GOVERNOR'S WORKING GROUP ON VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES

May 28, 2020

Navigation of Veterans Service Delivery Systems
Register for our email updates: ncgwg.org

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

To watch captioning during this meeting, go to: https://carolinascaptioning.1capapp.com/event/ncg.

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates
Welcome & Introductory Remarks

Secretary Larry Hall
North Carolina Department of Military & Veterans Affairs
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 5/28/2020

May 27th – Tele-Town Hall event for North Carolina with Dr. Paul Lawrence, Undersecretary of Veterans Affairs - Benefits
Tracy Skala
Interim Deputy Network Director
VA VISN-6
VISN 6 Update

Tracy Skala, Interim Deputy Network Director, VISN 6

Coronavirus Status Update

VISN 6 in action:
4th Mission
Reopening Plan (Moving Forward)

State and Community Partnering

How we are Safeguarding people in our facilities
-Standard PPE SOP and Protocols

Help our most vulnerable populations stay protected


News
Mark. Bilosz
Director
Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Updates

• Face-to-face Outreach postponed until further notice
• Regional Office closed to the public
• Normal claims processing activities
• Employees teleworking
• eBenefits & IRIS (Inquiry Routing & Information System) inquiries best way to communicate
• Extension of deadlines
• Exams

Dr. Michelle Laws
Assistant Director for Consumer Policy and Community Stakeholder Engagement
Division of MH/DD/SAS
NC Department of Health and Human Services

Michelle.Laws@dhhs.nc.gov
Dr. Michelle Laws
Assistant Director for Consumer Policy and Community Stakeholder Engagement
Division of MH/DD/SAS
NC Department of Health and Human Services

Michelle.Laws@dhhs.nc.gov
May is Mental Health Awareness Month

Be Kind to Your Mind:
Tips to cope with stress during COVID-19

1) **PAUSE. Breathe.** Notice how you feel
2) **TAKE BREAKS** from COVID-19 content
3) **MAKE TIME** to sleep and exercise
4) **REACH OUT** and stay connected
5) **SEEK HELP** if overwhelmed or unsafe

Now more than ever, we need to find ways to stay connected with our community. No one should feel alone or without the information, support and help they need.
Standing and Staying on the Front Lines of COVID-19 Pandemic in NC
Updated daily by approximately 11 a.m. Last updated May 27, 2020 at 11:20 a.m.

Knowing when to dial up or down measures that slow the spread of the virus depends on North Carolina’s testing, tracing and trends. This dashboard provides an overview on the metrics and capacities that the state is following.

**Daily Cases**

- LAB-CONFIRMED CASES: 24,628

**Daily Tests**

- COMPLETED TESTS: 364,156

**Daily Number of People Currently Hospitalized**

- CURRENTLY HOSPITALIZED: 702
### Demographic Data

Select demographic metric:
- [ ] CASES
- [ ] DEATHS

Data can be filtered by demographic information. To filter by demographic information, click on the demographic bar (e.g., male). All data will reflect numbers for that demographic group. Click again to turn off the filter. Numbers may not sum to 100% due to rounding. All data are preliminary and subject to change.

#### By Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>American Indian</td>
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<tr>
<td>Alaskan Native</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>31%</td>
</tr>
<tr>
<td>Black or African</td>
<td>54%</td>
</tr>
<tr>
<td>American</td>
<td>8%</td>
</tr>
<tr>
<td>Native Hawaiian or</td>
<td>11%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTAL DEATHS</strong></td>
<td><strong>794</strong></td>
</tr>
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</table>

#### By Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
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<tr>
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<td>18-24</td>
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<td>25-49</td>
<td>44%</td>
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<td>50-64</td>
<td>23%</td>
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<td>65-74</td>
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<td>75+</td>
<td>10%</td>
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#### By Ethnicity

<table>
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<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>36%</td>
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<tr>
<td>Non-Hispanic</td>
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</table>

#### By Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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<tr>
<td>Male</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
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#### Missing Demographic Data

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<th>Count</th>
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<tr>
<td>Age</td>
<td>3</td>
</tr>
<tr>
<td>Gender</td>
<td>963</td>
</tr>
</tbody>
</table>
MOVING FORWARD TO GET AHEAD OF THE CURVE

Testing

Contact Tracing

Trending
If you leave home, know your Ws!

WEAR
a cloth face covering.

WAIT
6 feet apart. Avoid close contact.

WASH
your hands often or use hand sanitizer.

@NCDHHS  #StayStrongNC
Phase 2 Executive Order does the following:

- Lifts the Stay at Home Order and moves the state to a Safer at Home recommendation;
- Allows restaurants to open for on-premises dining with limits on occupancy, specific requirements for disinfection of common spaces, and six feet between each group of customers sitting at each table;
- Allows child care businesses to open to serve all children, as long as they follow state health guidelines;
- Allows overnight camps to operate, following specific public health requirements and guidance;
- Allows personal care, grooming, massage, and tattoo businesses to open with specific requirements for disinfection of equipment, face coverings for the service providers, six feet of distance between customers, and at 50 percent reduced occupancy;
- Allows indoor and outdoor pools to open with 50 percent reduced occupancy, following specific public health requirements;
- Allows people to gather together for social purposes, so long as they do not exceed the mass gathering limit of 10 people indoors and 25 people outdoors; and
- Allows sporting and entertainment events to occur in large venues for broadcast to the public, so long as the events occur in large venues and spectators are limited to the mass gathering limit of 10 people indoors and 25 people outdoors.
Our objectives in this emergency are clear:

- To support the continuation of quality, medically necessary services and supports for consumers during this period of great change and uncertainty, recognizing the need for providers and consumers to rapidly adapt to new methods of treatment.

- To stabilize, sustain, and adapt provider networks to deliver services and supports tailored to the needs of North Carolinians in the face of the present challenge, while also readying providers for the potential lasting impact of this pandemic.

- To reduce, to the greatest extent possible, the need for any hospitalization, including facilitating discharge where appropriate and preventing avoidable readmissions from state psychiatric hospitals.

- Prepare to transition from self quarantine and

  **Provide Flexible Funding for the COVID-19 Response**
  Maximize Flexibility to Stabilize Providers and Respond to the Changing Needs of Consumers
Providing real-time support to consumers and families is a top priority.

