





- OIF Operation Iraqi Freedom
- OEF Operation Enduring Freedom
 - OND Operation New Dawn
 - GWOT Global War on Terror

Statistical Information

- BY THE NUMBERS (2011 Statistical Data)
 - 23 million U.S. Veterans
 - Over 2 million and counting from Iraq and Afghanistan
 - Over 565,000 deployed more than once
 - 28% National Guard and Reserve soldiers
 - Average age is 27
 - Average age of deployed National Guard or Reservist is 33
 - 60% deployed are married
 - 50% deployed have children
 - 88% male
 - 12% female
 - 40% of deaths caused by Improvised Explosive Devices (IED's)

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Second Judicial District of Wisconsin Veteran Statistics

(as of 9/30/11)

•	Kenosh	na Co	unty
			PORT IN LEASE BELLEVILLE

10,439

Racine County

12,432

Walworth County

6,763

TOTAL

29,634

History of Post Traumatic Stress Disorder (PTSD)

Throughout history there exists documentation of how war affects those who participate in it:

- Civil War
 - IRRITABLE HEART

- WORLD WAR I & II
 - SHELL SHOCK
 - NEUROSIS
 - COMBAT FATIGUE
 - COMBAT EXHAUSTION

- VIETNAM
 - 1ST recognition of POST TRAUMATIC STRESS DISORDER
 - Subsequently Traumatic Brain Injury (TBI)

Summary of Literature

- Over 300,000 Iraqi and Afghanistan veterans currently suffering from PTSD
- When factoring in delayed onset of PTSD % as high as 35%
- Those diagnosed with PTSD are particularly high risk of becoming perpetrators of domestic abuse
- 33% of those suffering from PTSD are domestic abusers
- Those diagnosed with PTSD twice as likely to become divorced
- Current Vet population suicide rate exceeds Vietnam era rate (58,000)
- Among all veterans, a suicide occurs every 80 minutes, around the clock (Time Magazine 7/23/12)
- Since 2001 4,486 U.S. troops have died in Iraq
- Since 2001 1,950 U.S. troops have died in Afghanistan
- Since 2001 2,676 have died by suicide
- Veterans constitute up to 10% of U.S. prisons population
- Veterans constitute high percentage of homeless

Science

- A Dr. Charcot, in Paris in 1887, first suggested that those exposed to traumatic experiences would develop "vehement emotions." Dr. Charcot suggested that the traumatic experience made it difficult for those experiencing it to have a beginning, middle and end of the event. This is essentially at the heart of PTSD, first officially recognized in DSM-IV-R [309.81] (Diagnostic Statistical Manual) of psychiatry in the 1980's.
- PTSD can now be accurately diagnosed from a medical standpoint and TBI can be diagnosed objectively through a brain scan called a PET scan. Successful treatment protocols have been developed, primarily through the Veteran Administration medical efforts.

Characteristics of PTSD

- Symptoms appear quickly and without warning
- Symptoms range from subtle to overwhelming
- Symptoms from combat or terror differ from civilian events
 - The duration of exposure to trauma
 - Likelihood of multiple traumatic experiences in short time period
 - The trauma is man-man vs. natural disasters, accidents or "acts of God"
 - The sufferer is usually victim and perpetrator of violence

Symptoms of PTSD

- HYPERAROUSAL AND ABNORMAL STARTLE RESPONSE
- HYPERVIGILANCE
- NIGHTMARES AND INSOMNIA
- FLASHBACKS
- INTRUSIVE MEMORIES
- OVERWHELMING WAVE OF EMOTION
- SURVIVOR GUILT
- EMOTIONAL
 WITHDRAWAL/DETACHMENT

- FRAGMENTED SENSE OF SELF
- PANIC ATTACKS
- SHAME
- DESPAIR
- LETHARGY
- FEAR
- AVOIDANCE
- HOPELESSNESS
- ANGER
- DRUG/ALCOHOL ABUSE
- SELF-DESTRUCTIVE BEHAVIOR

Why a Veteran's Treatment Court?

