

2014

VETERANS RESOURCE GUIDE FOR THE FLORIDA STATE COURT SYSTEM

**Prepared by the Florida
Supreme Court Task Force on
Substance Abuse and Mental
Health Issues in the Courts
June 2014**



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Administrator/Office of Court
Improvement
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This Veterans Resource Guide acknowledges, and pays special tribute to, all of the brave men and women who have fought for our country in war, so others can live in peace.

JUDICIAL BENCH GUIDE TO ASSISTING VETERANS IN THE CRIMINAL JUSTICE SYSTEM WITH SUBSTANCE ABUSE AND/OR MENTAL HEALTH DISORDERS

Veterans often face challenging experiences during their service, including combat exposure, multiple deployments, physical injury, and psychological trauma. As a result, mental health and substance use disorders for this population has increased, significantly impacting the criminal justice system. Judges and court personnel have a critical role in ensuring that veterans and service members entering the criminal justice system get access to treatment and resources to effectively treat these disorders and help return them to productive members of the community.

HOW DOES FLORIDA LAW DEFINE A VETERAN AND SERVICE MEMBER?

A **veteran** is defined in section 1.01(14), Florida Statutes as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.

A **service member** is defined in section. 250.01(19), Florida Statutes as any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.



For the purposes of veteran's benefits, the state and federal government do not recognize a person with a military dishonorable discharge as a veteran.

HOW DO I IDENTIFY A VETERAN?

Sample questions to determine if a defendant is a veteran and qualifies for benefits:

- ❖ Have you ever served in the United States Armed Forces?
- ❖ Have you ever served in the United States National Guard or Reserves?
- ❖ What type of discharge did you receive?

*Currently, many jails are identifying veterans.

HOW DO I DETERMINE THE NEED FOR TREATMENT?

Screening (*is the veteran eligible?*) and assessment (*which services are needed?*) is part of the decision-making process that, at a minimum, examines information about the veteran's substance use and mental health history. Information gathered during screening and assessment is used to determine a diagnosis, develop a treatment plan, and determine how the court can best meet the needs of the defendant.

HOW DO I DETERMINE THE APPROPRIATE AVENUE FOR THE VETERAN? Some courts have a wide array of programs and services for defendants who are in need of substance abuse and/or mental health treatment. Veterans court is one example and was developed as an innovative and creative response for the court to deal with drug abuse and mental illness.

WHAT IS A VETERANS COURT?

Florida Statute 394.47891, establishes the T. Patt Maney Veterans’ Treatment Act, which authorizes a veterans court with the purpose of addressing the substance abuse and mental health needs of veterans within the criminal justice system. Veterans court serves justice-involved veterans with a military-related substance use and/or mental health disorder including traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Veterans court is modeled after drug court. As a result, it requires the participant to appear regularly before the court, attend mandatory treatment sessions, and submit to frequent testing for substance use. An essential part of veterans court is the addition of volunteer veteran mentors to assist their fellow veterans with a wide array of support. Furthermore, the Veterans Health Administration (VHA) plays a key role in veterans court as their services are provided to justice-involved veteran participants.

WHAT IF THE UNDERLYING CHARGE IS A FELONY? If a veteran is charged with a felony, other than a felony listed in section 948.06(8)(c), Florida Statutes, they are eligible for voluntary admission into a pretrial veterans court. If a veteran is adjudicated of a felony offense, they may be sentenced in a manner that appropriately addresses the severity of the mental illness, traumatic brain injury, substance abuse disorder, or psychological problem through services tailored to the veteran’s needs.

WHAT IF THE UNDERLYING CHARGE IS A MISDEMEANOR? If a veteran is charged with a misdemeanor, they are eligible for voluntary admission into a misdemeanor pretrial veterans court.

WHAT ABOUT PROBATIONERS? If a veteran is on probation for a crime that was committed on or after July 1, 2012, the court may impose a condition requiring the probationer to participate in veterans court.

WHAT ABOUT VETERANS WHO ARE NOT ELIGIBLE FOR VETERANS COURT UNDER FLORIDA STATUTE 394.47891, OR WHAT IF THERE IS NO VETERANS COURT IN MY JURISDICTION?

If a veteran received a military discharge other than honorable, they may not receive certain benefits from the Department of Veterans’ Affairs (VA) and subsequently may not be eligible for veterans court. However, there are other problem-solving courts, such as drug courts or mental health courts, as well as other treatment resources in the community, in which this population may be eligible. Alternatively, a veteran may appeal their discharge status to become eligible for benefits. If there is not a veterans court in your jurisdiction, the court can apply differentiated case management principles to serve a population of justice-involved veterans.

ARE THERE ANY NON-GOVERNMENTAL VETERAN SERVICES AVAILABLE? There are many non-governmental organizations that provide immediate assistance to veterans and their families. Some organizations provide domestic services such as housing, utilities, and food. In addition, some provide assistance with education, job training, job placement, and health care. There are also many social organizations that provide advocacy and general camaraderie among the veteran population.

VETERANS JUSTICE OUTREACH (VJO) INITIATIVE

It is very important for the court to partner with their local VA Medical Center and engage the VJO specialist in an effort to ensure that eligible justice-involved veterans have access to all VA benefits including mental health and substance abuse services. Each veterans court is encouraged to work with the VJO specialist assigned to their jurisdiction in order to access services and treatment through the VA. For a list of VJO specialist contacts, please visit <http://www.va.gov/homeless/vjo.asp>.

WHAT, WHO, WHEN, and WHY?

- **WHAT** is the Veterans Resource Guide? A guide to assist judges and court staff in responding effectively and efficiently to the substance abuse and mental health needs of Florida’s veterans.
- **WHO** should use the Veterans Resource Guide? Judges, magistrates, court staff, and attorneys will find the information in the resource guide helpful.
- **WHEN** should the Veterans Resource Guide be used? Now! Florida has the fastest growing veterans’ population in the country. We cannot afford to wait.
- **WHY** use the Veterans Resource Guide? It will assist judges, magistrates, court staff, and attorneys to meet the challenges of responding to the needs of veterans.

Justice-involved veterans need a coordinated response that provides secure housing, nutritional meals, basic physical health care, substance abuse treatment and aftercare, mental health counseling, personal development and empowerment. Additionally, justice involved-veterans need job assessment, training, and placement assistance.

INTRODUCTION

There is a growing prevalence of veterans entering Florida's jails and prisons with criminal behavior stemming from military service-related issues. These issues are both physical and mental in nature and may include, but not limited to, substance abuse (including alcohol), mental and physical illness, homelessness, unemployment, and affected relationships. The impact of military service for some can be boundless and infinite. As a result, we are finding veterans who are experiencing these and other issues, entering the criminal justice system at an alarming rate. The combination of substance abuse and alcohol, mental health issues, homelessness, and unemployment creates a perfect storm for sending veterans into the criminal justice system.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), on any given day, veterans account for nine of every one-hundred individuals in United States jails and prisons. Taken as a whole, veterans are not over-represented in the justice system as compared to their proportion in the United States general adult population. However, several sources indicate that veterans do appear to be overrepresented when it comes to substance abuse, alcoholism, unemployment, assaults, domestic violence and conflict, homelessness, and some mental health disorders. Veterans of Operation Enduring Freedom (OEF) and Operating Iraqi Freedom (OIF) constitute a small proportion of all justice-involved veterans. While the majority of veterans in prison served during a wartime period, only one in five served combat duty. Of those who served during wartime, most are Vietnam veterans. Nearly all veterans in prison are males, with a median age of 45 years. Veterans in prison are more likely to have committed a violent crime and to serve a longer sentence than civilians but less likely to have a criminal history prior to the offense that resulted in prison.

