Essential Elements and Growing Trends in Veteran's Treatment Courts

PRESENTERS:

Judge Robert Russell, Buffalo Veterans Treatment Court Scott Tirocchi, Division Director, NADCP's Justice for Vets

Session Objectives

- Describe strategies VTCs are employing to improve outcomes for veterans and their families
- Explain how VTCs are similar and how they are different from Drug Courts
- Familiarize the roles of the U.S.
 Department of Veterans Affairs and Veteran Mentors
- Identify services, resources and benefits available to VTCs
- Identify current trends and/or common issues facing VTCs

Active Military Statistics

U.S. Army

U.S. Navy

U.S. Marine Corps

U...S Air Force

U.S. Coast Guard

End Strength:

460,000

332,900

182,000

317,000

42,000

1,333,900 *

(Approximately .41% of the US Population serve in the active military based on a US Population of 327 million) 2018 statistics.



Reserve and National Guard

- RC = Two National Guard Elements (Army & Air) and four reserve elements; USAR, USNR, USMCR and the USAFR.
- Reserves can be activated to duty by the Federal Government. National Guard can be called up by federal and state.
- There are approximately 802,842 Reserve and National Guard in service (.26% of pop.)
- Over 255,000 Reservists and 335,000
 National Guard members have deployed post 9/11.



What Makes a VTC Different?

Appreciation & leveraging

... OF THE MILITARY CULTURE.

Core Principles

Structure

Leadership

Competence

Common Good

Camaraderie

Self-reliance

Core Values - U.S. Army - Example

Loyalty

Duty

Respect

Selfless Service

Honor

Integrity

Personal Courage

Repercussions of Service

All Veterans – Potential Issues: Physical Health

- Circulatory Disorders
- Digestive Disorders
- Musculoskeletal Disorders
- Endocrine Disorders

- Respiratory Disorders
- Non-sexually transmitted infectious disease
- Cardiovascular Disease
- Multiple Idiopathic Sxs

Possible Responsivity Needs of Veterans Involved in the Justice System



- Comorbidities
- ▶ Posttraumatic Stress
- Substance Use Disorder
- Mood Disorder
- Complex Trauma
- ► Traumatic Brain Injury
- Criminogenic Needs

Suggested Read: Posttraumatic Stress Disorder Increases Risk of Criminal Recidivism among Justice Involved-Persons With Mental Disorders (Sadeh & McNeil, 2015) Criminal Justice and Behavior. doi:10.1177/0093854814556880

Most common presenting behavioral health issues we see with participants

- Adjustment Disorder
- Posttraumatic Stress
- Posttraumatic Stress Disorder
- Unspecified Trauma/MST/Complex
- Substance Use; severe, moderate and mild
- Mood Disorder
- Major Depressive Disorder
- ▶ Traumatic Brain Injury
- ▶ Intermittent Explosive
- Antisocial Personality Disorder

Focus on:

Traumatic Brain Injury (TBI)

- ☐ TBI is an injury to the brain from an external force.
- The external force could be from a rapid acceleration and deceleration, impact and blast waves.
- ☐ TBIs are classified as Mild, Moderate and Severe
- ☐ TBI can cause temporary or permanent impairment to cognitive, physical and social functioning.

Suggested Read: Traumatic Brain Injury in Iraq and Afghanistan Veterans: New Results from a National Random Sample Study J Neuropsychiatry Clin Neuroscience. 2017; 29(3): 254–259. doi:10.1176/appi.neuropsych.16050100

Military Sexual Trauma (MST)

- MST is sexual harassment and/or sexual assault that occurs in military settings.
- ☐ 60% of women with Military Sexual Trauma also suffered from PTSD.
- MST is not a diagnosis, but a type of trauma.
- ☐ 1 in 5 women and 1 in 100 men report experiencing MST.

