Approved: 2/18/10
Date

MINUTES OF THE HOUSE VETERANS, MILITARY AND HOMELAND SECURITY COMMITTEE

The meeting was called to order by Chairman Don Myers at 1:30 p.m. on February 11, 2010, in Room 785 of the Docking State Office Building.

All members were present except:
Representative Mario Goico
Representative Delia Garcia
Representative Lee Tafanelli
Representative Pat George
Representative Sean Gatewood

Committee staff present:
Art Griggs, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Corey Carnahan, Kansas Legislative Research Department
Lauren Douglass, Kansas Legislative Research Department
Barbara Lewerenz, Committee Assistant

Conferees appearing before the Committee:
Representative Pat Colloton, Chairman of the House Committee on Corrections and Juvenile Justice
John Armbrust, Executive Director, Governor's Military Council

Others attending:
See attached list.

Moved by Representative Goyle and seconded by Representative Phelps to approve the minutes of the House Committee on Veterans, Military and Homeland Security held February 9, 2010. Motion Carried.

Chairman Myers welcomed visitors of the Kansas State Nurses Association attending the meeting.

The Chairman recognized Representative Colloton who presented her research on, "Mentally Ill Veterans in the Criminal Justice System." (Attachment 1) Although veterans are not over represented in the justice system, as compared to the general population, there is a growing concern as more veterans of Operation Iraqi Freedom and Operation Enduring Freedom return home with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and depression. Behavior that promotes survival within the combat zone may cause difficulties during the transition back to civilian life. 9.4 percent of the country's prison inmates are veterans. Some states have implemented strategies for the interception of veterans with trauma and mental conditions as they encounter law enforcement or are processed through the courts.

Questions and answers revealed that Kansas is not a leader in specialty courts, but a grant has been obtained to study the process and that six Kansas District Court Judges have already taken the initiative to implement speciality courts. The veteran-specific peer support service is a strong support for combat veterans experiencing mental illness or substance abuse.

The Chairman introduce John Armbrust who briefed the Committee on, "The Fiscal and Economic Impact of Military Activities in Kansas." (Attachment 2) He emphasized that Ft. Riley, Ft.. Leavenworth, McConnell Air Force Base, Forbes Field and Smoky Hill Training Center together impact the State of Kansas financially by $7.7 billion dollars. The military is possibly the largest employer in Kansas. The Governor's Military Council is working to keep the military installations in Kansas and working with communities adjacent to the installations to establish positive relationships. Mr. Armbrust reminded the Committee that February 18th is Armed Forces Day and that it is good time to thank our men and women in uniform for their service.

Minutes of the House Veterans, Military and Homeland Security Committee at 1:30 p.m. on February 11, 2010, in Room 785 of the Docking State Office Building.

The Chairman opened discussion on **HB 2480 - Concerning certain public employees; relating to leaves of absence with pay for certain disaster service volunteers.** Moved by Representative Bollier and seconded by Representative Seiwert to table **HB 2480**. Motion Carried.

Chairman Myers announced that the House Veterans, Military and Homeland Security Committee Meetings for the week of February 15th are "On call of the Chairman."

The meeting was adjourned at 2:30 p.m.

HOUSE COMMITTEE ON VETERANS, MILITARY AND HOMELAND SECURITY

GUEST LIST

DATE Feb 11, 2010

Your Name	Representing
Michelle Marshall	KSNA
~~Corey Roelofs~~	~~WJC~~
~~Aly Miller~~	~~WJC~~
Jerome L. Hanson	CAP Civil Air Patrol
S. Therese Bangert	—

Testimony
Rep Pat Colloton
VMHLS
2/11/2010

Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions

A Consensus Report of the CMHS National GAINS Center's Forum on Combat Veterans, Trauma, and the Justice System

August 2008

> *... The 33-year-old veteran's readjustment to civilian life is tormented by sudden blackouts, nightmares and severe depression caused by his time in Iraq. Since moving to Albany last June ... [he] accidentally smashed the family minivan, attempted suicide, separated from and reunited with his wife and lost his civilian driving job.*
>
> *In June ... [he] erupted in a surprisingly loud verbal outbreak, drawing police and EMTs to his home.*
>
> War's Pain Comes Home
> Albany Times Union – November 12, 2006
>
> *... His internal terror got so bad that, in 2005, he shot up his El Paso, Texas, apartment and held police at bay for three hours with a 9-mm handgun, believing Iraqis were trying to get in ...*
>
> *The El Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later told his family, he swerved to avoid imagined roadside bombs; he once crashed over a curb after imagining that a stopped car contained Iraqi assassins. After a July 2007 motorcycle accident, his parents tried, unsuccessfully, to have him committed to a mental institution.*
>
> The Sad Saga of a Soldier from Long Island
> Long Island Newsday – July 5, 2008

On any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons (Noonan & Mumola, 2007; Greenberg & Rosenheck, 2008). Although veterans are not overrepresented in the justice system as compared to their proportion in the United States general adult population, the unmet mental health service needs of justice-involved veterans are of growing concern as more veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) return home with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and depression.

