



May 28, 2015 Minutes

Present: Amber Alexander, Terry Allebaugh, Geoffrey Allen, James Alston, Archie Barrow, Sue Bennett, Michael Bishop, Dr. Ken Blackman, Sally Allison Bland, Ronald Bogle, Van Brinson, Mary Catherine Brown, Brenda Brubaker, Beth Callahan, Rick Cantwell, Dr. Bruce Capehart, Jennifer Chauncey, Will Collins, Dr. Eric Crawford, Lin Dawson, Hank Debnam, Paul Dillon, Dr. Wei Li Fang, Pat Fitzgerald, Reginna Ford, Emily Godfrey, Bob Goodale, Dr. Jeffrey Greenhut, Daniel Hackley, Aaron Harper, Angela Harper, John Harris, Lyssa Haynes, Terry Henry, Troy Hershberger, CPT Robert Hogarth, Katrina Holley, Dr. Kristin Humphrey, Charlene Irvin, Victoria Johanningsmeier, Rob Jones, Megan Jordan, Stan Kimer, Tammy Koger, Jessi LaCosta, Wilson Lester, Kimberly Lindsay, Dr. Randy Marsh, Henry Mason, Enriquet McClymont, Mike McMichael, Brenda Monforti, Denise Neunaber, Ilario Pantano, James Price, Amy Prokopowicz, Robin Ramsay, Cheryl Rawls, Jean Reaves, Dave Roddenberry, Jill Rosenblum, Stuart Ruffin, Dr. Lisa Sacco, Pam Saulsby, Roberta Shaw, Sunita Shouse, Anne Showalter, Jeff Smith, Tony Sowards, Bruce Sprecher, Richard Stancel, Flo Stein, Robert Tabares, Doug Taggart, Mark Teachey, Dr. Kimberly Tran, Eric Truesdale, Ron Vogel, GEN Cornell Wilson, Alisha Wood, Diane Yelverton, and Judy Ziegler

After everyone introduced themselves, GEN Wilson noted that the Governor has proposed funds for roads and infrastructure for the installations, which will go to voters in November. There are also a number of veteran-specific bills such as a special vehicle plate for veterans, a suicide prevention initiative, a veterans task force, a commercial driver's license. The House passed Bill 595 where former military police can shorten the amount of training to become an officer. Veterans will also begin paying tuition at the in-state rate starting July 1.

Ms. Stein mentioned that she attended the Memorial Day wreath laying at the Capitol. She also emphasized the significance of addressing mental health in the meeting, an important topic for the NC Division on Mental Health, Developmental Disabilities, and Substance Abuse Services.

Dr. Capehart addressed the topics of insomnia, anxiety, depression, and risk of suicide, which are all related. He first laid the groundwork by providing an overview of the 88,608 post 9/11 OEF/OIF/OND veterans (i.e., Army 48,989; Marine 18,605; Air Force 11,456; Navy 9,453; and Coast Guard 105) living in the State. Of this number, 42% of the OEF/OIF/OND veterans do not use VA services. The army and marines are disproportionately represented, and the services that they seek are usually related to their ground experience. Substance abuse is a major problem (20.5% tobacco, 11.7% alcohol, and 2.5% drugs), but good interventions are available; the issue is getting them to request treatment. Dr. Capehart emphasized that diagnosis determines treatment, whether it is for insomnia, anxiety, or depression. The first intervention is to try to fix the problem non-medically—by changing habits. If an individual is suffering from insomnia, then habits need to change such as minimizing the use of alcohol, caffeine, and tobacco. However, clinicians also need to look for psychiatric conditions. Sleep apnea may be indicative of traumatic brain injury. In NC, 28.7% of post 9/11 veterans suffer from

post traumatic stress disorder. He noted that continuing education is available to all through www.ptsd.va.gov. In general, medication and psychotherapy work well in tandem, whether it is for anxiety or depression. Cognitive behavioral therapy is useful for many conditions.

In terms of suicide, the most important risk factors are untreated mental health and substance use conditions. Dr. Capehart promoted the use of the Columbia Suicide Severity Rating Scale (C-SSRS) to assess risk of suicide. It has been widely validated in studies and is available for free from <http://cssrs.columbia.edu>. The VA will start using it later this year. He also mentioned an Oscar-winning documentary, *Crisis Hotline, Veterans Press 1*, about VA crisis call line based in Canandaigua, NY (<http://www.hbo.com/documentaries/crisis-hotline-veterans-press-1/synopsis.html#/>).

Dr. Humphrey presented on the PTSD clinic that she runs at the Salisbury VAMC. She noted that the VA is currently building Health Care Centers (HCCs) in Kernersville and Charlotte to be completed by 2016. In addition to the VAMCs and HCCs, Vet Centers serve veterans with PTSD and MST. Dr. Humphrey said that avoidance works very well for those who have PTSD, either through work and focusing on the family. Many veterans experience chronic pain as well as reintegration issues. Barriers to care include mental health problems, scheduling conflicts, basic living problems, and veteran and family misunderstandings.

