

# State Advisory Committees and the Statewide Roll Out

*Dan Abreu, SAMHSA's GAINS Center*

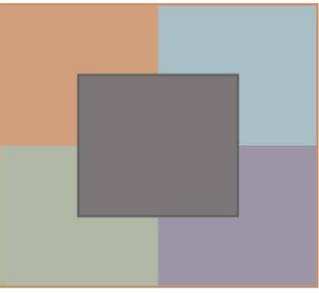
Jail Diversion and Trauma Recovery  
Grantee Meeting  
March 29, 2012

**CRUZ VALLARTA:**

- **MOTIVATED**
- **DEDICATED**
- **FIRED UP**



Going where no man or woman has gone before



**SAMHSA'S  
GAINS  
Center for  
Behavioral Health and  
Justice Transformation**



# National Initiatives

# NADCP Veterans Court Clearinghouse



[www.nadcp.org](http://www.nadcp.org)

# NCCBH Serving Our Veterans Behavioral Health Certificate

- Trains civilian behavioral health and primary care providers,
- Provides the latest clinical guidelines from the Department of Defense.
- Demonstrates applicable knowledge and skills through real-life examples.
- Emphasizes cultural sensitivities to ensure clinical competency.
- Public/private partnership among the National Council for Community Behavioral Healthcare, the Department of Defense Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences, and Essential Learning
- [www.thenationalcouncil.org/cs/veterans](http://www.thenationalcouncil.org/cs/veterans)

# National Veterans Technical Assistance Center

- NVTAC is to assist HVRP programs help homeless Veterans find meaningful sustainable employment through a mix of approaches - from leveraging benefit and education resources to building partnerships with growth/green industries.
- Grantees are funded by Department of Labor

# National Veterans Technical Assistance Center

## HVRP Programs

- [Homeless Female Veterans/ Veterans with Families Grantees \(HFV/VWF\)](#)
- [Incarcerated Veterans' Transition Program \(IVTP\)](#)
- [Homeless Veterans Reintegration Program \(HVRP\)](#)

# NVTA Grantees in JDTR States

State	HVRP	IVTP	HFV/VWF
Colorado		X	X
Connecticut		X	X
Florida	X		X
Georgia	X		X
Illinois	X		
Massachusetts	X	X	X
North Carolina			X
Ohio			X
Pennsylvania	X	X	X
Texas	X	X	X

# SAMHSA Service System Strategic Initiative SSSDP Policy Academy States

- Florida
- Massachusetts
- North Carolina
- Ohio
- Georgia
- Pennsylvania

# Key Statewide Rollout Components

- Screening - Veterans with trauma-related disorders
- Trauma informed care (TIC) and trauma specific care: principles of safety, choice, client control, consumer involvement, trauma-specific treatment (train staff and clients)
- Build community service competency treating veterans and coordinate services between VA and non VA providers, maximizing participant choice.
- Peer presence on Advisory Boards and services provision
- Establish Leadership - State and Local Advisory Committees
  - Support existing programs
  - Sustainability

# Screening Rollout





## Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions

A Consensus Report of the CMHS National GAINS Center's Forum on Combat Veterans, Trauma, and the Justice System  
August 2008

... The 33-year-old veteran's readjustment to civilian life is tormented by sudden blackouts, nightmares and severe depression caused by his time in Iraq. Since moving to Albany last June ... [he] accidentally smashed the family minivan, attempted suicide, separated from and reunited with his wife and lost his civilian driving job.  
In June ... [he] erupted in a surprisingly loud verbal outbreak, drawing police and EMTs to his home.

War's Pain Comes Home  
Albany Times Union – November 12, 2006

... His internal terror got so bad that, in 2005, he shot up his El Paso, Texas, apartment and held police at bay for three hours with a 9-mm handgun, believing Iraqis were trying to get in ...  
The El Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later told his family, he swerved to avoid imagined roadside bombs; he once crashed over a curb after imagining that a stopped car contained Iraqi assassins. After a July 2007 motorcycle accident, his parents tried, unsuccessfully, to have him committed to a mental institution.

The Sad Saga of a Soldier from Long Island  
Long Island Newsday – July 5, 2008

On any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons (Noonan & Mumola, 2007; Greenberg & Rosenheck, 2008). Although veterans are not overrepresented in the justice system as compared to their proportion in the United States general adult population, the unmet mental health service needs of justice-involved veterans are of growing concern as more veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) return home with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and depression.

