

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011

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HOUSE BILL 863*

Short Title: Behavioral Health Services for Military/Funds. (Public)

Sponsors: Representatives Martin, Parfitt, and Hall (Primary Sponsors).
For a complete list of Sponsors, see Bill Information on the NCGA Web Site.

Referred to: Appropriations.

April 14, 2011

A BILL TO BE ENTITLED

AN ACT TO ENSURE THAT THE BEHAVIORAL HEALTH NEEDS OF MEMBERS OF
THE MILITARY, VETERANS, AND THEIR FAMILIES ARE MET.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is appropriated from the General Fund to the Department of Crime Control and Public Safety the sum of one million four hundred seventy thousand dollars (\$1,470,000) for the 2011-2012 fiscal year and the sum of one million four hundred seventy thousand dollars (\$1,470,000) for the 2012-2013 fiscal year to establish and support the following positions at each of the National Guard's seven Family Assistance Centers:

- (1) A mental health and substance abuse counselor.
- (2) A behavioral health case manager.
- (3) A veteran outreach peer specialist.

SECTION 1.(b) The positions established pursuant to Section 1(a) of this act shall be used to sustain and enhance the North Carolina National Guard Integrated Behavioral Health System. While the System currently serves all persons who have served in the active or reserve components of the Armed Forces of the United States and their families, priority shall be given to individuals who are not eligible for, or who have difficulty accessing, United States Department of Veterans Affairs services or TRICARE.

SECTION 1.(c) To the extent feasible and practicable, State and local agencies who provide services directed at individuals who have served in the active or reserve components of the Armed Forces of the United States and their families shall make personnel and other resources available to the National Guard Family Assistance Centers.

SECTION 1.(d) The funds appropriated in Section 1(a) of this act may also be used to do the following:

- (1) Foster communication between trained mental health, substance abuse, and behavioral health counselors and psychiatrists or other licensed professionals who can provide to persons served by the North Carolina National Guard Integrated Behavioral Health System medication management or other health services that are needed in order to address more significant health problems.
- (2) Enhance the use of telepsychiatry in rural areas to expand the availability of psychiatric services for active duty and retired members of the active and reserve components of the Armed Forces of the United States, veterans, and their families.



1 **SECTION 1.(e)** The Department of Crime Control and Public Safety shall report
2 annually to the Chairs of the House of Representatives and Senate Appropriations
3 Subcommittees on Justice and Public Safety and to the House of Representatives Committee on
4 Homeland Security, Military, and Veterans Affairs on the activities of the National Guard
5 Family Assistance Centers. This report shall include information on services provided as well
6 as on the number and type of members of the active or reserve components of the Armed
7 Forces of the United States, veterans, and family members served.

8 **SECTION 2.(a)** The Division of Mental Health, Developmental Disabilities, and
9 Substance Abuse Services of the Department of Health and Human Services shall collaborate
10 with military agencies and other appropriate organizations to determine gaps in the care of
11 current and former members of the reserve or active components of the Armed Forces of the
12 United States with traumatic brain injury, shall develop recommendations for an accessible
13 community-based neurobehavioral system of care for those service members, and shall report
14 its recommendations by July 1, 2012, to the Chairs of the House of Representatives and Senate
15 Appropriations Subcommittees on Health and Human Services and Justice and Public Safety,
16 to the Chairs of the House of Representatives Committee on Homeland Security, Military, and
17 Veterans Affairs, and to the Joint Legislative Oversight Committee on Mental Health,
18 Developmental Disabilities, and Substance Abuse Services. The recommendations shall be
19 tailored so that if implemented, services would be available to service members, veterans, and
20 their families and would consist of neurobehavioral programs, residential programs,
21 comprehensive day programs, and home-based programs.

