

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

ATTENDEES

Task Force/Steering Committee Members: Representative Grier Martin, Senator William Purcell, Michael Watson, Representative Martha Alexander, Gary Bowen, Lionel Cartwright, David Cistola, Brian Corlett, Debra Dihoff, Sandra Farmer, Israel Garcia, Robin Hurley, LCDR M. Victoria Ingram, Representative Verla Insko, Andy Jackson, Sara McEwen, Stephanie Nissen, Sheryl Pacelli, Christie Silbajoris, LCDR Erin Simmons, Karen Stallings, John Wagnitz, Laura Yates, Li Fang, John Harris, Flo Stein, *Interested Persons:* Michael Alexander, MSG Matthew Battle, SGT Jonathon Blewer, MAJ Robert Boyette, Diane Coffill, COL James Cohn, Anne Doolen, CSM (ret.) Tommy Gattis, MSG Paul Gradus, COL Jill Hendra, MG William Ingram, Joan Kaye, Lee Rhea Johns-Mabry, Jessica Meed, Tanya Roberts, Betty Steelman, Kristy Straits-Troster, Kip Tomkin, CPT Agata Tyson
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

Rep. Grier welcomed members of the Task Force and asked them to introduce themselves.

NORTH CAROLINA NATIONAL GUARD OVERVIEW

Major General William E. Ingram, Adjutant General, North Carolina National Guard

The National Guard is the oldest military service in the nation, tracing its history back to the original colonial militias. Today there are seven reserve components of the armed services; Navy, Marines, Army, Air Force and Coast Guard Reserves, and Army and Air Force National Guard. Together the Army and Air Force National Guard amount to more than half of the reserve components in the United States. Across North Carolina, there are approximately 12,000 National Guard service members spread out over every county of the state. Of these service members, 1,700 are full time National Guard employees at 101 Army locations and three Air Force locations.

The National Guard serves a dual and unique role to stand in support of both federal military missions and to defend and support their respective states. North Carolina National Guard units have been called to serve in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom in Afghanistan (OEF). Currently, the Army National Guard is deployed on a four year cycle; one year deployed followed by three years at home. Of the units that have served in support of OIF, most have been deployed at least twice.

Within North Carolina, the National Guard serves many missions to support North Carolina communities. The mission most commonly associated with the National Guard is disaster relief and response. Additionally, the National Guard maintains a rapid reaction force, a Weapons of Mass Destruction Support Team, a Counter Drug Taskforce and an Airborne Firefighting Unit.

INTRODUCTION TO SOLDIER AND AIRMAN SUPPORT SERVICES

Colonel James A. Cohn, Deputy Chief of Staff for Civil Military Affairs, North Carolina National Guard

As a result of the role the Army and Air National Guard have served in OEF/OIF, the support services available to service members and their families, both within and outside the National Guard, have expanded and evolved rapidly. Around 80% of all programs are new and a result of the complexities and challenges maintaining and caring for a force at war. Programs are run by many agencies within the North Carolina National Guard, requiring coordination to execute them. The geographic dispersion of soldiers and airmen across North Carolina is one of the most significant challenges both organizationally and provisionally for services. These support services are also made available not just to National Guard service members but to all of the reserve component and active duty service members (when they are not located near a military installation, ie. recruiters) living throughout the state.

DEVELOPING AND MAINTAINING RESILIENCY

Colonel Jill Hendra, Commander, 145th Medical Group, North Carolina Air National Guard

The Resiliency Project Team works to retain and maintain the resiliency and readiness of the Air National Guard. The goal was to develop a program that works to emphasize the parallels between mental and physical health and to encourage discussions about how to cope with mental health issues. In order to provide low cost, interactive, 24/7 support, they created warfighterdiaries.com, a social networking site. Through this site, airmen and women can access videos of airmen and women telling their stories of mental health issues and how they dealt with them.

PROVIDING COMPREHENSIVE MENTAL HEALTH SERVICES FOR NORTH CAROLINA NATIONAL GUARD SOLDIERS, AIRMEN AND FAMILIES IN NORMAL AND EXCEPTIONAL CIRCUMSTANCES

Stephanie Nissen, Director of Psychological Health, North Carolina National Guard

In 2008, the National Guard began placing Directors of Psychological Health (DPH) in every state and territory to assist service members in accessing psychological health support services. Through the Psychological Health Program, the DPH works to assess the clinical needs of service members and help provide necessary services and is available 24 hours a day, seven days a week, every day of the year. While not providing therapy or treatment, the DPH does work to guarantee hand off of service members to the

appropriate and necessary services. In this role as an access portal, the DPH also provides consultation and training to commanders and the leadership of the National Guard.

The DPH is able to fill this role through partnerships with both military and community programs and providers. Within the military, the Director works with the Wounded Warrior program, the Joint Family Support Assistance Program, the Suicide Prevention Program, Transition Assistance Advisors, Casualty Affairs and Survivor Outreach, J1 Medical Command, the Defense Centers of Excellence, Veteran Affairs, Vet Centers and Military One Source.¹ Important community partners are the NC Department of Health and Human Services, LME system, private practitioners, and private support programs.² Taken together these programs form a network of services that are potentially available to service members and their families regardless of financial and duty status.

