

Approved: February 21, 2011
Date

MINUTES OF THE HOUSE COMMITTEE ON VETERANS, MILITARY AND HOMELAND
SECURITY

The meeting was called to order by Representative Mario Goico, Chairman, at 9:00 a.m. on February 15, 2011 in Room 546-S of the Capitol.

All members were present except:
Representative Mitch Holmes - excused

Committee staff present:
Julian Efird, Legislative Research
Dennis Hodgins, Legislative Research
Doug Taylor, Revisor
Ann Deitcher, Committee Assistant

Conferees appearing before the Committee:
Michelle Sweeney, Advocacy & Member Services, Assoc. of Comm. Health Ctrs. of Ks
Sky Westerlund, Ks Chapter, National Assoc. of Social Workers
Charles M. Yunker, Adjutant, The American Legion of Kansas
Christopher Tymeson, Chief Legal Counsel, Kansas Department of Wildlife and Parks

HB 2210 - establishing a program of mental health care and reintegration for returning veterans.

The Chair introduced Doug Taylor who offered an explanation of **HB 2210**.

Dennis Hodgins then spoke to the Committee regarding the fiscal note for **HB 2210**. (Attachment 1).

The Chair introduced Michelle Sweeney who addressed the Committee regarding the mental health needs of returning veterans and families. (Attachment 2).

Ms Sweeney said that there is a growing concern in our state that our retired and 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. The more mental health professionals who are able to understand and treat veterans, the more beneficial it will be to those veterans and their families.

Ms Sweeney said that **HB 2210** allows the Kansas Commission on Veterans Affairs to work with Community Mental Health Centers to provide treatment and care by trained clinicians to our veterans and families with mental health, substance abuse, suicide prevention and post traumatic stress disorders. She said her organization believed that it will fill a gap at the local community level in Kansas that has not been filled by either the Department of Defense or the Veterans Administration.

Sky Westerlund appeared next before the Committee in support of **HB 2210**. (Attachment 3), even though the Kansas Chapter of the National Association of Social Workers identified some restrictive language in the bill. She pointed out that the legislation states that the director may "contract with the local community mental health centers" to provide mental health services.

She agreed that community mental health centers were a valuable resource of public mental health but in addition to public mental health, there were many clinicians who owned their own small business and provided mental health care in the communities across Kansas. She felt they should be included in the opportunity to provide care to veterans and their families.

To address this issue, Ms Westerlund requested an amendment that would authorize the Kansas Commission on Veterans Affairs to contract with providers in the private sector as well as the community mental health centers.

Next to appear before the Committee was Charles Yunker who said that the American Legion had a number of concerns regarding HB 2210. (Attachment 4).

Mr. Yunker said that the provisions of **HB 2210** would greatly expand the mission of the Kansas Commission on Veterans Affairs (KCVA), which he described as a “relatively small bare bones agency” that they did not think was equipped or qualified to carry out the intentions of **HB 2210**. He said that while the needs of many veterans were immediate, this bill would take months to implement.

The American Legion believed veterans and their dependants might be better served by providing funding and training for more Veterans Service Representatives who can search out veterans who were in need of assistance not only for the services the bill would provide, but for all other ailments as well.

Saying that the vast majority of veterans and their dependants who would benefit from the provisions of **HB 2210** have been federalized and served on active duty orders, Mr. Yunker pointed out that their care and treatment should be provided by the VA. They are funded in part by Kansas taxpayers and he did not believe that Kansas taxpayers should have to pay twice for services that are the responsibility of the federal government.

For these reasons, the American Legion asks that the Legislature increase the Veterans' Services grant fund to increase the number of available Veterans Service Representatives. The Legion would also recommend funding a 24-hour hot line and other advertising statewide to alert and inform veterans and their families of all the services available to them from the KCVA.

Questions and answers followed.

Steve Dunkin and Marshall Kennedy of the KCVA were in attendance to answer questions.

Mr. Dunkin told the Committee that most people seemed unaware that those veterans being treated were not from recent wars. He said that “post traumatic stress disorder” had been around for a “long time”.

Written only testimony from Representative Tom Sloan who supported the intent of **HB 2210** was distributed. (Attachment 5).

The hearing on **HB 2210** was closed.

HB 2168 – creating addition benefits for Kansas veterans.

The Chairman then introduced Christopher Tymeson who told the Committee that the Department of Wildlife and Parks opposed the provisions contained in Section 1 of **HB 2168**. (Attachment 6).

Saying that Kansas State Parks are funded with a mixture of State General Fund and Park Fee Funds, which are “user fees”, Mr. Tymeson pointed out that if a “benefit” is provided to a particular group of individuals, that benefit costs other users in the form of increased entrance fees to make up for the budgetary shortfall that would accompany the benefit.

Their Department didn't expect current hunters and anglers to pay for those benefits nor should current park users be expected to pay for a benefit to a select group.

Questions and answers followed.

The hearing on **HB 2168** was closed.

Representative Mah made a motion in regard to **HB 2210** that any action on the bill be tabled at this time. The motion was seconded by Representative Grange and passed unanimously on a show of hands.

The meeting was adjourned at 9:45 a.m. The next meeting is on call of the Chair.

Landon State Office Building
900 S.W. Jackson, Room 504
Topeka, KS 66612



phone: 785-296-2436
fax: 785-296-0231
steve.anderson@budget.ks.gov

Steven J. Anderson, CPA, MBA, Director

Division of the Budget

Sam Brownback, Governor

February 14, 2011

The Honorable Mario Goico, Chairperson
House Committee on Veterans, Military and Homeland Security
Statehouse, Room 268-W
Topeka, Kansas 66612

Dear Representative Goico:

SUBJECT: Fiscal Note for HB 2210 by House Committee on Veterans, Military and Homeland Security

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2210 is respectfully submitted to your committee.