OEF/OIF veterans constitute a small proportion of all justice-involved veterans. The exact numbers are not known—the most recent data on incarcerated veterans is from 2004 for state and Federal prisoners (Noon & Mumola, 2007) and 2002 for local jail inmates (Greenberg & Rosenheck, 2008) before OEF/OIF veterans began returning in large numbers.

Some states have passed legislation expressing a preference for treatment over incarceration (California and Minnesota) and communities such as Buffalo (NY) and King County (WA) have

implemented strategies for intercepting veterans with trauma and mental conditions as they encounter law enforcement or are processed through the courts. However, most communities do not know where to begin even if they recognize the problem.

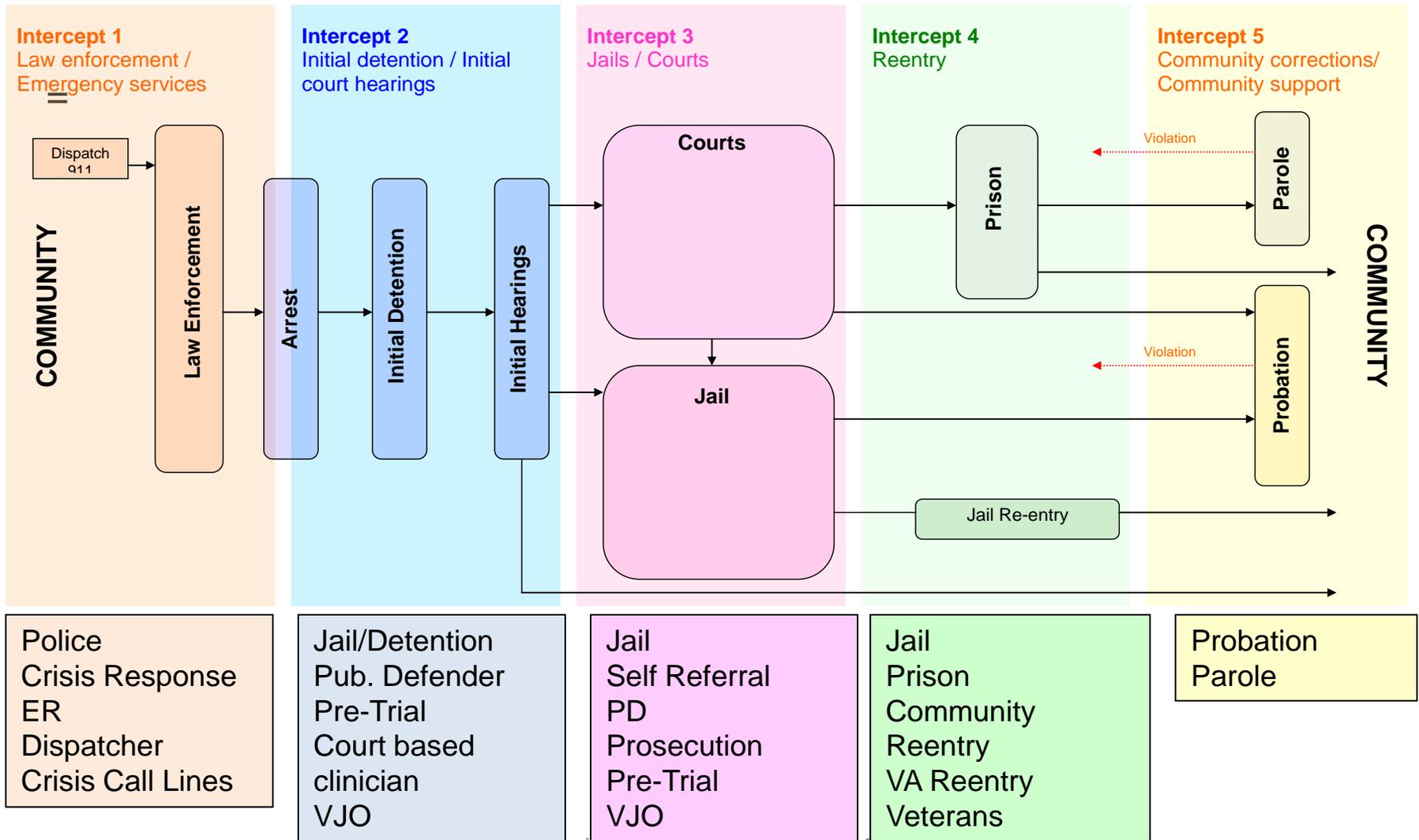
This report is intended to bring these issues into clear focus and to provide local behavioral health and criminal justice systems with strategies for working with justice-involved combat veterans, especially those who served in OEF/OIF.