The **Hope4NC Helpline (1-855-587-3463)** connects North Carolinians to additional mental health and resilience supports that help them cope and build resilience during times of crisis. As part of the state’s recent hurricane recovery efforts it served over 4,400 people in the most impacted counties, and now it is being made available to everyone in North Carolina’s 100 counties during the COVID-19 crisis. This initiative is in partnership with all seven of the state’s LME/MCOs and REAL Crisis Intervention Inc. in Greenville. Hope4NC is now available 24 hours per day, seven days a week to speak to a live person.

The **Hope4Healers Helpline (919-226-2002)** is a new initiative in partnership with the North Carolina Psychological Foundation. It provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings and their families throughout the state who are experiencing stress from being on the front lines of the state’s COVID-19 response. Hope4Healers is also available 24 hours per day, seven days a week.
COVID-19 Information from Across State Government

For assistance during COVID-19

Text COVIDNC to 898211
or
Dial 2-1-1 or 888-892-1162

Find Help
Call 2-1-1 or 888-892-1162
Text COVIDNC to 898211
Find out about food access, shelter, child care and more.

Get Updates
Sign up for COVID-19 Updates

Media Briefings
Watch Live Here
Past briefings in English & Spanish
Mark Edmonds
Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
Welcome to the NCWorks Veterans Portal. Thank you for your service.
Lois Harvin-Ravin
Director of Veterans Services Durham County
Vice President of the NC Association of County Veterans Service Officers
The purpose of the North Carolina Association of County Veteran Service Officers is to make a positive difference long-term in the lives of our Veterans and their families by honoring, enriching, educating, advocating and advising with professional quality benefit counseling on the rights and entitlement to federal benefits under the laws and regulations administered by the U. S. Department of Veterans Affairs and other various federal, state and local agencies.
Organizational chart and structure

President
North Carolina Association of County Veteran Service Officers
Brad J Stroud, Sr.
(Iredell County)

Vice-President
Lois Harvin-Ravin
(Durham County)

Treasurer
Andrea Lamonds
(Anson County)

Secretary
Lori Hinson
(Cabarrus County)

Board of Directors
Robert Boyette
(Johnston County)

Board of Directors
Mike Scott
(Surry County)

NC Department of Military
Secretary of Veterans Affairs
Sec. Larry Hall

US Department of Veterans Affairs
Sec. Robert Wilkie

Board of Directors
Member-at Large
Leigh Tabor
(Macon County)

Appointed

Board of Directors
Douggy Johnson
(Wake County)
**The Service We Render to Our Nation’s Veteran**

- As a result of our NC County Veteran Service Officers advocacy work, with Veterans benefit counseling, Claims Preparation, Homeless Services and Community Outreach to our Aged and Disabled Veterans, we assist them in obtaining some of the best care from the VA Healthcare system and the Veterans Benefit Administration, enabling them to move from sick care to healthcare, many from poverty to prosperity, their lives and their families will be richer because of the services we assist them with, including access to educational and employment opportunities and other community connections, we helped to create.

- Helping Veterans make homelessness history as we assist in the application process, connecting them to some of our major partners, such as the VA homeless veterans program, VOA SSVF and others who's mission is to promote housing stability amongst our very low-income Veterans; assist in helping them secure their Certificate of Eligibility to allow them to enjoy their purchased home and helping our Veterans and their beneficiaries receive other well-deserved state, local and supportive services and benefits... and it didn’t take too long to access services through our offices.

- Finally...their families, friends and the community will know with the support of the VA National and State Veterans Cemetery Administration, we’ve given our Veterans the utmost respect and help with their final honors as they are laid to rest.
NCACVSO
North Carolina Association of County Veteran Service Officers

725,313
NC Veterans

- $4,772,645,000  COMPENSATION AND PENSION BENEFIT
- $3,134,845,000  VA HEALTHCARE
- 541,617,000     VA EDUCATIONAL & VOC REHAB
- 50,314,000      INSURANCE-DIC BENEFITS

$8,367,343,000
NC TOTAL VA EXPENDITURES

FY19 Geographic Distribution of VA Expenditures Summary of Expenditures by State
Jeff Smith
Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
If you leave home, know your Ws!

- **WEAR** a cloth face covering.
- **WAIT** 6 feet apart. Avoid close contact.
- **WASH** your hands often or use hand sanitizer.
COVID-19

Telehealth Information

What is Telehealth?

Telehealth is the use of technology for health care appointments and services. It allows you to "see" your doctor without having to go to the doctor's office. You can use telehealth to receive services such as physical therapy, counseling or diabetes care. It is a Medicaid covered benefit.

Telehealth is an important way to stay healthy:
- Telehealth is a great way to take care of your health without having to leave your home.
- Living telehealth instead of traveling to your doctor's office can help protect you and others from COVID-19.
- Some doctors' offices may not be open for in-person visits, but your doctor may meet with you using telehealth.

Ways to use virtual and telehealth

- Mobile app, such as MD Live, Freetime, or Talkspace.
- Wearable devices such as Fitbit or Echo Dot.
- Instant messaging and telephone calls.

How do I ask for a telehealth appointment?

1. Call your doctor and ask if you can use telehealth for your appointment.
2. Your doctor will talk about the best way to use telehealth for your appointment.

What if I might have COVID-19?

- Stay at home, and call your doctor or call the COVID-19 Telehealth Hotline at 1-877-462-2911 for advice.
- Keep yourself away from your family if you have COVID-19 symptoms (fever, cough, shortness of breath).
- Call 911 if you are experiencing life-threatening symptoms (e.g., difficulty breathing, chest pain, or difficulty breathing).

Do I have to use telehealth to see a doctor?

It is an emergency, you should go to the emergency department. While some doctors are still seeing patients in person, you may not be able to get COVID-19 tests by using telehealth for non-emergency care. Always call your doctor before going to their office if you are sick.

What if I don't have a smartphone or internet access?

- Call your doctor and discuss options for your appointment. You may be able to access services in person, make a sure to call ahead and reserve a spot.
- Some doctors offer "drive-up" care where the staff will let you use a device from the comfort and safety of your car.

How much data will this use?

Some face-to-face video chats can use a lot of data. Using Wi-Fi can reduce the amount of data that you use. If you have smartphone data, call your doctor's office and discuss your options. There may be options that don't use as much data, such as a phone call or sharing pictures or text, though this use is not as limited as video chatting. You can also contact your phone carrier if you have questions on your data limits.

