
From: Greg Walker <greg@greenberetfoundation.org>
Sent: Monday, April 17, 2017 11:21 AM
To: SVEP Exhibits
Cc: Greg Walker; Jennifer Paquette
Subject: Exhibit for SB 1054 - post public hearing

Dear Senator Boquist:

I had hoped to be back in Salem tomorrow but am scheduled to be in the Boise, Idaho, area from Tuesday til late Thursday.

This said, the following is for the committee's consideration as the bill moves forward:

A significant number of Oregon's veteran population in eastern Oregon are without VA medical resources. Three Oregon counties are actually provided overall care/treatment, specifically chemical dependency and behavioral health in-patient by the Boise VA which has less than 12 in-patient beds for chemical dependency and limited PSY resources for its own state population.

My sense, after listening to the Opposition last week, is that "they" have no idea this is the case. Further, they have no idea that in-patient care and treatment for CD and BH for Veterans/Active Duty/National Guard is far more complex, far more resource intensive, has far more reporting accountability to the VA and Active Duty medical referring professional and their accounting functions, and length of stay is for far longer periods of time (to be effective) than the average civilian IP stay(21 days if no DETOX required, 28 days if DETOX needed or co-occurring diagnosis' such as combat induced PTS and substance dependency).

Cedar Hills Hospital's dedicated Military Program, as I testified to on Thursday, is the Gold Standard for such a program. This in terms of staffing, treatment models, reimbursement relationships with VA Purchased Care, TriCare, and Triwest CHOICE 30 and 40 programs, VA and Department of Defense treatment models, and post care/treatment coordination.

This not only in Oregon but on the Pacific Rim, Alaska, Hawaii, Washington State, and adjoining states such as Montana, Idaho, and northern California. Further, we are routinely visited / inspected by Active Duty and VA clinical staff per policy, procedure, and DoD guidelines.

Our program is the only such program to partner with the Wounded Warrior Project as its "Go To" facility nationwide for acute care WWP wounded warriors; and to resource share with the Green Beret Foundation, the Darby Project, the UDT SEAL Association, Semper Fi Fund, and other non-profit grassroots organizations that are standing in the breach where services and funding for our Warriors is concerned.

"One Team - One Fight" is our mantra.

I would also point out we are, as Ms. Hutter our CEO stated, a 22-bed dedicated military program conducted in strict accordance with VA and Department of Defense 2010 policies, procedures, and guidelines as well as All Services updates.

We can and do "surge" to upwards of 35 military patients (Active Duty/Guard/Reserves/Veterans/Military Family Members over the age of 18) in order to, frankly, take care of those acute patients that the Military, the VA, or the private sector cannot provide care for within 24 to 48 hours on a world-wide basis.

My point is this – Providence/Legacy and those other hospital giants in Oregon do not offer any similar dedicated program for Veterans. Instead, in my professional opinion after now 9 years of advocacy in this field, they opt to "let the VA take care of those people" and treat either emergency room walk-ins or those with private insurance, and then in a civilian environment which most Veterans will either refuse to participate in or gain little to nothing from per the evidence.

Finally, the Certificate of Need process was clearly shown on Thursday to be a major obstacle to encouraging perhaps smaller in-patient interests consider opening a 12-16 bed dedicated program in Central or Eastern Oregon, not to mention Southern Oregon. Who can or will wait 2 plus years and spend the amount of money the Opposition mentioned on such an enterprise? And as Senator Olsen pointed out several times, how many have to die to prop up a process that currently see Oregon ranked 49th in the state for such care/treatment?

The inability of those opposing to even answer his question in a politically patronizing manner was stunning, to say the least.

I would encourage your committee to visit the Cedar Hills Hospital facility and its Military Program as the legislative process plays itself out in reference to SB 1054. What it is and does is what is possible for any entity the bill would provide for in the establishment of proper, timely, realistic care and treatment for our Veterans, National Guard Warriors and their family members, Active Reserves, and Active Duty serving in the state.

Respectfully,

Greg Walker (Ret)
USA Special Forces
AMB, Green Beret Foundation
<http://www.greenberetfoundation.org/what-we-do/>

"Many virtues - like courage and compassion - can be displayed in a moment. Make that moment happen!"

