

VACANT POSITION AUDIT

I. GENERAL INFORMATION

Department: Building Services _____ Date: 7-14-2020 _____

Position Requested: Custodian _____ Job Code: _____

Number of Positions: (3) _____ FT X (3) PT FTE _____ %

Pay Band: A12 _____

Division Position Will Be Assigned To: Building Services _____
(Indicate NA if not applicable)

Projected Start Date of Position: January 1, 2021

II. FULL EXPLANATION OF NEED FOR POSITION (Please complete all questions)

A. Is this position request compatible with the County's mission statement? Please provide explanation.

Yes, this is an essential service that is provided to help keep the facilities clean and able to open and operate properly.

B. What is your department's mission statement and how does position support this mission and/or department strategic plan?

Yes, this fits in directly with Building Services mission to assure facilities and grounds are properly maintained, and the facilities project a professional and respected appearance both inside and out.

C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. plus attach relevant supporting data. If more than one position of the same classification is being requested, also justify the number requested.

Three (3) fulltime Custodian positions are being requested. The Custodians will replace the current contracted services with an external cleaning service and security firm. The custodians will also replace the need for a security firm to cover Monday through Thursday at the Courthouse and West Square facilities. The custodial staff will be responsible for daily cleaning and upkeep of the Courthouse, Law Enforcement Center, and West Square Admin building's.

Custodial job description is attached.

D. What benefit will/does the position provide to the County? Describe the specific problem the position was created to address? How does the position improve/enhance customer service and/or address community needs? Please provide adequate data to support your position.

The custodial positions will allow Building Services too provided better attention to detail in keeping the facilities clean and running efficiently. Building Services will be able to better track and control supplies inventory more efficiently. Building Services will be able to address issues right away as the custodial duties will not be a contracted service.

E. Indicate any alternatives to filling this position that were considered and why you still chose to request to fill?

The alternative to adding the three (3) custodial positions is to continue with contracted cleaning and security services.

F. What will be the effect if the proposed position is not filled?

Contracted cleaning and security services will continue as they currently are.

G. What criteria do you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

Improved Customer service, fewer cleaning work orders, and overall cleaner facilities.

III. SPECIFIC DUTIES OF NEW POSITION

A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty or add the approximate percentage of time spent on each duty to the existing job description and attach.

- Clean offices, restrooms, and meetings rooms
- Collect and dispose of waste and separate recyclable materials
- Sweep floors, strip old wax and apply new
- Wash windows and dust furniture and fixtures
- Vacuum and shampoo rugs
- Setup rooms for activities as requested
- Load, lift or unload supplies and materials, equipment, etc. as needed.
- Gather litter from grounds
- Assist with removal of snow and ice from walkways as needed
- Perform minor repairs (Including light bulb changes, touch-up painting, and maintaining cleaning equipment)
- Climb ladders and scaffolds
- Secure doors, windows nightly

Commented [KH1]: Can we expand on this?
Perform minor repairs such as changing lightbulbs, etc.

B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not?

All departments will benefit from the skills of a custodian in the building on a daily basis.

C. If the work is currently being done or not done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable?

The work is currently being done by a contracted service. The current contractor is not cleaning the facilities to the expectations of the Building Services Dept. The Building Services Dept has to check on the supplies in the bathrooms several times a week, we receive 1-2 work orders per week average to fill supplies missed by the cleaning service.

IV. POSITION COSTS AND FUNDING SOURCES

A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, MIS costs, furniture, and equipment; travel; and other applicable costs.)

B. Explain specifically how position will be funded.

Amount of County tax levy: \$160,000 % of total costs: 100

Amount of any outside funding: 0 % of total costs: 0

Source of outside funding: _____

Length of outside funding: _____

Likelihood of funding renewal: _____

Would this outside funding be used to offset the levy if not used for this position? _____

C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how? Overall we should be able to decrease our costs around a 1,000 or keep the same \$ amount.

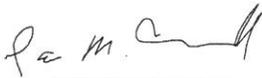
No, year #1 I anticipate the custodial costs to be about the same as previous years, due to the need to purchase several larger dollar pieces of cleaning equipment. In future years the costs should decrease with the better tracking of supplies and maintaining of initial equipment being bought.

D. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? OR Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how? Are there statistics to support your position?

Yes, maintenance staff will be able to complete more preventative maintenance tasks, supplies can be tracked closer allowing the department to spend less on supplies which will help with the overall Building Services Budget

E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.

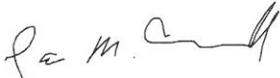
No



Signature of Supervisor/Manager Completing Request

7-14-2020

Date



Department Head Signature

7-14-2020

Date

Job Code:
Reports To: Building Manager
EEO Code:

Pay Grade: A12
FLSA Status: Non-Exempt
Last Revision: 06/30/2020

The following statements are intended to describe, in broad terms, the general functions and responsibility levels characteristic of positions assigned to this classification. They should not be viewed as an exhaustive list of all the specific duties and prerequisites applicable to the position

Purpose of the Position

The purpose of the Custodian is to perform general cleaning, housekeeping and related work as well as operate and maintain county facilities in an orderly manner for the Sauk County Building Services Department.

Essential Duties and Responsibilities

- Clean offices, restrooms, and meetings rooms
- Collect and dispose of waste and separate recyclable materials
- Sweep floors, strip old wax and apply new
- Wash windows and dust furniture and fixtures
- Vacuum and shampoo rugs
- Setup rooms for activities as requested
- Load, lift or unload supplies and materials, equipment, etc. as needed.
- Gather litter from grounds
- Assist with removal of snow and ice from walkways as needed
- Perform minor repairs (Including light bulb changes, touch-up painting, and maintaining/cleaning equipment)
- Climb ladders and scaffolds
- Secure doors, windows nightly

Additional Duties and Responsibilities

- Contact personnel as required for emergency conditions outside regular hours
- Occasionally on call for emergencies
- Other duties as assigned by Building Manager or Asst. Facilities Director

Knowledge, Skills and Abilities

Ability to Communicate:

- Descriptive data and information, such as regulations, blueprints, maintenance schedules, general operating manuals and routine and non-routine correspondence
- Verbally and in writing with department personnel
- Explain, demonstrate, and clarify to others established policies, procedures, and standards

Knowledge of:

- Adding, subtracting, multiplying, and dividing

Mental Ability to:

- Maintain all relevant certifications.
- Compare, count, differentiate, measure, sort, classify, compute, tabulate, and/or categorize data and/or information
- Assemble, copy, record, and transcribe data and/or information
- Analyze data and information using established criteria to define consequences and consider and select alternatives.
- Apply functional and situational reasoning by exercising judgement, decisiveness, and creativity in everyday routine and non-routine situations

Environment

- Moderately unsafe and uncomfortable in respects to noise, temperature variations, odors, toxic agents, and dust.

Required Working Hours

Standard working hours are Monday through Friday, 8:00 am until 4:30 pm. Please note these hours are subject to change and additional hours may be needed or required. Compensation for additional hours beyond normal working hours are subject to applicable state and federal regulations.

Education and Experience Requirements

Required: High School Diploma or equivalent

Ability to safely lift objects weighing 60-75 pounds on a regular basis without assistance

Job related training or skills

Certification: Become First Aid and Cardiopulmonary Resuscitation (CPR) certified within 6 months of start date

Any combination of education and experience that provides equivalent knowledge, skills and abilities may be considered.

Core Value Standards of Behavior

It is expected that all employees will demonstrate behaviors that support excellence as defined by Sauk County's Personnel Handbook.

Acknowledgement

All requirements of the described position are subject to change over time where I may be required to perform other duties as requested by Sauk County. Further, I acknowledge that this job description is also not an employment contract. I have received, read, and understand the expectations for the successful performance of this job.

Incumbent's Signature

Date

APPROVALS:

Supervisor

Date

Department Head

Date

Human Resources Representative

Date

Sauk County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

SAUK COUNTY JOB DESCRIPTION QUESTIONNAIRE

(This document is required for reclassification requests, or if job description does not exist when requesting new position)

This is an electronic format. The cells will expand as you type.

