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Treating Veterans In Courts – Specific Issues & Interventions

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The VA – who are we?

The Department of Veterans Affairs (VA)

Veterans Health Administration (VHA)

- All Health care services
- Medical Centers, Ambulatory Care & Community Based Outpatient Clinics

Veteran Benefits Administration (VBA)

- All VA Benefits - VA Regional Offices
- Compensation & Pension, GI Bill, Home Loans, etc.

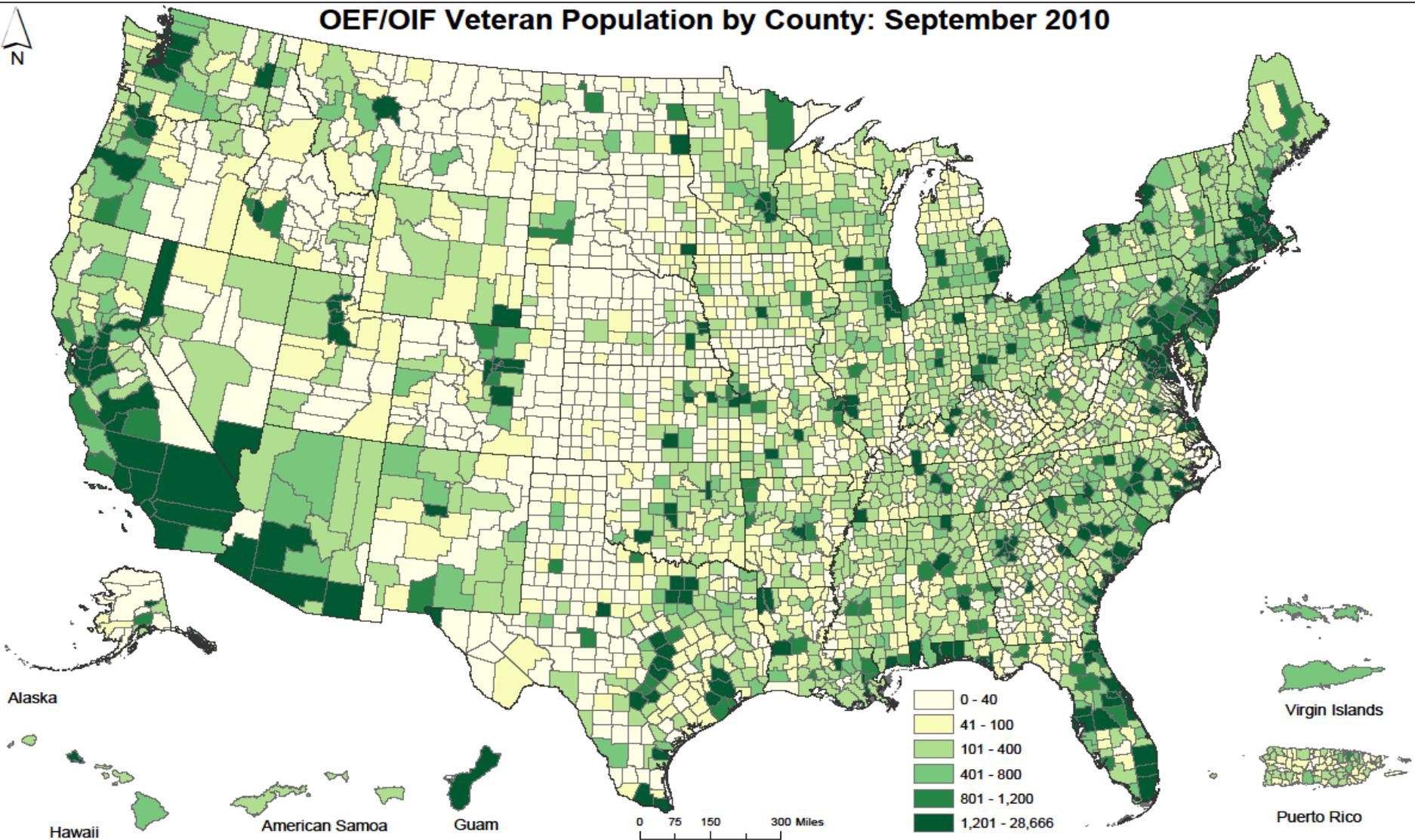
National Cemetery Administration (NCA)

