Veterans in Transition: Diversion, Incarceration and Re-entry
July 25, 2019
Register for our email updates: ncgwg.org

Join us by live stream at www.facebook.com/govinst
or call 1-919-212-5717

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates
Welcome & Introductory Remarks
Vice Chair Updates
Martin Falls
Chief Deputy
Retired Colonel, U.S. Army National Guard
NC Department of Military and Veterans Affairs

Terry Westbrook
Deputy Director
NC Department of Military and Veterans Affairs
GWG Updates for 7/25/2019

July 25th-29th – Traveling Vietnam Veterans Wall, Wilmington, NC

July 30th – NCWorks Career Fair, Charlotte, NC

Aug 1st – NC4ME Hiring Event, Havelock, NC

Aug 10th-11th – FREE Veterans Dental Clinic, Winston Salem, NC

Aug 13th – DMVA Region II Training, Salisbury, NC

Aug 13th – DMVA Region III Training, Fayetteville, NC

Aug 22nd – DMVA Region I Training, Asheville, NC

Sept. 7th – Veteran Outreach Fair, Roanoke Rapids, NC

Sept. 12th-14th – Veterans Experience Action Center, Cary, NC
Katherine Nichols
NC DHHS Division of MH/DD/SAS
Standard Plan Update – Letters

- Open Enrollment for Standard Plan Phase 1: July 15, 2019

- Medicaid Managed Care enrollment packets were recently mailed to 205K households. You may receive inquiries:
  - Questions about general eligibility should be referred to the beneficiary’s local DSS
  - Questions about choosing a health plan or PCP should be referred to the NC Medicaid Enrollment Broker (1-833-870-5500)
  - General Medicaid inquiries should be referred to the Medicaid Contact Center (1-888-245-0179)
  - Please warm transfer calls
Standard Plan Update - Regions

- Standard Plan Regions are:

NC Medicaid Managed Care Regions and Rollout Dates

Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6
Tailored Plan Update - Regions

- Tailored Plan regions are staying the same as LME/MCO regions
Jarred Poupore
Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Outreach Events and Info

• **Veteran Employment Readiness Stand Down**
  - July 26th
  - NC Works Office
  - 414 Ray Ave. Fayetteville, NC 28301

• **Asheville VAMC Annual Mental Health Summit**
  - August 9th
  - Ferguson Auditorium in A-B Tech CC
  - 340 Victoria Road. Asheville, NC

• **Cary VEAC**
  - Sept. 12th & 13th 9a – 3p
  - Sept. 14th 9a – 2p
  - Herbert C. Young Community Center
  - 101 Wilkinson Ave. Cary, NC 27513

For More Information About Upcoming Events, Please Visit:
https://www.benefits.va.gov/ROWINSTONSALEM/index.asp
VIETNAM BLUE WATER NAVY VETERANS

Disability benefits available to those serving offshore

Agent Orange Exposure in the Republic of Vietnam Waters (Blue Water Navy)

Blue Water Navy Veterans are now entitled to a presumption of service connection for conditions related to Agent Orange exposure. This extension of the presumption is a result of Public Law 116-23, the Blue Water Navy Vietnam Veterans Act of 2019, signed into law on June 25, 2019. The law takes effect January 1, 2020.

The law states that Veterans aboard a vessel operating not more than 12 nautical miles seaward from the demarcation line of the waters of Vietnam and Cambodia as defined in Public Law 116-23, between January 9, 1962, and May 5, 1975, are presumed to have been exposed to herbicides such as Agent Orange and may be entitled to service connection for conditions related to that exposure.

To be entitled to disability compensation benefits, these Veterans must have one or more of the conditions associated with Agent Orange exposure that are listed in 38 Code of Federal Regulations section 3.309(e).

What conditions are related to Agent Orange exposure?

Agent Orange presumptive conditions are:
- AL amyloidosis
- Chloracne, or other acneiform disease consistent with chloracne
- Chronic B-cell leukemias
- Diabetes mellitus, Type 2
- Ischemic heart disease
- Hodgkin lymphoma, formerly known as Hodgkin’s disease
- Non-Hodgkin lymphoma
- Multiple myeloma
- Parkinson’s disease
- Peripheral neuropathy, early-onset
- Porphyria cutanea tarda
- Prostate cancer
- Respiratory cancers (lung, bronchus, larynx or trachea)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi’s sarcoma, or mesothelial)

How do I file a claim for disability compensation?

- Apply online using www.va.gov
- Work with an accredited representative or agent
- Go to a VA regional office and have a VA employee assist you. You can find your regional office on our Facility Locator page.
- State on your application that you are filing for one of the presumed Agent Orange conditions.

How do I file a claim for disability compensation?

- Include any evidence you have of service in the offshore waters of the Republic of Vietnam during the required timeframe. Include the name(s) of the ship(s) and the date(s) you crossed within 12 nautical miles of the Republic of Vietnam, if you have that information.
- Provide medical evidence showing a diagnosis of a current Agent Orange presumptive condition or tell us where you are being treated.
- For more information on how to apply and for tips on making sure your claim is ready to be processed by VA, visit our Disability Compensation web page. www.va.gov

FREQUENTLY ASKED QUESTIONS

Do I need to file a claim with Agent Orange?

No. You don’t need to file a claim because you are entitled to a presumption of service connection for conditions related to Agent Orange exposure under the law. Under Public Law 116-23, VA is using the same conditions that were previously approved for service connection.

What will the effective date for benefits be for Blue Water Navy Veteran claims?

Presumptive Agent Orange conditions granted for Blue Water Navy Veterans may be retroactive to the date VA received your original claim. If you have been previously denied and have resubmitted your claim, the effective date will be determined on a case-by-case basis.

When do the Blue Water Navy presumptions go into effect?

The Blue Water Navy Act of 2019 will take effect on January 1, 2020. Veterans can file claims at any time, and they will be decided after the law is implemented. Blue Water Navy claims and appeals currently in process have been placed on hold (stay) until the new rules go into effect.

Do I need to file a new claim with Agent Orange?

If you have an Agent Orange claim with one or more presumptive conditions denied in the past, you are urged to file a new claim. Provide any new and relevant information regarding your claim such as dates you believe your ship traveled within 12 nautical miles of the Republic of Vietnam, or updated medical information. Claims that are currently in the VA review process or under appeal will be reviewed under the new policy.

If a Blue Water Navy Veteran has not applied for benefits in the past, but would like to apply now will the presumption of exposure be extended to them?

Yes, VA will apply the provisions of the law to Blue Water Navy Vietnam Veterans who file new claims based on presumption of exposure to Agent Orange.

What happens if the Veteran dies before his or her claim is decided?

If the claimant dies while his or her claim is pending, a living dependent, such as a spouse or child, may file a request to be substituted as the claimant. May the surviving spouse of a Blue Water Navy Veteran who passed away from a condition related to Agent Orange exposure, and who was previously denied compensation for such condition, become entitled to Dependency and Indemnity Compensation (DIC)?