22 **SECTION 2.(b)** The Division of Medical Assistance of the Department of Health
23 and Human Services, MedSolutions, Inc., and the appropriate health professionals at the United
24 States Department of Veterans Affairs shall work together to ensure that MedSolutions, Inc., is
25 using the appropriate evidence-based diagnostic testing (including imaging, biomarker testing,
26 and other tests) for screening and assessment of traumatic brain injury.

27 **SECTION 3.(a)** The North Carolina Area Health Education Centers (AHEC)
28 Program shall facilitate and continue to provide health education and skills training for health
29 professional students; primary care, mental health, and substance abuse service providers; and
30 hospital administrators about the health, mental health, and substance abuse needs of the
31 military and their families. This training shall include information about the following:

- 32 (1) The number of North Carolinians who are serving or who have served in the
33 active or reserve components of the Armed Forces of the United States.
- 34 (2) Military culture.
- 35 (3) The average number of deployments, length of time in conflict zones, and
36 potential injuries these members may have faced, particularly those who
37 have served recently in Iraq or Afghanistan.
- 38 (4) The types of health, mental health, and substance abuse disorders that
39 service personnel may have experienced, including traumatic brain injury
40 (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST),
41 depression, substance use disorders, potential suicide risks, or domestic
42 violence.
- 43 (5) The potential impact of the deployment cycle on family members and
44 children. This information shall include information about resiliency skills,
45 intervention skills, resources, and community supports.
- 46 (6) Evidence-based screening and assessment instruments.
- 47 (7) Evidence-based case management, treatment, and medication management
48 for different mental health and substance abuse problems, and potential
49 adverse effects of prescribed medications, particularly for people with
50 comorbidities.

- 1 (8) Information about the TRICARE system, payment, and enrollment
2 procedures.
- 3 (9) Available referral sources through TRICARE, the United States Department
4 of Veterans Affairs, Military One Source, Army One Source, Defense
5 Centers of Excellence, Deployment Health Clinical Center, the North
6 Carolina National Guard's Integrated Behavioral Health System, Local
7 Management Entities, the North Carolina Department of Health and Human
8 Services (DHHS) Office of Citizen Services, North Carolina Health Info,
9 Federally Qualified Health Centers, professional advocacy and support
10 services, and other community resources.

11 **SECTION 3.(b)** In carrying out the requirements of Section 3(a) of this act, the
12 AHEC Program shall collaborate with the Citizen Soldier Support Program; North Carolina
13 health professional training programs; the United States Department of Veterans Affairs; the
14 North Carolina Division of Veterans Affairs; The University of North Carolina; Operation
15 Re-Entry North Carolina; the North Carolina Community College System; health care
16 professional associations; the Division of Mental Health, Developmental Disabilities, and
17 Substance Abuse Services; Governor's Focus on Servicemembers, Veterans, and Their
18 Families; and academic health programs.

19 **SECTION 3.(c)** There is appropriated from the General Fund to the Area Health
20 Education Centers (AHEC) Program the sum of two hundred fifty thousand dollars (\$250,000)
21 for the 2011-2012 fiscal year to develop additional continuing education conferences,
22 workshops, and online courses that present the information described in subdivisions (6)
23 through (9) of Section 3(a) of this act. These funds may also be used to adapt existing curricula
24 that address clinical care and evidence-based treatments for brain injury, behavioral health, and
25 substance abuse problems to reflect the special needs of service personnel.

26 **SECTION 4.(a)** The Division of Mental Health, Developmental Disabilities, and
27 Substance Abuse Services of the Department of Health and Human Services shall, together
28 with the Division of Medical Assistance of the Department of Health and Human Services,
29 explore the possibility of implementing value-based purchasing or grants that would provide
30 additional reimbursement to providers who:

- 31 (1) Complete approved training programs that focus on the identification,
32 treatment, and referral of members of the reserve or active components of
33 the Armed Forces of the United States, veterans, and their families who may
34 have experienced depression, traumatic brain injury, posttraumatic stress
35 disorder, military sexual trauma, substance use disorders, potential suicide
36 risks, or domestic violence.
- 37 (2) Consistently use State-approved evidence-based screening and assessment
38 instruments to identify people with one or more of the conditions described
39 in subdivision (1) of this subsection.
- 40 (3) Consistently offer evidence-based treatment, including medication
41 management and psychotherapy.
- 42 (4) Report the process and outcome measures recommended pursuant to Section
43 4(b) of this act.
- 44 (5) Actively participate in TRICARE, the United States Department of Veterans
45 Affairs fee-for-service system, programs of the Division of Mental Health,
46 Developmental Disabilities, and Substance Abuse Services, and Medicaid.

47 **SECTION 4.(b)** The Division of Mental Health, Developmental Disabilities, and
48 Substance Abuse Services and the Division of Medical Assistance, in collaboration with the
49 United States Department of Veterans Affairs, shall define appropriate behavioral health
50 process and outcome measures on which to tie performance-based incentive payments. These
51 shall be included in the report required by Section 4(c) of this act.

1 **SECTION 4.(c)** The Division of Mental Health, Developmental Disabilities, and
2 Substance Abuse Services shall report its recommendations by July 1, 2012, to the Chairs of
3 the House of Representatives and Senate Appropriations Subcommittees on Health and Human
4 Services, to the Chairs of the House of Representatives Committee on Homeland Security,
5 Military, and Veterans Affairs, and to the Joint Legislative Oversight Committee on Mental
6 Health, Developmental Disabilities, and Substance Abuse Services.

7 **SECTION 5.(a)** The North Carolina Office of Rural Health and Community Care
8 of the Department of Health and Human Services, in conjunction with the North Carolina
9 Foundation for Advanced Health Programs through the Center of Excellence in Integrated
10 Care, the Division of Mental Health, Developmental Disabilities, and Substance Abuse
11 Services, the Governor's Institute on Substance Abuse, North Carolina Community Care
12 Networks, Inc., the North Carolina Community Health Center Association, and other
13 professional associations, shall work to expand the collocation in primary care practices serving
14 the adult population of licensed health professionals trained in providing mental health and
15 substance abuse services.

16 **SECTION 5.(b)** There is appropriated from the General Fund to the North
17 Carolina Office of Rural Health and Community Care of the Department of Health and Human
18 Services the sum of five hundred thousand dollars (\$500,000) for the 2011-2012 fiscal year and
19 the sum of five hundred thousand dollars (\$500,000) for the 2012-2013 fiscal year to do the
20 following:

- 21 (1) Provide grants to support the start-up costs of collocating licensed substance
22 abuse and mental health professionals in primary care practices.
- 23 (2) Provide grants to support the continuing education of mental health and
24 substance abuse professionals who are already collocated in an existing
25 primary care practice in order to cross-train these professionals to provide
26 mental health or substance abuse services to TRICARE, Medicaid, and
27 uninsured patients with substance abuse disorders.

28 **SECTION 5.(c)** Funds appropriated in Section 5(b) of this act shall be targeted to
29 private practices, Federally Qualified Health Centers, local health departments, and rural health
30 clinics that are located in counties with, or that serve, a substantial number of active or former
31 members of the military and their families, that are enrolled providers in TRICARE, and that
32 participate in Community Care of North Carolina.

33 **SECTION 6.** There is appropriated from the General Fund to the North Carolina
34 Department of Health and Services the sum of one hundred twenty-eight thousand five hundred
35 two dollars (\$128,502) for the 2011-2012 fiscal year and the sum of one hundred twenty-eight
36 thousand five hundred two dollars (\$128,502) for the 2012-2013 fiscal year to expand
37 CARE-LINE in order to ensure the competency and capacity to handle crisis calls, including
38 potential suicides, in a timely manner, and to ensure that telephone counselors are available 24
39 hours a day, seven days a week, and 365 days a year.