- National and State Veterans Cemeteries
- Headstones , Markers & Presidential Memorial Certificates



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OEF/OIF Veteran Population by County: September 2010





Veteran Population by County

➤ St. Louis County	16,421
➤ McLeod County	2,959
➤ Meeker County	2,046
➤ Hennepin County	64,470
➤ Ramsey County	29,309
➤ Carver County	4,906
➤ Anoka County	27,003
➤ Wright County	7,688
➤ Stearns County	11,356

Based on projections by National Center for Veterans Analysis and Statistics: Projections for September 30, 2011



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Veteran Population by County

➤ Clay County	3,816
➤ Beltrami County	3,338
➤ Itasca County	4,985
➤ Brown County	2,223
➤ Kandiyohi County	2,978
➤ Pennington County	1,082
➤ Swift County	965
➤ Steele County	2,701
➤ Watonwan County	771

Based on projections by National Center for Veterans Analysis and Statistics: Projections for September 30, 2011



The Burden

- **Less than 1% of the Population Serve in the United States Military**
 - At the height of WWII 12% or 56% of the age eligible population served. (Segler & Wechler, 2004)
- **2.2 Million Troops have served for Operation Iraqi Freedom and Operation Enduring Freedom**
 - 37% having deployed at least twice (Litz and Schlenger, 2009)



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OIF/OEF Demographics

- 12 month average length of most deployments
- 34% served 2+ tours of duty
- 31 – 40% are National Guard/Reserves
- 14% women – 86% men
- 50% married
- 75% of the National Guard/Reservists have children
- 40% of children are under age 5



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Armed Forces Today

- More diverse and complex population
- Ethnic minorities range from 24% in the Air Force to 40% in the Army.
- Women range from 7% in the Marine Corps to 19% in the Air Force.
- 50% of service members are married with 11% being to other service members.
- Over 95% have high school diploma or GED



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Readjustment Concerns



Combat Operational Stress Reaction

- Definition:
 - Combinations of physical and mental stressors in the combat zone can produce symptoms in any Soldier and may temporarily interfere with performance
 - On the Bright Side-COSR can also produce positive behaviors...negative effects diminish or resolve given time and positive support



Combat Operational Stress Reactions

- War Zones Skills are NOT the same skills we need at home
- Normal Warrior behavior for a service member is often not understood by family, friends, co-workers or our communities
- Service members need 2 sets of skills
 - **WAR/Survival Coping Skills**
 - **HOME Skills**



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Mission Oriented

- **War**
 - Once a mission is assigned – unrelated tasks are unimportant
 - Decisions need to be quick, clear, accurate
 - No time for discussion
- **HOME**
 - Multiple competing tasks cause confusion
 - Get angry with those who get in the way of mission
 - Difficulty participating in cooperative decision making
 - Frustration with others



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Safety & Trust

- **War**
 - **Vigilance pays off**
 - **Never get to relax**
 - **Assume everyone is the enemy**
- **Home**
 - **Avoid getting involved**
 - **Suspicious of everyone**
 - **Test people to earn trust**
 - **Always on guard**
 - **Isolative**



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Response Tactics

- **War**
 - Act first think later
 - Maximum application of force and resources
- **Home**
 - Unable to think first and act later
 - Soldier may insist things not be out of place
 - Soldier may find himself/herself training the family to survive the war zone



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Emotions & Anger

- **War**
 - Control emotions
 - Numbing
 - Anger useful, protective, survival skill
- **Home**
 - Insensitivity to others
 - Decreased ability to read others emotions
 - Decreased emotional enjoyment
 - Increased irritability and defensiveness
 - Increased alcohol and drug use to avoid feeling emotions



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Communication

- War
 - Difficulty talking
 - Little or no time to talk about powerful events
 - Can change entire view of world and self
- Home
 - More comfortable talking with soldiers
 - Fear others may judge
 - Being unable to talk may keep soldier from feeling a part of home life



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Closeness

- **War**
 - Intense relationships
 - Strong bonds, depending on each other for survival
 - If losses, learn to avoid getting close
- **Home**
 - Long term intimacy more complicated
 - May expect same level of intensity of intimacy at home
 - May push loved ones away



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Intelligence

- **War**
 - Restrict any information that may be used against you
- **Home**
 - Give out little information
 - Keep to self
 - Avoid Talking
 - Social discussions not important



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Authority

- **War**
 - Little room for choice
 - May not have faith

- **Home**
 - Reluctant to let others have authority
 - May take on too much authority
 - Increased confrontations



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HYPERVIGILANCE

Adrenaline Rush

- War
 - A year or more of daily hypervigilance
- Home
 - Inability to relax/slow down
 - Sleep changes
 - Dreams
 - Monitoring environment/perimeter
 - Attempts to relive “Rush”



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Issues Facing Returning Veterans

- **Reintegration Issues**

- Who Am I?
- Where Was I?
- How Am I?

Family Dynamics

Employment/Educational Issues

Future Focused-Setting Goals

Making Sense of it All



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Emerging Bio/Psycho/Social Issues

- **Medical Issues**
- **Suicide**
- **Relationship issues/Divorce**
- **Anger related issues**
- **Driving offenses**
- **Reintegration difficulties**
- **Violence/Abusive Behavior**
- **Addiction**
- **Employment Issues**
- **Criminal Justice Involvement**



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Medical Issues

- Muscle-Skeletal Pain
- Body armor is 65-80 pounds
- Shortened height
- Intestinal Problems
- Food
- Sun
- Sleep Disturbances



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Post Traumatic Stress Disorder



What is PTSD?

Trauma as defined by the APA:

- The person is exposed to a traumatic event in which both of the following are present
 - The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - The person's response involved intense fear, helplessness, or horror.



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Military Trauma

- Combat
 - May be aggressor or target
 - Guilt/shame

- Military Sexual Trauma

- Training incidents

- On the job incidents

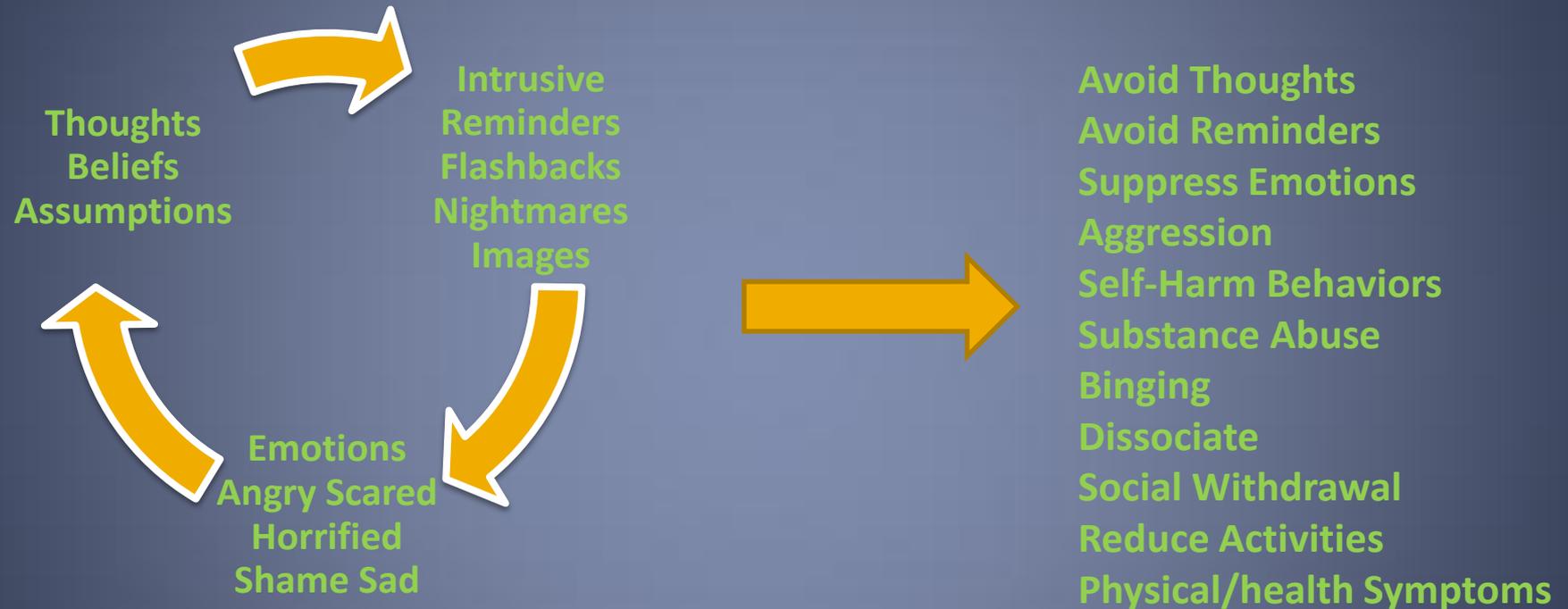


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Three Symptom Clusters of PTSD

- Re-experiencing
- Avoidance and Emotional Numbing
- Arousal

Posttrauma Reactions That Lead to PTSD



ESCAPE/AVOIDANCE



Common Mental Health Issues

- **Mood Disorders (Depression, Bi-polar disorder)**
- **Psychotic Disorders**
- **Substance Abuse**
- **Other Anxiety Disorders**
- **Personality Disorders**
- **Traumatic Brain Injury**
- **Pain**



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Services For Veterans



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Veterans in The Criminal Justice System

- On any given day, Veterans account for nine of every one hundred individuals in U.S. Jails and Prisons (Noonan & Mumola, 2007; Greenberg & Rosenheck, 2008).
 - 70% are non-violent
 - 82% of those released from jails are eligible for VA
- BJS (2006) 60% of all US jail inmates had mental health problem.
 - 5 in 6 with MH Dx had received no previous treatment
- BJS (2002) found 65% had alcohol or drug dependency problem
- The National Vietnam Veterans Study found that among male combat Veterans of Vietnam with Current PTSD, nearly half had been arrested one or more times (National Center for PTSD, n.d.)



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VA is making a system-wide effort to ensure access to services for the justice involved veteran population at risk for homelessness, substance abuse, mental illness, and physical health problems



Veterans Justice Outreach National Initiative

- “The purpose of the VJO Initiative is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to VHA Services.”



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A Justice-involved veteran is:

- a. A Veteran in contact with local law enforcement who can be appropriately diverted from arrest into mental health or substance abuse treatment;
- b. A veteran in local jail, either pretrial or serving a sentence ; or
- c. A Veteran involved in adjudication or monitoring by a court



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DUSHOM Memo (May 2009)

Designation of a Veteran Justice Outreach (VJO) Coordinator at every VAMC to:

Provide outreach to justice-involved Veterans in the communities they serve

To take initiative in building working relationships and reach out to potential Justice System Partners to see that eligible justice-involved Veterans get needed care

Partner with Law Enforcement Crisis Intervention Teams (CIT) to train law enforcement personnel on Veteran specific issues.



Veterans Treatment Courts

- Veterans Treatment Courts (VTC) are described as “hybrid drug & mental health courts that use the drug court model to serve Veterans struggling with addiction, serious mental illness and/or co-occurring disorders. They promote sobriety, recovery and stability through a coordinated response that involves cooperation and collaboration with VA medical centers, the Veterans Benefits Administration, volunteer Veteran mentors and Veterans’ family support organizations.”



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Current Veterans Treatment Courts

- Hennepin County, MN – July 2010
- Washington County, MN – January, 2012
- Blue Earth County, MN – May, 2012
- Anoka County – November, 2012
- Chippewa Valley (Eau Claire, Dunn, Chippewa) – January 2011
- Pierce County, WI (Pierce, Pepin, Buffalo & St. Croix) August, 2011
- Ramsey County, MN – planning phase
- Olmsted County, MN – planning phase



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Benefits of VTCs

- Expedite “access to care” for Veterans
- Ease the burden on valuable community resources
- Allow Veterans to go through the court process with those who are similarly situated and have past experiences
- Provide volunteer Veteran Mentors
- Promote Veteran accountability
- Promote sobriety, recovery and stability through a coordinated response including treatment in conjunction with judicial monitoring.



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VA Authorization

Title 38 CFR 17.38

VHA can provide

- Outreach, assessment, and referral to services
- Treatment for justice-involved Veterans who are not incarcerated

Does NOT allow VHA to provide:

- Hospital or outpatient care for a Veteran who is:
 - A patient or an inmate in an institution of another government agency
 - If that agency has a duty to give that care or service



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Incarcerated Veterans

VA benefits are affected if a beneficiary is convicted of a felony and imprisoned for more than 60 days. Disability or death pension paid to an incarcerated beneficiary must be discontinued. Disability compensation paid to an incarcerated Veteran rated 20 percent or more disabled is limited to the 10 percent rate. For a Veteran whose disability rating is 10 percent, the payment is reduced to half of the rate payable to a Veteran evaluated as 10 percent disabled.

Any amounts not paid may be apportioned to eligible dependents. Payments are not reduced for participants in work-release programs, residing in halfway houses or under community control.

Failure to notify the VA of a Veteran's incarceration can result in overpayment of benefits and the subsequent loss of all VA financial benefits until the overpayment is recovered. VA benefits will not be provided to any Veteran or dependent wanted for an outstanding felony warrant.



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Minnesota Law

609.115 Subdivision 10

Subd. 10. Military veterans.

(a) When a defendant appears in court and is convicted of a crime, the court shall inquire whether the defendant is currently serving in or is a veteran of the armed forces of the United States.

(b) If the defendant is currently serving in the military or is a veteran and has been diagnosed as having a mental illness by a qualified psychiatrist or clinical psychologist or physician, the court may:

(1) order that the officer preparing the report under subdivision 1 consult with the United States Department of Veterans Affairs, Minnesota Department of Veterans Affairs, or another agency or person with suitable knowledge or experience, for the purpose of providing the court with information regarding treatment options available to the defendant, including federal, state, and local programming; and

(2) consider the treatment recommendations of any diagnosing or treating mental health professionals together with the treatment options available to the defendant in imposing sentence.



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Health Care for Re-entry Veterans (HCRV)

- The mission of the HCRV Program is to promote successful community adjustment and integration of re-entry veterans by...
 - Outreach
 - Assessment
 - Education
 - Post-release case management



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What about rural Veterans?



Why Rural Veterans?

- **Just under 30 percent of the Veteran population today resides in rural areas.**
- **Rural Veterans represent 41 percent of the total enrolled Veteran population in the VA health care system. Around 30 percent of those enrolled rural Veterans served in OIF/OIF and OND**



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Comparisons: Rural Veteran & Urban Veteran

- Rural Veterans = 6,334,076
- Urban Veterans = 15,464,001
- Rural communities had a higher percentage of Veterans in the age range of 55 to 74. Urban communities had a higher percentage of young Veterans (age 18 to 34) and elderly Veterans (75 and over) compared with rural Veterans. The median age for both rural and urban Veterans fell within the 55 to 64 year range



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We Can't Have a Veterans Court...

Many justice partners are developing processes to identify and address needs of justice involved Veterans through creative solutions and connect them with the necessary treatment, care & interventions he/she deserves



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VJO Rural Outreach

- Veteran Justice Outreach meetings with Justice System Partners and County Veteran Service Officer
- Consider regional or County trainings on Veterans' Issues
- Collaboration with VA and community Partners regarding existing resources
- Possible phone assessments
- Communication (Law Enforcement, Jail, Court, Corrections, VSO, ROIs)
- VA's limitations



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VJO Rural Outreach – Law Enforcement

- Educate Law Enforcement on Veterans issues and how to link Veterans to VA Health Care and Benefits
- Take advantage of knowledge and expertise of Veterans on staff
- Veterans' Justice Cards
- Fact sheet



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VJO Rural Outreach – Jail

- Coordination with Jail Administrators and Jail Program Coordinators
- Post Veterans Justice Outreach Flyer
- Identify Veteran status as Booking
- Training (Possible Video Roll Out)
- Jail Outreach (In person, by phone)



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VJO Rural Outreach – Court

- Training/Education
- Ongoing collaboration and learning
- Identifying Veteran at Bond Study
- Identification on First Appearance Statement of Rights
- Possible treatment options & Information Sharing



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VJO Rural Outreach – Community Corrections

- Ongoing training and education
- Communication and Release of Information
- Collaboration regarding community supports
- Ongoing recommendations



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VJO Rural Outreach – Transportation

- County Agencies
- County Veteran Service Officer
- Informal resources
- Disabled American Veterans
- VA Does not provide transportation
 - Does provide travel pay



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- What can you do to help veterans in rural Minnesota?



Eligibility for VA Care

- Is Veteran eligible for VA Care? Are they enrolled?
- Must have DD214
- Collaborate with County Veteran Service Officer
- www.macvso.org/cvso.html



How to help Veteran Access VA Care

- Identify Case Manager and/or care coordinator (social worker or RN) at VA and collaborate with them to determine:
 - What are mental health issues
 - What are substance abuse issues
 - Housing and/or employment concerns
 - Medical
 - What appropriate treatment is available

- If unable to identify a case manager or care coordinator, contact a Veterans Justice Outreach Specialist



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Medical Services

- General Medical Clinics
- Specialty Clinics
- Medication
- Health Education
- Telehealth
- My Healthy Vet
- Women's' Clinic
- Polytrauma/TBI



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Minneapolis VA Substance Abuse Treatment

- ❖ Intensive Outpatient Treatment (lodging PRN)
 - ❖ 4 weeks; 9 hours per week = 36 Hours
- ❖ Relapse Prevention (no lodging)
 - ❖ 3 week; 3 hours per week = 9 Hours
- ❖ Aftercare (no lodging)
 - ❖ 8 week; 2 hours per week = 16 Hours
- ❖ Addictive Disorders Clinic
 - ❖ All Outpatient Care
 - ❖ Individual CBT, DBT, Relational & Supportive Therapy
 - ❖ Psychiatry
 - ❖ Research Studies
 - ❖ Antabuse, Suboxone & Methadonr Clinics
 - ❖ AA/NA, Coping Skills, SMART Recovery, WRAP, Mindfulness, MI/SUD, YOGA
- ❖ **Community Based Outpatient Clinics**



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St. Cloud VA Mental Health and Substance Abuse Treatment

- ❖ 49 day Residential PTSD Treatment. 16 beds.
 - ❖ **Call 320-255-6480 ext 6390**
- ❖ 30-45 Residential Rehabilitation Treatment Program. Dual Disorder Program. 148 beds.
 - ❖ **Call 320-255-6480 ext 6390**
- ❖ Independent Living Skills Program. Week to week placement. 18 beds.
 - ❖ **Call 320-255-6480 ext 6390**



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Minneapolis VA Mental Health Treatment

- ❖ Acute Psychiatry Unit
 - ❖ Locked 24 bed Unit
- ❖ Partial Psychiatry Hospitalization (PPH)
 - ❖ 5 Days/wk; 3 weeks
 - ❖ Primary Axis I or II Diagnosis (other than Substance Use)
 - ❖ Has PTSD & SUD track
 - ❖ Lodging Available
- ❖ Mental health and Primary care
- ❖ MHICM (Mental Health Intensive Case Management)
- ❖ Veterans Bridge To Recovery/CRRC
- ❖ Suicide Prevention **(1-800-273-8255)**



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Evidenced Based Therapeutic Interventions

- ❖ Cognitive Processing Therapy (CPT)
- ❖ Prolonged Exposure Therapy (PE)
- ❖ Seeking Safety
- ❖ Cognitive Behavioral Therapies
- ❖ Dialectical Behavioral Therapy
- ❖ Moral Reconciliation Therapy
- ❖ Other therapies (relational, psychodynamic, ACT)



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Minneapolis VA Mental Health Treatment

- ❖ Geropsychiatry
- ❖ Mental Health Homeless Programs
- ❖ Team L (PTSD & Anxiety)
- ❖ Addictive Disorder Services
- ❖ Mood Team (Depression & Bipolar)
- ❖ Serious Mental Illness
- ❖ All include psychotherapy, nursing & psychiatry
- ❖ Community Based Outpatient Clinics



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Minneapolis VA Medicine & Specialty Care

- ❖ **Spinal Cord Injury Center**
- ❖ **Polytrauma & TBI**
- ❖ **Orthopedics**
- ❖ **Cardiac Surgery Program**
- ❖ **Pharmacy**
- ❖ **24/7 Emergency Care**
- ❖ **Dental & Eye**
- ❖ **Neurology**
- ❖ **309 Inpatient Medicine Beds**



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How to contact a VA near you!