Yes. If the Veteran served on a Navy or Coast Guard ship that operated not more than 12 nautical miles from the demarcation line of the waters of Vietnam and Cambodia as defined in the Blue Water Navy Act of 2019, then VA may award entitlement to DIC on that basis.

Where can I get additional information on disability compensation for Agent Orange?

Veterans with questions about benefits or filing a claim can visit the VA Agent Orange website www.va.gov/disability eligiblity/hazardous-materials-exposure/agent-orange/agent-orange.php.

U.S. Department of Veterans Affairs
DeAnne Seekins
Network Director
VA VISN-6
Mark Edmonds
Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
Division of Workforce Solutions Serving Veterans
- Joint North Carolina & South Carolina LVER / Consolidated Position (Hybrid) Training (Aug 22-23)
- Support to the Homeless Veteran Reintegration Program (HVRP) Grantees:
  - ABCCM’s two additional HVRP grants covering North Central/Piedmont & Eastern NC
  - VOA serving homeless female veterans and the Raleigh / Durham / Fayetteville Area
- Promoting the federal ‘Hire Vets Medallion Program’ (HVMP) to highlight veteran friendly businesses

Upcoming NC4ME (North Carolina for Military Employment) Hiring Events
- **2019**
  - August 14: Havelock
  - September 11: Charlotte (Veterans Bridge Home)
  - October 17: Fort Bragg
  - November 2: Salisbury
- **2020 (tentative)**
  - January 14-15 - Fort Bragg
  - February 11-12 - Jacksonville
  - March 10-11 - Durham
  - May 22 - Cary (conjunction w/Valor Games)
  - June 16-17 - Havelock
  - July 14-15 - Fort Bragg
  - August 4-5 – Jacksonville
  - September 10-11 – Charlotte
  - October – 6-7 Wilmington
Jeff Smith
Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
EVERY WEEK FIVE NC VETERANS DIE BY SUICIDE

Of the estimated 20 Veterans who die by suicide each day, 70% have not been in contact with VA, SAMHSA, in collaboration with NC DHHS, VA, and community partners, continues to look for ways to reach the 70%. One out of every ten persons living in the State is a Veteran or military member. At least five Veterans die by suicide in North Carolina each week (three of whom are Vietnam-era Veterans), which has led to a current initiative by the Governor’s Working Group on Veterans, Service Members, and their Families—to mount a multi-pronged campaign to increase community awareness about this tragic issue.
NC STRIVE CENTRAL EAST LIVESTREAM COLLABORATION

Video Views
Completed
NC STRIVE - 2019 Central East...

People Reached
1,593

Video Views
Completed
Student Veteran Experience: Impa...

People Reached
1,761

Video Views
Completed
Beyond the Transition: A round tab...

People Reached
1,760
Expanding Livestream Distribution

Now streaming to Facebook, YouTube, Twitter/Periscope and Twitch.

Governor’s Institute
NC Serves Central Carolina

Governor’s Institute

Governor’s Institute

Governor’s Institute
Where to find us online -

- https://facebook.com/GovInst
- https://twitter.com/GovInst
- https://youtube.com/user/GovernorsInstitute
- ncgwg.org
- helpncvets.org
- Our Email Newsletter
Suicide Prevention

Mayor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

Web-based Prep Session – Mecklenburg County, NC

www.NCGWG.org
HELP WANTED:

State Homeless Veterans Coordinator

By-Name-List Coordinator

VISN Homeless Veterans Coordinator

https://home.ncgwg.org
The North Carolina Coalition to End Homelessness and the NC State College of Design thanks the financial supporters who made the research and design project possible:

Cimarron Construction
CT Wilson Construction
Dallas Foundation (Lori Pistor Advised Fund)
Dealers’ Supply
Fuller Land Development
Mellifluous Foundation and Local Initiatives Support Corporation (LISC)
Elizabeth Michael
Fred Mills Construction
Regina Pistor
Nick Tennyson

Thanks to all for our collective efforts to find sustainable solutions to veteran homelessness in North Carolina.
Terry Allebaugh

NCCEH
2019 Point in Time Count: Veterans

Terry Allebaugh,
Community Impact Coordinator
NC Coalition to End Homelessness
Veteran Homelessness in North Carolina

2019 Point in Time Count

Total Veterans: 904
28% decrease among all Veterans counted in the Point in Time Count in North Carolina, 2011-2018

Change over time: 2011-2019

2018-2019 4% increase
The Percent of Veterans Compared to Everyone

- Between 2011 and 2019, the percent of Veterans that make up the point in time count has remained consistent:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>10%</td>
</tr>
<tr>
<td>2012</td>
<td>10%</td>
</tr>
<tr>
<td>2013</td>
<td>9%</td>
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<td>2014</td>
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<td>10%</td>
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<tr>
<td>2018</td>
<td>9%</td>
</tr>
<tr>
<td>2019</td>
<td>10%</td>
</tr>
</tbody>
</table>
Percent Chronic and Non-Chronic

- 2017: 13% Chronic, 87% Non-Chronic
- 2018: 10% Chronic, 90% Non-Chronic
- 2019: 13% Chronic, 87% Non-Chronic
Sheltered and Unsheltered: 2019

- 144 Unsheltered Veterans (19%)
- 352 Veterans in Transitional Housing (45%)
- 408 Veterans in Emergency Shelter (39%)
Percent of Veterans, Unsheltered: 2011-2019

- 2011: 25%
- 2012: 23%
- 2013: 17%
- 2014: 16%
- 2015: 17%
- 2016: 18%
- 2017: 21%
- 2018: 17%
- 2019: 16%
Increases & Decreases 2017-2018

The number of Veterans accessing Emergency Shelter increased by 48 Veterans between 2017 and 2018.

How do we ensure they exit homelessness quickly, and do not return?
Veterans across the state
Recommendations

- Secure funding for a Coordinator position for creation and direction of state by-name list.
- Secure flexible funding for homeless veterans not being adequately served due to discharged status and high-level needs
- Work with your community to inspire and be a part of the development of micro-housing villages for veterans experiencing homelessness
- Keep remembering that everyone who served matters, and those who need us the most, matter the most.
Support Military Families Across the State

NC Governor’s Veterans Working Group
July 2019

Chloe Gossage
Douglas Taggart
DPI Budget Requested to Support Military Families

- Increase staff support to LEAs with largest military family presence.
- Allow school calendar flexibility to help LEAs with large military presence, and highly mobile populations.
- State-level support position to primarily support National Guard and Reserve impacted LEAs.
- Share best practice processes across the state.
2019 Budget (passed by NCGA)

• Two additional FTE for regional positions for greater Fort Bragg and Camp Lejeune impact region.

• One additional FTE for state level position to serve all military-connected students with emphasis on National Guard and Reserve impacted communities.