Suggested Read: A Specialized Treatment Court for Veterans with Trauma Exposure: Implications for the Field (Knudsen & Wingenfeld) Community Mental Health Field. 2014. doi:10.117/s10597-015-9845-9

Alcohol Use

Alcohol is the primary substance of abuse/dependence for those that are serving or have served in the military.

- Heavy drinking (five or more drinks per occasion at least once a week) self-reported at 20%, 27% among those with high combat exposure.
- Those deployed to imminent danger areas were 1.36 times more likely to develop an alcohol use disorder than non-deployed service members.
- □ Veterans are twice as likely to die from an accidental opioid overdose compared to the general population.
- □ A correlation: Trauma → Substance Use → Crime

Women Veterans





- DOD rescinded the exclusion of women from direct combat roles effective: 1JAN 2016.
- Women comprise approximately:
 - 16% of the enlisted forces
 - 18% of the officer corps
 - 21% of the Active Duty Air Force
- 9.4% of the total veteran population are women.
- By 2045, women are projected to make up 18 % of all living veterans

Special Issues for Veterans that are Women

Leaving children at home

Increased risk of MST – military sexual trauma

Not accessing veterans' benefits

Women health issues

Homelessness

- Veterans are twice as likely to become homeless as non-Veterans
- Criminal involvement is single best predicator of future homelessness



Telling report - "The State of the American Veteran: The Chicagoland Veterans Study"

- ✓ 45%: Feel that their military skills and experience are often dismissed.
- ✓ 69%: "Civilians do not understand the problems faced by veterans".
- √ 48%: "I feel so distant from people."
- ✓ 48%: "Even around people I know, I don't feel that I really belong."
- ✓ 41%: "Even around my friends, there is no sense of sister/brotherhood.

Kintzle, Sara; Rasheed, Janice M.; and Castro, Carl A., The State of the American Veteran: The Chicagoland Veterans Study, 2016. (Sample of 1,294 Social Connectedness)

Veteran Suicide: Insight for Consideration

- Veterans are 1½ times more likely to die by suicide than those who have not served.
- 20 veterans a day die by suicide.
- The Veterans Crisis Line/Military Crisis Line has answered over 2 million calls since it started in 2007:

Call: 800-273-8255 press #1

Online chat: veteranscrisisline.net/chat

Text: 838255

Deploy & Redeploy

- Discharge/Out processing
- Disconnected from civilian society
- Loss of support
- Loss of identity
- Loss of purpose
- o Where to go for assistance?

The Impact of Transition

48% of Veterans indicate their transition was more difficult than expected.

52% believe their transition was confusing.

76% of veterans agree when asked if their transition was stressful.

38% indicate their first civilian salary was worse than expected.

Why Have A Veterans Treatment Court?

Current and former service members that become justice involved have needs and risk that require clinical and criminogenic interventions which are culturally sensitive to them.

At the same time, recognizing that these tailored interventions are most effective when balanced with an adherence to evidence based practices and standards that are implemented in the treatment court model.

Suggested Read: Military Service and Crime:

New Evidence (Snowden, Oh et al., 2017).

doi:10.1007/s00127-017-1342-8



Unique Components

Court entirely of Veterans

Veterans Health Care Worker(s) & Services

Veteran Mentors

Therapeutic Environment

Hybrid Drug & Mental Health Court with specific responsivity to a culture

Recall The Core Principles of the Military

Structure

Leadership

Competence

Common Good

Camaraderie

Self-reliance

What
Makes
them
Different



The Participants prior experiences are different.



The array of services are expanded, specific and tailored to Veterans,



The addition of Volunteer Veteran Mentors to Treatment Court Operations.

