



**Montgomery County Commission on Veterans Affairs
Meeting Summary Minutes
January 19th, 2016**

I. Call to Order & Introductions

Dan Bullis, Chair, welcomed everyone to the meeting of the Commission on Veterans Affairs (CVA). Dan asked for all present to stand for the Pledge of Allegiance and to remain standing for a moment of silence for all of those who have given their lives and those who have been wounded for our country in the different conflicts in which our country has been engaged. A POW/MIA Empty Chair is placed at all official meetings of the Commission as a physical symbol of the thousands of American POW/MIAs still unaccounted for from all wars and conflicts involving the United States of America.

II. Approval of Minutes

Mike Subin, Commissioner, made a motion to approve the October 2015 Meeting Summary Minutes and the December 2015 Meeting Summary Minutes. The motion was seconded. A vote was taken and the October 2015 Meeting Summary Minutes and the December 2015 Meeting Summary Minutes were unanimously approved. Approved minutes are available online at www.montgomerycountymd.gov/cva.

III. Celebrating Functionally Ending Veteran Homelessness – The Honorable George Leventhal, Councilmember, Montgomery County Council

Councilmember George Leventhal thanked the Commission for their tireless efforts on behalf of our Veterans. He acknowledged that while the effort was the work of many agencies, non-profits, and local and State officials, without the Commission's advocacy beginning in 2009 in collaboration with Congressman Van Hollen, Senator Cardin's office and the County Executive to obtain 86 VASH vouchers, achieving functional zero veterans homelessness in Montgomery County would not have happened. Montgomery County's Zero 2016 Plan was developed as part of a national effort with a primary focus on the rapid exit of veterans from homelessness to permanent, sustainable housing. This plan was developed as the result of collaborative discussions among the County's Department of Health and Human Services, family and single adult shelter providers, veterans groups, the U.S. Department of Veterans Affairs Supportive Services for Veterans Families and others. This group reviewed the homeless continuum of care to determine what federal, state and local resources were available and the strategies necessary to specifically address veteran homelessness. The County will continue to make the veteran population a priority. Achieving a "functional zero" for homeless veterans does not mean that there will never be a veteran experiencing homelessness, but future homeless veterans will be housed quickly because of the systems in place and the ability to mobilize resources. The County's funding of \$500,000 to supplement those veterans whose discharge status made them unqualified for VASH vouchers helped to end Homelessness for 10 of the Veterans.

IV. Serving Veterans in the Court System – Michael Subin, Esq., Special Assistant to County Executive, and Robert Green, Director of Department of Correction and Rehabilitation (DOCR)

Robert Green gave an overview of the services that DOCR's Central Processing Unit (CPU) provides. Approximately 12,000 to 13,000 individuals are arrested in Montgomery County every year and are processed by CPU. If an individual needs services, County or non-County, they are connected to those services. Many veterans do not self-identify as being a Veteran for several reasons including not wanting to be labeled in the system as being a Veteran or they have a serious mental illness. In 2013 the Department of Veterans Affairs (VA) made available to DOCR a system known as Veterans Reentry Search Service (VRSS). By entering in vital information, such as name, social security number, and date of birth, the VA can help DOCR identify individuals for whom it has a record of military service. Every seven days a full report of everyone that is incarcerated is sent to the VA. On any given day there are approximately 2,100 individuals in DOCR with about 1,600 or 71% managed in the community in a placement program or through pre-trial services. On average every week DOCR is identifying 20 to 22 veterans via VRSS. Those individuals are immediately connected with reentry services and information is provided to the court system as well as the State's Attorney's Office and the Public Defenders

Office. No one is released into homelessness. Outreach to veterans is significant. DOCR works closely with WorkSource Montgomery to assist Veterans in helping them become employed. DOCR also works closely with Karen Carrington, VA Veterans Justice Outreach, who has an office at DOCR four days a week and can assist with delving into cases more deeply. DOCR has a social worker on staff whose specialty is providing reentry services for Veterans. 1 out of every 3 Veterans do not think they are eligible for services when in fact they are eligible. DOCR has worked with the VA to help transfer Veterans who were on probation and in need of services, but couldn't leave the state of Maryland, or by transferring them to VA hospitals in other states that have open beds available.