( pending budget approval )

– reference bill
Crystal Miller & Lucas Vrbsky

NCDMVA and US Department of Veterans Affairs
<table>
<thead>
<tr>
<th></th>
<th>Daily cost per inmate</th>
<th>Yearly cost per inmate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Custody</td>
<td>$86.92</td>
<td>$31,726</td>
</tr>
<tr>
<td>Medium Custody</td>
<td>$102.46</td>
<td>$37,398</td>
</tr>
<tr>
<td>Close Custody</td>
<td>$116.75</td>
<td>$42,614</td>
</tr>
<tr>
<td>Average</td>
<td>$99.23</td>
<td>$36,219</td>
</tr>
<tr>
<td>Service</td>
<td>Daily Cost Per Offender</td>
<td>Yearly Cost Per Offender</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Probation / parole supervision</td>
<td>$5.31</td>
<td>$1,938</td>
</tr>
<tr>
<td>Community Based Programs</td>
<td>$.92</td>
<td>$336</td>
</tr>
<tr>
<td>(RRS/Transitional Housing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Screening</td>
<td>$2.23 each hand-held/on-</td>
<td></td>
</tr>
<tr>
<td>(Cost per sample)</td>
<td>site test</td>
<td></td>
</tr>
<tr>
<td>Electronic Monitoring and GPS</td>
<td>$6.12</td>
<td>$2,234</td>
</tr>
</tbody>
</table>
### Cost of Substance Abuse Treatment
for fiscal year ending June 30, 2018

<table>
<thead>
<tr>
<th>Service</th>
<th>Daily Cost per Offender</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-prison treatment</td>
<td>$15.84</td>
</tr>
<tr>
<td>DART Cherry - Male probationers/parolees</td>
<td>$53.75</td>
</tr>
<tr>
<td>Black Mountain Substance Abuse Treatment Center for Women</td>
<td>$127.95</td>
</tr>
</tbody>
</table>
Veterans Incarcerated in NC

Particularly Those Preparing to Return to Our Communities
• Many Veterans are able to readjust to society. Historically, a small percentage have difficulties with the adjustment period and end up involved in the criminal injustice system.

• In 2000, U.S. DOJ estimated 12% of people incarcerated in jails and prisons were Veterans

• 80% of these Veterans were eligible for VA services.

• Without necessary intervention, this population is at high risk for medical and mental health problems as well as criminal recidivism.

• At current in NCDPS prisons, approximately 6% of people incarcerated are Veterans.
Veterans incarcerated in NCDPS

• On any given day between 2,000 and 2,500
• Numbers from VRSS often misses Vietnam-era, Reserves and Guard
• Self-report from NCDPS numbers are slightly higher
• Doesn’t count 5 facilities at BOP Butner Complex and GEO Rivers (federal contract facility)
Health Issues

- 81% substance abuse
- 12% homelessness
- 19% mental health
- 5 times > general population for AIDS *
- 9 times > general population for hepatitis *
- 4 times > general population for tuberculosis *

(2000 Bureau of Justice Statistics)
(National Commission on Correctional Health Care Report *)
Benefits of Early Intervention

Veterans are able to preemptively plan for:

- Medical Care
- Mental Health Treatment
- Substance Abuse Treatment
- Vocational Rehabilitation
- Transitional Housing
- Social Services

Securing needed services upon release will likely contribute to:

- Decrease recidivism
- Successful community adjustment
- Self Sufficiency
- Prevention of Homelessness
- Increased quality of life
- Family reunification
Signature Injuries/ Invisible Wounds

- **Post Traumatic Stress Disorder** includes exposure to an upsetting traumatic event with intrusive thoughts, avoiding reminders, negative thoughts and feelings, arousal and reactive symptoms
- Trauma focused care
- Hx Soldiers Heart, Shell Shock, Combat Fatigue
- [www ptsd va gov](http://www.ptsd.va.gov)
Signature Injuries/ Invisible Wounds

Traumatic Brain Injury exposure to explosions

Immediately after, common symptoms include dizziness, confusion, or “seeing stars;” no memory of the incident; and loss of consciousness or feeling “knocked out.”

Later on, symptoms include: Persistent headache or neck pain; Sensitivity to light or noise, blurred vision; Loss of balance; Tiredness, lack of energy; Ringing in the ears; Chronic depression, anxiety, apathy; Slowness in thinking, speaking, reading; Problems with concentration, organizing daily tasks

The article recommends segregating combat-traumatized inmates and providing them with “certain liberties” in “employment, custodial care and supervision, disciplinary measures, and medical supervision and attention” (p. 24).
The Short-Term Institution and the Delinquent Veteran

By Albert E. Virgil, Superintendent
and
Harry L. Hawkins, Psychologist
Indiana State Farm
Greencastle

With the return of millions of World War II veterans, every community in the United States is confronted with the problem of helping the serviceman readjust himself in the demands of organized civilian life. In many instances, prolonged separation from home, family, and local community influences has created a strange new kind of personality in the youthful lad who went away to war several months ago. Not a few of these young veterans are showing out the gestures of the “house folk,” disturbing the normal community life and proving to be a source of embarrassment.

It is not the purpose of this article to discuss the causes and drive behind the “problem veteran,” but merely to recognize the fact that such a problem does exist and to consider what approaches can be utilized in trying to solve it.

In Indiana a few war veterans are appearing before our judges on a variety of criminal charges. These sentences are frequently related to the servicemen and soldiers, especially if they have been out of service for a matter of only a few days. Public sympathy in favor of the serviceman may cause the judge that it would probably be best to overlook the minor offenses of the defendant, or at least, to give him no more than a short sentence to a minimum security institution, if such an institution happens to be available in the state.

Twenty Per Cent Are Vets

The Indiana State Farm frequently seems to be a logical answer to the Indiana judge compelled to sentence an rovices. The State Farm is a minimum custody, short-term institution to which men are ordinarily sentenced for a matter of only a few days or months. The present admission record of this penal institution indicates that approximately one of every five men now admitted to the county is a veteran of this most recent war (Indiana State, 1946), and at the present rate of increase, this 20 per cent figure may still higher. Nearly 30 per cent of this veteran in maximum population has been committed on felony charges with sentences reduced to the average minimum length of sentence. The seriousness of these offenses range from assault and battery with intent to commit murder, to drunkenness and vagrancy. There seems to be no specific crime category into which the majority of cases fall. A study of the statistical data regarding these men indicates that the large percentage is being sentenced from the small seclusion cells rather than from the large cells of the highly industrialized southern section of the State.