Non-Traditional Resources Veterans Treatment Courts

U.S. Department of Veterans Affairs

U.S. Department of Labor

State Departments of Veterans Affairs

Veterans Service Organizations



V.A. Health Care Worker

- Veterans Justice Outreach (VJO)Specialist
- Obtaining VA Releases of Information
- Facilitating VA linkages for services
- Coordinating and providing VA status report regarding Tx, tox screens, appointments, etc.
- Case management & crisis management



VA Veterans Benefits Administration

- Veteran Service
 Representatives (VBA)
- Liaison
- Obtaining VA Releases of Information
- Facilitate processing or review of Pension Disability Benefits
- Process review of potential errors or corrections on veterans DD214

The backbone of Veterans Treatment Courts...





Veteran Mentors
"Leave no one behind"



Veteran Mentors' Role

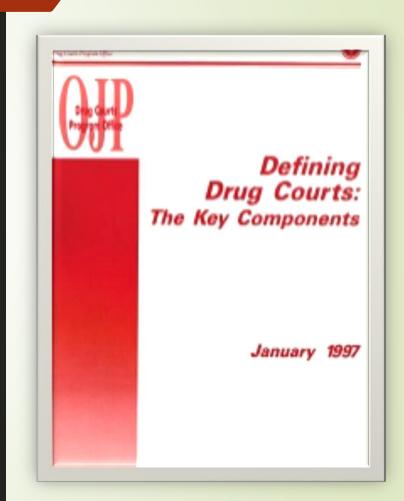
- Coach
- Facilitator
- Advisor
- □ Sponsor
- Support



To create an effective VTC: THERE MUST BE STRUCTURE

Ten Key Components

The publication that defined the drug court model and remains a blueprint for implementing successful programs including Veterans Treatment Courts



Drug Court Best Practice Standards as a Guide for Veterans Treatment Courts

ADULT DRUG COURT BEST PRACTICE STANDARDS

VOLUME II

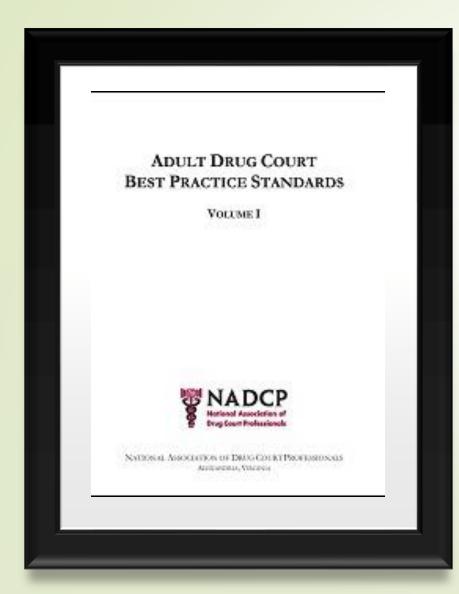


NATIONAL ASSOCIATION OF DRUG CHURT PROFESSIONALS AUGUSTOSA, VALUES ADULT DRUG COURT BEST PRACTICE STANDARDS

VOLUME I

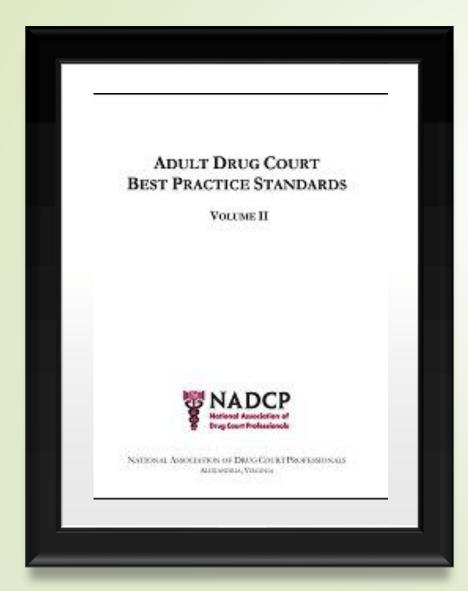


NATIONAL ASSOCIATION OF DRUG CHURT PROFESSIONALS ALTEROPIA, VALUES



Content

- I. Target Population
- II. Equity and Inclusion
- III. Roles and Responsibilities of the Judge
- IV. Incentives, Sanctions, and Therapeutic Adjustments
- V. Substance Use Disorder treatment

