

North Carolina Institute of Medicine
Task Force on Behavioral Health Services for the Military and their Families
Friday, March 18, 2010
Meeting Summary

ATTENDEES

Task Force/Steering Committee Members: Representative Grier Martin, Senator William Purcell, Linda Alcove, Representative Martha Alexander, David Amos, Gary Bowen, Lionel Cartwright, David Cistola, Grayce Crockett, Carol Cullum, Israel Garcia, Bob Goodale, LCDR M. Victoria Ingram, Representative Verla Insko, Andy Jackson, Harold Kudler, Sara McEwen, Sheryl Pacelli, Christie Silbajoris, LCDR Erin Simmons, Karen Stallings, John Wagnitz, Li Fang, John Harris, Flo Stein

Interested Persons: Roger Akers, Shawn Arledge, Anne Doolen, Sylvia Hammons, Anne Hardison, Joan Kaye, Jessica Meed, Jamie Pierce, Faith Provencal, Tanya Roberts,

NCIOM Staff and Intern: Pam Silberman, Kimberly Alexander-Bratcher, Thalia Fuller, Paul Mandsager

WELCOME

The Honorable Grier Martin, JD, LLM, Representative, North Carolina House of Representatives, Co-Chair

Representative Grier welcomed members of the Task Force.

SUPPORT AND RESILIENCY: A “ROAD TO LIFE” PERSPECTIVE

*Gary L. Bowen, PhD, MSW, Kenan Distinguished Professor, School of Social Work
The University of North Carolina at Chapel Hill, Lead Scientist
Jordan Institute Group for Military Members, Veterans, and their Families*

Service members and their families are faced with increasing challenges and stresses in their lives. It is important to investigate and address three fundamental questions regarding support systems and resiliency: 1)Who are those that are resilient and what individual characteristics and support systems contribute to this, 2)What distinguishes those that recover and those that do not, and lastly 3)What are the characteristics of those who seek help and what is the penetration of the service delivery system into individuals daily lives. This is particularly important in the context of the current war where there is a large percentage of soldiers who are identified as needing help but only a small percentage seeks help, and a smaller percentage receives adequate treatment.

Dr. Bowen discussed and described two categories of support systems, informal and formal, that contribute to resiliency, recovery and help seeking. Informal support groups are the relationships that individuals have with each other, such as families, friends and acquaintances. In Dr. Bowen’s opinion any approach that seeks to impact resiliency, recovery and help seeking behavior would be neglectful if it ignored these informal support groups. Currently the Marine Corps runs a family team building program in which Family Readiness Officers (FROs) reach out to family members of Marines to engage parents in supporting and helping their sons and daughters.

Formal support systems are the official agencies and programs that provide resources and support to service members and their families. In the context of the military, a key formal system is the unit chain of command in which commanders are responsible for those in their units. In many cases agencies work to support commanders to orchestrate the support system for the service members in their command. Dr. Bowen also discussed how base level and community agencies, once they establish programs to address specific issues, can begin to eliminate or substitute for the informal support system which had been dealing with the problem. A key to successful community capacity building is to connect these two levels of support and maximize the use of resources in both the informal and formal support systems.

Building and sustaining these connections depends on how agencies, unit leaders and the people around an individual communicate and work together to support service members. Agencies most often take on a remedial role regarding a specific issue where families and individuals come to them to seek help. However, agencies need to work together with the individual, his or her family and informal supports to tackle issues. Unit leaders have an important role in providing and orchestrating care for service members in their commands. An important issue is addressing what agencies need to do to help unit leaders orchestrate and mobilize community support systems. It is also important to involve the people surrounding service members, their friends, family members, neighbors and work associates, who are the closest and typically first level of support. It is beneficial to provide education so that this first level of support can provide skilled and effective help. To help explain this model, Dr. Bowen described how in the Suicide Prevention Program the formal agency support system worked with commanders to educate service members concerning suicide warning signs and how to react and get service members to help.

Planning for support and resiliency programs has a tendency to take a problem and immediately move to program implementation. However, a better planning sequence would include identification of outcomes, an assessment of formal and informal connections that are necessary and then development of programs and solutions. This reemphasizes the importance of formal and informal networks as well as helping to build in the capacity to evaluate program effectiveness.

