department of Veterans
9 Affairs fee-for-service system; programs of the Division of Mental Health,
10 Developmental Disabilities, and Substance Abuse Services; and Medicaid.

11 **SECTION 4.(b)** The Division of Mental Health, Developmental Disabilities, and
12 Substance Abuse Services and the Division of Medical Assistance, in collaboration with the
13 United States Department of Veterans Affairs, shall define appropriate behavioral health
14 process and outcome measures on which to tie performance-based incentive payments. These
15 shall be included in the report required by Section 4(c) of this act.

16 **SECTION 4.(c)** The Division of Mental Health, Developmental Disabilities, and
17 Substance Abuse Services shall report its recommendations by July 1, 2012, to the Chairs of
18 the House of Representatives and Senate Appropriations Subcommittees on Health and Human
19 Services, to the Chairs of the House of Representatives Committee on Homeland Security,
20 Military, and Veterans Affairs, and to the Joint Legislative Oversight Committee on Mental
21 Health, Developmental Disabilities, and Substance Abuse Services.

22 **SECTION 5.** The North Carolina Office of Rural Health and Community Care of
23 the Department of Health and Human Services, in conjunction with the North Carolina
24 Foundation for Advanced Health Programs through the Center of Excellence in Integrated
25 Care, the Division of Mental Health, Developmental Disabilities, and Substance Abuse
26 Services, the Governor's Institute on Substance Abuse, North Carolina Community Care
27 Networks, Inc., the North Carolina Community Health Center Association, and other
28 professional associations, shall work to expand the collocation in primary care practices serving
29 the adult population of licensed health professionals trained in providing mental health and
30 substance abuse services.

31 **SECTION 6.** G.S. 122C-115.4 is amended by adding a new subsection to read:

32 "(g) The Commission shall adopt rules to ensure that the needs of members of the active
33 and reserve components of the Armed Forces of the United States, veterans, and their family
34 members are met by requiring:

- 35 (1) Each LME to have at least one trained care coordination person on staff to
36 serve as the point of contact for TRICARE, the North Carolina National
37 Guard's Integrated Behavioral Health System, the Army Reserve Department
38 of Psychological Health, the United States Department of Veterans Affairs,
39 the North Carolina Department of Correction, and related organizations to
40 ensure that members of the active and reserve components of the Armed
41 Forces of the United States, veterans, and their family members have access
42 to State-funded services when they are not eligible for federally funded
43 mental health or substance abuse services.
- 44 (2) LME staff members who provide screening, triage, or referral services to
45 receive training to enhance the services provided to members of the active or
46 reserve components of the Armed Forces of the United States, veterans, and
47 their families. The training required by this subdivision shall include training
48 on at least all of the following:
 - 49 a. The number of persons who serve or who have served in the active or
50 reserve components of the Armed Forces of the United States in the
51 LME's catchment area.

- 1 b. The types of mental health and substance abuse disorders that these
2 service personnel and their families may have experienced, including
3 traumatic brain injury, posttraumatic stress disorder, depression,
4 substance use disorders, potential suicide risks, military sexual
5 trauma, and domestic violence.
6 c. Appropriate resources to which these service personnel and their
7 families may be referred as needed."

8 **SECTION 7.(a)** The University of North Carolina, the North Carolina Community
9 Colleges System Office, and other institutions of higher education in this State shall, in
10 conjunction with the Area Health Education Center of The University of North Carolina and
11 the Governor's Institute on Substance Abuse, seek and apply for federal grants that may be
12 available to expand mental health and substance abuse training opportunities in this State in
13 order to increase the number of mental health and substance abuse providers in this State.