Name: TBD	Date:
Title: Overdose Response Coordinator	Department: Health
Work Location: Health Dept.	Phone: TBD
Immediate Supervisor: Sara Jesse	Supervisor's Title: Community Health Strategist
Current Pay Band: n/a	Proposed Pay Band: B24, step 1

TIME EMPLOYED IN CURRENT JOB TITLE: in years and months	
TIME EMPLOYED IN CURRENT DEPARTMENT: in years and months	
TOTAL EMPLOYMENT WITH SAUK COUNTY: in years and months	
WORK HOURS (Start/Finish):	
FULL TIME:	REGULAR PART-TIME (%): 75% FTE
OTHER:	

I. POSITION SUMMARY

Briefly explain why the position exists and what you consider its most important impact on the organization. **Duties must equate to at least 10% of time to be considered an essential function.**

This position will address the grant-required deliverable of better connecting overdose survivors in Sauk County to substance use treatment and other supports. The position is vital to improving health outcomes in a cost-effective manner for overdose survivors, a population who is at high risk for repeated overdose, death, incarceration, and other harms.

% of Time Spent	ESSENTIAL FUNCTIONS
70%	Project Development and Implementation. In collaboration with community partners, develop and implement Overdose Response Teams and/or other similar efforts to connect overdose survivors to supports. Convene stakeholders on a regular basis to plan and assess Overdose Response Teams and other initiatives; facilitate these stakeholder meetings, including conducting meetings, setting agendas and writing minutes. Recruit people with lived experience of overdose to serve as stakeholders to advise on project development. Coordinate scheduling of Overdose Response Team house visits and other initiatives. Refer those in need to appropriate resources; assist and support Peer Support Specialists/Recovery Coaches/other team members with case management as needed. Participate as a team member on Overdose Response Team calls for service; ensure best practices are implemented by team members. Advertise and promote program to various community sectors to increase participation in and referrals to initiatives. Organize local trainings conducted by outside agencies for community sectors involved.
20%	Project Evaluation and Grant Management. Evaluate Overdose Response Teams and other efforts developed to connect overdose survivors to supports. Establish metrics and track participant engagement. Collect, analyze, and report on primary and secondary local data; work with project evaluators and grant administrators to assess program

	effectiveness; adjust service plans accordingly. Ensure project deliverables are met in a timely manner; comply with record-keeping and reporting requirements; assist in writing progress reports for the funder, stakeholders, and the public.
10%	Education. Serve as an educational and informational consultant to department staff and community stakeholders in the development of health education and harm reduction programs for people who use drugs. Prepare and conduct educational programs in a variety of community settings in an effort to fulfill the department's goals and objectives, especially regarding harm reduction. Serve as a member of the Sauk County Overdose Death Review Team; help identify and plan initiatives to reduce overdose death.

II. EXPLANATION FOR POSITION CHANGES	
Please identify the specific duties and responsibilities of the position that changed from the prior year.	
N/A, new position.	

III. DECISION MAKING AND JUDGMENT		
Please identify what you believe are the most important judgments and decisions you make in performing jobs.		
EXAMPLES OF DECISIONS/JUDGEMENTS	WHO, IF ANYONE, REVIEWS	WHAT IS THE IMPACT
Write project work plans; track project progress toward goals and objectives; ensure project deliverables are met in a timely manner; comply with record-keeping and reporting requirements; write progress reports for the funder.	Community Health Strategist, Deputy Director	Ensure compliance with grant requirements so that projects are demonstrably successful and continue to be funded.
Collect, analyze, and report on local data and project progress to stakeholders and the general public.	, Deputy Director	Build and sustain community support and stakeholder buy-in for the County, Health Department, and project initiatives.
Conduct trainings and presentations; prepare related educational and promotional materials; outreach to promote educational initiatives.	Community Health Strategist reviews training and presentation content as well as educational and promotional materials.	Improve the health and knowledge of the community with high-quality presentations and materials.
Organize local trainings conducted by outside agencies; prepare contracts with trainers.	Community Health Strategist	Various community sectors receive in-depth job-specific training on substance use prevention, harm reduction and treatment.
Facilitate meetings: prepare agendas, lead meetings, prepare minutes, manage group membership, and follow up on group recommendations.	Community Health Strategist	Project development team efforts are effective, thereby improving community health.

IV. WORK RELATIONSHIPS	
Please identify the most typical work relationships of your position with other persons, functions or organizations, inside or outside of your own organization.	
Typical Work Relationships	Purpose of Relationship
Law enforcement, EMS, Peer Support Specialists, Recovery Coaches.	May be members of Overdose Response Teams, which this position will coordinate.
People Who Use Drugs, Family Members of People Who Use Drugs.	Clients that this position will serve.
Law enforcement, EMS, Peer Support Specialists, Recovery Coaches, Hospital and Healthcare Systems, Treatment Providers, People Who Use Drugs, Family Members of People Who Use Drugs.	Typical stakeholders who may be part of the advisory group that develops, implements, and evaluates Overdose Response Teams. This position will recruit members and facilitate meetings of stakeholders.
Health Department and other County Department Staff	People who this position will work with and educate as needed regarding harm reduction and best practices for working with people who use drugs and their family members.

V. EDUCATION REQUIRED – Identify minimum education level required for the position. This may be different from what the organization currently requires and/or from your own level of education. Please check applicable boxes.

Position Requires	Type of Education
	High School Diploma or equivalent
	Specialized training or technical training beyond high school
	Associate degree (A.S. or A.A.) or two year technical certificate
X	Bachelor's degree
	Master's degree
	Other

VI. PROBLEM SOLVING

Please identify the typical types of problems you solve on a regular basis while performing your job. Also include information on who else may be involved in helping with problem resolution.
How to best implement and evaluate project: create and monitor work plans, tracking documents, evaluation plans; ensure compliance with all grant requirements. Others who may be involved: Community Health Strategist, Director, Deputy Director, Accountant.
How to best engage community in project and department initiatives: create promotional materials, outreach to facilitate participation; facilitation of advisory group. Others who may be involved: Community Health Strategist, Deputy Director.
How to best train community sectors on overdose prevention and harm reduction: create educational materials and presentations; collect, analyze, and report on local data. Others who may be involved: Community Health Strategist, Deputy Director.
How to best facilitate meetings of large groups of people with various perspectives: plan meetings, in-the-moment changes in facilitation to respond to group's needs, follow-up. Others who may be involved: Community Health Strategist, Deputy Director.

VII. SUPERVISION / MANAGEMENT

Where it applies answer the following. Otherwise, put "Not Applicable" or "Don't Know".
Supervision of others:
a. Number of People: 0
b. Their Position Titles: not applicable
c. Which, if any, of the following do you perform? (Please give examples of the work performed):
1. Directly Supervise? N/A
2. Train / Instruct? Yes. Overdose Response Team members, community sectors, people who use drugs and their family members
3. Set goals and objectives? N/A
4. Do Project Management? Yes. Track progress and participation in project; comply with grant reporting and other requirements; write project reports.

5.	Conduct Performance Reviews? N/A
6.	Discipline? N/A
7.	Hire? N/A
Note assets, facilities, equipment or funds, if any, for which you have some degree of accountability: Laptop, cell phone.	

VIII. ADDITIONAL DATA / NOTABLE INFORMATION
Please identify any other information, which would help someone else understand your position more clearly:

IX. SUPERVISOR'S REMARKS

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
DEPARTMENT HEAD SIGNATURE:	DATE:
DEPARTMENT HEAD COMMENTS:	

NEW POSITION REQUEST 2021 BUDGET PROCESS

I. GENERAL INFORMATION

Department: Health

Date: 08/27/2020

Position Requested: Administrative Specialist- Admin
(If unsure of title, indicate "to be determined")

FT PT FTE 1.0%
Number of Positions: 1

Anticipated Pay Band: B22/1
(HR Dept assigns)

Division Position Will Be Assigned To: Health Department
(Indicate NA if not applicable)

Projected Start Date of Position: 01/01/2021

Priority Number of This Position: 2

If you are requesting more than one position, prioritize all your requests and indicate the priority number of position.

II. FULL EXPLANATION OF NEED FOR POSITION (Please complete all questions)

- A. Is this position request compatible with the County's mission statement? Please provide explanation.

Yes, the long term goal of the Health Department is to support a safe and healthy community, offer accessible opportunities to positively change individual's lives while being fiscally responsible.

- B. What is your department's mission statement and how does position support this mission and/or department strategic plan?