Currently, the support system for service members, veterans and their families has many strategies and programs already in place. An area for improvement is how to best align the strategies and programs to have a greater effect. In order to better support service members, veterans and their families it is necessary to either increase resources or to find ways to better utilize the available resources. The planning sequence that was described is a way to better achieve this goal.

Lastly, Dr. Bowen described the Support and Resiliency Inventory assessment tool. This is an assessment for family members of service members which measures 14 dimensions of resiliency. The inventory provides scores along these dimensions and identifies areas of caution and risk. This inventory is currently being used in Marine units and in the Air Force. This assessment tool could be an asset to North Carolina as a way to identify the

needs of family members and to potentially create a system that connects the inventory to support services addressing areas of risk.

Discussion: The participants discussed the implementation and current use of the Support and Resiliency Inventory, benefits and challenges of formal and informal networks, and more details about Dr. Bowen's research.

OPERATION RE-ENTRY NORTH CAROLINA

*David P. Cistola, MD, PhD, Professor and Associate Dean for Research
College of Allied Health Sciences, Professor of Biochemistry and Biological Molecular
Biology, Brody School of Medicine, East Carolina University*

Operation Re-Entry North Carolina (ORNC) is a university-military partnership, operating out of East Carolina University, in support of combat veterans and their families. The military and the VA health systems are both expanding and evolving to try and meet the large need of OEF/OIF veterans for mental health and substance abuse treatment. However, partnerships with university research resources are needed to best address critical needs and concerns of combat veterans and their families.

The program has five specific goals: 1) to stimulate innovation through research, 2) to build the infrastructure needed for effective university-military collaboration, 3) to train faculty and students to work effectively with military personnel as subjects and collaborators, 4) to disseminate the latest advances, and 5) to lead the UNC system to build effective research partnerships with the Department of Defense and VA organizations. ORNC is expecting \$2.4 Million in funding already awarded. The program is now using the peer review process to select the first round of participating ECU faculty research projects.

Discussion: The discussion focused on involving other universities in this initiative (which is planned in later phases of ORNC), and the dispersion of the program from universities into communities.

CITIZEN SOLDIER SUPPORT PROGRAM: OVERVIEW

Bob Goodale, Director, Citizen Support Program

The Citizen Soldier Support Program (CSSP), hosted by the Odum Institute for Research in Social Science at the University of North Carolina at Chapel Hill, has as its mission 'to engage and connect military and community service systems to increase the readiness and resiliency of Reserve Component (RC) members and their families. CSSP has unified its approach under a single Reserve Component Behavioral Health Initiative to addressing the psychological issues confronting our Reserve Component members and their families through a variety of methods including evidence-based, best practice training, a robust searchable provider database and other innovative solutions. CSSP is working with numerous partners throughout the country and with the Department of Defense to develop effective and sustainable military/community partnerships, to build and reinforce the military and civilian capacity of behavioral health professionals, agencies, systems

and resources, and to penetrate into geographically isolated, rural and underserved regions to more effectively serve our Reserve Component members and their families.¹

Sheryl Pacelli, Director Mental health Education, South East AHEC

CSSP trainings were initiated and developed with North Carolina Area Health Education Centers (AHEC). Providers attend trainings to support service members, expand their client base and to hear service members in uniform talk about combat experiences. During these training sessions providers are trained to remember to ask whether the patient, or the patient's family, has a military background. So far the CSSP trainings have had 2,444 participants, but the program has experienced difficulties in recruiting physicians to attend trainings.

LCDR Erin Simmons, PhD, Staff Psychologist and Program Director for the Intensive Outpatient PTSD Program, US Naval Hospital at Marine Corps Base Camp Lejeune

LCDR Simmons described some of the information that is passed on from active duty mental health providers to civilian providers through these trainings. During trainings providers are educated on how to talk to service members and families about post deployment reunions and what types of questions to ask about deployment and what questions to avoid asking. This includes learning how to recognize behaviors and symptoms that are associated with PTSD, TBI, and combat stress but that do not necessarily fit in the diagnosis of these disorders. Also, providers are taught about the military culture to help increase their credibility to service members. Additionally, CSSP trainings include a section called "Boots on the Ground" in which a uniformed service member describes their deployment experience.