- ❖ www.stcloud.va.gov
- ❖ St. Cloud VA: 320-252-1670
- ❖ Alexandria CBOC: 320-759-2640
- ❖ Brainerd CBOC: 218-855-1115
- ❖ Montevideo CBOC: 320-269-2222
- ❖ Fergus Falls CBOC: 218-739-1400
- ❖ Bemidji CBOC: 218-755-6360



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How to contact a VA near you!

- ❖ www.minneapolis.va.gov
- ❖ Rochester CBOC: 507-252-0885
- ❖ Northwest Metro CBOC: 612-467-1100
- ❖ Maplewood CBOC: 651-290-3040
- ❖ Mankato CBOC: 507-387-2939
- ❖ St. James CBOC: 507-375-9670
- ❖ Minneapolis VA: 1-866-414-5058
- ❖ Hibbing CBOC: 218-263-9698
- ❖ Twin Ports CBOC: 715-392-9711
- ❖ Chippewa Falls CBOC: 715-720-3780 (WI)
- ❖ Rice Lake CBOC: 715-236-3355 (WI)



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St. Cloud – Mike Mathies (21)

- ❖ Renville
- ❖ Chippewa
- ❖ Swift
- ❖ Stevens
- ❖ Pope
- ❖ Kandiyohi
- ❖ Meeker
- ❖ Wright
- ❖ Stearns
- ❖ Todd
- ❖ Morrison
- ❖ Benton
- ❖ MilleLacs
- ❖ Kanabec
- ❖ Crow Wing
- ❖ Cass
- ❖ Isanti
- ❖ Sherburne
- ❖ Yellow Medicine
- ❖ Lac Qui Parle
- ❖ Douglas



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Minneapolis – David Holewinski (37)

- ❖ Cook
- ❖ Lake
- ❖ St. Louis
- ❖ Koochiching
- ❖ Itasca
- ❖ Aitkin
- ❖ Carlton
- ❖ Pine
- ❖ Chisago
- ❖ Washington
- ❖ Anoka
- ❖ Hennepin
- ❖ Ramsey
- ❖ McLeod
- ❖ Carver
- ❖ Scott
- ❖ Dakota
- ❖ Sibley
- ❖ Nicollet
- ❖ Le Sueur
- ❖ Rice
- ❖ Goodhue
- ❖ Redwood
- ❖ Brown
- ❖ Watonwan
- ❖ Blue Earth
- ❖ Faribault
- ❖ Waseca
- ❖ Freeborn
- ❖ Steele
- ❖ Mower
- ❖ Dodge
- ❖ Olmsted
- ❖ Fillmore
- ❖ Winona
- ❖ Houston
- ❖ Wabasha



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Sioux Falls – Becky Hess (9)

- ❖ Martin
- ❖ Jackson
- ❖ Nobles
- ❖ Rock
- ❖ Cottonwood
- ❖ Murray
- ❖ Lincoln
- ❖ Lyon
- ❖ Pipestone



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Fargo – Clanci Burnhart (20)

- ❖ Big Stone
- ❖ Traverse
- ❖ Grant
- ❖ Ottertail
- ❖ Wilkin
- ❖ Clay
- ❖ Becker
- ❖ Hubbard
- ❖ Wadena
- ❖ Norman
- ❖ Mahnomen
- ❖ Clearwater
- ❖ Beltrami
- ❖ Lake of the Wood
- ❖ Red Lake
- ❖ Polk
- ❖ Pennington
- ❖ Marshall
- ❖ Kittson
- ❖ Roseau



Contact Information

- ❖ Clanci Barnhart
 - ❖ Fargo, ND 701-239-3700
- ❖ Becky Hess
 - ❖ Sioux Falls, SD 605-336-3230
- ❖ David Holewinski
 - ❖ Minneapolis 612-467-5082
- ❖ Mike Mathies
 - ❖ St. Cloud 320-255-6480 ext 6275



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What to consider

- **The purpose of the Veterans Justice Outreach Program is to assist the Justice system in determining what VA Tx options are available to Veterans**
- **Has local law enforcement been given adequate training to understand Veterans issues and available resources?**
- **Is the local court system (judges, attorneys, probation) aware of Veterans' issues and have systems been set up to collaborate with the VA and other appropriate community resources for Veterans?**
- **Is the local jail identifying Veterans and able to refer them to VA when indicated?**
- **What can the VA and county/state do to improve the process for identifying and assisting Veterans within systems?**