

W. G. C.

AGENDA COVER MEMO

Memorandum Date: January 25, 2007

Order Date: February 14, 2007

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TO: Board of County Commissioners

DEPARTMENT: Health & Human Services/Mental Health Advisory Committee

PRESENTED BY: Tim Mueller, MHAC Member

AGENDA TITLE: RESOLVED AND ORDERED _____ / IN THE MATTER
OF PROCLAIMING WAR HARMFUL TO LANE COUNTY
CITIZENS.

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I. MOTION

In the Matter of Proclaiming War Harmful to Lane County Citizens.

II. AGENDA ITEM SUMMARY

The Board is being asked to:

1. Proclaim war harmful to Lane County citizens;
2. Express support of addiction disorder treatment services and mental health services for Lane County military personnel, their families and neighbors; and
3. Petition the Lane County congressional delegation to
 - Take action to reduce the number of U.S. troops engaged in wars; and
 - Take action to provide federal financial support targeted for the welfare, safety and health of returning veterans affected by their participation in war, and their families, through passage of mandatory funding for the Veterans Administration Healthcare system and increased funding for the processing of claims by disabled veterans.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

On November 6, 1962 the Home Rule Charter for Lane County was approved by the voters. The Charter confers certain powers to the county. Among them are "the county shall have authority over matters of county concern to the full extent granted or allowed by the law of the United States or of the state of Oregon..."

The county website states in more detail that "board members may seek to address the needs of constituents and carry out special assignments as the full Board may direct." To this end and as mandated by state statute (Oregon State Statute 430.630{7}) and Lane Manual (LM 3.524), the Board has appointed a Mental Health Advisory Committee (MHAC) which also sits as the state mandated Local Alcohol and Drug Planning Committee (LADPC) (ORS 430.342).

The MHAC/LADPC is charged with advising the Director of Health & Human Services and the Board on community needs and priorities for mental health services as well as assisting in planning, review and evaluation of these services.

To this end, the MHAC/LADPC has recommended adoption of several biennial plans, including the 2007-09 Lane County Mental Health and Addictions Implementation Plan on February 22, 2006. The Board approved the plan (board order 06-2-22-15). This plan highlights several priorities regarding mental health and addictions, including the preparation for returning veterans.

Historically, Lane County has supported military personnel and veterans both indirectly and directly. The County has directly supported delivery of services through the Lane County Veteran Service Office (CVSO). In FY 2006-2007, County General Fund commitment to CVSO is \$157,531. CVSO assists veterans and their dependents and survivors seek benefits based on the veteran's military service. Unfortunately, the benefit application process can take a year or more and many veterans will only have limited services available to them during the process.

Oregon has attempted to address the gap between eligibility determination and need to some degree. The 73rd Legislature created Emergency Assistance Funds within both the state Department of Veteran Affairs (ODVA) and the Oregon Military Department. These funds provide one time grants for eligible veterans and active guard or reserve personnel who are suffering from acute financial crisis. One-time grants of financial assistance are a short-term measure requiring many veterans to seek community assistance/resources during the benefit application process.

It is this interim wait period that presents a greater community problem.

B. Policy Issues

The Board of County Commissioners (BCC) has not taken any actions specific to addressing the harmfulness of war on Lane County citizens. The Board has taken several actions to support addiction disorder treatment, mental health treatment and support for veterans services.

C. Board Goals

The current Lane County Strategic Plan was adopted in 2001. The adopted plan includes several goals. Those most relevant to this issue are:

"Lane County Government exists to ensure the safety and wellbeing of the people who live, work, and visit our communities. That includes personal safety, security of property, preservation of infrastructure, health safety, and assisting in providing for our citizens' basic needs. Lane County places special emphasis on programs that serve youth, incorporated into and consistent with the following overall goals:

- Ensure the provision of basic social support in the areas of health care, disease prevention, protection, poverty reduction and independent living."*

D. Financial and/or Resource Considerations

There are no adverse financial implications for adopting this proposal. Indeed, Lane County may benefit from taking this action if the Lane County congressional delegation is able to secure additional funding for the areas outlined in this request.

