



CLACKAMAS COUNTY
 VETERANS ADVISORY COUNCIL
 March 23, 2023 Meeting Minutes
 Zoom
 2:30pm – 3:30pm

FACILITATOR RB Green					
NOTE TAKER Amy Kelsey					
VETERANS ADVISORY COUNCIL					
E	Adam Khosrobadi	A	Tracy Bogard	P	Gregory Freetage
P	Paul Edger	P	Casey Curry	E	Janet Braman
E	Laurie Kimmell	P	Betty Fish-Ferguson	P	RB Green
P	Larry Moseley	P	Don Hedlind	P	John Budiao
E	Carol Bernhard				
CLACKAMAS COUNTY STAFF					
P	Gus Bedwell	P	Tito Mendoza	P	Ken Bietschek
P	Amber Locke	P	Amy Kelsey	P	Matt Furlow
GUESTS					
P	Tawnya Lege				
P	Don Stockton				

P-Present, A -Absent, E-Excused, O-Other Attendee

ITEMS / ISSUES	DISCUSSION	FOLLOW-UP
Meeting Called to Order and Introductions	RB called the meeting to order and a quorum could not be established.	
Minutes	Adoption of January meeting minutes tabled until April VAC meeting.	

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<p>Veterans Employment Update</p>	<p>Ken Bietscheck, Workforce Specialist with Clackamas County provided a veteran employment update.</p> <div data-bbox="493 267 1837 755"> <h3 style="text-align: center;">Clackamas County's Veterans' Employment Services Overview</h3> <ul style="list-style-type: none"> ● Funded by the County for over 11 years ● Case Management ● Comprehensive wrap-around approach Addressing a wide range of needs and barriers to employment ● 1-1 Individualized Service Meeting vets where they are ● 2 Job Developers (2nd funded with grants: US DOL and Oregon DVA) <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">FY2021-22 (Pandemic Recovery)</p> <p>40 Veterans Served</p> <p>24 Veterans employed</p> <p>\$18,686 in training wage subsidies & supports</p> </div> <p style="text-align: right; font-size: small;">Health, Housing & Human Services CLACKAMAS COUNTY Children, Family & Community Connections</p> </div> <div data-bbox="493 771 1837 1339"> <h3 style="text-align: center;">Clackamas County's Employment Services</h3> <h4 style="text-align: center;">Other Programs & Services</h4> <ul style="list-style-type: none"> ● JOBS Program (Jobs Opportunity and Basic Skills) Low income families (TANF) ● STEP (SNAP Employment & Training Program) For individuals receiving SNAP food benefits ● Employment Investment Program (EIP) Prioritizes those in public housing, domestic violence survivors and more ● Employment Training Center In person assistance for those with technology barriers <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">FY2021-22 (Pandemic Recovery)</p> <p>94 Received Mental Health & Addiction Recovery support</p> <p>269 Employed</p> <p>508 Residents Served</p> </div> <p style="text-align: right; font-size: small;">Health, Housing & Human Services CLACKAMAS COUNTY Children, Family & Community Connections</p> </div>	

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	<div data-bbox="514 186 1816 909" style="text-align: center;">  <h2 style="border: 2px solid blue; padding: 5px; display: inline-block;">Veteran Employment Program</h2> <p>Ken Bietschek Workforce Specialist</p> <div style="border: 1px solid green; padding: 5px; display: inline-block;"> <p>Veterans Employment Program Children, Family & Community Connections 112 11th Street. Oregon City, OR 97045 Cell# (503) 502-3411 Email: kenbie@clackamas.us</p> </div>  <h2 style="background-color: #334d8c; color: white; padding: 5px; display: inline-block;">Aubrie Balkwill</h2> <h3 style="background-color: #334d8c; color: white; padding: 5px; display: inline-block;">Workforce Specialist</h3> <div style="border: 1px solid green; padding: 5px; display: inline-block; margin-top: 10px;"> <p>Veteran Employment Program Children, Family & Community Connections 112 11th Street. Oregon City, OR 97045 Cell# (971) 275-4367 Email: abalkwill@clackamas.us</p> </div> <p style="margin-top: 20px;">Send referrals to: CFCC-Referral@clackamas.us</p> </div> <p>Questions:</p> <p>Larry what services are available for wives of a veteran?</p> <p><i>Ken veterans and their spouse are welcome to come together to an appointment. Warm handoffs to the Employment Investment Program as needed. Childcare for families can be provided through Temporary Assistance for Needy Families (TANF) and Employment Related Daycare (ERDC).</i></p> <p>Don are veterans with dishonorable discharge qualified for services?</p>	

