

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

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**HOUSE DRH30283-MD-86\* (03/16)**

Short Title: Behavioral Health Services for Military/Funds.

(Public)

Sponsors: Representatives Martin and Parfitt (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO ENSURE THAT THE BEHAVIORAL HEALTH NEEDS OF MEMBERS OF  
3 THE MILITARY, VETERANS, AND THEIR FAMILIES ARE MET.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.(a)** There is appropriated from the General Fund to the Department of  
6 Crime Control and Public Safety the sum of one million four hundred seventy thousand dollars  
7 (\$1,470,000) for the 2011-2012 fiscal year and the sum of one million four hundred seventy  
8 thousand dollars (\$1,470,000) for the 2012-2013 fiscal year to establish and support the  
9 following positions at each of the National Guard's seven Family Assistance Centers:

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

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

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

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

- 25 (1) Foster communication between trained mental health, substance abuse, and  
26 behavioral health counselors and psychiatrists or other licensed professionals  
27 who can provide to persons served by the North Carolina National Guard  
28 Integrated Behavioral Health System medication management or other  
29 health services that are needed in order to address more significant health  
30 problems.  
31 (2) Enhance the use of telepsychiatry in rural areas to expand the availability of  
32 psychiatric services for active duty and retired members of the active and  
33 reserve components of the Armed Forces of the United States, veterans, and  
34 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.