Within one year from enactment of HB 2210, the Executive Director of the Kansas Commission on Veterans Affairs (KCVA) would be required to establish a program to provide veterans of any branch of the armed services of the United States, their spouses, and dependents mental health services for combat-related conditions. These conditions would include, but not be limited to, combat fatigue, post-traumatic stress, and depression. The program would also provide readjustment counseling and services. The Executive Director would be allowed to contract with local community mental health centers to provide these services in areas that are determined to be inadequately served by the health care facilities of the KCVA. The bill would require the Executive Director to conduct a training program for clinicians at these centers, and the centers would be required to submit annual reports to the Executive Director.

Not more than three months after the bill was enacted, the Executive Director would be required to submit a report containing a plan to implement this program to the House Committee on Veterans, Military and Homeland Security.

Estimated State Fiscal Effect				
	FY 2011 SGF	FY 2011 All Funds	FY 2012 SGF	FY 2012 All Funds
Revenue	--	--	--	--
Expenditure	--	--	\$5,754,900	\$5,754,900
FTE Pos.	--	--	--	3.00

Because of the time needed to implement the program, the agency does not expect to begin serving veterans, veterans' spouses, and dependents until January of FY 2012. According

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to the KCVA, passage of HB 2210 would result in expenditures of \$5,754,900 from the State General Fund to operate the program for six months in FY 2012. Based upon information from the Veterans Administration, the agency estimates that the number of persons served, including spouses and dependents, could be as high as 11,200 annually. At this time, the agency believes the best approach to implement this program would be to refer veterans and their families to clinicians around the state and pay a contract rate for up to ten sessions per year. The method of referring individuals would be through a 24-hour hotline, advertising, and other referrals. The agency would need 3.00 additional FTE positions, one with a master's degree in social work at \$65,000 per year and two with a bachelor's degrees in social work at \$38,000 each per year. Benefits would total \$44,000 annually. These staff members would be expected to travel regularly throughout the state at a cost of \$5,000 per fiscal year. Providing training for mental health clinicians around the state is expected to cost \$20,000 annually, and funding for office space and additional operating expenses is expected to total \$11,800, annually. There would be a one-time cost of \$10,000 for computer and office equipment.

The total estimated costs for FY 2012 and out years are listed below:

<u>Expenditures</u>	<u>FY 2012</u>	<u>FY 2013 and out years</u>
Salaries and wages	\$92,500	\$185,000
24-hour hotline	4,000	4,000
Advertising	20,000	20,000
Mental health clinician training	20,000	20,000
Office space	5,000	10,000
Administrative support and supplies	900	1,800
Travel expense	2,500	5,000
Computers and office equipment	10,000	--
Cost for contracted services	<u>5,600,000</u>	<u>11,200,000</u>
Total	\$5,754,900	\$11,445,800

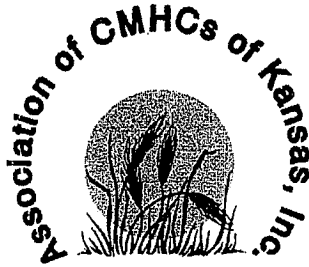
The estimated costs assume that anyone needing inpatient care would be referred to a Veterans Administration hospital and does not adjust for participants who might be eligible for Medicaid or private insurance benefits. Any fiscal effect associated with HB 2210 is not reflected in *The FY 2012 Governor's Budget Report*.

Sincerely,



Steven J. Anderson, CPA, MBA
Director of the Budget

cc: Kafer Peele, Veterans Affairs



Association of Community Mental Health Centers of Kansas, Inc
534 S. Kansas Avenue, #330, Topeka, Kansas 66603

Telephone: 785-234-4773 / Fax: 785-234-3189

Web Site: www.acmhck.org

Veterans, Military and Homeland Security Committee

Testimony on
Mental Health Services for Returning Veterans and Families
H.B. 2210

February 15, 2011

Michelle Sweeney, Advocacy and Member Services Coordinator
Association of Community Mental Health Centers of Kansas, Inc.
and
Legislative Committee Co-Chair, National Guard Association of Kansas

Veteran/Military/Homeland Security Comm
Date: 2-15-11
Attachment #: 2-1

Mental Health Needs of Returning Veterans and Families

Good Morning Mister Chairman and members of the Committee. I am Michelle Sweeney, with the Association of Community Mental Health Centers of Kansas, Inc. Our membership is made up of the 27 state licensed Community Mental Health Centers (CMHCs) in Kansas, serving every county in the State to provide services to meet the particular needs of their local communities; assessment, diagnosis, treatment, case management, medication management, crisis services, attendant care and respite care, Post Traumatic Stress Disorder (PTSD) treatment, and suicide prevention. It is important to note that CMHCs serve all Kansans, regardless of their ability pay, and served more than 118,000 Kansans in 2010.

The veterans in our state are 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 and many other places around the world. 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 retired and 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.

The Facts: (published by the National Mental Health America)

- Mental disorders reported in more than 26% of returning soldiers from Iraq and Afghanistan. *Government Accountability Office*
- The Army National Guard, Army Reserve and Marine Corps Reserve has accounted for one-quarter of all U.S. deaths since the Iraq war began.
- More than one in four U.S. troops have come home from the Iraq war with health problems that require medical or mental health treatment, according to the Pentagon's first detailed screening of service members leaving a war zone.
- Almost 1,700 service members returning from the war this year said they harbored thoughts of hurting themselves or that they would be better off dead. More than 250 said they had such thoughts "a lot." Nearly 20,000 reported nightmares or unwanted war recollections; more than 3,700 said they had concerns that they might "hurt or lose control" with someone else. *Army Center for Health Promotion and Preventive Medicine*
- The suicide rate among active duty Army soldiers has leveled off in 2010, while the rate has nearly doubled for National Guard and Reserve soldiers in 2010.
- Female veterans returning from deployment have experienced sexual trauma at the rate of 23-33%, and the suicide rate for female veterans is triple that of non-veteran females.

The Veterans' Administration (VA) has only three VA Medical Centers in Kansas where veterans may obtain mental health and substance abuse treatment—Wichita, Topeka, and Leavenworth. Outreach efforts have been made by adding 18 small outpatient clinics across the State. However, some of these are only open one day a week. There are also two VET Centers in Wichita and Manhattan, with one Mobile Counseling Center for the entire state. There are thousands of soldiers and airmen and their families who have deployed and returned to Kansas. They reside in all regions of the state, but many have no access to VA services because of their rural, remote locations. The result is that when our heroes transition back into civilian life, they may encounter post traumatic stress, depression, substance abuse, and anxiety and not know of any resources or assistance to help them.

The VA may not available to those veterans or their families when they need mental health and substance abuse services the most, because of their very limited physical locations. Therefore, the Coalition encourages the VA

to contract with local community mental health providers to serve those veterans who are not able to seek treatment at the VA centers because of the great distance they would have to travel. Community based treatment and care for our veterans is the answer to those pressing mental health issues—for the veterans, their families, and children who may struggle with reintegration into civilian life.

Similarly, the Coalition encourages training for mental health professionals, particularly in the community mental health health system, to gain some basic information on interaction with military members and families with children. Such training is available in several locations accessible by internet. Some of these include Army One Source's "Invisible Wounds of War", The Center for Deployment Psychology, and "Another Kind of Valor" from California Institute of Mental Health. The more mental health professionals who are able to understand and treat people who are veterans, the more beneficial it will be to those veterans and their families.

The VA may not be available to those veterans or their families when they need mental health and substance abuse services the most, because of their very limited physical locations. Therefore, we believe that House Bill 2210 encourages the VA to contract with local community mental health providers to serve those veterans who are not able to seek treatment at the VA centers because of the great distance they would have to travel. Community based treatment and care for our veterans is the answer to those pressing mental health issues—for the veterans, their families, and children who may struggle with reintegration into civilian life.

We also encourage training for mental health professionals, particularly in the community mental health health system, to gain some basic information on interaction with military members and families with children. Such training is available in several locations accessible by internet. Some of these include Army One Source's "Invisible Wounds of War", The Center for Deployment Psychology, and "Another Kind of Valor" from 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 those veterans and their families.

House Bill 2210 addresses both of these topics. It allows the Kansas Commission on Veterans Affairs to work with Community Mental Health Centers to provide treatment and care by trained clinicians to our veterans and families with mental health, substance abuse, suicide prevention and post traumatic stress disorders. Thank you for your consideration of this legislation. We believe it will fill a gap at the local community level in Kansas that has not been filled by either the Department of Defense or the Veterans Administration. I am happy to stand for questions.

TO: Report to the Governor's Military Council

FROM: Task Force on Mental Health, Substance Use, Traumatic Brain Injury, Post Traumatic brain Injury, and other veterans

SUBJECT: Action Steps Requested for Kansas Veterans'

DATE: January 15, 2010

2-11

Since 2003, Kansas has seen thousands of soldiers, airmen, navy and marines deploy in support of war efforts in all parts of the world. Kansans have been in Iraq, Afghanistan, Europe, the Balkans, Southwest Asia and other parts of the globe. Typically, a military member will be deployed for a time (up to 15 months) and then rotate back into their communities, jobs and families. Many times, these military members struggle with reintegration with their families, children, employers and neighbors. Post traumatic stress, traumatic brain injury, substance abuse, and even suicidal thoughts may plague our returning warriors. President Abraham Lincoln stated in his second inaugural address on March 4, 1865, "...let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

As a nation and a state, we do have some obligation to care for our returning veterans and their families and children. It is important to note that one in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year.ⁱ Five of the top ten leading causes of disability world wide are mental disorders—such as depression, schizophrenia, bipolar disorders, alcohol use and obsessive compulsive disorders.ⁱⁱ

Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system. Studies show that at least one in five children and adolescents have a mental health disorder.ⁱⁱⁱ Of the non-communicable diseases, neuropsychiatric disorders, which include mental illness and substance use disorders, contribute the most to disease burden worldwide—more than heart disease and cancer.^{iv}

Our nation's veterans and their families may be affected by deployment, return, and reintegration back into their civilian lives. The Facts: (published by the National Mental Health Association)

- o Mental disorders reported in more than 26% of returning soldiers from Iraq and Afghanistan. *Government Accountability Office*
- o 1 in 6 troops from Iraq met the screening criteria for major depression, generalized anxiety disorder or PTSD. *Department of Defense*
- o There is a sharp rise in divorce rates for military personnel: a 28% increase last year, and a 53 % increase since 2000. *USA Today*
- o The Army National Guard, Army Reserve and Marine Corps Reserve has accounted for one-quarter of all U.S. deaths since the Iraq war began.
- o More than one in four U.S. troops have come home from the Iraq war with health problems that require medical or mental health treatment, according to the Pentagon's first detailed screening of service members leaving a war zone.
- o Almost 1,700 service members returning from the war this year said they harbored thoughts of hurting themselves or that they would be better off dead. More than 250 said they had such thoughts "a lot." Nearly 20,000 reported nightmares or unwanted war recollections; more than 3,700 said they had concerns that they might "hurt or lose control" with someone else. *Army Center for Health Promotion and Preventive Medicine*

The Governor's Military Council created a task force to review the needs of returning veterans and their families around mental health, substance abuse, traumatic brain injury, post traumatic stress and other issues facing Kansans as they reintegrate from deployment back into their homes, jobs and communities across the state. The task force was loosely made up of interested Kansans from private and public mental health providers, active duty installations, the Kansas National Guard, board members and directors from Community Mental Health Centers, the Veterans Administration and Vet Centers, children's mental health advocates and others. The Governor's Military Council allowed a small group—made up of professionals and concerned individuals and consumers, to come together and begin talking about how to meet the needs of Kansas' returning veterans, their families and children around mental health, behavioral health, substance abuse, post traumatic stress disorder, traumatic brain injury, marriage and reintegration, and similar needs.

The group met four times beginning in May 2009. There was a wide representation from across the state geographically and diverse group of interested organizations. The task force was an advisory group, not a standing committee, and as such, determined there were three steps that the group could take that would go a long way toward helping returning veterans, families and children.

First, to identify training available for mental health and substance abuse providers to orient them to the needs of returning veterans and families, in order that they may better treat individuals with military backgrounds. The Kansas Adjutant General has contracted with Kansas State University to create a network of providers trained to serve veterans and their families, called the Military Family Provider Network. They have begun to develop a training module for providers and clinicians, which was to have been implemented in January 2010. However, due to budget cuts at the state level, they program is on hold. Please note that the training being developed may be shared with the group and still may be presented along a different avenue than the KSU unit may be able to do. There will be more information to come as things progress. <http://militaryfamilies.k-state.edu/documents/programs/mfpn-flyer.pdf> or call 785.532.1516.

Second, the group identified the need to create a matrix of services available to veterans—active duty, National Guard and reservists—as it related to mental health, substance use, suicide prevention and family reintegration issues. A general matrix has been developed and is attached to this document.

Thirdly, the group identified the need for both the training and referral information to be disseminated to as many interested individuals and organizations as possible. Each member of the group has committed to participating in sharing the information about their services and other group members' services to ensure that veterans and families are aware of what is available to them when they need assistance.

Finally, the group submits this document to the Governor's Military Council for review and information. We are all willing to participate in any future endeavors the council may take up as it relates to mental health, substance abuse, traumatic brain injury, post traumatic stress, sexual trauma, family reintegration and suicide prevention efforts. We are all committed to serving our Kansas veterans and their families in any way we are able. Please consider this as an offer to assist as the council sees fit. Thank you for the opportunity to serve. Feel free to contact us if you wish, our contact information is in Attachment C.

Sincerely, The Task Force

Governor Mark Parkinson; Chair of Governors' Council
Representative Lee Tapanelli, Ozawie, KS
Senator Roger Reitz, Manhattan, KS
Ed Cullumber, Family Service and Guidance Center, Topeka, KS
Dr. Maureen Ruh, Suicide Prevention Director, VA, Topeka, KS
Laura Snow, Benefits Advisor, VA, Topeka, KS
Stephanie Wick, Adjutant General's Resiliency Program, Kansas State University, Manhattan, KS
Dr. Richard Selig, Adjutant General's Resiliency Program, Kansas State University, Manhattan, KS
Col Daryl Callahan, Medical Commander, Kansas National Guard
Capt Caroline Coffey, Air Force Behavioral Health, McConnell Air Force Base, Clinic, Wichita
Dr. Gary Klozenbucher, Army Behavioral Health, Fort Leavenworth, Kansas
Maj Ronald Atkinson, Army Behavioral Health, Fort Riley, Kansas
Saralyn Ativie, Army Behavioral Health, Fort Leavenworth, Kansas
John Armbrust, CEO, Governors Military Council
Dennis Deschner, Banker/Board member, High Plains Mental Health Center, Hays, KS
Walt Hill, CEO, High Plains Mental Health Center, Hays, KS
Colonel Gordon Kuntz, Medical Detachment, Kansas National Guard, and
Medical Director, High Plains Mental Health Center (Advanced Nurse Practitioner)
David Anderson, Clinical Director, High Plains Mental Health Center, Hays, KS

Lisa Galindo, National Guard Yellow Ribbon Program, Lawrence, KS
Craig Beardsley, Legislative Committee Chair, National Guard Association of Kansas
Robbin Cole, CEO, Pawnee Mental Health Center, Manhattan, KS
Bowser, Lisa C Civ USAF AMC 22 MDOS/SGOWD, McConnell AFB, Wichita, KS
Husted, Eva E Ms CIV USA MEDCOM MAHC; Fort Leavenworth, KS
Jessie Kaye, CEO, Prairie View, Inc., Newton, KS
Michele Henry, CEO, National Guard Association of Kansas, Topeka, KS
Robert Johnson, Adjutant General's Resiliency Program, HealthNet Care Contractor
Brianna Goff, Adjutant General's Resiliency Program, Kansas State University, Manhattan, KS
Kafer Peele, Kansas Commission on Veterans Affairs, Topeka, KS
Tonya Ricklefs, Resiliency Training Center, Topeka, KS
Sheli Sweeney, Policy Analyst, Association of Community Mental Health Centers of Kansas, Inc., Topeka, KS
Dr. Jane Adams, Keys for Networking, Topeka, Kansas
DC Hannah, Kansas National Guard Transition Assistance Advisor, Topeka, KS
Curt Rodriguez, VA Mobil Counseling Clinic, Wichita, KS
Major Robert Stinson, Kansas National Guard Transition Assistance Program, Topeka, KS

MATRIX OF SERVICES AVAILABLE, REFERRAL INFORMATION AND ELIGIBILITY

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TYPE OF SERVICE	WHO IS ELIGIBLE	AGENCY – APPLICATION DEADLINE	PRIVATE RECORDS	CONTACT INFORMATION
inpatient, outpatient medical, dental, pharmacy and prosthetic services	AD, NG, RES	1.. VA – 5 years from date of trauma	No	1. Locations statewide. See list in ATCH A.
Specialized health/mental health care for women veterans	All Women Veterans	1.VA – 5 years from date of trauma 2.VA Mobile Counseling Clinic – No limit	No No	1. Locations statewide. See list in ATCH A. 2. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov
Sexual trauma counseling	All Veterans All Veterans All Veterans, FAM All Veterans All Veterans All Veterans	1.VA – 5 years from date of trauma 2. Military OneSource – No limit 3.Community Mental Health - No limit 4. Fort Riley Behavioral Health – No limit 5. Fort Leavenworth Behavioral Health – No limit 6. McConnell AFB Behavioral Health – No limit	No No Yes No No No	1. Locations statewide. See ATCH A. 2. 1-800-342-9647. www.militaryonesource.com 3. Locations statewide. See ATCH B. 4. 785-239-7208 5. 913-684-6771 6. 316-759-5091
Readjustment counseling	AD, NG, RES NG NG, RES All Veterans All Veterans All Veterans All Veterans All Veterans	1. VA – 18 months from return date 2. NG Transition Assistance Advisor – No limit 3. Yellow Ribbon Program – No limit 4. VA Mobile Counseling Clinic – No limit 5. Military OneSource – No limit 6. Fort Riley Behavioral Health 7. Fort Leavenworth Behavioral Health 8.McConnell Air Force Base Behavioral Health	No No Yes No No No No No	1. Locations statewide. See ATCH A. 2. 785.274.1129/3933. dc.hannah@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 5. 1-800-342-9647. www.militaryonesource.com 6. 785-239-7208 7. 913-684-6771 8. 316-759-5091
Alcohol and drug dependency treatment	NG, RES, AD, RET NG All Veterans, FAM All Veterans All Veterans, FAM All Veterans, FAM All Veterans NG, RES ARMY, NG, RES ARMY, NG, RES AF, NG, RES	1. VA – No limit 2. NG Transition Assistance Advisor – No limit 3. Yellow Ribbon Program – No limit 4. VA Mobile Counseling Clinic – No limit 5. Military OneSource – No limit 6. Community Mental Health – No limit 7. Regional Alcohol/Drug Assessments – No limit 8. Tricare – 180 day after orders 9.Fort Riley Behavioral Health – Substance Use 10.Fort Leavenworth - Substance Use 11.McConnell Air Force Base – Substance Use 12. SRS Regional Alcohol & Drug Treatment Ctrs	No No Yes No No Yes Yes Yes No No No No	1. Locations statewide. See list in ATCH A. 2, 785.274.1129/3933. dc.hannah@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 5. 1-800-342-9647. www.militaryonesource.com 6. Locations statewide. See ATCH B. 7.List at http://www.srskansas.org/fingertipfacts/radacenters.html 8. TriCare www.tricare.com 9. 785-239-7311 10. 913-684-6771 11. 316-759-5091 12. See ATCH D or www.srskansas.org/hcp/aaps/pdf/AAPS_Regions.pdf

Suicide Prevention	NG, RES, AD, RET NG NG, RES All Veterans All Veterans All Veterans, FAM All Veterans, FAM All Veterans, FAM	1.VA – No limit 2. NG Transition Assistance Advisor – No limit 3. Yellow Ribbon Program – No limit 4. VA Mobile Counseling Clinic – No limit 5. Military OneSource – No limit 6. Community Mental Health – No limit 7. Veterans Suicide Prevention Lifeline – No limit 8. Headquarters Counseling Center – No Limit	No No Yes No No Yes Yes Yes	1. Locations statewide. See list in ATCH A. 2. 785.274.1129/3933. dc.hannah@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 5. 1-800-342-9647. www.militaryonesource.com 6. Locations statewide. See ATCH B. 7. 1-800-273-TALK www.suicidepreventionlifeline.org/Veterans/ 8. 1-800-SUICIDE www.suicide.org/support-groups
Health and rehabilitation programs for homeless veterans	NG, RES, AD, RET NG	1.VA – No limit 2. NG Transition Assistance Advisor – No limit	No No	1. Locations statewide. See ATCH A. 2. 785.274.1129/3933. dc.hannah@us.army.mil
Inpatient Psychiatric Hospital (Intake)	AD, NG, RES, RET All Veterans, FAM All Veterans ARMY, NG, RES ARMY, NG, RES AF, NG, RES	1. VA – 5 years from trauma 2. Community Mental Health – No limit 3. VA Mobile Counseling Clinic - No limit 4. Fort Riley Behavioral Health – No limit 5. Fort Leavenworth Behavioral Health – No limit 6. McConnell AFB Behavioral Health – No limit	No Yes No No No No	1.Locations statewide. See list in ATCH A. 2.Locations statewide. See ATCH B. 3. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov . 4. 785-239-7208 5. 913-684-6771 6. 316-759-5091
Medical evaluation for military service exposure and Readjustment Counseling Center Program (Gulf War, Agent Orange, Ionizing Radiation, other environmental hazards)	NG, RES, AD, RET	1. VA – No limit	No	1. Locations statewide. See ATCH A.
Traumatic Brain Injury	All Veterans, FAM NG, RES, AD, RET NG NG, RES All Veterans All Veterans All Veterans, FAM All Veterans All Veterans All Veterans All Veterans All Kansans	1. LERNII Center, Halstead, KS 2. VA – 5 years from trauma 3. NG Transition Assistance Advisor – No limit 4. Yellow Ribbon Program – No limit 5. VA Mobile Counseling Clinic – No limit 6. Military OneSource – No limit 7. Community Mental Health – No limit 8.Fort Riley Behavioral Health – No limit 9.Fort Leavenworth Behavioral Health – No limit 10.McConnell AFB Behavioral Health – No limit 11. Department of SRS – Brain injury Services	Yes No No Yes No No Yes No No No No	1. 785-506-3038 Jennifer@baccg.com 2. Locations statewide. See ATCH A. 3. 785.274.1129/3933. dc.hannah@us.army.mil 4. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 5. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 6. 1-800-342-9647. www.militaryonesource.com 7. Locations statewide. See ATCH B. 8. 785-239-7208 9. 913-684-6771 10. 316-759-5091 11. 785.296.6140 http://www.srskansas.org/hcp/css/HeadInjury.htm
Coping with deployment and return	NG NG, RES All Veterans All Veterans, FAM All Veterans NG, RES, AD All Veterans All Veterans All Veterans	1. NG Transition Assistance Advisor – No limit 2. Yellow Ribbon Program – No limit 3. VA Mobile Counseling Clinic – No limit 4. Community Mental Health – No limit 5. Military OneSource – No limit 6. VA – 18 months from return 7. Fort Riley Behavioral Health – No limit 8.Fort Leavenworth Behavioral Health – No limit 9..McConnell AFB Behavioral Health – No limit	No Yes No Yes No No No No No	1. 785.274.1129/3933. dc.hannah@us.army.mil 2. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 3. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 4. Locations statewide. See ATCH B. 5. 1-800-342-9647. www.militaryonesource.com 6. Locations statewide. See ATCH A. 7. 785-239-7208 8. 913-684-6771 9. 316-759-5091

Marital and couples concerns	NG NG, RES All Veterans All Veterans, FAM All Veterans	1. NG Transition Assistance Advisor – No limit 2. Yellow Ribbon Program – No limit 3. VA Mobile Counseling Clinic – No limit 4. Community Mental Health – No limit 5. Military OneSource – No limit	No Yes No Yes No	1. 785.274.1129/3933. dc.hannah@us.army.mil 2. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 3. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 4. Locations statewide. See ATCH B. 5. 1-800-342-9647. www.militaryonesource.com
Parenting and Family Matters	NG NG NG, RES All Veterans All Veterans, FAM	1. NG Transition Assistance Advisor – No limit 2. National Guard Chaplain – No limit 3. Yellow Ribbon Program – No limit 4. Military OneSource – No limit 5. Community Mental Health – No limit	No Yes Yes No Yes	1, 785.274.1129/3933. dc.hannah@us.army.mil 2. 785-274-1514 John.r.potter@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 1-800-342-9647. www.militaryonesource.com 5. Locations statewide. See ATCH B.
Children's Behavioral Health	All Veterans, FAM All Veterans, FAM Active Duty, FAM	1.Keys for networking – No limit 2.Community Mental Health Centers 3. Ft. Riley Family Advocacy/Social Work Svs 4. Ft. Leavenworth Family Advocacy/Social Work	Yes Yes No N9	1.785-2338732 www.keys.org 2.Locations statewide. See ATCH B. 3. Family Advocacy 785-239-7060 - Social Work Svs 785-239-7291 4. Family Advocacy 913-684-6771/6776- Social Work Svs 913-684-6771
Combat Stress	NG, RES, AD, RET NG NG, RES All Veterans All Veterans All Veterans, FAM All Veterans All Veterans All Veterans	1. VA – No limit 2. NG Transition Assistance Advisor – No limit 3. Yellow Ribbon Program – No limit 4. VA Mobile Counseling Clinic – No limit 5. Military OneSource – No limit 6. Community Mental Health – No limit 7.Fort Riley Behavioral Health – No limit 8..Fort Leavenworth Behavioral Health – No limit 9..McConnell AFB Behavioral Health – No limit	No No Yes No No Yes No No No	1. Locations statewide. See list in ATCH A. 2, 785.274.1129/3933. dc.hannah@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 5. 1-800-342-9647. www.militaryonesource.com 6. Locations statewide. See ATCH B. 7. 785-239-7208 8. 913-684-6771 9. 316-759-5091
Adjusting to your new location	All Veterans NG NG, RES NG All Veterans All Veterans All Veterans, FAM	1. VA – No limit 2. NG Transition Assistance Advisor – No limit 3. Yellow Ribbon Program – No limit 4. National Guard Chaplain – No limit 5. VA Mobile Counseling Clinic – No limit 6. Military OneSource – No limit 7. Community Mental Health – No limit	No No Yes Yes No No Yes	1. Locations statewide. See list in ATCH A. 2, 785.274.1129/3933. dc.hannah@us.army.mil 3. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 4. 785-274-1514 John.r.potter@us.army.mil 5. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 6. 1-800-342-9647. www.militaryonesource.com 7. Locations statewide. See ATCH B.

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Post Traumatic Stress	NG, RES, AD, RET NG NG NG, RES All Veterans All Veterans All Veterans, FAM All Veterans All Veterans All Veterans	1. VA – 5 years from date of trauma 2. NG Transition Assistance Advisor – No limit 3. National Guard Chaplain – No limit 4. Yellow Ribbon Program – No limit 5. VA Mobile Counseling Clinic – No limit 6. Military OneSource – No limit 7. Community Mental Health – No limit 8. Fort Riley Behavioral Health - No limit 9. Fort Leavenworth Behavioral Health – No limit 10. McConnell AFB Behavioral Health – No limit	No No Yes Yes No No Yes No No No	1. Locations statewide. See list in ATCH A. 2, 785.274.1129/3933. dc.hannah@us.army.mil 3. 785-274-1514 John.r.potter@us.army.mil 4. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 5. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 6. 1-800-342-9647. www.militaryonesource.com 7. Locations statewide. See ATCH B. 8. 785-239-7208 9. 913-684-6771 10. 316-759-5091
Grief and Loss	NG, RES, AD, RET NG NG NG, RES All Veterans All Veterans All Veterans, FAM All Veterans All Veterans All Veterans	1. VA – No limit 2. NG Transition Assistance Advisor – No limit 3. National Guard Chaplain – No limit 4. Yellow Ribbon Program – No limit 5. VA Mobile Counseling Clinic – No limit 6. Military OneSource – No limit 7. Community Mental Health – No limit 8. Fort Riley Behavioral Health – No limit 9. Fort Leavenworth Behavioral Health – No limit 10. McConnell AFB Behavioral Health – No limit	No No Yes Yes No No Yes No No No	1. Locations statewide. See list in ATCH A. 2, 785.274.1129/3933. dc.hannah@us.army.mil 3. 785-274-1514 John.r.potter@us.army.mil 4. Lisa Galindo 785-760-6691 lisa.galindo@us.army.mil 5. 316-685-2221 Ext: 41080 curt.rodriquez@va.gov 6. 1-800-342-9647. www.militaryonesource.com 7. Locations statewide. See ATCH B. 8. 785-239-7208 9. 913-684-6771 10. 316-759-5091
Peer Support	All Veterans All Veterans Children Children, FAM	1. National Alliance on Mental Illness (NAMI) 2. Mental Health America, Wichita 3. Mental Health America, Kansas City 4. Keys for Networking 5. Depression/Bi-Polar Support Alliance	Yes Yes Yes Yes Yes	1. NAMI (800)539-2660 2. Wichita 316.685.1821 http://www.mhasck.org/contact.html 3. Kansas City 913.281.2221 info@mhah.org 4. 785-2338732 www.keys.org 5. Wichita Chapter 316.269.2534
Emergency	All Veterans, FAM All Veterans, FAM	1. Call 9-1-1 No limit – 24/7 2. Community Mental Health – no limit 24/7	No Yes	1. 9 - 1 - 1 2. Locations statewide. See ATCH B.

ELIGIBILITY: NG=National Guard AD=Active Duty RES=Reservists RET=Retired FAM=Family Members

¹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408, 409, 411.

² *Regional Strategy for Mental Health*, World Health Organization Western Pacific Region, 7 August 2001; Read at <http://www.wpro.who.int/NR/rdonlyres/02421D66-3336-4C76-8D59-6ADA8B53D208/0/RC5214.pdf> on 2-2-09.

³ U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

⁴ Prince, M., Patel, V., Saxena, S., Maj, M., Masello, J., Phillips, M., et al. (2007). No health without mental health. *Lancet*, 370, 859–877.

TESTIMONY***Supporting HB 2210 with amendment*****February 15, 2011****Veterans, Military, and Homeland Security**

Presented by Sky Westerlund, LMSW

Good morning Chairman Goico and members of the Committee, I am Sky Westerlund, Executive Director of the Kansas Chapter, National Association of Social Workers. Thank you for the opportunity to visit with you this morning about HB 2210.

KNASW supports the need for mental health services for the veterans and their families. No veteran or their family should suffer with readjustment problems on their own. HB 2210 provides a way for the veterans and their family to secure the necessary services for their successful return after serving their country.

KNASW identified some restrictive language in the bill. The legislation states that the director may "contract with the local community mental health centers" to provide mental health services. Community mental health centers (CMHC's) are a valuable resource of public mental health. In addition to public mental health, there are many clinicians who own their own small business and provide mental health care in their communities across Kansas. They should be included in the opportunity to provide care to veterans and their family.

To address this issue I am requesting an amendment that would authorize the Kansas Commission on Veteran's Affairs to contract with providers in the private sector as well as the community mental health centers.

KNASW asks for favorable passage of such amendment and the legislation itself.

Veteran/Military/Homeland Security Comm

Date: 2-15-11Attachment #: 3

House Veterans, Military and Homeland Security Committee

Testimony on House Bill 2210

By

Charles M. Yunker, Adjutant
The American Legion Department of Kansas
Tuesday, February 15, 2011 Room 546-S

Chairman Goico and members of the Veterans, Military and Homeland Security Committee, on behalf of The American Legion Department of Kansas I wish to express our organization's sincere appreciation for granting me the opportunity to address you regarding House Bill 2210, an Act concerning veterans; relating to readjustment and mental health services. The American Legion has a number of concerns regarding HB 2210.

Let me begin by stating that The American Legion has always believed every effort should be made by every level of government to assist veterans and their families in adjusting to civilian life after a deployment or discharge, and in obtaining all earned veterans benefits. However we also believe efforts to assist veterans must be measured and thoroughly explored before implementation.

The mission of the Kansas Commission on Veterans' Affairs (KCVA) is to provide Kansas veterans, their relatives and other eligible dependents with information, advice, direction and assistance through the coordination of programs and services in the fields of education, health, vocational guidance and placement, and economic security. These programs include veteran services, nursing and domiciliary care, and veterans' cemeteries.

The provisions of HB 2210 would greatly expand the mission of the KCVA which is a relatively small bare bones agency that we do not think is equipped or qualified to carry out the intentions of HB 2210. We applaud the concerns and desires of those who support HB 2210; however the fiscal note alone causes us to pause especially in these economic times.

Veteran/Military/Homeland Security Comm

Date: 2-15-11

Attachment #: 4-1

While the needs of many veterans are immediate HB 2210 would take months to implement. The provisions described in HB 2210 fall under the Veterans Services portion of the KCVA mission; to provide "information, advice, direction and assistance through the coordination of programs and services in the fields of education, health, vocational guidance and placement". Therefore The American Legion believes veterans and their dependants might be better served by providing funding and training for more Veterans Service Representatives who can search out veterans who are in need of assistance not only for the services HB 2210 would provide, but for all other ailments as well.

The vast majority of veterans and their dependants who would benefit from the provisions of HB 2210 have been federalized and served on active duty orders therefore their care and treatment should be provided by the VA which is funded in part by Kansas taxpayers. We do not believe Kansas taxpayers should have to pay twice for services that are the responsibility of the federal government. Also, besides receiving care and counseling from the VA most if not all will be eligible to receive compensation from the VA. Further, there could be a duplication of efforts if the VA and the State of Kansas is providing the same services which could very well confuse and frustrate the very veterans we are all trying to help in addition to delaying filing for VA compensation,

For all of the above reasons The American Legion calls upon the Legislature to increase the Veterans' Services grant fund to increase the number of available Veterans Service Representatives in order to reach out to the veteran's community thereby increasing compensation payments (our federal tax dollars returning to Kansas) which are paid directly to veterans thus boosting the Kansas economy. We would also suggest that this committee explore funding a study conducted by KCVA to develop and coordinate a plan between all related state agencies and the VA to better identify and serve veterans and their dependants in need of assistance for the problems identified in HB 2210. We feel the KCVA is qualified to conduct such a study because it is the State of Kansas' agency charged with the responsibility of being our state government's veteran's advocate as opposed to a federal agency or group with a different agenda and priorities.

We would also recommend funding a 24-hour hot line and other advertising statewide to alert and inform veterans and their families of all the services available to them from the Kansas Commission on Veterans Affairs.

Again I thank you for allowing me to appear before you to provide The American Legion's view of HB 2210. I stand ready for any questions you may have.

A handwritten signature in cursive script, appearing to read "Charles M. Yunker".

Charles M. Yunker, Adjutant

The American Legion

Department of Kansas

STATE OF KANSAS

TOM SLOAN
REPRESENTATIVE, 45TH DISTRICT
DOUGLAS COUNTY

STATE CAPITOL, 55-S
300 SW 10TH AVENUE
TOPEKA, KANSAS 66612
(785) 296-7654
1-800-432-3924

772 HWY 40
LAWRENCE, KANSAS 66049-4174
(785) 841-1526
tom.sloan@house.ks.gov



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MEMBER: ENERGY AND UTILITIES
AGRICULTURE AND NATURAL
RESOURCES BUDGET
LOCAL GOVERNMENT
JOINT COMMITTEE ON ENERGY
AND ENVIRONMENT

Testimony on HB 2210 – Veterans, Military, and Homeland Security Committee
February 15, 2011
Room 546-S

Mr. Chairman, Members of the Committee:

I regret that I am unable to appear in person this morning on HB 2210, but I am testifying on another bill in the Energy & Utilities Committee at the same time.

I support the intent of HB 2210, but want the Committee to be aware of a pilot program developed by the Veterans Affairs Department (VHS-Kansas City) and the Kansas University mental health and telemedicine staffs. The V.A. and K.U. have established a pilot mental health program using the Internet to serve veterans in three small communities. There is a long history of K.U. mental health professionals providing services in Kansas communities via the Internet and the pilot project has established that linking Kansas' telemedicine system and the V.A.'s system is feasible.

In addition, Kansas' Adjutant General Lee Tafanelli and Mr. William Patterson of the Kansas City V.A. (VHS) staff will meet on March 11, 2011, to discuss ways to expand the provision of mental health services to returning veterans. The Missouri Adjutant General has been invited to participate in that meeting.

In light of the on-going discussions between the V.A. , K.U., and General Tafanelli, I respectfully suggest that HB 2210 not be worked in 2011. It will remain a viable bill for consideration during the 2012 Kansas Legislative Session if the discussions mentioned above do not result in a viable program.

Thank you for your consideration of my comments.

Veteran/Military/Homeland Security Comm

Date: 2-15-11

Attachment #: 5-1

RE: HB 2210 testimony

Patterson, William P. (V15) [William.Patterson@va.gov]

Rep. Boico

Sent: Tuesday, February 15, 2011 9:10 AM

To: Tom Sloan; rspaulding@kumc.edu; lee.tafanelli@us.army.mil

Cc: tracey.talley@us.army.mil

Thanks, Tom. VA can provide family/couples counseling as part of the Veteran's mental health treatment plan, but not individually to the spouse or dependents. The Telehealth pilot we have done to this point will be an appropriate avenue.

Bill

From: Tom Sloan [mailto:Tom.Sloan@house.ks.gov]

Sent: Tuesday, February 15, 2011 8:21 AM

To: Patterson, William P. (V15); rspaulding@kumc.edu; lee.tafanelli@us.army.mil

Cc: tracey.talley@us.army.mil

Subject: HB 2210 testimony

In my previous message to you I mentioned that HB 2210 is scheduled for a hearing this morning at 9:00 a.m.

Attached is the testimony that I have hastily written and I hope is accurate.

Tom

Tom Sloan

*Committee members
per my written testimony on HB2210
Tom Sloan*

5-2

STATE OF KANSAS

TOM SLOAN
REPRESENTATIVE, 45TH DISTRICT
DOUGLAS COUNTY

STATE CAPITOL, 55-S
300 SW 10TH AVENUE
TOPEKA, KANSAS 66612
(785) 296-7654
1-800-432-3924

772 HWY 40
LAWRENCE, KANSAS 66049-4174
(785) 841-1526
tom.sloan@house.ks.gov



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Testimony on HB 2210 – Veterans, Military, and Homeland Security Committee
February 15, 2011
Room 546-S

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In light of the on-going discussions between the V.A. , K.U., and General Tafarielli, I respectfully suggest that HB 2210 not be worked in 2011. It will remain a viable bill for consideration during the 2012 Kansas Legislative Session if the discussions mentioned above do not result in a viable program.

Thank you for your consideration of my comments.



**Testimony on HB 2168 relating to Additional Veteran Benefits
To
The House Committee on Veterans, Military and Homeland Security**

**By Christopher J. Tymeson
Chief Legal Counsel
Kansas Department of Wildlife and Parks**

February 15, 2011

HB 2168 seeks to provide additional benefits to honorably discharged veterans. The Department opposes the provisions contained in Section 1 of the bill.

Section 1 of HB 2168 would provide free State Park entrance to honorably discharged resident veterans. Kansas State Parks are funded with a mixture of State General Fund and Park Fee Funds, which are user fees. Subsequently, if a "benefit" is provided to a particular group of individuals, that benefit costs other users in the form of increased entrance fees to make up for the budgetary shortfall that would accompany the benefit.

The Department feels that if the benefit is to veterans for their service to the State, a better alternative is to ensure that the benefit is provided by all citizens of the State and not just those currently using the facilities. By way of example, there is currently an appropriation of State General Fund to the Department to pay for lost revenue for free hunting and fishing licenses to National Guardsmen and women. Additionally, there is a similar appropriation for resident disabled thirty percent service-connected disabled veterans for hunting and fishing licenses. We don't expect current hunters and anglers to pay for those benefits and we shouldn't expect current park users to pay for a benefit to a select group.

It is estimated that the bill could result in up to \$1,000,000 in lost revenue to the Department while increasing the burden on infrastructure and current constituents.

The Department appreciates the support of the Committee in opposition to Section 1 of the bill.

Veteran/Military/Homeland Security Comm

Date: 2-15-11

Attachment #: 6