

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

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**SENATE BILL 597*
PROPOSED COMMITTEE SUBSTITUTE S597-PCS85220-LE-20**

Short Title: Behavioral Health Services for Military.

(Public)

Sponsors:

Referred to:

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

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

SECTION 2.(b) The Division of Medical Assistance of the Department of Health and Human Services, MedSolutions, Inc., and the appropriate health professionals at the United States Department of Veterans Affairs shall work together to ensure that MedSolutions, Inc., is



1 using the appropriate evidence-based diagnostic testing (including imaging, biomarker testing,
2 and other tests) for screening and assessment of traumatic brain injury.

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

- 8 (1) The number of North Carolinians who are serving or who have served in the
9 active or reserve components of the Armed Forces of the United States.
- 10 (2) Military culture.
- 11 (3) The average number of deployments, length of time in conflict zones, and
12 potential injuries these members may have faced, particularly those who
13 have served recently in Iraq or Afghanistan.
- 14 (4) The types of health, mental health, and substance abuse disorders that
15 service personnel may have experienced, including traumatic brain injury
16 (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST),
17 depression, substance use disorders, potential suicide risks, or domestic
18 violence.
- 19 (5) The potential impact of the deployment cycle on family members and
20 children. This information shall include information about resiliency skills,
21 intervention skills, resources, and community supports.
- 22 (6) Evidence-based screening and assessment instruments.
- 23 (7) Evidence-based case management, treatment, and medication management
24 for different mental health and substance abuse problems, and potential
25 adverse effects of prescribed medications, particularly for people with
26 comorbidities.
- 27 (8) Information about the TRICARE system, payment, and enrollment
28 procedures.
- 29 (9) Available referral sources through TRICARE, the United States Department
30 of Veterans Affairs, Military One Source, Army One Source, Defense
31 Centers of Excellence, Deployment Health Clinical Center, the North
32 Carolina National Guard's Integrated Behavioral Health System, Local
33 Management Entities, the North Carolina Department of Health and Human
34 Services (DHHS) Office of Citizen Services, North Carolina Health Info,
35 Federally Qualified Health Centers, professional advocacy and support
36 services, and other community resources.

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

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

- 50 (1) Complete approved training programs that focus on the identification,
51 treatment, and referral of members of the reserve or active components of

1 the Armed Forces of the United States, veterans, and their families who may
2 have experienced depression, traumatic brain injury, posttraumatic stress
3 disorder, military sexual trauma, substance use disorders, potential suicide
4 risks, or domestic violence.

5 (2) Consistently use State-approved, evidence-based screening and assessment
6 instruments to identify people with one or more of the conditions described
7 in subdivision (1) of this subsection.

8 (3) Consistently offer evidence-based treatment, including medication
9 management and psychotherapy.

10 (4) Report the process and outcome measures recommended pursuant to Section
11 4(b) of this act.

12 (5) Actively participate in TRICARE; the United States Department of Veterans
13 Affairs fee-for-service system; programs of the Division of Mental Health,
14 Developmental Disabilities, and Substance Abuse Services; and Medicaid.

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

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

26 **SECTION 5.** The North Carolina Office of Rural Health and Community Care of
27 the Department of Health and Human Services, in conjunction with the North Carolina
28 Foundation for Advanced Health Programs through the Center of Excellence in Integrated
29 Care, the Division of Mental Health, Developmental Disabilities, and Substance Abuse
30 Services, the Governor's Institute on Substance Abuse, North Carolina Community Care
31 Networks, Inc., the North Carolina Community Health Center Association, and other
32 professional associations, shall work to expand the collocation in primary care practices serving
33 the adult population of licensed health professionals trained in providing mental health and
34 substance abuse services.

35 **SECTION 6.** G.S. 122C-115.4 is amended by adding a new subsection to read:

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

39 (1) Each LME to have at least one trained care coordination person on staff to
40 serve as the point of contact for TRICARE, the North Carolina National
41 Guard's Integrated Behavioral Health System, the Army Reserve Department
42 of Psychological Health, the United States Department of Veterans Affairs,
43 the North Carolina Department of Correction, and related organizations to
44 ensure that members of the active and reserve components of the Armed
45 Forces of the United States, veterans, and their family members have access
46 to State-funded services when they are not eligible for federally funded
47 mental health or substance abuse services.

48 (2) LME staff members who provide screening, triage, or referral services to
49 receive training to enhance the services provided to members of the active or
50 reserve components of the Armed Forces of the United States, veterans, and

1 their families. The training required by this subdivision shall include training
2 on at least all of the following:

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

6 b. The types of mental health and substance abuse disorders that these
7 service personnel and their families may have experienced, including
8 traumatic brain injury, posttraumatic stress disorder, depression,
9 substance use disorders, potential suicide risks, military sexual
10 trauma, and domestic violence.

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

13 **SECTION 7.(a)** The University of North Carolina, the North Carolina Community
14 Colleges System Office, and other institutions of higher education in this State shall, in
15 conjunction with the Area Health Education Center of The University of North Carolina and
16 the Governor's Institute on Substance Abuse, seek and apply for federal grants that may be
17 available to expand mental health and substance abuse training opportunities in this State in
18 order to increase the number of mental health and substance abuse providers in this State.