14 **SECTION 7.(b)** On or before July 1, 2012, the Board of Governors of The
15 University of North Carolina shall report to the Joint Legislative Health Care Oversight
16 Committee, the House of Representatives and Senate Appropriations Subcommittees on Health
17 and Human Services, and the House of Representatives Committee on Homeland Security,
18 Military, and Veterans Affairs on the amount of funds obtained pursuant to Section 7(a) of this
19 act. This report shall also include recommendations about whether those are sufficient to meet
20 the following goals or whether additional support from the General Fund is needed:

- 21 (1) To ensure that the curriculum of public and private institutions of higher
22 education in this State includes information that educates health
23 professionals about the unique behavioral health needs of the active duty and
24 reserve components of the Armed Forces of the United States and their
25 families.
26 (2) To provide grants to people seeking knowledge or training related to the
27 provision of mental health or substance abuse services at public or private
28 institutions of higher education in this State or who are undertaking the
29 hours of supervised training needed in order to obtain a license in one of
30 these fields. Priority shall be given to individuals who have served in the
31 active or reserve components of the Armed Forces of the United States or
32 who are willing to work with such individuals and their families.

33 **SECTION 7.(c)** Each institution of higher education in this State shall provide to
34 the Board of Governors any information the Board requires in order to comply with the
35 reporting requirement of Section 7(b) of this act.

36 **SECTION 8.(a)** The Division of Mental Health, Developmental Disabilities, and
37 Substance Abuse Services of the Department of Health and Human Services shall, in
38 conjunction with the Citizen Soldier Support Program, the Governor's Focus on
39 Servicemembers, Veterans, and Their Families, the North Carolina Division of Veterans
40 Affairs, the United States Department of Veterans Affairs, and other appropriate organizations,
41 develop a training curriculum to be targeted at the following types of organizations:

- 42 (1) Crisis workers, including mental health and addiction services staff on
43 mobile crisis teams; screening, triage, and referral (STR) teams; public
44 safety officers; crisis intervention teams (CITs); emergency management
45 technicians (EMTs); disaster and emergency response teams; local sheriffs'
46 offices; and local Red Cross chapters.
47 (2) Veterans service organizations and veterans service officers.
48 (3) Professional advocacy and support organizations, including the National
49 Alliance on Mental Illness North Carolina, the Traumatic Brain Injury
50 Association of North Carolina, and other nonprofit organizations that have a

1 mission to serve members of the active duty and reserve components,
2 veteran members of the military, and their families.

3 (4) Military chaplains.

4 **SECTION 8.(b)** The training curriculum shall include information about the
5 following core issues:

6 (1) The types of mental health and substance abuse disorders that service
7 personnel and their families may have experienced, including traumatic
8 brain injury (TBI), posttraumatic stress disorder (PTSD), military sexual
9 trauma (MST), depression, substance use disorder (SUD), potential suicide
10 risks, or domestic violence.

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

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

25 **SECTION 8.(c)** That portion of the training curriculum directed towards crisis
26 workers, professional advocacy and support organizations, and faith communities shall include
27 information about the following:

28 (1) The number of North Carolinians who are serving or who have served in the
29 active or reserve components of the Armed Forces of the United States.

30 (2) Military culture.

31 (3) The average number of deployments, length of time in conflict zones, and
32 potential injuries these members may have faced, particularly those who
33 have served recently in Iraq or Afghanistan.

34 (4) The potential impact of the deployment cycle on family members and
35 children. This information shall include information about resiliency skills,
36 intervention skills, resources, and community supports, with a focus on the
37 critical role of the faith community in the provision of assistance with
38 needed service, personal support, and, when necessary, grief counseling.

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

41 **SECTION 8.(d)** On or before July 1, 2012, the Division of Mental Health,
42 Developmental Disabilities, and Substance Abuse Services shall report on the curriculum
43 developed pursuant to this section to the Joint Legislative Health Care Oversight Committee,
44 the House of Representatives and Senate Appropriations Subcommittees on Health and Human
45 Services, and the House of Representatives Committee on Homeland Security, Military, and
46 Veterans Affairs.