It has been suggested that perhaps most of these delinquents would have been sent to an institution sooner or later, regardless of the fact that they have been in service. Prior to the war, about 15 per cent of our normal population would have been in this young adult category, eligible, in terms of age, for military induction. However, this new calendar is quite a different man from the one who came into our custody several years ago. Generally, he is the working man and child delinquency background that so often accompanies the young criminal. Furthermore, this new change scores higher on intelligence tests, educational performance is average or above, and his police record, for the most part, is clear. He is more adaptable than his prewar counterpart and represents a

Justice-involved Veterans require “Non-Military Basic Training” in:

- “Good citizenship” and
- “a degree of constructive thinking on the problem of fitting in.”
- Volunteer mentors from community veterans service organizations assist veterans in their transition to the community.
Flying While Standing Still Ken Kubinski
If I were to define prison life in one word, it would be “restrictions,” beginning with the inability to go home. Although these restrictions affect our minds, whether we want them or not, they cannot control our minds unless we let them. The best way to avoid becoming mentally institutionalized is to keep mentally occupied with positive and constructive exercises. Stay focused and avoid prison delusions. Marking time is not good enough. We must make it a mission to stay mentally fit. There are many ways to use this time, and there are many programs we can pursue. One example: Neuroscientists are finding that for PTSD and TBI we can “rewire” damaged parts of the brain by problem-solving. Having an interactive purpose is good therapy.
Justice-Involved Veterans

Veterans are not overrepresented in the criminal justice system, but their numbers are significant. An estimated one of every ten criminal defendants and inmates has served in the U.S. military. Most justice-involved Veterans are likely eligible for health care and other benefits from the U.S. Department of Veterans Affairs (VA), although their eligibility is suspended or reduced while they are incarcerated.

Accomplishments to Date

- VA has reached more than 100,000 justice-involved Veterans through direct outreach in prisons, jails, and criminal courts – including over 1,000 state and federal prisons, and the estimated 1,688 Veterans Treatment Courts. The purpose of this outreach is to connect Veterans with needed mental health, substance abuse, and other clinical services, where possible as an alternative to incarceration.

- VA revised its administrative policy that limited VA prison outreach to the six months prior to a Veteran’s release. The revised policy allows for assessment and release planning with incarcerated Veterans earlier than six months before release, thus enhancing the odds of successful reentry.

- VA built a web-based system that will allow prison, jail, and court staff to quickly and accurately identify Veterans among their inmate or defendant populations. Called the Veteran Reentry Search Service (VRSS), the system will also prompt VA field staff to conduct outreach to the identified Veterans.

- VA produced a brief outreach video intended for Veteran jail and prison inmates, and distributed it for viewing in all state and federal prisons, as well as more than 500 local jails (and counting). Titled “Suits,” the video was directed by an Operation Iraqi Freedom Veteran. It encourages incarcerated Veterans to use their time wisely by taking an active role in the reentry planning process, and informs them how to contact a VA outreach specialist for help.

- VA expanded eligibility for its health care services to include Veterans in halfway houses, work-release centers, or other reentry-focused correctional settings. These Veterans must often waive access to health care from the incarcerating authority to participate in such programs.
Support Continued Expansion of Veterans Treatment Courts

The Veterans Treatment Court (VTC) model is an increasingly popular means for communities to come together to deliver needed services to Veterans in crisis. VTCs build on drug courts’ demonstrated success at reducing recidivism and saving communities money, adding a peer mentoring component to harness the power of one Veteran helping another. Access to VA health care and other benefits is an integral part of the VTC concept, and VA forms part of the treatment team in all VTCs. As their numbers grow, VA will continue to support VTCs both operationally and at the national level, for example, by collaborating to develop innovative training protocols.

Partner with Criminal Justice Stakeholders to Identify and Assist Justice-Involved Veterans

VA’s Veterans Reentry Search Service provides prison, jail, and court staff with a user-friendly online tool to quickly and accurately identify Veterans among their inmate or defendant populations. Widespread use of VRSS will not only inform correctional and court staff’s interactions with Veterans they serve, but will enhance VA’s ability to provide efficient, targeted outreach and reentry planning assistance to Veterans in these systems. Working with local and national partners, VA will promote this valuable new resource nationwide.

Access to Legal Services

Veterans, particularly those who are homeless or at risk of homelessness, have a significant and too-often unmet need for legal services. On a recent national VA survey, homeless and formerly homeless Veterans indicated that legal services for eviction or foreclosure proceedings, child support issues, and outstanding warrants or fines accounted for three of their top ten unmet needs. Although VA cannot provide legal services directly, VA medical centers are making space available so that local legal service providers can work with Veterans where they receive health care. To date, 37 providers (including law school clinical programs, legal aid offices, and local pro bono consortia) are serving Veterans in 34 VA medical centers. VA will continue to expand its facilities’ role as a place where Veterans can address their unmet legal needs.
CAN A VETERAN RECEIVE VA BENEFITS WHILE IN PRISON?

VA can pay certain benefits to Veterans who are incarcerated in a Federal, State, or local penal institution; however, the amount we can pay depends on the type of benefit and reason for incarceration. This fact sheet provides information about the benefits most commonly affected by imprisonment.

HOW WILL IMPRISONMENT AFFECT THE PAYMENT OF:

VA Disability Compensation

Your monthly payment will be reduced beginning the 61st day of your imprisonment for a felony. If your payment before you went to prison was greater than the 10 percent rate, your new payment amount will be at the 10 percent rate. If you were receiving the 10 percent rate before you were imprisoned, your new payment will be half the 10 percent rate. Compensation benefits are not reduced if imprisoned for a misdemeanor.

VA Disability Pension

If you are imprisoned in a Federal, State, or local penal institution as the result of conviction of a felony or misdemeanor, your pension payment will be discontinued effective on the 61st day of imprisonment following conviction.

ARE YOU ELIGIBLE FOR VA MEDICAL CARE WHILE IMPRISONED?

Incarcerated Veterans do not forfeit their eligibility for medical care; however, current regulations restrict VA from providing hospital and outpatient care to an incarcerated Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services.

VA may provide care once the Veteran has been unconditionally released from the penal institution. Veterans interested in applying for enrollment into the VA healthcare system should contact the nearest VA healthcare facility upon their release.
CAN YOUR DEPENDENT(S) RECEIVE ANY OF THE MONEY NOT PAID DURING IMPRISONMENT?

VA can take all or part of the benefits you are not receiving and apportion it to your spouse, child or children, and dependent parents on the basis of individual need. They should contact the nearest VA regional office for details on how to apply. They will be asked to provide income information as part of the application process.

WHEN WILL VA BENEFITS BE RESUMED?

Veterans may inform VA to have their benefits resumed within 30 days or less of their anticipated release date based on evidence from a parole board or other official prison source showing the Veteran’s scheduled release date.

Your award for compensation or pension benefits shall be resumed the date of release from incarceration if the VA receives notice of release within one year following release. Depending on the type of disability, VA may schedule you for a medical examination to see if your disability has improved. You will need to visit or call your local VA regional office for assistance.

Note: You are considered to have been released from incarceration if you are paroled or participating in a work release or half-way housing program.