40 **SECTION 7.** G.S. 122C-115.4 is amended by adding a new subsection to read:

41 "(g) The Commission shall adopt rules to ensure that the needs of members of the active
42 and reserve components of the Armed Forces of the United States, veterans, and their family
43 members are met by requiring:

- 44 (1) Each LME to have at least one trained care coordination person on staff to
45 serve as the point of contact for TRICARE, the North Carolina National
46 Guard's Integrated Behavioral Health System, the Army Reserve Department
47 of Psychological Health, the United States Department of Veterans Affairs,
48 the North Carolina Department of Correction, and related organizations to
49 ensure that members of the active and reserve components of the Armed
50 Forces of the United States, veterans, and their family members have access

1 to State-funded services when they are not eligible for federally funded
2 mental health or substance abuse services.

3 (2) LME staff members who provide screening, triage, or referral services to
4 receive training to enhance the services provided to members of the active or
5 reserve components of the Armed Forces of the United States, veterans, and
6 their families. The training required by this subdivision shall include training
7 on at least all of the following:

8 a. The number of persons who serve or who have served in the active or
9 reserve components of the Armed Forces of the United States in the
10 LME's catchment area.

11 b. The types of mental health and substance abuse disorders that these
12 service personnel and their families may have experienced, including
13 traumatic brain injury, posttraumatic stress disorder, depression,
14 substance use disorders, potential suicide risks, military sexual
15 trauma, and domestic violence.

16 c. Appropriate resources to which these service personnel and their
17 families may be referred as needed."

18 **SECTION 8.(a)** The University of North Carolina, the North Carolina Community
19 Colleges System Office, and other institutions of higher education in this State shall, in
20 conjunction with the Area Health Education Center of The University of North Carolina and
21 the Governor's Institute on Substance Abuse, seek and apply for federal grants that may be
22 available to expand mental health and substance abuse training opportunities in this State in
23 order to increase the number of mental health and substance abuse providers in this State.

24 **SECTION 8.(b)** On or before July 1, 2012, the Board of Governors of The
25 University of North Carolina shall report to the Joint Legislative Health Care Oversight
26 Committee, the House of Representatives and Senate Appropriations Subcommittees on Health
27 and Human Services, and the House of Representatives Committee on Homeland Security,
28 Military, and Veterans Affairs on the amount of funds obtained pursuant to Section 8(a) of this
29 act. This report shall also include recommendations about whether those are sufficient to meet
30 the following goals or whether additional support from the General Fund is needed:

31 (1) To ensure that the curriculum of public and private institutions of higher
32 education in this State includes information that educates health
33 professionals about the unique behavioral health needs of the active duty and
34 reserve components of the Armed Forces of the United States and their
35 families.

36 (2) To provide grants to people seeking knowledge or training related to the
37 provision of mental health or substance abuse services at public or private
38 institutions of higher education in this State or who are undertaking the
39 hours of supervised training needed in order to obtain a license in one of
40 these fields. Priority shall be given to individuals who have served in the
41 active or reserve components of the Armed Forces of the United States or
42 who are willing to work with such individuals and their families.

43 **SECTION 8.(c)** Each institution of higher education in this State shall provide to
44 the Board of Governors any information the Board requires in order to comply with the
45 reporting requirement of Section 8(b) of this act.

46 **SECTION 9.(a)** The Division of Mental Health, Developmental Disabilities, and
47 Substance Abuse Services of the Department of Health and Human Services shall, in
48 conjunction with the Citizen Soldier Support Program, the Governor's Focus on
49 Servicemembers, Veterans, and Their Families, the North Carolina Division of Veterans
50 Affairs, the United States Department of Veterans Affairs, and other appropriate organizations,
51 develop a training curriculum to be targeted at the following types of organizations:

- 1 (1) Crisis workers, including mental health and addiction services staff on
2 mobile crisis teams; screening, triage, and referral (STR) teams; public
3 safety officers; crisis intervention teams (CITs); emergency management
4 technicians (EMTs); disaster and emergency response teams; local sheriffs'
5 offices; and local Red Cross chapters.
- 6 (2) Veterans service organizations and veterans service officers.
- 7 (3) Professional advocacy and support organizations, including the National
8 Alliance on Mental Illness North Carolina, the Traumatic Brain Injury
9 Association of North Carolina, and other nonprofit organizations that have a
10 mission to serve members of the active duty and reserve components,
11 veteran members of the military, and their families.
- 12 (4) Military chaplains.

13 **SECTION 9.(b)** The training curriculum shall include information about the
14 following core issues:

- 15 (1) The types of mental health and substance abuse disorders that service
16 personnel and their families may have experienced, including traumatic
17 brain injury (TBI), posttraumatic stress disorder (PTSD), military sexual
18 trauma (MST), depression, substance use disorder (SUD), potential suicide
19 risks, or domestic violence.
- 20 (2) Strategies to encourage eligible veterans to enroll in and access services
21 through the VA system, including opportunities to enroll former military
22 members with previously undiagnosed PTSD, MST, TBI, or SUD, and those
23 who left under less than honorable discharges into the VA system, if the
24 reason for the discharge was due to behavioral health problems that arose or
25 were exacerbated through military service.
- 26 (3) Available referral sources through TRICARE, the United States Department
27 of Veterans Affairs, Military One Source, Army One Source, Defense
28 Centers of Excellence, Deployment Health Clinical Center, the North
29 Carolina National Guard's Integrated Behavioral Health System, Local
30 Management Entities, the North Carolina Department of Health and Human
31 Services (DHHS) Office of Citizen Services, North Carolina Health Info,
32 Federally Qualified Health Centers, professional advocacy and support
33 services, and other community resources.

34 **SECTION 9.(c)** That portion of the training curriculum directed towards crisis
35 workers, professional advocacy and support organizations, and faith communities shall include
36 information about the following:

- 37 (1) The number of North Carolinians who are serving or who have served in the
38 active or reserve components of the Armed Forces of the United States.
- 39 (2) Military culture.
- 40 (3) The average number of deployments, length of time in conflict zones, and
41 potential injuries these members may have faced, particularly those who
42 have served recently in Iraq or Afghanistan.
- 43 (4) The potential impact of the deployment cycle on family members and
44 children. This information shall include information about resiliency skills,
45 intervention skills, resources, and community supports, with a focus on the
46 critical role of the faith community in the provision of assistance with
47 needed service, personal support, and when necessary, grief counseling.
- 48 (5) Early identification of individual or family members with mental health or
49 substance abuse disorders and appropriate referral sources.

50 **SECTION 9.(d)** On or before July 1, 2012, the Division of Mental Health,
51 Developmental Disabilities, and Substance Abuse Services shall report on the curriculum

1 developed pursuant to this section to the Joint Legislative Health Care Oversight Committee,
2 the House of Representatives and Senate Appropriations Subcommittees on Health and Human
3 Services, and the House of Representatives Committee on Homeland Security, Military, and
4 Veterans Affairs.

5 **SECTION 10.(a)** G.S. 115C-47 is amended by adding a new subdivision to read:

6 "(60) To Ensure That the Unique Needs of Students with Immediate Family
7 Members in the Military Are Met. – Local boards of education shall collect
8 and annually report to the State Board of Education the following
9 information for each school in the local school administrative unit:

10 a. The number of students who have an immediate family member who
11 has served in the reserve or active components of the Armed Forces
12 of the United States since September 1, 2011.

13 b. Whether during the relevant period the local school administrative
14 unit employed at least one employee trained in the unique needs of
15 children who have immediate family members in the military. An
16 employee satisfies this requirement if the employee has received
17 training on all of the following:

18 1. The number of children of members of the active or reserve
19 components of the Armed Forces of the United States who
20 live in the local school administrative unit.