### Combat Veterans, Trauma, and the Criminal Justice System Forum

The CMHS National GAINS Center convened a forum in May 2008 in Bethesda, MD, with the purpose of developing a community-based approach to meeting the mental health needs of combat veterans who come in contact with the criminal justice system. Approximately 30 people participated in the forum, representing community providers, law enforcement, corrections, the courts, community-based veterans health initiatives, peer support organizations, Federal agencies, and veteran advocacy organizations. See Appendix.

# CJ Screening Partners

## Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



# Trauma Rollout

- Identification of trauma/PTSD Screening Tools
- Trauma Specific Training
  - Seeking Safety
  - TAMAR
  - V-Trem
  - CPT
- Trauma Informed Training
  - TIC Curriculum Development
- TIC Train the Trainers
- Apply for TAMAR as a billable treatment intervention

# CIT Officer Intervenes

I do not even know how to begin to "Thank You" for your class/session "Improving Police Encounters with Returning Veterans" at the CIT Conference in Atlanta. I have been home just over a week and was already confronted by a Marine OIF with PTSD. !

Your video helped me interpret reckless driving and anger as possible PTSD symptoms ...It saved us from having to go hands on because I was able to reach out with the verbal skills I learned in your class and this situation did not escalate.

In fact, because of that same video and that scenario where the VET had the handgun, I was able to ask the right question "do you have any weapons?". He looked me straight in the eye and began to weep and asked me to take the weapon for safekeeping until he felt he was ready to have it back. What a heart wrenching sight to have this honorable Marine hand over his weapon to me.

I gave him and his wife the Veteran Suicide phone number that I put in my contacts during your class/session. On Monday, I will contact the VA in my area and have them follow-up. THANK YOU with all my heart.

# Trauma Trained Corrections Officer Intervenes

- A female offender was awakened by a female Correctional Officer. The offender awoke, startled, upset and ready to fight.
- When the offender realized she was okay and recognized the Correctional Officer she apologized. Further she explained that as a child a stepfather would stand over her bed, wake her, crawl into bed and abuse her.
- The Correctional Officer thanked her for the explanation and they worked out an accommodation on how to wake her to avoid a recurrence.
- Six months ago the threatening action toward a Correctional Officer probably would have resulted in segregation or lockdown.

# RI 2007-2009 Incident Reports

<b>Physical Violence</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Inmate-on-inmate assault</b>	<b>22</b>	<b>9</b>	<b>6</b>
<b>Inmate-on-inmate assault involving weapon</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Inmate fight</b>	<b>38</b>	<b>28</b>	<b>4</b>
<b>Inmate fight involving weapons</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Inmate-on-staff assault</b>	<b>13</b>	<b>4</b>	<b>2</b>
<b>Inmate-on-staff assault involving weapon</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Use of force</b>	<b>24</b>	<b>10</b>	<b>5</b>
<b>Staff-on-inmate assault</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Staff-on-staff assault</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Staff fight</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>97</b>	<b>51</b>	<b>18</b>

# Probation Intervention in Brownfield v United States



# 2005 - Post Discharge Behavior



# Judge Questions Sentencing Guidelines



# Peer Involvement

- Veteran Peer Certification
- Veteran Service Organization Partnerships
- Video highlighting Peer Specialist Participation
- Vet to Vet Training

# Building Community Competency

- Trauma Training previously noted
- CE's for Veteran Competency Training
- State Education Department Course for SW's
- Jail Diversion Manuals
- Web based referral and tracking program
- Statewide Conferences

# SAC Leadership

- Require veteran and trauma performance measures in local plans
- Include Veteran specific modules in Statewide TIC initiatives
- Facilitate local planning/implementation committees
- Identify local TIC and jail diversion champions
- Coordinate with other statewide grants eg. ATR, TSIG
- Coordinate with other statewide veteran focused committees eg. Governor's Council, Judicial Committees,

# Legislation Pros and Cons

- Legislation varies by:
  - Combat related trauma
  - Discharge status
  - Charge level
  - Physical injury to victim
  - DWI history
  - Prior felony/violent crime/DV history
  - Plea status
  - Duration in program
  - Recidivism

# Principles of Program Development

- Screening across systems
- Trauma informed
- Broad Eligibility Criteria
- Peer/Mentor Involvement and Leadership
- VA/Community based provider partners
- Flexibility with Charges
- Minimizing Collateral Sanctions
- Choice

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# Vet/Peer Involvement

- Definitions used at sites include:
  - JDTR target population (vets with trauma and/or mental health histories **and** justice involvement)
  - Any veteran
  - Veteran status + other criteria (but not target pop.)
  - Some include family members
- Most definitions lead with veteran status and other criteria are secondary



The CMHS National GAINS Center

## LEVELING THE PLAYING FIELD: PRACTICAL STRATEGIES FOR INCREASING VETERANS' INVOLVEMENT IN DIVERSION AND REENTRY PROGRAMS

LaVerne D. Miller, Esq.<sup>1</sup>

July, 2009

The findings and directives issued by the President's New Freedom Commission (2002) regarding the development of a system that is consumer and family driven have led many states and their partners to increase their efforts to involve consumers along a continuum of core activities for justice-involved consumers. Jail diversion and prison reentry programs have been at the forefront in integrating consumers in activities, ranging from participation in local and statewide advisory groups to becoming dedicated staff members.

Nevertheless, states and communities encounter significant difficulties in engaging consumers and sustaining their involvement. This is especially acute when veterans are a primary program target group. Reciprocally, veterans and other consumers experience difficulties in their efforts to participate as full partners in jail diversion and prison reentry activities. These activities present new and exciting opportunities for people with lived experience to become actively involved in reshaping policies and practices that impact upon their daily lives. Consumers in the context of this paper include veterans with personal lived experiences with mental illness, incarceration, and substance abuse.

Over the course of providing technical assistance to 34 communities in the SAMHSA Targeted Capacity Expansion Grants for Jail Diversion Programs since 2002, we have witnessed a recognizable shift from encouraging involvement to requiring the involvement and support of persons with lived experiences in these activities. The rush to quickly engage and involve consumers, however, has not necessarily resulted in the reexamination of policies and practices inconsistent with promoting and sustaining involvement. In many instances these policies and practices inhibit meaningful peer involvement and create significant obstacles to full inclusion. While veterans and other consumers welcome these new opportunities, the invitation to participate is a nominal first step in ensuring and supporting the involvement of individuals with histories of incarceration in jail

diversion and prison reentry projects and similar criminal justice and mental health initiatives.

The lack of attention given to identifying and addressing these obstacles is due to the fact that they are all but invisible to other stakeholders and other priorities that must be addressed by project managers during the start-up phases of many projects. Quite simply, the emphasis is on who must be at the table and not on developing systems to ensure peer involvement. These policies and practices do not intentionally target people with lived experiences for different treatment nor do they explicitly place limitations on their involvement. They were adopted when peer involvement was neither contemplated nor encouraged. Nevertheless, these facially neutral policies and practices can, and often do, have a disparate impact on veterans and other similarly situated stakeholders, particularly those with histories of incarceration.

These policies and practices are not flexible and do not allow for the exercise of discretion. Most importantly, they fail to make the accommodations needed to directly address the disparities in the personal and organizational resources of individual stakeholders and stakeholder groups. Thus, state staff members are unable to promulgate policies and practices that are in alignment with their desire to engage veterans, sustain their involvement, and create new roles and responsibilities for their veteran partners.

These policies and practices can be divided into three, sometimes overlapping, categories: (1) financial disparities (compensation, payment advances, and reimbursement); (2) eligibility and access (real or implied limitations on access or eligibility); and (3) experiential differences and preparedness (readiness to participate and resources allocated to preparing participants and supporting their involvement). These policies and practices have an especially significant impact upon the ability of jail diversion, prison reentry, and other criminal justice/mental health initiative programs to engage and sustain the involvement of individuals with histories of

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# **PRINCIPLES OF DIVERSION?**

# Principles of Program Development



- Trauma focused
- Flexibility with Charges
- Minimizing Collateral Sanctions
- Broad Clinical Criteria
- Screening across systems
- Peer/Mentor Involvement
- VA/Community based provider partners
- Choice



Sustainability of SAC  
Other state committees?  
Piecemeal approach

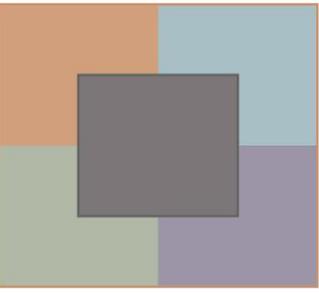


# Screening Partners

Behavioral Health

# Veteran Mentors

- These volunteers are veterans
- who have served in Vietnam, Korea, Operation Desert Shield, Operation Enduring Freedom, and Operation Iraqi Freedom.
- These men and women volunteer their time to work directly with the Veterans Treatment Court Participants.
- Mentors serve a variety of roles, including coach, facilitator, advisor, sponsor, and supporter.



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