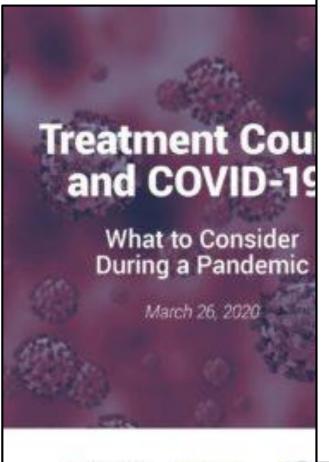


Content

- VI. Complementary Treatment and Social Services
- VII. Drug and Alcohol Testing
- VIII. Multidisciplinary Team
- IX. Census and Caseloads
- X. Monitoring and Evaluation



There is a balance of adhering to the standards and practicing flexibility during these trying times.





Updated April 21, 2020

FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency

 Can a practitioner working in an Opioid Treatment Program (OTP), admit a new patient with opioid use disorder (OUD) to an OTP using telehealth (including use of telephone, if needed)?

Answer: Federal law requires a complete physical evaluation before admission to an OTP.

Under 42 C.F.R. § 8.12(f)(2):

(f) Required services - . . .

(2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.

However, under 42 C.F.R. § 8.11(h), SAMHSA has the authority to grant exemptions to OTPs from certain requirements of the OTP regulations.

With respect to new patients treated with **buprenorphine**, SAMHSA has made the decision to pre-emptively exercise its authority to exempt OTPs from the requirement to perform an in-person physicial evaluation (under 42 C.F.R. 9. 8.12(f)(2)) for any patient who will be treated by the OTP with buprenorphine if a program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telehealth. This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic, and applies exclusively to OTP patients treated with buprenorphine. This exemption does not apply to new OTP patients treated with methadone. In addition, treatment of OTP buprenorphine patients must be done in accordance with SAMHSA's OTP guidance Issued on March 16, 2020. See https://www.samhsa.gov/sites/default/files/otpguidance-20200316.pdf. The OTP provider caring for the buprenorphine patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.

For new OTP patients that are treated with methadone, the requirements of an in-person medical evaluation will remain in force. SAMHSA has made this determination on the basis that eliminating the in-person physical examination requirement for new methadone patients could present significant issues for a patient with OUD. Patients with OUD starting methadone are not permitted to receive escalating doses for induction as take home medication. This means that a person starting methadone for OUD would get a maximum dose of 30 mg/d and may be on this dose, which for most people with OUD would be a low dose that will potentially be inadequate, for extended periods (up to 14 days if the clinic is using a blanket exception during the current medical emergency). The methadone dose could only be increased by a small amount (e.g., 5 mg/d) meaning that the person would be on what are considered to be subtherapeutic doses of methadone to treat OUD for an extended period. An initial in-person physical evaluation is needed in order for OTP providers to address such risks in each newly admitted methadone patient.





Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic: March 20, 2020

Overview: COVID-19 is a novel coronavirus spread by the respiratory route and contact with contaminated surfaces. It appears to be highly contagious and has a significant morbidity and mortality rate. Because these attributes are known and because this agent has been identified as responsible for a global pandemic, it is essential that behavioral healthcare facilities implement plans to protect patients and staff from infection to the greatest extent possible. The following are offered as considerations aimed at decreasing the likelihood of infection and viral transmission and providing for the behavioral health needs of natients.

There are many options for treating mental and substance use disorders which have an evidence base and/or are best practices. These include both inpatient and outpatient options. Because of the substantial risk of coronavirus spread with congregation of individuals in a limited space such as in an inpatient or residential facility, SAMISAS is advising that outpatient treatment options be used to the greatest extent possible. Inpatient facilities should be reserved for those for whom outpatient measures are not considered an adequate clinical option; i.e.; for those with mental disorders that are life-threatening, (e.g.: the severely depressed suicidal person). For those with substance use disorders, inpatient/residential treatment has not been shown to be superior to intensive outpatient treatment. Therefore, in these extraordinary times of risk of viral infection, it is recommended that intensive outpatient treatment services be utilized whenever possible.

