

VAB Agenda – September 12, 2024

- I. Call to Order, Pledge, Invocation, Roll Call
- II. Approval of August 8, 2024 minutes (action)
- III. Committee Reports (info and action)
- IV. Compact Act Presentation (info)
- V. CFTH Presentation (info)
- VI. July 2024 Contractor and Fund Reports (info)
- VII. Veterans Assistance Center Updates (info)
- VIII. Old Business (info)
- IX. New Business (info)
- X. Open Forum (info)
- XI. Adjourn



Agenda Item I. Call to Order/Pledge/Invocation/Roll Call



Agenda Item II. Approval of August 8th minutes

Clark County Veterans Advisory Board Meeting Minutes An advisory board to the Clark County Council August 8, 2024

Chair: **Bob Nichols** Vice Chair: **Megan Anderson** Secretary: **Bruce Maas**

Meeting called to order.

Roll Call: [Bold script indicates presence at meeting; *italics indicates excused*]

POST	PRIMARY	ALTERNATE
40 et 8	Bob Brennan	Steve Slegers
American Legion #14	Gene Couture	
American Legion #44	Darren Wertz	Charles Ingalls
American Legion #168	Bob Nichols	
American Legion #176	Michael Gibson	<i>Jonathan Frederick</i>
American Veterans #6	John Lovejoy	Vanise Pratt
DAV Chapter #4	Bruce Maas	<i>Tom Cousino</i>
Korean War Assoc. #321		
Marine Corps League #826	Steve Slegers	Ron Brandon
VFW #4278	Shannon Roberts	Dana Difford
VFW #7824	Greg Gilbertson	
Vietnam Vets #512	Greg Whitson	<i>Nick Herber</i>
Members at Large	Kelly Jones	
	Bryan McGillis	
	Tonya Wark	
	Tamara Elam	
	Megan Anderson	
	<i>Eli Gonzalez</i>	
	Michael Langsdorf	
	Lloyd Bowman	
	<i>Buck Marr</i>	

Clark County Representative: **Abby Molloy**

Guests: **Michael Torres** (Clark County Community Services), **Lori Pugh** (Clark County Veterans Assistance Center), **Judy Russel** (Clark County Veterans Assistance Center), **Kathleen Otto** (County Manager), **Emily Zwetzig** (Clark County Budget Office), **Jill Blair** (Clark County Assessor's Office), **Michael Fish** (Clark County Assessor's Office), **Rebecca Holton** (Veteran/ citizen), **Rich Plumber** (Veteran/ citizen), **Patrick Locke** (Veteran/ citizen), **Mike Burton** (Veteran/ citizen), **Terry Phillips** (Veteran/ citizen)

Approval of June 13, 2024, meeting minutes

The minutes were approved following a motion by Megan Anderson that was seconded by Kelly Jones.

Committee Reports

Appeals: None

Policies and Procedures: None

Nominations: None

Clark County Assessor's Office and Budget Office Discussion

The role of the Assessor's Office is to identify and determine the value of all taxable real and personal property in the County. These values are then used to calculate and set levy rates for the various taxing districts in the County, and to equitably assign tax responsibilities among the taxpayers. Washington State uses a budget-based system of property taxation. Taxing Districts are responsible for certifying their own budgets to the County Council every year. The

Clark County Veterans Advisory Board Meeting Minutes An advisory board to the Clark County Council August 8, 2024

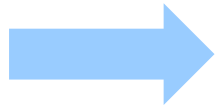
Assessor's Office Levy Specialist ensures the budget request fits within statute limits and the district is NOT collecting more than legally allowed. The Assessor's Office role is to administer these functions and has no opinion upon how budgets are established and for what purposes. That is the responsibility of each individual taxing district and its authorized decision makers. The Budget Office facilitates the budget adoption process for Council approval, but does not make policy decisions.