Please add the below to the Exhibits page for SB 1054.

We are in support of SB 1054 as a direct means to, over a two year period, provide quality in-patient care opportunities for Oregon's active duty military service members, the Oregon National Guard, Military Family Members, and our Oregon Veteran community throughout the state -

The current ranking that sees Oregon ranked at 49th in the country in the area of behavioral health / substance abuse care and treatment, and at the top of the list for individual National Guard suicides, demands both a state of emergency be declared and a significant incentive offered for dedicated in-patient programs working in partnership with the Veterans Administration Healthcare System in Oregon.

[Military](#)

VA says it fixed the veteran suicide hotline, but critics say it's still broken

BY [Hope Yen, Associated Press](#) April 4, 2017 at 1:20 PM EDT

WASHINGTON — The Department of Veterans Affairs told skeptical lawmakers Tuesday it has already fixed problems with its suicide hotline that were highlighted in an internal watchdog's report released just two weeks ago.

A March 20 audit by the VA inspector general had found that [nearly a third of calls](#) to the Veterans Crisis Line as recently as November were bounced to backup centers run by an outside contractor. The rollover calls happen when phone lines are busy, leading to possible waits of 30 minutes or more.

RELATED LINKS

- [More than one-third of calls to VA suicide hotline are left unanswered, official says](#)
- [The stigma that stops veterans from getting help for PTSD](#)
- [Four veterans living with PTSD reveal the disorder's many faces](#)

It was unwelcome news for VA Secretary David Shulkin, who has made suicide prevention a signature issue at the troubled agency, riven with scandal since reports of delays in treatment at veterans' hospitals last year.

Approximately 20 veterans take their lives each day. Testifying before a House panel, Steve Young, VA's deputy undersecretary for health for operations and management, pointed to a dramatic turnaround in calls answered by the hotline since November, indicating that the most serious issues have been resolved.

The crisis hotline “is the strongest it has been since its inception in 2007,” Young told the House Veterans Affairs Committee. He described the hotline in recent months as “offering superior access for veterans during their time of need.”

Calls to the Veterans Crisis Line that rolled over to backup centers steadily declined from 31 percent in early November, to just 0.1 percent as of March 25, according to internal VA data released Tuesday. That came despite growing workloads in which weekly calls to the hotline jumped from 10,558 in November to 13,966 last month, the VA said.

As recently as mid-December, when the IG was finalizing its audit, the share of rollover calls had declined close to the VA’s goal of 10 percent. That figure dropped to less than 1 percent by early January, according to the agency.



David Shulkin testifies before the Senate Veterans Affairs Committee during his confirmation hearing on his nomination to be Veterans Affairs secretary on Capitol Hill in D.C. Photo by Kevin Lamarque/Reuters

Shulkin, who previously served as VA’s top health official, has also described the issue as resolved. “Fixing the Veterans Crisis Line was a critical step in keeping our commitment to veterans,” he said in a March 21 statement.

That drew some sharp retorts from lawmakers.

Minnesota Rep. Tim Walz, the top Democrat on the House panel, pointed to “re-occurring issues we see time and time again at VA” that were identified by the IG, such as poor training, weak leadership and lack of clear procedures. The crisis hotline has operated without a permanent director for more than year.

“These have not been addressed,” he said. “I would be very careful in saying you fixed the problems.”

Rep. Phil Roe, R-Tenn., a physician who chairs the House committee, questioned whether the VA intended to fully implement reforms. “There is very clearly a need for more to be done — and soon — so that we can be assured that every veteran or family member who contacts the VCL gets the urgent help he or she needs every single time without fail or delay.”

Approximately 20 veterans take their lives each day.

VA inspector general Michael Missal said he cannot confirm the VA’s latest data, but emphasized that the Veterans Health Administration had not implemented any of the IG’s proposed improvements, dating back to February 2016. The department had previously “concurred” with the report’s March 20 findings. “Until VHA implements fully these recommendations, they will continue to have challenges,” he said.

Missal also identified fresh problems, such as inadequate procedures to measure the hotline’s success in thwarting suicide attempts.