OEF/OIF veterans constitute a small proportion of all justice-involved veterans. The exact numbers are not known—the most recent data on incarcerated veterans is from 2004 for state and Federal prisoners (Noon & Mumola, 2007) and 2002 for local jail inmates (Greenberg & Rosenheck, 2008) before OEF/OIF veterans began returning in large numbers.

Some states have passed legislation expressing a preference for treatment over incarceration (California and Minnesota) and communities such as Buffalo (NY) and King County (WA) have implemented strategies for intercepting veterans with trauma and mental conditions as they encounter law enforcement or are processed through the courts. However, most communities do not know where to begin even if they recognize the problem.

This report is intended to bring these issues into clear focus and to provide local behavioral health and criminal justice systems with strategies for working with justice-involved combat veterans, especially those who served in OEF/OIF.

Combat Veterans, Trauma, and the Criminal Justice System Forum

The CMHS National GAINS Center convened a forum in May 2008 in Bethesda, MD, with the purpose of developing a community-based approach to meeting the mental health needs of combat veterans who come in contact with the criminal justice system. Approximately 30 people participated in the forum, representing community providers, law enforcement, corrections, the courts, community-based veterans health initiatives, peer support organizations, Federal agencies, and veteran advocacy organizations. See Appendix.

We begin with the recommendations that emerged from this meeting and then provide the data that support them.

Recommendations for Screening and Service Engagement Strategies

The following recommendations are intended to provide community-based mental health and criminal justice agencies with guidance for engaging justice-involved combat veterans in services, whether the services be community-based or through the U.S. Department of Veterans Affairs's healthcare system—the Veterans Health Administration (VHA).

➢ Recommendation 1: Screen for military service and traumatic experiences.

The first step in connecting people to services is identification. In addition to screening for symptoms of mental illness and substance use, it is important to ask questions about military service and traumatic experiences. This information is important for identifying and linking people to appropriate services.

The Bureau of Justice Statistics of the U.S. Department of Justice, Office of Justice Programs, has developed a set of essential questions for determining prior military service (Bureau of Justice Statistics, 2006). These questions relate to branch of service, combat experience, and length of service. See Figure 1 for the questions as they were asked in the 2002 Survey of Inmates in Local Jails. One question not asked in the BJS survey, but worth asking, is:

Did you ever serve in the National Guard or Reserves?
- *Yes*
- *No*

Did you ever serve in the U.S. Armed Forces?
- Yes
- No

In what branch(es) of the Armed Forces did you serve?
- Army (including Army National Guard or Reserve)
- Navy (including Reserve)
- Marine Corps (including Reserve)
- Air Force (including Air National Guard and Reserve)
- Coast Guard (including Reserve)
- Other – Specify

When did you first enter the Armed Forces?
- Month
- Year

During this time did you see combat in a combat line unit?
- Yes
- No

When were you last discharged?
- Month
- Year

Altogether, how much time did you serve in the Armed Forces?
- # of Years
- # of Months
- # of Days

What type of discharge did you receive?
- Honorable
- General (Honorable Conditions)
- General (Without Honorable Conditions)
- Other Than Honorable
- Bad Conduct
- Dishonorable
- Other – Specify
- Don't Know

Figure 1. Military Service Questions from the Bureau of Justice Statistics 2002 Survey of Inmates in Local Jails (Bureau of Justice Statistics, 2006)

A number of screens are available for mental illness and co-occurring substance use. Refer to the CMHS National GAINS Center's website (www.gainscenter.samhsa.gov) for the 2008 update of its monograph on behavioral health screening and assessment instruments. The National Center for PTSD of the U.S. Department of Veterans Affairs provides the most comprehensive information on screening instruments available for traumatic experiences, including combat exposure and PTSD. Many of the screens are available for download or by request from the Center's website (http://www.ncptsd.va.gov). Comparison charts of similar instruments are provided, rating the measures based on the number of items, time to administer, and more. Measures available from the Center include:

- PTSD Checklist (PCL): A self-report measure that contains 17 items and is available in three formats: civilian (PCL-C), specific (PCL-S), and military (PCL-M). The PCL requires up to 10 minutes to administer and follows DSM-IV criteria. The instrument may be scored in several ways.
- Deployment Risk and Resilience Inventory (DRRI): A set of 14 scales, the DRRI can be administered whole or in part. The scales assess risk and resilience factors at pre-deployment, deployment, and post-deployment.
- Clinician Administered PTSD Scale (CAPS): A 30-item interview that can assess PTSD symptoms over the past week, past month, or over a lifetime (National Center for PTSD, 2007).