For More Information, Call Toll-Free 1-800-827-1000 or Visit Our Web Site at http://www.va.gov
Filing Claims While Incarcerated

• Income is a protective factor against recidivism and homelessness
• Need the assistance of VSOs
• VA has a duty to assist
• Difficulties with C&P exams while in institutions
Supportive Services for Veteran Families (SSVF)

http://www.va.gov/homeless/ssvf.asp

Through the Supportive Services for Veteran Families Program, VA aims to improve very low-income Veteran families' housing stability by providing supportive services in, or transitioning to, permanent housing. VA funds community-based organizations to provide eligible Veteran families with outreach, case management and assistance in obtaining VA and other benefits. Grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis.
Grant and Per Diem Program Transitional Housing

VA Grant and Per Diem Program (GPD) is offered annually (as funding permits) by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD programs offer supportive housing (up to 24 months) or service centers. Most GPD programs charge 30% of your income. Following is a list of GPD programs in North Carolina. There are also several contract residential programs that provide transitional housing for up to three months.
Questions, Comments, Concerns

• What has been left out of this discussion?

• How can we work together to best serve Veterans incarcerated who will be returning citizens to our communities?
References


• Seamone, Evan (2016). Specialized Housing Units for Veterans in Prisons and Jails: Solution-Based Incarceration as the Counterpart to Problem-Solving Veterans’ Courts. BJA.

Mark Teachey

Harnett County Veterans Treatment Court
“The Downward Spiral of a Military Veteran”

**WHAT THEY GIVE**
- The Oath to our Nation
- Pride for the Unit and Self
- Patriotic and Compassionate
- Being part of something greater than self
- The Unresolved Baggage of the Past

**WHAT THE MILITARY GIVES**
- The Training (Education)
- The Warrior Ethos
- Leadership Principles
- Food, Shelter, Money, Clothes, etc
- Preparation for Combat

- The Deployment(S)
- The Traumatic Event(S)
- The unresolved Baggage of the Past
- The Unresolved Baggage of the Event

**PTSD**
**TBI**
**Survivors Guilt**
**MST**
**Moral Injury**

ETS (End Term of Service)
Premature Discharge
Support Platform disappears

- The Avoidance
- The Self Medication
- Guilt, Shame
- The Manifested Anger
- The Self Defeating Events (Harm, Crime)
- Crying Out!!!!!
A REGIONAL COURT

District 11A
Veterans Treatment Court

Judge
Jacquelyn Lee

VET COURT
• First Veterans Treatment Court established in Buffalo New York in 2008
• DA Vernon Stewart, Honorable Marsha Johnson, and Judge Corbett established First VTC in North Carolina – 6 November 2013
• Operated under GCC Grant for 3 years – Transitioned from 2 Counties to Regional Court in January 2016
• Applied and received Joint Grant (SAMHSA and BJA) Oct 2016
• Increased Staff from 1 to 6
• State Mentor Court – Provided training to 12 other Counties and Fed Ct
• Teaching at the National level
• Recognized at State, National, and International Level by Media
• Harnett and Lee County taking over funding for VTC
To respond collaboratively to promote public safety and reduce recidivism in a cost-effective way by providing veteran offenders with intensive court supervision and a comprehensive Veterans Administration / Community Resource driven treatment program resulting in a productive and law abiding life.

“Motto”

“Keeping Free those who kept us Free”
10 Key Components

- #1 VTC integrates Alcohol, Drug Treatment, and Mental Health Services with Justice System case processing
- #2 Using a non adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights
- #3 Eligible participants are identified early and promptly placed in the Veterans Treatment Court Program
- #4 VTC provides access to a continuum of Alcohol, drug, mental health and other related treatment and rehabilitation services
- #5 Abstinence is monitored by frequent and random (VALID-OBSERVED) alcohol and drug testing
10 Key Components

- #6 A coordinated strategy governs VTC responses to participants’ compliance
- #7 Ongoing Judicial interaction with each Veteran is essential
- #8 Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
- #9 Continuing interdisciplinary education promotes effective Veterans Court planning, implementation, and operations
- #10 Forging partnerships among Veterans Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances the Veteran Court’s effectiveness
District 11A Veterans Treatment Court

60 mile radius from Lillington, NC

VA Medical Center                VTC Location               Regional VTC Capability
Community Based Outpatient Center
Veterans

WAKE            Johnston
Johnston
Cumberland
Lee
Harnett
Mecklenburg
Orange
Catawba
Rowan
Buncombe
Swain
Lee
Harnett
Wayne
Nash
Wilson
Cherry Point MCAS
Camp Lejeune

VA Medical Center                VTC Location               Regional VTC Capability
Community Based Outpatient Center
Veterans

Military Installation                Other VTCs                   Counties working to start a VTC
Veterans
Who are the Veterans entering VTC?

- Average age is 32
- Average rank is E4
- 80% are Soldiers and Marines fighting on the Ground
- Mechanics and Transportation MOSs are Most impacted.
  (Asymmetrical Impact)
- Most have served in The Middle East
- Multiple Deployments (Tour Lengths)
- All have a Story
- All love their Country
District 11A
Veterans Treatment Court

District Attorney
Vernon Stewart
Is Veterans Treatment Court for everyone?

**Traditional Court**
- 30 Days Suspended Sentence
- 12 Months (Unsupervised) Probation
- 150 Hrs Community SVC

**Treatment Court**
- Daily Call-Ins (Call2Test)
- Drug/Alcohol testing 2x a Week
- Case Management each Tuesday
- Meeting with Mentor weekly
- Treatment (3 days a Week)
- Weekly Court Appearance (PH1-2)
- Court Assignments (PH II-V)
- Anger Management Treatment
- Community Service (PH IV)

L/H: 14 Months  H/H: 20 Months
Veterans Treatment Court

RULES

#1 I will follow court rules

#2 I will remain sober

#3 I will be honest

#4 I will be respectful

#5 I will keep my appointments
Dear Veterans,

Those of us who have not served will never fully understand the sacrifices you’ve made both in times of peace and of war.

We will never fully understand what you were required to do or how you were able to do it.

We will never fully understand the depth of your scars.

But what we can offer you is this:

We see you.

We recognize your humanity.

And we send you Love that is gentle, patient and healing.

