

Fourth Judicial Circuit



Veterans Treatment Court

Mentor Training Manual



Some of the content in this handbook has been adopted from the State of New York Unified Court System Veterans Treatment Court Mentor Program Handbook, the Buffalo Veterans Court Mentoring Program Policy and Procedure Manual, the Pierce County Veterans Treatment Court Mentor Program Handbook and the Northeast Wisconsin Veterans Treatment Court Mentor Training Manual.

Introduction:

Veterans Treatment Court is a court-supervised, comprehensive treatment program designed to identify individuals with qualifying criminal charges who: (1) are active military or who have a honorable or general under honorable conditions discharge from military service; (2) have a documented mental health diagnosis, including but not limited to, post-traumatic stress disorder, traumatic brain injury, and/or a substance abuse disorder; and (3) have an existing nexus between the offense and diagnoses and the military service. This program is modeled after existing Drug Court and Mental Health Court programs utilizing multiple interventions, including a collaborative approach to treatment and rehabilitation, drug/alcohol testing, regular court appearances and educational opportunities that are intended to provide the skills necessary to maintain a clean and sober lifestyle and to reconnect veterans with their family and the community. Veterans Treatment Court provides veterans with the opportunity to receive specialized substance abuse and mental health treatment services, one-on-one veteran peer mentor support, and assistance in gaining access to veteran healthcare services and veteran assistance while providing community supervision, thereby ensuring public safety and accountability. Veterans Treatment Court, as with other problem-solving courts, requires a non-adversarial courtroom atmosphere in which dedicated multi-disciplinary teams work together toward the common goal of breaking the cycle of addiction and/or self-neglect.

Why create a Problem-Solving Court (“PSC”) specific to veterans? Why not work with these individuals within established Drug Courts and Mental Health Courts? There are many answers to these questions but perhaps the most significant reason is that veterans are a niche population with unique needs. Service members have many shared experiences. Many of these experiences are not common among their non-military peers. Members of the military and veterans are a unique population, which calls for tailored care. Traditional community services may not be adequately suited to meet their needs. Service members and their families experience unique stressors as part of the military experience. Thus the delivery of high quality care for psychological health, including prevention, early intervention and treatment, requires providers who are knowledgeable about and able to empathize with the military experience.

Much like Drug Court and Mental Health Court, Veterans Treatment Court adheres to “Key Components” to maintain fidelity and integrity of the established program models. These components include:

1. Veterans Treatment Court integrates alcohol, drug treatment and mental health services with justice system case processing.
2. Veterans Treatment Court uses a non-adversarial approach where prosecution and defense counsel promote public safety while protecting veteran participants’ due process rights.

3. Veterans Treatment Court identifies eligible participants early and promptly places them in the Veterans Treatment Court Program.
4. Veterans Treatment Court provides access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.
5. Veterans Treatment Court monitors abstinence through frequent alcohol and other drug testing.
6. Veterans Treatment Court responds to veteran participants' compliance through a coordinated strategy.
7. Veterans Treatment Court maintains essential, ongoing judicial interaction with each veteran.
8. Veterans Treatment Court measures achievement of program goals and gauges program effectiveness through monitoring and ongoing evaluation.
9. Veterans Treatment Court continues interdisciplinary education and promotes effective planning, implementation and operations.
10. Veterans Treatment Court forges partnerships among the Court, Veterans Administration, public agencies and community-based organizations; generates local support and enhances Veterans Treatment Court effectiveness.

This manual has been created to educate potential veteran mentors on Veterans Treatment Court including its purpose, mission and policies; and to provide essential training to potential veteran mentors that wish to join the team and help **Leave No Veteran Behind**.

Mission Statement:

The mission of the veteran mentor is to ensure that every participating veteran receives the services they require by helping them navigate the system and acting as a mentor, advocate, and ally. The goal of the veteran mentor is to provide peer-to-peer support and assistance to veterans who have adjustment challenges. Mentors will help veterans (1) readjust to civilian life, (2) become familiar with various veterans organizations that provide community support, (3) connect with treatment and other services, and (4) navigate the court system. This peer-mentor relationship promotes and fosters a “can do” attitude in the veteran that helps them accomplish their goals while knowing that they are not alone and that the mentors are there to assist and support them.