➢ **Recommendation 2: Law enforcement, probation and parole, and corrections officers should receive training on identifying signs of combat-related trauma and the role of adaptive behaviors in justice system involvement.**

Knowing the signs of combat stress injury and adaptive behaviors will help inform law enforcement officers and other frontline criminal justice staff as they encounter veterans with combat-related trauma. Such information should be incorporated into Crisis Intervention Team (CIT) trainings. The Veterans Affairs Medical Center in Memphis (TN) has been involved in the development of the CIT model, training officers in veterans crisis issues, facilitating dialogue in non-crisis circumstances, and facilitating access to VA mental health services for veterans in crisis.

The Veterans Health Administration has committed to outreach, training, and boundary spanning with local law enforcement and other criminal justice agencies through the position of a Veterans' Justice Outreach Coordinator (Veterans Health Administration, 2008a). Each medical center is recommended to develop such a position. In addition to training, a coordinator's duties include facilitating mental health assessments for eligible veterans and participating in the development of plans for community care in lieu of incarceration where possible.

➢ **Recommendation 3: Help connect veterans to VHA healthcare services for which they are eligible, either through a community-based benefits specialist or transition planner, the VA's OEF/OIF Coordinators, or through a local Vet Center.**

Navigating the regulations around eligibility for VHA services is difficult, especially for those in need of services. To provide greater flexibility for combat veterans in need of health care services, enrollment eligibility has been extended to five years past the date of discharge (U.S. Department of Veterans Affairs, 2008) by the National Defense Authorization Act (Public Law 110-181). Linking a person to VHA health care services is dependent upon service eligibility and enrollment. Community providers can help navigate these regulations through a benefits specialist or by connecting combat veterans to a VA OEF/OIF Coordinator or local Vet Center.

Vet Centers, part of the U.S. Department of Veterans Affairs, provide no-cost readjustment counseling and outreach services for combat veterans and their families. Readjustment counseling services range from individual counseling to benefits assistance to substance use assessment. Counseling for military sexual trauma is also available. There are over 200 Vet Centers around the country. The national directory of Vet Centers is available through the national Vet Center website (http://www.vetcenter.va.gov/).

OEF/OIF Coordinators, or Points of Contact, are available through many facilities and at the network level (Veterans Integrated Service Network, or VISN). The coordinator's role is to provide OEF/OIF veterans in need of services with information regarding services and to connect them to facilities of their choice—even going so far as to arrange appointments.

In terms of access to VA services among justice-involved veterans, data are available on one criterion for determining eligibility: discharge status. Among jail inmates who are veterans, 80 percent received a discharge of honorable or general with honorable conditions (Bureau of Justice Statistics, 2006). Inmates in state (78.5%) or Federal (81.2%) prisons have similar rates (Noonan & Mumola, 2007). Apart

from discharge status, access to VA health care services is dependent upon service needs that are a direct result of combat deployment and enrollment within in a fixed time period after discharge. So despite this 80 percent figure, a significant proportion of justice-involved veterans who are ineligible for VA health care services based on eligibility criteria or who do not wish to receive services through the VA will depend on community-based services.

➢ **Recommendation 4: Expand community-based veteran-specific peer support services.**

Peer support in mental health is expanding as a service, and many mental health–criminal justice initiatives use forensic peer specialists as part of their service array. What matters most with peer support is the mutual experience—of combat, of mental illness, or of substance abuse (Davidson & Rowe, 2008). National peer support programs such as Vets4Vets and the US Department of Veteran Affairs's Vet to Vet programs have formed to meet the needs of OEF/OIF veterans. It is important that programs such as these continue to expand in communities around the country.

➢ **Recommendation 5: In addition to mental health needs, service providers should be ready to meet substance use, physical health, employment, and housing needs.**

Alcohol use among returning combat veterans is a growing issue, with between 12 and 15 percent of returning service members screening positive for alcohol misuse (Milliken et al, 2007). Based on a study of veterans in the Los Angeles County Jail in the late 1990s, nearly half were assessed with alcohol abuse or dependence and approximately 60 percent with other drug (McGuire et al, 2003). Moreover, the same study found that of incarcerated veterans assessed by counselors, approximately one-quarter had co-occurring disorders. One-third reported serious medical problems. Employment and housing were concerns for all the incarcerated veterans in the study.

Available information suggests that comprehensive services must be available to support justice-involved veterans in the community.

Background

Since the transition to an All Volunteer Force following withdrawal from Vietnam, the population serving in the U.S. Armed Forces has undergone dramatic demographic shifts. Compared with Vietnam theater veterans, a greater proportion of those who served in OEF/OIF are female, older, and constituted from the National Guard or Reserves. Fifteen percent of the individuals who have served in OEF/OIF are females, almost half are at least 30 years of age, and approximately 30 percent served in the National Guard or Reserves.