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	<p><i>Ken tax payer money not available to a veteran with dishonorable discharge. There's a variety of additional programs that can help such as VOC rehabilitation, Work Force Investment. Several programs provide veterans with case management not just limited to job search assistance. There is tons of work out there for everyone it's a matter of eliminating barriers and identifying opportunities for success.</i></p>	
<p>VAC Summit Report</p>	<p>Gus Bedwell, Veteran Service Office Supervisor shared a Winning the Battle a Veterans Mental Health Summit report.</p> <p>The VAC Mental Health Subcommittee held their first event on February 22, 2023 at Clackamas Community College; Winning the Battle: A Veteran Mental Health Summit. There were 43 people in person with five people participating on Zoom. Clackamas County Commissioner Shull opened the event providing some information on suicide veteran statistics and a need to do this work on behalf of Veterans and their family members. The goals for the event were:</p> <ul style="list-style-type: none"> - Recruit non-VA providers to work with veterans in need of mental health treatment. - Educate, inform, and expose non-VA providers to Veterans, our culture, and the work. - Network and connect and make new allies in Veterans work. - Identify gaps in the work - Establish next steps. 	

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	<p>Recruit non-VA providers to work with veterans in need of mental health treatment. Nine non-VA providers signed up to attend the event. Unfortunately, due to weather conditions of the day only five were able to attend. In attendance included representatives from Virtue Recovery Center, a local hospital, and also representatives from Oregon Health Authority. Some of the comments from these individuals about the event included:</p> <ul style="list-style-type: none"> - Lots of discussion of “Battlemind” —resonating with providers, and also family members who see the impact within the family - General appreciation for the willingness to put a conference like this together that welcomes vets, family members, and community members by providing helpful information <p>Educate, inform, and expose non-VA providers to Veterans, our culture, and the work. Presenters from non-profit, the VA, and Clackamas County presented on the following topics; Military Culture and Trainings, Suicide Awareness, and Gun Safety. The presenters included Eddie Black (Army Veteran), Galli Murray (Clackamas County Suicide Prevention Coordinator), Dr. Martha Carlson – VA Medical Center Suicide Prevention Director, Donna-Marie Druker, and Aimee Johnson. Some of the comments from individuals in attendance about the event included:</p> <ul style="list-style-type: none"> - Dispelling the myth that vets will only trust other service members - Comments re: Galli’s visual of suicide rates remaining flat or rising while HIV, heart conditions, etc. going down—a striking visual <p>Network and connect and make new allies in Veterans work. After the morning sessions, participants were broken into groups to discuss about what they learned from the morning sessions, network with each other’s, identify gaps, and look for next steps. The groups consisted of Veterans, family members of Veterans, VA</p>	

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	<p>Providers, and non-VA providers. Some of the comments from individuals in attendance included:</p> <ul style="list-style-type: none"> - Sharing responsibility—not just the responsibility of mental health providers to look out for suicide risk - General appreciation for the willingness to put a conference like this together that welcomes vets, family members, and community members by providing helpful information <p>Identify gaps in the work</p> <p>After the morning sessions, participants were broken into groups to discuss about what they learned from the morning sessions, network with each other’s, identify gaps, and look for next steps. The groups consisted of Veterans, family members of Veterans, VA Providers, and non-VA providers. Some of the comments from individuals in attendance included:</p> <ul style="list-style-type: none"> - Need a centralized hub to give access to services, state funded as well as non-profit - One large barrier—some people who may return to service are very hesitant to have any documentation of their mental health status, and may avoid providers for this reason despite identifying need and even wanting services <p>Establish next steps.</p> <p>As mentioned before one of the goals was to establish next steps from this event. The same groups who discussed morning sessions and identifying gaps were then asked to identify some next steps.</p> <ul style="list-style-type: none"> - Another summit would be helpful—refining these messages - Still need more awareness/ education re: veteran and military culture - Provide additional trainings that also incorporate CEUs for working professionals. 	

