Conclusion

Chapter 7

Military service has long been associated with honor and sacrifice, but a safe return home does not bring an end to the challenges associated with deployment to a combat area of operations. Instead, returning members of the military may confront pervasive mental health issues, such as depression, suicidal ideation, posttraumatic stress disorder, and the aftermath of traumatic brain injury. Individuals may face more than one mental health condition at the same time. These conditions can go undetected and untreated and have been described as "invisible wounds." In addition, many of our service members struggle with the misuse of substances such as tobacco, alcohol, and other drugs. As service members return to daily life within their family and community environments, difficulties are commonly encountered.[1]

The challenges that confront members of the military and their families are especially relevant to North Carolina.

The challenges that confront members of the military and their families are especially relevant to North Carolina. Approximately one-third (35%) of state's population is in the military, a veteran, a spouse, a surviving spouse, a parent, or a dependent of someone connected to the military. There are currently 120,000 active duty personnel based at one of the seven military bases or deployed overseas. In addition, our state is likely to receive 15,000 additional active duty members by 2013 as military installations close in other states. Another 45,000 soldiers, marines, and airmen live in all 100 counties of North Carolina and serve in the National Guard or Reserves. There are nearly 800,000 veterans who live in North Carolina, which places North Carolina fifth in military retiree population and ninth in veteran population in the country. More than 100,000 children and adolescents of active duty and reserve components live in North Carolina.[2]

Active duty and reserve component service members, retirees, veterans, and their families are potentially eligible for a wide array of mental health and behavioral health services available through the federal government. Although the federal government provides services through military treatment facilities, TRICARE, and the VA, these services are not available to everyone who has served in the armed forces or to all their families. A major goal of the Task Force was to help people access federal services to which they are entitled. In order to do so, it was necessary to understand who qualifies for these programs and services, as well as gaps in coverage and the rates of utilization of these services. Although there are gaps in access to services for some groups of service members or family members, improvements are being made to ensure access to mental health and substance use services for all active and former service members and their families who are eligible for health care through the federal system. When individuals are not able to access services through the federal system because of barriers, including eligibility restrictions, stigma, and provider shortages, it is important to link them to state resources.

This final report provides 13 recommendations to help ensure that the mental health, substance abuse, and brain injury services that are available to active and reserve component members of the military, veterans, and their families are adequate to meet the needs today and in the future.

Service members who have been discharged from active or reserve components may have access to private third-party health insurance coverage, either through their civilian employer, a spouse, or private purchase. In addition, others have publicly subsidized coverage through Medicaid, the Children's Health Insurance Program, or Medicare. Many individuals seek services first through their primary care providers; others obtain mental health and substance abuse services through civilian mental health and substance abuse professionals. However, many of the former members of the active and reserve components, as well as their family members, are uninsured. These individuals often rely on state-funded mental health and substance abuse services for treatment. Others turn to peer support groups, faith leaders, or other community organizations for help. All of these—private and public insurance coverage, state-funded mental health and substance abuse services, and the informal system of peer support or counseling through faith leaders—can provide needed mental health and substance abuse services. Yet there are still barriers that former members of the active and reserve components, veterans, and their families can experience in accessing needed services.

Although both federally funded and state-funded systems provide services to service members and their families, the transition between the systems may present more difficulty in receiving behavioral health services. Collaboration between the systems and helping civilian providers understand the unique circumstances of military families can help bridge those gaps. Outreach organizations, including research centers, veterans service organizations, the faith community, and other professional, advocacy, and support services, can help connect service members and their families with the most appropriate resources.

The North Carolina General Assembly directed the North Carolina Institute of Medicine (NCIOM) to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve components of the military, veterans, and their families. The NCIOM was also asked to determine any gaps in services.[a] The Task Force focused on examining state services that can help address gaps in behavioral health services available through the military or Veterans Affairs. This final report provides 13 recommendations to help ensure that the mental health, substance abuse, and brain injury services that are available to active and reserve component members of the military, veterans, and their families are adequate to meet the needs today and in the future.