A full time Administrative Specialist would support the Health Department by providing administrative support to fulfill the Health Department mission "to protect Sauk County residents and visitors by taking action through collaboration to promote health and safety and prevent illness, injury and disease."

- C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. **plus attach relevant supporting data.** If more than one position of the same classification is being requested, also justify the number requested.

Sauk County Health Department is uniquely positioned to lead efforts to provide resources and services to individuals. In order to ensure programmatic success and growth, a full time administrative specialist is needed to enter data, provide assistance to Administration and Financial Analyst/ Operations Business Manager in various local, state and federal grant reporting requirements, payroll, billing, accounts payable, reports, registering departmental staff for trainings and collecting appropriate documentation, receive, and prepare department-facilitated trainings and associated participant attendance logs, Departmental filing/scanning additionally providing administrative support to the Administrative office staff, organize community meetings and take minutes.

- D. What benefit will the position provide to the County? Describe the specific problem the position being created to address? How does the position improve/enhance customer service and/or address community needs? Please provide adequate data to support your position.

The Health department is in dire need of administrative support. Currently, there is too much work for one person to do. It would enable the new Business Operations Manager to focus on the broader needs of the department and manage all administrative staff.

- E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position?

The Health Department has a shortage of administrative support staff.

The Health Department has experienced exponential growth, in staffing, and new state and federal grants and broadened the scope of programming. Maintaining the basic business demands requires additional administrative support staff.

This position would provide the needed support, provide backup for payroll, accounts payable, support reporting requirements, registering departmental staff for trainings and collecting appropriate documentation, receive, and prepare department-facilitated trainings and associated participant attendance logs, departmental filing/scanning additionally providing administrative support to the Administrative office staff, organize community meetings and take minutes. This position would allow the Operations Business Manager to focus on the broader operational needs of the department and manage all administrative staff and complete the grant tracking requirements and documentation for compliance.

- F. What will be the effect if the proposed position is not created?

Health Department staff have reached maximum workload capacity and are unable to take on any more work without an additional full time administrative support position. Staff burnout and retention is a real concern if this position is not created.

- G. What criteria will you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

We consistently and continuously use performance management and quality improvement practices in the Health Department and provide monthly updates to the Board of Health. Increased employee morale and the Annual Performance Appraisal.

III. SPECIFIC DUTIES OF NEW POSITION

- A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty.

See attached job description.

- B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not? No.

- C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable?

Staff have reached maximum workload capacity and are unable to take on any more work without the help of an additional 1.0 FTE administrative specialist.

IV. POSITION COSTS AND FUNDING SOURCES

- A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, MIS costs, furniture, and equipment; travel; and other applicable costs.)

- B. Explain specifically how position will be funded.

Amount of County tax levy: _____ % of total costs: _____

Amount of any outside funding: \$64,029 % of total costs: 100%

Source of outside funding: PDO Grant and tax levy offset by increase of Maintenance of Effort increase from PNCC

Length of outside funding: _____

Likelihood of funding renewal: Very likely

Would this outside funding be used to offset the levy if not used for this position? _____

- C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how?

This position will allow program managers and professional staff to focus on the work they are hired to perform, including acquiring new grants and external funding sources.

- D. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? OR Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how? Are there statistics to support your position?

This position will allow more time for Operations Business Manager to provide fiscal support for additional grants reporting requirements.

- E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain. No, there is no one else to do the work.

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?

The Board of Health supports this new position.

NOTE: An updated or new Job Description Questionnaire (JDQ) may be necessary to complete the job evaluation process. New position requests due June 29, 2020.

Signature of Supervisor/Manager Completing Request

Date

Tim Lawther

Department Head Signature

8-28-20

Date

SAUK COUNTY JOB DESCRIPTION QUESTIONNAIRE

(This document is required for reclassification requests, or if job description does not exist when requesting new position)

This is an electronic format. The cells will expand as you type.

Name:	Date: 08/28/2020
Title: Administrative Specialist	Department: Health Department
Work Location: Health Department	Phone: 608-355-3290
Immediate Supervisor: Amy Elizabeth Merwin	Supervisor's Title: Business Operations Manager
Current Pay Band: B22/1	Proposed Pay Band: B22/1

TIME EMPLOYED IN CURRENT JOB TITLE: in years and months	NA
TIME EMPLOYED IN CURRENT DEPARTMENT: in years and months	NA
TOTAL EMPLOYMENT WITH SAUK COUNTY: in years and months	NA
WORK HOURS (Start/Finish): 8:00 AM – 4:30 PM	
FULL TIME: Hourly	REGULAR PART-TIME (%): --
OTHER:	

I. POSITION SUMMARY

Briefly explain why the position exists and what you consider its most important impact on the organization. **Duties must equate to at least 10% of time to be considered an essential function.**

The Health Department Financial Analyst (Business Operations Manager) and other Administrative Support staff have over-reached maximum workload capacity and are unable to take on any more work without an additional full time administrative support position.

Additionally, It would enable the Operations Business Manager to focus on the broader needs of the department and manage all administrative staff.

% of Time Spent	ESSENTIAL FUNCTIONS
90%	Ability to support multiple program tasks simultaneously.
	Provide administrative support with grant procurement and management.
	Process Payroll for department
	Accounts Payable and Accounts receivable
	Register departmental staff for trainings and collecting appropriate documentation
	Review, receive, and prepare department facilitated training and associated participant attendance logs
	Create agendas and record minutes for department
	Updates vendor lists, prepares vouchers, journal entries and interdepartmental transfers.
	Assist in developing/updating department policies and procedures
	Provide grant compliance support, tracking, reporting, filing
	Additional Duties
10%	Provide back-up Administrative Support where needed.
	Purge department files in coordination with established policies and State and Federal requirements

	General department filing and scanning
	Track certifications and licenses of employees
	Back-up receptionist or front desk break rotation
	Computer skills and proficiency in Microsoft Word and Excel
	Other duties as assigned

II. EXPLANATION FOR POSITION CHANGES

Please identify the specific duties and responsibilities of the position that changed from the prior year.
 NA – New Position

III. DECISION MAKING AND JUDGMENT

Please identify what you believe are the most important judgments and decisions you make in performing jobs.

EXAMPLES OF DECISIONS/JUDGEMENTS	WHO, IF ANYONE, REVIEWS	WHAT IS THE IMPACT
To Be Determined		

IV. WORK RELATIONSHIPS

Please identify the most typical work relationships of your position with other persons, functions or organizations, inside or outside of your own organization.

Typical Work Relationships	Purpose of Relationship
Director	Provide Administrative / Clerical Support
Deputy Director	Provide Administrative / Clerical Support
Operations Business Manager (Financial Analyst)	Provide Administrative / Clerical Support
Public Health Staff	Understanding programming and grants & providing clerical support
Committee Members	Providing clerical support –correspondence, taking minutes as needed
Other County Departments, community members, and other agencies	Responding timely to inquires about programs and processes, preparing correspondence

V. EDUCATION REQUIRED – Identify minimum education level required for the position. This may be different from what the organization currently requires and/or from your own level of education. Please check applicable boxes.

Position Requires	Type of Education
X	High School Diploma or equivalent
	Specialized training or technical training beyond high school
Preferred	Associate degree (A.S. or A.A.) or two year technical certificate
	Bachelor’s degree

	Master's degree
X	Other 3-5 years office experience which includes attention to detail, organizing, payroll, accounts payable and receivable, maintaining files, comfort with using multiple software systems, data entry, and supply ordering.

VI. PROBLEM SOLVING

Please identify the typical types of problems you solve on a regular basis while performing your job. Also include information on who else may be involved in helping with problem resolution.

Understanding and following instructions – attention to detail is essential

Maintaining a calendar of events/committees; making room reservations; meeting deadlines

Ability to add and subtract, multiply and divide, and calculate percentages, fractions and decimals. Ability to interpret graphs, and financial reports

Scheduling training and making appropriate reservations; Room reservations

Knowledge of office procedures; ability to communicate with individuals with varying backgrounds and education level

VII. SUPERVISION / MANAGEMENT

Where it applies answer the following. Otherwise, put "Not Applicable" or "Don't Know".