From the start of combat operations through November 2007, 1.6 million service members have been deployed to Iraq and Afghanistan, with nearly 500,000 from the National Guard and Reserves (Congressional Research Service, 2008). One-third have been deployed more than once. For OEF/OIF, the National Guard and Reserves have served an expanded role. Nearly 40 percent more reserve personnel were mobilized in the six years following September 11, 2001 than had been mobilized in the decade beginning with the Gulf War (Commission on the National Guard and Reserves, 2008). The National Guard, unlike the active branches of the U.S. Armed Forces and the Reserves, serves both state and Federal roles, and is often mobilized in response to emergencies and natural disasters.

Combat stress is a normal experience for those serving in theater. Many stress reactions are adaptive and do not persist. The development of combat-related mental health conditions is often a result of combat stress exposure that is too intense or too long (Nash, n.d.), such as multiple firefights (Hoge et al., 2004) or multiple deployments (Mental Health Advisory Team Five, 2008).

A recent series of reports and published research has raised concerns over the mental health of OEF/OIF veterans and service members currently in theater. The Army's Fifth Mental Health Advisory Team report (2008) found long deployments, multiple deployments, and little time between deployments contributed to mental health conditions among those currently deployed for OEF/OIF. The survey found mental health problems peaked during the middle months of deployment and reports of

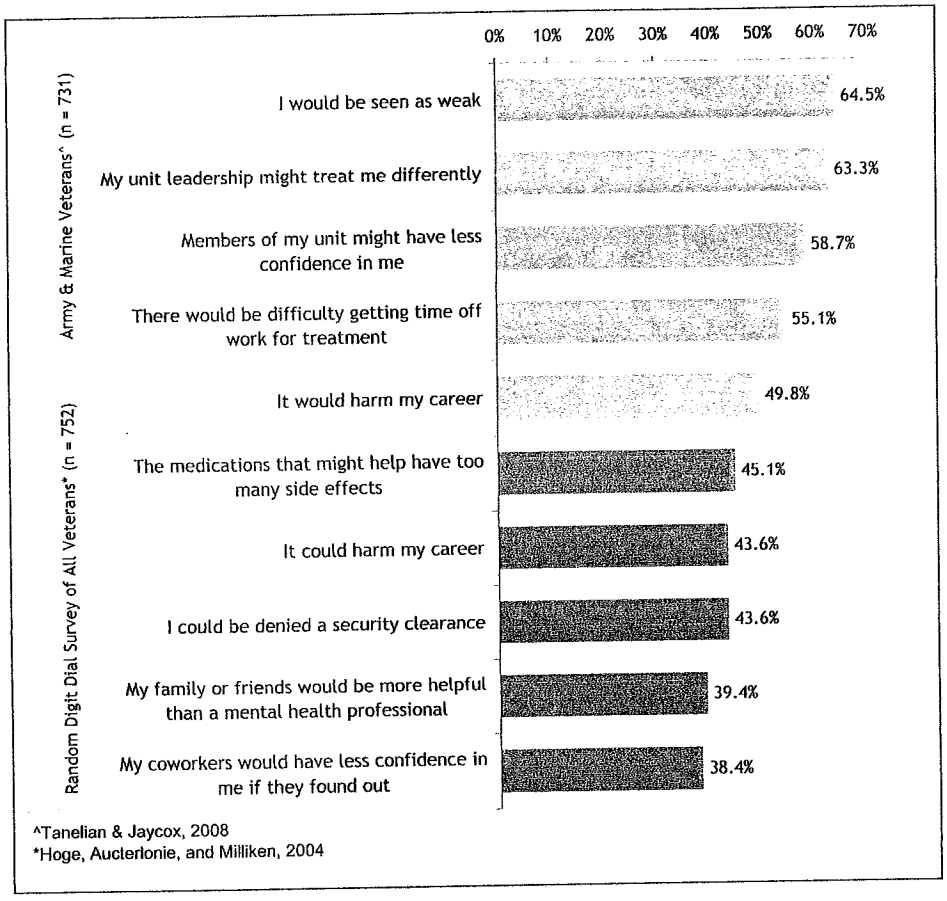

Figure 2. Most Reported Barriers to Care from Two Surveys of Individuals Who Served in OEF/OIF & Who Met Criteria for a Mental Health Condition

problems increased with successive deployments. In terms of returning service members, a random digit dial survey of 1,965 individuals who had served in OEF/OIF found approximately 18.5 percent had a current mental health condition and 19.5 percent had experienced a traumatic brain injury (TBI) during deployment. The prevalence of current PTSD was 14.0 percent, as was depression (Tanelian & Jaycox, 2008).

