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Testimony on Mental Health and Returning Veterans

**House Veterans, Military and Homeland
Security Committee**

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Veteran/Military/Homeland Security Comm.

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Attachment #: 1

Hello Mr. Chairman, members of the Committee. My name is Michelle (Sheli) Sweeney, and I am here today to discuss a topic that is near to my work and my heart. I am the Advocacy and Member Services Coordinator with the Association of Community Mental Health Centers of Kansas, Inc. First, I want to thank Chairman Goico allowing discussion of this topic among the legislative members. It is critical and long overdue.

The Association represents 27 licensed CMHCs which provide mental health services to meet the particular needs of their local communities. The public mental health system is a partnership between State and local government. With a collective staff of over 4,000 professionals, the CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. We serve every county in the state. We are also available 24/7 each day, via phone, for any crisis that may be happening. The CMHCs provide assessment, diagnosis, and treatment, and screening for hospitalization to all Kansans, regardless of their ability pay. We served more than 115,000 Kansans in 2010.

I am also a **retired Air National Guard Major** and the Legislative Committee Co-chair for State Affairs with the National Guard Association of Kansas. The National Guard Association of Kansas and the Enlisted Association of the National Guard in Kansas, together represent all 7,700 Kansas National Guardsmen—Army and Air—as well the retirees from those service branches. The veterans in our state come from every county. They are all volunteers—serving as National Guardsmen, Reservists and Active Duty Military members. They have served in Iraq, Afghanistan, the Balkans, Southwest Asia, and Europe. Many have been deployed numerous times since 9-11-01. After deployment, they return home to Kansas—to their communities, to their families, to their employers and to civilian life.

There is a growing concern in our State that our returning veterans are dealing with mental health, substance abuse, traumatic brain injury and other injuries that are not visible but very real. These invisible injuries impact veterans, their families, children, employers and communities. Since 2003, **more than 7,500 Kansas National Guardsmen and more Active Duty Soldiers have been deployed and redeployed in support of overseas operations.** Active duty military members will return to a military base with sufficient medical and mental health clinicians. By contrast, the National Guardsmen may live hours away from a Veteran's Administration Health Care Facility, and if they have mental health or substance use problems, there may be no treatment or care available to them close to their homes. In fact, many times, post traumatic stress and traumatic brain injury (from blasts suffered while deployed) may not even surface or become problems until many months after the service member returns home.

Kansas has quite a variety of services available to veterans and families. The VA has three urban hospitals in Wichita, Topeka and Leavenworth, with 17 small clinics in other parts of the state. However, many are only open 1 or 2 days a week and open only until 4:30pm. There is one mobile counseling center, but it does not have a regular schedule.

Community Mental Health Centers in Kansas serve all 105 counties, with more than 100 sites across the state—27 main sites with satellite and field offices. The CMHCs have seen children, spouses and military members for a variety of services and treatment—before, during and after deployment.

Other examples of services that are available to veterans are a program in Emporia for homeless female veterans and their children called *Corner House*. In Wichita, the Sedgwick County Veterans Coalition works with veterans in that large, urban area. There are programs at McConnell Air Force Base, Fort Leavenworth, Fort Riley, and the Adjutant General's office has a Director of Psychological Health, as do each of the two Air National Guard Wings in Kansas—Wichita and Topeka. The Kansas Commission on Veterans Affairs works to reach out to veterans and educate them on the benefits they are due. The list goes on and on.

Many service organizations have seen the increased need for mental health, substance use and suicide prevention services and education. However, due to funding constraints, they have not been able to meet all of the needs out there, there are still gaps. When our heroes transition back into civilian life, they may encounter post traumatic stress, depression, substance abuse, and anxiety and be unaware of any resources

or assistance to help them. All of these resources are out there, but veterans don't necessarily know where the resources are or how to access them.

One method that would help connect services and information to veterans and families is an internet system such as the NETWORK OF CARE. The Network was developed to serve that exact purpose. Check out <http://networkofcare.org/veterans.cfm> which several states' Adjutant Generals' offices have implemented with great success.

Similarly, it is important for mental health professionals in the community to have military-specific training, particularly in order to form a rapport with the military member and gain insight on interaction with military members and families. Such training is available in several locations accessible by internet, such as Army One Source's "Invisible Wounds of War", The Center for Deployment Psychology, and "Another Kind of Valor" from the California Institute of Mental Health. The more mental health professionals who are able to understand and treat veterans, the more beneficial it will be to veterans, their families and our larger communities.

RECOMMENDATIONS FROM THE ASSOCIATION:

- ★ Resolution from the Kansas Legislature urging Congress to urge the VA in Regions VISN 15 and 19 to contract with local community mental health providers in the rural and frontier area of Kansas where the VA has little or no presence. Senate Bill 38, passed in the 2010 Congress, mandated the VA to contract with local community mental health providers to ensure a presence in all areas of the state where service members and veterans may be located.
- ★ Recommendation for the Kansas Commission on Veterans Affairs to include information in their benefit briefings and handouts on where veterans and families can turn for help with mental health, substance abuse or suicide prevention issues.
- ★ Recommend implementation of a network that can connect information on all the services, supports, resources that are available to service members, veterans and families. An internet system such as the NETWORK OF CARE has been developed to serve that exact purpose. Check out <http://networkofcare.org/veterans.cfm> which several states' Adjutant Generals offices have implemented with great success.
- ★ Recommend a position be funded to coordinate (in conjunction with the Network of Care system), outreach, collaboration, information dissemination and remain in contact with the various organizations to ensure veterans and families are aware of the resources that are available.
- ★ Resolution from the Kansas Legislature urging Tri-Care to provide substance abuse treatment for Tricare beneficiaries in all areas of the state, regardless of whether or not they have a mental health diagnosis. Restrictions on who can provide outpatient substance abuse treatment for Tricare beneficiaries are very narrow and do not include the majority of treatment programs offered in the state.

The Association believes that by implementing these ideas, Kansas will go a long way toward opening access to returning veterans and their families to the services and supports that they need and deserve. Please consider this an offer of the Association of Community Mental Health Centers, the National Guard Associations of Kansas—the Enlisted and the Officers, as our offer to assist the legislature, Kansas Commission on Veterans Affairs, the Veterans Administration, the Adjutant Generals' office, the Network of Care, or any organization that may be involved in any of these or further recommendations.

Thank you, Mr. Chair, again for the opportunity to present today. I am glad to stand for any questions.