

# NORTH CAROLINA FOCUS ON SERVICEMEMBERS, VETERANS, AND THEIR FAMILIES



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A PROJECT OF THE NORTH CAROLINA DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

## Veterans Focus Meeting January 24, 2013 Minutes

**Attendees:** Ken Blackman, Ph.D., Shawn Chase, Jeff Doyle, Li Fang, Ph.D., Sandra Farmer, April Groff, Ph.D., John Harris, Michael Hewett, Ph.D., Andy Jackson, Bob Kurtz, Ph.D., Heather McAllister, Ann McBride, Mike McMichael, Sara Milbourne, John Nicholson, Sheryl Pacelli, Paul Passaro, Clarendia Stanley, Doug Taggart, Jan White, and Denise Williams

- Mr. Harris welcomed everyone. We experienced technical difficulties with the conference line and were unable to connect to the VANTS line.
- Mr. Doyle presented on VA homeless veteran services in North Carolina. On any given night in a year in the state, about 1,000 veterans are homeless. About 3,000 homeless veterans access services at the four VA medical centers (VAMCs) in NC. For various reasons, there are a number of homeless veterans who are not accessing services at the VAMCs. Fayetteville VAMC differs from the other VAMCs in the state in that it has twice as many homeless women and OEF/OIF veterans. The VA was one of the partner agencies of the Inter-agency Council on Homeless; the ICH promotes the agenda of decreasing homelessness. The 2009 ICH initiative led to the VA's five-year plan to end veteran homelessness as did the six VA pillars (i.e., outreach, treatment, prevention, housing, income, and community partnership). The number of homeless veterans has been decreasing as a result of this initiative, which has included two new programs—the Supportive Services for Veterans and Families (SSVF) program and HUD/VASH vouchers. In North Carolina, Asheville, Raleigh, and Winston-Salem have been awarded SSVF grants. The NC VAMCs have received 998 vouchers. Of this number, 866 or 86.8% are currently in use, and the remaining 132 or 13.2% are available for use. The VA has adopted the principles of Housing First because it ends homelessness; eliminates the need for costly shelter care and transitional and short-term treatment services; and results in positive outcomes (e.g., fewer ER visits and unscheduled MH and medical hospitalizations and decreased frequency and duration of homelessness). Mr. Doyle noted that the VA is increasing its outreach and community partnerships and is developing MOUs with other agencies and organizations for services that the VA is not able to provide. For example, many veterans want to apply for social security, but the VA cannot provide this service. However, NC has over 30 trained SOAR workers who are obtaining fast-turnaround times for veterans so the VA is working with these staff. Mr. Doyle noted that many veterans have the misconception that veterans need to experience combat in order to be eligible for VA services. Mr. Jackson wanted to know if there was a way to find out which providers of homeless services were sanctioned. Mr. Harris said that the Division of Mental Health can assist with this request.

- Mr. Jackson said that the NCNG and VA recently held a meeting that focused on mental health issues. About 500 Guard will be demobilizing soon. About 100 Guard are scheduled to be mobilized. A three-day mandatory meeting is being held for unemployed veterans later this month. Employment is a priority for the Guard. He asked that folks refer potential employers to him. In March, the DoD Recovering Warrior Task Force will be meeting in NC. The Guard is hosting its annual minute man challenge on May 18 and plan to make it a community event. Community booths will be set up.
- Ms. McAllister said that Ms. Stein and Mr. Harris are working with identified veteran liaisons at each of the LMEs/MCOs to provide trainings associated with the requirements of SB 597. A webinar series started in December, with the first one on the services and supports provided by the Department of Veterans Affairs conducted by Dr. Kudler. In the second webinar in January, Stephanie Nissen presented on the Integrated Behavioral Health System of the NC National Guard, and John Harris addressed how community providers could work with servicemembers, veterans, and their families. Mr. Harris will discuss the use of GIS (geographical information system) in identifying community-based reintegration resources. Ms. McAllister also reported that the Division will be looking to collaborate with the VA to identify available housing resources for those who are affected by the DOJ settlement and have veteran status.
- Mr. Harris reported that the Governor signed more letters to veterans, bringing the total to 44,195. The welcome home letters include links to resources in the state. He noted that he is responsible for serving as a liaison with the VA and the military branches. Mr. Harris is also working with Fayetteville State University on a grant they received from HRSA. The disciplines of social work, psychology, and nursing are working together; their kick-off is on March 13. In addition, he is continuing to work on outreach to rural areas. In November, CARELINE received 435 calls related to the military or veterans. The majority of these calls, 303, related to Medicaid; 91 additional callers wanted a referral to their local social services agency. Mecklenburg and Cumberland counties had the most calls, 58 and 37 respectively. Eighteen callers were OEF/OIF.
- Mr. Taggart discussed the Department of Public Instruction (DPI) response to SB 597. DPI administered a survey to identify all military kids in State. While the legislation called for an annual survey, an addendum restricted it to a one-time survey in all public schools. Survey results indicated that the five districts with the highest percentage of military-connected students were the counties of Onslow (47%), Cumberland (35%), Craven (32%), Harnett (31%), and Camden (26%). All but one of these counties provided training that met the criteria delineated by the General Assembly. This training addressed strategies for supporting the special needs of military-connected students. Mr. Harris suggested that survey results be put on the Focus website. Ms. Pacelli said that the Charlotte AHEC sponsored a two-day training in 7-8 sites throughout the state for school systems to work with children. The Military Child Education Coalition is offering a free training on *Living in the New Normal* in Greensboro on February 11-12.

- Mr. Taggart also manages the Troops to Teachers program, a volunteer mentor program. This year his program recruited 65 teachers willing to mentor veterans who were interested in becoming teachers. They are now requiring potential teachers to do more observation in the classroom to determine if this is what they want to do as a career and to figure out what grade they would like to teach. This requirement has been very helpful in weeding out those who realize this is not what they want to do. The program had 185 hires last year.
- A TBI awareness fair will be held in Washington DC on March 13. About 60-70 vendors are scheduled to exhibit. Ms. Farmer plans to attend the meeting. Rep. Bill Pascrell from NJ is one of the co-chairs of the Brain Injury Task Force along with Rep. Todd Platts from PA. Rep. Tom Rooney from FL has agreed to be one of the next co-chairs of the Task Force. One of the tasks that remains is to reauthorize the federal TBI Act (it provides funding for the TBI HRSA grant that NC has). Ms. Farmer made the plea that all citizens with brain injuries need to be taken care of, not just the military. We still need to build infrastructure in the State.
- Mr. Passaro reported that Charlotte Bridge Home is sponsoring a Summit on March 19<sup>th</sup> at the Bank of America Auditorium (Summit information will be posted toward the end of February on their website, <http://www.charlottebridgehome.org/>). The Summit will present the results of a 4-month study, which examined three areas of issues facing Veterans: housing and financial stability; employment and education; and physical and mental health in the Charlotte/Mecklenburg County community.
- Ms. Stanley said that the Lucy Daniel Center (LDC) is receiving an increased number of inquiries from military families needing mental health services for their young children. These children are dealing with various identified emotional health challenges including PTSD, anxiety, and depression as a result of their parents being deployed and other challenges unique to military families. Many of these families often don't have resources and are underinsured or uninsured. LDC has modified its successful SecurePath program, which is an in-home mental health program, to address the emotional health needs of military children and families. Currently, the LDC has to turn families away as funding is needed for expansion of this program. On February 21, they plan to host Stephanie Nissen, who will present on issues affecting military-connected families and discuss possible partnership opportunities. The Lucy Daniels Center is the largest nonprofit provider of emotional and mental health services for young children in the Triangle.
- Dr. Fang attended a SAMHSA-supported training on data visualization last summer. As a part of the training, she developed a series of maps, using data from the Department of Defense. The Citizen Soldier Support Program posts these data on their website ([www.citizensoldiersupport.org](http://www.citizensoldiersupport.org)). The maps presented data, by county, on the estimated number of OEF/OIF Veterans, the projected number of OEF/OIF Veterans with PTSD, the estimated number of OEF/OIF Veterans with probable TBI, the

projected number of OEF/OIF Veterans with hazardous alcohol use, and the estimated number of unemployed OEF/OIF Veterans. Copies of the maps were handed out.

- Ms. McAllister emphasized that our website, [www.veteransfocus.org](http://www.veteransfocus.org), has received nearly 60,000 visits last quarter and is thus a good vehicle for announcing trainings, resources, and other information. She asked attendees to send information to Dr. Fang and herself.

The next Focus meeting will be on Thursday, February 28, 2013, at the North Carolina Institute of Medicine.

2013 meetings, NCIOM, from 2 to 4 pm:

- March 28
- April 25
- May 23
- June 27
- July 25
- August 22
- September 26
- October 24
- December 5