N.C. Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Back to Better
Mental Health Care for Veterans & Families

Cohen Clinics provide therapy for anxiety, depression, PTSD, and transitional issues for post-9/11 veterans and military families, including National Guard/Reserves.

Find your care:
• Visit the clinic at Cape Fear Valley in Fayetteville (Jacksonville clinic opening in Fall 2020)
• or via CVN Telehealth, face-to-face video therapy, available statewide in NC

The Steven A. Cohen Military Family Clinic at Cape Fear Valley

(910) 615-3737
military.capefearvalley.com
or
via CVN Telehealth,
face-to-face video therapy,
available Statewide in NC!
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Going Virtual!

Thursday, May 7, 2020 1:00pm   https://strive.ncgwg.org

NC STRIVE
STUDENT TRANSITION RESOURCE INITIATIVE FOR VETERAN’S EDUCATION
Ask the Question!

“Have You or a Loved One ever served in the Armed Services?”
For more information about DMH/DD/SAS services and initiatives for Veterans, Servicemembers and their Families contact:

Jeff Smith,
Military and Veterans Program Liaison at
jeff.smith@dhhs.nc.gov
Governor’s Challenge Update

Crystal Miller
DMVA
2020 Governor’s Challenge: To Prevent Suicide Among Servicemembers, Veterans, And Their Families
Update 23April2020

“IT’S ONLY AFTER YOU’VE STEPPED OUTSIDE YOUR COMFORT ZONE THAT YOU BEGIN TO CHANGE, GROW, AND TRANSFORM.”
— ROY T. BENNETT
Objective 1: Form an interagency military and civilian team of state leaders, policymakers, and healthcare providers to develop and implement a strategic action plan to prevent and reduce suicide.
Nc Governor’s Challenge To Prevent Suicide Among Service Member’s Veterans and Their Families (SMVF)

Pre-Academy Site Visit

Initial Planning

The Pre-Academy Site Visit took place on 29-30 January 2020 at Goodwill Industries of NW NC in Winston-Salem, hosted by Sandy Jolley, Veterans Services Program Coordinator for Goodwill.

Approximately 30 participants representing a wide variety of community services in NC attended.
Pre-policy Academy Activities

- Completed an environmental scan as well as strengths, weaknesses, opportunities, and threats (SWOT) analysis;

- Introduced teams to three priority areas supported by the U.S. Department of Veteran Affairs’ National Strategy for Preventing Veteran Suicide (VA’s National Strategy); and

- Established priorities, strategies, and preliminary logic models ahead of the February Policy Academy.
OBJECTIVES

- Form an interagency military and civilian team of state leaders, policymakers, and healthcare providers to develop and implement a strategic action plan to prevent and reduce suicide.

- Define and measure success, including defining assignments, deadlines, and measurable outcomes to be reported.

PRIORITY AREAS

Using the VA’s National Strategy and the overarching three priority areas as context, the group through an assessed SWOT analysis as it relates to preventing suicide among SMVF will build action plans in the following priority areas:

- Identify SMVF and screen for suicide risk
- Promote connectedness and improve care transitions
- Lethal means safety and safety planning

Initial work on Strategies
Priority: Identify SMVF

Strategy: Fully launch an Ask the Question Campaign—Have you, or someone you love, served in the Armed Services?

Strategy: Train and encourage every provider of resources in our state to ATQ! Beginning with healthcare providers, we will pilot the program in Greenville, NC.
Priority: Assess for Suicide Risk

Strategy: Train providers on how to use the Columbia Suicide Severity Rating Scale

<table>
<thead>
<tr>
<th>Table 3: Columbia-suicide severity rating scale Screen with Triage Points for Primary Care (C-SSRS)</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are in bold and underlined.</td>
<td>YES</td>
</tr>
<tr>
<td>Ask questions 1 and 2</td>
<td></td>
</tr>
<tr>
<td>Wish to be dead:</td>
<td></td>
</tr>
<tr>
<td>Subject endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.</td>
<td></td>
</tr>
<tr>
<td>Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
</tr>
<tr>
<td>Non-specific active suicidal thoughts:</td>
<td></td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one's life/suicide (e.g., “I've thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period</td>
<td></td>
</tr>
<tr>
<td>Have you had any actual thoughts of killing yourself?</td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with any methods (Not Plan) without intent to act:</td>
<td></td>
</tr>
<tr>
<td>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place and method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...I would never go through with it.”</td>
<td></td>
</tr>
<tr>
<td>Have you been thinking about how you might do this?</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with some intent to act, without specific plan:</td>
<td></td>
</tr>
<tr>
<td>Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thought but I definitely will not do anything about them.”</td>
<td></td>
</tr>
<tr>
<td>Have you had these thoughts and had some intention of acting on them?</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with specific plan and intent:</td>
<td></td>
</tr>
<tr>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.</td>
<td></td>
</tr>
<tr>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td></td>
</tr>
<tr>
<td>Past 3 months:</td>
<td></td>
</tr>
<tr>
<td>Suicidal behavior:</td>
<td></td>
</tr>
<tr>
<td>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</td>
<td></td>
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<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td></td>
</tr>
</tbody>
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Mild suicide risk
Moderate suicide risk
Severe suicide risk

Priority: Improve Connectedness and Care Transitions

Strategy: Provide trainings on available resources for SMVF to community providers.
Priority: Limit the access to lethal means until the crisis has passed AND proactive safety planning

UNDER MORE STRESS THAN USUAL?

- Take a few extra precautions to store your firearm.

> Store firearms unloaded with a gunlock in a secured cabinet, safe or case.

> Closet, drawers and shoeboxes are not safe locations!

> Keep ammunition in a separate secured storage location.

A few extra moments to retrieve and unlock your firearm can interrupt the impulse for suicide and open the door for help.

1Small ACT

Every Sailor, Every Day

navstross.wordpress.com

Safety Plan Training

Patient Safety Plan Template

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Internal coping strategies: Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>People and social settings that provide distraction:</td>
</tr>
<tr>
<td>14</td>
<td>Name</td>
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<td></td>
<td>Phone</td>
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<td></td>
<td>Phone</td>
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<tr>
<td></td>
<td>Place</td>
</tr>
<tr>
<td></td>
<td>4 Place</td>
</tr>
<tr>
<td>16</td>
<td>People whom I can ask for help:</td>
</tr>
<tr>
<td>17</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
</tr>
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<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
</tr>
<tr>
<td>19</td>
<td>Professionals or agencies I can contact during a crisis:</td>
</tr>
<tr>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>29</td>
<td>Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</td>
</tr>
<tr>
<td>30</td>
<td>Making the environment safe:</td>
</tr>
<tr>
<td>31</td>
<td>32</td>
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<tr>
<td>33</td>
<td>34</td>
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The one thing that is most important to me and worth living for is:
Where are We?