With Blessings and Gratitude, we ask that you remember you are loved.
# POSITIVE BEHAVIOR RESPONSE CHART

## District 11A Veterans Treatment Court

### Step 1: Identify the Behavior

<table>
<thead>
<tr>
<th>Easy</th>
<th>Moderate</th>
<th>Difficult</th>
</tr>
</thead>
</table>
| - Compliance  
- Make Appointment  
- Call into Call2Test  
- Call into Case Manager  
- Report for Drug/Alc Testing  
- Be Respectful  
- Contact Mentor | - Maintain Health  
- Prosocial Behavior  
- Employment/Schooling Progress Towards Trmt Goals  
- Progress in Trmt  
- Complete Trmt Lvl of Care  
- 12 Week Compliance | - Specific Target  
- Abstinence  
- Treatment Goals Completed  
- Phase Full Compliance |

### Step 2: Determine the Response

<table>
<thead>
<tr>
<th>Easy</th>
<th>Moderate</th>
<th>Difficult</th>
</tr>
</thead>
</table>
| Phase II: Small  
- Verbal Praise from Judge  
- Round of Applause  
- All Star Turn  
- Fish Bowl Drawing  
- Picture With Judge  
- Hand Shake by Team | - Approval Note from the Judge  
- Certificate of Accomplishment  
- Completion every 12 Weeks  
- Gift Card  
- Reduction in Curfew/Comm Svc  
- Authorization to take Leave  
- Other Incentives as identified | - Certificate of the Eagles Nest  
- Judges Challenge Coin  
- Shift from 1/1 to 1/1  
- Reduction in Call2Test Prog  
- Vehicle Gas fill up  
- Letter from the Judge  
- Other Incentives as identified |

### Step 3: Choose the Incentive

<table>
<thead>
<tr>
<th>Easy</th>
<th>Moderate</th>
<th>Difficult</th>
</tr>
</thead>
</table>
| - Behavior Chain  
- Cost Benefit Analysis  
- Change in LOC (Level of Care)  
- Aftercare Frequency Re-Evaluate  
- Pharmacological Intervention | - Behavior Chain  
- Cost Benefit Analysis  
- Change in LOC (Level of Care)  
- Aftercare Frequency Re-Evaluate  
- Pharmacological Intervention | - Behavior Chain  
- Cost Benefit Analysis  
- Change in LOC (Level of Care)  
- Aftercare Frequency Re-Evaluate  
- Pharmacological Intervention |

### Supervision Response

<table>
<thead>
<tr>
<th>Phase II</th>
<th>Phase III</th>
<th>Phase IV</th>
<th>Phase V</th>
</tr>
</thead>
</table>
| - Change in Curfew Status  
- Reduced Contacts  
- Reduction in Home Visits  
- Decreased ETG/UA Testing | - Reduction in Home Visits  
- Decreased ETG/UA Testing  
- Reduction in External Monitoring Dev | - Reduced Visits  
- Increased Home Visits  
- Increased ETG/UA Testing | - Reduced Visits  
- Increased Home Visits  
- Increased ETG/UA Testing |
# Negative Behavior Response Chart

## District 11A Veterans Treatment Court

### Step 1: Identify the Behavior

<table>
<thead>
<tr>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-compliance</td>
<td>Risky</td>
<td>Unhealthy</td>
<td>Criminal Activity</td>
</tr>
<tr>
<td>Late for Scheduled Event Failure to Complete</td>
<td>Unexcused Absence</td>
<td>Alcohol Use</td>
<td>Arrest</td>
</tr>
<tr>
<td>Assignment</td>
<td>TAMPER W/ External Device</td>
<td>Drug Use</td>
<td>Probation Violation</td>
</tr>
<tr>
<td>TAMPER W/UA/ETG Test Fail to Follow Court Rules</td>
<td>FAILOVER CALL CASE MGR</td>
<td>Fail to Call Call Test</td>
<td>Fail to Get UA/ETG Test</td>
</tr>
</tbody>
</table>

### Step 2: Determine the Response

<table>
<thead>
<tr>
<th>PHASE II</th>
<th>PHASE III</th>
<th>PHASE IV</th>
<th>PHASE V</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>MODERATE</td>
<td>HIGH</td>
<td>VERY HIGH</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
</tr>
</tbody>
</table>

### Step 3: Choose the Sanction

<table>
<thead>
<tr>
<th>Hold Status</th>
<th>Letter of Apology</th>
<th>CSR</th>
<th>House Arrest</th>
<th>Curfew</th>
<th>Driving Restriction</th>
<th>Monitor Device</th>
<th>Jail</th>
<th>Other Sanction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Weeks</td>
<td>500 Words</td>
<td>4 Hours</td>
<td>24 Hours</td>
<td>3 Days</td>
<td>3 Days</td>
<td>30 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Weeks</td>
<td>750 Words</td>
<td>8 Hours</td>
<td>72 Hours</td>
<td>5 Days</td>
<td>5 Days</td>
<td>60 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Weeks</td>
<td>1,000 Words</td>
<td>16 Hours</td>
<td>7 Days</td>
<td>7 Days</td>
<td>7 Days</td>
<td>90 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Weeks</td>
<td>Library Present</td>
<td>32 Hours</td>
<td>10 Days</td>
<td>10 Days</td>
<td>10 Days</td>
<td>120 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Juvenile Court</td>
<td>40 Hours</td>
<td>15 Days</td>
<td>15 Days</td>
<td>15 Days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Treatment Response

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Behavior Chain</td>
<td>Level 3 Plus</td>
<td>Level 1, 2 plus</td>
<td>Level 1, 2, 3 Plus</td>
<td></td>
</tr>
<tr>
<td>0 LIA / Skill Development</td>
<td>0 Level of Care Review</td>
<td>0 Referral Medication Eval</td>
<td>0 Re-Assessment</td>
<td></td>
</tr>
<tr>
<td>0 Thought Restructuring</td>
<td>0 Clinical Team Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Disapproval</td>
<td>0 Thinking Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Homework Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Supervision Response

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.3 additional report days to Probation or Case Mgr</td>
<td>0.5 additional report days to Probation or Case Mgr</td>
<td>0.7 additional report days to Probation or Case Mgr</td>
<td>0 Case Conference w/ Attorney</td>
<td>0 Contract Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# H/H Phase Advancement Criteria

<table>
<thead>
<tr>
<th>PH I</th>
<th>PH II</th>
<th>PH III</th>
<th>PH IV</th>
<th>PH V</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Acute</td>
<td><strong>Clinical Stabilization</strong></td>
<td></td>
<td><strong>Adaptive Habilitation</strong> (24 Weeks)</td>
<td><strong>Continuing Care</strong> (12 Weeks)</td>
</tr>
<tr>
<td><strong>Stabilization</strong> (4 Weeks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend Veterans Treatment Court each week</td>
<td>Attend Veterans Treatment Court each week</td>
<td>Attend Veterans Treatment Court every two weeks</td>
<td>Attend Veterans Treatment Court every three weeks</td>
<td>Attend Veterans Treatment Court every four weeks</td>
</tr>
<tr>
<td>Make Appointments</td>
<td>Comply with the rules of the court</td>
<td>Comply with the rules of the court</td>
<td>Comply with the rules of the court</td>
<td>Comply with the rules of the court</td>
</tr>
<tr>
<td></td>
<td>Sober for 30 days</td>
<td>Obtain Employment if able</td>
<td>Complete Community Service</td>
<td>Demonstrates Stability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sober for 60 days</td>
<td>No criminal violations</td>
<td>Met Financial Obligations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remain Sober</td>
<td></td>
</tr>
</tbody>
</table>