21 2. Available curricula on military families.

22 3. The impact of deployments on the emotional and
23 psychological well-being of the children and families.

24 4. Potential warning signs of emotional and mental health
25 disorders, substance use disorders, suicide risks, child
26 maltreatment, or domestic violence.

27 5. Appropriate resources to which students and their families
28 may be referred as needed.

29 6. Scholarships for after-school and enrichment activities
30 available through the United States Department of Defense,
31 the National Guard, or the reserve components of the Armed
32 Forces of the United States, for the children of parents who
33 are actively deployed.

34 c. The frequency with which the employee described in sub-subdivision
35 b. of this subdivision provided training to school administrators,
36 nurses, nurse aides, counselors, social workers, and other personnel
37 in the local school administrative unit during the relevant period; and
38 the number of staff trained."

39 **SECTION 10.(b)** G.S. 115C-12 is amended by adding a new subdivision to read:

40 "(38) Duty to Report Certain Information Regarding Students With Immediate
41 Family Members in the Military. – The State Board of Education shall
42 submit an annual report no later than March 15 of each year to the Joint
43 Legislative Education Oversight Committee and to the House of
44 Representatives and Senate Appropriations Subcommittees on Education
45 containing the information relating to the needs of students with immediate
46 family members in the military submitted to it pursuant to
47 G.S. 115C-47(60)."

48 **SECTION 11.(a)** The General Administration of The University of North
49 Carolina, in collaboration with Operation Re-Entry North Carolina at East Carolina University,
50 North Carolina Translational and Clinical Sciences Institute, other institutions of higher
51 education in this State, the North Carolina National Guard, and the United States Department of

1 Veterans Affairs, shall, to the extent available resources allow, collaborate on research to
2 address the behavioral health problems and challenges facing military personnel, veterans, and
3 their families.

4 **SECTION 11.(b)** The research required by this section shall be conducted by
5 collaborative research teams which shall include civilian investigators from institutions of
6 higher learning in this State and private research organizations, health providers in regional and
7 national military health system institutions, and providers and investigators in VISN 6 in the
8 VA system. These teams shall aggressively pursue federal funding to conduct the research
9 required by this section.

10 **SECTION 11.(c)** At a minimum, the research required by this section shall include
11 the following goals:

- 12 (1) To define the behavioral health problems facing service members, veterans,
13 and their families, with a special emphasis on the behavioral health needs of
14 the reserve components of the Armed Forces of the United States, including
15 the National Guard.
- 16 (2) To develop, implement, and evaluate innovative pilot programs to improve
17 the quality, accessibility, and delivery of behavioral health services provided
18 to this population.
- 19 (3) To evaluate the effectiveness of new programs put into place by the National
20 Guard and other military organizations to address the behavioral health
21 challenges facing military service personnel, veterans, and family members.
22 The National Guard shall cooperate in providing information to assess the
23 effectiveness of behavioral health services provided to it and its members.
- 24 (4) To contribute to the knowledge of evidence-based behavioral health
25 screening, diagnosis, treatment, and recovery supports for military service
26 personnel, veterans, and their families.
- 27 (5) To study other issues pursuant to requests by the various branches of the
28 active and reserve components of the Armed Forces of the United States and
29 the United States Department of Veterans Affairs, in order to improve
30 behavioral health services for service members, veterans, and their families.

31 **SECTION 11.(d)** On July 1, 2012, and annually thereafter, the General
32 Administration of The University of North Carolina shall report its findings to the Joint
33 Legislative Health Care Oversight Committee and to the House of Representatives and Senate
34 Appropriations Subcommittees on Health and Human Services.

35 **SECTION 12.** Sections 1, 5, and 6 of this act become effective July 1, 2011.
36 Section 10 becomes effective October 1, 2011. The remainder of this act is effective when it
37 becomes law.