Questions

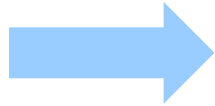
1. What is the current levy rate for the 2024 Veterans Assistance Fund budget allocation?
 - a. The levy rate for 2024 Veteran's Assistance fund is 0.00758, which resulted in \$797,223.16 of property taxes levied.
2. Why isn't the levy rate set at the 1.125% minimum (RCW 73.08.080)?
 - a. The 1.125% minimum placed in statute for WA Counties created and established Veteran's Assistance Funds per RCW 73.08.080 (1). The following subsections describe conditions in which other amounts may be levied as follows:
 - i. RCW 73.08.080 (2) states that when the Funds on Deposit in the Veteran's Assistance fund, less outstanding warrants on the first Tuesday in September exceed the lesser of the expected yield of one and one-eighth cents per thousand of assessed value OR the expected yield of a levy determined as set forth in subsection (5) of this section, the county legislative authority may levy a lesser amount than would otherwise be required under subsection (1) or (5) of this section.
 - ii. RCW 73.08.080 (4) specifies the Veteran's Assistance levy may be reduced by the same proportion as the regular (General Fund) property tax levy of the county is reduced.
 - iii. RCW 73.08.080 (5)(a)(i)(ii)(iii) further prescribe the conditions in which the amount of levy allocated may be modified from the amount required by subsection (1)
 - (i) If the certified levy is reduced from the preceding year's certified levy...
 - (ii) If the certified levy is increased from the preceding year's certified levy...
 - (iii) If the certified levy is unchanged from the preceding year's certified levy...
 - b. Clark County has a budget-based system. The levy rate is calculated/adjusted to meet the proposed budget based on the assessed value.
 - c. Clark County Community Services receives funds through fund 1019 (levy amount and general fund \$). 1019 funds are allocated into contracts which are paid on a cost reimbursement basis. Contract allocations are based on previous and projected spending and approved by VAB. "Emergency fund balance" is part of this fund which ensures that we are able to pay contracts in case of shortages or increased need.
 - d. Increases to the fund are a policy issue, not a budget issue. Clark County office staff cannot participate in policy advocacy. The VAB and CCVAC can advocate to the County Council for changes in policy.
3. As shown in the Taxable Assessed Value History Report for Clark County, from 2016-2017 to the most current years 2023-2024, the increase in property taxes collected is \$52,874,420,426. The increase in the Veteran Fund for the same time frame does not meet the required tax levy according to RCW 73.08.080: Tax levy authorized. (wa.gov). Why?
 - e. All amounts levied for the Veteran's Assistance Fund have been proportionate to the County General Levy as described in RCW 73.08.080 and further explained in question #2 above.
4. What is the process for increasing the levy rate? How can we increase the amount available to Veterans?
 - a. Work with DCS, Budget Office, and County Council
 - b. Start with a budget: what is needed that is not currently covered by the funds in 1019? Show the why and demonstrate the need for increased funds (data). Show how expenditures and delivery of services shows need for more funds.
 - c. Does the intended use of these funds comply with statute? The CCVAB may work with the County Prosecuting Attorney's Office to ensure compliance with the statute.
5. A larger number of Veterans are in need due to cost of living increases. Have cost of living estimates been increased by Feds to justify an increase in benefits to Veterans and families in need?
 - a. These are policy and legislative questions outside the purview of the Assessor's Office.
6. If we were to increase the levy rate to 1.125%, what would the Veterans Assistance Fund budget be?



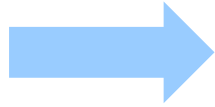
Agenda Item III. Committee Reports



Appeals – Gene Couture



Policies and Procedures – Kelly Jones



Nominations – Bruce Maas



VA



U.S. Department
of Veterans Affairs

COMPACT ACT

*Cynthia Tanner, LCSW
COMPACT ACT Coordinator
Suicide Prevention Team*





Objectives

- COMPACT ACT overview
 - Role as COMPACT ACT Coordinator
- Eligibility
 - Administrative Eligibility
 - Clinical Eligibility
- Acute Suicidal Crisis
 - Focus on stabilization
- Services Available
 - Inpatient and Outpatient
- Emergency Care Reporting
 - Online
 - Phone Access

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COMPACT ACT Coordinator

- Role is within the Suicide Prevention Team
 - Focus is on suicide prevention
 - Education, information, and consultation to providers within the VA and community
 - Outreach to community agencies and facilities to provide guidance and information on COMPACT
 - Billing and Community Care are handled under different departments
- Focus is on Veteran care
 - Clinical Care Coordination – provide options for treatment
 - Advocacy
 - Assisting Veteran navigate systems
 - Clinical intervention if it does not create a dual relationship

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COMPACT Act, Section 201



Section 201 of COMPACT Act states VA will provide, pay for and reimburse for emergent suicide care for eligible individuals at VA medical facilities and at non-Department facilities.



Eligible individuals potentially include all Veterans regardless of eligibility for VHA health care benefits (includes OTH discharges, may be dependent upon adjudication process).



Emergent suicide care includes inpatient or crisis residential care for no more than 30 days and/or outpatient medical and mental healthcare for no more than 90 days. If the individual remains in acute suicidal crisis, extensions may be provided. Each new crisis is a new episode of eligibility.