State Preparation

Phase 1
- VA/SAMHSA Welcome Packet Received
  December 2020
- Orientation Conference Call
  January 8, 2020
- Pre-Academy Site Visit
  January 29-30, 2020

State Planning

Phase 2
- Policy Academy in Washington D.C.
  February 25-27, 2020
- Web Based Session with: RAND
  21 April 2020
- Follow-up Virtual Site Visit
  12-13 May 2020

Community Engagement

Phase 3
- Mayor’s Challenge Community Site Visit

The Action Plan draft will be completed early next week. Phase 3 will entail finalizing and enacting that plan.

Including: defining assignments, deadlines, and measurable outcomes to be reported.
Action plans will be shared among team members to review and comment on. We will soon be completing committee assignments. These will be divided among the priority and strategy areas. If you wish to be a part of the team, please contact me @ crystal.miller@milvets.nc.gov
THANK YOU

CRYSTAL.MILLER@MILVETS.NC.GOV
HTTP://NC.GWG.ORG
Transition Care Management

Susan Watkins

VA
VA’s Mission & Values

To care for those who have “borne the battle,” and for their families and their survivors.

Integrity
Commitment
Advocacy
Respect
Excellence
# How We’re Organized

<table>
<thead>
<tr>
<th>Veterans Benefits Administration (VBA)</th>
<th>Veterans Health Administration (VHA)</th>
<th>National Cemetery Administration (NCA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers Benefits (Compensation, Pension, Vocational Rehabilitation &amp; Employment, Education, Home Loan Guaranty, and Life Insurance)</td>
<td>Provides Healthcare Services (Primary Care, Mental Health, and Specialty Care); Veteran-Focused Services (Amputation Care, TBI, PTSD, Spinal Cord Care, etc.); and Long-Term Care</td>
<td>Honors Veterans &amp; families with final resting places &amp; commemorates their service and sacrifice</td>
</tr>
</tbody>
</table>
VA ensures that all eligible Veterans have access to all the health care services necessary to promote, preserve and restore their health.

Services include:
- Primary Care
- Mental Health Care
- Preventive Care
- Specialty Care
- Care Management
- Inpatient and Outpatient Pharmacy
- Women’s Health Care
- Geriatrics & Palliative Care
- Long Term Services & Support
- Inpatient Medical Care
VA provides a wide range of medical and surgical specialty care services including:

- Anesthesiology
- Bariatric surgery
- Cardiology – Vascular
- Chaplain
- Critical Care Specialty
- Dermatology
- Diabetes and Endocrinology
- Geriatrics & Palliative Care
- Gynecology Care
- Infectious Disease
- Nephrology
- Neurology
- Mental Health
- Oncology
- Optometry & Ophthalmology
- Orthopedic Surgery
- Orthotic and Prosthetic (amputee care & custom orthotics)
- Pacemaker
- Pain Management
- Podiatry
- Pulmonary
- Robotic-Assisted Surgery
- Spinal Cord Injury
- Transplant Surgery (heart, lung, liver, etc.)
- Urology
- Vascular Surgery
Mental Health Services

- Inpatient and Outpatient Mental Health Services
- Individual & Group Therapies
- Sexual Trauma Counseling
- Residential PTSD (Post Traumatic Stress Disorder) Program
- Substance Abuse Counseling
- Suicide Prevention Program

If you feel you are in crisis or have thoughts of hurting yourself, please contact VETERAN CRISIS Line (1-800-273-8255)
Dental Care (VHA)

- The Department of Veterans Affairs provides comprehensive dental care to Veterans who meet eligibility standards. VA may provide some Veterans extensive dental care, while in other cases treatment may be limited.

- Recently separated veterans who apply within 180 of discharge and served for 90 days or more on active duty and DD214 does not indicate necessary dental care was provided within 90 days of discharge are eligible for cost free one time dental treatment. (limited care)

- VADIP: (VA Dental Insurance Program) offers enrolled Veterans and beneficiaries of VA’s Civilian Health and Medical Program (CHAMPVA) the opportunity to purchase dental insurance at a reduce price
Additional Services and Programs

- Transition & Care Management Program
- Health Care for Homeless Veterans Program
- Marriage/Couples Counseling
- Driver Evaluations-Rehab Medicine
- Move-Weight Loss Program
- Optometry and Audiology Services
- Prosthetic Services
- Whole Health Program
- Medical Research Programs
- Environmental Programs (Military Exposures)
- Case Management Services
- Long Term Care Services
- Community Care and Urgent Care Benefits
2020 Copayment Rates

- **Basic Care Services $15 / visit:** services provided by a primary care clinician

- **Specialty Care Services $50 / visit:** services provided by a clinical specialist such as surgeon, radiologist, audiologist, optometrist, cardiologist

- **Medications:** Veterans in Priority Groups 2-8, for each 30-day or less supply of medication for treatment of nonservice-connected condition
  - Tier 1 drugs (preferred generics) $5
  - Tier 2 drugs (non-preferred generics) $8
  - Tier 3 drugs (brand name drugs) $11
  - (Veterans in Priority Groups 2 through 8 are limited to $700 annual cap)
Combat Veterans Copay Benefit

- Veterans of recent operations (Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn, Inherent Resolve)

- VA provides enhanced enrollment opportunity and five years of cost-free health care to veterans who served in a theater of combat operations, for any injury or illness associated with this service.