Supervision of others:

a. Number of People: NA

b. Their Position Titles: NA

c. Which, if any, of the following do you perform? *(Please give examples of the work performed):*

1. Directly Supervise? NA

2. Train / Instruct? NA

3. Set goals and objectives? NA

4. Do Project Management? NA

5. Conduct Performance Reviews? NA

6. Discipline? NA

7. Hire? NA

Note assets, facilities, equipment or funds, if any, for which you have some degree of accountability:

VIII. ADDITIONAL DATA / NOTABLE INFORMATION

Please identify any other information, which would help someone else understand your position more clearly:

This position would provide the needed support, provide backup for payroll, accounts payable, support reporting requirements, registering departmental staff for trainings and collecting appropriate documentation, receive, and prepare department-facilitated trainings and associated participant attendance logs, departmental filing/scanning additionally providing administrative support to the Administrative office staff (Director, Deputy Director), organize community meetings and take minutes. This position would allow the Operations Business Manager to focus on the broader operational needs of the department and manage all administrative staff and complete the grant tracking requirements and documentation for compliance.

IX. SUPERVISOR'S REMARKS

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

DEPARTMENT HEAD SIGNATURE: Tim Lawther

DATE: 8-28-20

DEPARTMENT HEAD COMMENTS:

NEW POSITION REQUEST 2021 BUDGET PROCESS

I. GENERAL INFORMATION

Department: Veterans Service Office

Date: 6/16/2020

Position Requested: Veteran & Dependent Readjustment Counselor FT PT FTE _____ %
(If unsure of title, indicate "to be determined") Number of Positions: 1

Anticipated Pay Band: \$34-\$37 hourly
(HR Dept assigns)

Division Position Will Be Assigned To: Veterans Service Office
(Indicate NA if not applicable)

Projected Start Date of Position: 01/01/2021

Priority Number of This Position: _____
If you are requesting more than one position, prioritize
all your requests and indicate the priority number of
position.

II. FULL EXPLANATION OF NEED FOR POSITION (Please complete all questions)

- A. Is this position request compatible with the County's mission statement? Please provide explanation.
Yes, it will fill an essential services to the residents of Sauk County by providing service and filling a gap that currently exists for our veterans and their dependents. Fiscally responsible manner will be achieved as this position will lessen the burden on other essential county services. It will also promotes safety, economic development as this position will significantly help veterans receive the compensation they deserve from the federal government.
- B. What is your department's mission statement and how does position support this mission and/or department strategic plan? To provide the highest quality service to Sauk County veterans and their family members by utilizing all available resources including federal, state, county and civic. We strive to keep veterans and their family members informed of all pertinent information through the use of all available technologies and actively work for the protection of veterans benefits. Veterans look to this office for assistance solving problems and answering questions that may arise.
This position would support the problem solving and the quality of service Sauk County Veterans have earned.
- C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. **plus attach relevant supporting data.** If more than one position of the same classification is being requested, also justify the number requested.
An ever increasing number and percentage of the veterans that we serve have mental health problems from psychological trauma and/or traumatic brain injuries. These veterans require specialized care, treatment, and services. There is a gap for a significant percentage of these veterans that needs to be filled by providing timely and easily accessible care treatment and assistance.

See attached studies from Department of Defense and American Psychological Association.

Currently many of these veterans and their dependents go without services for a variety of reasons. Those that are accessing available services face lengthy waits and they must usually travel upwards of an hour or more.

- D. What benefit will the position provide to the County? Describe the specific problem the position being created to address? How does the position improve/enhance customer service and/or address community needs? Please provide adequate data to support your position.

This position will relieve a burden on Human Services by not having to provide mental services to the veteran and their family. This will reduce the likelihood of substance abuse and confrontations with law enforcement and emergency response agencies.

- E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position?

We have had to refer our veterans to out of county resources.

Veterans aren't likely to go out of their way to seek help that they desperately need. Additionally veterans prefer to talk to someone who is a veteran or understands military service. Also vital is the ability for the Veteran's Service Office to facilitate a warm hand off from one staff to another. There are familiarity and trust issues veterans have with non-veterans.

- F. What will be the effect if the proposed position is not created?

There will be an increase in self-medication, substance abuse, and contact with law enforcement. Erosion of families and fewer federal dollars coming into the county. Instead of veterans getting compensated from the federal government, they will be reliant on County resources. The veterans won't get a diagnosis which is needed to file a disability claim for VA compensation, and therefore they won't get service-connected and paid by the VA.

- G. What criteria will you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

Increase in federal dollars awarded to Sauk County veterans. Enhanced services and improved customer service.

III. SPECIFIC DUTIES OF NEW POSITION

- A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty.

% of Time Spent

ESSENTIAL FUNCTIONS

- 70 Direct psychotherapy: Provide individual, couples, family and group psychotherapy. Assess and evaluate for mental health diagnosis. Provide clinical documentation, and rationale, for mental health diagnosis. Provide advocacy and resources for veterans, and their loved ones. Utilize evidence-based treatment modalities for mental health treatment. Community outreach for referrals and collaboration, as needed.

- 10 Benefits assistance: Provide mental health screenings, DBQ completion, supporting clinical rationale, and documentation, for service connection disability.
 - 10 Documentation: Provide appropriate documentation for psychotherapy and benefits assistance
 - 5 Continuing education: Attend required continuing education courses to maintain Wisconsin Social Work licensure and USDVA accreditation.
 - 5 Community outreach to train/instruct others on veteran's mental health concerns. Community partnerships would include: Police Departments, Fire Departments, Churches, VA Hospital, Agrace & other Hospice agencies and other community agencies, as needed.
- B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why not? Veterans are a unique segment of society that require a high level of peer to peer interaction. Their level of trust is very low and slow. Time has proven that given the choice of talking with a non-veteran or keeping quiet, they will keep quiet. That is why Veteran Service Officers must be veterans.
- C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? To quote a recent study by Government Relations Office: Veterans from rural communities are at a particular disadvantage as they face challenges such as limited options for assessment and treatment, and providers lack of awareness of military culture.

IV. POSITION COSTS AND FUNDING SOURCES

- A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, MIS costs, furniture, and equipment; travel; and other applicable costs.)
- Office space – unknown
 - Furniture – estimate \$2,000
 - Salary & benefits - estimate \$90,000 - \$100,000

- B. Explain specifically how position will be funded.

Amount of County tax levy: \$90,000 - \$100,000 % of total costs: 100%

Amount of any outside funding: _____ % of total costs: _____

Source of outside funding: _____

Length of outside funding: _____

Likelihood of funding renewal: _____

Would this outside funding be used to offset the levy if not used for this position? _____

- C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how? **The result of this position will NOT directly increase revenues. However it will result in a definite increase in federal dollars coming to our veterans that reside in this county.**
- D. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? **YES OR** Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how? Are there statistics to support your position?
YES – the access will reduce suicide rates for veterans, incarceration, dependents on County resources (like Human Services & jail, ADRC)
- E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.
No

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?
ADRC Veterans Committee supports this position

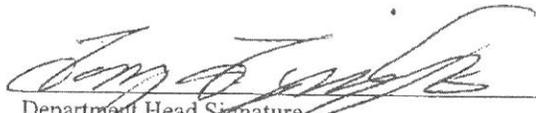
NOTE: An updated or new Job Description Questionnaire (JDQ) may be necessary to complete the job evaluation process. New position requests due June 29, 2020.



 Signature of Supervisor/Manager Compicting Request



 Date



 Department Head Signature



 Date

SAUK COUNTY JOB DESCRIPTION QUESTIONNAIRE

(This document is required for reclassification requests, or if job description does not exist when requesting new position)

This is an electronic format. The cells will expand as you type.

Name:	Date: 16 June 2020
Title: Veteran & Dependent Readjustment Counselor	Department: VETERANS SERVICE
Work Location: WSB	Phone: (608) 355-3260
Immediate Supervisor: Tony Tyczynski	Supervisor's Title: Veterans Service Officer
Current Pay Band: N/A	Proposed Pay Band: C44

TIME EMPLOYED IN CURRENT JOB TITLE: in years and months	N/A
TIME EMPLOYED IN CURRENT DEPARTMENT: in years and months	N/A
TOTAL EMPLOYMENT WITH SAUK COUNTY: in years and months	N/A
WORK HOURS (Start/Finish): 8-4:30	
FULL TIME: X	REGULAR PART-TIME (%): --
OTHER:	

I. POSITION SUMMARY

Briefly explain why the position exists and what you consider its most important impact on the organization. **Duties must equate to at least 10% of time to be considered an essential function.**

Provide mental health counseling to veterans, couples, family and groups. Provide clinical documentation via diagnoses, Disability Benefits Questionnaire (DBQ) completion and supporting documentation to assist veterans during the benefits process. Provide psychoeducation to veterans, and their loved ones during the service connection process. Provide advocacy and resources during mental health treatment, and, during the service connection process. Collaborate with County Veterans Service Office (CVSO) to provide clinical documentation during the disability process, as well as resourcing, as needed, for the veteran clients served in Sauk County. Additionally, position requires accreditation by U.S. Department of Veterans Affairs.

