

Spotlight on the Safety Net

*A Community Collaboration
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North Carolina National Guard Family Assistant Centers

Family Assistance Centers (FACs) compose a family support system implemented across the country by the National Guard Bureau. FACs are required to provide 5 essential services: financial counseling, TRICARE education, legal support, Defense Enrollment Eligibility Reporting System enrollment, and referrals to community resources. With 6 federally funded FACs, 3 state-funded FACs, and 4 storefront FACs, North Carolina has more FACs than any US state or territory, reflecting its commitment to military families. In addition, the FACs in North Carolina are home to the licensed behavioral health clinicians of the North Carolina National Guard (NCNG) Integrated Behavioral Health System (IBHS).

The state-funded FAC in Greensboro opened in 2004 and was the first of its kind in North Carolina. In addition to an IBHS clinician, this FAC houses 2 of the 23 family assistance personnel available across the state. Collaboratively, they work in various armories in the region to improve family members' access to FAC services. They also provide support to service members who remain behind to operate a unit when the majority of the unit's members are deployed. In addition to overseeing the required services, both individuals work with community groups to conduct informational meetings, programs, and presentations. The Greensboro FAC partners with the local 4-H, cooperative extension centers, American Red Cross, local churches, Kiwanis Club, Rotary Club, and local veterans service organizations and auxiliaries. The FACs enable the NCNG Family Programs to contact service members and their families throughout the state.

As discussed by Nissen and colleagues [1] in the policy forum, the IBHS started in November 2010 as a 1-800 number available 24/7 to help connect service members and their families to appropriate behavioral health resources. As of April 2011, the NCNG IBHS had received more than 400 calls, 64 of which required immediate mental health intervention. IBHS clinicians provide clinical assessments and referrals to direct services and resources, consult with callers who are in dangerous and concerning situations, help family members understand available services and encourage their service members to call directly, respond to command personnel and leaders who are concerned about service members, and provide crisis intervention and behavioral health support services. Through the assessment process, clinicians are able to understand which factors, including family stressors, financial stressors, depression, and anxiety, are adversely affecting the service member's health and/or their safety or the safety of other individuals. Follow-up care to address housing needs and medical problems and to connect the service or family member with other assistance, including that provided by clergy members and financial and legal professionals, is also part of the IBHS. Once an assessment has been completed, NCNG behavioral health case managers can develop an ongoing relationship with the service member and their family to monitor and ensure that the caller receives appropriate follow up.

The presence of family assistance personnel and licensed clinicians in the same FAC is unique to North Carolina and substantially enhances access to services. Rather than having to communicate across the region or state, staff in a single FAC can accurately assess the severity of an emotional crisis, allowing them to respond more quickly to emergencies. In one case, a service member with feelings of hopelessness called the 1-800 number. The service member had very little food in the house and no diapers for their children. The circumstances had lapsed beyond control, and the service member was unable to cope

with the situation. The FAC clinician collaborated with onsite family assistance personnel, and voucher coupons for food and diapers were delivered to the service member and family that evening. After the team addressed this immediate need, they helped the service member access employment and career-building resources for longer-term solutions. This and similar success stories are typical at North Carolina FACs where clinicians and family assistance personnel are co-located.

Service members and their families face unique challenges. NCNG FACs are helping families prepare for and recover from many of these challenges, through the dedication and hard work of their multidisciplinary staff and the community partnerships they continue to create. NCMJ

Reference

1. Nissen SW, Brotherton JL, Cohn JA. North Carolina National Guard Integrated Behavioral Health System. N C Med J. 2011;72(1):43-45 (in this issue).

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