In order to advance to the next Phase, the Veteran must meet minimum standards and be compliant to the plan established by the treatment court.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GREATEST NEED</th>
<th>MOST IMPORTANT</th>
<th>MOST/LEAST SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSING &amp; SHELTER</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>4</td>
<td>1 (Most)</td>
<td></td>
</tr>
<tr>
<td>CLOTHING and HOUSEHOLD GOODS</td>
<td></td>
<td>1 (Least)</td>
<td></td>
</tr>
<tr>
<td>FOOD ASSISTANCE</td>
<td>3</td>
<td>2 (Most)</td>
<td></td>
</tr>
<tr>
<td>UTILITIES</td>
<td></td>
<td>1 (Least)</td>
<td></td>
</tr>
<tr>
<td>MENTAL/ BEHAVIORAL HEALTH</td>
<td></td>
<td>3 (Most)</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL/FAMILY SUPPORT NEEDS (What is your Support?)</td>
<td>1</td>
<td>2 (Least)</td>
<td></td>
</tr>
<tr>
<td>EDUCATION / COLLEGE / JOB TRADE</td>
<td></td>
<td>3 (Least)</td>
<td></td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENEFITS NAVIGATION</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONEY MANAGEMENT (Do you Properly Budget?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WELLNESS (Nutrition, Diet, Good Health)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEGAL (Wills, Power of Attorney, Civil, Other)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTORSHIP (Are you assigned a Mentor?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL HEALTH (Doctor, Primary Care)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPIRITUAL ENRICHMENT (Church, Small Group, etc)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL ENRICHMENT (Friends, Associations, Other)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPORTS AND RECREATION (Athletics, Gym, Hobbies, etc)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SETTING SHORT TERM AND LONG TERM GOALS</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISTRICT 11A
VETERANS TREATMENT COURT
(CONCEPT OF OPERATIONS- V2)

PRE COURT PROCEDURES

PRE-SENTENCE

OC
Contacts
Sentence

PHASE I

4 WEEKS STABILIZE

TRACK

5 PHASES

PH I Acute Stabilization Attend Court
PH II Clinical Stabilization -Follow rules Of Treatment -Supervision -Stabilization Tools -Treatment
PH III Pro Social Habilitation Follow rules of Tmt/ Supervision Criminal Thinking Maintain Sober Network Pro-Social Activity
PH IV Adaptive Habilitation Follow rules of Tmt/ Supervision Criminal Thinking Maintain Sober Network Job/Volunteer
PH V Continuing Care Follow rules of Tmt/ Supervision Develop Continuing Care Plan Job/Volunteer Maintain Sobriety

HIGH RISK / HIGH NEED

PH II 12 WEEKS
PH III 24 WEEKS
PH IV 20 WEEKS
PH V 12 WEEKS

Accountability, Treatment, Habilitation

HIGH RISK / LOW NEED

PH II 12 WEEKS
PH III 18 WEEKS
PH IV 12 WEEKS
PH V 12 WEEKS

Accountability, Habilitation

LOW RISK / HIGH NEED

PH II 12 WEEKS
PH III 18 WEEKS
PH IV 12 WEEKS
PH V 12 WEEKS

Treatment, Habilitation

LOW RISK / LOW NEED

24 Weeks Prevention

Every other week for 4 Sessions then monthly
<table>
<thead>
<tr>
<th>#</th>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
<th>PHASE IV</th>
<th>PHASE V</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INITIAL COURT-PLEA</td>
<td>PRESENT BUDGET Sheet</td>
<td>OFF</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td>2</td>
<td>NO REQUIREMENTS</td>
<td>RECITE RULE #1</td>
<td>RECITE ALL RULES</td>
<td>Budget to get ahead</td>
<td>COMMUNITY SVC REPORT</td>
</tr>
<tr>
<td>3</td>
<td>NO REQUIREMENTS</td>
<td>RECITE RULE #2</td>
<td>WHY IS #1 IMPORTANT</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td>4</td>
<td>Receive Budget Sheet</td>
<td>RECITE RULE #3</td>
<td>WHY IS #2 IMPORTANT</td>
<td>Healthy Living</td>
<td>OFF</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>RECITE RULE #4</td>
<td>WHY IS #3 IMPORTANT</td>
<td>Embrace Less Stress</td>
<td>OFF</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>RECITE RULE #5</td>
<td>WHY IS #4 IMPORTANT</td>
<td></td>
<td>OFF</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>RECITE RULE #1 and 2</td>
<td>WHY IS #5 IMPORTANT</td>
<td>Resilience</td>
<td>Final Thoughts</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>RECITE RULE 1, 2, 3</td>
<td>OFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>RECITE RULE 1, 2, 3, 4</td>
<td>OFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>RECITE ALL RULES</td>
<td>VISION STATEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Acute Stabilization</td>
<td>SUPERVISION PLAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td>OFF</td>
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<tr>
<td>13</td>
<td></td>
<td></td>
<td>PRESENT TOTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>Clinical Stabilization</td>
<td>MY JOURNEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td>OFF</td>
<td></td>
<td></td>
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<tr>
<td>16</td>
<td></td>
<td></td>
<td>IF I WERE A KING</td>
<td></td>
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</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td>OFF</td>
<td></td>
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<tr>
<td>18</td>
<td></td>
<td></td>
<td>COMMUNITY SVC PLAN</td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>OFF</td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>FINANCIAL WORKSHOP</td>
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<tr>
<td>21</td>
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<td>High Need/High Risk Population</td>
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<td>23</td>
<td></td>
<td>Pro Social Habilitation</td>
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Veteran Presentations
Treatment / Habilitation
[TREATMENT TRACK]

<table>
<thead>
<tr>
<th>#</th>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
<th>PHASE IV</th>
<th>PHASE V</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>INITIAL COURT PLEA</td>
<td>Present Budget Report</td>
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<td>OFF</td>
<td>OFF</td>
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<tr>
<td>2</td>
<td>NO REQUIREMENTS</td>
<td>RECTIRE RULE #1</td>
<td>RECTIRE ALL RULES</td>
<td>OFF</td>
<td>OFF</td>
</tr>
<tr>
<td>3</td>
<td>NO REQUIREMENTS</td>
<td>RECTIRE RULE #2</td>
<td>WHY IS #1 IMPORTANT</td>
<td>OFF</td>
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<td>4</td>
<td>Receive Budget Report</td>
<td>RECTIRE RULE #3</td>
<td>WHY IS #2 IMPORTANT</td>
<td>OFF</td>
<td>OFF</td>
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<tr>
<td>5</td>
<td>App for PH II / Treatment Plan</td>
<td>RECTIRE RULE #4</td>
<td>WHY IS #3 IMPORTANT</td>
<td>OFF</td>
<td>OFF</td>
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<tr>
<td>6</td>
<td>Installation of Compliance Tools</td>
<td>RECTIRE RULE #5</td>
<td>WHY IS #4 IMPORTANT</td>
<td>OFF</td>
<td>OFF</td>
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<td>VISION STATEMENT</td>
<td>WHY IS #5 IMPORTANT</td>
<td>OFF</td>
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</table>