Launched in 2007, the crisis hotline has answered nearly 2.8 million calls and dispatched emergency services more than 74,000 times, figures show. Featured in a documentary that won an Oscar in 2015, it later received negative attention after its former director reported frequent rollovers due to poor work habits. Last year, Congress passed a law requiring that all calls and messages to the hotline be answered in a timely manner.

The most recent rollover problems appear to stem from the VA’s opening of a second call center last October.

Spurred by veterans’ complaints, the IG said the department launched a follow-up review to its February 2016 audit in which the VA promised to make improvements by last September. Instead, it found many rollover calls, due in part to the VA’s decision to divert some staff from its upstate New York call center to help train new workers in Atlanta.

The IG suggested the Atlanta center was slow in becoming operational, but the VA says that rollover calls in fact began to fall significantly as workers became trained.

It wouldn’t be the first time the VA disagreed with auditors. Both the VA inspector general and the Government Accountability Office previously found the department’s figures on wait times

for medical care to be misleading, which the VA disputes. The GAO still lists the VA as “high risk” for waste, fraud or mismanagement.

The Veterans of Foreign Wars organization said the latest VA data might be accurate, but said it was worried that the agency sometimes focuses too much on metrics — the number of calls received and handled. It urged better call monitoring to improve training and service.

“The VFW believes that while the number of calls going to backup centers decreasing at such a rapid rate is a positive, it is not a sign of the quality of work being provided,” said Kayda Keleher, VFW’s legislative associate.

Greg Walker (Ret)
USA Special Forces
AMB - Green Beret Foundation

"Many virtues - like courage and compassion - can be displayed in a moment. Make that moment happen!"

Please add to Exhibits page in support of SB 1054.

As voiced in testimony last Thursday by a PSY professional and not once refuted by those in opposition of SB 1054, the State of Oregon, in conjunction with its outdated and overly cumbersome / expensive two plus year Certificate of Need process, ranked at the bottom of the list for behavioral health care resources / opportunities.

The primary opponents to SB 1054 are Oregon's tenured major hospital systems, none of which provide dedicated in-patient care and treatment facilities or programs for Oregon's Active Duty, National Guard, Reserves, Military Family Members, or Veteran community.

SB 1054 acknowledges this state of emergency for our Veterans in Oregon and will provide for a healthy, kinetic evolving partnership between those care givers who are willing to work with the VA Medical System in Oregon, TriWest Choice, TriCare, and VA Purchased Care, and the greater referring professional field to include VA contract therapists and doctors and VA traditional behavioral health / substance abuse providers.

A "firm grip on last place" is not acceptable.

2016 State of Mental Health in America - Ranking the States

[Ranking - Why We Ranked State Data on Mental Health](#)

- Using national survey data allows us to measure a community's mental health needs, access to care, and outcomes regardless of the differences between the states and their varied mental health policies.
- Rankings explore which states are more effective at addressing issues related to mental health and substance use.
- Analysis may reveal similarities and differences among states in order to begin assessing how federal and state mental health policies result in more or less access to care.

Jump To:

[Overall Ranking](#)

[Adult Ranking](#)

[Youth Ranking](#)

[Prevalence Ranking](#)

[Access to Care Ranking](#)

[Overall Ranking](#)

A high overall ranking indicates lower prevalence of mental illness and higher rates of access to care. A low overall ranking indicates higher prevalence of mental illness and lower rates of

access to care. The combined scores of 13 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

The 13 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need
6. Adults with Disability who Could Not See a Doctor Due to Costs
7. Youth with At Least One Past Year Major Depressive Episode (MDE)
8. Youth with Dependence or Abuse of Illicit Drugs or Alcohol
9. Youth with Severe MDE
10. Youth with MDE who Did Not Receive Mental Health Services
11. Youth with Severe MDE who Received Some Consistent Treatment
12. Students Identified with Emotional Disturbance for an Individualized Education Program
13. Mental Health Workforce Availability

Because the most recent survey data comes from 2013, which is one year prior to implementation of the Affordable Care Act, the measures “Adults with AMI who are Uninsured” and “Children with Private Insurance that Did Not Cover Mental or Emotional Problems” were left out of calculations from the Overall Ranking.

