

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

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**SENATE BILL 597\***

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

Sponsors: Senators Purcell; Atwater and Mansfield.

Referred to: Appropriations/Base Budget.

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.

**SECTION 1.(e)** 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



1 Homeland Security, Military, and Veterans Affairs on the activities of the National Guard  
2 Family Assistance Centers. This report shall include information on services provided as well  
3 as on the number and type of members of the active or reserve components of the Armed  
4 Forces of the United States, veterans, and family members served.

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

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

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

- 29 (1) The number of North Carolinians who are serving or who have served in the  
30 active or reserve components of the Armed Forces of the United States.
- 31 (2) Military culture.
- 32 (3) The average number of deployments, length of time in conflict zones, and  
33 potential injuries these members may have faced, particularly those who  
34 have served recently in Iraq or Afghanistan.
- 35 (4) The types of health, mental health, and substance abuse disorders that  
36 service personnel may have experienced, including traumatic brain injury  
37 (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST),  
38 depression, substance use disorders, potential suicide risks, or domestic  
39 violence.
- 40 (5) The potential impact of the deployment cycle on family members and  
41 children. This information shall include information about resiliency skills,  
42 intervention skills, resources, and community supports.
- 43 (6) Evidence-based screening and assessment instruments.
- 44 (7) Evidence-based case management, treatment, and medication management  
45 for different mental health and substance abuse problems, and potential  
46 adverse effects of prescribed medications, particularly for people with  
47 comorbidities.
- 48 (8) Information about the TRICARE system, payment, and enrollment  
49 procedures.
- 50 (9) Available referral sources through TRICARE, the United States Department  
51 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 3.(b)** In carrying out the requirements of Section 3(a) of this act, the AHEC Program shall collaborate with the Citizen Soldier Support Program; North Carolina health professional training programs; the United States Department of Veterans Affairs; the North Carolina Division of Veterans Affairs; The University of North Carolina; Operation Re-Entry North Carolina; the North Carolina Community College System; health care professional associations; the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Governor's Focus on Servicemembers, Veterans, and Their Families; and academic health programs.

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

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

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

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

**SECTION 4.(c)** The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services 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, to the Chairs of the House of Representatives Committee on Homeland Security,

1 Military, and Veterans Affairs, and to the Joint Legislative Oversight Committee on Mental  
2 Health, Developmental Disabilities, and Substance Abuse Services.

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

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

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

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

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

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

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

- 40 (1) Each LME to have at least one trained care coordination person on staff to  
41 serve as the point of contact for TRICARE, the North Carolina National  
42 Guard's Integrated Behavioral Health System, the Army Reserve Department  
43 of Psychological Health, the United States Department of Veterans Affairs,  
44 the North Carolina Department of Correction, and related organizations to  
45 ensure that members of the active and reserve components of the Armed  
46 Forces of the United States, veterans, and their family members have access  
47 to State-funded services when they are not eligible for federally funded  
48 mental health or substance abuse services.
- 49 (2) LME staff members who provide screening, triage, or referral services to  
50 receive training to enhance the services provided to members of the active or  
51 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 8.(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 8.(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 8(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 8.(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 8(b) of this act.

41 **SECTION 9.(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.

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

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

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

29 **SECTION 9.(c)** That portion of the training curriculum directed towards crisis  
30 workers, professional advocacy and support organizations, and faith communities shall include  
31 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 potential impact of the deployment cycle on family members and
- 39 children. This information shall include information about resiliency skills,
- 40 intervention skills, resources, and community supports, with a focus on the
- 41 critical role of the faith community in the provision of assistance with
- 42 needed service, personal support, and when necessary, grief counseling.
- 43 (5) Early identification of individual or family members with mental health or
- 44 substance abuse disorders and appropriate referral sources.

45 **SECTION 9.(d)** On or before July 1, 2012, the Division of Mental Health,  
46 Developmental Disabilities, and Substance Abuse Services shall report on the curriculum  
47 developed pursuant to this section to the Joint Legislative Health Care Oversight Committee,  
48 the House of Representatives and Senate Appropriations Subcommittees on Health and Human  
49 Services, and the House of Representatives Committee on Homeland Security, Military, and  
50 Veterans Affairs.

51 **SECTION 10.(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 10.(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 11.(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 11.(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 11.(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 11.(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 12.** Sections 1, 5, and 6 of this act become effective July 1, 2011.  
31 Section 10 becomes effective October 1, 2011. The remainder of this act is effective when it  
32 becomes law.