

The exposure to unusually intense and frequent stressors over the course of their careers make our Veteran and First Responder communities in urgent need of mental health services. THE SHIELD is pursuing funding for our CY2021 program to provide 500 hours of free specialized counseling to Central Oregon Veterans and First Responders.

100% of grants & donations go directly toward providing services to clients. All fundraising and administrative costs are covered through our unpaid volunteer board members and other volunteers of THE SHIELD.

THE SHIELD is a collaborative community resource. We collaborate with:

- Central Oregon Veterans Council (COVC) to stay current on topics affecting local Veterans and to spread the word of our services within the Veteran community
- Central Oregon Health Council (COHC), and participate with two working groups to address healthcare access and substance prevention/misuse which impact our clients
- Central Oregon Suicide Prevention Alliance (COSPA) on the leadership team to advocate for the populations that we serve
- Regional public safety agencies where first responders are employed

VETERANS:

According to the US Department of Veterans' Affairs (VA), veterans have a much higher incidence of suicide than non-veterans. Nationally, twenty veterans die from suicide every day. The connection between mental health and suicide is well established, despite several years of concentrated efforts, this tragic statistic has not significantly been improved using existing models of delivering services.

According to the 2019 National Veteran Suicide Prevention Annual Report by the VA, of those veterans engaged with VA services whom died by suicide, 59% had a mental health and/or substance use disorder.

In addition:

- Veterans with mental health diagnosis are more likely to utilize non-mental health medical services such as the emergency department. (For example, veterans with a PTSD diagnosis are 55% more likely than those with no mental health diagnosis to utilize Emergency Services, adding stress on a system that lacks capacity and training to support their specific needs.)
- Suicide rates among Oregon male Veterans 18-34 is 3x higher than male non-veterans 18-34.
- Deschutes County Health department data for years 2000-2017 reflect that 103 Veterans died by suicide; twice the rate of non-Veterans in Deschutes County.

FIRST RESPONDERS:

Research indicates:

- First Responders have higher rates of depression, anxiety, suicidality, divorce, substance mis-use and stress related problems than the general population.
- Stress is cumulative and mental health challenges worsen over time for First Responders if not addressed.

- Untreated cumulative stress can contribute to long-term physical health problems for First Responders including high blood pressure; heart disease; gastrointestinal disorders; chronic pain; poor nutrition & substance misuse.
- Neglected mental health can result in decreased job performance, interpersonal problems, or shortened career for First Responders.
- First Responders benefit greatly from routine preventative care before problems become more acute.
- Research indicates that on average police officers experience more than three traumatic events (as defined by DSM 5) for every 6 months of service.
- More law enforcement officers die by suicide than are killed in the line of duty.

The COVID-19 virus and civil unrest within communities during 2020 has negatively impacted First Responders in ways that will affect the health of individuals and communities for years to come.

Research this year from Northern Illinois University studied the current state of law enforcement in August 2020 based on 1355 officers across the country with the following results:

- 47% of officers screened are positive for PTSD
- 29% for moderate to very severe anxiety
- 37% for moderate to very severe depression
- 59% of officers reported feeling trapped or hopeless in their jobs
- 55% reported that they consider quitting their jobs on a daily or weekly basis

In addition, in cases of PTSD, sufferers experience hypervigilance and heightened physiological arousal, both of which can lead to overestimation of threat in the environment. Said differently, officers who are suffering from mental health symptoms may be likely to perceive situations as more threatening than is warranted. When combined with sleep deprivation and high levels of stress, the decision-making that occurs in such contexts may be negatively affected and/or potentially more severe than is necessary.

The study also predicted that the previously high rates of suicide among law enforcement can reasonably be expected to rise in the near future.

MISSION

Unfortunately, it is very challenging for this population to get the mental health services they so greatly need. THE SHIELD's mission is to eliminate barriers to accessing effective mental health services for Central Oregon's Veterans and First Responders.

Barrier 1: Awareness

- Gradual effects of acute & chronic stress often make onset of symptoms invisible to affected Veterans & First Responders.

THE SHIELD Solution to the Barrier of Awareness

THE SHIELD reaches out directly to local Veterans & First Responders primarily through peers in the workplace, also community healthcare providers and educating friends & family members.

Because our providers are trained and focused on the unique needs of Veterans & First Responders, they are able to educate new clients regarding the mechanisms of stress and the associated science ("stress does not care if you believe in it or not"). When new clients hear

providers describe the experiences that their peers (former clients) have reported, it normalizes their own experience and allows them to begin to understand their circumstances & to accept help.

Barrier 2: Provider Availability

- The Central Oregon tri-county area has been federally designated as a mental health care professional shortage area.
- Lack of qualified providers having specialized training and experience for Veterans & First Responders.

The VA acknowledges that nationally there are not adequate numbers of trained mental health practitioners to support veterans' needs, including both VA and non-VA providers. This resource shortage is worse in rural areas including Central Oregon.