VA will ensure eligible Veterans are not financially responsible for costs associated with emergent suicide care, including emergency transportation.

COMPACT Act, Section 201 Impact:

- VA providing cost-free mental health and medical emergent suicide care removes the cost barrier
- By extending eligibility and access to acute and follow up suicide care, the net of protection VA will provide to prevent suicide increases dramatically
- **COMPACT 201 benefit potentially increases eligibility to an additional 9 million unenrolled Veterans, potentially doubling the needed services**

Administrative and Clinical Eligibility

Administrative Eligibility

Determined by service time and discharge status

- Service time must meet the definition of Veteran according to 38 U.S.C 5303A
- There are some potential exceptions that may qualify for an adjudication process
- Other Than Honorable discharge
 - Specific criteria – to include combat and/or MST, with minimum service time

Clinical Eligibility

Based on Clinical Assessment

- COMPACT ACT is specific to Veterans in an Acute Suicidal Crisis
 - *Standard mental health treatment and/or substance use treatment does not fall under COMPACT ACT*
- Acute Suicidal Crisis
 - An individual has been determined to be at imminent risk of self-harm or unable to maintain their safety due to suicidal ideation
- Trained Crisis Responders, Licensed Healthcare providers

Bad Conduct Court Marital, Dishonorable Discharge Status, those who did not meet service time requirement are some who would not be eligible for this benefit

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Who is Eligible? Administrative Eligibility

Must meet the definition of Veteran according to 38 U.S.C. 5303A

- Enlisted in the Armed Forces on or before September 7, 1980, or
- Served as an Officer on active duty on or before October 16, 1981 and served one (1) day active duty
- Enlisted in the Armed Forces for their first term of active duty after September 7, 1980, (24 months required)
- Originally signed up under a delayed entry program on or before September 7, 1980, and subsequently entered active duty after that date, (24 months required)
- Entered active duty after October 16, 1981 (officer or enlisted), (24 months required) or
- Was a:
 - [Reservist or National Guard member](#) and was activated under 10 USC 12301, 12302, or 12304 (commonly referred to as Title 10)
Navy Veteran in the Reserve Component as a Training and Administration of the Reserve (TAR)
 - Veteran in the Reserve Component as a Full Time Support (FTS)
 - **Note:** Must have served the full period in which you were called.
- Veterans that meet the Exceptions

[Minimum Active Duty Service Requirement](#)



Potential Exceptions Regarding Service Time and Administrative Eligibility

- If a Veteran did not meet the service time requirement:
 - Incurred or aggravated a disability in the line of duty
 - Granted a hardship or “early out,” this would be on the DD214
 - VA rated compensable service-connected disability
 - Completed the period they were called or ordered into active duty
 - National Call to Service Incentive Program
 - Completion of initial entry training, serve active duty in an MOS designated by the Secretary of Defense for 15 months
 - Serve additional period of active duty as determined or a period of 24 months in active status in Selected Reserve
 - Verified on DD214
 - Note: Individuals who complete the time for which they were called to active duty under this enlistment satisfy the minimum active-duty requirement



Administrative Eligibility and Discharge Status

Other Than Honorable

- Veteran must have served more than 100 days under a combat exclusion
- Services members who experienced MST
- Meet service time requirement of 24 months or more

Veterans who do not meet administrative eligibility are not eligible for COMPACT ACT

Who is not eligible?

- Bad Conduct General Court Martial
- Dishonorable Discharge
- Fugitive Felon Program
- Served less than 24 months after Sept. 7th 1980
- DVA 12D w/CH 17 seen for SC/MST
- DVA 12D w/o CH 17
- DVA 12C

Clinical Eligibility and Acute Suicidal Crisis

- COMPACT ACT is specific to Veterans in an Acute Suicidal Crisis
 - Standard mental health treatment and/or substance use treatment does not fall under COMPACT ACT
- Acute Suicidal Crisis
 - An individual has been determined to be at imminent risk of self-harm or unable to maintain their safety due to suicidal ideation
- Assessing for imminent risk of self-harm may include
 - Veteran's stated intent to complete suicide
 - Past and/or present behaviors related to risk various factors
- Trained crisis responders such as Veterans Crisis Line, police, emergency medical technicians, and/or health care providers who are licensed to practice health care by the state complete the assessment to determine risk

COMPACT Act Initiating Care

An Eligible Individual has **3 Paths for Initiating Care for Emergent Suicidal Crisis:**

They can call the Veterans Crisis Line (VCL) and be transported or self-transport to a VA, a community care facility or out of network community facility



They can call 911 and be transported to a VA, in-network or out-of-network community facility, or



They can simply show up (self-report) at a local VA or at an in-network or out of network community facility.



