The Alliance
Military/Veterans Plan FY17
with FY16 Accomplishments

Alliance
BEHAVIORAL HEALTHCARE
Alliance Behavioral Healthcare shares the mission of the US Department of Veterans Affairs “To fulfill President’s Lincoln’s promise ‘to care for him who shall have borne the battle, and for his widow and orphan’ by serving and honoring the men and women who are America’s veterans.”

There are an estimated 23.4 million veterans in the United States in addition to 2.2 million military service members and 3.1 million immediate family members. More than 134,000 of those veterans reside in the four counties served by Alliance. This region serves as the home to Fort Bragg, the largest US Army base by population, including more than 52,000 active duty soldiers and 62,000 active duty family members. In addition, large Veterans Administration Medical Centers are located in Durham and Fayetteville.

**VETERANS BY COUNTY**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
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<tbody>
<tr>
<td>Cumberland</td>
<td>50,770</td>
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<tr>
<td>Durham</td>
<td>15,558</td>
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<tr>
<td>Wake</td>
<td>59,237</td>
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<tr>
<td>Johnston</td>
<td>14,234</td>
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The number of veterans living in the Alliance region is increasing rapidly in response to the close of major military operations in Iraq and Afghanistan and personnel cutbacks to active duty members and reserve components of the Armed Forces. The demanding environments of military life and experiences of combat, during which many veterans experience psychological distress, can be further complicated by substance use and related disorders. Many service members face such critical issues as trauma, suicide, homelessness and/or involvement within the criminal justice system.

The following statistics provided by the US Substance Abuse and Mental Health Services Administration (SAMHSA) articulate the need for effective and accessible behavioral healthcare services for this vulnerable population:

- Approximately 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5% report experiencing a traumatic brain injury (TBI) during deployment.
- Between 2004 and 2006, 7.1% of U.S. veterans met the criteria for a substance use disorder.
The Army suicide rate reached an all-time high in 2012. In the 5 years from 2005 to 2009, more than 1,100 members of the Armed Forces took their own lives, an average of one suicide every 36 hours.

According to an assessment by the Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA), nearly 76,000 veterans experienced homelessness on a given night in 2009. Some 136,000 veterans spent at least one night in a shelter during that year.

Mental and substance use disorders caused more hospitalizations among U.S. troops in 2009 than any other cause.

21% of veterans in substance abuse treatment were homeless, and 70% of homeless veterans also experience a substance use disorder.

SAMHSA also cites research that reflects the negative impacts that deployment and trauma-related stress can have on military families, particularly spouses and children:

- Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among U.S. Army spouses.
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.

Alliance serves as the Local Management Entity/Managed Care Organization (LME/MCO) for the public behavioral healthcare services available to the citizens of Cumberland, Durham, Wake and Johnston counties. While many service members, veterans and their families are able to receive federally-funded mental health and substance abuse services through military treatment facilities or the Department of Veterans Affairs, for a variety of reasons others are not. For those individuals, Alliance has the responsibility to provide information as well as referral and access to the State- or locally-funded service systems for which they are eligible. The Alliance Access and Information Center is available toll-free 24 hours a day at (800) 510-9132 to help individuals determine whether they are eligible for the services managed by Alliance.

Alliance’s Veterans Plan was developed to help ensure that the needs of members of active and reserve components of the Armed Forces of the United States, veterans and their family members are addressed in compliance with North Carolina Senate Bill 597 and Session Law 2011-185, Section 6.G.S. 122C-115.4. The goals of the Plan are as follows:

1. Identify service members, veterans and their families in the Alliance region who are in need of and/or seeking behavioral health services.
2. Serve as a voice for this target population in the Alliance needs assessment process to help ensure that any unique behavioral healthcare needs are understood and addressed.
3. Educate community partners throughout the Alliance region about the behavioral healthcare services available to qualifying service members, veterans and their families.
4. Provide a “No Wrong Door” access to services for service members, veterans and their families.
Alliance takes a collaborative approach to reaching the goals of the Plan by participating in critical partnerships at the community and state levels with a variety of other public and private organizations pooling their expertise and resources to ensure the behavioral health and overall well-being of service members, veterans and their families.