Reports of mental health conditions have increased as individuals have separated from service. By Department of Defense mandate, the Post-Deployment Health Assessment is administered to all service members at the end of deployment. Three to six months later, the Post-Deployment Health Reassessment is re-administered. From the time of the initial administration to the reassessment, positive screens for PTSD jumped 42 percent for those who served in the Army's active duty (from 12% to 17%) and 92 percent for Army National Guard and Army Reserve members (from 13% to 25%) (Milliken, Auchterlonie, & Hoge, 2007). Depression screens increased as well, with Army National Guard and Army Reserve members reporting higher rates than those who were active duty.

In addition to the increase in mental health conditions, the post-deployment transition is often complicated by barriers to care and the adaptive behaviors developed during combat to promote survival.

Behaviors that promote survival within the combat zone may cause difficulties during the transition back to civilian life. Hypervigilance, aggressive driving, carrying weapons at all times, and command and control interactions, all of which may be beneficial in theater, can result in negative and potentially criminal behavior back home. Battlemind, a set of training modules developed by the Walter Reed Army Institute of Research, has been designed to ease the transition for returning service members. Discussing aggressive driving, the Battlemind literature states, "In combat: Driving unpredictably, fast, using rapid lane changes and keeping other vehicles at a distance is designed to avoid improvised explosive devices and vehicle-born improvised explosive devices," but "At home: Aggressive driving and straddling the middle line leads to speeding tickets, accidents and fatalities." (Walter Reed Army Institute of Research, 2005).

Many veterans of OEF/OIF in need of health care services receive services through their local VHA facilities, whether the facilities be medical centers or outpatient clinics. Forty percent of separated active

duty service members who served in OEF/OIF use the health care services available from the VHA. For National Guard and Reserve members, the number is 38 percent (Veterans Health Administration, 2008b).

A number of barriers, however, reduce the likelihood that individuals will seek out or receive services. According to Tanelian and Jaycox (2008), of those veterans of OEF/OIF who screened positive for PTSD or depression, only half sought treatment in the past 12 months. To compound this treatment gap, the authors determined that of those who received treatment, half had received only minimally adequate services. In an earlier study of Army and Marine veterans of OEF/OIF with mental health conditions, Hoge and colleagues (2004) found only 30 percent had received professional help in the past 12 months despite approximately 80 percent acknowledging a problem. Even among OEF/OIF veterans who were receiving health care services from a U.S. Department of Veterans Affairs Medical Center (VAMC), only one-third of those who were referred to a VA mental health clinic following a post-deployment health screen actually attended an appointment (Seal et al., 2008). Based on surveys (Hoge, Auchterlonie, & Milliken, 2004; Tanelian & Jaycox, 2008) of perceived barriers to care among veterans of OEF/OIF who have mental health conditions, the most common reasons for not seeking treatment were related to beliefs about treatment and concerns about negative career outcomes.[1] See Figure 2 for a review of the two surveys' findings.

Justice System Involvement Among Veterans

At midyear 2007, approximately 1.6 million inmates were confined in state and Federal prisons, with another 780,000 inmates in local jails (Sabol & Couture, 2008; Sabol & Minton, 2008). Based on Bureau of Justice Statistics data (Noonan & Mumola, 2007; Greenberg & Rosenheck, 2008), on any given day approximately 9.4 percent, or 223,000, of the inmates in the country's prisons and jails are veterans. Comparable data for community corrections populations are not available.

The best predictor of justice system involvement comes from the National Vietnam Veterans Readjustment Study (NVVRS). Based on interviews conducted between 1986 and 1988, **the NVVRS found that among male combat veterans of Vietnam with current PTSD (approximately 15 percent of all male combat veterans of Vietnam), nearly half had been arrested one or more times (National Center for PTSD, n.d.).** At the time of the study, this represented approximately 223,000 people.

Veterans coming into contact with the criminal justice system have a number of unmet service needs. A study by McGuire and colleagues (2003) of veterans in the Los Angeles County Jail assessed for service needs by outreach workers found 39 percent reported current psychiatric symptoms. Based on counselor assessments, approximately one-quarter had co-occurring disorders. Housing and employment were also significant issues: one-fifth had experienced long term homelessness, while only 15 percent had maintained some form of employment in the three years prior to their current jail stay. Similar levels of homelessness have been reported in studies by Greenberg and Rosenheck (2008) and Saxon and colleagues (2001).

Conclusion

This report provides a series of recommendations and background to inform community-based responses to justice-involved combat veterans with mental health conditions. Many combat veterans of OEF/OIF are returning with PTSD and depression. Both for public health and public safety reasons, mental health and criminal justice agencies must take steps to identify such veterans and connect them to comprehensive and appropriate services when they come in contact with the criminal justice system.

1 In May 2008, Department of Defense Secretary Robert Gates, citing the Army's Fifth Mental Health Advisory Team report (2008) findings on barriers to care, announced that the question regarding mental health services on the security clearance form (Standard Form 88) would be adapted (Miles, 2008). The adapted question will instruct respondents to answer in the negative to the question if the delivered services were for a combat-related mental health condition. Those whose mental health condition is not combat related will continue to be required to provide information on services received, including providers' contact information and dates of service contact.