Services Available Under COMPACT ACT

for Veterans in an Acute Suicidal Crisis

- Up to 30 days of inpatient/residential care
- Up to 90 days of outpatient care
 - May include mental health and medical care
- Potential for a 30-day extension of care if Veteran is still at high risk and in an acute suicidal crisis
 - Assessed by eligibility at the VA
- Emergency transportation
 - Ambulance rides to emergency room, and potentially to and from facilities
- Some prescription medications
 - Specific to the emergent crisis
- No copays or bills for emergent care related to the suicidal crisis

Care coordination assists with determining overall eligibility for VA healthcare services if the Veteran is not enrolled with the VA to assist with continued ongoing supportive resources

Post Discharge Care Coordination

- Best practice would be collaboration between the VA and community provider(s) to assist with continued stabilization and support
 - Appointments and connection to care at the VA to assist with supportive services
- Mental Health Services may include - Psychiatry, Psychotherapy, Peer Support, Groups, Mental Health Nursing, Suicide Prevention, and Suicide Prevention 2.0.
 - Suicide Prevention Coordinators may also assist with care coordination
- Veterans who have a high-risk flag will have 4 post-discharge appointments in the first 30 days
 - Veterans who do not have a high-risk flag will have 3 post-discharge appointments scheduled

Initiating a Compact Act Episode of Care

- The community facility, Veteran or the individual's representative, is required to notify the VA to initiate an eligibility determination for acute suicidal crisis care.
- Treatment, care coordination, and eligibility determination should begin as soon as possible.
- Veteran's registration shall be initiated, if not already registered
- The eligible Veteran may be treated for up to 30-calendar days inpatient and 90-calendar days outpatient
 - The VA determines eligibility for any ongoing acute suicide crisis care needs beyond 30-days inpatient or 90-days outpatient. Extensions may be provided if clinically indicated

VA Emergency Care Reporting

Once a Veteran reports to your facility

- Place a report to the VA Emergency Care Reporting tool by using:
 - [Veterans Health Administration - Community Care \(va.gov\)](https://www.va.gov)
 - [Veterans Health Administration - Community Care \(va.gov\)](https://www.va.gov)
- Community hospitals may also continue to call the VA Emergency notification number when a Veteran presents in an acute suicidal crisis.
 - **1-844-72HRVHA (1-844-724-7842)**

VA Notification

- Under the COMPACT Act, Community Hospitals and Veterans have a period of up to 180 days to submit claims to the VA for care provided for a suicidal crisis.
 - If possible, **within 72 hours** assists the Veteran with processing eligibility in an expedited manner

ALL other standard medical and/or mental health care being provided to a Veteran presenting to a community hospital emergency department outside of endorsed suicidal ideations/acute suicidal crisis continue to fall under the VHA 72 hour . emergency care notification/reporting policy.

Additional FAQ's

What happens if an eligible individual continues to require care associated with the crisis beyond the 30 or 90 days?

- Either period of care (inpatient or outpatient) can be extended by VA, if they determine that the eligible individual continues to require care to address the effects of the acute suicidal crisis. Where clinically necessary, the treating provider has the authority to initiate one extension per episode of care for a period of up to 30 days

What happens if an eligible individual has an additional suicidal crisis?

- A new, and separate, 30/90-day period for providing medical and mental health care begins with each acute suicidal crisis. The new crisis does not affect the period of care for previous acute suicide crises.

What if the Veteran receives a bill for emergent suicide care?

- VA strives to ensure Veterans are not billed for care related to an acute suicide crisis, to eliminate any additional stress during time of need. If a bill for COMPACT related care is received, please see refer them to see the patient advocate at their local VA facility to facilitate a clinical review with appropriate provider. Alternatively, there is a number on their bill to initiate this process.

Anchors of Hope

From 2020 to 2021:

- Suicide rates decreased by 8.1% for Veteran men aged 75-years-old and older.
- Among recent users of Veterans Health Administration (VHA)
 - Veterans between ages 55- and 74-years-old, the suicide rate decreased by 2.2% overall (- 0.6% for men, -24.9% for women).
- Among male Recent Veteran VHA Users, suicide rates lessened by 1.9% for those aged 18- to 34- years-old.
- The suicide rate among recent users of VHA with mental health or substance use disorder diagnoses fell from 77.8 per 100,000 to 58.2 per 100,000 in 2021.
- Suicide rates fell for recent users of VHA with diagnoses of sedative use disorder (-40.4%), depression (-32.9%), posttraumatic stress disorder (-27.6%) and anxiety (-26.9%).
- From 2011–2012 to 2020–2021, the suicide rate among Veterans in VHA care with diagnoses related to gender identity fell from 267.9 per 100,000 person-years to 84.6 per 100,000 person-years



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Free, Confidential Support 24/7/365

Be prepared.
Save the number.
Dial 988 then Press 1



- Veterans
- Service members
- Family members
- Friends
- Coworkers

VeteransCrisisLine.net/Chat, or text 838255.



Resources



VA Tools and Resources for Veterans and Supporters

Veterans Crisis Line: A free, anonymous, confidential resource available to Veterans in crisis, as well as concerned family members and friends. **Dial 988 then Press 1**, chat at [VeteransCrisisLine.net/Chat](https://www.VeteransCrisisLine.net/Chat), or text **838255**.

Reach Out: Get support designed specifically for you. Family members or friends can find resources that are designed for the Veterans in your life.

Safety Planning: Information on safety planning and a template for developing a safety plan. A safety plan is a written list of coping strategies and sources of support that at-risk Veterans can use before or during a suicidal crisis.

VA Mental Health: VA's repository of mental health resources, information, and data materials.



VA Tools and Resources for Veterans and Supporters

VA S.A.V.E. Training: Training designed to teach anyone who interacts with Veterans how to recognize warning signs of crisis and what to do to help a Veteran who may be at risk.

VA Suicide Prevention: Explore suicide prevention resources to build networks of support among community-based organizations, Veterans Service Organizations, health care providers, and other members of your community that strengthen protective factors for Veterans.

VA Resource Locator: This tool can help Veterans find local mental health and suicide prevention resources, including their local suicide prevention coordinator.



Resources Continued

- The VA conducts the largest national analysis of Veteran suicide rates each year. Findings are made available to the public in a report which is published annually.
 - [2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf \(va.gov\)](#)
- [RM MIRECC SuicideRisk Table.pdf \(va.gov\)](#)
- [Home | Rocky Mountain MIRECC for Veteran Suicide Prevention - MIRECC / CoE \(va.gov\)](#)
 - Research, education, trainings, tools
 - The mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population.
- ECR – Emergency Care Reporting tool
 - Contacting the nearest VA medical facility using VA’s Emergency Care Reporting portal, or
 - Calling 844-72HRVHA (844-724-7842).
- General questions on community care (not related to COMPACT ACT)
 - [Fact Sheets for VHA Office of Integrated Veteran Care Programs - Community Care \(va.gov\)](#)



Suicide Prevention Coordinators

Martha Carlson, Program Manager Joe Bertagnolli, LCSW (Portland)
Michael Ogunsusi, LCSW (Hillsboro) Jeremiah Dutt, LCSW (West Linn)
Matt Schmidt, LCSW (Vancouver) Becky Kuhn, LCSW (Vancouver)
Gayle Keller, LCSW (Fairview)

Community Engagement Partnership Coordinators

Kristine O'Brien, LPMHC
Ashley Taylor, MS

COMPACT ACT Coordinator

Cynthia Tanner, LCSW

Team Line 503 402 2857 or 503 220 8202 ext. 52857

vhapor-mhdspc@va.gov

Suicide Prevention Team





Veteran-By-Name-List Core Improvement Team



VBNL: Case Conferencing

- List of everyone in Clark County that identifies as a Veteran experiencing homelessness. All pulled from a shared database that multiple homelessness service providers input data in
- Providers meet every 2 weeks to coordinate services for Veterans: what they're eligible for, how they can access, who they need to connect with



VBNL: Core Improvement Team

- Hiccups arise in conferencing around systems, the wear and tear needs attention
- Focus on the big picture: work on improving the system
- Decrease amount of Veterans falling into homelessness
- Increase amount of Veterans exiting homelessness into housing
- Make sure our data is top notch



Who it is: choosing the right people

- Clark County Veterans Assistance Center, Veterans Affairs, Transition Projects, Council for the Homeless, Partners In Careers, Vancouver Housing Authority
- Staff with lived experience as Veterans and of homelessness
- All of the people whose help and expertise we need to end Veteran homelessness in Clark County. We can't do it without you.

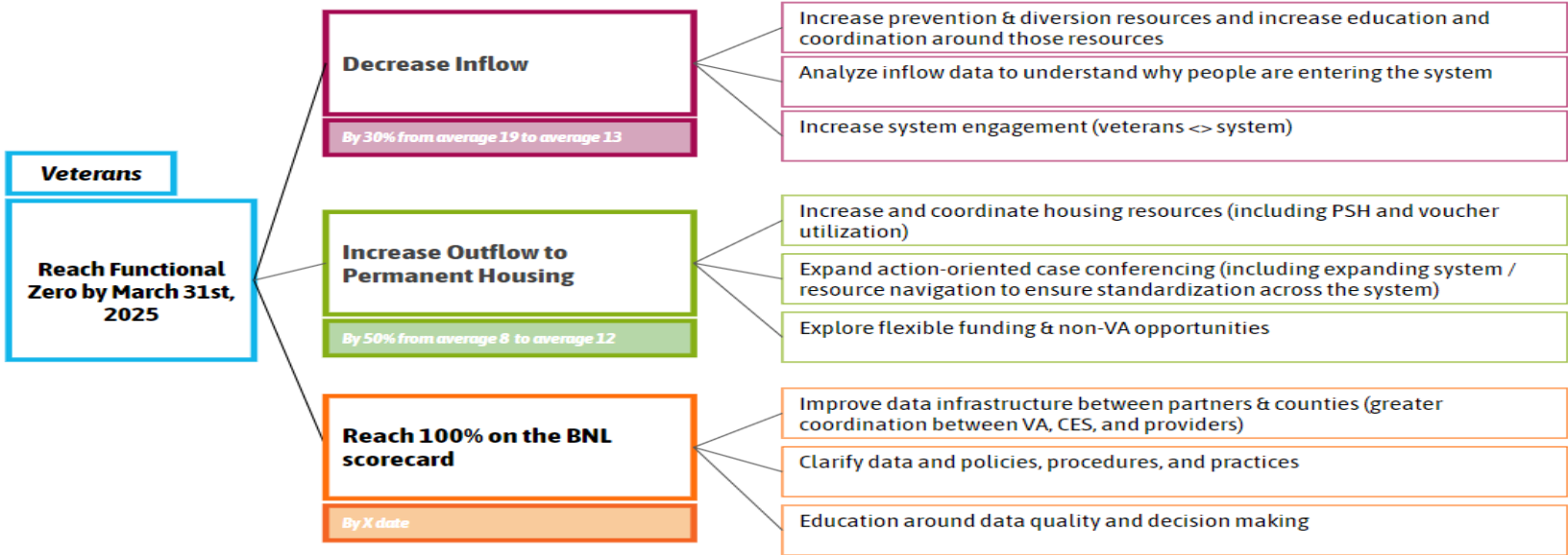


What we're doing

- Sharing knowledge so Veterans can find out where to go for when they need help with housing: moving into a place, or staying in their place
- Laying the ground work for case conferencing: action over eligibility
- Supporting the troops: pool resources together, communicate more to coordinate more
- Sharpen up our data to better understand



The Plan



COUNCIL FOR THE HOMELESS

Leadership • Advocacy • Solutions

Contact

- Sesany Fennie-Jones, Executive Director
sfennie-jones@councilforthehomeless.org

- Morgan Valentine, Coordinated Entry Systems Manager
mvalentine@councilforthehomeless.org



COUNCIL FOR THE HOMELESS

Providing community leadership, compelling advocacy,
and practical solutions to prevent and end
homelessness in Clark County, Washington.

Visit **councilforthehomeless.org** for more info.



Agenda Item V. July 2024 Contractor Reports

- **CCVAC**

- 38 Veterans served in July, services totaling \$21,204.61
- 28 male Veterans, 10 female Veterans, 0 widows, and 0 others served
- 11 denials, 0 subject to appeal
- 595 visits to the center for essentials and food. 980 sack breakfasts and lunches and 39 food boxes provided. 3,238 total pounds of food provided.
- 937 volunteer hours, totaling \$37,742 in value

- **Free Clinic**

- 4 veterans served in July. Services totaled \$3,872 in value. Billed \$3,853.93

- **Fund**

- July revenue: \$8,810.98; expenditures: \$93,165.17; fund balance: \$610,943.63



Agenda Item VI. CCVAC updates

**Honorably
serving those
who served
honorably**



Agenda Items VII. – X.

- **Old Business**
- **New Business**
 - Handbook revision discussion
- **Open Forum**
- **Adjourn**

Next meeting: October 10, 2024