The following glossary is designed to clarify some of the terms and organizations referenced in the Veterans Plan:

**Alliance Access and Information Center** – Individuals can call Alliance’s 24 hour toll-free number at (800) 510-9132 to access information or services, including help during a crisis.

**Alliance Crisis and Assessment Centers** – Facilities that provide licensed clinicians to help assess treatment needs. If immediate services are needed, staff from the Center will work with an individual and Alliance to find an appropriate treatment setting prior to leaving the Center. ([www.alliancebhc.org/consumers-families/crisis-and-access/crisis-facilities/](http://www.alliancebhc.org/consumers-families/crisis-and-access/crisis-facilities/))

**Alliance Provider Network** – The network of private providers contracted with Alliance to supply public behavioral health services to the citizens of the Alliance region.

**TRICARE** – The health care program for almost 9.5 million beneficiaries worldwide, including active duty service members, National Guard and Reserve members, retirees, their families, survivors, certain former spouses and others registered in the Defense Enrollment Eligibility Reporting System. ([www.tricare.mil/Welcome.aspx](http://www.tricare.mil/Welcome.aspx))

**Mobile Crisis** – Mobile Crisis provides integrated, short-term crisis response, stabilization and intervention for adults and children experiencing a mental health or chemical dependency crisis. The Team can come to where an individual is located to provide confidential, non-judgmental services. ([www.alliancebhc.org/consumers-families/crisis-and-access/mobile-crisis-services/](http://www.alliancebhc.org/consumers-families/crisis-and-access/mobile-crisis-services/))

**NC National Guard Integrated Behavioral Health System** – Created to assist National Guard service members and their families by assessing for immediate behavioral health needs and offering therapeutic support. ([www.nc.ngb.army.mil/SS/SitePages/IBHS.aspx](http://www.nc.ngb.army.mil/SS/SitePages/IBHS.aspx), (855) 322-3848)

**NC Division of Veterans Affairs** – The State agency with the responsibility to assist veterans and their families in the presentations, processing, proof and establishment of claims, privileges, rights and benefits to which they may be entitled to under Federal, State, or local laws.

**SMVF** – Service members, veterans and their families

**Veterans Point of Contact** – The staff member at Alliance (and each of North Carolina’s LME/MCOs) who is responsible for overseeing and enhancing the LME/MCO’s efforts to effectively meet the behavioral health needs of military personnel, veterans and their families.

**Veterans Service Officers** – Individuals in each NC county responsible for assisting military veterans and their dependents in obtaining appropriate benefits from the Department of Defense ([www.doa.nc.gov/vets/vso-map.aspx](http://www.doa.nc.gov/vets/vso-map.aspx))
Alliance FY17 Veterans Plan

**Goal 1** Identify service members, veterans and their families in the Alliance region who are in need of and/or seeking behavioral health services.

**Goal 2** Serve as a voice for this target population in the Alliance needs assessment process to help ensure that any unique behavioral healthcare needs are understood and addressed.

**Goal 3** Educate community partners throughout the Alliance region about the behavioral healthcare services available to qualifying service members, veterans and their families.

