

**Report of the
Joint Committee on Kansas Security
to the
2012 Kansas Legislature**

CHAIRPERSON: Representative Mario Goico

VICE-CHAIRPERSON: Senator Jay Emler

OTHER MEMBERS: Senators Anthony Hensley, Carolyn McGinn, Tim Owens, and Allen Schmidt; and Representatives Stan Frownfelter, Judith Loganbill, Peggy Mast, and Connie O'Brien

CHARGE

- The Joint Committee on Kansas Security is statutorily directed to study, monitor, review, and make recommendations on matters regarding the security of state employees and state-owned buildings or property; matters regarding the security of the public, including public buildings and facilities; matters regarding the security of the Kansas infrastructure, including information systems; and measures for the improvement of security for the State of Kansas. The Committee also is charged to review and monitor federal moneys received by the state for homeland security or other security purposes.

Joint Committee on Kansas Security

ANNUAL REPORT

CONCLUSIONS AND RECOMMENDATIONS

Based on Committee testimony and discussion, the Committee makes the following conclusions and recommendations:

- The Committee requested that a letter from the Committee be sent to providers and regulators of medical services regarding the Joining Forces curriculum (designed to educate the general public on the medical, social, and emotional challenges that veterans and their families face) and other resources to enable better services for veterans.
- The Committee endorses the Kansas National Guard Resiliency Center's programs to prepare soldiers and their families for what they face upon deployment and upon their return.
- The Committee supports the establishment of an internet-based database service, organized by county or region, to consolidate information on resources statewide that support Kansas veterans, service members, and their families.
- The Committee restates the Kansas Legislature's commitment to use 2 percent of net electronic gaming machine income for treatment of alcoholism, drug abuse and other addictive behaviors (KSA 74-8747 and 79-4805).
- The Committee urges the Senate and House Judiciary committees to investigate separate veterans dockets within the district court system.

Proposed Legislation: The Committee voted to introduce a concurrent resolution, to start in the House, to urge TRICARE to provide substance abuse treatment in all areas of the State of Kansas.

BACKGROUND

The 2004 Legislature created the Joint Committee on Kansas Security (KSA 46-3301) to study, monitor, review, and make recommendations for the following:

- Matters relating to the security of state officers and employees;
- Security of buildings and property under the ownership or control of the state;
- Matters relating to the security of a public body or agency, public building, or facility;
- Matters relating to the security of the infrastructure of Kansas, including any information system; and
- Measures for the improvement of security for the State.

The Committee is to submit an annual report by December 31 on its findings and recommendations concerning Kansas Security to the Legislature.

COMMITTEE ACTIVITIES

The Committee met October 17, 2011, on the topic of veterans and mental health. It received testimony from staff on subject background and mental health services funding and from representatives of the Adjutant General's office, the U.S. Department of Veterans Affairs, the Warrior Transition Battalion at Fort Riley, the Institute for the Health and Security of Military Families at Kansas State University, the National Alliance on Mental Illness, the Kansas Association of Community Mental Health Centers, and providers of direct services. It also heard testimony from veterans who have received mental health treatment. That testimony is summarized below.

Mental Health Funding. Staff reviewed a history of mental health funding in Kansas, Fiscal Year (FY) 2002 through the FY 2013 Agency Request. The following points summarize changes from FY 2002 and the FY 2013 Agency Request:

- Community Mental Health Centers (CMHCs), funding for uninsured and infrastructure was reduced from \$49.1 million to \$27.1 million;
- CMHCs, funding for Medicaid recipients increased from \$130.9 million to \$217.9 million;
- Number of Medicaid recipients increased from 28,669 to 48,205;
- Residential treatment payments increased from \$14.2 million to \$69.9 million; and
- State mental health hospitals expenditures

increased from \$58.1 million to \$99.0 million.

Total for mental health services increased from \$203.3 million to \$368.8 million.

Adjutant General's Department. The Chief of Workforce Support, Adjutant General's Office, described efforts by that Office to serve service members before, during, and after deployment. Those efforts include events and presentations to both service members and their families, on topics including reestablishing relationships after deployment, connecting service members to community services, and explaining benefits available from the U.S. Department of Veterans Affairs (VA). He described efforts to ensure support and services to veterans and families from communities far from military bases or large population centers. He provided information on programs and offices including the Joint Family Assistance Program, the Transition Assistance Program, Employer Support Guard and Reserve, the National Guard psychological health consultant, the sexual assault response coordinator, and the Kansas Inter-Service Family Assistance Committee (a group working to coordinate services in the state). He requested Committee consideration of support for a one-stop, easy-to-navigate website of resources available to and geared toward veterans and their families, such as Network of Care. Committee members asked questions regarding coordination with other state agencies, difficulties in identifying veterans and their needs, getting services to geographically dispersed veterans, difficulties in coordinating across various branches of the military, and challenges in funding. He answered many Committee member questions about the various aspects of the services to service members, veterans, and families.