NORTH CAROLINA NATIONAL GUARD SUICIDE PREVENTION PROGRAM

Captain Agata Tyson, Program Manager

In 2008, the suicide rate in the armed services surpassed that of the comparable civilian population.³ To combat this trend, the North Carolina National Guard Suicide Prevention Program works to provide prevention, intervention and post-vention services. The goal of prevention services is to support soldiers' mental and physical health and wellness. The prevention programs have been recently revised and expanded. Last year, the Comprehensive Soldier Fitness program was implemented to provide training and education to enhance soldier resiliency. Additionally, the Buddy System helps soldiers support each other by signing a contract to look out for and help their buddy. In addition, commanders are now required to implement a "no tolerance of stigma" policy surrounding mental health treatment. This is aimed at reducing the stigma and fear that seeking treatment could harm a service member's career.

Intervention services are designed to equip service members and personnel to help soldiers in need of care. An Army wide "stand down" for suicide-prevention training focused on an interactive video that helps reduce the stigma of seeking help, teaches Soldiers to recognize the signs of suicide and how to provide help to a battle buddy. The Ask, Care, and Escort (ACE) program works to educate soldiers and family members about suicide issues and how to help service members at risk. Applied Suicide Intervention Skills Training, a two day workshop, is provided for caregivers who provide services and support for soldiers and families.

Post-vention services are for soldiers and family members who are bereaved by suicide. Funeral honors are made available to all service members, regardless of how they died.

¹ More information can be found on the North Carolina National Guard Family Programs webpage at <http://www.nc.ngb.army.mil/index.php/fp/>.

² More information can be found on community resources at <http://www.ncdhhs.gov/veterans.htm>

³ The most recent available civilian suicide rate was 11/100,000 in 2005. In 2008, the military suicide rate was 19.5/100,000. It is important to understand the age of military service members and that most who have committed suicide are young males who have never been deployed.

Bereavement care and counseling is available to survivors. The program also works to investigate and report all deaths that may have been suicides of service members.

NORTH CAROLINA NATIONAL GUARD FAMILY READINESS PROGRAM

Mrs. Diane Coffil, State Family Program Director

The Family Readiness Program works to support the 12,000 National Guard service members, their families and other Reserve component members spread across the state. To provide direct contact and assistance to soldiers, and their families, this program employs nine Military Family Life Consultants (MFLCs) who are dispersed across the state. MFLCs provide free, confidential counseling and are available to come near to service member's home to facilitate contact. Each MFLC currently averages 24-32 direct contacts per week. Additionally, this program provides financial counselors and legal personnel to provide advice and help with financial and legal difficulties. This program also provides support for Yellow Ribbon Events and the Gold Star Program, which are both outlined below.

The Family Readiness Program operates three types of Family Assistance Centers to provide these support services and information to families of National Guard and Reserve service members. First, located throughout the state in local Armory's are Unit Family Contact Centers (UFCC), the original federal concept to help families. There are six UFCC in North Carolina. Second, State Family Assistance Centers (SFAC) are located in separate buildings on the Armory grounds to encourage individuals who do not want to enter the Armory to seek services. There are three SFAC, funded by the State of North Carolina which provide the same services and information as UFCC. Third, there are Military Family Resource Centers (MFRC) which are located as storefronts in four communities. The MFRC are part of a new pilot initiative to help get people support into the communities and to help activate the community to take care of service members and their families. There are also five Family Readiness Support Assistants located close large groups of military members across the state.

PROVIDING NCNG SOLDIER AND AIRMAN DEPLOYMENT AND REDEPLOYMENT SUPPORT: YELLOW RIBBON PROGRAM

Command Sergeant Major (retired) Tommy Gattis, Director of Yellow Ribbon Programs, North Carolina National Guard

The Department of Defense Yellow Ribbon Program was created in 2008 to help support service members and their families during the whole cycle of deployment: pre-deployment, deployment, demobilization and post-deployment. At each one of these stages, Yellow Ribbon organizes day long briefings for soldiers concerning relevant information, services, and referrals. These events bring together informational briefings, workshops and relevant service providers to connect soldiers and families to the support services they may need. During deployment, both soldiers and their families receive briefings on support services to cope with deployment and to prepare for returning home.

Yellow Ribbon organizes two post-deployment events, one within 30 days of return and the second within 60 days. The first event provides workshops for service members and their families concerning the challenges of reintegration. The second event centers on the Post Deployment Health Reassessment (PDHRA) for soldiers. The PDHRA provides screening and assessment to identify soldier's health concerns and assist them in seeking treatment. The PDHRA has two components, a questionnaire and follow up with a clinician to provide specific and relevant assessment and referrals.

PROVIDING ON-GOING CASUALTY OPERATIONS SUPPORT TO SOLDIERS, AIRMEN AND FAMILIES: CASUALTY OPERATIONS

Major Robert Boyett, Casualty Operations Officer, North Carolina National Guard

Since 2003 the North Carolina National Guard has lost 52 service members; 15 from North Carolina were killed in combat, five were assigned to NC from out of state, four died by non-hostile actions while serving in OEF/OIF, and the remaining 28 included both full time and traditional drilling Soldiers who died in the United States while assigned as members of the National Guard. Casualty Operations works to provide personal and compassionate notification and support to family members following injuries and deaths of service members. While the geographic dispersion of family members makes rapid notification difficult, this program strives to notify family members within four hours and to get the family to the bedside of wounded service members as soon as possible. This program also works to provide assistance to families for funeral services, identification and enrollment in survivor benefit programs and to provide long term support and grief counseling. To help meet this last goal, Gold Star program brings family members of fallen soldiers together to share their experiences, learn about benefits and receive grief counseling.

SURVIVOR OUTREACH SERVICES

Ms. Lee Rhea Mabry, Director of Soldier Outreach Services

Survivor Outreach Services (SOS) works to continue to embrace, support and keep families of fallen service members a part of the military family as long as they desire. This is a new pilot program that was created in October 2009. The biggest roles of SOS are advocacy for surviving families concerning the issues they face and resource liaison. Because benefits for families are dependent on duty status at time of death, it is important to help survivors identify all the benefits that they are entitled to and that are available. Additionally, SOS works to encourage communities to reach out and support survivors.

OBSERVATIONS, EXPERIENCES, & LESSONS LEARNED

MG Ingram explained that many new North Carolina National Guard programs have begun in last few years as a result of learning, knowledge and analysis of data collected over time. While they are in their infancy, the programs come from significant experience. It has always been a priority to take care of soldiers and families. The state funded Family Assistance Centers were significant step forward from the former federal payments that were based on the number of deployments. Now located in Caldwell

County, Greensboro, and Greenville, they are located in storefronts because the funding is for personnel and not permanent or recurring for fixed space. COL Cohn invited everyone to visit one of the Family Assistance Centers

Ms. Nissen explained that there has been a cultural change in the military. More than 50% of her caseload is made up of soldiers who have never been deployed. They have very few resources and may also be unemployed outside the National Guard. She explained her desire for easier access to programs for these soldiers. Several task force members shared examples of resources and offered assistance with the organizations they represent. A new program, the North Carolina National Guard Reconstitution Center at Fort Stewart, Georgia embeds the behavioral health and support programs in the demobilization process. Offices of the Director of Psychological Health, Military Family Life Consultants and Personal Financial Counselors are located in the center of the soldiers' barracks. It is helping the behavioral health and support programs build a relationship with the soldiers so that when they return home to North Carolina, they are already familiar with both the services and the faces of the people who provide them.

CPT Tyson talked about the change in policy and practice around behavioral health services. The change is supported by leadership and that translates into action with those in their command. She noted the lack of data on how many lives were saved and lost because of the new suicide prevention programs. She noted that two young males (one in high school and one in college) died by suicide, neither of whom had been deployed.

Diane Cofill focused on the importance of active, timely events and programs, building partnerships and the changing stigma of accessing mental health services. She noted that ongoing support is a challenge because they don't know everything families will face. Bring Home the Brigade is the new program at Fort Stewart. It has more resources, embeds North Carolina specific information in briefings, and had Military Family Life consultants meet every bus bringing troops back to North Carolina. *Guard Family Connection*, a quarterly newsletter, provides substantial contact information including most family programs. It is published six times each year and serves as a primary means to touch every family. It is addressed to the family of the service member and also available online.

CSM (ret) Gattis explained that the Yellow Ribbon program is an asset to service members and their families, but more people need to be made aware of its benefits. Families who have already been involved in multiple deployments do not think they need to go to the Yellow Ribbon program. They may not understand their need for it, but appreciate and understand more after attending. The program is designed to be family friendly, in multiple locations, with travel time less than one hour. During a recent program with a special forces unit PDHRA, 38 of 51 service members were registered at VA by end of the weekend.

MG Ingram provided closing comments and COL Cohn discussed future plans. The North Carolina National Guard is working to add permanent Military Family Life Counselors to replace the rotational personnel, increase the mental health team to 1:2500

provider to soldier ratio, increase research into resiliency, deployment and generational issues, define and clarify state level survivors benefits, and increase education programs to teachers, counselors, educators, and day care workers on military child issues.

TASK FORCE DISCUSSION

The participants continued discussion about the programs presented, other resources, and areas of focus needing more discussion in future meetings. The topics included behavioral health resources that may be available in the community for returning military members and their families, ECU telehealth, TRICARE licensure, unique features of North Carolina National Guard, different economic situation of those returning from deployment, education issues, measures of success with new National Guard programs, need for more providers, the National Guard Global Assessment Tool, misconceptions about suicide in the military, access to behavioral health services, Army security clearance not being affected by seeking behavioral health help, active duty/veterans coming to private providers, level of attention/retention at reintegration briefings and trainings, not same success with addiction stigma, more resources needed in each area, national model State Family Assistance Centers, concern for longevity of programs, veteran status & brain injury being added to Review Of Systems during physical exam, variety of professional societies for outreach, and outreach to military service organizations.