- Veterans Who Experience Non-Service related Illness/Injuries Post Deployment may be charged a co-pay at VA for treatment of the following conditions: i.e. sickness, injuries or accidents
Transitioning from military to civilian life is often a process that requires the support of friends, family, and often, mental health professionals. The information below can help you through this process:

For Returning Servicemembers:

- **This link provides Servicemembers with several helpful sites:**
  https://www.mentalhealth.va.gov/gethelp.asp
- **If you are in crisis,** please call 911, go to your nearest Emergency Room, or call the **Veterans Crisis Line** available 24/7 at 1-800-273-8255 (Spanish/Español 1-888-628-9454). Veterans press “1” after you call. You can also chat live online with a crisis counselor 24/7 by visiting the Veterans Crisis Line website (https://www.veteranscrisisline.net)
Transitioning from military to civilian life is often a process that requires the support of friends, family, and often, mental health professionals. The information below can help you through this process:

- **If you are a Veteran who is homeless or at risk of becoming homeless**, you can contact the National VA Call Center 24/7 at 1-877-424-3838 (also intended for Veterans families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community) or
  https://www.va.gov/HOMELESS/NationalCallCenter.asp

  *For spouses and loved ones:*

- Returning home can be a tough adjustment, and loved ones can help. **Coaching Into Care** (https://www.mirecc.va.gov/coaching/) offers free coaching to help you help your Veteran. Give us a call: 888-823-7458. Hours: Monday - Friday 8 a.m. - 8 p.m. EST
The “PTSD Coach” mobile app was created by the VA's National Center for PTSD in partnership with the Department of Defense's National Center for Telehealth and Technology (T2). It provides reliable information on PTSD and treatments that work, tools for screening and tracking symptoms, and direct links for help and support.
What is it? A website designed for Veterans to help them understand and manage their health. It provides Veterans with 24/7/365 access to a variety of tools to manage health care. It enables Veterans to work and communicate privately with their healthcare team to achieve the best possible health.

www.myhealth.va.gov
Need More Reasons to Enroll

- Medical care rated among the best in U.S.
- No enrollment fee
- No monthly premiums or deductibles
- More than 1,700 medical facilities available
- Medical care is not limited to military disabilities only
- Freedom to use other plans, (private insurance)
- Must be enrolled in VA Health Care to receive the benefit
- Health Care is expensive and can cost you thousands of dollars

- Combat Veterans have special enrollment eligibility benefit. (expires fives years from discharge date)
- (secure the benefit now)
Steps to apply for medical benefits: Complete VA Form 10-10 EZ
1. In person, you can apply at any VA Health Care Facility
2. Veterans can fill out an application online at Vets.gov
3. By Mail, you can download copy of application online
4. By phone at 1-877-222-Vets (8387)
5. Contact your local County VSO (Veteran Service Officer)

Military Documents Needed: DD214 for Verification of Military Service
Request for Military Records (Standard Form SF 180) Complete online or fax/mail request to the National Personnel Records Center (NPRC).

*Application will be processed to determine eligibility for VA Health Care Services. (complete full application)
Once determined eligible for VA Health Care services, Veteran will be contacted by VA Staff to schedule New Patient Primary Care appointment.

Primary Care Provider is the gateway to access VA Services.

Once you have a legal enrollment you will always remain enrolled in VA Health Care.

Transition Support Staff: The Transition & Care Management (TCM) Program is a transitional program to welcome returning veterans into the VA system and connect them with the needed services (should you need any assistance with the enrollment process or care that you are receiving at the VA, please contact the TCM Program)
Vet Center

Readjustment counseling is a wide range of services offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life.

Who is eligible?

➢ Any Veteran or active-duty Servicemember, to include federally-activated members of the National Guard and Reserve components who have served in a combat theater; or other eligibility.
Services offered at Vet Centers nationwide include:

- Individual and group counseling for Veterans, Service members, and their families
- Family counseling for military related issues
- Bereavement counseling for families who experience an active duty death
- Screening & referral for medical issues including TBI, depression, etc.
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.
- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral

How to contact:

- 1-877-WAR-VETS (927-8387) 24/7/365
Includes the following:

- Pension
- Survivors’ benefits
- Fiduciary
- Compensation
- Education
- Vocational Rehabilitation & Employment
- Life Insurance
- Home Loan Guaranty

For Benefits Information:

- 1-800-827-1000
- [http://www.benefits.va.gov](http://www.benefits.va.gov)

U.S. Department of Veterans Affairs Homepage:

- [https://www.va.gov](https://www.va.gov)
The New Pre-Need Program: Helping Veterans and their Families Prepare:

- Allows you to determine if you are eligible to be buried in a national cemetery
- Provides confidence and eliminates delays at time of need
- VA will review pre-need burial applications, provide written notice of a determination of eligibility, and store the information for future use
- To initiate the process, submit VA form 40-10007 with proof of military service (if applicable-not required)

For more information:

- [https://www.cem.va.gov/cem/pre-need](https://www.cem.va.gov/cem/pre-need)
Local VA Contacts

VA Medical Center:

Charles George VA Medical Center (Asheville, NC) (828)298-7911
   Program Manager Patrick McKinsey ext. 5554
   Case Manager Alisa Early ext.5366

Durham VA Medical Center (Durham, NC) (919)286-0411
   Program Manager Susan Watkins ext. 177040
   Transition Patient Advocate Shelton M. Faircloth ext. 175952

Fayetteville VA Medical Center (Fayetteville, NC)
   Program Manager Marisol Huertas (910)475-6255
   Transition Patient Advocate Wilfredo Davila (910)475-6256
Local VA Contacts

VA Medical Center:
W.G. “Bill” Hefner VA Medical Center (Salisbury, NC) (704)638-9000
Program Manager Olivia Lorentz ext. 15507
Transition Patient Advocate Timothy Nason ext. 15502

Vet Center:
Charlotte Vet Center (704)549-8025
Fayetteville Vet Center (910)488-6252
Greensboro Vet Center (336)323-2660
Greenville Vet Center (252)355-7920
Jacksonville Vet Center (910)577-1100
Raleigh Vet Center (919)361-6419
Spindale Outstation (828)288-2757

VA Regional Office: (Winston Salem) (800)827-1000
"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation."

-George Washington
Veterans Service Officers

Crystal Miller
DMVA
NORTH CAROLINA BENEFITS NAVIGATION

NC Department of Military and Veterans Affairs

2020
Establishment Of The NCDMVA 2016

AUTHORITY

• NC General Statute - Chapter 143B Article 14.1
  • provides for the establishment of the North Carolina Department of Military and Veteran Affairs (NCDMVA)

• § 143b-1211. Powers and Duties of the Department of Military and Veterans Affairs
  • describes the duties of the personnel of the department and those specifically serving veterans.
NC Benefit Summary

Advocacy

North Carolina State Cemeteries
North Carolina State Veterans Home
NC State Scholarship for Children of Wartime Veterans
Transition Services for Service Members

Outreach

NC Special License Plates
Lifetime Hunting and Fishing License
Tax Relief
Employment Preference
Advocacy

**Veterans Service Centers (VSC)**–NC operates VSCs throughout NC with 1-2 Veterans Service Officers, 1-2 Veterans Service Technicians and support staff. Our State Service Office, accommodating a skilled appeals team, is co-located with the Winston Salem VA Regional Office.