Mr. Green invited the Commission to hold a meeting at DOCR.

The floor was opened to questions.

It was asked if DOCR could assist Veterans in obtaining their DD-214s. Unfortunately, 71% of all individuals arrested in Montgomery County are released within the first 72 hours and does not provide a long enough time frame to obtain a DD-214.

Mike Subin reported that in an effort to seek out and implement needed changes to how people with mental illnesses are treated within the justice setting, a Criminal Justice Behavioral Initiative (CJBI) was founded by the County Council in 2001. This initiative, a joint effort of the County Police Department, the County DOCR and the County Department of Health and Human Services (HHS), addresses the specific needs of people with mental illnesses both in the community and within correctional settings. CJBI is working on a diversion program whereby individuals who are arrested and deemed to have behavioral health problems would receive services instead of going to jail.

Health and Human Services (HHS) has been working on a sequential intercept model. One main point of the model is the proposed Montgomery County Deflection Model which would deflect low-risk individuals with substance abuse disorders away from the criminal justice system and directly into community-based treatment. Deflection takes place at the moment of initial encounter between police and the individual. Another main point of the model is to deflect individuals with moderate to severe mental health or co-occurring disorders from jail beds and link them to stable community services. Adults with mental illnesses tend to stay longer in jail and upon release are at a higher risk of recidivism than people without these disorders. Police officers who deem that an individual has mental health issues that need be addressed immediately are authorized to take that person to a hospital facility for evaluation. Once individuals are identified as having a mental health disorder the State's Attorney's Office will be notified and they will determine if the individual is eligible to go through the mental health court. If the individual meets the services of the court then their arrest will be void.

Approximately six months ago the State's Attorney began working with the Chief Judge at the Circuit Court to form the Montgomery County Mental Health Court Planning and Implementation Task Force to discuss the option of instituting a mental health court. Mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities. In a number of jurisdictions across the country mental health courts have shown a 20% to 25% reduction in recidivism. Only low level crimes, including trespassing, urinating in public, vandalism, disorderly conduct, and low level non-violent theft, will be handled by these courts. Issues that the court will also be specifically looking at are who are being treated for post-traumatic stress, clinical depression, bipolar, and traumatic brain injury. Any period of incarceration increases the likelihood of that person recommitting a crime and each time they do it will be a higher level crime. In addition it costs the County approximately \$30,000 a year to house a prisoner. Those costs will be cut by every person who receives services instead of going to jail. Services will be provided by the County, the non-profit community, and the VA if the person is eligible.

Statistics: According to the Department of Justice (DOJ) / Bureau of Justice Statistics, about half of all veterans in prison (48%) and jail (55%) had been told by a mental health professional they had a mental health disorder; and, incarcerated veterans who saw combat (60% in prison and 67% in jail) were more likely than noncombat veterans (44% in prison and 49% in jail) to have been told they had a mental disorder.

Jim Campbell, Commissioner, noted that the Military Officers Association of America (MOAA), and the Maryland Retired Veterans Task Force, and the Maryland Commission on Veterans Affairs representatives would like for Montgomery County to consider creating a separate Veterans Treatment Court as some veterans may not want to be stigmatized as having a mental health issue.