Jessica T. Meed, MPA, Research Associate, Citizen Support Program

CSSP works to make use of the existing health care system and resources to direct individuals to treatment and care for service members and their families. For example, the program is developing an education module for optometrists and dentists to help them act as a contact point for referrals to support services. Overall, CSSP is trying to identify and find ways around the barriers to care for service members and their families that exist in civilian practices.

Roger Akers, Deputy Director Data management and Information, Cecil G. Sheps Center for Health Services Research

CSSP is also developing a database that service members and their families can search to find mental health and substance abuse providers. The database, available at WarWithin.org, includes capabilities to search by location as well as other provider characteristics. The provider database is being updated to help prevent duplication of information, as well as to increase its ease of use. Currently, CSSP has been reaching out to providers who participate in TRICARE to join the database and has been very successful in adding them to the database.

LME SYSTEM & COMMUNITY PARTNERSHIPS

¹ This information was not presented to the Task Force, but provided here for clarification. Information is available on the Citizen Soldier Support Program website <http://www.citizensoldiersupport.org/>.

*Flo Stein, MPH, Chief, Community Policy Management Section, NC Division
MH/DD/SAS*

In North Carolina there are two parts of the state public system that respond to service member's needs, North Carolina state operated healthcare facilities and Local Management Entities (LMEs). LMEs provide front line crisis services as well as screening, triage and referrals and benefits management assistance. Crisis services are available to all individuals. Mobile crisis teams are available 24/7 within each LME and are currently being credentialed to work within hospital emergency departments. If an individual presents with a non-crisis issue, the LME works to triage and refer the individual to necessary services that they can access. If an individual has exhausted their funds, or the mental health and substance abuse treatment benefits they are eligible for, and is a member of a target population, the LME may pay for services. In 2008, the legislature designated Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans and their families as a target population. Each LME is then responsible for benefits management for veterans and their families and to guarantee they get access to the services for which they are eligible.

Ms. Stein outlined a series of recommendations that are needed to better serve service members and their families: 1) LME directors need to be oriented to the National Guard Resiliency services that are available; 2) a point of contact is needed between LMEs and the National Guard Director of Psychological Health Stephanie Nissen; 3) there is a need to develop training for screening, triage, and referral supervisors about interventions for individuals connected to the military; 4) there is a need to develop a similar training program for crisis response teams; 5) there is a need to encourage LMEs to make these trainings available to providers; 6) there is a need to develop service member and veteran specific treatment responses; and 7) there is a need to continue to support the suicide hot line provided by CARELINE.

John W. Harris, MSW QMHP, Veterans Mental Health Program Manager 1, Clinical Policy Team (Veterans MH/DD/SAS), NC Division MH/DD/SAS

The Military and Veterans Rural Network Initiative is a recent initiative that will work in rural communities to facilitate the provision of services to service members living and working in rural communities. The program will work to break down the silos between service providers to create connections at the community level. Mr. Harris outlined critical components of the system and key stakeholders and resources in rural communities.

Anne Hardison, M Ed, Coordinator, Coastal Coalition for Substance Abuse Prevention

The Coastal Coalition for Substance Abuse Prevention is a five county task force that received a Strategic Prevention Framework State Incentive Grant from the Substance Abuse and Mental Health Services Administration to address alcohol-related crashes. Ms. Hardison gave an example of collaborating with military stakeholders at Camp LeJeune to address the issue. As part of this project, Ms. Hardison connected with the key stakeholders on the Marine Corps base, including the safety director of all the Marine Corps bases on the east coast. While working with military personnel, the program

discovered that confidentiality was very important for the military. They did not want their data to be disseminated. However, once a level of rapport was developed, the military stakeholders became very willing to work with the coalition and to implement substance abuse prevention programs on the base. Currently the coalition is working to unify the regional efforts across North Carolina.

DISCUSSION

The Task Force continued discussion of the presentations and future topics. The discussion points included:

- Balance between treatment and prevention,
 - Vast majority of military and their families are doing fine; they are great assets to each other
 - Linkages between formal and informal support systems
- Need to change norms through formal and informal systems
- Need to solve the problems of the Ready Reserve members
 - More outreach
- Critical role for research and training in addressing the mental health, TBI and SA needs of military and their families

The next Task Force meeting will be Thursday April 22, 2010 at the NCIOM offices in Morrisville.