



UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

Veterans Justice Outreach and Court Coordination

March 9th, 2017

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Veterans Justice Outreach (VJO) Coordinator

Albany VA Medical Center



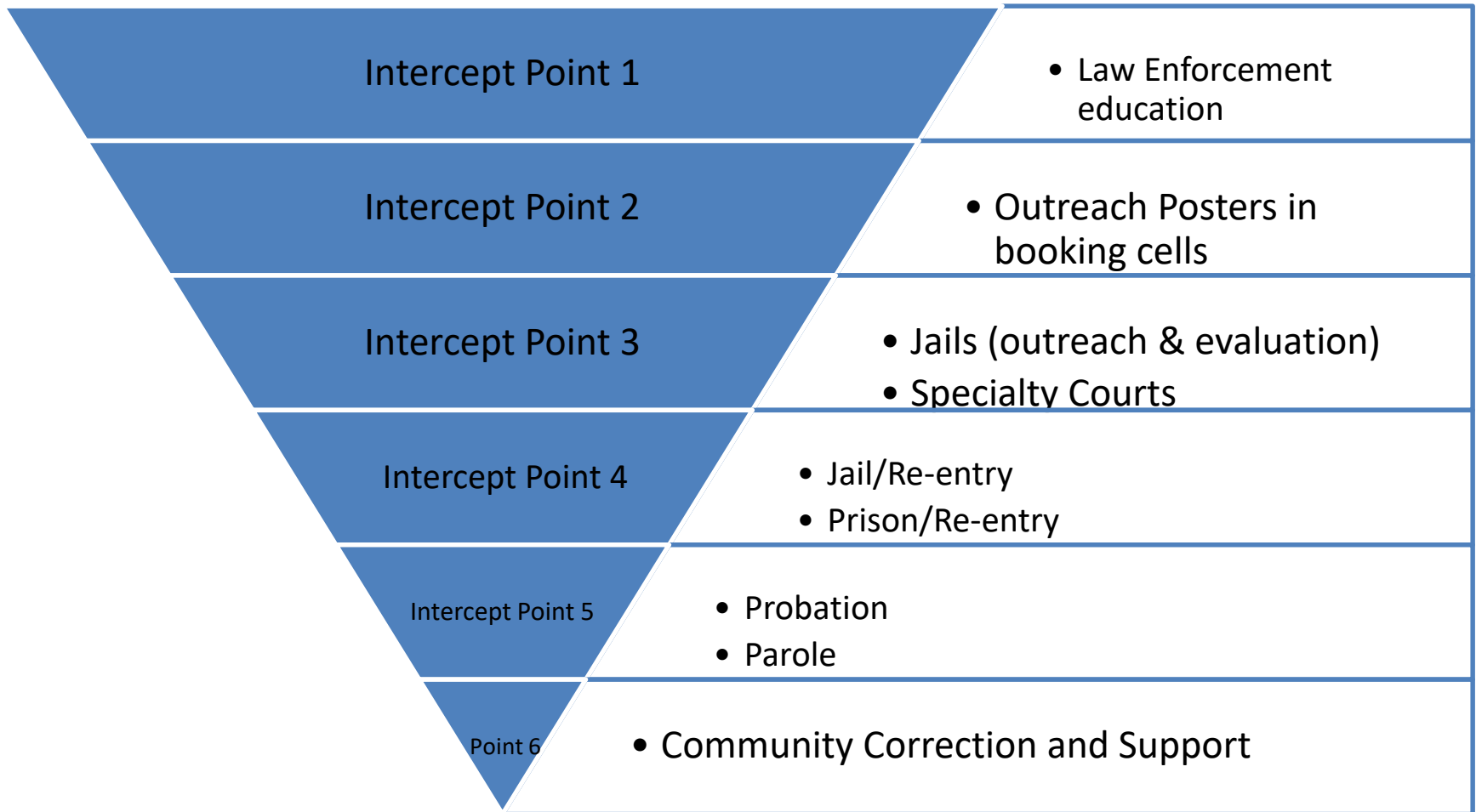
Prevention

The VJO program is a prevention focused component of the VHA Homeless programs.

VJO serves as the clinical linkage to necessary treatment alternatives for justice involved veterans.

Link eligible justice-involved veterans to needed medical care (including mental health, substance abuse and vocational treatment).