Carolyn Hardin, Chief of Training and Research, [Justice for Vets](#) (JFV), discussed the services and assistance offered by JFV, which is a professional services division of the National Association of Drug Court professionals, a 501(c)3 non-profit organization based in Alexandria, VA. The Veterans Treatment Court Planning Initiative is designed to assist jurisdictions in the planning and development of a Veterans Treatment Court. This training arms Veterans Treatment Courts with the technical assistance, guidance and resources to successfully implement one of these programs. There are no costs associated with the training. Teams who complete the training for given priority in funding and are eligible to apply for Federal grants as well as additional funding from the Substance Abuse and Mental Health Services Administration (SAMSHA). 95% of courts that receive training are operational within six months. Many courts were able to start using existing resources. Teams receive training on how to work with individuals who have post-traumatic stress, traumatic brain injury, and anger issues. Ms. Hardin reported that courts are also seeing an increase in criminal activity in children of those who have served as they are experiencing displacement once their parent returns from deployment. Courts need to have programming in place for families that experience secondary trauma.

Ms. Hardin reported that since 2010 a number of their Veterans courts started as mental health court. It is also possible for a mental health court to develop a veterans track within the existing program. These courts are still eligible to receive free training. She also noted that many mental health courts have renamed to behavioral health, although many participants have not viewed the name as a stigma. Research also shows that if you mix low risk offenders with high risk offenders those low risk offenders have a higher rate in committing higher risk crimes. JFV has been approved for a multi-site nationwide study on the effect of Veteran treatment courts that will commence later this year.

Ms. Hardin offered the Commission to attend a free one day educational discussion on post-traumatic stress.

Mr. Green stated that he is confident the County will engage in the training and services offered by JFV and will apply for grants that are available to get the program up and running.

Mike noted that a Veterans Treatment Track most likely will be established within the mental health court within the first year. He believes that a Veterans Treat Track has already been established within the drug court. He has seen Veterans cases within the drug court receiving special recognition.

It was asked how much behavioral health training the Montgomery County Police Department (MCPD) has received. Mike reported that Montgomery County has one of the most well trained behavioral health police forces in the country. Officer Scott Davis, Crisis Intervention Team, Montgomery County Police Department, was named the number one crisis intervention team officer in the country last year. The Crisis Intervention Team also now has a Licensed-Clinical Social Worker on staff. DOCR has also received a \$90,000 grant that will be used to train the Police Department on deflection processes. If an individual is deemed to have a mental health issue after an initial assessment they are given a card that requests they receive a clinical assessment within a required time frame. If they complete the assessment, then the arrest is void. If they do not complete the assessment, then they are arrested.

Mr. Green stated that the County is dependent on the State system for evaluation and housing of individuals with mental illness. Springfield State Hospital has 167 beds with a back log of 100 beds on any given day and a waiting list.

Justice for Veterans Handouts:

- www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/JusticeForVetsHandout1.pdf
- www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/JusticeForVetsHandout2.pdf
- www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/JusticeForVetsHandout3.pdf

IV. Chair and Vice-Chair Report:

Dan Bullis, Chair, asked Commissioners for ideas as to what to include in the property tax insert that will be sent to

County residences in July. He also asked for recommendations for a slogan that will be included on the updated Year of the Veteran logo.

V. New Business:

Bill Gray, Commissioner, suggested that the Commission send a thank you note to Nam Knights and Battley Harley Davidson for organizing the motorcycle ride to the Universities of Shady Grove for the Salute to Vietnam Veterans event held in October.

VI. Roundtable:

Mike reported that the Community-Based Outpatient Clinic (CBOC) is slated to open in June, 2017. The VA has just released a Request for Proposal (RFP) to find space.

Julie Riggs, Manager, Serving Together, reported that on Friday, March 4th Phil Munley, Director, Service and Benefits Program, Maryland Department of Veterans Affairs, will be giving a presentation on basic veterans benefits. The event will be held from 1:00pm to 2:00pm at the Henry M. Jackson Foundation in North Bethesda.

Adjournment: 7:30 p.m.

Next Full Commission Meeting: Tuesday, February 16th, 2016 from 6:00 p.m. to 7:30 p.m. at Health & Human Services, 401 Hungerford Drive, 1st Floor Large Conference Room, Rockville, MD 20850

Respectfully submitted:

Carly Clem, Administrative Specialist I

Betsy Luecking, Community Outreach Manager