States that rank in the top ten are in the Northeast and Midwest, while most states that rank in the bottom ten are in the South and the West.

Overall Ranking

Rank	State
1	Minnesota
2	Massachusetts
3	Connecticut
4	Vermont
5	South Dakota
6	New Jersey
7	North Dakota
8	Iowa
9	Alaska
10	New York
11	New Hampshire
12	Illinois
13	Maryland
14	Pennsylvania
15	Kansas
16	Delaware
17	Maine

Rank	State
18	Georgia
19	Colorado
20	Nebraska
21	Kentucky
22	Hawaii
23	California
24	Ohio
25	Florida
26	Oklahoma
27	North Carolina
28	DC
29	Wyoming
30	Missouri
31	Alabama
32	Michigan
33	Texas
34	Montana

Rank	State
35	Mississippi
36	New Mexico
37	Wisconsin
38	South Carolina
39	West Virginia
40	Tennessee
41	Arkansas
42	Virginia
43	Louisiana
44	Indiana
45	Idaho
46	Utah
47	Washington
48	Rhode Island
49	Nevada
50	Arizona
51	Oregon

Overall Ranking Compared to Other Positive Outcomes










Mental health, substance use, and suicidal thoughts are influenced by both biological and environmental factors. Environmental factors such as stress, poverty, homelessness, and exposure to interpersonal and community violence are linked to increased rates of mental health and substance use problems.

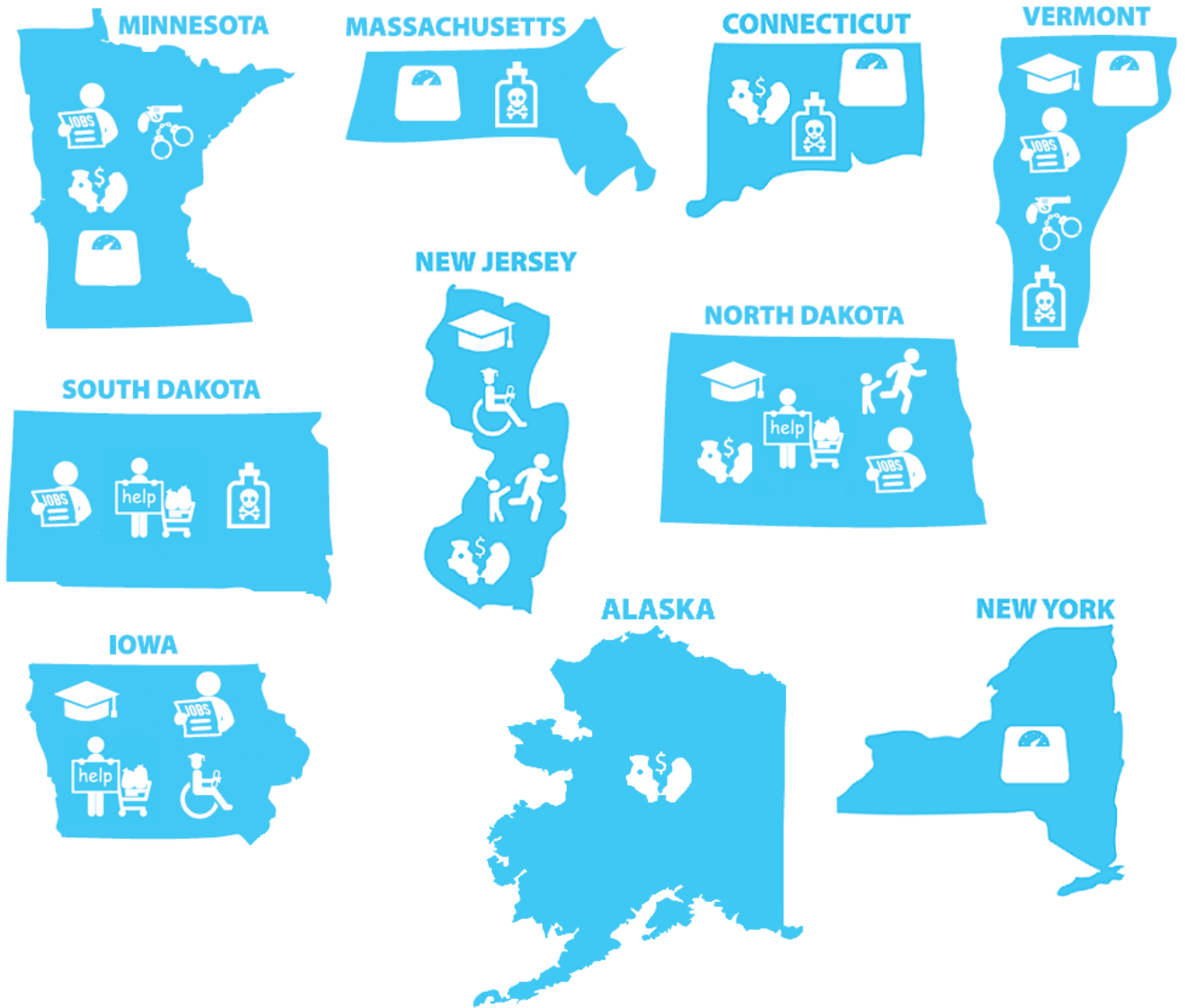
Top 10 states in the Overall Ranking also rank among the top 10 states in the following positive outcomes.