E. Analysis

The Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee (MHAC/LADPC) is making this recommendation following a presentation and lengthy discussion regarding the impact of war on mental health, substance abuse, community safety, and homelessness. The MHAC/LADPC expressed gratitude and appreciation for the dedication and commitment by all veterans and in an effort to demonstrate their respect, this request is being forwarded to the BCC.

A presentation regarding the effect of war, especially for returning Lane County veterans and their families, was made to the MHAC on June 22, 2006. Lucy Zammarelli - clinician from Willamette Family Treatment, Dr. Michael Reaves - Lane County Mental Health Medical Director, and, Joseph Riley - counselor from Veterans Services, were panelists who helped provide a clearer picture of the impact of war on Lane County citizens.

War is a horrifying experience, involving the witnessing and participating in terrifying and horrific acts of violence. People joining the military anticipate that involvement in war is part of their patriotic duty and they do so to protect and serve their country. However, the trauma and impact of war is shocking. It is normal to react to the unanticipated atrocities of war with shock, grief, anger and horror.

As Lane County welcomes home veterans, our veteran men and women return from the war with challenges to reintegrate back home. Many of our veterans have experienced extreme trauma while in active service. The impact of this trauma is often not realized immediately upon return, but is experienced through various behavioral problems which include;

⇒ sleeplessness,

- ⇒ nightmares,
- ⇒ anxiety,
- ⇒ anger,
- ⇒ aggressiveness,
- ⇒ trouble concentrating,
- ⇒ trouble controlling emotions,
- ⇒ feeling shaky and sweaty,
- ⇒ pounding heart,
- ⇒ flashbacks, and
- ⇒ sudden anger.

Clustered, these symptoms are known as a real and significant mental health illness and medically classified as Post-Traumatic Stress Disorder, (PTSD). Trauma survivors commonly re-experience their traumas. This means that the survivor experiences again the same mental, emotional, and physical experiences that occurred during or just after the trauma.

There is significant evidence indicating the harmful impact of war on veterans. Some of the evidence specific to the most current conflicts and of concern to the MHAC/LADPC are highlighted below.

- "...initial signs that soldiers from the all-volunteer professional military are reluctant to seek help or help may not be readily available. For example, Hoge et al. (2004) found that although approximately 80% of Iraq and Afghanistan veterans who had a serious mental health disorder, such as PTSD, acknowledged that they had a problem, only approximately 40% stated that they were interested in receiving help. In addition, only 26% reported receiving formal mental health care." (The Unique Circumstances and Mental Health Impact of the Wars in Afghanistan and Iraq, A National Center for PTSD Fact Sheet, National Center for PTSD, U.S. Department of Veterans Affairs, July 20, 2006).
- Mental disorders are reported in more than 26% of returning soldiers from Iraq and Afghanistan (Operation Healthy Reunions, Government Accountability Office).
- One in six troops from Iraq met the screening criteria for major depression, generalized anxiety disorder or Post Traumatic Stress Disorder, PTSD (Operation Healthy Reunions, Department of Defense).
- More than one in four U.S. troops have come home from war with health problems that require medical or mental health treatment (Operation Healthy Reunions).
- 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 (Operation Healthy Reunions, Army Center for Health Promotion and Preventive Medicine).

