



EASTERN OREGON HUMAN SERVICES CONSORTIUM

400 E Scenic Drive
Suite 2343
The Dalles, OR 97058
(541) 490-3263
Fax (541) 298-7996

Statement of Kevin M. Campbell

Coordinator

EOHSC: Eastern Oregon Human Services Consortium

“Portland field hearing on veterans’ mental health issues”

Senate Special Committee on Aging

Senator Herb Kohl, Chairman

Portland, Oregon

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Good Afternoon,

I am pleased to be here today to talk with you about the mental health needs of our veterans living in rural Oregon. Oregon is a large state with approximately 100,000 square miles. The EOHSC Region encompasses nearly half the landmass of Oregon and contains only 8% of its population. While we pride ourselves in the provision of excellent mental health services, access to those services is often times difficult. There is very little public transportation available in the region. Our population tends to be older and poorer than the statewide average. Our response to these challenges has been to bring the services to the people, rather than waiting in the clinic for people to access the services. While this effort has struggled with a statewide shortage of funds, it has had a marked impact on making our part of the state a place where people enjoy an excellent chance for recovery from debilitating mental illness.

Many of our citizens have answered the call to serve in the military and are finding it ever more difficult to access mental health services upon their return home. A disproportionate number of Oregon Soldiers fighting in Iraq and Afghanistan are members of the National Guard. Many of these soldiers have families, jobs, mortgages and other ongoing expenses that they left behind when deployed. But, due to their decreased earnings, while in active duty, find they are much deeper in debt than they ever imagined when they return home. Because of these financial obligations, pressures on the families of soldiers have never been greater.

A high number of soldiers returning home from the military are suffering from PTSD and/or Depression, problems which are new to them and their families. Without treatment, family problems escalate and the overall rate of divorce and other social consequences increases. Although many veterans are deeply in debt they are not currently eligible for the Oregon Health Plan (Medicaid) and often times find themselves confused about their eligibility for Veterans Benefits. Public mental Health Clinics in the region are reporting that Guardsmen home on leave are experiencing extreme difficulty accessing follow up to crisis services locally. For them, the lack of availability of timely follow up services can mean no services prior to their return to duty.

Once veterans are determined to be eligible for benefits, services are often times many miles away, access is commonly delayed by a preauthorization process, and many providers no longer accept Tri-Care Insurance due to difficulty being paid for their services. Payment rates are often so low that

private practitioners are unable to provide services because the payment does not cover the cost of the needed services.

Without adequate treatment for their mental health conditions, a growing number of our veterans are turning to alcohol and drugs to deal with the challenges of their lives. Unfortunately, the consequences of “self medicating” have increased exponentially because the drug of choice in many of our communities is now methamphetamine. This relatively inexpensive and highly addictive drug can have devastating long-term impacts on those who turn to its use. We are currently experiencing a growing number of Vietnam War Veterans who are presenting in crisis due to untreated PTSD and years of substance abuse. All too often, veterans with significant addictions are ending up in our jails and prisons rather than in community based treatment. This is a trend that we can ill afford to allow to continue with our currently returning veterans.

Public Alcohol and Drug Treatment and Mental Health Clinics are not currently funded at a level which allows timely access to treatment for many of our returning veterans and their families. While Oregon has chosen to embrace a system of Managed Care for provision of such services, Federal initiatives such as the Deficit Reduction Act have dramatically reduced access to Medicaid Funding. Rates for Medicaid Capitation Payments are now entirely based on experience from previous rate setting periods, actuarially adjusted for cost trends. When the system of the future is directly tied to cost experience of a system that was inadequately funded in the past, it is impossible to meet increased demand for services in the future. Fee for Service reimbursement systems have never proven to be cost effective in the long run, in that volume of services is rewarded more than outcomes of those services, but that is what we are being driven back to at the present time.

Now is the time to invest in the future of our veterans and their families. Supporting Public Alcohol and Drug Treatment and Mental Health Clinics can do this. By assisting us in our efforts to bring the services to the clients, rather than waiting for the clients to come to us, we can meet the needs of veterans earlier and avoid much of the stigma associated with accessing mental health services at clinics in rural communities. Finally, I would encourage you to rethink decisions imbedded in the Deficit Reduction Act and move back to a system that rewards outcomes. Systemic savings should be reinvested into enhanced services at the community level which benefit the veterans and other targeted populations

rather than a system which rewards efficiency with reduced rates in the future.

Thank you very much for coming to Oregon. We appreciate your focus on this important issue and stand ready to provide assistance in meeting this very important challenge. Our communities are very proud of our veterans and their families. With adequate resources we will be better prepared to provide them the assistance necessary to continue living in our part of the state for many generations to come.