- No veterans had problems before leaving. All would have been fit for service.
- Current members of the military and veterans...
 - and their families experience unique stressors due to military experience.
 - are a unique population with unique needs.
 - require a greater need for supervision and support,
 - require increased collaboration with law enforcement and Veterans Affairs
 - require speedy identification and referrals
- Veterans respond more favorably to other veterans in the court
- Traditional community services may not suit their treatment needs

JUDGE ROBERT RUSSELL'S GROUNDBREAKING COURT FOR BUFFALO'S VETERANS



In 2008, Judge Robert
Russell, presiding judge of
the Buffalo Drug and Mental
Health Courts, created the
Nation's first Veterans
Treatment Court in response

to the growing number of veterans appearing on his dockets who were addicted to drugs or alcohol and suffering from mental illness.

Department of Veterans Affairs Veterans Health Administration

APRIL 2009

- Authorization to the (VHA) to provide services to Veterans in the criminal justice system setting.
- The VA is committed to assisting its Veterans in our Courts and providing the necessary medical and mental health treatment necessary to reacclimatize Veterans back into society.

JANUARY 2011

 President Obama, as Commander in Chief, approved a study and conclusion contained in STRENGTHENING OUR MILITARY FAMILIES – MEETING AMERICA'S COMMITMENT as a "top national security policy priority."

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What is a Veteran's Treatment Court

Combined drug and mental health court that serves veterans who are struggling with addiction and / or mental illness by diverting them from the traditional criminal justice system into a voluntary specialized veterans court.



- Court entirely of Veterans
- Veterans Health Care Worker(s) in court
- Veteran Mentors
- Therapeutic Environment

What does a Veteran's Treatment Court provide?

- Early identification through evidence based screening and assessments.
- Transferring of cases that traditionally were in other treatment courts (drug, mental health, etc.) to a centralized singular court of all eligible veterans
- Greater focus on veterans poor decision-making
- Peer to peer, vet to vet mentoring, to help the veterans build and achieve healthy goals.
- Links individuals with service providers who either share or understand the unique experience of military service, military life, and the distinctive needs that may arise from that experience.
- A judicially supervised treatment plan that a team of court staff, veteran health care professionals, veteran peer mentors, substance abuse health care professionals and mental health professionals develop with the veteran.

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Value of the presence of the VA

- Liaison
- Obtaining VA Releases of Information
- Facilitating VA linkages for services
- Coordinating and providing evaluation and treatment, VA status report regarding Tx, UDS's, appointments, etc.
- Care coordination & crisis management

Mentor Roles

- Mentors must....
 - Reinforce mentee commitment to court
 - Reinforce military
 bearing in courtroom
 and with vet court team
 - Provide guidance, direction, support
 - Keep record of contacts
 - Provide assistance to resources

- Mentors must NOT....
 - Be a counselor
 - Order participants around
 - Contradict court team's recommendations and rulings

Veteran Mentor Qualifications (Musts)

- Be a veteran
- Stable without current criminal offense
- Free from drug/alcohol addiction
- Be a volunteer
- Have mentoring training
- Be non-judgmental
- Be confidential
- Be willing to commit to at least a 12 month tour of duty
- Be willing to commit to at least 2 contacts per week

Development Team Partners

- Kenosha, Racine and Walworth Counties
 - Judiciary
 - District Court
 Administrator
 - District Attorneys
 - Public Defenders
 - Veteran Service Officers
 - Department of Corrections
 - Law Enforcement
 - Human Services

- U.S. Dept. of Veterans Affairs
 - Milwaukee VA
 - Madison VA
 - North Chicago VA
 - Milwaukee Vet Center
- Non-governmental agencies
 - Racine Psychological Services
 - Wisconsin Veterans
 Work Project, Ltd.
 - United Way
 - Johnson Foundation



JUDGE GERALD P. PTACEK

Mission Statement

The mission of the Veterans Treatment Court of the Second Judicial District of Wisconsin is to honor veterans by restoring them to a productive life by providing judicial support, treatment and supervision thereby enhancing public safety.

Goals

- Connect veteran defendants with appropriate VA benefits, treatment and support services.
- Expedite case processing in order to move defendants into appropriate treatment settings.
- Create effective working relationships between the criminal justice, treatment and Veterans Administration systems.
- Promote employment, stable housing, sobriety and other evidences of recovery.
- 5. Re-establish veteran defendants as productive members of their communities.

