Register for our email updates: ncgwg.org

Join us by live stream at www.facebook.com/govinst
or call 1-919-212-5717

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates
Welcome & Introductory Remarks
Vice Chair Updates
Martin Falls
Chief Deputy
Retired Colonel, U.S. Army National Guard
NC Department of Military and Veterans Affairs

Terry Westbrook
Deputy Director
NC Department of Military and Veterans Affairs
GWG Updates for 5/23/2019

May 23rd-24th - National Veterans Legal Service Project Training, Goodwill Industries, Winston Salem, NC

May 30th – Veterans Support Specialist Training (West), Statesville, NC

May 31st – VA Workshop “How to Help a Vet” for faith-based and community leaders, Goodwill Industries, Winston Salem, NC

June 5th – 8th – North Carolina Department, American Legion, Annual Convention, Raleigh, NC

June 6th – NC STRIVE Conference, Raleigh, NC

June 7th – Veterans Support Specialist Training (East), Fayetteville, NC

June 7th – 8th – NC Marine Corps League Membership Convention, Jacksonville, NC

June 20th – 23rd – VFW NC State Convention, Cary, NC
Ken Schuesselin

Associate Director of Consumer Policy

NC DHHS Division of MH/DD/SAS
May is Mental Health Awareness Month

1 in 4 people will suffer from some form of mental illness in any given year.

Break the Silence
Break the Stigma

Not all pain is physical and not all wounds are visible.
Broughton Hospital Staff Begins Move

Staff at Broughton Hospital have begun to transition and train in a new facility. The new hospital will provide mental health and psychiatric services on an improved, state-of-the-art level to patients in the surrounding 37 counties.

“For over 140 years, Broughton Hospital has played a vital role in the mental health and wellness of western North Carolina – this new facility opens a new chapter in that important story.” - Kody H. Kinsley, DHHS Deputy Secretary for Behavioral Health and Intellectual and Developmental Disabilities.
R.J. Blackley Can Now Initiate Opioid Treatment

DHHS’ R.J. Blackley Alcohol and Drug Abuse Treatment Center in Butner recently became certified as an opioid treatment program for people with opioid use disorder. Before the certification, an individual would have to begin opioid treatment at a hospital or in another setting in the community.

"We are proud to be able to add an opioid treatment program to our existing inpatient treatment services at R.J. Blackley. We will be able to better serve our community in the central region of the state," said Jeannie Moore, CEO of R.J. Blackley ADATC. "Our facility is well positioned to meet the needs of citizens who are struggling with opioid addiction within our community."

R.J. Blackley joins the other two North Carolina state-operated Alcohol and Drug Abuse Treatment Centers — Julian F. Keith, in Black Mountain, and Walter B. Jones, in Greenville — in offering evidence-based initiation/induction, maintenance, detoxification and treatment for people with opioid use disorders. It provides services in coordination, primarily with three Local Management Entities/Managed Care Organizations (LME/MCOs): Alliance Health, Cardinal Innovations and Sandhills.
Michael Howard
Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Outreach Events and Info

- **Faith-based Workshop**
  - May 31\textsuperscript{st} 8:30am to 1pm

**Goodwill**

2701 University Parkway Winston-Salem, NC 27105

For More Information About Upcoming Events, Please Visit:

https://www.benefits.va.gov/ROWINSTONSALEM/index.asp
**VA Workshop “How To Help a Vet”**

A Free Workshop for
Faith-Based and Community Leaders

**When:** May 31, 2019 from 8:30 - 12:00

**What:** This VA Workshop consists of three 50-minute interactive classroom sessions featuring:

- Veterans Benefit Administration (VBA) benefits such as compensation, pension, vocational rehabilitation, education, home loan, and other VA ancillary benefits
- Veterans Health Administration (VHA) Eligibility to include Women’s Health and National Cemetery Administration (NCA) Overview
- VHA Suicide Prevention, Mental Health, and Whole Health

