



North Carolina National Guard

Integrated Behavioral Health System



**VOLUNTARY, CONFIDENTIAL,
PROFESSIONALLY STAFFED and FREE**

Taking Care of Our Own

CALL ANYTIME

1-855-322-3848

Overview of the
NCNG IBHS

for

NC Focus on
Servicemembers,
Veterans and their
Families

NCNG JFHQ

27 MAR 14

WHY DID NCNG STAND UP AN INTEGRATED SYSTEM?

“While Army policy and processes are fundamentally sound, gaps allow Soldiers to exploit or slip through the current system... There is a requirement to improve integration of surveillance, detection and accountability.”

*Army Health Promotion, Risk Reduction & Suicide
Prevention Report July 2010*

NCNG SITUATION

Presented at the North Carolina National Guard, TAG Leadership Conference in September of 2010

Confirmed suicides: 5

Unconfirmed: 0

Estimated unreported suicides: 1

(CDC estimates 5% to 25% more actual suicides above reported number)

Estimated non-fatal suicidal behaviors: 240-600

(CDC estimates 40 to 100 times greater than number of suicides)

Number of people affected: Each suicidal behavior may affect a few or a very large number

People with thoughts of suicide: Unknown

SYSTEM BENEFITS

- The IBHS is a voluntary, confidential and free mechanism that ensures Soldiers, Airmen and their Families obtain the **appropriate level of care the first time.**
- A non-retribution system for professional assessment, intervention, referral and case management **regardless of duty status, deployment experience or ability to pay.**
- **24/7/365** access for **Command, NCO or Battle Buddy/Wingman consultations** on Servicemembers of concern.
- In-house team for CISDs, SME speaking requests, unit specific project design, etc.
- **24/7/365 access** for Servicemembers and Families to qualified assessment, consultation, intervention, appropriate referral and follow up.
- **NCNG Integrated Behavioral Health System is separate from MMRB/MEB/PEB/Fit for Duty/Command-Directed Referral processes.**

NCNG IBHS Psychological Services Section

• Stephanie Nissen, LPC, NCC	State Behavioral Health Programs Director	JFHQ
• Renee' Brotherton, MS	State Behavioral Health Programs Coordinator	Sylva
• Patricia Muehlberger, LPC	Army Director of Psychological Health	CTBMC
• Mark Kelley, LPC	Army Director of Psychological Health	High Point
• Kristen Frankel, LPC, LMHC	Wing Director of Psychological Health	Charlotte
• Kim Comeau, LPC	NCNG Behavioral Health Clinician	Asheville
• Joe Alvarez, LCSW	NCNG Behavioral Health Clinician	Greensboro
• Donielle Preusser, LCSW	NCNG Behavioral Health Clinician	Wilmington
• Danielle (Dani) Atkinson, PsyD	NCNG Behavioral Health Clinician	Concord
• Joseph Minaya, LCSWA, QP	Behavioral Health Case Manager (Wing Dedicated)	Charlotte
• Jennifer Chauncey, MAMFC, QP	Behavioral Health Case Manager	Greensboro
• Saskia Barnard, MS, QP	Behavioral Health Case Manager	Greensboro