The head of the Kansas National Guard's Resiliency Center described the Center's efforts to develop curriculum and provide tools to teach and improve the resiliency skills of soldiers,

airmen, emergency management personnel, and families of National Guard members. The course, developed in collaboration with national and international experts, focuses on preventative measures and identifying and strengthening skills related to resilience. As of September 2011, more than 5,000 had been trained using the curriculum, including nearly 1,100 in Kansas; the remainder are from 27 additional states and military organizations. He answered Committee questions regarding funding and continuation of the program.

Veterans Affairs. The program manager for Operation Enduring Freedom/ Operation Iraqi Freedom/ Operation New Dawn for the Department of Veterans Affairs (VA) Eastern Kansas Health Care System presented information about mental health services offered at VA facilities in Kansas and the implementation of new services. She discussed the importance of a veterans-based culture in treatment for mental health issues, the team approach used, the benefits of regular contact with veterans (who frequently do not exhibit mental health problems for some time after deployment), available treatment for addictions, tele-mental health conferencing *via* equipment at community-based outreach clinics, and outreach efforts. Committee members requested a future update on coordination between the VA and state agencies.

Fort Riley Warrior Transition Battalion. The Battalion's commander described it as a special unit where wounded, injured, or ill Regular Army, Reserve, and National Guard soldiers who have complex medical needs can focus on healing. Each soldier has a comprehensive transition plan, and the soldier is required to follow that plan. He stated the Army is improving at recognizing and treating "invisible wounds." Proximity of inpatient facilities and meeting the demand for behavioral health care providers remain as challenges, he said.

Kansas State University Institute for the Health and Security of Military Families.

The Institute's director stated that its objective is to provide development and management of research, academic, outreach, and clinical service programs that are committed to furthering knowledge of military families. She provided examples of its efforts, describing in particular the history of and plans for a multi-day, holistic couples retreat designed to assist those with post-traumatic stress disorder (PTSD) and incorporating peer recovery support. She asked the Committee to encourage and support efforts regarding coordination and collaboration among service providers.

Association of Community Mental Health Centers of Kansas, Inc. The Association's representative, who also is Legislative Committee co-chairperson for State Affairs with the National Guard Association of Kansas, included in her testimony statistics such as these: more than 7,500 members of the Kansas National Guard have been deployed at least once in support of operations in Iraq and Afghanistan; mental health disorders have been reported in more than 26 percent of soldiers returning from Iraq and Afghanistan; while the suicide rate among active-duty Army soldiers leveled off in 2010, the rate nearly doubled for National Guard and Reserve soldiers; between 23 percent and 33 percent of female veterans returning from deployment have experienced sexual trauma; and the suicide rate for female veterans is triple that of women who are not veterans.

She reviewed the work in 2009 and 2010 of the Governor's Military Council's Task Force on Mental Health, Substance Use, Traumatic Brain Injury, Post Traumatic Brain Injury, and Other Issues. That Task Force found three needs to be addressed at the state level: making all veterans aware of available services, training for mental health and substance abuse providers to orient them to the needs of returning veterans and families, and training and referral information to be disseminated to as many interested individuals and organizations as possible. She stated that CMHCs serve all counties in Kansas but that the

VA has only three medical centers and 17 small outpatient clinics (with limited hours) across the state.

She said the Association recommends these actions:

- A legislative resolution urging the VA to contract with community mental health centers where the VA has little or no community presence;
- Inclusion of information on where a veteran, the veteran's family, or both may turn for assistance with mental health and substance abuse issues in briefings and handouts of the Kansas Commission on Veterans Affairs;
- Creation of a network to connect information on all veteran-related resources available, such as the Network of Care;
- Establishment of a position responsible for coordinating outreach, collaboration, and information dissemination on veterans issues; and
- A legislative resolution urging the TRICARE military health care program to provide substance abuse treatment through providers including CMHCs, regardless of whether the program participant has a mental health diagnosis.

The executive director of Pawnee Mental Health Services, a CMHC, discussed recovery from serious mental illness, the significant increase in the numbers of soldiers and their family members seeking treatment from Pawnee Mental Health Services, the challenges of retaining professional staff, and the limited number of facilities in Kansas where TRICARE beneficiaries can receive treatment for substance abuse without a concurrent mental health diagnosis. She requested the Legislature urge Congress to change the rules surrounding who

may provide substance abuse treatment for TRICARE beneficiaries.