19 **SECTION 7.(b)** On or before July 1, 2012, the Board of Governors of The
20 University of North Carolina shall report to the Joint Legislative Health Care Oversight
21 Committee, the House of Representatives and Senate Appropriations Subcommittees on Health
22 and Human Services, and the House of Representatives Committee on Homeland Security,
23 Military, and Veterans Affairs on the amount of funds obtained pursuant to Section 7(a) of this
24 act. This report shall also include recommendations about whether those are sufficient to meet
25 the following goals or whether additional support from the General Fund is needed:

26 (1) To ensure that the curriculum of public and private institutions of higher
27 education in this State includes information that educates health
28 professionals about the unique behavioral health needs of the active duty and
29 reserve components of the Armed Forces of the United States and their
30 families.

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

38 **SECTION 7.(c)** Each institution of higher education in this State shall provide to
39 the Board of Governors any information the Board requires in order to comply with the
40 reporting requirement of Section 7(b) of this act.

41 **SECTION 8.(a)** The Division of Mental Health, Developmental Disabilities, and
42 Substance Abuse Services of the Department of Health and Human Services shall, in
43 conjunction with the Citizen Soldier Support Program, the Governor's Focus on
44 Servicemembers, Veterans, and Their Families, the North Carolina Division of Veterans
45 Affairs, the United States Department of Veterans Affairs, and other appropriate organizations,
46 develop a training curriculum to be targeted at the following types of organizations:

47 (1) Crisis workers, including mental health and addiction services staff on
48 mobile crisis teams; screening, triage, and referral (STR) teams; public
49 safety officers; crisis intervention teams (CITs); emergency management
50 technicians (EMTs); disaster and emergency response teams; local sheriffs'
51 offices; and local Red Cross chapters.

- (2) Veterans service organizations and veterans service officers.
- (3) Professional advocacy and support organizations, including the National Alliance on Mental Illness North Carolina, the Traumatic Brain Injury Association of North Carolina, and other nonprofit organizations that have a mission to serve members of the active duty and reserve components, veteran members of the military, and their families.
- (4) Military chaplains.

SECTION 8.(b) The training curriculum shall include information about the following core issues:

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

SECTION 8.(c) That portion of the training curriculum directed towards crisis workers, professional advocacy and support organizations, and faith communities shall include information about the following:

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

SECTION 8.(d) On or before July 1, 2012, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall report on the curriculum developed pursuant to this section to the Joint Legislative Health Care Oversight Committee, the House of Representatives and Senate Appropriations Subcommittees on Health and Human Services, and the House of Representatives Committee on Homeland Security, Military, and Veterans Affairs.

SECTION 9.(a) G.S. 115C-47 is amended by adding a new subdivision to read:

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

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

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

13 1. The number of children of members of the active or reserve
14 components of the Armed Forces of the United States who
15 live in the local school administrative unit.

16 2. Available curricula on military families.

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

19 4. Potential warning signs of emotional and mental health
20 disorders, substance use disorders, suicide risks, child
21 maltreatment, or domestic violence.

22 5. Appropriate resources to which students and their families
23 may be referred as needed.

24 6. Scholarships for after-school and enrichment activities
25 available through the United States Department of Defense,
26 the National Guard, or the reserve components of the Armed
27 Forces of the United States for the children of parents who
28 are actively deployed.

29 c. The frequency with which the employee described in sub-subdivision
30 b. of this subdivision provided training to school administrators,
31 nurses, nurse aides, counselors, social workers, and other personnel
32 in the local school administrative unit during the relevant period, and
33 the number of staff trained."

34 **SECTION 9.(b)** G.S. 115C-12 is amended by adding a new subdivision to read:

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

43 **SECTION 10.(a)** The General Administration of The University of North
44 Carolina, in collaboration with Operation Re-Entry North Carolina at East Carolina University,
45 North Carolina Translational and Clinical Sciences Institute, other institutions of higher
46 education in this State, the North Carolina National Guard, and the United States Department of
47 Veterans Affairs, shall, to the extent available resources allow, collaborate on research to
48 address the behavioral health problems and challenges facing military personnel, veterans, and
49 their families.

50 **SECTION 10.(b)** The research required by this section shall be conducted by
51 collaborative research teams which shall include civilian investigators from institutions of

1 higher learning in this State and private research organizations, health providers in regional and
2 national military health system institutions, and providers and investigators in VISN 6 in the
3 VA system. These teams shall aggressively pursue federal funding to conduct the research
4 required by this section.

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

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

26 **SECTION 10.(d)** On July 1, 2012, and annually thereafter, the General
27 Administration of The University of North Carolina shall report its findings to the Joint
28 Legislative Health Care Oversight Committee and to the House of Representatives and Senate
29 Appropriations Subcommittees on Health and Human Services.

30 **SECTION 11.** Section 9 of this act becomes effective October 1, 2011. The
31 remainder of this act is effective when it becomes law.