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	<p>Facilitated Discussions by Clackamas County Resolution Services Cory Mathews, Mediator/ Facilitator Summary of three tables of facilitated dialogues, with participants comprised of a mix of veterans and their family members, service providers, VA and VSO staff, psychology/ social work therapists, County and CCC staff, etc.</p> <p>1. Information gained from the morning sessions/ what resonated with them:</p> <p>Many comments on the first morning session re: military culture—</p> <ul style="list-style-type: none"> • Hopes for development of a goal for military cultural competence, which seems rare in civilian life • “Post-deployment multi-symptom disorder” = fascinating concept • The realization that PTSD as a lone symptom is relatively rare—only 2.9% of cases is very small • Concern for the connection between deployment-to-prison pipeline, particularly for Army/ Marines • Comments re: military culture view of seeking help—belief that “I am a failure (or weak)” • The meaning and consequences of failure broadly from a military standpoint • The challenge for helpers, if all are viewed as “hippies” <ul style="list-style-type: none"> ○ Alternatively, the opening for authentic conversations with honest providers (those who don’t just “check the boxes”) • Interest in the spectrum, cowardly to rash for vets, and the key aspect of perseverance • Fascination with the physical symptoms of aggression, where vets may be unaware—specifically “ears hot” 	

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	<ul style="list-style-type: none"> • Concern for vets who act aggressively in civilian life—PTSD and the number of fights • Concern expressed for their partners—DV stats for severe violence are concerning • Mindfulness as a helpful tool when vets are ready • Lots of discussion of “Battlemind”—resonating with providers, and also family members who see the impact within the family • Fascination with the idea of “military mind/ civilian mind” within the same person, switching modes—“I like my husband better when he is in military mind”—feels more competent and secure • Civilian society lacks structure, rules, security • Focus on the family—helping family members as door to assistance for the vets they care about <p>Comments regarding the other morning sessions—</p> <ul style="list-style-type: none"> • Comments re: Galli’s visual of suicide rates remaining flat or rising while HIV, heart conditions, etc. going down—a striking visual • “Suicide remains a health hazard”—needs a public health approach, medical expertise just like other health conditions • Surprise and some skepticism about a potential drop in suicide rates for veterans—hope combined with emphasis that “one is too many” • Glad that other providers are being trained to assess for suicide risk, like optometrists • “How is suffering eased?” • Emphasis on the need for Service to Civilian transition—lessening the struggle 	

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	<ul style="list-style-type: none"> • Pointing out that the military offers very limited training on skills for transition—two hours for resume building? • Emphasis on open discussion of mental health issues with veterans and more broadly • Sharing responsibility—not just the responsibility of mental health providers to look out for suicide risk • One participant echoed that she now lets people know that she is going to therapy, because it is not shameful • Questions about why Clackamas County would have a higher rate of suicide than other counties—because it is largely rural, white, gun owning? • Some confusion about risk of suicide up to 30 days after discharge—another participant clarified that this is about discharge from hospital for psych treatment specifically, not generally from deployment • Questions about the “PsychArmor” approach • Emphasis on gun storage, safety • One participant questions why the general statistics for suicide rates weren’t specifically about veterans, when he says this information is available from the VA • Emphasis on the need for community engagement/ education • Helpful that the VA will offer consultation re: suicide, PTSD • “Ask. Listen. Be human—network!” • “Be the One”—American Legion • Dispelling the myth that vets will only trust other service members • Building trust, showing competence • Taking “baby steps” to reduce risk, like the picture of dear family member near a gun • Family members as the eyes and ears seeing concerning behavior 	