- There is a sharp rise in divorce rates for military personnel: a 28% increase last year, and a 53 % increase since 2000 (USA Today).
- Approximately one-quarter of the adult homeless population has served their country in the Armed Services and one-half of all homeless veterans suffer from mental illness and more than two-thirds suffer from alcohol and drug abuse problems and nearly 40% have both psychiatric and substance abuse disorders (Fact Sheet: VA Programs for Homeless Veterans, U.S. Department of Veterans Affairs, September 2006).
- Currently over 40% of the troops being rotated into Iraq are National Guard members and Reservists. This reliance on Reservists hasn't been seen since World War II; of the 2 million people who served in Vietnam, only 9,000 were National Guardsmen. (PBS).
- The Army National Guard, Army Reserve and Marine Corps Reserve accounted for more than half of all U.S. deaths in August and in September of 2005, according to Pentagon figures. In sum, Reservists have accounted for one-quarter of all U.S. deaths since the Iraq war began, and the proportion has grown over time (Operation Health Reunions).
- Lane County's veteran population is estimated at 35,738, or roughly 11% of Lane County's total population, (Veterans' Administration population estimate, 9/30/2004).
- Approximately 350 veterans of Afghanistan and Iraq wars are enrolled in the Roseburg VA Health Care System (the facility serving Lane County residents requiring inpatient care), and of that number, approximately one-third to one-quarter have received mental health counseling (Lane County Veterans Services).
- Extended and multiple deployments of Oregon Reserve and National Guard units to combat theaters are putting stresses on families, local small business and employers (Lane County Veterans Services).
- There is currently a two to three month wait time for a veteran in crisis to gain enrollment in the VA system and receive treatment (Lane County Veterans Services).
- There is a four-month wait in Lane County for addiction disorder residential treatment services for women, including veterans seeking county-contracted services, and there is virtually no access to county-contracted services for men including veterans (Lane County HHS).
- There is a monthly average of 200 adults on a wait list for county-contracted outpatient treatment services and veterans are not a priority population (as required by state and federal funding sources) (Lane County HHS).

These war traumas are comparable to other societal ills and similarly, as a community, we must address the cause and effect. We, as a community must

act as needed and required. We must responsibly represent our community in assessing the effect of the problem and in recommending appropriate action.

Understanding that the effects of war are not always quantifiable, MHAC/LADPC has attempted to document information that demonstrates the deleterious effect this war is having on individual lives, families, and our communities. This information demonstrates that current policy not only fails to respond to need, it exacerbates need, and impedes the county's and other organizations' ability to carry out their responsibility to county citizens.

As community representatives, it is the duty of the MHAC/LADPC to advise the Board of County Commissioners regarding matters of mental health and alcohol/drug disorders. The MHAC/LADPC is concerned about the mental health and well-being of veterans' families as well as the veterans returning to our community. The MHAC/LADPC recommends that the county, in order to better serve the interests of all citizens, petition the federal government to honor its responsibilities to the welfare of all citizens.

The MHAC/LADPC is therefore asking the BCC to demonstrate support for Lane County veterans by seeking to increase dedicated resources, services and other help for our veterans and their families to heal from the trauma of war; and support efforts leading to a peaceful solution that will hasten an end to war.

IV. Alternatives / Options

1. To proclaim war harmful to Lane County citizens; to express County support of the special mental health needs of participants in war and their families; and, to send a letter to the congressional delegation from Lane County stating that war is harmful to county citizens and requesting congressional action to reduce the number of U.S. troops engaged in war and increase federal financial support for veterans and their families.
2. Not to proclaim war harmful to Lane County citizens and take no further action.
3. Not to proclaim war harmful to Lane County citizens while, expressing county support of the special mental health needs of participants in war and their families and petitioning the Lane County congressional delegation to take action to decrease the number of U.S. troops engaged in war and increase federal financial support for veterans and their families.
4. Not to proclaim war harmful to Lane County citizens while, expressing county support of the special mental health needs of participants in war and their families and petitioning the Lane County congressional delegation to take action to increase federal financial support for veterans and their families.

V. RECOMMENDATION

The board members of the Mental Health Advisory Committee and Local Alcohol and Drug Planning Committee recommend approval of number one above.

VI. TIMING/IMPLEMENTATION

Upon Board approval, a letter to the congressional delegation representing Lane County will be drafted for signature by the county administrator.

VII. FOLLOW-UP

Further action will be dependent upon action by the Lane County congressional delegation. H&HS staff will monitor congressional action and report back to the Board as appropriate.

VII. ATTACHMENT

Board Order

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION)
AND ORDER:)
) LANE COUNTY CITIZENS.