**Goal 4** Provide a “No Wrong Door” access to services for service members, veterans and their families.

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<tr>
<th>Objective</th>
<th>Strategy</th>
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<td>● Assist military/veterans, National Guard/Reserve members and their families in understanding and obtaining services through the Alliance Provider Network (addresses Goals 2 and 3)</td>
<td>● Educate targeted military and veterans organizations in all four counties about services available from Alliance, how to access them, and SMVF eligibility criteria</td>
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<td>● Establish relationships with Veteran Service Officers (VSO) in Cumberland, Durham, Wake and Johnston counties to educate about the role of the Alliance VPOC and resources available to them and the population they serve</td>
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<td>o Provide education to VSOs about accessing care through Alliance</td>
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<td></td>
<td>● Collect data regarding military status and history on all current Alliance enrollees and those seeking services (Goal 1)</td>
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<td>● Obtain intake and screening data on SMVF and their families on a quarterly basis</td>
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<td>● Work with appropriate Alliance staff, Network providers and external sources to develop other mechanisms to identify these individuals</td>
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<td>● Review data on service members, veterans and their family members who are enrolled within Alliance Provider Network to ensure their service needs are being met (Goal 2)</td>
<td>● Gather and review client enrollment data (Client Data Warehouse) from appropriate Alliance department on a quarterly basis</td>
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<td>● Participate in the Alliance needs assessment process to help ensure that SMVF needs are identified and addressed by the Alliance service system</td>
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<tr>
<td>Objective</td>
<td>Strategy</td>
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| • Assist in the provision of crisis services for this population (Goals 3 and 4) | • Increase awareness of how to access crisis services through the Alliance Access and Information Center and local Crisis and Assessment Centers  
• Work with Crisis and Assessment Center staff to ensure appropriate services and capacity to address the needs of this population are being met  
• Ensure that Mobile Crisis staff in each community are aware of the specialized needs of this population |
| • Ensure coordination of benefits and eligibility determination for SMVF, including referral to VA services and TRICARE (Goals 1, 3 and 4) | • Educate appropriate Alliance staff about referring and linking SMVF to Veterans Administration services and TRICARE  
• Assist Alliance staff, providers and others in resolving issues associated with entitlements when SMVF encounter enrollment problems |
| • Encourage appropriate members of the Provider Network to seek enrollment in TRICARE that will allow them to provide reimbursable service to this population (Goal 4) | • Provide TRICARE enrollment information to Alliance Provider Network on request |
| • Ensure that appropriate staff at Alliance and Provider Network receive information regarding training opportunities as outlined in the legislation (Goals 3 and 4) | • Provide training and/or information to Alliance Access and Care Coordination staffs on SMVF issues and needs  
• Educate the Provider Network on SMVF issues and use of appropriate resources for referrals  
• Coordinate with NC AHEC agencies for training opportunities for appropriate Alliance and Provider Network staff |
Alliance and its Military/Veterans Point of Contact:
Making a Difference in FY16

Collaborating at the State and Community Levels

- Member of the Governor’s Working Group for Service Members, Veterans and their Family, addressing employment opportunities, health care, VA benefits, housing, personal services and education
- Member of the Governor’s Task Force to End Veteran Homelessness by the End of 2016

Cumberland County was first in North Carolina to achieve “functional zero” status for homeless veterans

- Worked with county Veteran Service Officers in obtaining behavioral health and housing assistance for veterans seeking services.
- Developed relationships and/or partnered with NC Serves-USO, NC Strive, NC Dept. of Military and Veteran Affairs, NC National Guard-Integrated Behavioral Health System, Local VFW, Triangle Veterans Wellness Outreach Center, Wake County Veterans Council, VLCNC-Cares, Cumberland County Veterans Council and Veterans Empowering Veterans.

Veterans Behavioral Health Subject Matter Expert

- Participated in over 80 meetings, trainings and face-to-face contacts over the past two years. Also handled over 150 telephone calls assisting veterans and their family members.
- Initiated and facilitated trainings for staff and providers on “Working with Military Families” and “Residual Effects of Trauma in Military Families.”
- Provided Mental Health First Aid training to seven groups in FY16, including Wake County Public Health Nurses and the Departments of Public Safety in Durham, Wake, Cumberland and Johnston counties.

Specialized Veterans MHFA trainings coming in FY17

- Ensures consistent flow of information to the Alliance Provider Network serving the military and veterans, including fee changes and new service codes.
- Worked with the Alliance Access and Information Center to implement a uniform procedure for making referrals and linkages for veterans and their family members to services within and outside the Alliance Provider Network.

- Worked with Alliance Care Coordinators to ensure an enhance awareness of the special needs of veterans and their families.

Technology Advancements

- Alliance worked with the vendor of its data management system to enhance the accuracy of the data it captures from calls by veterans and their family members to its Access and Information Center.

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*Enhancements shared with other NC LME/MCOs using the same data management system*

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- Data collected is shared with NC DHHS through its Client Data Warehouse (CDW), and collectively with members of the NC General Assembly on an annual basis.