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	<ul style="list-style-type: none"> • “Doing the homework” in advance of meeting with vets for providers <p>2. What is currently working?</p> <ul style="list-style-type: none"> • Strong connection between veterans, community members, and service providers • V.S.O.s are good starting points for access to services • Collaboration among service providers • Having conferences like this! Great example of what is working for and with the community • Talking about mental health issues/ suicide—not keeping it a secret • The fact that sexual trauma within the service is now an open conversation, for men and women • General consensus that there is an emphasis now on information sharing • Identifying specific risk factors for suicide • During service, MH services are available though often under-utilized and over-stretched • At Clackamas Community College, they have an office and providers to help students navigate a complex system • Need more navigators for civilian life • Clackamas County supports veterans in many way through Veterans Affairs • General appreciation for the willingness to put a conference like this together that welcomes vets, family members, and community members by providing helpful information <p>3. What are the gaps?</p> <ul style="list-style-type: none"> • Intra-communication between services 	

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	<ul style="list-style-type: none"> • Need a centralized hub to give access to services, state funded as well as non-profit • Need to validate quality of services • Possible hub of info./ services at schools—schools are the most common access point for veterans • Still need more awareness/ education re: veteran and military culture • Conferences like this on a broader scale for the community • Broader reach to community partners • Address the hyper-masculine culture of the military • Acclimation Counseling—give the locus of control • Spousal tools re: MH • Military needs to change culture around MH issues. • One large barrier—some people who may return to service are very hesitant to have any documentation of their mental health status, and may avoid providers for this reason despite identifying need and even wanting services • Discussion about the difference between getting services for MH issues identified while deployed—may receive counseling, meds, etc.—versus being diagnosed and treated as a civilian which may have more impacts • “I am most concerned about untreated MH conditions” and hope that the military can address security clearance concerns, etc. • More services needed for Military Sexual Trauma (MST) • Perhaps more commonly identified after service? Though many women may not identify as veterans due to these concerns • There are many gaps in access for veterans—may not even have access to VA services 	

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	<ul style="list-style-type: none"> • Cultural competence in general about military issues in health care, educational representatives (school officials)—may have stereotyped ideas about vets • Concern about the current requirement for Tri-Care qualification—insufficient resources available, few providers • Need a central list of resources for veterans and families • Concern that the “first failure of a veteran-serving agency will mean that they are done with all agencies” • Need more education and support for loved ones—family, friends • Potential workflow/ chain of services to address ongoing issues— • Standards of documentation (what needs to be in a claim for the VA, for example) • Need more collaboration between providers • Rules attached to funding streams create silos (within systems) and barriers to treatment and services • Need more information to contact and make referral to different services • Build peer support delivery • Transition assistance from military to civilian life • Having community organization step in, not relying on TAP (military transition) • Building connections with peer support (seasoned vet sponsors) • Concerns with T.A.P.s—inconsistent, needs better facilitation • Better advertising of support and services available • Good, clear, supportive documentation training for MH service providers to accurately capture and identify diagnosis and treatment 	

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	<p>4. Further information—</p> <ul style="list-style-type: none"> • “There is no wrong door” to access services—the opportunity to help begins at first contact • “Build trust, be frank, compassionate, and intentional—when asking the question • “Hold space” • Networking opportunities in person • Community members need to have access to these types of information • Clinical tip—when a veteran arrives at some sort of service (such as MH session) announcing that they are there just because a partner suggests it, we can start there—“tell me about your partner” • Start with what you have in front of you—a slight crack in the door is an opening to connection • Another summit would be helpful—refining these messages 	
Member Updates	Casey resigned from VAC to take a more impactful role in legislature as it relates to veterans mental health and housing.	
Public Comment	No Public Comment	
Announcement	The VAC meetings now offered as a hybrid meeting. Members can choose to attend in person or via Zoom.	
Next Meeting	Veterans Advisory Council April 27, 2023 from 2:30pm-3:30pm	