WHEREAS, the Board of County Commissioners has authority over matters of county concern and may address the needs of constituents and carry out special assignments as the full Board may direct; and

WHEREAS, the charge of the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee is to advise the Board of County Commissioners on community needs and priorities for mental health services and alcoholism and drug dependence services as well as assisting in planning, review and evaluation of these services ; and

WHEREAS, war is in conflict with the maintenance of the county's public health, safety, moral, economic well-being and general welfare; and,

WHEREAS, approximately 80% of Iraq and Afghanistan veterans who had a serious mental health disorder, such as Post Traumatic Stress Disorder (PTSD), acknowledged that they had a problem, only approximately 40% stated that they were interested in receiving help, only 26% reported receiving formal mental health care; and

WHEREAS, mental disorders are reported in more than 26% of returning soldiers from Iraq and Afghanistan; and

WHEREAS, one in six troops from Iraq met the screening criteria for major depression, generalized anxiety disorder or PTSD; and

WHEREAS, more than one in four U.S. troops have come home from war with health problems that require medical or mental health treatment; and

WHEREAS, 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; and

WHEREAS, there is a sharp rise in divorce rates for military personnel: a 28% increase last year, and a 53 % increase since 2000; and

WHEREAS, approximately one-fourth of the adult homeless population has served their country in the Armed Services and one-half of all homeless veterans suffer from mental illness and more than two-thirds suffer from alcohol and drug abuse problems and nearly 40% have both psychiatric and substance abuse disorders; and

WHEREAS, currently over 40% of the troops being rotated into Iraq are National Guard members and Reservists, which has not been seen since World War II; and of the 2 million people who served in Vietnam, only 9,000 were National Guardsmen; and

WHEREAS, the Army National Guard, Army Reserve and Marine Corps Reserve accounted for more than half of all U.S. deaths in August and in September of 2005, according to Pentagon figures. In sum, reservists have accounted for one-quarter of all U.S. deaths since the Iraq war began, and the proportion has grown over time; and

WHEREAS, approximately 505,000 service members nationally have separated from the Military/Reserve/National Guard who served in Iraq or Afghanistan during their active duty service; and

WHEREAS, Lane County's veteran population is estimated at 35,738, or roughly 11% of Lane County's total population; and

WHEREAS, approximately 350 veterans of the Afghanistan and Iraq conflicts are enrolled in the Roseburg VA Health Care System (the facility serving Lane County residents requiring inpatient care), and of that number, approximately one-fourth to one-third have received mental health counseling; and

WHEREAS, extended and multiple deployments of Oregon Reserve and National Guard units to combat theaters are putting stresses on families, local small business and employers; and

WHEREAS, there is currently a two to three-month wait time for a veteran in crisis to gain enrollment in the VA system and receive treatment; and

WHEREAS, there is a four-month wait in Lane County for addiction disorder residential treatment services for women including veterans seeking county-contracted services and there is virtually no access to county-contracted services for men including veterans; and

WHEREAS, there is a monthly average of 200 adults on a wait list for county-contracted outpatient treatment services and veterans are not a priority population (as required by state and federal funding sources); and

WHEREAS, war causes lasting and pervasive community trauma and is harmful, and it is our responsibility to care for the health and well-being of our community citizens.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Lane County Board of Commissioners proclaim war harmful to Lane County citizens, particularly as it causes trauma and is in conflict with the maintenance of the county's public health, safety, morals, economic well-being and general welfare;

AND IT IS RESOLVED that the Board of County Commissioners express support of addiction disorder treatment and mental health services for Lane County service members, their families and communities;

AND IS FURTHER ORDERED that the Board of County Commissioners request the congressional delegation from Lane County to reduce the number of U.S. troops engaged in wars and to take action to provide federal financial support targeted for the welfare, safety and health of returning veterans affected by their participation in war, their families and communities, through passage of mandatory funding for the

Veterans Administration Healthcare system, increased funding for the processing of claims by disabled veterans, and other appropriate community mental health funding.

DATED this 14th day of February, 2007.

Faye Stewart, Chair
Lane County Board Of Commissioners