States with the lowest prevalence of mental illness and highest rates of access to care include:

1. Minnesota
2. Massachusetts
3. Connecticut
4. Vermont
5. South Dakota
6. New Jersey
7. North Dakota
8. Iowa
9. Alaska
10. New York

POSITIVE OUTCOMES ICON KEY

								
Low Child Maltreatment	High Disability Graduation (High School)	High Graduation (High School)	Low Homelessness	Low Obesity	Low Poverty	Low Toxic Chemical Release	Low Unemployment	Low Violent Crime



Overall Ranking Compared to Other Poor Outcomes

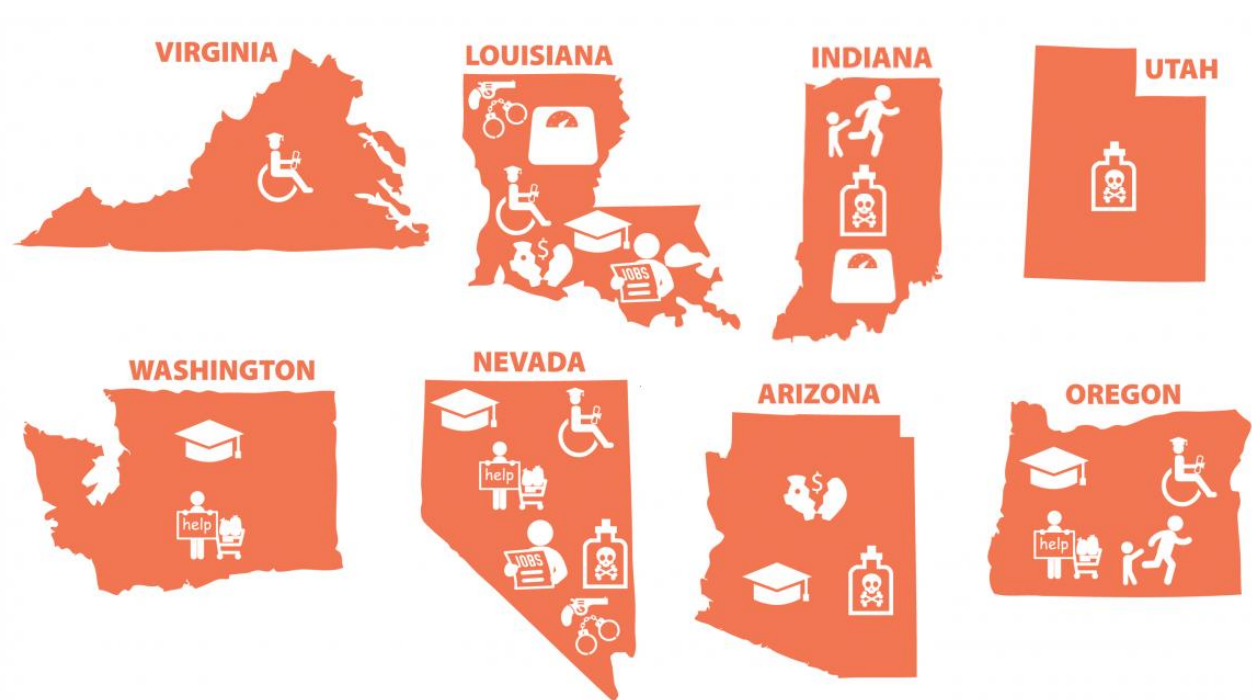
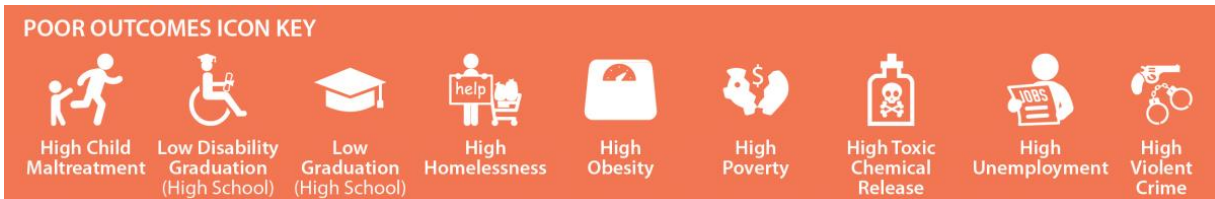
Mental health, substance use, and suicidal thoughts are influenced by both biological and environmental factors. Environmental factors such as stress, poverty, homelessness, and exposure to interpersonal and community violence are linked to increased rates of mental health and substance use problems.