In 2019 the Oregon Health Authority (OHA) and Oregon Department of Veterans Affairs (ODVA) published the joint report: "Oregon Veterans' Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report". The report identifies the following gaps:

Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state's Veterans and 60% of Oregon Veterans surveyed identified finding or getting an appointment with a behavioral health care provider as a barrier to accessing care.

Of Oregon Veterans that did not utilize VA services (within the last 2 years), 60% of the 18-34 age group reported that "*I did not like care I had previously received from VA*".

Some Veterans' trust in VA behavioral health services has been undermined by the perception of a one-size-fits-all approach with an overreliance on pharmacological therapies, inability to choose their own providers, frustration with navigating logistics, and disappointment with previous VA care experiences.

VA providers report recruitment & retention of qualified staff as a challenge for the following reasons: 1) Hard to draw and keep staff in rural areas. 2) Current understaffing creates poor working conditions. 3) Hiring process. 4) Salaries not competitive. The understaffing in turn can impact quality of services. Challenges with recruitment and retention of VA providers impact both patients and staff, especially in rural areas and Veterans report the provider turnover makes development of therapeutic relationships difficult.

The availability of publicly-funded non-VA providers who are trained in the knowledge and skills to screen for and/or treat concerns specific to Veterans and their families is limited, particularly in rural areas.

VA providers report administrative and other challenges with their *purchased & referred care* programs (programs that utilize non-VA, local community providers), including a general lack of providers in the community and a lack of providers willing to contract with VA.

THE SHIELD Solution to the Barrier of Provider Availability

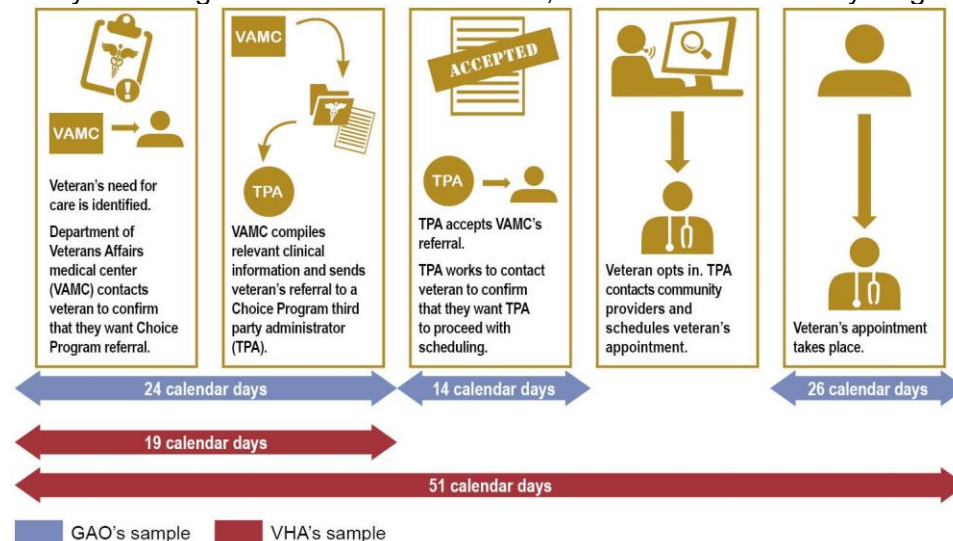
Accessing services with THE SHIELD is simple: One phone call (or email) and the Veteran or First Responder has their first appointment scheduled, to meet with a provider within 5 days.

Barrier 3: Timeliness

- Referrals, pre-approvals and scheduling hurdles result in long delays in getting needed treatment.

Wait times for veterans to receive care can be extremely long. In addition to the scarcity of providers, bureaucratic approval processes also contribute to the long wait times.

In separate studies by the VA and the Government Accountability Office, average wait times for a Veteran to receive care from a non-VA provider were 51 and 64 days respectively. The process shown in the illustration below for first obtaining approval, then an appointment, and finally receiving actual services is tedious, slow and unreasonably long.



Source: GAO illustration based on GAO and VHA analyses of selected Choice Program authorizations. | GAO-18-281

Of Oregon Veterans that did not utilize VA services (within the last 2 years), 32% of all age groups reported that “*there was no local VA option/the distance was too far*”, or that “*wait times were too long.*”

THE SHIELD Solution to the Barrier of Timeliness

THE SHIELD is responsive: One phone call (or email) and the Veteran or First Responder has their first appointment scheduled, to meet with a provider within 5 days.

Barrier 4: Confidentiality Concerns

- Stigma and concerns about potential impact on career.

Research this year from Northern Illinois University regarding law enforcement found that 90% of officers reported that they are reluctant to seek mental health services when needed. Fear of stigma (31%), fear of job loss & career repercussions (28%), and seeking assistance is a sign of

weakness (22%) were reported as the top three reasons that officers are reluctant to seek services when needed.

