Behavioral Health Issues Confronting Veterans in North Carolina
Session I – Potential Threats
August 23, 2018

Register for our email updates: ncfgwg.org

Join us by live stream at www.facebook.com/govinst
or call 919.212.5747

Meeting agenda and minutes: ncfgwg.org/minutes-and-group-updates
Secretary Larry Hall
North Carolina Department of Military & Veterans Affairs
Vice Chair Updates

Kody Kinsley
Deputy Secretary for Behavioral Health & IDD
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services
DHHS-DMH Updates – FY 2018 Recap

• **Veteran Support Specialist (VSS)** training gave 60 VSO/VSTs & community Veteran service providers expanded toolkits to work with MH/BH issues.
• Supported MH/BH capacity of 4 **NC Serves** networks serving 64 NC counties
• Expanded **NCNG SASI** program support by 50%
• Sponsored 2018 **Women MilVets Summit & Expo**
• Sponsored 13 **Mental Health Minutes** on UNC-TV Veterans programming
• Supported 4 **NC STRIVE** (Student Transition Resources Initiative for Veterans Education) regional conferences for educators
• Produced 10 **Governor’s Working Groups** (www.ncgwg.org)
• **NC PIC** (Practice Improvement Collaborative) to Reduce Veterans Suicide

---

**Jeffrey Doyle**
Homeless Coordinator
Mid-Atlantic Health Care Network (VISN 6)
VISN-6 Update

• The second annual **Military Women's Health Symposium** will be held on September 19 from 8am to 4:15pm at the Eastern Area Health Education Center (AHEC) which is located at **2600 W. Arlington Blvd.** in Greenville.

Mark Edmonds

Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
NC Department of Commerce
Division of Workforce Solutions

- New hiring event model for better support to veterans across the state.
- Increase from 8 to 20 events.
- Balance the focus around military installations and other areas.
- Sector focused hiring events; i.e. Public Safety, Healthcare, Trades, etc.

Upcoming 2018 NC4ME (North Carolina for Military Employment) Events

- August 7/8 – Fort Bragg: 25 employers and 133 jobseekers plus walk-ins; 7 job offers made and 54 second interviews!
- September 5th – Raleigh (partnering with NCNG)
- September 11th – ICW US Chamber Hire Our Heroes
- EOM September – Elizabeth City [moved to late Spring]
- October 19/20 – Hickory Welcome Home Family Weekend and Hiring Event
  - First 50: hotel accommodations; gas card; local transport; excursions; meals
- November 27/28 – Jacksonville
- December – Lumberton / Pembroke

Collaboration with the Troops to Teachers Initiative.

- Five year grant funding
- High veteran population areas: Charlotte-Mecklenburg, Guilford, Wake
- Low teacher population areas: Halifax County, Lexington City, Northampton County, Thomasville City, Tyrell County school districts

Mark Bilosz
Director, Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Outreach Events

• VA Benefits Assistance for First Time Applicants –
  • Focusing on GW/OEF/OIF/OND Veterans
  • September 11, 2018 – Kernersville CBOC, 1695 Kernersville Medical Pkwy, Kernersville, NC

• Veterans Experience Action Center
  • September 13 - 15, 2018 – Herbert Young Community Ctr., 101 Wilkinson Ave., Cary, NC


James Prosser
Assistant Secretary for Veterans Affairs
Retired Master Sergeant, Air Force
NC Department of Military and Veterans Affairs
Jeff Smith
Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
NCPIC Update: Reducing Veteran Suicide

- Focus of three Governor’s Working Groups on Veterans, SM & Families
  - VA Suicide Prevention Director Dr. Keita Franklin (4/18)
  - 4 Regional NC STRIVE conferences for Student Veteran MH/BH resources

- UNC-TV partnership in 2018 Veterans programming

- Expanded participation GWG from 100/wk to 5,000+/wk
  - Multi-media campaign to Reduce Veteran Suicide ( September 9-15, 2018 - Prevention Week)