47 **SECTION 9.(a)** G.S. 115C-47 is amended by adding a new subdivision to read:

48 "(60) To Ensure That the Unique Needs of Students With Immediate Family
49 Members in the Military Are Met. – Local boards of education shall collect
50 and annually report to the State Board of Education the following
51 information for each school in the local school administrative unit:

- 1 a. The number of students who have an immediate family member who
2 has served in the reserve or active components of the Armed Forces
3 of the United States since September 1, 2011.
- 4 b. Whether during the relevant period the local school administrative
5 unit employed at least one employee trained in the unique needs of
6 children who have immediate family members in the military. An
7 employee satisfies this requirement if the employee has received
8 training on all of the following:
- 9 1. The number of children of members of the active or reserve
10 components of the Armed Forces of the United States who
11 live in the local school administrative unit.
- 12 2. Available curricula on military families.
- 13 3. The impact of deployments on the emotional and
14 psychological well-being of the children and families.
- 15 4. Potential warning signs of emotional and mental health
16 disorders, substance use disorders, suicide risks, child
17 maltreatment, or domestic violence.
- 18 5. Appropriate resources to which students and their families
19 may be referred as needed.
- 20 6. Scholarships for after-school and enrichment activities
21 available through the United States Department of Defense,
22 the National Guard, or the reserve components of the Armed
23 Forces of the United States for the children of parents who
24 are actively deployed.
- 25 c. The frequency with which the employee described in sub-subdivision
26 b. of this subdivision provided training to school administrators,
27 nurses, nurse aides, counselors, social workers, and other personnel
28 in the local school administrative unit during the relevant period, and
29 the number of staff trained."

30 **SECTION 9.(b)** G.S. 115C-12 is amended by adding a new subdivision to read:

31 "(38) Duty to Report Certain Information Regarding Students With Immediate
32 Family Members in the Military. – The State Board of Education shall
33 submit an annual report no later than March 15 of each year to the Joint
34 Legislative Education Oversight Committee and to the House of
35 Representatives and Senate Appropriations Subcommittees on Education
36 containing the information relating to the needs of students with immediate
37 family members in the military submitted to it pursuant to
38 G.S. 115C-47(60)."

39 **SECTION 10.(a)** The General Administration of The University of North
40 Carolina, in collaboration with Operation Re-Entry North Carolina at East Carolina University,
41 North Carolina Translational and Clinical Sciences Institute, other institutions of higher
42 education in this State, the North Carolina National Guard, and the United States Department of
43 Veterans Affairs, shall, to the extent available resources allow, collaborate on research to
44 address the behavioral health problems and challenges facing military personnel, veterans, and
45 their families.

46 **SECTION 10.(b)** The research required by this section shall be conducted by
47 collaborative research teams which shall include civilian investigators from institutions of
48 higher learning in this State and private research organizations, health providers in regional and
49 national military health system institutions, and providers and investigators in VISN 6 in the
50 VA system. These teams shall aggressively pursue federal funding to conduct the research
51 required by this section.

1 **SECTION 10.(c)** At a minimum, the research required by this section shall include
2 the following goals:

- 3 (1) To define the behavioral health problems facing service members, veterans,
4 and their families, with a special emphasis on the behavioral health needs of
5 the reserve components of the Armed Forces of the United States, including
6 the National Guard.
- 7 (2) To develop, implement, and evaluate innovative pilot programs to improve
8 the quality, accessibility, and delivery of behavioral health services provided
9 to this population.
- 10 (3) To evaluate the effectiveness of new programs put into place by the National
11 Guard and other military organizations to address the behavioral health
12 challenges facing military service personnel, veterans, and family members.
13 The National Guard shall cooperate in providing information to assess the
14 effectiveness of behavioral health services provided to it and its members.
- 15 (4) To contribute to the knowledge of evidence-based behavioral health
16 screening, diagnosis, treatment, and recovery supports for military service
17 personnel, veterans, and their families.
- 18 (5) To study other issues pursuant to requests by the various branches of the
19 active and reserve components of the Armed Forces of the United States and
20 the United States Department of Veterans Affairs, in order to improve
21 behavioral health services for service members, veterans, and their families.

22 **SECTION 10.(d)** On July 1, 2012, and annually thereafter, the General
23 Administration of The University of North Carolina shall report its findings to the Joint
24 Legislative Health Care Oversight Committee and to the House of Representatives and Senate
25 Appropriations Subcommittees on Health and Human Services.

26 **SECTION 11.** Section 9 of this act becomes effective October 1, 2011. The
27 remainder of this act is effective when it becomes law.