Acute Stabilization
Low Risk/High Need Population

Clinical Stabilization
App for PH III

Adaptive Habilitation

Continuing Care

MRT and Journaling

Pro Social Habilitation

Graduation

My Final Thoughts

App for PH V

Community ERC Report

Budget to Get Ahead

Healthy Living

Embrace Less Stress

My Journey

App for Aftercare
A REGIONAL COURT

District 11A
Veterans Treatment Court

Court Director
Mark Teachey
DRUG AND ALCOHOL COMPLIANCE
EQUIPMENT USED

12 PANEL

INTOXIMETER

REMOTE BREATH

SCRAM
ADDING VALUE TO THE COMMUNITY

- Rebuilding Lives and Families
- Saves $27 for every $1 invested (NADCP)
- Volunteer Hours given (2,800 hrs)
- Employment / Schooling (26 Veterans)
- Sobriety (96% by Phase IV)
- Hire local businesses for Services
- Building Life Skills
Changing Our Military Behavior After Trauma

COMBAT VTC, INC.

OUR MISSION: To offer evidence based services and support to Veterans who need help to address their trauma and addictions.

OUR Veterans Treatment Court TEAM

"KEEPING FREE THOSE WHO KEPT US FREE"

We have a world class dedicated team of professionals from over 30 different organizations across Harnett and surrounding counties in North Carolina who come together weekly to assist Military Veterans who have volunteered to enter this specialty "Holistic Treatment Court" in order to address their mental health and addictive behavior as a result of their experience in combat.
The Warrior Ethos

“I will NEVER leave a Fallen Comrade”
Douggy Johnson

Wake County Veterans Treatment Court
Wake County Veterans’ Council
Veterans’ Treatment Court

Richard Spyrisson – President
Dougy Johnson – Director, Wake County VSO
The Veterans’ Community in Wake County

- With over 60,000, Wake County is the 2nd most veterans’-populous County in NC.
- Wake County is growing = 200-300 veterans are moving here weekly.
The Wake County Council of Veterans’ Organizations

- A conglomerate of local veterans’ organizations advocating for the betterment of the Wake County veterans’ community
- We have recognized the need for a Veterans’ Treatment Court in Wake County and across the State.
Incarcerated Veterans

• In 2000, the U.S. Department of Justice estimated that 12% of those incarcerated in jails and prisons were veterans.

• It is the opinion of the Council this percentage is probably larger now as we approach 2020.

• If our veterans aren’t able to get proper treatment for military-related mental health issues, this percentage will continue to trend upward.
<table>
<thead>
<tr>
<th>Veteran</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoids jail time</td>
<td>Lowers the number of incarceration (tax benefit)</td>
</tr>
<tr>
<td>Possible expungement of criminal record</td>
<td>Reduces the opioid crisis</td>
</tr>
<tr>
<td>Enhances wellness (mental health &amp; physical)</td>
<td>Lowers the suicide rate</td>
</tr>
<tr>
<td>Enhances the job &amp; education opportunities</td>
<td>Minimizes the homeless community</td>
</tr>
</tbody>
</table>
Giving back to the community

- Veterans who have participated in a VTC program can impart perspective regarding the dangers of remaining untreated issues to the community.

- A successful VTC participant with a renewed outlook on his future may bring his/her unique skill set to the workforce and to society
Putting our money where our mouth is

- Too many times our veterans are just thanked for their service to our country. While appreciated, we feel a VTC is a true demonstration of how important they are.
- This is something our community can do proactively to ward off not only veterans’ incarceration levels but to ameliorate the suicide rate within the veterans’ community.
NCserves Update
<table>
<thead>
<tr>
<th>NCServes Community of Practice</th>
<th>NCServes Western</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CoP Map updated in a new format</td>
<td>• Path Program from Veterans Services of the Carolinas active in Onslow and Cumberland Counties.</td>
</tr>
<tr>
<td>• Discussions with IVMF, NCServes, Unite Us and NCCare360 are taking place</td>
<td>• New Onboardings and provider relationships with NCDHHS to assist Veterans and Family Members</td>
</tr>
<tr>
<td>• Adding more National Guard Programs to the networks.</td>
<td>• Continues to reach out in the community to assist Veterans with their Housing and Employment needs, continues to look for providers and assist current providers in growth in these areas.</td>
</tr>
<tr>
<td>• Steven A. Cohan Clinic added to Metrolina. Telehealth services now offered.</td>
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<td>• AmericaServes Case Closure Project call on 31 July.</td>
<td></td>
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<tr>
<td>• Complex and Internetwork project.</td>
<td></td>
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<tr>
<td>• Coast Guard Day on 1 Aug in Elizabeth City. This is an opportunity to increase NCServes awareness in NE NC.</td>
<td></td>
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<tr>
<td>• Crisis Action Plan.</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>NCServes Metrolina</th>
<th>NCServes Central</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Metrolina is celebrating their numbers for Q4 of the Mecklenburg County Grant Year, from April to June 2019 they served 629 veterans, a 61% increase over Q3 and their best quarter to date. They also cross the 5000 veterans served mark during this quarter.</td>
<td>• Veterans services of the Carolinas is now active in Cumberland County with the PATH Program.</td>
</tr>
<tr>
<td>• Highlighting their communities growing partnership with the VA. Director Joseph Vaugh of the Salisbury VA Medical Center and Michael Howard from the VBA attended the Mecklenburg County CVEB meeting on July 17th. This was an important step in aligning the VA and our community partners.</td>
<td>• Steven A. Cohan Clinic now offering tele-health services.</td>
</tr>
<tr>
<td>• They have also had several positive contacts with their local congressional representative. They met with Representative Hudson’s team last month and are schedule to meet with Representatives Adams on Aug 6th.</td>
<td>• NCServes Metrolina introduced the staff from Representative Hudson’s team to Central Carolina. Meeting is being scheduled.</td>
</tr>
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<td></td>
<td>• VEAC in Cary 11-14 Sep.</td>
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<td></td>
<td>• Adding National Guard Programs.</td>
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</table>

| NCServes Coastal |  |
|-----------------|  |
| • Path Program in Onslow County. |  |
| • In an effort to expand services to Veterans and military families residing in the “Gap.” NCServes-Coastal has begun on-boarding and training providers that will serve families residing in Martin, Washington, Nash, and Edgecombe. These are counties south of the United Way South Hampton Roads network. The first of these providers that will support network families in those counties are DAV Chapter 48, Amvets Post 227, NCworks Career Center, and NCDMVA Wilson. |  |
Introductions and Updates
Next Meeting:
August 22, 2019

Joint Force Headquarters
Raleigh, NC
Register for our email updates: ncgwg.org

Join us by live stream at www.facebook.com/govinst

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates