

NORTH CAROLINA FOCUS ON SERVICEMEMBERS, VETERANS, AND THEIR FAMILIES



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

October 24, 2013

North Carolina Institute of Medicine

Present: Kate Berlin, Ph.D., Nick Black, Wendy Dyer, Li Fang, Ph.D., Ms. Garcia, Janet Garven, Emily Godfrey, Bob Goodale, Samuel Hargrove, Angela Harper, John Harris, Andrew Haswell, Andy Jackson, Susan Johnson, Joan Kaye, Harold Kudler, MD, Bob Kurtz, Ph.D., Mike Lancaster, M.D., Pat and Mrs. Lloyd, Heather McAllister, Jennifer Moynihan-Wynn, Ilario Pantano, Sue Roberson, Jeff Smith, Belivia Spaulding, Flo Stein, Roy Stein, MD, Doug Taggart, Lucas Vrbsky, and HC Woody Woodward

Dr. Stein and Dr. Berlin presented, *Caring for the Returning Veteran with Substance Use Disorder* (a copy of the PowerPoint presentation can be downloaded from the Focus website). The most common abused substances are alcohol, opioids, and tobacco. Opioids are heavily prescribed, mostly for pain in primary care and opioid addiction/dependence (i.e., Suboxone).

The State and VA are trying to link appropriately. For example, the VA shares data with community providers all the time. As a part of their mission, the VA has a multi-level screening process. The VA must provide behavioral health care as a component of their continuum of care. It has a mandate to get people into SUD treatment quickly as delays are undesirable. In the past decade, the VA has expanded the number of CBOCs (community-based outpatient clinics) and HCCs (health care centers). It also provides follow-up care by telehealth for those who have challenging transportation issues. Policy and protocol call for VA staff to invite and involve family members in the SA clinic, but some veterans are reluctant to have their families involved.

The VA offers the following evidence-based practices (EBPs): motivational interviewing/motivational enhancement therapy (MI/MET), cognitive based therapy (CBT)/relapse prevention, 12 step facilitation (seen as parallel recovery), contingency management, and Seeking Safety for PTSD/SUDs. Alcohol, opioids, and tobacco are the only drugs which have effective treatment. They currently offer Methadone through referral.

Many PTSD patients are not ready to enter SA treatment. Dr. Berlin is embedded in the PTSD Clinic and works on both simultaneously. The percentage of co-occurring PTSD and SUD cases is 40-70%. At the Durham VAMC, the percentage is closer to 70%.

Mr. Pantano is proposing that we promote NC as a veteran friendly state. He has researched various indicators, and found that there are areas in which the State can improve. The Governor is supportive in promoting NC as a veteran friendly state. Mr. Pantano has identified 10 areas important to veterans' life and has divided them into three areas of priority. During the first phase, jobs, education, and health care (including homelessness) are emphasized. Legal, family, housing, and recreation are highlighted during phase 2. In phase 3, priorities become benefits, financial advice, and support. Focus members then discussed barriers—transportation; housing (continuing need for transitional, supported, and recovery housing); and access and navigation.

Of particular note are the three areas of **unemployment** (develop student veteran program with cohorts of veterans enrolled in community college vocational programs; build on NCNG Education and

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Employment Center); **education** (offer in-state tuition for all veterans); and **health care** (expand NCNG IBHS program to all military). The ideal solution would be to address all three concurrently. Potentially, certified veteran peers could assist with the education and health care components within their communities. Veteran peers need to be paid a living wage; legislation would help in this regard. Dr. Stein noted that the VA manages a powerful program—Compensated Work Therapy (CWT)—that provides participants with a job that they can handle and with the necessary supports. Through this program, veterans develop a sense of purpose, productivity, and self-respect. Nearly all the placements are within the VAMC, but there is a need to expand the program to the community. Another strategy for encouraging community employers to hire veterans is to offer tax subsidies and tax credit programs. Perhaps the Employment Security Commission could conduct labor market studies to identify gaps in employment.

There is a need to develop complex and dynamic solutions by the federal, state, and local governments, nonprofits, and other agencies. Dr. Kudler promoted public education campaigns to identify veterans and inform them that they are eligible for services and assist them in navigating the system. He suggested that the State could assist in this process, through a warm hand off to a VA facility.

Mr. Pantano is planning to develop a framework to be completed by Veterans Day.

During the updates, Dr. Kudler mentioned a joint venture by the VA and Association of American Medical Colleges. They are developing a weeklong program for medical students culminating on Veterans Day. Students will be expected to take a military history. He noted that Blue Cross Blue Shield launched a project to incentivize the taking of a military history beginning in January. He also noted that his staff is involved in the preparation of a final report of all the mental health summits. Findings across all summits is that participants want resource directories for their communities; that they learned from each other; that more community summits are desired.

Mr. Jackson reported that IBHS received 141 calls in September. Of these calls, 58 resulted in clinical assessments. Sixteen were 16 emergent calls; 8 were calls from family members. Thirty-six percent of the calls were for financial aid; 30% for employment assistance; and 3% for military sexual trauma. Currently, 350 are deployed. Because of the government shutdown, Yellow Ribbon events were moved from October to November. The NCNG recently opened the Education and Employment Readiness Center. The only storefront currently open is the one in Asheville.

MAJ Haswell said that the NCNG is conducting a pre and post deployment assessment. The most common complain addresses pain in the knees and/or backs. Most soldiers just move on.

Community Blueprint is hosting an event on November 14. A military panel will focus on 8 targeted areas.

Mr. Taggart mentioned that they are looking for a veteran parent to sit on committee. Wake County public schools and community colleges are looking for veterans to fill spots. The new student information system will account for military children.

AHEC is hosting *Forward March* on November 14-15. Registration information is posted on the Focus website.

The next Focus meeting will be held on December 5.