Bottom 10 states in the Overall Ranking also rank among the bottom 10 states in the following poor outcomes. Among the bottom 10 states in the Overall Ranking, 8 states had correlations with poor outcomes – shown below.

States at the bottom 10 of the Overall Ranking with the highest prevalence of mental illness and lowest rates of access to care include:

1. Virginia
2. Louisiana
3. Indiana
4. Idaho
5. Utah

6. Washington
7. Rhode Island
8. Nevada
9. Arizona
10. Oregon



Adult Ranking

States with high rankings have lower prevalence of mental illness and higher rates of access to care for adults. Lower rankings indicate that adults have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Dependence or Abuse of Illicit Drugs or Alcohol
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need

6. Adults with AMI who are Uninsured
7. Adults with Disability who Could Not See a Doctor Due to Costs.

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"Many virtues - like courage and compassion - can be displayed in a moment. Make that moment happen!"

Major Ivan Castro is a Special Forces officer, blinded in combat, who champions improved healthcare for Veterans and Active Duty / National Guard members.

His book, "Fighting Blind - A Green Beret's Story of Extraordinary Courage" was released last year.

My Central Oregon ran this story - with Central Oregon listed as having the longest wait times for its Veterans to see a VA physician / therapist per a recent VA report - SB 1054 seeks to take the blinders off Oregon's last place in-patient behavioral health and substance abuse ranking and must be supported.

Meet the 2 wounded veterans running the Boston and London marathons tethered together





iStock/Thinkstock(NEW YORK) — Among the thousands of runners chasing their dreams Monday at the 2017 Boston Marathon will be two men who are literally running together.

Ivan Castro, 49, a U.S. military veteran who was blinded in both eyes in 2006 during combat operations in Iraq, will be connected by a tether line during the 26.2-mile race to Karl Hinett, 30, a U.K. military veteran who sustained devastating burns across his body from a 2005 attack in Iraq.

The two veterans will take on the same challenge just a few days later when they cross the Atlantic to run the 2017 Virgin Money London Marathon on April 23.

“We both agreed right from the very start that we’d start these races together and we’d finish these races together,” Hinett, who was just 19 when he was injured and has since undergone 50 operations, told ABC News.

Castro described his fellow veteran’s “huge responsibility” in the two marathons, saying, “Karl is going to be my eyes.”