CDC has released guidance on the expanded use of telehealth services. SAMHSA strongly recommends the use of telehealth and/or telephonic services to provide evaluation and treatment of patients. These resources can be used for initial evaluations including evaluations for consideration of the use of buprenorphine products to treat opioid use disorder. Further, these resources can be used to implement individual or group therapies such as evidence-based interventions including cognitive behavioral therapy for mental and/or substance use disorders.

For inpatient/residential programs that plan to remain open during the current COVID-19 related emergency; care should be taken to consider CDC guidance on precautions in admitting new patients, management of current residents who may have been exposed to or who are infected with COVID-19, and visitor policies.

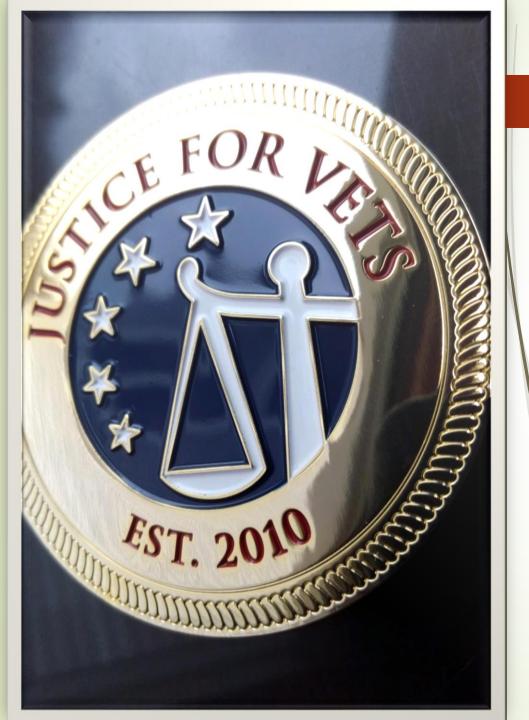




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https://www.nadcp.org/covid-19-resources/

www.samhsa.gov



Justice For Vets: Mission Statement

"WE WILL NOT REST UNTIL THERE IS A VETERANS TREATMENT COURT IN REACH OF EVERY VETERAN IN NEED".

https://justiceforvets.org/resources/

- ✓ Training
- ✓ Research
- ✓ Veteran Mentors
- ✓ Videos
- ✓ Resource Library



- Online Mentor Coordinator Curriculum
- > JFV ACADEMY!

Current Trends and/or Common Issues Facing VTC

Expansion of Veterans Treatment Court

- Increase numbers of VTC
 Note: States' parameters that affect VTC eligibility
 - 1.Statues
 - 2. Court Administrative rules
- Regional VTC
- Federal VTC
- Federal VTC on military base

Medication-Assisted
Treatment (MAT)

Covid 19- Utilization of virtual technology



IN BRIEF

Fall 2016 • Volume 9 • Issue 2



RURAL BEHAVIORAL HEALTH: TELEHEALTH CHALLENGES AND OPPORTUNITIES

This *In Brief* looks at common acceptability, availability, and accessibility barriers to mental and substance use disorder (behavioral health) treatment and services in rural* communities and presents ways telehealth can help surmount some of these barriers. Challenges to implementing effective telehealth services in sparsely populated areas are also discussed. This information is designed to be useful to behavioral health practitioners and many other professionals—such as attorneys, behavioral health training program faculty, clergy, pharmacists,

Exhibit 1. Telehealth Across the Behavioral Health Continuum of Care^{2,3,4,5,6}

Service	Telehealth Example
Assessment	Online substance use questionnaire
Treatment	Cognitive—behavioral therapy through videoconferencing
Medication management/	Text message reminders to take medications as directed

DoD and VA Mobile Apps

Support for Service Members and Their Families



BREATHE2RELAX







- · Stabilize your moods and control your anger.
- Interrupt your body's fight-or-flight instinct and activate its relaxation response.