**Where:** Goodwill University Parkway
2701 University Parkway
Winston-Salem, NC 27105

**FAQs:** See FAQ attachment

Registration is encouraged but not required. Register through the following Eventbrite link:
https://www.eventbrite.com/e/va-workshop-how-to-help-a-vet-tickets-61240547125
Steve Wilkins

Deputy Network Director of Communications

VA VISN-6
VISN 6 Update

Steve Wilkins - Deputy Network Director of Communications, VISN 6

MISSION ACT
June 6, 2019

MISSION –
Maintaining Internal Systems and Strengthening Integrated Outside Networks

Community Care
Strengthen Infrastructure

Recruitment & Retention
Caregiver Support

News
New Fayetteville NCVACHCS Director – Dan Ducker
VISN 6 VAC Meeting May 29
Mark Edmonds
Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
Division of Workforce Solutions Serving Veterans

- Served 2005 veterans with barriers to employment
- Engaged with 5575 employers about hiring veterans
- Special employment focus for veterans affected by Hurricane Florence
- Promoting the federal ‘Hire Vets Medallion Program’ (HVMP) to highlight veteran friendly businesses in NC
- Full integration with the four Veterans Treatment Courts across the state

Upcoming NC4ME (North Carolina for Military Employment) Hiring Events

- June 5th: Jacksonville
- July 10th: Wilmington
- August 14th: Havelock
- September 10th-11th: Charlotte (Veterans Bridge Home)
- Oct 17th: Fort Bragg
- November 2nd: Salisbury
Jeff Smith
Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
HELP NC VETS

Veterans Crisis Line
1-800-273-8255 PRESS 1

ADDITIONAL RESOURCES

WORDS TO LIVE BY

EVEN WEEK FIVE NC VETERANS DIE BY SUICIDE

Of the estimated 20 Veterans who die by suicide each day, 70% have not been in contact with VA, SAMHSA, in collaboration with NC DHHS, VA, and community partners, continues to look for ways to reach the 70%. One out of every ten persons living in the State is a Veteran or military member. At least five Veterans die by suicide in North Carolina each week (three of whom are Vietnam era Veterans), which has led to a current initiative by the Governor’s Working Group on Veterans, Service Members, and their Families—to mount a multi-pronged campaign to increase community awareness about this tragic issue.
Expanding Livestream Distribution

Now streaming to Facebook, YouTube, Twitter/Periscope and Twitch.
Where to find us online -

- https://facebook.com/GovInst
- https://twitter.com/GovInst
- https://youtube.com/user/GovernorsInstitute
- ncgwg.org
- helpncvets.org
- Our Email Newsletter
Suicide Prevention

Mayor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

Web-based Prep Session – Mecklenburg County, NC

www.NCGWG.org
NC STRIVE

SAVE THE DATES

PURPOSE: To equip administrators, faculty and staff in higher education with information, resources, and networking that will enhance the experience and success of student Veterans in their pursuit of certificates and degrees.

INVITEES: Administrators, faculty and staff from 2-year and 4-year public and private colleges and universities; LME/MCOs; treatment providers; Veteran services organizations; behavioral health advocates; federal and state agencies; and others.

COST: Free but registration required.

STUDENT TRANSITION RESOURCE INITIATIVE FOR VETERAN’S EDUCATION

https://strive.ncgwg.org
HELP WANTED:

State Homeless Veterans Coordinator

By-Name-List Coordinator

VISN Homeless Veterans Coordinator

https://home.ncgwg.org
The North Carolina Coalition to End Homelessness and the NC State College of Design thanks the financial supporters who made the research and design project possible:

Cimarron Construction  
CT Wilson Construction  
Dallas Foundation (Lori Pistor Advised Fund)  
Dealers' Supply  
Fuller Land Development  
MetLife Foundation and Local Initiatives Support Corporation (LISC)  
Elizabeth Michael  
Fred Mills Construction  
Regina Pistor  
Nick Tennyson

Thanks to all for our collective efforts to find sustainable solutions to veteran homelessness in North Carolina.
Dr. Keita Franklin

US Department of Veterans Affairs
VA’s Suicide Prevention Strategy

VA Office of Mental Health and Suicide Prevention (OMHSP)

Suicide Prevention Program

May 23, 2019
Important Figures

The rate of suicide was **1.8 times higher** among female Veterans compared with non-Veteran adult women.