Meeting the Needs of Justice Involved Veterans within the intercept model





Albany County

-
- Law Enforcement
 - Albany City Police-CIT Team
 - Jail
 - Daily veterans docket sent to VJO
 - Rapport with inmate services unit and mental health unit
 - Meet weekly with veterans on Veteran's Pod & collaborate with Soldier On
 - Court System
 - Albany County and Albany City VetTrak
 - Attend City VetTrak weekly
 - Probation
 - Probation officer assigned to manage all veteran cases. All probationers are screened for military service and referred to the VA.
 - Streamlined screening process; CVT implementation



Veterans in Jail and Prison

How many veterans are incarcerated in Jails and Prisons throughout the United States?

2007: 9-10% of the population

2011-2012: 8% of the population

Source: U.S. Department of Justice – Bureau of Justice Statistics



Incarcerated Veterans Decline

Between 2004 and 2011–12, the number of veterans incarcerated in prison declined 6 percent (down 8,500 veterans), **while the number in local jails declined 25 percent** (down 16,500 veterans). In 2011–12, the total incarceration rate of veterans in the United States (855 per 100,000 veterans) was lower than the rate for nonveterans (968 per 100,000 U.S. residents)

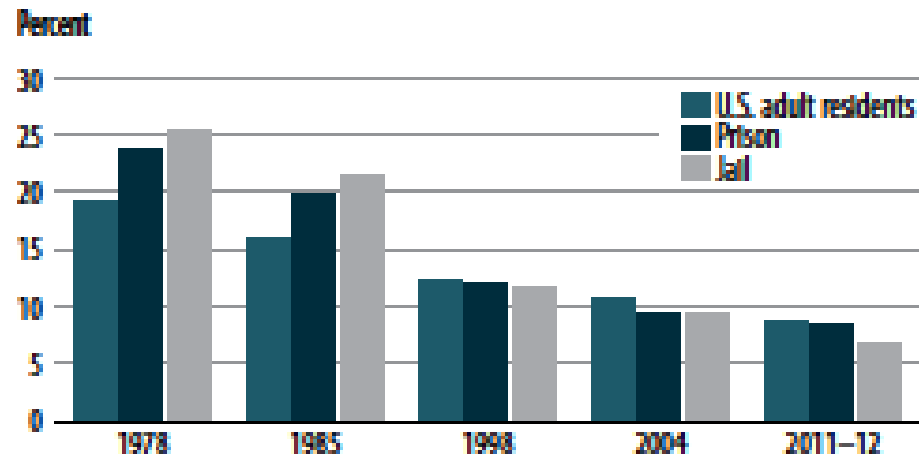
Source: U.S. Department of Justice – Bureau of Justice Statistics



Incarcerated Veterans

FIGURE 1

Estimated percent of veterans in the U.S. resident population in prison and jail, 1978, 1985, 1998, 2004, and 2011-12



Note: For years in which prison or jail inmates were not surveyed, the total prison or jail population was multiplied by the veteran distribution from the most recent survey. See Methodology.

Source: Bureau of Justice Statistics data collections on prison and jail inmates and U.S. Census Bureau population data collections. See table 1 for complete list.

Source: U.S. Department of Justice – Bureau of Justice Statistics



New York State

25 million in the US

950,000 in New York

- 300,000 Vietnam Era Veterans
- 60,000 Post-9/11 Veterans

NYS DOCCS:

2007: over 9000

January 2016: 2,272





10-5345 VA Release of Information Form

OMB Number: 2990-0260
Estimated Burden: 7 minutes

Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is additional to that required by 38 U.S.C. This form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 7701 and 7702 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information, including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing this authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records control identified as 24VAT19 "Patient Medical Record - VA" and in accordance with the VA Notice of Privacy Practices. You do not have to provide the information to VA, but if you do, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3027 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 7 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
<p>ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.</p>			
<p>TO DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p>		<p>PATIENT NAME (Last, First, Middle Initial)</p>	
<p>Albany VAMC 113 Holland Avenue Albany, NY 12208</p>		<p>SOCIAL SECURITY NUMBER</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p>			
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>			
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTES <input checked="" type="checkbox"/> OTHER (Specify) </p> <p>diagnosis, treatment recommendations, and records as needed</p>			
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p> <p>coordinate care provide treatment recommendations as needed</p>			
<p>NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM</p>			
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>			
<p>I understand that the VA health care practitioners' opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>			
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>		
<p>FOR VA USE ONLY</p>			
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>		<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
		<p>DATE RELEASED</p>	<p>RELEASED BY</p>



DD-214 Military Discharge Paperwork

Standard Form 100 (Rev. 10/10) (Page 1) Authorized for local reproduction. OMB No. 3094-0029 Expires 10/31/2011
 Prescribed by NARA (44 CFR 1.018-108)

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veterans' next-of-kin may be submitted online by using eVerify at <http://www.archives.gov/veterans/everify/>.
 (To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) 2. SOCIAL SECURITY NO. 3. DATE OF BIRTH 4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death. NO YES _____ 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S): _____

UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

All Documents in Official Military Personnel File (OMPF)

Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission must be provided.