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Appendix

Participants of the CMHS National GAINS Center Forum on Combat Veterans, Trauma, and the Criminal Justice System

May 8, 2008, Bethesda, MD

A. Kathryn Power, MEd, Director of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration, provided the opening comments at the forum.

Richard Bebout, PhD
Community Connections
Washington, DC

Thomas Berger
Vietnam Veterans of America
Columbia, MO

Mary Blake
Center for Mental Health Services
Rockville, MD

Judith Broder, MD
Soldiers Project
Los Angeles, CA

Neal Brown
Center for Mental Health Services
Rockville, MD

Sean Clark
U.S. Department of Veterans Affairs
Washington, DC

Karla Conway
Community Alternatives
St. Louis, MO

Jim Dennis
Corrections Center of Northwest Ohio
Stryker, OH

Jim Driscoll
Vets4Vets
Tucson, AZ

Alexa Eggleston
National Council for Community Behavioral Health
Rockville, MD

Guy Gambill
Minneapolis, MN

Justin Harding
National Association of State Mental Health Program Directors
Alexandria, VA

Thomas Kirchberg, PhD
Veterans Affairs Medical Center – Memphis
Memphis, TN

Larry Lehman, MD
US Department of Veterans Affairs
Washington, DC

James McGuire, PhD
US Department of Veterans Affairs
Los A

David Morrissette, DSW
Center for Mental Health Services
Rockville, MD

Lt. Jeffry Murphy
Chicago Police Department
Chicago, IL

Fred Osher, MD
Council of State Governments Justice Center
Bethesda, MD

Matthew Randle
Vets4Vets
Tucson, AZ

Frances Randolph, DPH
Center for Mental Health Services
Rockville, MD

Maj. Cynthia Rasmussen
US Army Reserve
Ft. Snelling, MN

Cheryl Reese
Educare Systems
Washington, DC

Hon. Robert Russell, Jr.
Drug Treatment Court Judge
Buffalo, NY

Susan Salasin
Center for Mental Health Services
Rockville, MD

Lt. Col. Andrew Savicky
New Jersey Department of Corrections
Glassboro, NJ

William Schlenger, PhD
Abt Associates
Bethesda, MD

Paula Schnurr, PhD
National Center for PTSD
White River Junction, VT

Elizabeth Sweet
Center for Mental Health Services
Rockville, MD

Charlie Sullivan
National CURE
Washington, DC

Testimony by:
Rep Pat Colston
VMHLS 2-11-2010

Athena Andaya

From: Alison Lawrence [alison.lawrence@ncsl.org]
Sent: Friday, January 29, 2010 5:25 PM
To: Athena Andaya
Subject: NCSL info request: PTSD in sentencing

Athena,

I had a research intern run a statute search for aggravating and mitigating circumstances, she located one state – Massachusetts (in addition to Kansas) – who lists post traumatic stress disorder as a mitigating factor for the death penalty: chapter 279, § 69.

Also, below are some recent enactments related to sentencing active military or veterans with diagnosed mental illness or substance abuse:

California AB 2586 (2006): Provides that if a person is convicted of a criminal offense and alleges that he or she committed the offense as a result of post-traumatic stress disorder, substance abuse, or psychological problems stemming from service in combat in the United States military, the court shall hold a hearing prior to sentencing to make a determination about that allegation. If the court finds that the defendant's crime was committed as a result of one of those factors related to serving in combat, and the court places the person on probation, the bill authorizes the court to place the person into a treatment program, as specified.

Illinois HB 2281 (2009): Requires an officer preparing a pre-sentence investigation to inquire if a defendant is currently serving in or is a veteran of the Armed Forces of the United States and has been diagnosed as having a mental illness. Requires the officer to consult with the US Department of Veteran Affairs and the Illinois Department of Veterans' Affairs on treatment options available to the defendant. Instructs the court to consider treatment options when imposing the sentence.

Nevada AB 187 (2009): Authorizes district courts to establish a program for the treatment of certain eligible defendants who are veterans or members of the military who appear to be suffering from mental illness, alcohol or drug abuse or posttraumatic stress disorder. Prohibits defendants who committed an offense for which the suspension of sentence or the granting of probation is prohibited by existing law; committed an offense that involved the use of force or violence; or was previously convicted of a felony that involved the use or threatened use of force or violence. Upon successful completion and discharge from the program, the court will dismiss the proceedings and seal all documents related to the defendant's record.

New Hampshire HB 295 (2009): Requires a presentence report for defendants charged with a misdemeanor or felony who are members of the armed forces or veterans and have been diagnosed as mentally ill. Requires the presentence report to include treatment recommendations on available treatment options and instructs the court to consider the recommendations of any diagnosing or treatment mental health professional along with the available treatment options when imposing the sentence.