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What is a Mentor?

The Role of the Veteran Mentor:

Experience has shown that veterans respond more favorably to other veterans who have served and share similar experiences. The conversations and interactions between a veteran mentor and veteran participant are on the level of peers rather than from a position of authority. This active and supportive relationship is maintained throughout treatment and increases the likelihood that a veteran will remain in treatment and improve their chances of maintaining sobriety and law-abiding behavior. Therefore, it is clear that veteran mentors are an essential part of a Veterans Treatment Court.

A mentor can help facilitate the recovery process for the veteran. A mentor is a person who has confronted similar issues, feelings, barriers and experiences, and can empathize with the veteran. Mentors help the veteran regain a sense of direction and control over his/her life. Such changes can be small, especially at the beginning. The mentor's job is to set the veteran up for success. To be an effective peer mentor and help the veteran achieve his/her goals, a mentor must:

- Be supportive and understanding of the difficulties each veteran faces.
- Help the veteran clear up any concerns about the court proceedings.
- Be supportive and helpful to other mentors within the program.
- Participate in additional trainings throughout time of service.
- Adhere to the Veterans Treatment Court policies and procedures.
- Sign and abide by confidentiality agreements.

Being a veteran mentor is an ever evolving role that is adjusted to fit the needs of each individual veteran. However, the role of the veteran mentor does not include:

- Giving professional advice.
- Having any legal or criminal justice experience.
 - Mentors must not provide legal advice.
- Trying to change the veteran's values, attitudes, and or beliefs.
- Swooping in and solving all of the veteran's problems.
 - This robs the veteran of dignity and the chance to learn from their mistakes.
- Spending the entire time sympathizing with the veteran's problems, because this will make it unlikely that the veteran will do anything to change their situation.
- Just chatting or having coffee. The mentor and the veteran are going to have to work to produce the changes needed for the veteran to achieve their goals.

Veteran mentors work with veterans to problem-solve existing issues and bring to the attention of the court any areas that the court can assist in resolving. The veteran mentor acts as a coach, a guide, a role model, an advocate, and a support for the veteran. The mentor encourages, guides, and supports the veteran as he/she progresses through the court process. This includes listening to the concerns of the veteran and making general suggestions, assisting the veteran to

determine their needs, and acting as a support for the veteran; especially when a veteran may be feeling isolated.

The mentoring component of Veterans Treatment Court fills the gap between the veteran and the court system. In a sense, a mentor serves as a middleman, an interpreter, or a conduit between two foreign entities. Mentors are, first and foremost, willing to listen to veterans. They are valuable sounding boards for their mentees, who are struggling with addiction and/or mental health issues. Mentors can provide valuable information to the court on the veteran's behalf regarding the efforts he or she has made towards addressing these issues. The mentor builds bridges between the veteran and various team members. They also become the only person outside the court and treatment professionals with whom the veteran is able to speak without repercussions from the court. For this reason, the mentor-mentee relationship must be monitored to ensure the veteran receives the proper and necessary support.

Summary of Veteran Mentor Duties and Responsibilities:

- Attend Court sessions when scheduled.
- Participate in and lead mentoring sessions with assigned veterans.
- Assist assigned veterans on navigating the court and Veterans Affairs (VA) systems.
- Maintain required records of mentoring contacts and sessions.
- Be aware of and maintain required privacy and confidentiality.
- Discuss mentoring session experiences with the mentor coordinator.

Veteran Mentor Goals:

- Help fellow veterans receive the services they need to reach their full potential as productive members of society.
- Help fellow veterans navigate the court system, treatment system, and VA system.
- Help remind veterans of their service, the honor associated with their service, and the benefits of maintaining a "can-do" attitude while on the path to recovery.

Veteran Mentor Requirements:

- Be a United States Military Veteran: Army, Marine Corps, Navy, Air Force, Coast Guard, or a corresponding branch of the Reserve or National Guard.
- Be in good standing with the law.
- Adhere to all of the Fourth Judicial Circuit's Veterans Treatment Court policies and procedures.
- Commit to program participation for a minimum of six months.
- Complete the required training procedures.
- Participate in additional training sessions throughout the time of service in the court.
- Mentors cannot be employees of the Fourth Judicial Circuit in any capacity, active law enforcement, or a member of any other organization that may present a conflict with Veterans Treatment Court.