Other (Specify): _____

2. **PURPOSE:** (An explanation of the purpose of the request is strictly voluntary, however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal

Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 2 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

Military service member or veteran identified in Section I, above Legal guardian (Must submit copy of court appointment)

Next of kin of deceased veteran. (Must provide proof of death.) Other (specify) _____

Show relationship: _____
 (See item 2a on accompanying instructions.)

2. **SEND INFORMATION/DOCUMENTS TO:** (Please print or type. See item 4 on accompanying instructions.)

Name _____
 Street _____ Apt. _____
 City _____ State _____ Zip Code _____

3. **AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 2b on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature Required - Do not print _____
 Date of this request _____ Daytime phone _____
 Email address _____

This form is available at <http://www.archives.gov/research/order/standard-form-100.pdf> on the National Archives and Records Administration (NARA) web site.

RESET

▶ Have You Served in the United States Military?

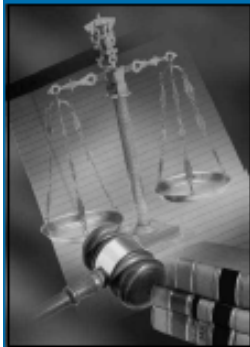
Are you currently:

- In jail or a county correctional facility
- Detained pre-sentence or pre-trial

The Veterans Justice Outreach Program may be able to help you

Please contact the classification officer in the booking area to identify yourself as a Veteran.

The Veterans Justice Outreach coordinator comes to the jail on a regular basis to meet with Veterans that are incarcerated.



Veterans Justice Outreach Coordinators

Albany VA Medical Center (518) 626-5368

Bath VA Medical Center (607) 664-4372

Buffalo VA Medical Center (716) 881-5855

Rochester VA Outpatient Clinic (585) 208-2108

Syracuse VA Medical Center (315) 425-4400 ext. 51016



Resource Card (Albany Example)

Veteran Encounter



- Have you served in the military?
- What branch of the service did you serve in?
- Are you being seen at VA?
- Do you have housing?
- Did you serve in a war zone?
- Note: Substance abuse, anger and combativeness in both men and women Veterans can be a sign for PTSD.
- Note: Any signs in or on the outside of the vehicle that indicate person is a Veteran i.e. bumper stickers, license, ID/dog tags



Resource Card (Albany Example)

Go to Numbers for Veteran Assistance

VA Police: **(518) 626-6750**

Albany Stratton VA Medical Center

www.albany.va.gov

Behavioral Health:

Monday-Friday 8:00 a.m. - 4:00 p.m.

(518) 626-5339

Rapid Access: urgent needs

Monday-Friday 8:00 a.m. - 4:00 p.m.

(518) 626-5311

Vet Center:

free counseling for combat Veterans

(518) 626-5137

VA Homeless Team:

Monday-Friday 8:00 a.m. - 4:00 p.m.

(518) 626-5150

Substance Abuse Treatment Program:

(518) 626-5386

VA Police: **(518) 626-6750**

Veteran Justice Outreach Coordinator:

(518) 626-5368

24/7 Veterans Hotline: **1-(800) 273-8255** Press "1" for Veterans ■ www.veterancrisisline.net



NYS VJO Contacts

New York

- Albany, Albany VA Medical Center: Samuel S. Stratton, [Courtney Slade](#)
- Bath, Bath VA Medical Center, [Ann Smith-Howles](#)
- Bronx, James J. Peters VA Medical Center (Bronx, NY), [Siobhan Dannacker](#)
- Buffalo, VA Western New York Healthcare System at Buffalo, [John Lahood](#), [Carolyn Vahoviak](#)
- Canandaigua, Canandaigua VA Medical Center, [Vincent Schillaci](#)
- Montrose, VA Hudson Valley Health Care System, [Patrizia Hodge](#)
- New York, Manhattan Campus of the VA NY Harbor Healthcare System, [Denise Lukowski](#), [Myrtho Gardiner](#)
- Northport, Northport VA Medical Center, [Eric Bruno](#), [Julie Bergstresser](#)
- Syracuse, Syracuse VA Medical Center, [Kynna Murphy](#)