- State Funding to support Students in Crisis & Student Mental Health
  - Addresses Resilience, Access to Lethal Means, MHFA, and Trauma informed care

- SAMHSA SMVF TAC
  - Community Challenge to Reduce Veteran Suicide (Charlotte/Mecklenburg)
  - Crisis Intercept Mapping Initiative –Charlotte

- VISN -19 MIRECC Rural Veterans Initiative (Carteret County)
medication assisted therapy
Introduction to Behavioral Health Issues

Moderator
• Martin Woodard, NC DM/DD/SAS, US Air Force Retired

Panelists
• Alison Drain, NC DMH/DD/SAS NC Problem Gambling Response
• Dr. Bruce Capehart, Durham VAMC & Duke Medicine, OEF/OIF Program Coordinator
• Brenda Monforti, NCNG SASI Program Manager, US Air Force Veteran
• Donald Thomas, Alcohol Drug Control Officer (ADCO), NCARNG SAP Program
• Kyle Snyder, NC National Guard, OEF/OIF Veteran
• Joe Hazel, Clinician, Vietnam Veteran

Alison Drain
NC Problem Gambling Program
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services
North Carolina Problem Gambling Program
1-877-718-5543
morethanagamenc.com

Mission
to provide and support effective problem gambling prevention, education, outreach and treatment programs throughout North Carolina

The DSM-5 classifies pathological gambling as an addiction rooted in the brain, like substance misuse disorder.

Risk factors for gambling addiction include:

- Young individuals who are male
- Ethnic minorities
- Individuals prone to risk taking or sensation seeking
- Individuals who use substances
- Those who experience stress, depression and PTSD

These are all factors known to be more likely among the military.
Gambling, Military and Veterans

- The U.S. military operates slot machines overseas to raise funds for the Military Welfare and Recreation (MWR) programs with profits of $100 million each year.
- Service members also play bingo, access casinos near bases and participate in social gambling in barracks in the U.S. and overseas.
- Bingo is estimated $100,000 monthly to MWR programs.

*None of these funds are dedicated to prevention, treatment or recovery.*

---

Problem Gambling, Military and Veterans

- Veterans utilizing Veterans Affairs (VA) treatment services found 10 percent were problem gamblers.
- Among veterans hospitalized on a VA inpatient psychiatric unit, 40 percent met criteria for a problem gambling disorder.
- Brecksville VA Medical Center study, among 111 veterans entering a gambling treatment program, 64 percent reported a history of emotional trauma, 40 percent physical trauma and 24 percent sexual trauma. Most trauma occurred during childhood.
- Six percent of recruits and 56,000 active duty service members have a gambling problem.

*Source: National Council on Problem Gambling*
Dr. Bruce Capehart
Durham VAMC & Duke Medicine
OEF/OIF Program Coordinator
Substance Use Risk and Military Service

Self-Medication for PTSD, Panic, or Depression

Pre-military risk factors: Family history, Pre-military SUD, childhood adversity, un/undertreated ADHD

Substance Use Disorder Risk

Socialization: drinking and tobacco use during military service; internalized “be strong” and avoid MH/SUD help

Injuries/Trauma: PTSD, chronic pain, TBI

Potential Solutions for Veterans & SUD

• First, assess the person’s:
  • Individual risk factors for substance use
  • Suicide risks (If urgent -> call 911, call 800-273-8255 [TALK], or go to local ED)
  • Any contributing factors to mental health or substance use conditions

• Next, engage in care
  • VA is an excellent option when substance use is complicated by TBI, PTSD, bipolar disorder, schizophrenia, or chronic pain
  • Across NC, many clinics and hospitals offer excellent SUD care. Treating substance use will decrease the suicide risk
  • Consider how alternative therapies can help, especially with chronic pain (PT, acupuncture, psychotherapy, exercise)
Brenda Monforti
NCNG SASI Program Manager
Alcohol/Drug Council of North Carolina (ADCNC)
US Air Force Veteran

NC Army National Guard Voucher Program

“The primary goals of this program are to improve service member’s access to quality drug assessments in order to help military organizations determine a soldier’s fitness for duty and to coordinate the assessments and additional services as needed.”

