

DRAFT

# **Governor's Behavioral Health Services Planning Council**



**Service Members, Veterans and their Families  
(SMVF)**

**Subcommittee Annual Report**

**FY2020**

## Introduction

Per the Veterans Data Collection site in year 2020 Kansas population is comprised of 8.1% veterans, 176,444 adults. Out of those veterans between 20.5 and 22.9 % have housing issues and 6.7% live in poverty. And there is a total of 1.6 million female veterans in the United States.

For over a decade, researchers have been calling for communities to increase their capacity to support military-connected community members (Bowen, Orthner, Martin and Mancini, 2001). With almost 70% of military families living off-installation, they are increasingly reliant on their local communities for support and resources that meet their needs. 2019 year's survey findings suggest that more than showing appreciation of service and demonstrating understanding of military life, it's military family cultural competence – respondents' perceptions of community awareness, community appreciation, community understanding, community support, and community respect of military-connected families – that is the foundation upon which military families' sense of belonging to their local civilian community may be based. Military family resilience is, in large part, contingent on an effective, culturally competent support network within the community (Unger, 2019).

National Guard and Reserve families feel local civilian support agencies are not effective in addressing their needs. Many National Guard and Reserve family respondents live more than an hour from a military installation, making local resources important. However, nearly half feel their local civilian support agencies are not effective in addressing their needs. In addition to increasing resources in the community, in open-ended responses, Reserve family respondents also indicate improving Tricare/VA/health care as another way their local civilian communities could best support them. Many local agencies do not have employees that can bill Tricare due to not having a licensure that Tricare supports. Due to this information the SMVF subcommittee has made a strong effort to include representation from the National Guard and Reserves.

Military and veteran family respondents who perceive that civilians in their local communities have greater military family lifestyle competence feel a greater sense of belonging to that community. Forty-seven percent of military family respondents feel their local civilian community has limited military family lifestyle cultural competency (MFLCC). MFLCC includes community awareness, appreciation, understanding, support, and respect of military families and their service. Similarly, 40% of military family respondents do not feel a sense of belonging to their local civilian community.

Suicide is one of the most urgent health problems facing America today, and it is the focus of the DoD Office of the Inspector General's Top Management Challenges for Fiscal Year (FY) 2020. While the World Health Organization estimates that 2% of individuals in developed countries have had suicidal thoughts or attempts in a 12-month time period, among this year's military family respondents, 4% of spouses and 6% of service members indicated that they had seriously considered attempting suicide in the past year. Similarly, 4% of those respondents who were spouses of veterans and 9% of veteran respondents reported the same.

Although there is a need for greater MFLCC among individual community members, private and nonprofit organizations that provide programming or resources in the local civilian community can prioritize cultural competence to effectively serve military-connected community members, focusing on MFLCC as a preventative capacity-building effort instead of a response to issues. Organizations, corporations, and philanthropies can begin by understanding the role formal and informal support networks play in the lives of military families. While informal networks are the more common means of support, culturally competent formal networks organized by private or nonprofit programs or resources, schools, religious organizations, and civic groups can set the conditions for these crucial supports to develop. Cultural competence is a well-established cornerstone to effective support; extending this same expectation to military and veteran family experiences sets the conditions for their success and a stronger community overall. Kansas must bill a stronger support system for our SMVF population.

## **History**

The SMVF Subcommittee was established to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes, and to increase the effectiveness of State and local efforts to address SMVF issues. The sub-committee has continued to identify resources and address the broader behavioral health care needs of veterans, service members and their families. It has also work toward increased collaboration among providers in the community behavioral health system the VA and other provider networks that focus on veterans, service members and their families. The sub-committee continues to help build a stronger integrated care safety net for our SMVF population.

In January 2020 the subcommittee voted in new Chair, Vice Chair and Secretary. Bylaws were written under the new leadership, small break off groups formed to complete FY2019-20 goals if possible, and new goals developed April 2020. New leadership and members continue to work to recruit members from across the state that have knowledge of the SMVF population, knowledge of resources and willingness to work to create a broader safety net across the state of Kansas and mitigate care gaps. Currently the SMVF subcommittee is comprised of a Chairperson, Vice chairperson, Secretary and 19 members.

In May 2021 Andrea stepped down as liaison to accept another position with the State. The position was filled August 2021. Andrea did an outstanding job as liaison and helped to move goals forward

Laura Brake accepted the position of CIT/Veterans Program Coordinator in August 2021. She has met with the Chair and Co-Chair at this time and shows a willingness to learn and help continue the forward motion of the SMVF state subcommittee.

## **Mission**

To ensure that servicemembers, veterans and their families are involved in improving access to behavioral health services which are relevant to military culture in collaboration with key provider organizations and other stakeholders.

## **Vision**

There is an expanded and identifiable network of service providers and community supports to adequately meet the behavioral health care needs of veterans, service members, and their families which includes training provider staff about key elements of military culture and organization as well as ongoing engagement of veterans, service members and family members in eliminating barriers to treatment and in creating flexible treatment and recovery options.

## **Membership**

Subcommittee members now represent a variety of individuals, agencies and community partners who work with the SMVF population, active service members, have veteran status, and/or a family member of a service member/veteran. Examples include but are not limited to representation from Community Mental Health Centers, Veterans Services, Child Welfare Agencies, Managed Care Organizations (MCOs), University Partners, Law Enforcement, Veteran Service Organizations both local and State representation, Community College Partners, Air Force, Army, Marines, Navy, female and male veterans, Housing Authority, Data collections, NAMI, National Guard, and Air Guard.

A membership list with area of the state they represent is provided.

**FY20-21 GBHSPC Veterans Subcommittee Membership**

**Chair:** Shereen Ellis, Aetna Better Health of Kansas

**Vice Chair:** Kathy Shepard, Four County Mental Health

**Full Membership**

<b>NAME</b>	<b>ORGANIZATION</b>	<b>Area of Representation</b>
Andrea Clark	KDADS	Full State
Charles Bartlett	KDADS	Full State
Gary Henault	KDADS	Full State
Chairperson Shereen Ellis	Aetna Better Health of Kansas	Full State
Co-Chairperson Kathy Shepard	Four County Mental Health	Five Counties in South East Kansas
Secretary Janell Stang	WSU Community Engagement Institute	Full State
Christopher Bowers	Washburn University & Commander VFW	Full state
Shari LaGrange-Aulich	SAVE Farm & Konza Prairie CMHC	Full State
Lori Bishop	Executive Director Flint Hills Volunteer Center/RSVP	Northeast Counties
Crystal Dalmasso	DCCCA	Full State
Angela Gabel	Kansas Air Guard	Full State
Jason Hess	SACK	All counties in Central and Western KS
Wes Cole	GBHSPC	Full State
Larry Salmans	Senator (Retired)	Full State
Stephanie Davis	Topeka VA	Shawnee County
Steve Christenberry	Veteran	Shawnee County
Joshua Klamm	Topeka Police Department	Shawnee County
Timothy Marlar	VSO State Representative	Full State
Lisa Chaney	Greenbush	Full State
Tony Nutz	NAMI	Central Kansas
Lisa Galindo	Kansas National Guard	Full State
Mary McBride	National Guard Association of KS	Full State

Aaron Estabrook	Manhattan Housing Authority City Commissioner	Riley County
Cassandra Hornbaker	Robert J. Dole VA	Sedgwick County
Alan Parsons	Independence Com. College	Montgomery County

## FY20-21 Goals and progress

- Create a website called, LiveConnectedKS.org/com.net
  - Goal has been met
- Request all schools to ask if the student has a parent or guardian that is currently or has served, establish where the data is being stored and how to access and give information to community partners including but not limited to CMHCs, LHD, and MCOs
  - Subcommittee was able to locate school data from the Education Department
  - Subcommittee identified if CMHCs, LHD or other agencies want the data they can contact the Education Department directly to receive reports from each school that does complete the questionnaire
  - Encouraged Education Department to stress importance of collecting data on SMVF population at enrollment
  - Goal is completed to the best of this subcommittee's ability
- Have PsycArmor training on KStrain.org, make aware to and all CMHCs, LHD, PD, Sheriff Departments, hospitals, FQHCs, EMS, MCOs, Hotlines and any other later identified organizations that the training is there and free of charge.
  - In order to track trainings consistently, it has been decided to not put trainings on KStrain.org and use the PsycArmor platform only.
  - Letter has been developed and given to KDADS for approval and distribution
    - Letter not needed as the State has purchased a data package to identify who has taken trainings and which Community Mental Health Centers are Certified in Veterans Culturally Competency
  - Identified courses that train providers in military culture and recommended
    - completed
  - SMVF subcommittee request funding of \$12,000 to be paid to PsyArmor in order to create a data base that will track who has taken what courses and which agencies have SMVF Cultural Competence status
    - completed
- Identify all upcoming events, summits, conferences, and trainings being offered in 2020 and put on an events calendar.
  - This will be on going and kept on the LiveConnected Website
  - Subcommittee continues to increase the diversity of membership to obtain additional knowledge in all SMVF areas of life.

- Identify Mental Health 1<sup>st</sup> Aid Trainers and train at least 20% of the VSO, VFW, and Legion members across the state
  - Letter developed and given to KDADS for approval and distribution
    - Put on hold by the State
    - Subcommittee expanded training to QPR as well as MHFA
  - Funding request of \$4,500 to cover training cost to train 100 members of a VSO or VFW across Kansas
    - SMVF subcommittee was given a \$5000.00 donation. The subcommittee allocated the funds to training VSO's in two areas of the state. The 1<sup>st</sup> training will take place September 24<sup>th</sup> in Erie, KS hosted by Post 102.
  
- **Create a LiveConnected campaign**
  - Complete the PSA with Governor Kelly (TBA))
    - On hold due to COVID restrictions

**Report completed by**

Shereen Ellis, LSCSW

Chair of the SMVF subcommittee