Below is an abridged list of the Task Force recommendations, along with the agencies or organizations charged with addressing the recommendation. The grid also includes the costs of implementing the recommendations, when known. A list of the complete Task Force recommendations can be found in Appendix A. Four of the 13 recommendations were considered by the Task Force

a (Section 10.78(ff) of Session Law 2009-451; Sections 16, 19 of Session Law 2009-574).

to be priority recommendations. Given the state's limited budget, the Task Force included only two priority recommendations that would need additional state appropriations. However, all of the recommendations should be implemented to ensure that service members, veterans, and their families have access to the behavioral health services and other supports to meet their unique needs.

RECOMMENDATION	NCGA	State Agencies	Federal Agencies	Others
PRIORITY Recommendation 4.1: Expand the availability of counseling and treatment services for individuals who have served in the military through the active and reserve components, and their families The North Carolina General Assembly should appropriate $1,470,000 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. Funding for the pilot program should be used to support full-time behavioral health clinicians and behavioral health case managers, peer support services, linkages with behavioral health treatment providers, and telepsychiatry in rural areas. Additional personnel and resources should also be collocated within the Family Assistance Centers.	$1.47M (R)	✓ (DCCP, NCNG)	✓ (NCNG)	
Recommendation 4.2: Expand access to mental health and substance abuse professionals in the military health system Congress should increase funding for behavioral health services with a special focus on Reserve and National Guard personnel. They should change TRICARE policies to allow licensed substance abuse and other mental health professionals to be credentialed through TRICARE. In addition, Congress should authorize VA staff time to provide family counseling, and should direct VA and DoD to work to integrate TBI community based day services for military and civilian personnel.		✓ (DMHDDSAS)	✓ (NCCD, DoD, VA)	
Recommendation 5.1: Expand the system of care for traumatic brain injury (TBI) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and military partners should collaborate to determine gaps in current TBI treatment system. They should develop an accessible community-based neurobehavioral system of care for service members with traumatic brain injury and services should be available to service members, veterans, and their families.		✓ (DMHDDSAS)	✓ (DoD, VA)	

RECOMMENDATION	NCGA	State Agencies	Federal Agencies	Others
Recommendation 5.2: Expand TBI diagnostic testing 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 appropriate evidence-based diagnostic testing for screening and assessment of traumatic brain injury is used.		✓ (DMA)	✓ (VA)	✓ (MS)
PRIORITY Recommendation 5.3: Provide training for health professionals and hospital administrators AHEC, along with state and federal partners, should provide additional outreach and training for health professionals and hospital administrators. These trainings should the number of active and reserve component members and veterans in their catchment area, military culture and deployment, behavioral health needs they may have, evidence-based assessment and treatment tools, TRICARE, and available referral resources. The North Carolina General Assembly should appropriate $250,000 in one-time funds to the Area Health Education Centers program to develop new training resources for the topics they not yet developed.	$250K (NR)	✓ (AHEC, UNC, NCCCS, DMHDDSAS)	✓	✓ (CSSP, GF)
Recommendation 5.4: Improve reimbursement to behavioral health providers who meet certain standards 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 that would provide additional reimbursement to behavioral health providers who meet certain quality of care standards. They should also work collaboratively with VA to define appropriate behavioral health process and outcome measures on which to tie performance-based incentive payments.	$ n/a#	✓ (DMA, DMHDDSAS)		
Recommendation 5.5: Expand collocation and integration of behavioral health and primary care services The North Carolina Foundation for Advanced Health Programs through the Center of Excellence in Integrated Care should work in collaboration with partner organizations 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	$500K (R)	✓ (NCORHCC, DMHDDSAS)		✓ (NCFAHP, NCCHCA, NCCCN)