% of Time Spent	ESSENTIAL FUNCTIONS
70	Direct psychotherapy: Provide individual, couples, family and group psychotherapy. Assess and evaluate for mental health diagnosis. Provide clinical documentation, and rationale, for mental health diagnosis. Provide advocacy and resources for veterans, and their loved ones. Utilize evidence-based treatment modalities for mental health treatment. Community outreach for referrals and collaboration, as needed.
10	Benefits assistance: Provide mental health screenings, DBQ completion, supporting clinical rationale, and documentation, for service connection disability.
10	Documentation: Provide appropriate documentation for psychotherapy and benefits assistance
5	Continuing education: Attend required continuing education courses to maintain Wisconsin Social Work licensure.
5	Community outreach to train/instruct others on veteran's mental health concerns. Community partnerships would include: Police Departments, Fire Departments, Churches, VA Hospital, Agrace & other Hospice agencies and other community agencies, as needed.

II. EXPLANATION FOR POSITION CHANGES

Please identify the specific duties and responsibilities of the position that changed from the prior year. N/A

III. DECISION MAKING AND JUDGMENT

Please identify what you believe are the most important judgments and decisions you make in performing jobs.

EXAMPLES OF DECISIONS/JUDGEMENTS	WHO, IF ANYONE, REVIEWS	WHAT IS THE IMPACT
Diagnosis	Veterans Benefit Administration (VBA)	Possible service connection
DBQ completion	VBA	Possible service connection

IV. WORK RELATIONSHIPS

Please identify the most typical work relationships of your position with other persons, functions or organizations, inside or outside of your own organization.

Typical Work Relationships	Purpose of Relationship
VA Medical Center (VAMC)/Vet Center	Treatment collaboration
Military Installations	Community resourcing
ADRC	Community resourcing
Agrace	Community resourcing
Community Mental Health	Community resourcing

V. EDUCATION REQUIRED – Identify minimum education level required for the position. This may be different from what the organization currently requires and/or from your own level of education. Please check applicable boxes.

Position Requires	Type of Education
	High School Diploma or equivalent
X	Specialized training or technical training beyond high school - have served in the United States military or have extensive understanding of the military through direct interaction or exposure
	Associate degree (A.S. or A.A.) or two year technical certificate
	Bachelor's degree
X	Master's degree
X	Other –Licensed Clinical Social Worker (LCSW) Accreditation by USDVA

VI. PROBLEM SOLVING

Please identify the typical types of problems you solve on a regular basis while performing your job. Also include information on who else may be involved in helping with problem resolution.

Problem solving is needed when advocating for veteran's needs on a case management basis during psychotherapy, couples or group counseling. Problem solving any psychosocial barriers that the veteran, or family, presents with, which could include: homelessness, unemployment, marital discord, legal concerns, custody/placement concerns, Alcohol or Other Drug related issues, financial strain, and/or mental health concerns. Advocacy and resourcing for problem resolution would be in conjunction with community access points to include: CVSO, VA/Vet Center, community mental health, financial institutions, police or court representatives, community residential facilities for alcohol or drug related concerns, and financial establishments.

VII. SUPERVISION / MANAGEMENT

Where it applies answer the following. Otherwise, put "Not Applicable" or "Don't Know".

Supervision of others:

a. Number of People: N/A

b. Their Position Titles: N/A

c. Which, if any, of the following do you perform? *(Please give examples of the work performed):*

1. Directly Supervise? N/A

2. Train / Instruct? Community outreach to train/instruct others on veteran's mental health concerns. These community partnerships would include: Police Departments, Fire Departments, Churches, VA Hospital, Agrace & other Hospice agencies and other community agencies, as needed.

3. Set goals and objectives? N/A

4. Do Project Management? N/A

5. Conduct Performance Reviews? N/A

6. Discipline? N/A

7. Hire? N/A

Note assets, facilities, equipment or funds, if any, for which you have some degree of accountability: N/A

VIII. ADDITIONAL DATA / NOTABLE INFORMATION

Please identify any other information, which would help someone else understand your position more clearly:

This position would allow for all Sauk County veteran's to have access to individual, couples, and/or group counseling. This position would allow for those veterans who are/are not eligible for VA or Vet Center services to have local access to mental health counseling in a timely geographically friendly manner. This position would assist with veteran's filing for disability, as it allows for direct collaboration with the CVSO, during the process, as well as, allowing the clinician to provide evidence via mental health screenings, diagnosis and DBQ completion for the disability process.

Many of our veterans do not qualify for VA services. Particularly challenging are the many National Guard soldiers and airmen that live in Sauk County. Even though these service members may have been activated by the governor, they would still not be eligible for VA benefits, including mental health treatment.

IX. SUPERVISOR'S REMARKS

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

DEPARTMENT HEAD SIGNATURE:

DATE:

DEPARTMENT HEAD COMMENTS:

[Handwritten signatures]

4/29/2020

**Veteran Readjustment Counselor
2020**

<u>Need/gap</u>	<u>Positive Result</u>
Homelessness – We have seen a sharp rise in homelessness in Sauk County over the past few years, mental health is frequently a core reason. Trying to get these vet’s connected to mental health services is a significant challenge when services are not available locally.	Dealing with the root issue of homeless veterans results in them successfully reintegrating into society. Now they are employed with permanent housing and stable families.
National Guard often not eligible for VA services as federal resources are generally not available to them	Now able to receive services that they need.
Jail – Veterans do not receive any VA services while incarcerated and as a result have no reintegration plan when released and are therefore in a difficult position to be successful.	Vets leave incarceration better prepared to seamlessly reintegrate back into society and reduced chance of re-offending.
No resources available for dependents of veterans who also need readjustment counseling.	Stability in family - fewer domestic issues, more in tacted families.
Evidentiary Requirements - Mental health provider assistance with disability claims. Veterans often lack a diagnosis that is need for a disability claim.	Stronger claims and less stress for vet, additional support through process, increase likelihood of successful outcome.
Lack of vet to vet treatment, veterans are much less likely to seek or follow through with treatment if the counselor is NOT a fellow veteran.	Vets will be more inclined to engage in needed treatment because the provider is a fellow vet that they are more likely to trust and open up to.
Lack of community understanding of Veterans mental health issues. Due to lack of qualified person to do outreach.	Community now understands and appreciates veterans and military service and its effects on a veteran’s mental health; to include psychological and moral injuries.
Financial difficulties – Mental health issues often makes it difficult or impossible for vets to obtain and or maintain gainful employment.	VA disability payments to veterans can supplement or replaced lost wages. Federal dollars flowing into Sauk County. 2019 over \$19 million.
Veterans from rural communities are at a particular disadvantage as they face challenges such as limited options for assessment and treatment, and providers lack of awareness of military culture, as well as transportation challenges.	Care is now local and easily accessible with a fellow veteran who knows the culture.
<p>Hurdles:</p> <ul style="list-style-type: none"> • No warm handoff, vet has to initiate a call to someone they don’t know • Likely to have to leave a message, they don’t • Travel to Madison (or phone call – no ability to build trust) • While waiting weeks, they talk themselves out of going 	Veterans have a difficult time trusting anyone, they keep their struggles to themselves, suffer in silence, or engage in self destructive behavior like self-medicating. Each of these hurdles is more like a mountain to a veteran that is dealing with strangers.