**Purpose:**

- To assist veterans and their dependent family members in the identification, development, presentation, and submission of claims for the benefits they may be entitled to under federal, state, or local laws, rules, and regulations while referring veterans in need of additional resources to our NC Serves Partners.

- Offer training, assist, and partner with the employees of any county, city, town, or Native American Tribe, who are engaged in veterans’ service.
Veterans Service Officer (VSO)/Veterans Service Technician (VST)

A VSO/VST is a Veteran Representative who advises and assists Veterans and dependents in identifying and applying for all benefits (federal, state and local) in which he/she may be entitled, due to their military service. These benefits include:

- **Employment**
- **Housing**
- **Healthcare**
- **Disability**
- **Education**

A VSO/VST is a liaison for Veteran organizations or agencies who administer benefits for veterans and their families such as the Veterans Benefits Administration (VBA)

https://www.milvets.nc.gov/services/benefits-claims

https://americaserves.org/where-we-are/southeast/north-carolina/
County Veterans Service Officers (CVSO)

Each of the 100 counties in NC operates a veteran's services program. There are 91 counties with dedicated VSOs and 9 counties which are covered by NCDMVA personnel. The Eastern Band of the Cherokee Nation and the Lumbee Tribe, in NC, also have accredited VSOs.

These officers are associated with the NC Association of County Veterans Service Officers. This organization partners with the NCDMVA in the advocacy and service of NC veterans, as well as training for its many VSOs.

Alamance County VSOs

https://www.mylvets.nc.gov/services/benefits-claims
NCDMVA Accreditation and Training Program

By Statute, as North Carolina’s accrediting agency, the NCDMVA must train, assist, and provide guidance to the employees of any county, city, town, or Indian Tribe who are engaged in veterans service.

Authority is granted to the governing body of any county, city, or town to appropriate such amounts as it may deem necessary to provide a veterans services program, and the expenditure of such funds is hereby declared to be for a public purpose; such program shall be operated in affiliation with this department as set forth above and in compliance with department policies and procedures.

Ongoing training provides required Continuing Education Units to all accredited VSOs/VSTs in NC.

https://www.ncleg.net/enactedlegislation/statutes/pdf/byarticle/chapter_143b/article_14.pdf
NCDMVA Operates A Network Of 4 Regions Across The State,
With 14 Veterans Service Centers, A State Service Office in Winston-Salem and HQ staff in Raleigh.

Region I
Haywood County: Canton VSC 828-845-8937
Burke County: Morganton VSC 828-322-6616
Catawba County: Hickory VSC 828-450-7136

_region_i_map

Region II
Forsyth County: SSO 336-631-5474
Forsyth County: Clemmons 336-766-3496
Rowan County: Salisbury VAMC 704-604-9000 EXT. 16427
Mecklenburg County: Charlotte VSC 704-563-2037

Region III
Durham County: Durham VSC 919-286-0411 EXT. 6604
Wake County: Garner VSC 988-232-7060
Wake County: Raleigh HQ (988) 204-8266
Cumberland County: Fayetteville VSC 910-778-5888
Cumberland County: Fort Bragg VSC 910-908-3482
New Hanover County: Wilmington VSC 910-251-5704

Region IV
Pasquotank County: Elizabeth City VSC 252-331-4741
Wilson County: Wilson VSC 252-237-2422
Pitt County: Greenville VSC 252-355-8052
Lenoir County: Kinston VSC 252-522-5050
### Regional Manager – Jeremy Hughes

**CANTON VETERANS SERVICE CENTER**  
120 Main Street,  
Canton NC 28716  
Phone (828) 645-6937 - Fax (828) 645-3486  
Jeremy.Hughes@milvets.nc.gov

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### Services / Mountain Region

#### Mountain Region

| 1) Alexander | 15) Rutherford |
| 2) Ashe      | 16) Yancey    |
| 3) Catawba  | 17) Buncombe  |
| 4) Iredeell | 18) Cherokee  |
| 5) Lincoln  | 19) Clay      |
| 6) Watauga | 20) Graham    |
| 7) Wilkes   | 21) Haywood   |
| 8) Avery    | 22) Henderson |
| 9) Burke    | 23) Jackson   |
| 10) Caldwell| 24) Macon     |
| 11) Cleveland| 25) Madison  |
| 12) Mcdowell| 26) Swain     |
| 13) Mitchell|             |
| 14) Polk    | 27) Transylvania |

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[Map of North Carolina showing the Mountain Region]
Region II – 20 Counties

Regional Manager – Joe Rapley
CHARLOTTE VETERANS SERVICE CENTER
5500 Executive Center Drive, Suite 132
Charlotte, NC 28212
Phone (704) 563-2037 – Fax (704) 563-2039
Joe.Rapley@milvets.nc.gov

SERVICES / PIEDMONT REGION

PIEDMONT REGION
1) ALAMANCE
2) ROCKINGHAM
3) RANDOLPH
4) GUILFORD
5) RICHMOND
6) MONTGOMERY
7) STOKES
8) FORSYTH
9) DAVIDSON
10) ANSON
11) STANLY
12) CABARRUS
13) SURRY
14) YADKIN
15) UNION
16) ROWAN
17) DAVIE
18) GASTON
19) MECKLENBURG
20) ALLEGHANY
State Service Office
Winston Salem, NC

Purpose:
- Receive correspondence from all counties and VSCs.
- Represent all veterans who have named NCDMVA as their claim's representatives at personal hearings, DRO and BVA (travel board and video conference hearings)
- Assist VSCs and counties, review rating decisions, act as liaison between USDVA and NCDMVA

Connie Phelps, SSO Manager
STATE SERVICE CENTER VSC
251 N. Main Street, Room 190,
Winston-Salem NC 27155
Phone (336) 631-5474 – Fax (336) 631-5028
Region III-20 Counties

Regional Manager – Robert Johnson
FAYETTEVILLE VETERANS SERVICE CENTER
225 Green Street, Suite 903
Fayetteville, NC 28301
(910) 778-5888
Robert.johnson@milvets.nc.gov

NC4V SERVICES / CENTRAL REGION

CENTRAL REGION
1) WARREN
2) FRANKLIN
3) JOHNSTON
4) Sampson
5) Onslow
6) Pender
7) New Hanover
8) Brunswick
9) Vance
10) Wake
11) Harnett
12) Cumberland
13) Bladen
14) Columbus
15) Robeson
16) Hoke
17) Scotland
18) Moore
19) Granville
20) Person
21) Durham
22) Orange
23) Chatham
24) Lee
25) Caswell
NCDMVA moved into the Seaboard Building in 2015 and it became the perfect place from which to serve our state's veterans.