RECOMMENDATION	NCGA	State Agencies	Federal Agencies	Others
serving an adult population. The North Carolina General Assembly should appropriate $500,000 in recurring funds to the North Carolina Office of Rural Health and Community Care to help support the start-up or continuing education costs of collocation of licensed substance abuse and mental health professionals in primary care practices.				
Recommendation 5.6: Expand CARE-LINE 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 funding to support return to 24-hours/day, 7-days/week.	$128.5K (R)	✓ (DHHS)		
PRIORITY Recommendation 5.7: Improve transition and integration of services between military health, veterans, and state-funded Mental Health, Developmental Disabilities, and Substance Abuse Services systems The North Carolina Division of Metal Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), and other state and federal partners should improve transition and integration services between military and public systems by continuing the work of the Governor's Focus on Servicemembers, Veterans, and Their Families. DHMDDSAS should 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 military organizations. DMHDDSAS should 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 information about the number of active and reserve component members and veterans in their catchment area, behavioral health needs they may have, and available referral resources.		✓ (DMHDDSAS)		
Recommendation 6.1: Expand the supply of trained mental health and substance abuse professionals 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. If efforts to obtain federal funding are unsuccessful or insufficient, the North Carolina General Assembly should appropriate $1.9 million	$1.9M SFY12* (R)	✓ (UNC, NCCCS, GISA)		

RECOMMENDATION	NCGA	State Agencies	Federal Agencies	Others
beginning in FY 2011. This funding should be appropriated 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 and mental health, and to the Area Health Education Center (AHEC) program to establish clinical training sites for additional behavioral health providers.				
PRIORITY Recommendation 6.2: Provide training for crisis workers, veteran service organizations and veteran service officers, professional advocacy and support organizations, and the faith community The Citizen Soldier Support Program, along with state and federal partners, should provide training for local crisis service providers, veteran service organizations and veteran service officers, professional advocacy and support organizations, and the faith community on behavioral health conditions that affect the military, eligibility for federal programs, and referral resources.		✓ (DMHDDSAS, DVA)	✓ (VA)	✓ (CSSP, GF)
Recommendation 6.3: Improve support for military children in the North Carolina school system The North Carolina State Board of Education should require Local Education Agencies (LEAs) to collect information on military children in their area. Each LEA should have a staff member trained on military children and the behavioral health issues that might affect them, as well as appropriate referral resources. The trained LEA staff member should provide similar trainings to school administrators, nurses, nurse aides, counselors, and social workers in the LEAs.	✓ (no cost)	✓ (DPI, SBE)		
Recommendation 6.4: Expand research to improve the effectiveness of behavioral health services provided to active duty and reserve component service members, veterans, and their families. The University of North Carolina, General Administration, in collaboration other college and university partners should collaborate on research to address the behavioral health problems and challenges facing military personnel, veterans, and family members. Collaborative teams and faculty investigators should aggressively pursue federal funding from pertinent agencies to conduct this work.		✓ (NCNG, UNC)	✓ (DoD, NCNG, VA)	✓ (Colleges & Universities)

*Funding changes over time - $1.9M in recurring funds in SFY 2012, $2.6M in recurring funds in SFY 2013, and $3.15M in recurring funds in SFY 2013 and thereafter.
#Funding will depend on the methods DMA and DMHDDSAS use to improve reimbursement.

Key:

AHEC	Area Health Education Center program
CSSP	Citizen Soldier Support Program
DoD	US Department of Defense
DCCP	Department of Crime Control and Prevention
DHHS	Department of Health and Human Services
DMA	Division of Medical Assistance
DMHDDSAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
DPI	Department of Public Instruction
DVA	North Carolina Division of Veterans Affairs
GF	Governor's Focus on Service Members, Veterans, and Their Families
GISA	Governor's Institute of Substance Abuse
LEA	Local Education Agency
LME	Local Management Entity
MS	MedSolutions
NCCCN	North Carolina Community Care Networks
NCCCS	North Carolina Community College System
NCCD	North Carolina Congressional Delegation
NCCHCA	North Carolina Community Health Center Association
NCFAHP	North Carolina Foundation for Advanced Health Programs
NCGA	North Carolina General Assembly
NCNG	North Carolina National Guard
NCORHCC	Office of Rural Health and Community Care
n/a	not applicable
NR	non recurring
R	recurring
SBE	State Board of Education
UNC	University of North Carolina System
VA	US Department of Veterans Affairs

References

1. Institute of Medicine of the National Academies Press. *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families.* Washington, DC: National Academies Press; 2010.

2. Smith CF, Peedin W. North Carolina Department of Administration, North Carolina Division of Veterans Affairs. Talk presented to: North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families; November 18, 2009; Morrisville, NC.