Texas SB 1940 (2009): Amends the Health and Safety Code to establish a pretrial veterans court program for a defendant in certain criminal cases who is a veteran or current member of the United States armed forces suffering from an injury or illness that resulted from the defendant's military service in a combat zone or hazardous area that materially affected the defendant's criminal conduct at issue in the case. The bill sets forth provisions outlining the essential characteristics of the program and the procedure by which proof of a defendant's eligibility in the program may be submitted to the court. The bill also sets forth provisions regarding the duties of the program, the establishment of a regional program in two or more counties, legislative oversight of the program, and the collection and payment of fees. The bill amends the Code of Criminal Procedure to make a conforming change.

Texas HB 4833 (2009): Amends the Health and Safety Code to authorize the commissioners court of a county to establish a veterans court program, which must have certain essential characteristics, for persons who are veterans or current members of the United States armed forces, who have a certain mental illness, and who are arrested for or charged with any misdemeanor or felony offense. The bill requires the court in which a criminal case is pending to dismiss the action

against a defendant if the defendant successfully completes a veterans court program and the court determines that dismissal is in the best interest of justice. The bill sets forth the duties of a veterans court, the authority of counties to establish a regional veterans court program, oversight of the programs by committees assigned by the lieutenant governor and the speaker of the house of representatives, and program participation fees.

Please let me know if you have any questions or would like additional information.

Best, Alison

Alison Lawrence

From: Athena Andaya [mailto:Athena.Andaya@KLRD.ks.gov]
Sent: Wednesday, January 27, 2010 8:55 AM
To: 'alison.lawrence@ncsl.org'
Subject: RE: Web Request for Civil & Criminal Justice - Corrections and Sentencing: Civil & Criminal Justice - Corrections and Sentencing

Alison,

Friday is very timely. Thanks for your help!

Sincerely,

Athena Andaya
Principal Analyst
Kansas Legislative Research Department
Statehouse, Room 068-W
300 SW 10th Avenue
Topeka, Kansas 66612-1504
(785) 296-4420
Athena.Andaya@klrd.ks.gov

From: alison.lawrence@ncsl.org [mailto:alison.lawrence@ncsl.org]
Sent: Wednesday, January 27, 2010 9:49 AM
To: Athena Andaya
Subject: Fw: Web Request for Civil & Criminal Justice - Corrections and Sentencing: Civil & Criminal Justice - Corrections and Sentencing

Athena, my apologies for not getting back to you sooner. I am traveling and accidentally sent my response to the wrong email. Please see my original response below and advise if the time frame fits your schedule.

Best, Alison

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010
Attachment 1 (10-10)

KANSAS

Governor's Military Council

Testimony on the Fiscal and Economic Impact of Military Activities in Kansas
To
Veterans, Military and Homeland Security Committee
February 11, 2010

Chairman Myers and Members of the Committee, I'm John Armbrust, Executive Director of the Governor's Military Council. Thank you for the opportunity to discuss with you today the fiscal and economic impact of military activities in Kansas.

The basis of my discussions today is the presentation that follows. I will frequently refer to slides in the presentation due to the large amount of data which I will discuss.

Thank you again Chairman Myers and Members of the Committee for the opportunity to discuss with you the significant impact military activity has on the economy of Kansas.

KANSAS

Governor's Military Council

Fiscal and Economic Impact
of
Military Activity in Kansas

Presented To: Veterans, Military and Homeland Security Committee
Presented By: John Armbrust, Executive Director
February 11, 2010

KANSAS

Governor's Military Council

Agenda

- Governor's Military Council
- Fiscal & Economic Impact Summary
- Conclusion

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010
Attachment 2 (2-8)

KANSAS
Governor's Military Council

- The Governor's Military Council (GMC) was Created in January of 2006
- The GMC is Chartered to:
  - Protect Gains Arising From the BRAC 2005 Process and Other DoD Decisions That Grow the Military's Presence in Kansas; and
  - Remove Operational Impediments, Increase Operating Efficiencies, and Recruit/Acquire New Missions and Forces; and
  - Implement Initiatives to Enhance the Quality of Life for All Military Personnel: Active, Guard/Reserve, Retired and Their Dependents
- The GMC is funded by the State of Kansas and DoD's Office of Economic Adjustment (OEA)

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Fiscal and Economic Analysis Background

- 2004: Used "Nearly $2B/Yr Impact" to justify the BRAC efforts
  - Only considered direct impacts
  - Added "apples and oranges"
  - Did not fully consider all fiscal and economic impacts – e.g., unaware of the tax revenues generated by military activities

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010
Attachment 2 (3-9)

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Background
(continued)