THE SHIELD Solution to the Barrier of Confidentiality

THE SHIELD eliminates confidentiality concerns by having no third parties involved with the client's case; only their provider and themselves. No VA, no insurance companies, no human resources/benefits departments, no connection to their employers or gatekeepers of any kind.

This approach also creates a therapeutic environment unlike any other where the client knows through demonstration that their health & wellbeing is the only priority. For many clients, their conditions (such as PTSD) result in a hypervigilant mindset that makes trust difficult; their relationship with a counselor can begin to break down this wall.

Barrier 5: Cost

- Without VA or insurance, cost of care is out of reach for many Veterans & First Responders.
- No coverage for prevention without diagnosis.

THE SHIELD Solution to the Barrier of Cost

THE SHIELD services are funded completely without cost to our clients; services are funded 100% through grants and donations only. Because THE SHIELD does not bill insurance companies, clients can receive preventative wellness services without a diagnosis being required. Clients appreciate that their care is funded by those they serve.

METHODS

The standard treatment modalities employed by THE SHIELD include Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization & Reprocessing (EMDR), two of the "most evidence based" models, based on the amount & quality of published credible peer reviewed research including long-term longitudinal studies with positive results with the veteran population. The evidence-based treatment models employed by THE SHIELD are the only ones recommended by the

VA. <https://www.ptsd.va.gov/apps/decisionaid/compare.aspx>

In addition to the VA, the treatment models that we employ are recommended by the US Department of Defense and the World Health Organization, among others.

We understand that there are many popular alternative treatment types and we often refer individuals for alternative therapies *in addition* to the evidence-based therapies that we employ. One of the misunderstandings regarding the Veteran & First Responder populations that is unfortunately reinforced by some practitioners, is that "Veterans/First Responders won't talk" and so cannot benefit from therapies that involve talking. This is just incorrect, there is no research supporting this idea and THE SHIELD providers can tell you from personal experience that Veterans/First Responders talk with us every day of the week and it is very therapeutic.

OUTCOME MEASUREMENTS

THE SHIELD program outcome measurement & reporting methodology is taken from the International Center for Clinical Excellence as developed by Dr. Scott Miller. Clients are asked to self-report on questions regarding wellbeing from each of five perspectives, based on a one-to-five rating scale at the beginning of treatment and after 16 weeks (16 visits) of treatment. Each of the five following outcome areas are included: 1. Overall Wellbeing. 2. Family/Close Relationships. 3. Social Connections/Friends. 4. Work/ School. 5. Emotional.

CY2019 ACCOMPLISHMENTS

- The Shield provided 468 hours of free counseling to local Veterans & First Responders in Central Oregon.
- The Shield was featured on NBC affiliate station KTVZ's "Breaking the Silence" series, bringing increased awareness to the tragedy of veteran suicide.
- The Shield was selected "Nonprofit of the Month" by regional internet & cable TV provider Bend Broadband.
- The Shield was featured in 300 public service announcement television spots throughout local TV programming to increase community awareness about The Shield's mission and programs.
- The Shield was selected as a recipient of a grant from St. Charles Healthcare in support of their "Your Life Matters" initiative benefitting local veterans.

CY2020 ACCOMPLISHMENTS:

- Implemented confidential HIPAA-compliant online counseling (telehealth) platform to serve clients of THE SHIELD that prefer online counseling services, or clients residing in remote rural areas making access challenging or clients concerned about risk of COVID-19 exposure.
- Added new board member, local Veteran and First Responder, Logan Bilyeu.
- Implemented peer-support option provided by former clients of THE SHIELD, who volunteer to share their experience with new or potential clients.
- On-track to provide more than 500 hours of counseling at no cost to Central Oregon Veterans & First Responders.
- THE SHIELD was selected as a recipient of a grant from St. Charles Healthcare in support of their "Basic Needs" initiative.
- THE SHIELD was selected as a recipient of a grant from the Central Oregon Health Council (COHC).
- THE SHIELD was selected as a recipient of a grant from the Central Oregon Intergovernmental Council (COIC).

Central Oregon is home to over 20,000 Veterans & First Responders. Research indicates that more than 8,000 will need mental health services. Since 2018, THE SHIELD has provided services beyond our funding, drawing heavily on limited volunteer providers. As demand for our services continues to increase, we need to close the gap between our service levels and our funding.

THE SHIELD TEAM

Board of Directors/Officers

Daniel Anderson, MA, LPC – President

Mental Health Clinician & Wellness Consultant

Logan Bilyeu – Vice President

Local Law Enforcement Officer,
Veteran

Emily Anderson – Secretary & Treasurer

Business Ownership Consultant

Joe Myers – Director

Business Owner/Community Advocate (founder BendTrails.com)

Christy Myers - Director

Community Healthcare Provider (St Charles Healthcare)

Community Advisory Board

David Huntley, MPH, MSEE – Community Advisor

Deschutes County Epidemiologist, Public Health Advocate
Veteran

Wendy Rudy – Community Advisor

Patient Advocate (St Charles Healthcare),
Veteran, President - Central Oregon Veterans Council