



# Multnomah County Veteran Services Taskforce

February 3<sup>rd</sup>, 9:00am – 11:00am

Multnomah Building, 5<sup>th</sup> Floor Copper Room, 501 SE Hawthorne Blvd, Portland, Oregon 97214

## MEETING MINUTES: Focus – Mental Health & Addictions; State Legislation

### Welcome and Introductions

Task Force meeting attended by: Sean Files, Kim Repp, Kahreen Tebeau, Pat Lucas, Meghan Crane, Tressa Kovachevich, Chris Aiosa, Lynn Schemmer-Valleau, Estanislado Quinones, Nathaniel Boehme, Joseph Mulkey, Seth Lyon, DeAnn Smetana, Pete Pringle, Don Weber, Belle Landau, Doug Kuhl, Jonathan Sanford

TOPIC / PRESENTER	NOTES
<p><b>Psychological Health Services, Oregon National Guard</b></p> <p>Dr. DeAnn Smetana</p>	<p>Dr. Smetana presented on mental health services and barriers to care. She has observed cases of TBI and PTSD, but also seeing a log of adjustment issues among the Oregon National Guard population. Many service members have a sense of purpose when they deploy, and don't have the same feeling of importance in their role upon return. Issues often arise after 18-36 months post-deployment, at which point the service member can't manage anymore. Oregon fluctuates between 8<sup>th</sup>-10<sup>th</sup> nationally in suicide and is one of the highest among the military population, mainly veterans on the younger and older ends of the spectrum.</p> <p>The top barrier to care is access to services, including both outreach to soldiers and overcoming the stigma and other barriers to engage in services when needed. For service members, many resources are funded with different streams so the veteran can't get all of their needs met in one place and it's easy to get confused and discouraged. After hearing "no" enough they will just give up.</p> <p>During group discussion, following barriers were identified:</p> <ul style="list-style-type: none"> <li>• Families in many Oregon communities don't have support network and relationships with their peers and neighbors like they do on a base.</li> <li>• Fear that the VA just medicates people, and anything they talk about will get back to the Army.</li> <li>• Expectation that everything will run smoothly so there is mentality that individuals "suck it up" to prevent problems for the group.</li> <li>• Oregon National Guard is often "one-foot-in and one-foot-out", with soldiers balancing between civilian and military roles without the robust support of either.</li> <li>• Over 60% deployment rate, with many multiple.</li> <li>• Soldiers rely on support from the team they deployed with, but after return the team members are spread across Oregon and sometimes nearby states as well.</li> </ul> <p>Mandatory yellow ribbon events occur at 30, 60 and 90 days, but the post-deployment "honeymoon" usually lasts 12-36 months.</p> <p><u>Action Item</u>: push for a mandatory event to be moved from the 60-day mark to 12 months after the soldier returns. Try to adapt this schedule to the events that each branch of the military coordinates. The service member often gets engaged in mental health services because their spouse or mother will "tell on them". For this reason, it is important to reach out to the family as well.</p>

<p><b>Veterans-related Bills</b>  <b>2014 Oregon Legislative Session</b></p> <p>Sean Files</p>	<p>Sean distributed a summary of the bills introduced in Oregon's 2014 session that are related to veterans or veterans' services. Handout linked on the taskforce webpage. Update will be emailed to the listserve as the session moves forward.</p> <p>Group discussion focused on housing resources, including:</p> <ul style="list-style-type: none"> <li>• Update on HB 2417 (2013): how will those funds be used.</li> <li>• SSVF housing services need to work toward a state solution in case federal funding gets cut in the years ahead.</li> <li>• SSVF recipients need to get support after they are housed, since they risk exhausting that resource and losing their housing.</li> <li>• Need flexible funds for VASH recipients to get into housing.</li> <li>• Legislative idea for future session: propose a tax break to landlords who rent to a homeless veteran (not unlike an employer who hires an unemployed veteran).</li> </ul>
<p><b>Introduction to Healthy Columbia Willamette Collaborative</b></p> <p>Meghan Crane</p>	<p>Meghan, Kahreen, and Kim provided a brief overview of the Healthy Columbia Willamette Collaborative, which is focusing on preventing suicide among veterans. Meeting with people now to assess what services are available and how they work together. Working on a strategy and the proposal will be approved and ready to move forward later this spring.</p> <p>This work will be in the four county region (Clark, Clackamas, Multnomah and Washington) and seeks to identify and implement specific interventions that are effective in meeting the goal and most efficient use of funds (it is a 3 year funding cycle).</p> <p>Meghan will stay in touch with the VTF and provide updates at future meetings as they become available.</p>
<p><b>General Updates</b></p> <p>All</p>	<ul style="list-style-type: none"> <li>• Don – There is a film presentation on end of life care for people with PTSD coming up at Concordia University on 2/16 at 2pm. It's in the Luther Building.</li> <li>• Jonathan will present on federal legislation at the March meeting, and the group expressed interest in hearing about legal support, unemployment insurance, and the budgets for HUD and the VA, as well as the overall budget.</li> <li>• Belle – Returning Veterans Project just completed its annual report, and this past year RVP had 160 providers volunteering 3800 hours to serve 500 vets, their spouses, and children.</li> <li>• Nathaniel - Transition Projects' SSVF hotline is temporarily suspended but the CRRC is still doing referrals and applicants can use the VA hotline as well. The Stand Down planning meeting is on 2/5 at 3pm in Bud Clark Commons. The actual event will be 9/10 or 9/11 and the biggest focus now is on identifying a venue.</li> </ul>