TACTICAL BREATHER







Learn breathing techniques to control heart rate, emotions and concentration.

- · Maintain focus during stressful
- · Play interactive games and perform helpful exercises.



VIRTUAL HOPE BOX







Collect and store meaningful items that give you comfort and hope.

- · Download supportive photos, videos, messages, quotes and music.
- Create coping cards for stressful times.
- · Distract yourself with games and exercises.



T2 MOOD TRACKER







- · Track your moods and behaviors over time.
- · Use a graph to help identify trends and triggers.
- * Developed by Defense Health Agency Connected Health with Sesame Workshop.
- ** Developed by Defense Health Agency Connected Health with the Department of Veterans Affairs.
- *** Developed by the Department of Veterans Affairs.



THE BIG MOVING ADVENTURE*







- · Help them create a Muppet® friend to share their feelings about moving.
- · Teach them how to say goodbye to people, places and things.
- · Explore the new home together and encourage them to meet new friends.



BREATHE, THINK, DO WITH SESAME*







- · Help a cute monster calm down and deal with emotions.
- · Discover new ways to figure out daily challenges.



SESAME STREET FOR MILITARY FAMILIES*





Explore military life with your preschool child along with the Muppet® characters.

- Help them understand and talk about their feelings.
- · Teach them about military life events like relocating, deploying and coming home.
- · Watch videos and download activities together.



PARENTING2GO**





- · Improve your parenting skills.
- · Reconnect with your family.
- · Get support for dealing with stress.





HEALTH TECHNOLOGIES FOR SERVICE MEMBERS AND THEIR FAMILIES





PTSD Coach** &



Identify and understand PTSD symptoms.

- Take a self-assessment.
- Learn about the effects of
- Develop coping strategies.
- Find resources for support.



Concussion Coach** Identify and manage concussion symptoms.

- Take a self-assessment.
- Use exercises and coping tools.
- Find resources for support.



Stay Quit Coach** @ ...



Get support for quitting smoking and preventing relapse.

- Create a customized plan and track your results.
- Access to ols to cope with triggers.
- Learn to manage relapses.



VetChange** 6

Manage your drinking habits and PTSD symptoms.

- Set goals and create your own self-management plan.
- Track how much you drink and chart your progress.
- Learn tools to manage urges to



Positive Activity Jackpot # Helps users who may be overwhelmed by depression find nearby enjoyable activities.

- Using a jackpot feature to find activities.
- Customize activities and save
- Add activates to your calendar and invite friends.



Pain & Opioid Safety 📽 🖤

Provides information and resources for the use of opioids in pain management

- · Provides information and FAQs for patients managing pain.
- Tools and materials for tracking



LifeArmor

Discover 16 psychological health issues common in the military.

- Learn more about topics like PTSD, anger, and depression.
- Take self-assessments.
- Learn healthy coping skills.



Mindfulness Coach**

Learn nine different forms of mindfulness meditation.

- Steer your mind away from distressing thoughts.
- Use to help deal with anxiety. stress and chronic pain.
- Track your progress and set reminders.
- * Developed by or in partnership with Sesame Workshop,

.........

** Developed by or in partnership with the U.S. Department of Veteran's Affairs. mopsqqaavym.www.

This product was developed by the Connected Health Branch, Defense Health Agency. February 2020, PUID #23

MORE APPS

NOTE: To assist family members as well.

Learn more at health mil/Connected Health

Why Veterans Treatment Court?

Affording the best opportunity for success and...

"...To care for him who shall borne the battle and for his widow, and his orphan"

President Abraham Lincoln





Veterans Stood Up for Us Now let us stand up for Veterans









Questions