Sedgwick County for Veterans Coalition.

A Coalition member, who is a minister and retired military chaplain, discussed the effects of service on veterans' families, including divorce rates of up to 75 percent in some returning units. He stated the general public is willing to assist veterans by giving financially. On behalf of the Coalition, he made these suggestions:

- A notation on a driver's license to indicate veteran status, to identify veterans for benefits and to assist in directing veterans to appropriate services;
- A statewide training that educates the public on military culture and issues service members and their families may face;
- A statewide mentoring program for veterans; and
- Veterans' courts or dockets.

The Committee was told that the City of Wichita has a veterans' docket within its mental health court and that the veterans' docket has resulted in better outcomes for veterans facing lower-level charges.

Corner House. Representatives of this Emporia facility, which has provided substance abuse treatment for more than 35 years, discussed its transitional living program for homeless women veterans with or without children. It is the only such facility in Kansas, they said. The Corner House executive director reviewed the facilities and treatment available to these veterans. She stated that 14 percent of all veterans are women; trauma and specifically military sexual trauma was found to be the leading factor in the downward spiral that leads to homelessness for women veterans; the average age of homeless women veterans is 47; and that at least 70 percent of homeless veterans have substance

abuse problems. She asked that Corner House be included in any listing of services available to veterans. She also reviewed the costs for the facility for women veterans and their children and the lesser amount the VA pays for those services. She included written testimony from women veterans using Corner House services.

Kansas Association of Addiction Professionals. The Association's executive director urged the Committee and the Legislature to expand referral, timely access, and quality services for veterans' mental health and substance abuse treatment.

National Alliance on Mental Illness (NAMI), Kansas. The NAMI Kansas executive director stated that approximately 60 percent of adults and half of children with mental illness are not getting treatment. He reviewed additional national statistics, including that almost 10 million family members of military personnel have a direct connection to someone who has gone to war; that more than 100,000 homeless veterans are on the street on any given night; that 18 veterans die by suicide each day (according to a 2010 report); and that the annual indirect cost of mental illness was estimated to be \$79 billion in 1999. He stated that community mental health treatment is cost-effective. He discussed the Joining Forces curricula, developed by the American Hospital Association and other national organizations to educate the general public on the medical, social, and emotional challenges that veterans and their families face. He urged a partnership between VA and the public mental health system in Kansas, consideration of a resource such as Network of Care to assist veterans in finding appropriate help, and consideration of specialty courts such as mental health courts.

The director of Faith and Truth Ministries and the Quincy House-Veteran/Homeless Ministry testified regarding his military service, his need for and use of mental health services as a veteran, and difficulties for himself and

other veterans in obtaining appropriate mental health services. He urged support for mental health and veterans' court dockets, to steer those with mental health needs toward treatment; for identifying and addressing barriers to obtaining treatment; and for training for law enforcement officers in effectively dealing with veterans who have mental health issues.

A member of the NAMI Veterans Council, who described his military service overseas and as an Army recruiter, submitted written testimony on his experiences with mental illness during and after military service and the roles of his family, other veterans, and VA staff in his recovery. He stated taxpayers were likely to agree to a small tax to provide more recovery-based treatments and facilitators, and he urged funding and staffing to assist veterans with mental illness.

Staff distributed a listing of recommendations from conferees and others that staff had received prior to the meeting.

CONCLUSIONS AND RECOMMENDATIONS

The Committee requested a letter from the Committee be sent to the Board of Healing Arts, which oversees the licensing of doctors and certain other medical professionals for the State of Kansas; to the University of Kansas Medical Center; and to other providers and regulators of medical services regarding the Joining Forces curriculum and other resources to enable better services for veterans.

The Committee endorses the Kansas National Guard Resiliency Center's programs to prepare soldiers and their families for what they face upon deployment and upon their return.

The Committee voted to introduce a concurrent resolution, to start in the House, to urge TRICARE to provide substance abuse treatment in all areas of the State of Kansas.

The Committee supports the establishment of an internet-based database service, organized by county or region, to consolidate information on resources statewide that support Kansas veterans, service members, and their families, and to request that any such database include services to homeless women veterans.

The Committee restates the Kansas Legislature's commitment to use 2 percent of net electronic gaming machine income for treatment of alcoholism, drug abuse and other

addictive behavior, as stated in the statutes distributing net electronic gaming machine income and establishing the Problem Gambling and Addictions Grant Fund (KSA 74-8747 and 79-4805).

The Committee urges the Senate and House Judiciary committees to investigate separate veterans' dockets within the district court system.