

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

**SESSION LAW 2011-185
SENATE BILL 597**

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

SECTION 3.(a) The North Carolina Area Health Education Centers (AHEC) Program shall facilitate and continue to provide health education and skills training for health professional students; primary care, mental health, and substance abuse service providers; and hospital administrators about the health, mental health, and substance abuse needs of the military and their families. This training 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 types of health, mental health, and substance abuse disorders that service personnel may have experienced, including traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), military sexual trauma (MST),



depression, substance use disorders, potential suicide risks, or domestic violence.

- (5) 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.
- (6) Evidence-based screening and assessment instruments.
- (7) Evidence-based case management, treatment, and medication management for different mental health and substance abuse problems, and potential adverse effects of prescribed medications, particularly for people with comorbidities.
- (8) Information about the TRICARE system, payment, and enrollment procedures.
- (9) 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 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 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,

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

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

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

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

- (1) Each LME to have at least one trained care coordination person on staff to serve as the point of contact for TRICARE, the North Carolina National Guard's Integrated Behavioral Health System, the Army Reserve Department of Psychological Health, the United States Department of Veterans Affairs, the North Carolina Department of Correction, and related organizations to ensure that members of the active and reserve components of the Armed Forces of the United States, veterans, and their family members have access to State-funded services when they are not eligible for federally funded mental health or substance abuse services.
- (2) LME staff members who provide screening, triage, or referral services to receive training to enhance the services provided to members of the active or reserve components of the Armed Forces of the United States, veterans, and their families. The training required by this subdivision shall include training on at least all of the following:
 - a. The number of persons who serve or who have served in the active or reserve components of the Armed Forces of the United States in the LME's catchment area.
 - b. The types of mental health and substance abuse disorders that these service personnel and their families may have experienced, including traumatic brain injury, posttraumatic stress disorder, depression, substance use disorders, potential suicide risks, military sexual trauma, and domestic violence.
 - c. Appropriate resources to which these service personnel and their families may be referred as needed."

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

SECTION 7.(b) On or before July 1, 2012, the Board of Governors of The University of North Carolina shall report 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 on the amount of funds obtained pursuant to Section 7(a) of this act. This report shall also include recommendations about whether those are sufficient to meet the following goals or whether additional support from the General Fund is needed:

- (1) To ensure that the curriculum of public and private institutions of higher education in this State includes information that educates health professionals about the unique behavioral health needs of the active duty and reserve components of the Armed Forces of the United States and their families.
- (2) To provide grants to people seeking knowledge or training related to the provision of mental health or substance abuse services at public or private

institutions of higher education in this State or who are undertaking the hours of supervised training needed in order to obtain a license in one of these fields. Priority shall be given to individuals who have served in the active or reserve components of the Armed Forces of the United States or who are willing to work with such individuals and their families.

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

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

- (1) Crisis workers, including mental health and addiction services staff on mobile crisis teams; screening, triage, and referral (STR) teams; public safety officers; crisis intervention teams (CITs); emergency management technicians (EMTs); disaster and emergency response teams; local sheriffs' 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:

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

- a. The number of students who have an immediate family member who has served in the reserve or active components of the Armed Forces of the United States since September 1, 2011.
- b. Whether during the relevant period the local school administrative unit employed at least one employee trained in the unique needs of children who have immediate family members in the military. An employee satisfies this requirement if the employee has received training on all of the following:
 1. The number of children of members of the active or reserve components of the Armed Forces of the United States who live in the local school administrative unit.
 2. Available curricula on military families.
 3. The impact of deployments on the emotional and psychological well-being of the children and families.
 4. Potential warning signs of emotional and mental health disorders, substance use disorders, suicide risks, child maltreatment, or domestic violence.
 5. Appropriate resources to which students and their families may be referred as needed.
 6. Scholarships for after-school and enrichment activities available through the United States Department of Defense, the National Guard, or the reserve components of the Armed Forces of the United States for the children of parents who are actively deployed.
- c. The frequency with which the employee described in sub-subdivision b. of this subdivision provided training to school administrators, nurses, nurse aides, counselors, social workers, and other personnel in the local school administrative unit during the relevant period, and the number of staff trained."

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

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

SECTION 10.(a) The General Administration of The University of North Carolina, in collaboration with Operation Re-Entry North Carolina at East Carolina University, North Carolina Translational and Clinical Sciences Institute, other institutions of higher education in this State, the North Carolina National Guard, and the United States Department of Veterans Affairs, shall, to the extent available resources allow, collaborate on research to

address the behavioral health problems and challenges facing military personnel, veterans, and their families.

SECTION 10.(b) The research required by this section shall be conducted by collaborative research teams which shall include civilian investigators from institutions of higher learning in this State and private research organizations, health providers in regional and national military health system institutions, and providers and investigators in VISN 6 in the VA system. These teams shall aggressively pursue federal funding to conduct the research required by this section.

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

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

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

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

In the General Assembly read three times and ratified this the 16th day of June, 2011.

s/ Walter H. Dalton
President of the Senate

s/ Thom Tillis
Speaker of the House of Representatives

s/ Beverly E. Perdue
Governor

Approved 11:25 a.m. this 20th day of June, 2011