NC Army National Guard Voucher Program

- Provides critical SBIRT consistent with parameters outlined in SAMHSA TIP 34 to specialized population of NCANG soldiers at risk for substance related disorders (SAMHSA Strategic Initiative 3 and NC DHHS Excels Goal)
- Train specialized statewide network of culturally competent Licensed Clinical Addiction Specialists (LCAS) to conduct time sensitive, standardized assessment using evidence-based tool, Addiction Severity Index (ASI)-MV.

  - ASI-MV provides thorough information across seven life domains: Medical; employment; alcohol; drug; legal; family/social; and psychological.

Contact us
1121 Situs Court, Ste 370
Raleigh, NC 27606
Phone 919.493.0003
Fax 919.493.0723

Referral Hotline 1.800.688.4232
Text Support Line 919.908.3196
www.alchoholdrughelp.org

ADCNC
Alcohol Drug Council of NC

@ADCNC3
Introduction to Behavioral Health Issues

Moderator
• Martin Woodard, NC DM/DD/SAS, US Air Force Retired

Panelists
• Alison Drain, NC DMH/DD/SAS NC Problem Gambling Response
• Dr. Bruce Capehart, Durham VAMC & Duke Medicine, OEF/OIF Program Coordinator
• Brenda Monforti, NCNG SASI Program Manager, US Air Force Veteran
• Donald Thomas, Alcohol Drug Control Officer (ADCO), NCARNG SAP Program
• Kyle Snyder, NC National Guard, OEF/OIF Veteran
• Joe Hazel, Clinician, Vietnam Veteran

NC SERVES UPDATES
One Year Snap Shot of Statewide Implementation
[July 1, 2017 to June 30, 2018]

NCServes – Metrolina (Charlotte)
– Central Carolina
– Coastal Carolina
– Western Carolina

IN SERVICE TO THOSE WHO HAVE SERVED
Community-Based Care Coordination

How AmericaServes Works

- **Client perspective:** Addresses navigation challenges and comorbidity through a "no-wrong door" approach to holistic care coordination across 20 service categories.
- **Value-add to providers:** Backbone creates "smart" referrals that match the right clients to the right services based on eligibility, availability, and capacity.
- **Measurement and shared learning:** Shared software allows for transparency and accountability for common clients, robust measurement and learning, standardization, and long-term research.

Coordinating Care Alongside 280+ NC Providers

280+ National, Regional and Local providers in 4 NCServes Networks:

- **National:**
  - Federal Agencies & Programs: 15
  - National Non-profits: 38

- **Regional:**
  - North Carolina State Agencies & Programs: 34
  - North Carolina Non-profits: 76

- **Local:**
  - Municipal/County Agencies & Programs: 48
  - Local Non-profits: 114

800+ Providers in 16 Communities nationally.
Addressing Needs Across 20 Domains

Maslow’s Hierarchy of Needs

- Self-actualization
  - Morality, purpose, creativity
- Self-esteem
  - Confidence, achievement, respect of other
- Love and belonging
  - Friendship, family, intimacy, sense of connection
- Safety and security
  - Health, employment, property, family and social stability
- Physiological needs
  - Breathing, food, water, shelter, clothing, sleep

AmericaServes’ Service Domains

- SELF-ACTUALIZATION
  - Social Enrichment
  - Spiritual Enrichment
- SELF-ESTEEM
  - Education
  - Money Management
  - Entrepreneurship
  - Sports & Recreation
  - Leisure
- LOVE & BELONGING
  - Individual & Family Support
  - Wellness
- SAFETY & SECURITY
  - Mental/Behavioral Health
  - Substance Use
  - Physical Health
  - Benefits Navigation
  - Income Support
  - Employment
- PHYSIOLOGICAL NEEDS
  - Food Assistance
  - Housing & Shelter
  - Clothing & Household Goods
  - Utilities
  - Transportation

New categories supported by NC DHHS investment
- Mental & Behavioral Health
- Substance Use

New Visibility on Mental Health & Substance Abuse

New categories, supported by NC DHHS investment, create opportunities to identify mental health and substance abuse needs and services.

91 Requests for Mental Health services in the first two months* of activation.
*Suggests possibility to address 500+ mental health cases in coming year

<table>
<thead>
<tr>
<th>Health Requests by Network</th>
<th>Central</th>
<th>Coastal</th>
<th>Metrolina</th>
<th>Western</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2017 - April 22, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>94</td>
<td>31</td>
<td>134</td>
<td>57</td>
<td>316</td>
</tr>
<tr>
<td>Subtotal</td>
<td>94</td>
<td>31</td>
<td>134</td>
<td>57</td>
<td>316</td>
</tr>
<tr>
<td>April 23, 2018 - June 30, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>18</td>
<td>14</td>
<td>55</td>
<td>4</td>
<td>91</td>
</tr>
<tr>
<td>Physical Health</td>
<td>7</td>
<td>22</td>
<td>7</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Wellness</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Substance Use</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Subtotal</td>
<td>25</td>
<td>45</td>
<td>64</td>
<td>14</td>
<td>148</td>
</tr>
<tr>
<td>Grand Total</td>
<td>119</td>
<td>76</td>
<td>198</td>
<td>71</td>
<td>464</td>
</tr>
</tbody>
</table>

In the last two months (once more granular health categories were rolled out), NC Serves received 91 requests for mental health services. These represent 61% of all health and wellness requests.
Complex needs: Housing + Employment Lead

One Year Snap Shot of Statewide implementation [July 1, 2017 to June 30, 2018]

- 3,453 Clients had 7,884 complex needs
- Averaging client sought help for 2.28 needs

<table>
<thead>
<tr>
<th>Network</th>
<th># Requests</th>
<th># New Clients</th>
<th># Requests/Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCServes-Central Carolina</td>
<td>1922</td>
<td>968</td>
<td>1.99</td>
</tr>
<tr>
<td>NCServes-Central Carolina</td>
<td>1455</td>
<td>575</td>
<td>2.53</td>
</tr>
<tr>
<td>NCServes-Metrohina</td>
<td>3371</td>
<td>1240</td>
<td>2.70</td>
</tr>
<tr>
<td>NCServes-Western</td>
<td>1136</td>
<td>601</td>
<td>1.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7884</td>
<td>3455</td>
<td>2.28</td>
</tr>
</tbody>
</table>

Housing & Shelter is a Top-Tier need in All four Regions of the state. Employment follows closely.

Complex needs: Working in and Out of Network

Complexity of cases that transcend Federal, State and Local Providers.
- NATIONAL Agencies, Programs and Non-profits: 53
- STATE-LEVEL (North Carolina) Agencies, Programs and Non-profits: 110
- LOCAL Municipal/Country Agencies, Programs and Non-profits: 164

CLIENT SPOTLIGHT: VETERAN SPOUSE

NCserves-Central Carolina

2-Year In-Practice Review

July 14, 2018

Carrie Ackermann, Army veteran, certified veteran

The client was a veteran and sought help with VA benefits and VA appointments. The ES contacted the Veteran Affairs and arranged for the appointment. The client was then referred to the VA for benefits and VA appointments.
26% of Network Users are Female

9% Spouses, Families, and Care Givers

Introductions and Updates
Next Meeting:
September 27, 2018
Situation Room of Emergency Management
Joint Force Headquarters

Register for our email updates: ncgwg.org
Join us by live stream at www.facebook.com/govinst
919.212.5747

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates