

GOVERNOR'S WORKING GROUP

ON VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES



MAKING NORTH CAROLINA THE STATE OF CHOICE FOR VETERANS

Chair: Secretary Larry Hall

Co-Chairs: Dr. Jason Vogler, NC DMHDDSAS, Jim Prosser, NCDVA,
Will Collins, DOC, Joseph Edger, VA, Mark Bilosz, VBA

August 24, 2017 Minutes

Present: Fred Baker, Archie Barrow, Mark Bilosz, Michael Bishop, Katherine Boyd, Michael Brown, Brenda Brubaker, Eric Burgos, Robin Cates, Maia Collier, Will Collins, Cajun Comeau, Gail Cormier, Dr. John Curry, Dr. Cheryl Curtis, Joel Curtis, Sydney Davis, Hank Debnam, Jeff Doyle, Nick Drake, Lane Dyer, Kelly Earp, Joe Edger, Laura Fanning, Mike Fenley, Sarah Ferguson, Clark Frederick, John Freudenberg, Moses Gloria, Karen Goetz, Christopher Halley, Secretary Larry Hall, Elisa Harley, Judy Harmon, Sarah Harrington, Andy Jackson, Kelly Jackson, Gordon Jeans, Terri Kane, Mary Lanier, Curtis Leary, David Litman, Jerome Malloy, Anthony McLeod, Jeff Mobley, Alicia Monforti, Brenda Monforti, Jeff Netznik, Frankie Oxendine, Ilario Pantano, Sandy Pendergraft, Toni Pinkston, Kim Poff, Jim Prosser, Kevin Reed, Sandra Robinson, Shawn Ross, Evangeline Schuoultz, Jacob Shaheen, Austen Shearer, Emily Smith, Jeff Smith, Jeff Smith, Thomas Spencer, Richard Spyrison, Jim Swain, Doug Taggart, Chris Truax, Leah Turner, Brian Ward, Alex Watkins, and Steve Wilkins

Moses Gloria welcomed all and asked attendees to introduce themselves.

Jim Swain, Division of Vocational Rehabilitation (VR), NC Department of Health and Human Services, presented on eligibility and services for VR, which are funded through the federal government (80%) and state (20%). Individuals are eligible for services if they have a mental or physical impairment; it must be documented by a specialist. The impairment must greatly impact on the individual's ability to work, and it must be reasonably expected that the person can benefit and obtain competitive work. Individuals with SSI/SSDI are automatically presumed to be eligible for services. Having an income won't keep a person from getting services from VR. VR does look at resources and assets including income, family assets, and medical expenses (federal formula). A person may be expected to contribute to costs although the following services are exempt: assessment services to determine eligibility, interpreter services, job development, placement, and internship. VR has engineers who are specially trained on staff. VR also offers personal assistants, interpretive services, and supported employment. Other services include short-term training in soft skills; brain injury services; individual placement and support services for those with severe and persistent mental illness, transitional services for individuals getting out of high school; limited transportation services; short-term living expenses; partial support of surgery for a chronic long-term injury; psychotherapy for up to 24 sessions; assistive technology; home and vehicle modifications; work clothes and uniforms; small business development; and training in job seeking skills. For VR office locations, go to <https://www.ncdhhs.gov/divisions/dvrs>. About 1000 Veterans are served each year.

Jeff Mobley, Division of Services for the Deaf and Hard of Hearing, NC Department of Health and Human Services, established the hearing aid distribution service that the division has as part of its equipment distribution services, which has become a model for other states. Hearing loss is known as the "invisible" disability since others aren't aware of it unless they see sign language interpretation or see hearing aids. He noted common misperceptions and stigma associated with hearing loss. For example, not

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everyone with hearing loss can read sign language or read lips. About 1.2M or 16% of NC adult population has hearing loss. By 2030, this number may be as high as 1.65M. It is the third most chronic health condition among older adults and linked to diabetes, falls, and increased hospitalizations and may have a cognitive impact and/or affect physical and mental health. Untreated hearing loss can lead to depression because of increased isolation. It may also become a matter of life or death when the patient misunderstands prescription use but won't ask for clarification. The Department of Defense says that hearing loss or tinnitus are by far the most prevalent service-connected disabilities among Veterans. Nearly 1M Veterans receive VA disability pay; 1.3M Veterans receive disability pay for tinnitus. Of the 736,000 Veterans in NC, about 121,500 or 17% have hearing loss; this number is expected to rise to over 160,000 by 2030. In terms of economic impact, in 2014, untreated hearing loss in NC resulted in the loss of more than 174,000 jobs, and more than 17,000 of those jobs were among Veterans. The unemployment rate among Veterans was 14%, twice that among all persons with untreated hearing loss. This translates to about \$1.2B due to the loss of jobs, sales, and property taxes revenues among Veterans with untreated hearing loss. Over 60% of returning combat Veterans has some form of hearing loss (e.g., lessened hearing, tinnitus). The Division offers many services to individuals with hearing loss. There are no eligibility criteria nor an application process. The Division's services include advocacy, information and referral, counseling, consultation, outreach and training, and equipment distribution. He noted that even after learning that there is hearing loss, it takes average of 7 to 15 years to do something about it. In addition, the Division collaborates with employers. It has 7 offices across the State (<https://www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing>). Recently, they started a pilot project, where they plan to hire Veterans with hearing loss part-time to conduct outreach. They plan to hire three for the west, central, and east regions.

Karen Goetz, Military Family Initiatives at Duke University's Evidence Based Practice Implementation Center (EPIC), presented two projects, one for Veteran Service Officers (VSOs) and one for community-based clinicians who work with military families. Supported by GlaxoSmithKline NC Foundation, the Veteran Support Specialist (VSS) project is a collaborative effort between Duke University, the NC Department of Military and Veteran Affairs (DMVA), and the NC Department of Health and Human Services (DHHS). The VSS program targets VSOs, While in theory VSOs are supposed to focus on benefits and claims, they are on the frontlines and offer a variety of services. The VSS program supplements the 1000 hours of training for a VSO by empowering them with the skills to help navigate the VA system and community resources. Begun in 2015 as a pilot, VSOs are viewed as peers and work to promote quality of life for Veterans and their families. The program was designed for VSSs to serve as peers and to leverage shared lived experience in transitioning from military to civilian life. Services include outreach; engagement, coaching, connection and referrals; and advocacy. The curriculum consists of three parts: (1) engagement and community skills, including active listening, motivational interviewing, case management, and self care; (2) understanding mental health conditions that are prevalent such as PTSD, traumatic brain injury, military sexual trauma, wellness and recovery, and substance use; and (3) connecting with resources. Comprised of 20 online training modules and short videos, participants have the flexibility to take the course according to their own schedule. The 8-12 week program calls for meetings with the VSOs at the beginning, middle, and end of training, with the expectation that VSOs will complete half the modules before they meet the second time. Over 80 VSOs have graduated from the program, and administrators are hoping to increase program access to other audiences (e.g., MCOs, National Guard, etc.).

The second project targets community behavioral health clinicians who serve Veterans and their families. Cognitive Processing Therapy (CPT) is recognized as one of two evidence-based practices to treat PTSD (the other being prolonged exposure). CPT works across a broad spectrum of trauma: military combat, physical assault, PTSD, MST, DV, child sexual abuse, terrorism, and complex traumas as well as co-occurring disorders. Clients will see improvements in depression, guilt, hopelessness, anger, suicidal ideation, and functioning. CPT helps participants explore their trauma through 12 sessions. The process calls for the client to acknowledge the trauma, to experience natural emotions, to avoid manufactured emotions (guilt, self-blame), and to learn how to not over-generalize from a single bad event to all people, situations, or themselves (<http://cptforptsd.com>). To date, Duke EPIC has trained over 104 clinicians in 32 agencies across 22 NC counties. Their goal is to have a rostered CPT clinician in each of the 100 counties in NC.

Doug Taggart, Troops to Teachers, NC Department of Public Instruction, has long been a champion of military-connected students. In his position, he helps Veterans transition to school teachers. He explained why Veterans are ideally suited for the teaching profession: (1) adaptability, (2) leadership, (3) team and mission oriented, (4) competency-based trainers, (5) can bring world exposure to kids, (6) understand patriotism and public service, and (7) represent diverse groups of people. Diversity has been a challenge in the schools as more male and minority teachers are needed. The Troops to Teachers program received a grant earlier this year, which has resulted in some changes in the program. The majority of participants are retired Veterans, which is helpful as the starting teacher salary is \$35K. Some schools do give additional supplements. Veterans may get military experiences credit if they held leadership or instructor roles and for serving 20 years or more. The program provides general counseling, is an information clearinghouse, assists in applying for and referring to jobs, gives a stipend for teaching in a high-need school, and has an advocacy role. Sixty volunteer mentors are located throughout the state. Participants have the option to shadow a teacher to determine if teaching would be a good fit. About half decide to be teacher. There were 50 Veteran hires in NC this past year. While most women choose elementary education, the men pick middle and high school education. NC has mandated a student identifier for military and Veteran-connected kids across the state. Last year, there were 34,712 military-connected students in public schools across the state. The 3 counties with the most number of military-connected students were Cumberland, Onslow, and Wake, making up 55.1% of the total. DPI provides support to these students (<https://www.ncpublicschools.org/militarysupport>). In addition, all 50 states are part of the Interstate Compact on Educational Opportunity for Military-connected Children. DPI supports four military liaison counselors who work for school systems in the counties of Cumberland, Onslow, Craven, and Wayne. Military installations also have school liaison officers. Other resources include the NCNG Family Programs Office, Military OneSource, and the Military Child Education Coalition (MCEC). The Troops to Teachers program is available by calling 888-878-1600.

Joe Edger noted that the new Network Director for VISN 6 is DeAnne Seekins, formerly the director of the Durham VAMC. Currently, only one VAMC in NC—Fayetteville—has a director. A Health Care Center (HCC) has been approved in Raleigh. Currently, NC has three HCCs—Charlotte, Kernersville, and Wilmington.

Mark Bilosz announced that the Regional Office of the VBA is sponsoring several events:

- September 8, from 2:00-6:00p, Fayetteville VAMC Town Hall
- September 14, starting at 5:00p, Asheville Medical Center Town Hall

- September 14-16, 9:00a-3:00p, Veteran Experience Action Center (VEAC) event at the Herbert Young Community Center, Cary, in partnership with the American Legion, VFW, VAMC, DVA, Vet Center, and VSOs

Jim Prosser noted that Kelly Jackson, NC Department of Military and Veteran Affairs, is also working with school liaisons and officers on family member issues.

Laura Fanning announced that Wake Tech Community College is hosting a Veteran Summit on October 5. The Summit will offer a hiring event, resource fair, and workshops.

John Freudenberg reported that the Steven A. Cohen Military Family Clinic officially opened for business on July 25. The clinic offers behavioral health services for active duty, Veterans and their families for free. It is privately funded, with no barriers to care. Child care and transportation are also available.

Dr. Cheryl Curtis announced that WTVI-PBS in Charlotte is offering a free screening of Ken Burns and Lynn Novick's film, *The Vietnam War*, at Central Piedmont Community College in Charlotte on September 7. Jeff Smith, UNC-TV-PBS, said that they are sister stations and that they are also offering free screenings and panel discussions throughout the state of *The Vietnam War* (see schedule on <http://ncveteransworkinggroup.org/2017/the-vietnam-war/>). On September 29, beginning at 9:00p, UNC-TV is collaborating with the NC Department of Health and Human Services, the US Department of Veterans Affairs, Vet Centers, and the NC Department of Military and Veterans Affairs to air a counseling show to provide resources that are available to Veterans and their families.

Gail Cormier, Combat Female Veterans United, will begin offering peer support across the state, starting in Winston-Salem. They plan to address post-deployment issues related to mental health.

Moses Gloria encouraged the audience to post their events at NC4Vets and NC Serves.

Shawn Ross, Indigo Consortium, announced that there will be a Stand Down in Durham on September 17, from 8:30a to 2:00p.

Leah Turner, expressed her appreciation to supporters who signed a petition to provide services for Veterans and family members at the YMCA in Onslow County. They are hopeful to have a charter by mid-January 2018.

John Freudenberg announced the annual Forward March conference at the Mike Conference Center in Fayetteville on October 23-24. For more information, go to <https://ccpfc.org/opportunities/forward-march/>.

Upcoming meetings, all in the Situation Room of Emergency Management, from 2:00-4:00 pmy:

- September 28: Suicide Prevention Initiatives
- October 26: Community-based Services for Veterans