Objectives

- Provide access to integrated care including substance abuse treatment, mental health treatment and other medical services
- Provide educational and work skill development, residential and transportation services, and outpatient treatment

Veteran's Court Participants Before & After

1	ΔT	

Substance Dependent - Drugs/alcohol

Unemployed

Homeless

Lack of Confidence

Directionless

Hopeless/Helpless

Isolated

Depressed

Fearful

Unmotivated

Anxious

Pending criminal charges

After

Clean and Sober

Employed

Housed

Confident

Sense of Direction (life goals)

Empowered

Productive

Connected with Family/Friends

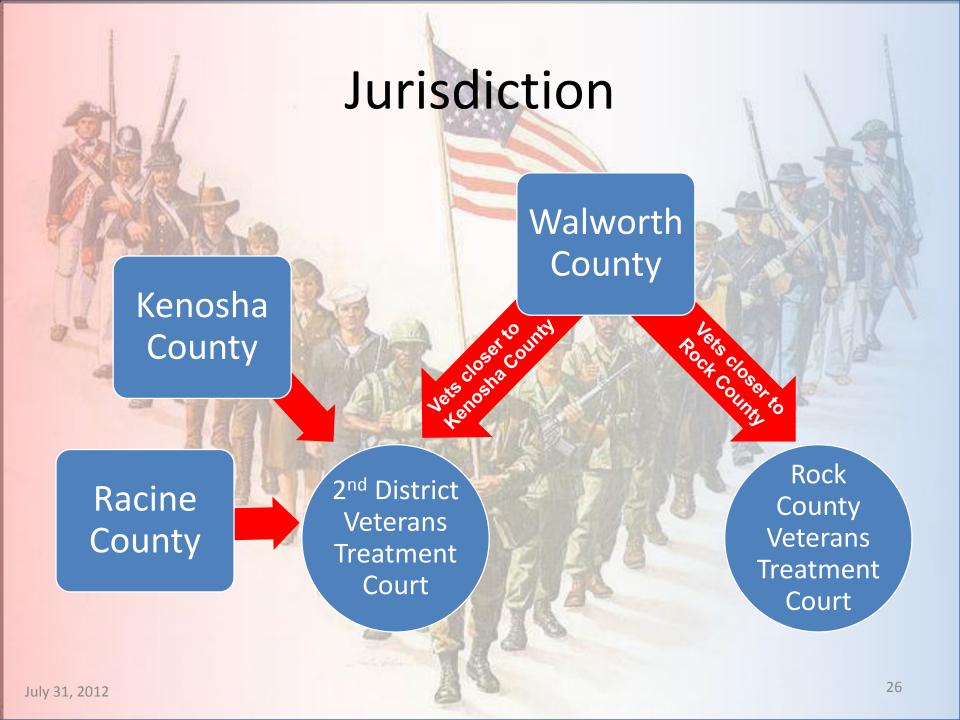
Better Attitude

Improved Health

Enhanced Faith

Clean/improved physical appearance

"Standing tall"



Target Population

- 3 Counties (Kenosha, Racine, Walworth)
- Over age 17
- Veteran:
 - Any branch of the military
 - Currently serving or completed service
 - Any discharge
 - Qualifies for veteran resources
- Mental Health and Substance Abuse issues
- Felonies and Misdemeanors
 - No Class D or more serious felonies
 - No homicide, sexual assault, or stalking offenses
 - Weapons/crimes against children charges considered on a case by case basis

Eligible Veterans

- Branch: Any branch of service (Army, Navy, Air Force, Marines, Coast Guard, National Guard)
- Status: Active Duty/Reserves
- Discharge Types: Honorable, General (Under Honorable Conditions)
- Duration of Service: Greater than 90 days
- Combat Experience: None required
- Deployment: Not required

The following will be considered on a case by case basis:

- <u>Discharge Types:</u> UOTHC (Under Other Than Honorable Conditions), Bad Conduct, Dishonorable
- Duration of Service: Less than 90 days

Offense Eligibility

Vets charged with a Class D or more serious felony and/or with sexual assault or stalking will not be considered for participation in the Veteran's Treatment Court. The issue of whether a violent charge or history will affect a veteran's eligibility for the program will be discussed and decided by the team on a case by case basis.

Screening

What?	Who?	When?	How?	Where?
Clinical (Mental Health and Substance Abuse)	1. ZCI 2. Jail	1. Validated clinical screening tools Within 24 Hours Information: family, employment, residence		ZCI or Jail
Legal	District Attorney	Within 72 Hours	 Facts Criminal History 	
Veteran	1. Jail 2. Law Enforcement	1. Arrest2. Booking3. Jail Risk Assess.	 Questionnaire DOD Database 	

Decision made at all types of screening: In or Out?