* after accounting for differences in age

The rate of suicide was **1.4 times higher** among male Veterans compared with non-Veteran adult men.

* after accounting for differences in age

Male Veterans ages **18–34** experienced the highest rates of suicide.

Male Veterans ages **55 and older** had the highest count of suicide.

69% of all Veteran suicide deaths resulted from a firearm injury.
North Carolina Suicide Data

North Carolina
Veteran Suicide Data Sheet, 2016

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.

This data sheet includes information about North Carolina Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

After accounting for age differences, the Veteran suicide rate in North Carolina:
- Was significantly lower than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

North Carolina Veteran Suicide Deaths, 2016

<table>
<thead>
<tr>
<th>Sex</th>
<th>Veteran Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>184</td>
</tr>
<tr>
<td>Male</td>
<td>171</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
</tr>
</tbody>
</table>

North Carolina Suicide Data

North Carolina Veteran and Total North Carolina, Southern Region, and National Suicide Deaths by Method, 2016

North Carolina Veteran Suicides
- 67.9% (125)
- 16.3% (30)
- 15.8% (29)

North Carolina Total Suicides
- 57.8% (767)
- 17.5% (232)
- 19.5% (259)

Southern Region Suicides
- 59.4% (10,104)
- 13.0% (2,209)
- 21.2% (3,601)

National Suicides
- 51.4% (22,303)
- 15.3% (6,623)
- 15.3% (6,623)
- 8.3% (3,595)
- 25.1% (10,906)

*Other and Low-Count Methods*

Suicide Rate in North Carolina (2016)

25.2
North Carolina Veteran Suicide Rate

17.1
National Suicide Rate

30.1
National Veteran Suicide Rate

After accounting for age differences, the Veteran suicide rate in North Carolina:
- Was significantly lower than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

Veterans Living in Rural Communities

- 4.7 million Veterans are rural
- 52% of enrolled rural Veterans earn less than $35,000 a year
- 56% of enrolled rural Veterans are ages 65 and older
- 15% of enrolled rural Veterans self-identify as a racial or ethnic minority

Potential Benefits:
- Closer proximity to family, friends, and community
- Open space for recreation
- More privacy
- Lower cost of living

Potential Challenges:
- Fewer health care facilities
- Provider and specialist shortages
- Limited internet access
- Limited transportation options
National Strategy for Preventing Veteran Suicide

Clinical and community-based programs and providers have a critical role to play by:

- Screening Veteran patients for mental illnesses and alcohol misuse
- Routinely assessing Veteran patients’ access to lethal means
- Getting educated on military culture and Veteran-specific issues and risks
- Linking Veterans in crisis with appropriate services and support
- Communicating and collaborating across multiple levels of care

Download at www.mentalhealth.va.gov/suicide_prevention
A Call to Action: How Can You Apply the National Strategy?

- **Leverage** the VA and partner suicide prevention resources it describes.
- **Educate** your networks about the Veteran suicide prevention best practices it outlines.
- **Apply** its principles in your program execution and service delivery.
- **Use it** to design, prioritize, and direct Veteran suicide prevention initiatives.
- **Infuse** its content and messages into educational and communications materials.
Executive Orders Updates
EO 13822 Joint Action Plan Updates
(January 2019)

- All 16 tasks outlined in the Joint Action Plan are on target for full implementation by projected completion dates.
- **Seven out of the 16 items** are completed and in data collection mode.
- Some of our early data collection efforts point towards:
  - Increased Veteran and transitioning service members (TSM) awareness and knowledge about mental health resources,
  - Increased facilitated health care registration, and
  - Increased engagement with peers and community resources through the Transition Assistance Program and Whole Health offerings.