The building was once home to the Raleigh and Gaston Railroad and subsequently the Raleigh office of the Seaboard Coast Line Railroad. The three-story brick building is one of Raleigh's earliest surviving office buildings and served as a railroad office for more than 100 years.

The original building was commissioned while the railroad was under state control and construction of two stories was started in 1861. The state of North Carolina purchased the land in 1977 and moved the building to its present location at 413 North Salisbury Street, re-designating it as a Raleigh Historic Landmark in 1990.
Region IV-27 Counties

Regional Manager – Antonio “Tony” Lugo
KINSTON VETERANS SERVICE CENTER
1136 US Hwy 258 N, Suite 104,
Kinston NC 28504
Phone (252) 522-5050 – Fax (252) 522-5115
Tony.lugo@milvets.nc.gov

COASTAL REGION

1) CURRITUCK
2) DARE
3) CAMDEN
4) PASQUOTANK
5) TYRRELL
6) HYDE
7) CARTERET
8) PAMLICO
9) BEAUFORT
10) WASHINGTON
11) CHOWAN
12) PERQUIMANS
13) GATES
14) CRAVEN
15) MARTIN
16) BERTIE
17) JONES
18) HERTFORD
19) PITT
20) NORTHAMPTON
21) EDGECOMBE
22) HALIFAX
23) GREENE
24) LENOIR
25) WILSON
26) NASH
27) WAYNE
28) DUPLIN
Monetary Benefits $$$

Disability Compensation
Disability compensation is a monetary benefit paid to Veterans who are determined by VA to be disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are service connected. To be eligible for compensation, the Veteran must have been separated or discharged under conditions other than dishonorable.

https://www.va.gov/disability/

Pension Benefit
VA helps Veterans and their families cope with financial challenges by providing supplemental income through the Veterans Pension and Survivors Pension benefit programs.

Veterans Pension: Tax-free monetary benefit payable to low-income wartime Veterans.

Survivors Pension: Tax-free monetary benefit payable to a low-income, un-remarried surviving spouse and/or unmarried child(ren) of a deceased Veteran with wartime service.

https://www.benefits.va.gov/pension/
North Carolina State Veterans Cemeteries

- Jacksonville,
- Spring Lake,
- Black Mountain,
- Goldsboro
North Carolina State Cemeteries Eligibility

Served in the US Armed Forces for other than training purposes

- Must be discharged under honorable conditions-
- Veteran who is entitled to retired pay for non-regular service (i.e. Service in the reserve components or army or air national guard
- Veteran entitled to retired pay for non-regular service, except person is under 60 yrs. of age

Must be a North Carolina resident

- At time of death
- A period of at least 10 years
- At time of entry into the Armed Forces of the United States
North Carolina State Cemetery
Eligibility Cont. And Cost

Spouse, widow or widower of a qualified veteran, or

A minor child who is unmarried and dependent on the qualified veteran at time of death

Cost:

There is no charge for burial of a qualified veteran at any state veteran's cemetery
There is a burial fee for the interment of a spouse or dependent. (Contact cemetery for current fee)
North Carolina State Veterans Homes

- Fayetteville,
- Salisbury,
- Black Mountain,
- Kinston

- Skilled level care facilities only
North Carolina State Veterans Home Eligibility

- Have served on AD for other than training
- Must be disabled by reason of age or diagnosed disability
- Must be discharged under honorable conditions
- Must be referred by a licensed physician
- Must be a resident of North Carolina twenty-four months prior to date of admission
North Carolina State Veterans Home Cost And Application

- VSO located at the home can help in applying and gaining information on cost of admission.

- The home receives no state monies for patient care; it is a “pay as you go for each patient/veteran” accepting Medicaid, Medicare, private insurance, assist with VA pension to assist with payment, and private pay.
NC Scholarship For Children Of Wartime Veterans

Residency requirements

- Veteran must have joined the service from NC
- Child must be under the age of 25
- Pays tuition at an approved school in NC and sometimes room and board
- Please refer to the website to see if your child qualifies.

[Website Link](https://www.milvets.nc.gov/services/scholarships)
Scholarship Program -
Children of NC Wartime Veterans

North Carolina’s Scholarship Program was created to show its appreciation for the services and sacrifices of its Wartime Veterans. Since 2002 NCDVA has awarded over 5,000 scholarships to the children of North Carolina Veterans.

- This scholarship program is only valid at North Carolina schools.
- Scholarship recipients attending North Carolina approved private schools shall be granted a monetary allowance.
- The scholarship is for 8 academic semesters. The recipient will have eight years to utilize the eight academic semesters.
- All other scholarships and grants are first applied to the cost of education at the community colleges and universities prior to applying the NCDMVA Scholarship.
Scholarship Program -
Children of NC Wartime Veterans

Criteria

➢ At time of application, applicant must be under age 25; a resident and domiciled in North Carolina, AND

➢ Veteran parent was a legal resident of North Carolina at the time of said veteran’s entrance into that period of service in the armed forces during which eligibility is established OR

➢ The applicant is the natural child or adopted child prior to age 15, who was born in North Carolina and has been a resident of North Carolina continuously since birth.