The National Institute on Drug Abuse (NIDA) suggests that the ongoing operations in Iraq and Afghanistan continue to strain military personnel, returning veterans, and their families. Some have experienced long and multiple deployments, combat exposure, physical injuries, as well as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Furthermore, although the 2008 Department of Defense Health Behavior Survey revealed general reductions over time in tobacco use and illicit drug use, it reported increases in other areas, such as prescription drug

abuse and heavy alcohol use. In fact, prescription drug abuse doubled among U.S. military personnel from 2002 to 2005 and almost tripled between 2005 and 2008. NIDA also proposes that alcohol abuse is the most prevalent problem and one which poses a significant health risk. A study of Army soldiers screened 3 to 4 months after returning from deployment to Iraq showed that 27 percent met criteria for alcohol abuse and were at increased risk for related harmful behaviors (e.g., drinking and driving, using illicit drugs).

In a February 2014 report by the Congressional Research Service (CRS), it is suggested that 152,986 incident cases of PTSD were present among both previously deployed and not previously deployed OEF and OIF veterans between 2000 and 2014. Moreover, the number of TBI occurrences were almost 300,000 during that same time period. The full report can be viewed [here](#).

A study of incarcerated and homeless veterans who were contacted by veteran outreach workers found that one in five incarcerated veterans were experiencing long-term homelessness prior to being admitted to jail. Three in four were unemployed. In the year after being contacted by veteran outreach workers, veterans who had been in jail were less likely than veterans who had been homeless to receive any health care services from the United States Department of Veterans Affairs (VA).

WHY ARE VETERANS UNIQUE?

Returning home from war

Veterans have unique experiences and face unique challenges. As a result, they have unique needs. Veterans have many shared experiences that are not common among the civilian population. Rates of mental health injuries are increasing not only because of the time it takes for veterans' psychological injuries to manifest, however. A report by Vanessa Williamson and Erin Mulhall entitled, *Invisible Wounds, Psychological and Neurological Injuries Confront a New Generation of Veterans* suggest that longer tours and multiple deployments are also contributing to higher rates of mental health injuries. Since September 11, 2001, veterans have regularly had their tours extended and as of June 2008, more than 638,000 veterans have deployed more than once. From spring 2007 to summer 2008, active-duty Army combat tours were officially

increased from 12 to 15 months with a guarantee of a year at home between tours. Combat tours were reduced to 12 months in August 2008, but the deployment schedule still does not allow for the recommended rest between tours, known as “dwell time.” In fact, the report submits that according to the Army’s Mental Health Advisory Team, soldiers deployed to Iraq for more than six months, or deployed more than once, are much more likely to be diagnosed with psychological injuries. Even after getting home, those who had deployed for longer periods are still at higher risk for PTSD.

Many veterans face a difficult transition to civilian life or their “old life.” These and other readjustment issues, coupled with recovery from physical and/or mental injuries, lack of employment opportunities, lack of a support network, just to name a few, makes this population vulnerable to many types of unacceptable behaviors resulting in possible increased illness, incarceration, and even death.

The majority of veterans are relieved to come home from war, see their families, and re-enter their communities. Veterans are returning home and doing things that they have done many times before, but it has been so long that it feels completely foreign to them. Sometimes a spouse is unfamiliar to them, and family environments are uncomfortable. There oftentimes is residual stress that carries over from deployment. While on deployment, veterans deal with each other in ways that are not always understood by civilians. Veterans are often harsh with one another and do not always act with kindness and sensitivity. Coupled with combat stress and the constant safety concern, some veterans are at times suspicious, tightly wound, and easily angered. As a result of these feelings, upon return from deployment, veterans sometimes have difficulty integrating back into their homes and communities.

Veterans can have a difficult time adjusting to their lives upon return. Sometimes they feel unwanted. For many, their lives will never be the same because of their experiences. Many veterans make it through this reintegration, but unfortunately many do not.

Those who go to war, it turns out, carry the traumatic after-effects longer and deeper than previously recognized — perhaps for a lifetime.

IDENTIFYING A VETERAN¹

Asking the question, “Are you a veteran?” seems fairly straightforward. However, veterans do not necessarily identify themselves as such. In fact, there are many reasons why individuals will not identify themselves as a veteran. For example, if a veteran is serving in the National Guard or Reserve Force, they may not view themselves as a veteran because they are still serving. By contrast, a member of the National Guard or Reserve Force might view themselves as a veteran if they were called to active duty during their tenure. To complicate this even further, the state of Florida recognizes the National Guard and Reserve Force population as “service members” not “veterans.”

Additionally, some military members who have not experienced conflict or combat do not perceive themselves to be a veteran. Some veterans who served in the military decades ago may not see their military service relevant. Some military members transitioning from active duty to military separation may not identify themselves as a veteran. Many women veterans do not realize that they are veterans and are often not accepted by their communities as a veteran. It is because of these reasons, and many more, that courts must ask the right questions. The first several questions to be asked in an effort to identify a veteran are the following: Have you ever served in the United States Armed Forces, have you ever served in the United States National Guard or Reserves, and what type of discharge did you receive?

Once a person self-identifies as having served in the military, then additional questions, similar to the following, can be asked that may identify the status of the individual’s eligibility: do you receive any VA benefits, do you have a service connected condition, and would you like to discuss with someone the potential benefits that you and/or your family might be eligible to receive? Also, questions such as, in which war era or period of service did you serve and how do you view your experience in the military may give the court a little more military background on the individual.

¹ **For the purposes of this resource guide, the term "veteran" is used to describe any person that has served in the United States military. Florida and federal law do not recognize persons with certain discharge categories as veterans.**

The Florida State Court System recognizes that veterans in the criminal justice system face unique issues. Each branch of government have important roles in helping link vulnerable veterans with information and services which they are entitled. Law enforcement and jails are taking steps to identify veterans at arrest and/or while they are in jail. Early identification of veterans entering the criminal justice system is a vital part of the process of establishing proper placement.

VETERANS COURT

The veteran's court model is based on the principles of drug court and mental health court. Substance abuse or mental health treatment is offered as an alternative to incarceration. As of June 2013, there are over 140 veterans courts in the United States with many more in the planning stages, and as of May 1, 2014, Florida has 16 operational veterans courts. They involve cooperation and collaboration with traditional partners found in drug courts, such as the judge, state attorney, public defender, case manager, treatment provider, probation, and law enforcement. Added to this interdisciplinary team are representatives of the Veterans Health Administration and the Veterans Benefit Administration— as well as State Departments of Veterans Affairs, Vet Centers, Veterans Service Organizations, Department of Labor, volunteer veteran mentors, and other veterans support groups.

The first veteran's court opened in Buffalo, N.Y. in 2008 in response to the overwhelming number of veterans entering the criminal justice system. The veterans court idea took root when the drug court/mental health court judge noticed that veterans coming before his court had positive reactions to fellow veterans that were in the courtroom. The idea quickly spread. As a result, a growing number of communities throughout the country are establishing veterans courts to address the issues of veterans with specific needs or circumstances not adequately handled in the traditional court system. Veterans courts aim to connect justice-involved veterans with needed mental health and/or substance abuse treatment and other services in a veteran-focused environment designed to provide support and encourage adherence to treatment.

The parameters of a veterans court can vary from court to court. However, as a general rule, a veterans court is a type of problem-solving court designed to assist persons who have served (or

are currently serving) in the military, who have been charged with a criminal offense, who are at high risk for reoffending and/or becoming homeless, and who have significant mental health and/or substance abuse disorders. A veterans court is a hybrid of a drug court and a mental health and utilizes the drug court model as well as the principles of both drug courts and mental health courts.

The most obvious distinction between a veterans court and other problem-solving courts is that it limits participation to current or former members of the military. Some of the other differences include the veterans court team encompassing at least one member who is familiar with veteran and military culture, terminology, benefits, and any other veteran or military issues that may arise; the treatment provider(s) should stress post-traumatic stress disorder, traumatic brain injury, military sexual trauma, and other issues often associated with military service; mentors who are current or former veterans should be utilized; and the partners with whom the veterans court coordinate include veteran-specific service providers.

Peer Mentors

Veterans courts make use of the camaraderie that exists among all veterans. An essential part of veterans court is the addition of volunteer veteran mentors to assist their fellow veterans with a wide array of support. They are principal to the veterans court team and the participants. Their interaction with the participant, including a supportive relationship, maintained throughout the program, increases the likelihood that the participant will remain in treatment and improves the chances of success and sobriety. Veteran mentors volunteer their time and energy to assist their fellow veterans with peer support, housing, employment linkages, job training, education, transportation, disability compensation claims, discharge status and other linkages available at the local, state and federal level. Furthermore, the VHA plays a key role in veterans court as their services are provided to justice-involved veteran participants.

Florida's Veteran Courts

Section 394.47891, Florida Statutes, establishes a veterans court with the purpose of addressing the substance abuse and mental health needs of veterans within the criminal justice system. Similar to drug court, it requires the participant to appear regularly before the court, attend

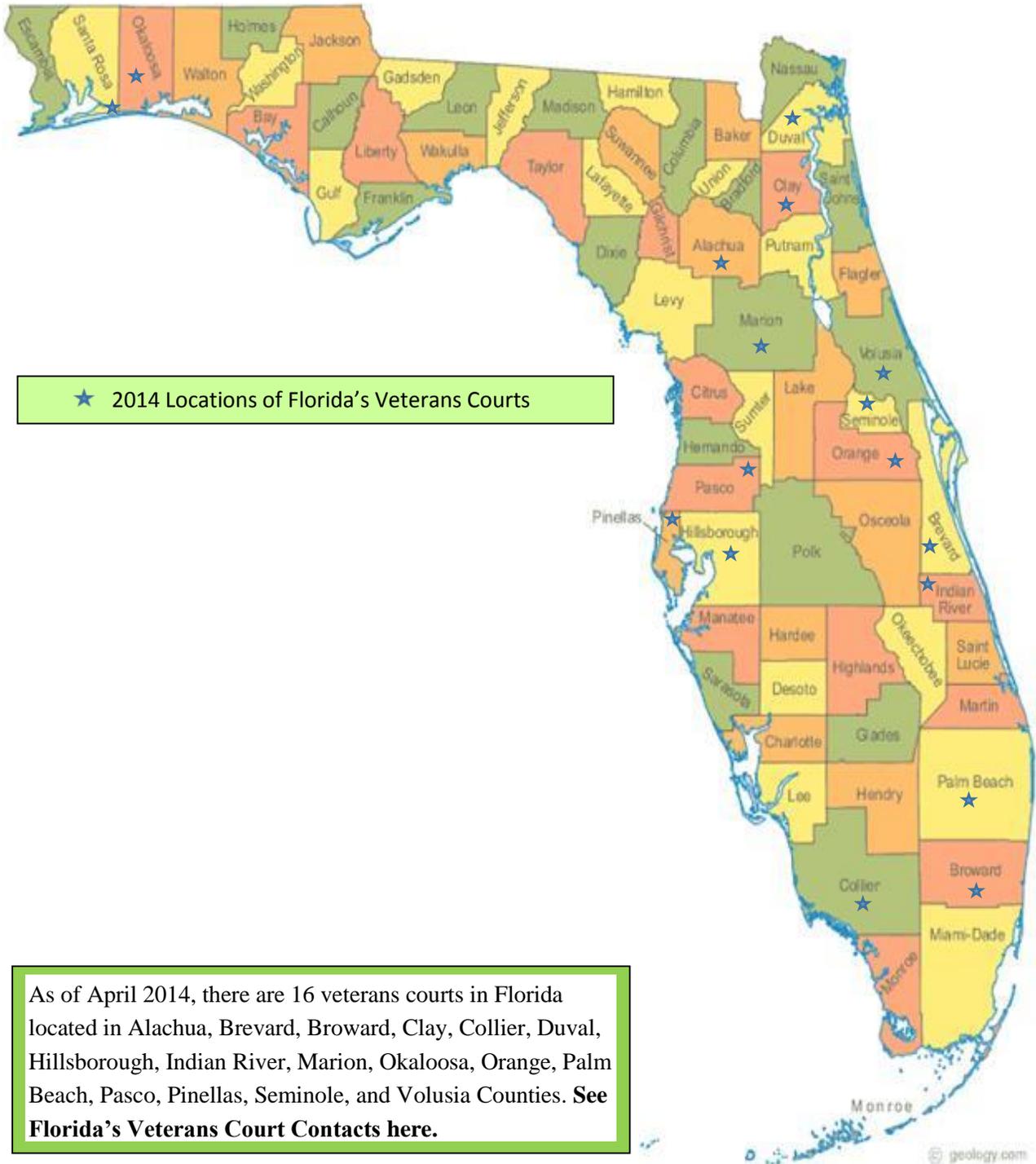
mandatory treatment sessions, and submit to frequent drug testing. Screening and assessment is part of the decision-making process that, at a minimum, examines information about the defendant's substance use and mental health history. Information gathered during screening and assessment is used to determine a diagnosis, develop a treatment plan, and determine how the court can best meet the needs of the defendant.

Justice For Vets adopted the Ten Key Components of Veterans Treatment Court which are based on the Ten Key Components of Drug Courts. See the Ten Key Components of Veterans Treatment Court in [Appendix I](#).

Florida has the second highest number of veterans in the United States. Coupled with the increasing number of veterans coming home from war, the need for a veterans court in appropriate communities should not be dismissed. If a jurisdiction has implemented a veterans court, it is critical to determine if the defendant qualifies for this program. If a veteran is charged with a felony, other than a felony listed in section 948.06(8)(c), Florida Statutes, they are eligible for voluntary admission into a pretrial veterans court. If a veteran is charged with a misdemeanor, they are eligible for voluntary admission into a misdemeanor pretrial veterans court. If a veteran is adjudicated due to a felony or misdemeanor offense, they may be sentenced in a manner that appropriately addresses the severity of the mental illness, TBI, PTSD, substance abuse disorder, or psychological problem through services tailored to the veteran's needs. **See the Veterans Court Eligibility Criteria in [Appendix III](#).**

If a veteran received a military discharge other than honorable, they may not receive certain benefits from the Department of Veterans' Affairs and subsequently may not be eligible for veterans court. Alternatively, a veteran may appeal their discharge status in an effort to become eligible for benefits. If this is not an option, there are other problem-solving courts, such as drug courts or mental health courts, in which this population may be eligible. Moreover, if there is no veterans court in your jurisdiction, the court can implement a special docket intended to serve a population of veterans who have become involved in the criminal justice system. The special docket could work in concert with an already established drug court or mental health court. **See the Veterans Court Sample Benefits Eligibility Questionnaire in [Appendix III](#).**

Florida's Veterans Court Locations



Justice For Vets

Justice For Vets is a professional services division of the National Association of Drug Court Professionals. Justice For Vets helps to ensure that the criminal justice system effectively identifies, assesses, and responds to all justice-involved veterans appropriately, and is leading the national effort to establish veterans courts within reach of every veteran in need. As the national leader, Justice For Vets aggressively advocates for veteran courts and mobilizes the public to take action to join them in ensuring that no veteran is left behind. Justice For Vets helps communities bring together local, state, and federal resources to directly serve veterans involved in the justice system due to substance abuse, mental illness, or trauma. For more information on Justice For Vets, please visit justiceforvets.org.

Office of the State Courts Administrator (OSCA)

The problem-solving court team within the Office of the State Courts Administrator's, Office of Court Improvement was created to foster the development and expansion of the successful drug court concept throughout Florida. The problem-solving court team identifies funding sources, develops training materials, provides technical assistance, maintains an information exchange, and works with the trial courts to ensure that legislative intent regarding problem-solving courts is met. As of May 2014, Florida has over 225 problem-solving courts in operation. For more information on Florida's problem-solving courts, please visit [here](#).

Funding and Training

There are many training opportunities and programs to assist courts with implementation. For example, the Veterans Treatment Court Planning Initiative (VTCPI) is designed to assist jurisdictions in the planning and development of a veterans court. Justice For Vets staff and treatment court practitioners work with planning teams to shape the court, develop policy and procedure manuals, and build team unity. For more information on VTCPI visit the [2014 Veterans Treatment Court Planning Initiative](#). Furthermore, 2014 will mark the second year that Justice For Vets will convene the Vet Court Con, which is a national conference dedicated exclusively to veterans court. Vet Court Con will offer critical training to judges, prosecutors, state and defense attorneys, probation officers, volunteer veteran mentors, law enforcement

officers, mental health and drug addiction treatment professionals, VA employees, and many others working in veterans court or with justice-involved veterans.

The Florida Legislature recently appropriated funding to several counties to implement and/or expand veterans court. The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) at times, seeks applications from local jurisdictions in an effort to provide funding to establish or enhance a current veterans court. Sometimes local funding is available through the city or county. The NADCP is currently working toward a dedicated federal funding stream to help communities get the training and resources needed to be sustainable in the long term.

JUSTICE-INVOLVED VETERAN PROGRAMS

Veterans Justice Outreach (VJO) Initiative

The Veterans Justice Outreach (VJO) initiative is part of the VA, and its purpose is to prevent homelessness among justice-involved veterans and help avoid criminalization of mental illness and substance abuse, while at the same time avoiding extended incarceration. Justice-involved veterans who have crisis encounters with law enforcement in the community, are jailed for relatively brief periods of time for offenses that usually do not result in prison time and/or are adjudicated or monitored by either local criminal courts or problem-solving courts, such as drug, veteran, and mental health courts, usually for extended periods of time.

VJO specialists coordinate care for justice-involved veterans in an effort to ensure that eligible veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits, as appropriate.

It is very important for the court to partner with their nearest VA Medical Center and engage the VJO specialist in an effort to ensure that eligible justice-involved veterans have access to all VA benefits including mental health and substance abuse services. Each veterans court is encouraged to work with the VJO specialist assigned to their jurisdiction in order to access services and treatment through the VA. See the VJO specialist's contact information [here](#).

Health Care For Re-Entry Veterans Program (HCRV)

The Health Care for Re-entry Veterans Program (HCRV) is designed to address the community re-entry needs of veterans in state or federal prison. The HCRV program provides pre-release outreach, assessment, linkage, and brief term post-release case management services for incarcerated veterans—many who are diagnosed with a mental illness—released from state and federal prisons. The HCRV's goals are to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse disorders upon community re-adjustment, and decrease the likelihood of re-incarceration. The program promotes successful community integration of re-entry veterans by engaging them upon release in appropriate treatment and rehabilitation programs.

The HCRV program includes a range of services intended to assist veterans at a critical time during their re-entry process and offer a time-limited (usually 6 months prior to release to 4 months after release) continuum of re-entry services. It is a multistage program establishing contact with re-entry veterans and facilitating their access to a wide range of medical, psychiatric, vocational, and social services.

See the HCRV specialist's contact information [here](#).

Vet Center Program

The goal of the Vet Center Program is to provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. Vet Centers are community based and part of the VA. They are available to veterans and family members. Vet Centers guide veterans and their families through many of the major adjustments in lifestyle that often occur after a veteran returns from combat. Services for a veteran may include individual and group counseling in areas such as PTSD, alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential. For a directory of Vet Centers located in Florida, please visit [here](#).

If a veteran lives in a rural area or has difficulty accessing a Vet Center, the VA provides Mobile Vet Centers in some communities that will travel to the veteran's community and provide the same services as a Vet Center.

VETERANS BENEFITS

General Eligibility

A discharge completely alleviates a veteran of any unfulfilled military service obligation. In contrast, separation (which may be voluntary or involuntary) may leave an additional unfulfilled military service obligation that a veteran may carry out. Discharge or separation should not be confused with retirement; career U.S. military members who retire are not separated or discharged; rather, they enter the retired reserve and may be subject to recall to active duty. Different types of discharges are honorable, general, other than honorable, bad conduct discharge, and dishonorable.

According to the VA, eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration or National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey.

Dishonorable and bad conduct discharges issued by general courts-martial may bar VA benefits. Veterans in jail or prison must contact the VA to determine their eligibility. The VJO specialist can assist eligibility determination. It should be noted that VA benefits will not be provided to any veteran or dependent wanted for an outstanding felony warrant.

Federal Benefits

There are a broad range of benefits and services for which veterans may be eligible. The VA provides benefits including disability, education and training, vocational rehabilitation and employment, home loan guaranty, dependent and survivor benefits, medical treatment, life insurance and burial benefits. The VA administers a variety of benefits and services that provide financial and other forms of assistance to veterans, service members, and their dependents and survivors. Visit the [VA Benefits in Brief](#) to access an at-a-glance description of VA benefits as well as contact phone numbers and locations.

For the latest comprehensive guide to federal VA benefits, visit the following link to access the 2013 Edition [Federal Benefits for Veterans Dependents and Survivors](#) guide. The VA's website <http://www.va.gov/> has additional information and resources for veterans.

State and Local Benefits

In concert with federal benefits, the state of Florida also offers a range of benefits and services. The Florida Department of Veterans' Affairs (FDVA) is the premier point of entry for Florida's veterans to access earned services, benefits, and support. The FDVA is a cabinet agency created to assist all present and former members of the Armed Forces of the United States and their dependents and survivors in preparing claims for and securing compensation, pension, hospitalization, vocational training, employment assistance and other benefits or privileges they may have earned.

Visit the following link to access the [Florida Veterans' Benefits Guide](#). The FDVA's website, floridavets.org, has an abundance of information, resources, and contact information for veterans. For a list of all the Florida County Veteran Service Officers, please visit [here](#).

Appeals Process

If the veteran received anything but an honorable discharge, this may affect their VA benefits. While anyone can apply to the appropriate Discharge Review Board (DRB) for a discharge upgrade or to change their discharge reason, the veteran must convince the board that their discharge reason or characterization was "inequitable" or "improper." "Inequitable" means the reason or characterization of the discharge is not consistent with the policies and traditions of the service. "Improper" means that the reason or characterization of the discharge is in error (i.e., is false, or violates a regulation or a law). Under the law, a veteran must make their application for discharge upgrade within 15 years of discharge. If their discharge is older than 15 years, they must apply for a change to their military records.

A veteran can apply for a review of discharge by using the DD Form 293 that can be found [here](#). This form has instructions and contact information for each branch of service.

Veterans and Military Service Organizations

Effective programs for at-risk veterans are community-based, nonprofit, "veterans helping veterans" groups. Programs that seem to work best feature transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves.

Government benefits and services, while important, are limited and sometimes at capacity. It is critical that community groups reach out to help provide the support, resources and opportunities that most Americans take for granted such as, housing, employment and health care. Justice-involved veterans who participate in collaborative programs are afforded more services and have higher chances of becoming tax-paying, productive citizens.

The Veterans Service Organizations [2013/2014 Directory](#) is published as an informational service by the Office of the Secretary of Veterans Affairs. The purpose of this directory is to link veterans to community service organizations and as a convenience to the user to supply information concerning organizations holding themselves out as providing services to the veteran community. For a list of many Florida Veteran Service Organizations, please visit [here](#).

MENTAL HEALTH

Mental health is essential to overall health. Everyone has had some experience with feeling depressed, anxious, or overwhelmed emotionally, but if these feelings persist it can be a sign of a mental health illness or mental health disorder. Left untreated, mental illness can interfere with daily life, relationships, work, normal functioning, and may cause pain for both the person with the disorder and those who care about him or her. Before, during, or after deployment, some veterans may experience mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), a traumatic brain injury (TBI), or suicidal thoughts. A veteran's mental health is just as important as their physical health. The good news is that mental health disorders, even serious mental illness cases, are treatable.

The shock and trauma of war, of course, is hardly new, but we now know more about the impact war has on veterans. The cascade of combat veterans from the Iraq and Afghanistan wars is forcing mental health practitioners to a new recognition: the effects of combat trauma extend far beyond the traditional and narrow clinical diagnoses of PTSD and TBI. The veterans from our most recent wars have been subject to long rates of combat exposure and multiple deployments. Because of these and other factors, are at risk of a "downward spiral" that can lead to depression, substance abuse, and sometimes suicide.

Several sources suggest that almost a quarter of a million Iraq or Afghanistan veterans have been diagnosed with mental health injuries from combat service. Many more veterans are not diagnosed, yet go on with their lives while experiencing short-term memory loss, headaches, insomnia, anger or numbness—conditions that can range from merely annoying to highly disruptive, impacting employment and the family unit. For some veterans, staying active can temporarily mask these symptoms, but it's only temporary and a matter of time before the issues must be addressed.

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder caused by experiencing traumatic events such as combat, disasters, terrorism, serious accidents, or physical or sexual assault. PTSD includes three types of symptoms:

1. Re-experiencing or reliving the trauma, such as having flashbacks, nightmares, or becoming very upset when reminded of the trauma.
2. Avoiding or staying away from places or people because they remind you of the trauma, isolating from others, and/or feeling numb.
3. Experiencing increased arousal such as being on guard, being irritable, having trouble sleeping, or startling easily.

After a trauma, it is normal to have painful memories and to become upset when reminded of what happened. For most, these reactions lessen over time and thinking returns to normal. For some, however, reactions continue and are severe; they disrupt living, and beliefs remain negative and intense. How people respond to these early, normal reactions, in part, can determine if PTSD develops. For example, because memories and reminders of the trauma are painful, it makes sense to want to avoid them. However, too much avoidance can prevent a person from adequately dealing with the memories and reminders and making sense of what happened. This may lead to normal trauma reactions becoming more lasting PTSD symptoms. These include, but are not limited to, depression, anxiety disorders, and alcohol and substance abuse. PTSD can also reduce one's ability to function in relationships, at work and school, and in leisure activities. In addition, people with PTSD may suffer physical symptoms and may be at increased risk of medical problems.

The VA suggests that although most people recover after a trauma, it is not uncommon for people to develop PTSD. Following a trauma, it can be expected that around 20% of women and 8% of men will develop PTSD. Certain types of trauma, such as sexual assault and combat, can cause even higher rates. Anyone can develop PTSD, but it can be treated with talk therapy or medication, or a combination of both. The VA provides nearly 200 specialized PTSD treatment programs and each VA Medical Center has PTSD specialists who can assist in providing treatment for veterans. A referral is usually needed to access the specialty programs.

For more information about VA programs and services for veterans with PTSD, please visit [here](#).

Suicide plagues an estimated 18 veterans every day, according to the National Alliance on Mental Illness. There are as many as 950 suicide attempts each month occurring among veterans receiving services through the VA. Soldiers contemplating suicide were more likely to suffer from symptoms of PTSD, depression and alcohol abuse. Historically, active duty service members had lower rates of suicide than the general population; however, since 2005 the rates have increased dramatically, particularly among soldiers and marines. SAMHSA notes that from 2005 to 2009 more than 1,100 members of the armed forces took their own lives. Suicide is a major public health issue in the United States, but it is important to recognize that suicide is a preventable tragedy.

The VA has implemented comprehensive, broad ranging suicide prevention initiatives, including a toll-free veterans crisis line (1-800-273-8255), placement of suicide prevention coordinators at all VA Medical Centers and large outpatient facilities, and improvements in case management and reporting. Suicide warnings include, but are not limited to, threatening to hurt or kill oneself; looking for ways to kill oneself; trying to get pills, guns, or other means to harm oneself; talking or writing about death, dying or suicide; feeling hopeless; experiencing rage; uncontrolled anger or seeking revenge; acting reckless or engaging in risky activities; feeling trapped, like there's no way out; abusing drugs or alcohol; withdrawing from friends or family; having dramatic changes in mood; feeling like there is no reason for living; feeling like there is no sense of purpose in life; sleeping too much or too little; and giving away possessions. Each VA Medical Center has a suicide prevention coordinator to make sure veterans receive needed counseling and services.

For more suicide prevention resources, including contact information for the veterans crisis line and the suicide prevention coordinators, please visit [here](#).

Depression is a medical condition distinguished by one or more major depressive episodes. A major depressive episode is characterized by at least two weeks of depressed mood or loss of interest (pleasure) and accompanied by at least four more symptoms of depression. Such symptoms can include changes in appetite, weight, difficulty in thinking and concentrating, and recurrent thoughts of death or suicide. Depression differs from simply feeling sad in that it causes severe enough problems to interfere with a person's day-to-day functioning.

For more information about treatment for depression, please visit [here](#).

Other Mental Health Disorders plague veterans every day. Some of these disorders include, but are not limited to schizophrenia, bipolar, and many types of anxiety. For more information about these conditions, please visit [here](#).

PHYSICAL HEALTH

The wounds of war can go far beyond what appears to be. From an array of mental health issues to physical pain and illness that persist long after the fight is over, veterans face a new battlefield with a multitude of health troubles than the general population. Veterans returning from combat may have various physical health concerns that need to be addressed. These include, but are not limited to, TBI, general fatigue and pain, as well as, cognitive disturbances such as memory and concentration problems. Some of the more common physical complaints of returning soldiers that may not be thought about by the general public are musculoskeletal injuries, chemical exposure, infectious diseases, noise and vibration exposure, and urologic injuries.

Traumatic Brain Injury (TBI) is a severe or moderate trauma to the head, where physical portions of the brain are damaged and functioning is impaired. The trauma can range from mild cases which cause limited functional impairments, such as a concussion or headaches. However, the trauma can be much more severe and cause balance problems, mood changes and memory loss. TBI and PTSD have been called the signature wound of the conflicts in Iraq and

Afghanistan due to the frequent and powerful blasts experienced in the field; an injury not commonly seen before. Long and short-term effects of a TBI include, but are not limited to memory loss, difficulty understanding others, loss of self-control, physical aggression, flash anger, difficulty expressing thoughts, apathy, poor judgment and reasoning, seizures, inappropriate sexual behavior, physical disabilities, impaired social skills, and inability to recognize or accept limitations.

For more information about TBI and veterans health, please visit [here](#).

SUBSTANCE ABUSE

Substance abuse disorders remain one of the three top diagnoses in the VA system. It has been suggested, that veterans who suffer from PTSD and physical pain who have also been prescribed pain medication are at high risk for drug and alcohol abuse. Abuse of substances such as alcohol, drugs, or tobacco, can lead to increased risk of injuries, accidents, serious physical and mental health problems as well as relationship, employment, and legal problems. Problems with alcohol or drug use may occur in response to stress or in combination with PTSD, depression, or other medical conditions.

Effective treatments for substance use disorders are available at the VA. Available treatments address all types of problems related to substance use, from unhealthy use of alcohol to life-threatening addictions. The VA provides effective, scientifically proven services for all eligible veterans. The VA recognizes that in many cases, substance use can be an ongoing condition that requires care over a long period of time. The VA offers a number of options for veterans who seek treatment for substance use. These options include therapy, either alone with the therapist or in a group, as well as medications to help veterans reduce their use of alcohol, tobacco and drugs. The majority of VA Medical Centers have a substance abuse coordinator to make sure veterans receive needed treatment and services.

See the substance abuse coordinator's contact information [here](#). For more information about VA substance abuse programs and services for veterans, please visit [here](#).

MILITARY SEXUAL TRAUMA

Military sexual trauma (MST) is the term that the VA uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. It includes any sexual activity where someone is involved against his or her will— he or she may have been pressured into sexual activities, may have been unable to consent to sexual activities, or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body; and/or threatening or unwelcome sexual advances.

Both women and men can experience MST during their service. All veterans seen at a Veterans Health Administration (VHA) facility are asked about experiences of sexual trauma. The VA has services to help veterans overcome trauma that occurred while serving in the military. The veteran does not need to have a VA disability rating to receive these services and may be able to receive services even if they are not eligible for other VA care. The veteran does not need to have reported the incident(s) when it happened or have other documentation that it occurred.

For more information about MST programs and treatment services for veterans, please visit [here](#).

DOMESTIC VIOLENCE

A Yale University study that looked at home front effects of war on men suggests that male veterans who spent time in combat were more than four times as likely as other men to engage in domestic violence. On a national scale, the number of military calls to the domestic violence hotline has more than tripled from 2006 to 2011 as reported by the Battered Women's Justice Project. In the *Psychological Sequelae of Combat Violence: A Review of the Impact of PTSD on the Veteran's Family and Possible Interventions* by Tara Galovski and Judith A. Lyons, it is suggested that PTSD could lead to incidences of domestic violence, as negative emotions prompt sufferers to become violent. Many veterans dealing with these issues experience problems with marital and family adjustment when they return, as well as violent behavior. In a study performed on 122 women married to servicemen suffering from PTSD and 252 women that were not, the servicemen afflicted with PTSD were proven to have committed more acts of violence

against their partners. Those suffering from PTSD are at a higher risk of perpetrating intimate partner violence than others. PTSD can often cause veterans to become irritable, angry and hostile, and this oftentimes escalates into domestic violence. As more evidence concerning the relationship between veterans and domestic violence emerges, it seems that we can expect that more effort will be placed on the courts towards helping women and children affected by domestic violence as well as veterans suffering from combat-related trauma.

HOMELESSNESS

America's homeless veterans have served in World War II, the Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Persian Gulf War, Operation Enduring Freedom (Afghanistan) and Operating Iraqi Freedom (Iraq), and the military's anti-drug cultivation efforts in South America. According to the National Coalition for Homeless Veterans, nearly half of homeless veterans served during the Vietnam era. Two-thirds served our country for at least three years, and one-third were stationed in a war zone. The United States government is committed to ending veteran homelessness by the end of 2015.

The VA states that the nation's homeless veterans are predominantly male, with roughly 8% being female. The majority are single; live in urban areas; and suffer from mental illness, alcohol and/or substance abuse disorders, or co-occurring disorders. About 12% of the adult homeless population are veterans. Homeless veterans are younger on average than the total veteran population. Approximately 9% are between the ages of 18 and 30, and 41% are between the ages of 31 and 50. Conversely, only 5% of all veterans are between the ages of 18 and 30, and less than 23% are between 31 and 50. The transient nature of this homeless population presents a major difficulty—the U.S. Department of Housing and Urban Development (HUD) estimates that 57,849 veterans are homeless on any given night. About 1.4 million veterans are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.

Veterans are homeless due to the complex set of factors influencing all homelessness—extreme shortage of affordable housing, livable income and access to health care. A large number of displaced and at-risk veterans live with lingering effects of PTSD and substance abuse, which are

compounded by a lack of family and social support networks. Additionally, military occupations and training are not always transferable to the civilian workforce, placing some veterans at a disadvantage when competing for employment. A top priority for homeless veterans is access to secure, safe, clean housing that offers a supportive environment free of drugs and alcohol.

For more information about veteran homelessness, please visit [here](#).

APPENDIX I

The Ten Key Components of Veterans Treatment Court

Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing

Veterans Treatment Courts promotes sobriety, recovery and stability through a coordinated response to veteran's dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

Key Component #4: Veterans Treatment Court provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma.

Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

Key Component #7: Ongoing judicial interaction with each Veteran is essential

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components.

Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

APPENDIX II

Veterans Court Sample Benefits Eligibility Questionnaire

Consider the following questionnaire to determine the eligibility of a potential participant.

1. Did you ever serve in the U.S. Armed Forces?
 Yes
 No

2. Did you ever serve in the U.S. National Guard or Reserves?
 Yes
 No

3. In what branch(s) of the Armed Forces did you serve?
 Army (including Army National Guard or Reserve)
 Navy (including Reserve)
 Marine Corps (including Reserve)
 Air Force (including Air National Guard and Reserve)
 Coast Guard (including Reserve)
 Other—Specify _____

4. When did you first enter the Armed Forces? Month: _____ Year: _____

5. When were you last discharged? Month: _____ Year: _____

6. Altogether, how much time did you serve in the Armed Forces?
of Years _____
of Months _____
of Days _____

7. What type of discharge did you receive?
 Honorable
 General (Honorable Conditions)
 General (Without Honorable Conditions)
 Other than Honorable
 Bad Conduct
 Dishonorable
 Other—Specify _____
 Don't know

8. Have you ever received services at a VA hospital?
 Yes
 No

APPENDIX III

Veterans Court Eligibility Criteria

The laws governing veterans courts are expressed in ss. 394.47891 (post-adjudication), 948.08 (pretrial intervention), 948.16 (misdemeanor pretrial intervention), and 948.21 (condition of probation or community control), F.S. The following are eligibility guidelines based upon the Office of the State Courts Administrator's interpretation of the current statutes.

Summary

The laws only apply to veterans, as defined in s. 1.01, F.S. and service members, as defined in s. 250.01, F.S., who suffer from a military-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem.

The term "veteran" is defined in s. 1.01(14), F.S. as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.

The term "service member" is defined in s. 250.01(19), F.S. as any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

If a person meets this initial criteria, then they must meet any additional criteria set forth in the individual statute sections as discussed below.

394.47891 – Post-adjudication

If a person meeting the criteria set forth above is **convicted of a criminal offense**, that person may be sentenced in accordance with chapter 921 in a manner that appropriately addresses the severity of the mental illness, traumatic brain injury, substance abuse disorder, or psychological problem through services tailored to the individual needs of the participant. Entry into any military veterans and service members court program must be based upon the sentencing court's assessment of the defendant's criminal history, military service, substance abuse treatment needs, mental health treatment needs, amenability to the services of the program, the recommendation of the state attorney and the victim, if any, and the defendant's agreement to enter the program.

948.08(7)(a) - Pretrial intervention

If a person meeting the criteria is **charged with a felony, other than a felony listed in s. 948.06(8)(c)**, that person is eligible for voluntary admission into a pretrial veterans' treatment intervention program approved by the chief judge of the circuit, upon motion of either party or the court's own motion.

The **court may deny** the defendant's admission to such a program if:

- The defendant was previously offered admission to a pretrial veterans' treatment intervention program at any time before trial and the defendant rejected that offer on the record, or
- The defendant previously entered a court-ordered veterans' treatment program.

948.16 (2)(a) - Misdemeanor pretrial intervention

If a person meeting the criteria is **charged with a misdemeanor**, that person is eligible for voluntary admission into a misdemeanor pretrial veterans' treatment intervention program approved by the chief judge of the circuit, for a period based on the program's requirements and the treatment plan for the offender, upon motion of either party or the court's own motion.

However, the **court may deny** the defendant admission into a misdemeanor pretrial veterans' treatment intervention program if the defendant previously entered a court-ordered veterans' treatment program.

948.21 - Condition of probation or community control

Effective for a probationer or community controllee who meets the criteria and whose **crime was committed on or after July 1, 2012**, the court may, in addition to any other conditions imposed, impose a condition requiring the probationer or community controllee to participate in a treatment program capable of treating the probationer or community controllee's mental illness, traumatic brain injury, substance abuse disorder, or psychological problem. The court shall give preference to treatment programs for which the probationer or community controllee is eligible through the United States Department of Veterans Affairs or the Florida Department of Veterans' Affairs. The Department of Corrections is not required to spend state funds to implement this section.

APPENDIX IV

The T. Patt Maney Veterans' Treatment Intervention Act

394.47891 Military veterans and servicemembers court programs.—The chief judge of each judicial circuit may establish a Military Veterans and Servicemembers Court Program under which veterans, as defined in s. 1.01, and servicemembers, as defined in s. 250.01, who are convicted of a criminal offense and who suffer from a military-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem can be sentenced in accordance with chapter 921 in a manner that appropriately addresses the severity of the mental illness, traumatic brain injury, substance abuse disorder, or psychological problem through services tailored to the individual needs of the participant. Entry into any Military Veterans and Servicemembers Court Program must be based upon the sentencing court's assessment of the defendant's criminal history, military service, substance abuse treatment needs, mental health treatment needs, amenability to the services of the program, the recommendation of the state attorney and the victim, if any, and the defendant's agreement to enter the program.

948.08 Pretrial intervention program.—

(7)(a) Notwithstanding any provision of this section, a person who is charged with a felony, other than a felony listed in s. 948.06(8)(c), and identified as a veteran, as defined in s. 1.01, or servicemember, as defined in s. 250.01, who suffers from a military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem, is eligible for voluntary admission into a pretrial veterans' treatment intervention program approved by the chief judge of the circuit, upon motion of either party or the court's own motion, except:

1. If a defendant was previously offered admission to a pretrial veterans' treatment intervention program at any time before trial and the defendant rejected that offer on the record, the court may deny the defendant's admission to such a program.
2. If a defendant previously entered a court-ordered veterans' treatment program, the court may deny the defendant's admission into the pretrial veterans' treatment program.

(b) While enrolled in a pretrial intervention program authorized by this subsection, the participant shall be subject to a coordinated strategy developed by a veterans' treatment intervention team. The coordinated strategy should be modeled after the therapeutic jurisprudence principles and key components in s. 397.334(4), with treatment specific to the needs of servicemembers and veterans. The coordinated strategy may include a protocol of sanctions that may be imposed upon the participant for noncompliance with program rules. The protocol of sanctions may include, but need not be limited to, placement in a treatment program offered by a licensed service provider or in a jail-based treatment program or serving a period of incarceration within the time limits established for contempt of court. The coordinated strategy must be provided in writing to the participant before the participant agrees to enter into a pretrial veterans' treatment intervention program or other pretrial intervention program. Any person

whose charges are dismissed after successful completion of the pretrial veterans' treatment intervention program, if otherwise eligible, may have his or her arrest record to the dismissed charges expunged under s.943.0585.

(c) At the end of the pretrial intervention period, the court shall consider the recommendation of the treatment program and the recommendation of the state attorney as to disposition of the pending charges. The court shall determine, by written finding, whether the defendant has successfully completed the pretrial intervention program. If the court finds that the defendant has not successfully completed the pretrial intervention program, the court may order the person to continue in education and treatment, which may include treatment programs offered by licensed service providers or jail-based treatment programs, or order that the charges revert to normal channels for prosecution. The court shall dismiss the charges upon a finding that the defendant has successfully completed the pretrial intervention program.

948.16 Misdemeanor pretrial substance abuse education and treatment intervention program; misdemeanor pretrial veterans' treatment intervention program.—

(1)(a) A person who is charged with a misdemeanor for possession of a controlled substance or drug paraphernalia under chapter 893, and who has not previously been convicted of a felony nor been admitted to a pretrial program, is eligible for voluntary admission into a misdemeanor pretrial substance abuse education and treatment intervention program, including a treatment-based drug court program established pursuant to s. 397.334, approved by the chief judge of the circuit, for a period based on the program requirements and the treatment plan for the offender, upon motion of either party or the court's own motion, except, if the state attorney believes the facts and circumstances of the case suggest the defendant is involved in dealing and selling controlled substances, the court shall hold a preadmission hearing. If the state attorney establishes, by a preponderance of the evidence at such hearing, that the defendant was involved in dealing or selling controlled substances, the court shall deny the defendant's admission into the pretrial intervention program.

(b) While enrolled in a pretrial intervention program authorized by this section, the participant is subject to a coordinated strategy developed by a drug court team under s. 397.334(4). The coordinated strategy may include a protocol of sanctions that may be imposed upon the participant for noncompliance with program rules. The protocol of sanctions may include, but is not limited to, placement in a substance abuse treatment program offered by a licensed service provider as defined in s. 397.311 or in a jailbased treatment program or serving a period of incarceration within the time limits established for contempt of court. The coordinated strategy must be provided in writing to the participant before the participant agrees to enter into a pretrial treatment-based drug court program or other pretrial intervention program. Any person whose charges are dismissed after successful completion of the treatment-based drug court program, if otherwise eligible, may have his or her arrest record and plea of nolo contendere to the dismissed charges expunged under s. 943.0585.

(2)(a) A veteran, as defined in s. 1.01, or servicemember, as defined in s. 250.01, who suffers from a military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem, and who is charged with a misdemeanor is eligible for voluntary admission into a misdemeanor pretrial veterans' treatment intervention program approved by the chief judge of the circuit, for a period based on the program's requirements and the treatment plan for the offender, upon motion of either party or the court's own motion. However, the court may deny the defendant admission into a misdemeanor pretrial veterans' treatment intervention program if the defendant has previously entered a court-ordered veterans' treatment program.

(b) While enrolled in a pretrial intervention program authorized by this section, the participant shall be subject to a coordinated strategy developed by a veterans' treatment intervention team. The coordinated strategy should be modeled after the therapeutic jurisprudence principles and key components in s. 397.334(4), with treatment specific to the needs of veterans and servicemembers. The coordinated strategy may include a protocol of sanctions that may be imposed upon the participant for noncompliance with program rules. The protocol of sanctions may include, but need not be limited to, placement in a treatment program offered by a licensed service provider or in a jail-based treatment program or serving a period of incarceration within the time limits established for contempt of court. The coordinated strategy must be provided in writing to the participant before the participant agrees to enter into a misdemeanor pretrial veterans' treatment intervention program or other pretrial intervention program. Any person whose charges are dismissed after successful completion of the misdemeanor pretrial veterans' treatment intervention program, if otherwise eligible, may have his or her arrest record to the dismissed charges expunged under s. 943.0585.

(3) At the end of the pretrial intervention period, the court shall consider the recommendation of the treatment program and the recommendation of the state attorney as to disposition of the pending charges. The court shall determine, by written finding, whether the defendant successfully completed the pretrial intervention program. Notwithstanding the coordinated strategy developed by a drug court team pursuant to s. 397.334(4) or by the veterans' treatment intervention team, if the court finds that the defendant has not successfully completed the pretrial intervention program, the court may order the person to continue in education and treatment or return the charges to the criminal docket for prosecution. The court shall dismiss the charges upon finding that the defendant has successfully completed the pretrial intervention program.

(4) Any public or private entity providing a pretrial substance abuse education and treatment program under this section shall contract with the county or appropriate governmental entity. The terms of the contract shall include, but not be limited to, the requirements established for private entities under s. 948.15(3). This requirement does not apply to services provided by the Department of Veterans' Affairs or the United States Department of Veterans Affairs.

948.21 Condition of probation or community control; military servicemembers and veterans.—Effective for a probationer or community controllee whose crime was committed on or after July 1, 2012, and who is a veteran, as defined in s. 1.01, or servicemember, as defined in s. 250.01, who suffers from a military service-related mental illness, traumatic brain injury,

substance abuse disorder, or psychological problem, the court may, in addition to any other conditions imposed, impose a condition requiring the probationer or community controllee to participate in a treatment program capable of treating the probationer or community controllee's mental illness, traumatic brain injury, substance abuse disorder, or psychological problem. The court shall give preference to treatment programs for which the probationer or community controllee is eligible through the United States Department of Veterans Affairs or the Florida Department of Veterans' Affairs. The Department of Corrections is not required to spend state funds to implement this section.

APPENDIX V

The websites that are used as hyperlinks in the Veterans Resource Guide are as follows:

Contact Information

VJO Specialist Contacts <http://www.va.gov/homeless/vjo.asp>.

HCRV Specialist Contacts <http://www.va.gov/homeless/reentry.asp#contacts>.

Veterans Crisis Line and the Suicide Prevention Coordinator Contacts
http://www.mentalhealth.va.gov/suicide_prevention/index.asp.

Substance Abuse Coordinator Contacts
http://www2.va.gov/directory/guide/state_SUD.cfm?STATE=FL.

Florida County Veteran Service Officers http://floridavets.org/wp-content/uploads/2014/05/CVSO_Directory_1-May-2014.pdf.

Office of the State Courts Administrator <http://www.flcourts.org/>.

Health Conditions

Information about VA programs and services for veterans with PTSD
<http://www.mentalhealth.va.gov/PTSD.asp>.

Information on treatment for depression <http://www.mentalhealth.va.gov/depression.asp>.

Information about mental health disorders <http://www.mentalhealth.va.gov/index.asp>.

Information and resources about suicide prevention
http://www.mentalhealth.va.gov/suicide_prevention/index.asp.

Information about TBI and veterans' health
http://www.publichealth.va.gov/vethealthinitiative/traumatic_brain_injury.asp.

Information on VA substance abuse programs and services for veterans
<http://www.mentalhealth.va.gov/substanceabuse.asp>.

Information on MST programs and treatment services for veterans
<http://www.mentalhealth.va.gov/msthome.asp>.

Additional Resources

U.S. Department of Veterans Affairs <http://www.va.gov/>.

Florida Department of Veterans Affairs <http://floridavets.org/>.

A Guide to U.S. Military Casualty Statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom <http://www.fas.org/sgp/crs/natsec/RS22452.pdf>.

Information about veteran homelessness <http://www.va.gov/homeless/>.

Information about Vet centers
<http://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=FL>.

Justice For Vets <http://www.justiceforvets.org/>.

2014 Veterans Treatment Court Planning Initiative <http://justiceforvets.org/2014-vtcepi>.

Comprehensive guide to federal VA benefits
http://www.va.gov/opa/publications/benefits_book/2013_Federal_Benefits_for_Veterans_English.pdf.

A description of VA benefits as well as contact phone numbers and locations
<http://www.vba.va.gov/pubs/forms/VBA-21-0760-ARE.pdf>.

Florida Veterans' Benefits Guide <http://www.mydigitalpublication.com/publication/?i=198104>.

DD Form 293 <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0293.pdf>.

National Veterans Service Organizations 2013/2014 Directory http://www.va.gov/vso/VSO-Directory_2013-2014.pdf.

Florida Veteran Service Organizations http://floridavets.org/?page_id=52.

The Florida Defense Support Task Force <http://www.enterpriseflorida.com/the-florida-defense-support-task-force/resources/>.