The 16 tasks are: Early and Consistent Contact (1.1), Messaging Campaign (1.4), Warm Hand-offs for Peer Support (2.1), Peer Support Outreach (2.5), Peer Specialist Community Outreach Pilot (Clay Hunt; 2.6), Expand Military OneSource (3.3), Pre-transition VA Health Care Registration (1.2), Modification of Transition Assistance Program (TAP; 1.3), Increased VSO Engagement Pre-Transition (1.5), Readiness Standards (2.3), Screening and Identification (2.2), Predictive Analytics (2.7), Improved Monitoring (3.2), Whole Health Peer Groups (2.4), Easy Button (3.1), Build and Expand Partnership Models (3.4).
EO 13822 Transition Assistance Program (TAP) Outcomes

• Through the Executive Order, transitioning service members (TSMs) are now provided the opportunity to **pre-register for VA health care pre-transition** during TAP, a new option.
  • By getting transitioning service members into the VA health care system earlier, VA can get them the care they need much quicker.

• Preliminary data shows that in July 2018, **34.69%** of 7,985 TSMs that attended the TAP VA modules in person pre-registered for VA health care before, during, or after their class attendance date.

• In addition, the TAP curriculum was modified to ensure TSMs are aware of **mental health resources available** during the first-year post-separation.

• Fiscal year 2018 4th Quarter data showed that **81%** of TSM respondents reporting being informed about accessing mental health services.
EO 13822 Whole Health Outcomes

- Whole Health offerings, including Introduction to Whole Health offered by peer facilitators, are advertised directly to TSMs and their families through TAP and post-separation phone calls to offer an opportunity to connect with VA and to be referred into VA mental health care if needed or interested.

- For the period of March-September 2018, 96% of VA Medical Centers report offering Introduction to Whole Health.
  - Introduction to Whole Health is open to all Veterans and employees.

- Nationally, the total number of reported participants in Introduction to Whole Health is over 7,200 and over 680 TSMs attended Introduction to Whole Health.
  - Approximately 6% were referred to local Mental Health services post Introduction to Whole Health.

- Since February 2018, over 1,200 peer facilitators have been trained.
Never Federally Activated Former National Guard or Reserve Members

• In 2016, former Guard and Reserve members who were never federally activated constituted about 10 percent of the total number of suicides among current and former service members.

• VA recently developed and published an online toolkit for former Guard and Reserve members who were never federally activated, their families, and their providers.
  • The toolkit highlights a variety of mental health and suicide prevention resources available through VA and in the community.
  • The toolkit can be found at: www.mentalhealth.va.gov/suicide_prevention/resources.asp.

• The Vet Centers’ Readjustment Counseling Services provide a full spectrum of counseling services to Guard and Reserve members through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center (877-WAR-VETS, or 877-927-8387).
Other Than Honorable (OTH) Service Members

- Former service members with other than honorable discharges can receive mental health care from VA medical centers (VAMCs) in the first 12 months after separation.

- All VAMCs offer emergency stabilization care for former service members who present at the facility with an emergent mental health need.

- VA also has the authority to provide mental health care for as long as needed to certain former service members with OTH discharges, including those who were on active duty for more than 100 days and served in a combat role and those who experienced sexual harassment or assault.

- In December 2018, VA sent outreach letters to the latest addresses of over 440,000 former service members with OTH discharges about their potential for eligibility for mental health care.
The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide – The PREVENTS Initiative

- “Executive Order on a National Roadmap to Empower Veterans and End Suicide”, EO 13861, was signed on March 5, 2019 by President Trump.

- The Executive Order focuses on improving the quality of life of our nation’s Veterans and developing a national public health roadmap to lower the Veteran suicide rate.

- Task Force Tasks:
  - Develop a comprehensive national public health roadmap to lower Veteran suicide rate – focused on community engagement
  - Design/propose to Congress a program for grant-making to local communities to increase collaboration and outreach to Veterans
  - Develop a national research strategy to improve coordination, monitoring, benchmarking and execution of Veteran suicide research.
VA FY18-FY19 Updates
24 Mayor’s Challenge Sites

- Preliminary progress we have received from NC is that Charlotte is now training all North Carolina Serves members with the S.A.V.E. video and are providing opportunities for in-person training.
Governor’s Challenge

**Goal:** Develop state-wide plans based on the public health approach to prevent suicide.

- New partnership launched in February 2019 between VA and HHS Substance Abuse and Mental Health Services Administration (SAMHSA)
- Takes the Mayor’s Challenge to the state level, incorporating existing community strategic plans within their respective states
- State leaders are meeting to develop a plan to implement the National Strategy for Preventing Veteran Suicide

Seven states are currently participating:

- Montana
- Colorado
- Kansas
- Arizona
- Texas
- New Hampshire
- Virginia
Rural Community Approaches to Suicide Prevention Conference

- VA and SAMHSA recently collaborated to host a conference for rural communities in April 2019 in Washington, DC.

- Teams participating in the Mayor’s Challenge and Governor’s Challenge were invited to attend the conference, which featured plenary sessions and customized workshops with subject matter experts.
  - Teams discussed topics such as opportunities and challenges for telehealth, transportation, caregivers, primary care, care coordination, economic support, and partnering with caregivers and families for rural Veterans.

- VA and SAMHSA know rural Veterans have an increased risk for suicide, so it is important to work with communities at the local level to ensure Veterans living in rural areas nationwide have access to lifesaving resources and support.
Together With Veterans
A Suicide Prevention Program for Rural Veterans

- The program follows a public health model to reduce suicide rates among rural Veterans.
- Through community partnerships with Veterans, the program implements best practices for suicide prevention while enhancing local capacity and the program’s effectiveness and sustainability.
- Four pilot sites, one of which is Carteret County, North Carolina.

Increasing clinical support for high-risk Veterans
Access to crisis and support services
Primary care suicide prevention
Lethal means safety
Community gatekeeper training
Reducing stigma and promoting help-seeking

Intervention Strategies Based on Best Practices for Community Suicide Prevention
Innovative Practices in Suicide Prevention: From the Field (SP Teams)

- **Firearm Safety Initiatives**
  - Several facilities, including Palo Alto and Indianapolis, are building community partnerships with local gun shops to generate awareness of ways to prevent suicide.

- **Tele-Mental Health**
  - VISN 10’s Verizon Tablet Pilot Project provides iPads for delivering Video On Demand telehealth services to Veterans flagged as being at high risk for suicide.

- **CAMs**
  - VISN 9 is using CAMS-G (Group) in all of its facilities.

- **CBT-SP**
  - VISNs 10 and 19 are working on developing a CBT-SP clinical demonstration project using a telehealth format.
Operationalizing VA’s Public Health Approach

• **Problem Statement:** VA’s previous model for preventing Veteran suicide was largely centered around a hospital-based approach focused on crisis interventions. This model does not satisfactorily reach Veterans who do not come to VA for medical care or who do not have a mental health diagnosis.

• **Current:** To effectively reduce suicide, VA must push prevention efforts outside of its facilities and into local communities. A broad public health strategy nested within the National Strategy for Preventing Veteran Suicide is required to empower national, regional, and local actors to reach Veterans where they live, work, and thrive.
Suicide Prevention 2.0 (SP 2.0): The Way Forward

- **What it is:** A broad public health model for suicide prevention at the national, regional, and local levels.

- **How it works:** Employing bundled strategies that build upon OMHSP’s previous successes and reach Veterans through multiple touchpoints.

- **What it does:**
  - Allocates personnel to engage states and communities
  - Enhances community capabilities for suicide prevention
  - Translates and disseminates research for practical use
  - Fosters learning and resource sharing among community partners
  - Strengthens VA’s focus on high-risk individuals in health care settings, while targeting Veterans who use non-VA crisis and health care services
  - Promotes cross-agency collaboration and community partnerships that provide support to Veterans where they are
  - Deploys tailored interventions designed for specific populations within communities
VA Suicide Prevention Resources
Free, Confidential Support 24/7/365

Veterans Crisis Line | Military Crisis Line

1-800-273-8255 PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255

- Veterans
- Service members
- Family members
- Friends
S.A.V.E. Training

- Suicide prevention training video that’s available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute

Available online for free: psycharmor.org/courses/s-a-v-e/
Community Outreach Toolkit

Includes facts and myths about suicide, as well as information on:

- Establishing a suicide prevention council
- Talking to Veterans about their military service
- Assessing suicide risk
- Developing a suicide prevention safety plan
- Helping Veterans feel more connected to others
- Joining public-private partnerships

Access the toolkit online:
[go.usa.gov/xnwbz]
Social Media Safety Toolkit

- As discussed in the National Strategy for Preventing Veteran Suicide, social media is an important intervention channel and a key piece of VA’s comprehensive, community-based suicide prevention strategy.

- The Social Media Safety Toolkit for Veterans, Their Families, and Friends equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide.

- The toolkit includes best practices, resources, and sample responses.

Public Health Video

Public health is about working within communities.
Questions?

Thank you.
Stay Connected

Follow us on social media!

@deptvetaffairs
@veteransmtc

U.S. Department of Veterans Affairs

Veterans Health Administration

@deptvetaffairs
@veteranshealth

Make the Connection

#BeThere
Back-Up Slides
Resources and Programs for Rural Veterans

• **Telemental Health Hubs** connect mental health specialists with Veterans at rural sites who require same-day or urgent access to mental health services. [www.telehealth.va.gov](http://www.telehealth.va.gov)

• **Vets Prevail** is a personalized and confidential behavior change platform where Veterans help each other overcome challenges. [www.vetsprevail.org](http://www.vetsprevail.org)

• The **Enhanced RANGE Program** provides intensive case management with an emphasis on recovery for rural Veterans with serious mental illness who are experiencing homelessness or who are at risk of experiencing homelessness. [www.lexington.va.gov/services/Enhanced_RANGE_Program.asp](http://www.lexington.va.gov/services/Enhanced_RANGE_Program.asp)

For questions on ORH programs, please email rural.health.inquiry@va.gov
Dr. Jonathan Leinbach

US Department of Veterans Affairs
<table>
<thead>
<tr>
<th>Location</th>
<th>Discharge Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salisbury</td>
<td>OTHER THAN HONORABLE</td>
<td>1616</td>
</tr>
<tr>
<td>Asheville</td>
<td>OTHER THAN HONORABLE</td>
<td>607</td>
</tr>
<tr>
<td>Fayetteville</td>
<td>OTHER THAN HONORABLE</td>
<td>1014</td>
</tr>
<tr>
<td>Durham</td>
<td>OTHER THAN HONORABLE</td>
<td>1345</td>
</tr>
</tbody>
</table>

**OTH Veterans seen at VA Medical Centers in NC**
Enacted March, 20th, 2017; operationalized and rolled out July 5th, 2017

- Provides Emergent and Follow up MH care for Veterans with OTH discharge
- Veterans enter by calling VCL, visiting Veteran Center, or VA ED
- Care provided at VHA facility only, no CITC
- May be extended to total of 180 days
- Does not include treatment of non-MH conditions
- Encourages review of Character of Discharge determination
- Care transitioned to community resources
<table>
<thead>
<tr>
<th>New Facility Title (FY17)</th>
<th>Moderate Estimate of Number OTH Patients Receiving Emergency Care</th>
<th>High Estimate of Number OTH Patients Receiving Emergency Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(V06) (558) Durham, NC</td>
<td>291</td>
<td>466</td>
</tr>
<tr>
<td>(V06) (565) Fayetteville, NC</td>
<td>303</td>
<td>484</td>
</tr>
<tr>
<td>(V06) (637) Asheville, NC</td>
<td>171</td>
<td>274</td>
</tr>
<tr>
<td>(V06) (659) Salisbury, NC</td>
<td>408</td>
<td>652</td>
</tr>
</tbody>
</table>
Updated Authority

- Enacted and operationalized December, 2018
- Expanded eligibility for ongoing MH care to a Veteran with an OTH discharge and:
  - On active duty >100 days and served in a combat role
  - Or experienced sexual harassment or sexual assault while serving
- Encourages review of Character of Discharge determination
- Mental Health Care for these Veterans is not limited for a condition deemed related to Military service
- Does not include care for non-MH conditions
Case Presentation

- 42 year old female. NSC. +MST. Homeless. Employed at auto auction/salvage firm.