Veterans usually go the primary care at the VAMC's first, not mental health. The VA is trying to integrate the two (known as PCMH or primary care and mental health integration). She is a proponent of involving family members in care. To increase access, the VA has created weekend and after work hours, home-based treatment, and telehealth opportunities. Anyone with 4G bandwidth can do telehealth. The trauma-focused therapies include cognitive processing therapy (CPT) in groups and prolonged exposure (PE) therapy.

The VA advocates for a stages of treatment model where it takes a year for outpatients and six weeks for inpatients. They employ 15 peer support specialists, all of whom are veterans and in recovery. They offer exercise, meditation, yoga, tai chi, equine therapy, fishing, and other alternative forms of therapy. The design of their building is based on recovery principles—there are no blind spots or places to be isolated, everything is in the open, and no staff offices are in their treatment space. Kimberly is their therapy dog. They also have a gym based on cross-fit and YMCA passes are available. Every inpatient room has its own bathroom, with 1-2 veterans in each room. They try to be realistic in what they expect for outcomes. Veterans do improve, with their symptoms toned down. Dr. Humphrey recommended resources such as <http://afterdeployment.org>; apps like PTSD Coach; DcoE resources; and the crisis hotline (callers can just talk; they don't have to be suicidal). To refer an individual who may have {PTSD}, call 704-638-9000, ext. 3175. Veterans cannot self-refer. They do take active duty members. Starting in the fall, they plan to do rolling cohort admissions (8 every 2 weeks).

Ms. Callahan presented on the Veterans Choice Program. The program has changed slightly since its inception on November 5, 2014, and another amendment is expected in a few weeks. The program will probably change multiple times in the future as it is a temporary program designed to fix a short-term problem. In VISN 6, the third party administrator is Health Net Federal Services. The latest

amendment changed the travel from 40 miles to 40 minutes. However, care still needs to be authorized before a veteran can receive care in community. The VA is currently conducting outreach to identify community providers. Wake Med, Baptist, Duke, and UNC are now all Veterans Choice providers. If a veteran has been waiting for more than 30 days for services, they can call 866-606-8198, and Health Net will answer the call and refer the caller. The VA is the payer of last resort so if the veteran has health insurance, a reimbursement request goes there first. Practitioners are paid at different rates and can accept some programs and not others. There may be a co-pay, which can be expensive. It is very confusing, and not all veterans are eligible (depending on when and where you served). The VA owns all electronic health records related to the veteran so this is part of community providers' contract with the VA. The VA has an interactive website so a user can plug in the home address, and caregivers for that area will appear. The pharmacy, prostheses, and hearing aids are also covered. For more information, go to <http://www.va.gov/opa/choiceact/>. All VAMCs have Choice Champion on site.

Mr. Kimer retired from IBM but is still doing diversity training and speaking. He made a brief presentation on LGBT issues in the armed forces, which is in the process of ending of *Don't Ask, Don't Tell*. The estimated 70,000 LGBT in the military is expected to increase to 100,000 with end of *Don't Ask, Don't Tell*. No one knows but there may be over a million LGBT veterans. He cautioned people to not assume that all veterans are straight. To indicate being LGBT friendly, Mr. Kimer suggested that individuals place a rainbow flag sticker or Human Rights Campaign Equality sticker on their office door. Mr. Kimer noted that there is a higher occurrence of emotional and mental issues due to sexual orientation and gender identity.

Ms. Neunaber introduced Terry Allebaugh, who is working with NC DVA as part of a new partnership between the Coalition to End Homelessness and the NC DVA. The point-in-time (PIT) numbers for January 2015 said that there are 1092 homeless veterans in NC (the multiplier of 3.3 is used to obtain the actual number of homeless veterans). While this number indicates a 6% decrease from 2014, the past 4 years of data show a 10% increase in the State even though the rest of the country had a 33% decline. They would like to see the same 6% decrease next year. The Mayors' Challenge to End Veteran Homelessness is slated for the end of this year. New Orleans has announced that it has met this goal. About 16 mayors in NC have signed on. Ms. Neunaber stated that they would like individuals who are experiencing homelessness be housed within 30 days.

Mr. Pantano introduced the new veteran Resource Guide as well as the NC4VETS website. The website is interactive so that a user can enter his/her zip code to find services in the area. Mr. Pantano said a new initiative to end homelessness will be rolled out soon.

Ms. Rawls noted that the Winston-Salem Regional Office of the Veteran Benefits Administration had an inventory of 65 homeless claims, with average days pending of 62.5 days. They also had an inventory of 21,877 rating claims, with an average days pending of 110.7 days.

The next meeting of the Governor's Working Group will be on June 25, from 2:00 to 4:00 pm in the Auditorium of the NC National Guard Joint Forces Headquarters. The topic will be traumatic brain injury.