- GMC/Kansas, Inc., commissioned WSU to perform an analysis to:
  - Determine the direct and indirect fiscal and economic impact of military/civilian employment, wages and contracts
  - Assess the impact of the military on Gross State Product (GSP)
  - Assess the impact of the gain or loss of 1,000 military personnel
  - Develop a model to use in future assessments

Note: OEA Funded the Analysis on a 90/10 Basis

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Governor's Military Council

Summary of Annual Impacts - Statewide

- Output: $7.7B (7.0% of State Output/GSP)
- Employment: 169,560 (9.4% of Total Kansas Employment)
- Earnings: $5.7B (5.8% of State Earnings)
- Tax Revenue:

City/County:	$49.9 M
Installation Regions:	$73.5 M
State:	$270.2M
TOTAL:	**$393.6M**

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010 (48)
Attachment 2

KANSAS
Governor's Military Council

Statewide Annual Impacts (Cont.)

- Output ($7.7B)
  - KS Installations: $2.3B
  - All Other U.S. Installations: $5.4B
- Employment (169,500)
  - Mil/Civ/Retire: 120,400
  - KS Companies: 49,100
- Earnings/Wages ($5.7B)
  - Mil/Civ/Retire: $3.8B
  - KS Companies: $1.9B

KANSAS
Governor's Military Council

Contracts: All U.S. Installations to Kansas Companies

- Total Economic Impact: $7.7B
- Top 5 Industries
  1. Manufacturing ($2.4B)
  2. Wholesale Trade ($1.4B)
  3. Professional/Scientific/Tech Svcs ($597M)
  4. Construction ($559.8M)
  5. Real Estate & Rental & Leasing ($366.5M)

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010 (5-9)
Attachment 2

KANSAS
Governor's Military Council

Contract Supported Employment

- From All U.S. Military Procurement: 49,100
- Top 5 Industries
  1. Wholesale Trade (7,391)
  2. Manufacturing (5,926)
  3. Construction (5,413)
  4. Professional/Scientific/Tech Svcs (4,950)
  5. Retail Trade (4,481)

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Impact to Earnings of Military Procurement

- Kansas Companies from All U.S. Military Procurement: $1.9B
- Top 5 Industries
  1. Manufacturing ($395.8M)
  2. Wholesale Trade ($385.9M)
  3. Professional/Scientific/Tech Svcs ($235.2M)
  4. Construction ($183.1M)
  5. Health care & Social Assistance ($126M)

KANSAS
Governor's Military Council

Summary of Annual Impacts - Installations

Category	Forbes Field	Fort Leavenworth	Fort Riley	McConnell Air Force Base	Smoky Hills Weapons Range (National Guard)
Output	$205 million	$1462 million	$3277 million	$1.8 billion	$4.6 million
Employment	13,930	28,930	58,490	27,640	1,719
Earnings	$357.2 million	$985 million	$2.1 billion	$1.0 billion	$156 million
Tax/Fiscal Impact					
City/County	$6.5 million	$7.0 million	$15.5 million	$9.5 million	$ 323,000
Region	$6.6 million	$7.9 million	$12.6 million	$11.2 million	$ 1,795,200
State	$13.8 million	$37.0 million	$115.0 million	$53.9 million	$ 990,200
Total Revenue	$26.9 million	$51.9 million	$143.1 million	$74.6 million	$2.1 million

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Net Public Benefit of the Gain or Loss of 1,000 Military Personnel

Cities	$ 460,900
Counties	$ 672,900
State	$ 916,100
Total	$ 2,049,900

Note: Gross Public Benefit = $4M+

House Committee on Veterans
Military and Homeland Security
Date: 2-11-2010 (7.8)
Attachment 2

KANSAS
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Comparing Direct Military Employment to the Top Employers in Kansas*

Ft. Riley	15,634
Ft. Leavenworth	3,875
McConnell	2,470
Smoky Hill	223
Forbes Field	94
Sprint Nextel	12,000
Cessna Aircraft	11,300
Spirit AeroSystems	10,900
Hawker Beechcraft	6,767
Embarq	3,800

*2007

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Governor's Military Council

Recent Military Employment Growth

- Kansas military grew by more than 2,400 active duty, reserve and National Guard service members in 2007
- The increase in employment between 2006 and 2007 was faster than any other industry growth rate in the state, at 8.1 percent
- Military service personnel's average annual wage in 2007 was $77,087 – 179.4 percent of the Kansas average wage

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Conclusion

- Military Activity is a Major Player in the Kansas Economy
- Continued Efforts Necessary to Ensure Maintenance and Growth of This Sector of Our Economy
  - Military Bill of Rights
  - Second Count Date
  - Encroachment Legislation (HB2445)
  - Housing, Education, Transportation, Workforce, Healthcare, Childcare, etc.
- Opportunities Exist to Leverage Military Growth into Private Sector Growth (Defense-Related Jobs)