  Dx: Alcohol use disorder; PTSD(MST); Depression; Borderline personality features. Receiving outpatient treatment since 2015, for alcohol use disorder, depression, PTSD. Has had acute psych admissions at Durham (2015) and Salisbury (2017). Works hard, motivated for recovery, but is vulnerable to decompensation.

  Her behavioral flag prohibits participation in Raleigh II IOP. Has been told she’s ineligible for VA primary care, travel pay, housing assistance. Providing these other services would go a long way toward stabilizing her.

- 34 year old male. Was on buprenorphine for opioid use disorder from a community provider and recently transfer into Hillandale II SUD Clinic to receive buprenorphine and SUD therapy.

  Combat Vet Status: not eligible Primary eligibility: NSC (pending verification. Remarks on cover sheet: “OTH Svc-Treat for MH condition only”.)

  Questions: Are we administratively correct in treating this patient’s OUD with buprenorphine? In stable condition on sertraline and quetiapine for MDD. The latter (an atypical antipsychotic) warrants monitoring of blood glucose and/or HgbA1c and lipids. Ineligible for VA primary care.
Medical Ethics Considerations

- Beneficence - A practitioner should act in the best interest of the patient. *(Salus aegroti suprema lex.)*
- Non-maleficence - To not be the cause of harm. Also, "Utility" - to promote more good than harm
- Autonomy - The patient has the right to refuse or choose their treatment. *(Voluntas aegroti suprema lex.)*
- Justice - Concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality). *(Justitia.)*
Questions and Discussion
NCServes
<table>
<thead>
<tr>
<th>NCServes Community of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- United Way, South Hampton Roads is an AmericaServes Network that is now cover 10 counties in North East North Carolina.</td>
</tr>
<tr>
<td>- Working to cross-level all network providers across the State. Working projects on accuracy and case closures.</td>
</tr>
<tr>
<td>- Updated CoP Map.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>NCServes Western</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Check out the Asheville Buncombe County Christian Ministries, Veterans Services of the Carolinas site at <a href="https://www.abccm.org/veterans-services">https://www.abccm.org/veterans-services</a></td>
</tr>
<tr>
<td>- NCServes Radio Show - 1st Thursday of every month highlighting community providers and stakeholders Facebook live at NCServes Western</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>NCServes Metrolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Success with the Mayors Challenge</td>
</tr>
<tr>
<td>- Take a look at the Veterans Bridge Home Weekly Newsletter. Full of events and resources. <a href="https://veteransbridgehome.org/">https://veteransbridgehome.org/</a></td>
</tr>
<tr>
<td>- Partnering with NCServes Central Carolina on a project to refine the processes and procedures for Internetwork Referrals.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>NCServes Central Carolina</th>
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</thead>
<tbody>
<tr>
<td>- Supported the Valor Games in Raleigh this week</td>
</tr>
<tr>
<td>- NCStrive on June 6th</td>
</tr>
<tr>
<td>- 3 Year In-Practice Review on 20 June</td>
</tr>
<tr>
<td>- Added Hoke, Granville, Franklin and Vance Counties to our coverage area.</td>
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<tr>
<td>- Community Coordinator to Goldsboro soon.</td>
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<tr>
<th>NCServes Coastal</th>
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<td>- Community Coordinator now working in the Wilmington area.</td>
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<tr>
<td>- Building partnership with the Jacksonville Police Department.</td>
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<tr>
<td>- Supporting NC4ME Hiring Event in Jacksonville on 4-5 June.</td>
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</tbody>
</table>
Introductions and Updates
Next Meeting:
June 27, 2019

Joint Force Headquarters
Raleigh, NC
Register for our email updates: ncgwg.org

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

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