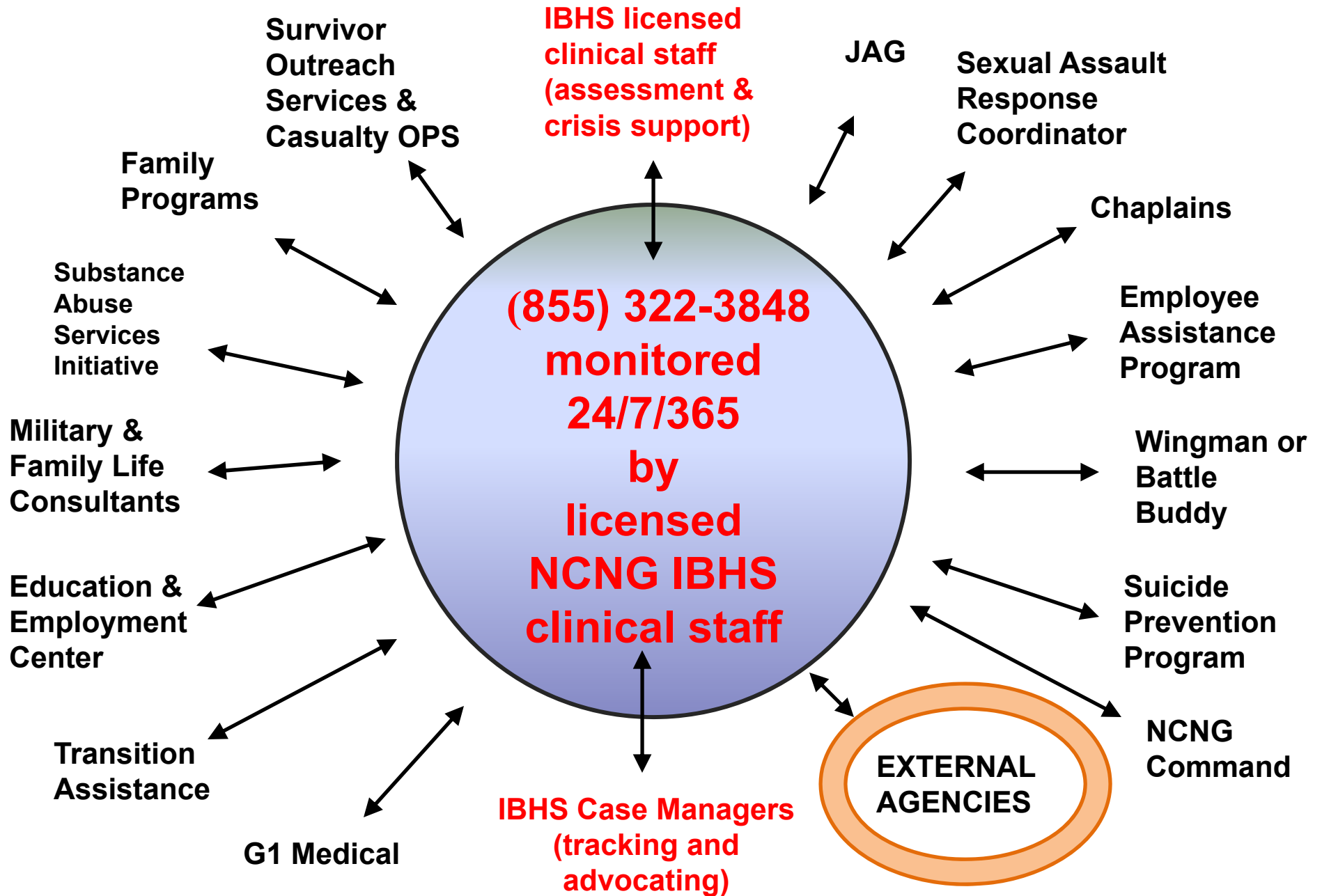
BLACK = system director (clinical, non-clinical and administrative oversight)

GREEN= administrative

RED= clinical team (state licensed clinical providers- identical job descriptions)

BLUE= case management team (state qualified professionals- certified, non-licensed)

NCNG IBHS 30K FT VIEW



WHICH RESOURCES ARE USED MOST BY IBHS?

MOST COMMON CLINICAL REFERRALS

1. NCNG IBHS Clinicians/ DPHs (In-House Support)
2. TRICARE Providers
3. VA Medical Centers
4. Vet Centers
5. Private Health Insurance Providers
6. LME Provider (Dept of Health and Human Services- DHHS)
7. PTSD Testing Centers
8. Substance Abuse Providers
9. TBI Testing Centers
10. Psychiatric Hospitals
11. LME Mobile Crisis
12. Research Studies (Duke and UNC)

WHICH RESOURCES ARE USED MOST BY IBHS?

MOST COMMON **NON-CLINICAL** REFERRALS

1. Employment
2. Financial Assistance
3. Legal Assistance
4. Vocational Rehabilitation
5. Military One Source (MOS)
6. Chaplains
7. Military Family Life Consultants (MFLC)
8. Entitlements (food stamps, Medicaid, GI bill, education, etc.)
9. Veteran's Affairs (benefits, disability claims, etc.)
10. Housing
11. Food
12. Transition Assistance Advisor (TAA)
13. Substance Abuse Services Initiative (SASI)
14. Sexual Assault (SARC)
15. Domestic Violence
16. Homeless Shelters

NCNG IBHS STATISTICS AS OF 28 FEB 14

Total number of calls into the IBHS **SINCE INCEPTION (1 NOV 10): 2,968**

Total number of clinical assessments: **1,199**

Total number of consultations: **1,580**

Total number of calls that were emergent (a suicidal , homicidal, or psychotic threat requiring immediate crisis intervention, hospitalization or imprisonment): **235**