The Mental Health Needs of Veterans, Service Members and Their Families



Over 2 million Americans have been deployed to Iraq and Afghanistan over the past decade and increasing numbers are returning home with complex mental and behavioral health challenges.¹

WAR'S INVISIBLE WOUNDS

Data indicate that one-third of returning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) service members have reported symptoms of mental health or cognitive problems.²

Traumatic Brain Injury (TBI) & Post Traumatic Stress Disorder (PTSD)

- ◆ Known as the “signature wounds” of OEF and OIF, the IOM reports that the prevalence of these conditions among returning service members range from 19.5 percent to 22.8 percent for TBI³, and up to 24.4 percent for PTSD.³
- ◆ 77.3 percent of active-duty service members hospitalized for PTSD had a comorbid mental health diagnosis, and this percentage increased every year from 2006-2012; alcohol abuse or dependence was a frequent comorbidity (27.8%).³

SUICIDE AND SUICIDAL IDEATION

In recent years, suicide and suicidal ideation, or thoughts of suicide, have become an increasing concern for veterans, service members, and their families.

- ◆ According to a 2014 report by the Department of Defense, there were 1,080 suicide attempts (245 suicides) among active-duty service members for all armed services in calendar year 2013.⁶
- ◆ A recent study of 52,780 active-duty members of the U.S. Air Force found that 3 percent of male participants and 5.2 percent of female participants reported suicidal ideation in the previous year. Of the participants that reported suicidal ideation, 8.7 percent also reported a recent suicide attempt.⁷
- ◆ Veterans who screened positive for PTSD were 4 times more likely to report suicidal ideation than veterans who did not, and the likelihood of suicidal ideation was 5.7 times greater in veterans who screened positive for PTSD and two or more comorbid disorders.⁴

“Previous wars have demonstrated that veterans’ needs peak several decades after their war service, highlighting the necessity of managing current problems and planning for future needs.”⁴

MILITARY SEXUAL TRAUMA (MST)

- ◆ MST has become an important risk factor for PTSD. National data indicate that about 1 in 4 women and 1 in 100 men responded “yes” that they experienced MST, when screened by their VA provider.⁵
- ◆ For women, it is estimated that female veterans who have a history of MST are nine times more likely to develop PTSD compared to female veterans who had no history of sexual trauma.⁴

For additional information, please contact:

Karen Studwell, JD | Associate Executive Director | Education Government Relations Office | Email: kstudwell@apa.org

1 Demers, Anne. “When veterans return: The role of community in reintegration.” *Journal of Loss and Trauma* 16.2 (2011): 160-179.

2 Tanielian T, Jaycox LH, Schell TL, Marshall GN, Burnam MA, Elnner C, Karney BR, Meredith LS, Ringel JS, Valana ME, and the Invisible Wounds Study Team, *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*, Santa Monica, Calif.: RAND Corporation, MG-720/1-CCF, 2008, 64 pp.

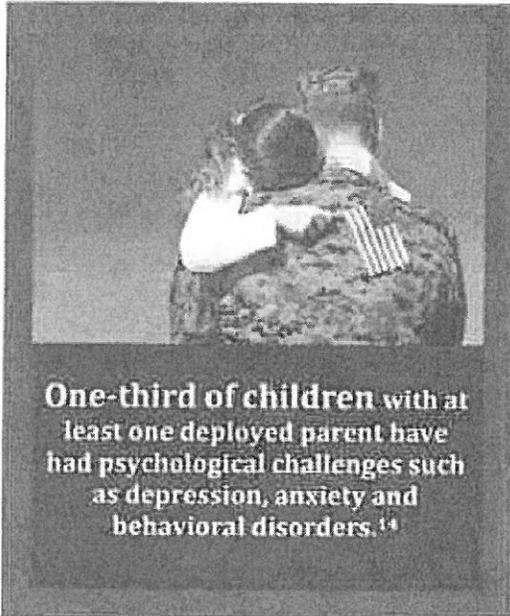
3 Institute of Medicine. (2014). *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment*. Washington, D.C.: National Academies Press.

4 Institute of Medicine. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.

5 U.S. Commission on Civil Rights. (2013). *Sexual Assault in the Military, 2013 Statutory Enforcement Report*. Washington, DC

6 Department of Defense. (2014). DODSER: Department of Defense Suicide Event Report: calendar year 2013 annual report. Washington, DC: Department of Defense; 2014.

7 Snarr, J. D., R. E. Heyman, and A. M. Smith-Slep. 2010. Recent suicidal ideation and suicide attempts in a large-scale survey of the US Air Force: Prevalences and demographic risk factors. *Suicide and Life-Threatening Behavior* 40 (6):544-552.



One-third of children with at least one deployed parent have had psychological challenges such as depression, anxiety and behavioral disorders.¹⁴

AN INSUFFICIENT MENTAL HEALTH CARE WORKFORCE

As OEF and OIF deployed service members continue to return with high rates of mental health disorders, the IOM cites concerns regarding the availability and adequacy of mental health professionals and services.

- ◆ A 2013 report of mental health care for OEF and OIF veterans found that the mental health workforce had insufficient capacity to address the needs of service members returning home.¹³
- ◆ In addition, the study found that the existing workforce lacked sufficient training in evidence-based practices, and there were inadequate organizational systems and tools to support mental health quality improvements.
- ◆ Veterans from rural communities are at a particular disadvantage as they face challenges such as limited options for assessment and treatment, and providers' lack of awareness of military culture.¹³

THE IMPACT OF DEPLOYMENTS ON MILITARY FAMILIES

- ◆ The IOM reports that the most common psychological challenges experienced by both service members and their families include fears for the safety of the service member, feeling anxious or overwhelmed by deployment-related challenges and responsibilities, worry about children, and vulnerability to additional stressors that might arise.⁸
- ◆ The 2012 "Army Gold Book" indicated that 56 percent of all spouses reported experiencing stress in 2010. Nearly half (44 percent) of the spouses reported concerns about their finances, and two-thirds reported that they had less than \$500 in savings. 19 percent of spouses reported they were in counseling, primarily for stress, family and/or marital issues.⁹

Military families play a key role in helping to prepare service members for deployments, providing emotional support and motivation, and assisting with reintegration after returning home.

HOMELESSNESS AMONG VETERANS

The 2014 Point-in-Time count indicated that on a single night in January 2014, there were approximately 50,000 homeless Veterans in the United States.¹⁰

- ◆ Male veterans are 1.3 times more likely to become homeless than non-veteran men; and female veterans are 3.6 times more likely to become homeless than non-veteran women.¹¹
- ◆ Recent data show that roughly 70 percent of homeless veterans suffer from a substance use disorder.¹¹
- ◆ The VA reports that 45 percent of homeless veterans suffer from mental illness, predominantly PTSD.¹²

THE ROLE OF HEALTH SERVICE PSYCHOLOGISTS

Health service psychologists (clinical, counseling and school) provide appropriate mental and behavioral health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

- ◆ They are skilled in collaboration with other health professionals and are trained to conduct scientific research, especially practice-based outcomes research and program evaluation.
- ◆ Health service psychologists engage in evidence-based practice that is patient-centered, culturally competent, effective, and informed by population-based data across a variety of settings, including primary care, mental health, VA medical centers, community health centers, hospitals, and schools.

For additional information, please contact:

Karen Studwell, JD | Associate Executive Director | Education Government Relations Office | Email: kstudwell@apa.org

⁸ Institute of Medicine. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C.: National Academies Press.

⁹ Department of the Army. 2012. *Army 2020: Generating Health and Discipline in the Force*. Washington, DC: Department of Defense.

¹⁰ US Department of Housing and Urban Development The 2014 Annual Homeless Assessment Report (AHAR) to Congress. Pt. 1 Point-in-time Estimates of Homelessness Section 5—Homelessness Among Veterans

¹¹ Fargo, J., Metraux, S., Byrne, T., Munley, E., Montgomery, A. E., Jones, H., ... & Culhane, D. (2012). Prevalence and risk of homelessness among US veterans. *Preventing chronic disease*, 9.