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Assessment

- Completed by an LCSW with CSAC cultural competency. Each county will identify a qualified assessor to do assessments.
- Assessment Instruments:
 - Clinical interview
 - Standardized protocol throughout the Second Judicial District
 - Screen for PTSD and TBI
 - Veteran Identification

Assessment

To be eligible to participate, the participant must have:

Alcohol and/or drug dependence
AND/OR

A treatable mental health diagnosis*

- 1) Cognitively understand and follow directions,
- 2) Comprehend the treatment court requirements

^{*} A Treatable Mental Health Diagnosis is characterized as an illness which does not interfere with the participant's ability to:

Ancillary Services Needed

- Health/Dental
- Education
- Housing
- Employment

- Transportation
- Legal Services
 (Family Court)
- Recreation/Self Help
- Spirituality

Length of Treatment

- Months
 - 12 Minimal
 - 18 Optimal
- Phases of Treatment
- Frequency of treatment contact (based on individual)
- Uniform Case Management Report
- Transportation

Treatment Providers

1	TO SHEET WHEN THE PERSON NAMED IN					
100		Veterans Administration		Community Resources		
10000000000000000000000000000000000000	Substance Abuse	1. Inpatient Medical Detox	A. Zablocki V.A. Hospital B. North Chicago C. Madison	B. C. D.	Milwaukee Chatham House Spring Place Crossroads Options	
		2. Outpatient	A. VA B. Vet Center C. Racine/Union Grove D. Kenosha E. Walworth	В. С.	ZCI Racine Community Health Center ZCI In-Jail program Racine County Human Services Department	
		3. Medications				
	Mental Health		ablocki V.A. Hospital North Chicago C. Madison		SAIL Program – St. Lukes Racine Community Health Center	



Phase IV Between 12 and 16

Months

25 Participants

1:25

2 times per week

(random)

90 days compliant to

advance

2 times per month

(Maximum)

Once per month

As necessary per DOC

1 per month - more

contact as needed

2 times per week

(minimum) with sponsor

Stable Housing

Participation for 90 days

Adequate Medical Care

Appointments Kept

AODA: Compliant with

treatment - continues as

needed

Mental Health: Following

doctor's treatment plan

Employed / In School

Monitored by Case

Manager 1 time per

week

No new charges

2 times per week

Phase III

5 Months or less

25 Participants

1:25

2 times per week

(random)

90 days compliant to

advance

2 times per month

(Maximum)

Once every 3 weeks

As necessary per DOC

1 per month - more

contact as needed

2 times per week

(minimum) with sponsor

Stable Housing

N/A

Adequate Medical Care

Appointments Kept

AODA: Compliant with

treatment - continues as

needed

Mental Health: Following

doctor's treatment plan

Employed / In School

Monitored by Case

Manager 1 time per

week

No new charges

2 times per week

Court Phases Requirements ess

1:25

2 times per week

(random)

30 days compliant to

advance

Enhanced 1 time

Every other week

As necessary per DOC

1 per month – more

contact as needed

2 times per week

(minimum)

Stable Housing

N/A

Adequate Medical Care

Appointments Kept

AODA: Compliant with

treatment - continues as

needed

Mental Health: Following

doctor's treatment plan

Employed or in job

search/Educational Plan

- Meaningful Activities Monitored by Case

Manager 2 times per

week

No new charges

2 times per week

ltem	Phase I	Phase II
Duration	4 weeks or less	60 days or less
Goal Target	25 Participants	25 Participants

Caseload

Drug/Alcohol

Testing

Compliance

Time

Supervision/

Probation

Court

Curfew

Home Visits

Support

Meetings

Housing

Alumni

Group

Medical

Care

Treatment

Employment/

Education

Case

Management

New Cases

Veteran

Mentor

Performance Qualification

Standards

1.25

2 random UAs per week

(Minimum)

2 weeks compliant to

advance

Enrolled - COMPAS

Completed

Once per week

As necessary per DOC

1 per month - more

contact as needed

2 times per week

(minimum)

Adequate Housing

N/A

Adequate Medical Care Appointments

Stabilized

Treatment Intake

Completed

- Treatment (AODA

and/or MH) Ready to

Begin

Employment Evaluation

and/or Education Plan

Assessment Completed

No new charges

2 times per week