Scholarship Coordinator
Angela Heilig
angela.heilig@milvets.nc.gov
Operation Recognition Diploma Program

Veterans of WWII, Korea, and Vietnam who have not received high school diploma and meet criteria as stipulated shall be issued a special high school diploma. Please see your local VSO for more information on this program.
Employment

- Preference in state government hiring is granted to veterans, their surviving spouses, or the spouse of disabled veterans without regards to age, provided they otherwise qualify.
- The NC Department of Commerce aids disabled veterans and veterans in securing suitable employment.
Handicapped Parking Privileges

- Disabled veterans issued a DV license plate are entitled to park in handicapped spaces
- Update: State law now allows for parking in handicapped parking spaces for partially disabled plates.
Hunting And Fishing

All 50% service-connected disabled veterans and those disabled in receipt of non-service-connected pension are entitled to a lifetime basic hunting and fishing license upon payment of $11 with a $2 filing fee; if obtaining combination CRFL with above, the cost is $22 with a $2 filing fee. Lifetime license are also available. See application for pricing.

Application and Certification letter can be printed @ https://www ncwildlife org Portals 0 License Documents Disabled Vet Application pdf

You will need to take your certification to your local VSO for signature.
• N.C. Department of Motor Vehicles provides a variety of automotive license tags for active duty military, veterans organizations, active reserve, national guard, military award recipients, and disabled veterans.

• These are located on the DMV website:

  https://www.ncdot.gov/dmv/title-registration/license-plates/Pages/specialty-plates.aspx
Tax Relief
Military Retirees

- G.S. 105-134.6: state and federal retirees federal (military) retirement income excluded if entered military prior to August 12, 1984. (Bailey v. State of North Carolina)

- If after August 12, 1984, only $4,000 from military retirement income excluded.
- Authorized adapted vehicle (Property Tax Relief)
- Property Tax Relief (up to $45,000.00)
  - 100% P&T Veteran with no future exam and has basic eligibility to Chapter 35 Dependents Education Assistance.
- Complete NCDVA 9 and submit to SSO/VA for certification.
- NCDVA 9 and a tax relief application from your county tax office (June 1)

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**TAX RELIEF 100% P&T DISABLED VETERAN**
NCDMVA SPECIFIC STAFF CONTACTS

- Chief Deputy Secretary Of Veterans Affairs – Martin D. Falls  martin.falls@milvets.nc.gov
- Deputy Director Of Veterans Affairs – Terry Westbrook  terry.westbrook@milvets.nc.gov
- Legislative Liaison – Angella Dunston – angella.dunston@milvets.nc.gov
- Acting Director Of Facilities – Terry Westbrook – terry.westbrook@milvets.nc.gov
- Field Operations Manager – Crystal Miller  crystal.miller@milvets.nc.gov
- Administrative Assistant – Ken Castille – ken.castille@milvets.nc.gov
NCserves Updates
Community-based Coordinated Care for Veterans, Service Members & Families
Navigation of Veterans Service Delivery Systems

People. Providers. Communities.

May 28th, 2020

North Carolina Governor’s Working Group
The Service Navigation Problem:

Why do individuals struggle to connect to services?

Challenges Faced by Veterans, Service Members, and Military Families:
- **Navigation**
  - In a survey of >8,500 veterans, service members, and dependents, 60% identified navigating benefits as the most significant challenge to transition.
- **Intake**
  - It becomes cumbersome to submit and repeat the same information across multiple intake forms and applications.
- **Eligibility**
  - It is difficult to identify which providers are able to meet unique needs, eligibility restrictions, and preferences.
- **Co-Occurrence**
  - AmericaServes data demonstrates that 35% of clients entering the network have more than one service need.

Challenges Faced by Health and Human Service Providers:
- **Scope Creep**
  - Service providers are not equipped to meet client needs outside their mission and area of expertise.
- **Ambiguity**
  - Referrals to other providers are made without any visibility into their eligibility requirements, capacity, or how the referral progresses.
- **Duplication**
  - No visibility into a client’s information, history of service requests, resulting in redundant intake and request for information.
- **Unaccountable**
  - Lack of appropriate data collection and measurement prevents providers from ensuring quality and remaining accountable to those they serve.
Underpinning the Coordinated Care Solution:

AmericaServes Theory of Change

- Community without network
- Network creation
- Improved holistic care
- Transform health and human services

Sustained community conditions + Ongoing community of practice
Example of Coordinated Care:

*Systems, Organizations, & People in Action*
Moving the Needle:
How Communities Measure Success

Levels/Categories of Measures & Outcomes

Support
- Local leadership, provider buy-in, financial support

Baseline
- Baseline measures of service delivery and wellness.

System
- Timely and appropriate referrals to providers, at scale.

Individual
- Improved well-being for clients across service categories.

Population
- More efficient and effective service delivery in communities.

Learning
- Successful dissemination of knowledge

Sustained community conditions + Ongoing community of practice

Community without network
Network creation
Improved holistic care
Transform health and human services
NC SERVICES STATEWIDE SNAPSHOT
LAUNCHED 1ST NETWORK 2015 | SERVING 83 COUNTIES | TOP NEED: HOUSING & SHELTER

4 NCServes Networks
13,287 Unique Clients All-Time
33,230 Service Requests All-Time
361* Participating Organizations

82% Resolved Outcomes
Typical Time to Match:
Average Time To Match - 14 Days
Median Time to Match - 3 Days

Typical Service Duration:
Median Duration - 10 Days

Client Military Affiliation
- 82% Service Members/Veterans
- 11% Spouse/Caregiver
- 7% Undisclosed

*This number represents the sum of the number of active providers in each NCServes network. Some providers may serve in multiple networks.

Data Window: May 1st, 2019 through April 30th, 2020, unless otherwise stated.
## WHAT DO OUR CLIENTS NEED?

**SPOTLIGHT ON WOMEN VETERANS IN NCSERVES**

<table>
<thead>
<tr>
<th>Number and Percentage of Clients Identifying as Female</th>
<th>Number and Percentage of Military Member/Veteran Clients Identifying as Female</th>
<th>Number and Percentage of Service Requests Made by Military Member/Veteran Clients Identifying as Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>917</td>
<td>605</td>
<td>2,065</td>
</tr>
<tr>
<td>24%</td>
<td>19%</td>
<td>19%</td>
</tr>
</tbody>
</table>

The most common service requests made by Military Member/Veteran Clients identifying as Female are:

- Housing & Shelter
- Employment
- Income Support
- Food Assistance
- Social Enrichment
- Health & Wellness

Data Window: May 1st, 2019 through April 30th, 2020, unless otherwise stated.
Next Meeting:
June 25, 2020

Joint Force Headquarters or Virtual Meeting
Raleigh, NC