¹² Perl, L. (2013). *Veterans and homelessness* (Congressional Research Service Report for Congress). Retrieved from: <http://www.fas.org/sgp/crs/misc/RL34024.pdf>

¹³ Elintsky, C., Andresen, E., Clark, M., McGarity, S., Hall, C., Kerns. (2013) *Access to the US Department of Veterans Affairs health system: self-reported barriers to care among returnees of Operations Enduring Freedom and Iraqi Freedom*. Retrieved from: <http://www.biomedcentral.com/1472-6963/13/498>

¹⁴ Mansfield, A.J., Kaufman, J.S., Engle, C.C., & Bradley, N.G. (Nov. 2011) Deployment and mental health diagnoses among children of US Army personnel. *Archives of Pediatric and Adolescent Medicine*, 165(11), 999-1005

COMMENTARY

Open Access



Lack of access to mental health services contributing to the high suicide rates among veterans

Ronald D. Hester

Abstract

The United States has become a country that is constantly at war. This situation has created a crisis amongst our veterans. The current uneven access to appropriate mental health services that returning U.S. veterans encounter echoes the disparities in access to quality mental health services for the general population. The information presented here shows that the shortcomings of our health care system in addressing the mental health needs for our returning veterans may lead to the high suicide rates. Addressing the problem of inadequate access to quality mental health services is critical in any efforts to reforming the U.S. health care system. Our findings suggest that mental health disparities are often a leading factor to the high suicide rates among veterans who experience depression and Post-Traumatic Stress Disorder. To improve the health and well-being of our veterans who have served this nation, requires a collaboration between public and non-profit mental health providers at the State and local levels. It is imperative that we increase the availability of crisis intervention and mental health services for all veterans that have served this nation.

Keywords: Veterans health care, Veterans suicides, Mental health care, Crisis intervention services

Background

Many recent reports have identified that individuals enlist for many reasons, often due to patriotism, educational benefits, a family tradition of military service and financial inducements. [1]. This may help explain why young adults enlist in the armed forces. Many youth often believe that they are invincible and one never thinks that they could get killed or seriously injured in a combat zone. Many recruits are high school graduates with limited job prospects and the military seems like a place to get a job and learn some skills. The reality is markedly different. Our soldiers today fight wars unlike any others who have fought. They fight a largely unseen enemy and face casualties from IEDs and suicide bombers. Many are injured and maimed by unseen foes. They fight for unclear objectives and end up coming home with limited skills and in many cases with severe physical and mental injuries. They are often separated from

the military service with questionable employment prospects. A number of veterans experience depression, loss of purpose present, in some cases, an overwhelming family crisis. Their mental health difficulties profoundly touch the lives of the U.S. general public.

Recent reports document that military personnel have experienced conditions that may have affected their mental well-being [2]. Their efforts to gain access to quality psychological health services after multiple deployments are often met with significant obstacles. This lack of access to critical mental health services may lead to suicidal behavior, especially among young military veterans who have completed multiple deployments to Afghanistan and Iraq. Recent data on suicide rates among Army veterans, reported by the Department of Defense (DOD), showed an increase of more than 18% from 2011 to 2014 [3]. The Department of Veteran Affairs (DVA) is now struggling to find solutions to this national crisis for our veterans.

The rate of suicidal deaths is considerably high in the veteran populations. For example, the rate of suicides among women veterans is 35 per 100,000, a rate that is

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much higher than their civilian counterparts [2]. Suicide in civilian populations is addressed, for example, by community-based mental health treatment providers such as Baltimore Crisis Response Inc. (BCRI), which serves the Greater Baltimore region, through a Crisis Response Hotline; mobile crisis response teams; and mental health and substance abuse treatment beds for inpatient treatment services. These and similar suicide prevention programs have proven to be successful in lowering suicide rates for the civilian population in urban communities such as Baltimore, and Boston.

These resources are not readily available at most VA Hospital and Health Systems due to the shortage of critical mental health personnel and the general lack of support in addressing crisis-intervention issues. As a result, veterans who do not rely primarily on the VA health care delivery systems to address their mental health needs once they return home from combat, do not have easy access to these critical crisis-intervention services [4].

In the civilian population, the disparities in mental health treatment often stem from the lack of mental health coverage in employment-based health insurance plans. Except for employers that sponsor health insurance plans for low-wage employees, mental health benefits are not covered under most managed care health plans provided by small businesses [5]. Many low-wage earners cannot afford a supplemental health insurance plan that would include a comprehensive mental health benefit to address crisis-intervention needs of family members who may experience depression, anxiety, and Post-Traumatic Stress Disorder (PTSD); substance abuse; and difficulties with anger management. As a result, they are not covered for crisis-intervention needs that affect many veteran families during this time of social and economic stress [6]. Consequently, when a mental health crisis occurs, these families must rely on public-supported programs funded under the State Mental Health Services Block Grant program (Table 1).

In Florida, a new mental health law was established in 1972, called the Baker Act. This Florida Public Law was established to enable families and loved ones to gain access to emergency mental health services and temporary detention for individuals impaired because of a mental illness. This law allows the family to assist their family members, who have experienced a mental health episode to gain the help that they need in the form of mental health treatment services. This type of program is needed in other States, to address the needs of mental health patients who are veterans, and the general public.

Many members of our military have experienced mental health problems prior to entering the military that were not treated. Once these individuals enter the military, their mental health conditions are often not

Table 1 Suicide rates by sex and calendar year, suicide rate (per 100,000 person—years)

Calendar year	Total	Males	Females
2014	39.0	41.6	16.7
2013	38.8	41.5	14.4
2012	38.0	40.4	16.0
2011	38.9	41.3	16.3
2010	36.3	38.5	15.4
2009	37.0	39.3	14.8
2008	38.4	40.4	14.3
2007	35.3	37.3	12.5
2006	35.9	38.5	9.0
2005	34.9	36.8	14.7
2004	35.9	38.0	13.3
2003	34.9	37.2	10.7
2002	38.0	41.7	11.7
2001	39.9	42.6	14.4

Source: U.S. DVA, Office of Suicide Prevention, 2016

The rate of suicides among users of VHA services have remained relatively stable in recent years

detected or untreated [7]. As a result, when they re-enter society as veterans these mental health conditions may have intensified due to combat stress and PTSD. Other conditions such as combat injuries, depression, unemployment, financial stress, alcoholism, and the inevitable family discord contribute to the higher rates of mental illness.

Consequently, an increasing number of our veterans are now homeless, experiencing substance abuse problems and gambling addictions, which often lead to suicide attempts and even death [8].

The Affordable Care Act does not address the issue of expanding mental health coverage and benefits for low-wage earners under the new health plans that are available to them in recent years [9]. Not requiring *mental health* benefits as part of the mandated health benefit package is considered one of the weaknesses of the new health care law. Mental health coverage is still a great hurdle for millions of Americans at a time when various approaches to health care reforms are being considered. Many of the reforms being considered would increase out-of-pocket cost and lower benefits for many veterans. Because of the excessive cost of providing comprehensive mental health benefits under existing employer-sponsored health plans for returning veterans, these benefits are often excluded. Thus, many Americans who experience mental health problems have no access to health insurance coverage to pay for their mental health treatment [10].

The mental health crisis is a major dilemma for a growing number of Americans. The American Mental Health

Association (AMHA) reported that at least 20% of all Americans are uninsured for mental health services and must rely on public hospitals to receive mental health services to address primary-care crisis intervention needs for themselves and family members. This lack of basic mental health benefits in the general public occurs at a time of mental health crisis exacerbated by the large numbers of veterans returning home from combat and often experiencing depression, substance abuse and family crisis.

Schoenbaum and Kessler [11] examined common mental health disorders among Army participants and whether the disorder developed prior to entering the Army. They found in their landmark study that the most common disorders for Army participants was ADHD and intermittent explosive disorders, both are mental health predictors for suicide and accidental death based upon the results from the Army Study to Assess Risk and Resilience in Service members (Army STARRS).

The crucial issue of mental health care for veterans is more important than ever before due to the considerable number of veterans returning from combat missions who have experienced episodes of PTSD and other mental health conditions. More than 1.5 million of the 5.5 million veterans seen in VA hospitals had a mental health diagnosis in 2016. This represents about a 31% increase since 2004 [12]. Diagnosis of PTSD is on the rise, as the changing nature of warfare increases the chance for injuries that affect mental health and as our veterans face significant challenges upon returning home [13]. The potential negative effects of mental health issues, such as homelessness and suicide, affect the more than 107,000 veterans who are homeless on any given night. Current data reports that on average at least 21 veterans die by suicide each day, which makes the response to veteran mental health needs more urgent with each and every day [14].

To address this challenge, the VA has significantly invested in our mental health care workforce, hiring more than 6000 new mental health care workers since 2005. On August 31, 2012, President Obama signed an Executive Order to direct the VA to expand health manpower resources by encouraging collaboration arrangements with nonprofit organizations to work with the VA in their communities to expand the availability of health professionals by 2013, to address the problem of suicide among veterans.

President Obama signed into law The Suicide Prevention for American Veterans Act of 2015. This law requires an independent review of all Veteran Administration and Department of Defense programs aimed at preventing suicides, creates per review support and community outreach pilot programs and forms a program to repay loans

debts for psychiatry students to incentivize them to work for the Veteran Administration Health System. It also creates a website to provide veterans with information about mental health services and allows the VA Health System to collaborate with non-profit mental health organizations on suicide prevention.

The challenges facing the VA are very complex and only one-third of our veterans are in the care of VA Hospitals and Health Systems [6]. Those who are employed often choose to use their private health insurance plans rather than the VA system. Veterans who are unemployed, a percentage that was recently reported at 5%, often experience the shortcoming of our health care system, which may be a contributing factor to high suicides rates.

The Veterans Administration needs to develop a new strategy with the focus on crisis intervention prevention. The existing strategy major focus is on the development of a hot-line to allow veterans to communicate with an individual, who may not be a mental health expert to assist them to consider other options than suicide. I would suggest the following crisis intervention strategy to address this problem by the Veterans Administration and the Department of Defense:

1. Establish a 30 day exist period once they are discharged to offer the each veteran, job counseling, drug prevention education, housing support and marriage counseling;
2. Establish mental health and substance abuse treatment beds for inpatient drug treatment at each regional Veteran Medical Facility; and
3. Establish mobile crisis response teams in each regional Veteran Medical Facility.

This program has proven successful in Baltimore and other communities to address suicide prevention in the general community.

Conclusions

It has been widely reported that the VA needs to do a better job of developing strategies for routine mental health screening and early intervention for all service members before they return to civilian life. This effort would entail identifying the several signs and symptoms that veterans may display prior to attempting suicide: (1) depression, (2) sleeping poorly, (3) losing weight, (4) telling family members they feel like a burden on their spouse, (5) drinking, and (6) using drugs. Given that this information often provides a clearer picture of potential mental disorders and indications that a veteran may be contemplating suicide, a plan of intervention based on these signs could be the first step for a crisis intervention team to provide needed assistance and conduct a psychiatric evaluation.

With a volunteer military force, a very small segment of the general population—estimated at only 2%—participates in the military. As a society, we do not experience the brunt of the hardship of losing a loved one when a veteran has committed suicide. We must do more to reach out to the veterans who are served by the VA Medical System and those that are currently not being served by the Veterans Administration System, but by our private and public health care system, to ensure that they get the help that they need.

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The Impact of Deployment to Iraq or Afghanistan on Partners and Wives of Military Personnel

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Abstract

Deployment has well documented psychological consequences for military personnel. To fully understand the human cost of war, the psychosocial impact of separation and homecoming of military personnel on their families must also be considered. Recent arduous conflicts in Iraq and Afghanistan make understanding the impact of war on spouses topical and pertinent. Widespread psychological morbidity and social dysfunction have been reported in spouses of military personnel who have been deployed to combat zones such as Vietnam, with difficulties most acute for spouses of military personnel with post-traumatic stress disorder (PTSD). A review of the literature published between 2001 and 2010 assessing the impact of deployments to Iraq and Afghanistan on spouses of military personnel was conducted. A total of 14 US-based studies were identified which examined psychological morbidity, help seeking, marital dysfunction and stress in spouses. Longer deployments, deployment extensions and PTSD in military personnel were found to be associated with psychological problems for the spouse. Methodological differences in the studies limit direct comparisons. Recommendations for future research are outlined. The needs of spouses of military personnel remain an important issue with implications for service provision and occupational capability of both partners.

Rural Women Veterans' Use and Perception of Mental Health Services

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Abstract

While the total number of veterans in the U.S. is decreasing overall, the number of women veterans is significantly increasing. There are numerous barriers which keep women veterans from accessing mental health care. One barrier which can impact receiving care is living in a rural area. Veterans in rural areas have access to fewer mental health services than do urban residing veterans, and women veterans in general have less access to mental health care than do their male colleagues. Little is known about rural women veterans and their mental health service needs. Women, who have served in the military, have unique problems related to their service compared to their male colleagues including higher rates of post-traumatic stress disorder (PTSD) and military sexual trauma (MST). This qualitative study investigated use of and barriers to receiving mental health care for rural women veterans. In-depth interviews were conducted with ten women veterans who have reported experiencing problems with either MST, PTSD, or combat trauma. All ten women had utilized mental health services during active-duty military service, and post service, in Veterans Administration (VA) community based-outpatient clinics. Several recurring themes in the women's experience were identified. For all of the women interviewed, a sentinel precipitating event led to seeking mental health services. These precipitating events included episodes of chronic sexual harassment and ridicule, traumatic sexual assaults, and difficult combat experiences. Efforts to report mistreatment were unsuccessful or met with punishment. All the women interviewed reported that they would not have sought services without the help of a supportive peer who encouraged seeking care. Barriers to seeking care included feeling like they were not really a combat veteran (in spite of serving in a combat unit in Iraq); feeling stigmatized by providers and other military personnel, being treated as crazy; and a lack of interest from those providing care in hearing their stories. This study may generate

positive social change by helping providers approach women veterans in a way that is sympathetic to their experiences.

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Women and Minorities

- o Although 11 percent of all personnel deployed to Iraq and Afghanistan are women, there is little research specific to that population. Among military women in general:
 - Over 72 percent of women in one study reported having experienced sexual harassment during their military service
 - 63 percent reported experiences of physical and sexual harassment during military service
 - 43 percent reported rape or attempted rape during military service
 - Rates of pre-military trauma are higher in women than in men; one study reported 58 percent in women versus 35 percent in men
 - Among civilians, women have higher rates of depression and anxiety disorders than men. Studies of military populations posted at permanent bases have yielded similar findings.
- o The distribution of U.S. casualties in Iraq for the first 12 months of conflict show racial equity for minorities
- o In the military population overall, findings of differences in service delivery or outcomes associated with race or ethnicity are inconclusive.

Projecting the Lifelong Burden of War

- Historically, the number of Veterans receiving disability and pension benefits peak several decades after the war.
- As of 2008, 230,000 OEF/OIF Veterans had filed disability claims.
- The majority of claims have not yet been submitted. One study suggests that 791,000 OEF/OIF Veterans will eventually seek disability benefits.
- Unique aspects of OEF/OIF may result in significant deviations from historical trends (e.g., survivors of very severe injuries need more intensive care than the most severely wounded from prior wars).

Using communities as support

Other psychologists are looking to prevent military suicides by getting outside of military-based clinics. According to the 2019 National Veteran Suicide Prevention Annual Report, from 2016 to 2017, the suicide rate of veterans receiving recent VA care increased by 1.3%, whereas the suicide rate among veterans who were not receiving recent VA care increased by 11.8%, after adjusting for population differences by age and sex.

“Only about a third of U.S. veterans come to the VA for health care, so we need to ensure that prevention is going beyond the VA health-care setting,” says Gloria Workman, PhD, ABPP, director of research and evaluation suicide prevention with the VA’s Office of Mental Health and Suicide Prevention.

Additional state and local community engagement is one goal of a presidential task force, created in March and dubbed the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide, or PREVENTS. President Donald Trump appointed psychologist Barbara Van Dahlen, PhD, founder of the nonprofit group Give an Hour, to head the task force, which will look for ways to speed up information collection, better coordinate federal and state resources, provide increased outreach and information on available VA services, and discuss lethal means safety.

Another effort to better understand the role communities play in preventing suicide is Operation Deep Dive—a four-year research study conducted by the nonprofit America’s Warrior Partnership in collaboration with the University of Alabama and funded by the Bristol-Myers Squibb Foundation. Conducted in 14 communities across the country, the study is examining the community-based factors involved in suicide among veterans, and has developed a “sociocultural death investigation” tool to be used by researchers in conducting interviews with family members, colleagues, friends and other loved ones of deceased veterans to better understand the lives of veterans who recently died by suicide or self-harm. The goal is to identify opportunities for prevention before a veteran enters a crisis situation, says Phillip Smith, PhD, a psychology professor at the University of South Alabama who is working on the Operation Deep Dive study.

“Operation Deep Dive is really trying to understand not so much the specific mental health concerns of veterans but is looking instead at where in the community might there be prevention points where we can divert an individual who is on the trajectory to death by suicide to a different path,” he says.