Castro, of Fayetteville, North Carolina, and Hinett, of the Midlands region of the U.K., are running the back-to-back marathons to raise awareness for mental health issues, particularly when it comes to veterans. They are supported in the effort by Heads Together, the mental health initiative founded last year by Britain’s Prince Harry, Prince William and Princess Kate.

“I was approached in May by Prince Harry himself,” said Castro, who was competing at the 2016 Invictus Games when Harry asked him to race Boston and London. “I agreed immediately.”

Hinett first met Harry, a former Apache pilot and founder of the Invictus Games for veterans, in 2012 when Hinett attempted to climb Mt. Everest with a group of wounded veterans. He credits Harry, along with William and Kate, with placing a much-needed spotlight on breaking the taboo around asking for mental health help.

“They have a special place in a lot of people’s hearts,” Hinett said of the royals, adding of veterans William and Harry, “They’ve both served. They both understand what it’s like in the military so they can speak to us on our level, if you will.”

Running to recover

Hinett and Castro both said it was first the idea of running and then being able to actually return to the pavement that helped them recover from the dark days after their life-threatening injuries.

“When I was lying in bed I overheard a nurse and a resident talk about the Marine Corps Marathon so, for me, my first goal was to run a marathon when I was blinded,” said Castro.

“That was the first challenge that I took in life and to get to that point, to run a marathon, involves some sort of recovery from the point where I was at.”

He added, “I was really in the pits of my physical and mental state.”

Castro, who recently retired as a U.S. Army major after a 28-year military career, fought back both mentally and physically to remain on active duty and complete more than 50 marathons and two 50-mile ultra-marathons.

He said the “loss of independence,” like having to ask people to run miles with him, does not get easier the further he gets from his injury date, but he now knows he can ask for help.

“Just as I ask for help in that sense of my training and my daily living, the same thing, it requires for people to ask for help when they are going through some trouble or tough times,” Castro said. “Everyone, not only military, but everyone undergoes some certain level of depression or worry or stress which, if not treated, it could ball up to something bigger.”

Hinett found that taking on “the challenge of sport” helped him recover mentally as he watched his body become more able. He has run more than 145 marathon and ultra-marathon races around the globe since sustaining his injuries in 2005.

“It’s a great way of challenging yourself and always showing the message that healthy body is a healthy mind as well,” he said. “It’s much easier to take care of something physical because you can see it but we should be taking care of mental health just as thoroughly as well.”

‘It is OK to go against that stigma’

The photo of Hinett’s tank up in flames after it was hit by a petrol bomb became a lasting image of the Iraq conflict. When asked the biggest obstacle he faced in his recovery, Hinett spoke not of his lasting physical wounds but of his mental health challenges.

“It almost felt like how do I start it? How do I open up with asking for help?” he recalled. “It’s sort of ingrained in you in the military, you get that feeling that you don’t need to because you’re perceived as this invincible fighting force.”

He continued, “As difficult as it felt, all it really did take was [saying] I need help. As simple as that. It is just that easy, just to say, ‘I need help.’”

The two veterans, who have each been logging about 30 miles per week as they train in the U.K. and U.S., hope that both civilians and service members will take that message away from their runs in Boston and London.

“If you’re feeling like you’re having those bad days every single day, it is OK to go against that stigma that surrounds asking for help,” Hinett said. “It starts by having a conversation with someone.”

Funds raised by Castro and Hinett will go to support mental well-being programs run by Home Base, a partnership of the Red Sox Foundation and Massachusetts General Hospital, in the U.S., and Heads Together’s partnerships with mental health-focused charities in the U.K.

Harry, William and Kate will be on hand in London to cheer on the runners. Heads Together is the chosen charity of the 2017 Virgin Money London Marathon and each marathoner will receive a Heads Together headband in their race packet.

Castro and Hinett will also be supported by runners in Fayetteville and Fort Bragg who have committed to running 26.2 miles at the same time Castro and Hinett run in Boston and London.

“We need to make sure that we take care of our men and women who voluntarily serve and protect our freedom,” Castro said. “That is why both Karl and I are doing this, because we care and we love our brothers and sisters and their families.”

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