- Veterans Treatment Court participants may apply to become a veteran mentor no sooner than twelve (12) months after Veterans Treatment Court completion.

Veteran Mentor Desirable Qualities:

- Active listener
- Empathetic
- Encouraging and supportive
- Tolerant and respectful of individual differences
- Knowledge of Veterans Affairs services
- Knowledge of community resources and services

Veteran Mentor Rules & Policies:

- The mentor's primary obligation is to support the veteran. In all relationships, the mentor will protect the veteran's welfare and will diligently seek to assist the veteran in reaching his/her goals.
- Mentors will act on the veteran's interest, unless to do so would endanger themselves or others.
- Mentors will act professionally when representing the program in the community.
- Mentors will refer the veteran to other agencies/organizations only after obtaining approval from the mentor coordinator.
- Mentors will work with the mentor coordinator to resolve conflicts.
- Mentors will confine their role to the limits of their training and competency.
- Mentors will maintain objective and professional standards in relationships with the veteran.
- Mentors will refrain from pushing their values, lifestyle or beliefs on the veteran.
- Mentors will not promise better outcomes than can reasonably be expected.
- Mentors will not exploit the veteran or the relationship for agency or personal advantage.
- Mentors will not become involved in any monetary business arrangements or commitments beyond those required for delivery of services or any other type of solicitation.
- Mentors will not engage in any intimate relationships with veteran participants and will not engage in any harassing behavior toward any veteran participant.
 - Any reports of inappropriate behavior will be investigated and legal action may be initiated.
- Mentors will not engage in verbal abuse, physical abuse, or violence.
 - Any violence or abuse must be reported to the mentor coordinator immediately.
 - If an emergent situation, the mentor should contact law enforcement.
- Mentors will protect all information concerning the veteran.
 - Mentors may only give personal information regarding the veteran to people the veteran has identified on a signed release form.
- Mentors will encourage the veteran to report knowledge of crimes or planned crimes to the appropriate law enforcement authorities.

- Mentors will inform the veteran that they are obligated to report certain illegal or destructive behavior to the mentor coordinator or PSC Director.
- Mentors will, in emergency situations, contact the police and then the mentor coordinator. If a mentor is unsure whether to take action, he/she must consult with the mentor coordinator or PSC Director and is to only disclose information relevant to the situation.
- Mentors will engage the veteran by inviting conversation and asking the veteran to identify his or her concerns.
- Mentors will pay close attention to the body language of the veteran.
- Mentors will respond with empathy, respect, and honesty.

Veteran Mentor Screening Policy:

Each prospective veteran mentor must complete the screening process. The mentor coordinator is responsible for conducting the screening process. The decision to accept or deny an applicant will be made by the mentor coordinator, the PSC Director, and the Judge. Feedback regarding the prospective mentor's denial may or may not be given. The right to withhold or give feedback is solely at the discretion of the mentor coordinator, PSC Director, and Judge. The mentor screening procedure will include, but not be limited to:

- Completing a written application form
- Provide a valid DD214
- Completing a personal interview
- Completing a local background check

Existing veteran mentors with knowledge of any prospective mentor's history or background that may jeopardize the integrity of the mentor program and/or the court must communicate their knowledge or concerns to the mentor coordinator, the PSC Director, or the Judge.

Veteran Mentor Training Requirements:

Training is essential and necessary for veteran mentors and initial training is especially crucial for prospective mentors. All prospective mentors must complete the required initial training prior to engaging individually with any Veterans Treatment Court participant. Training will include the following:

- Observation of a minimum of three (3) Veterans Treatment Court sessions.
- Sitting in on a minimum of three (3) mentoring sessions with three different mentors.
- Leading a minimum of three (3) mentoring sessions while being observed by a fully trained, active mentor.
- Reviewing the Veteran Mentor Training Manual.
- Reviewing the Veterans Treatment Court Participant Handbook and becoming familiar with all participant rules and expectations.
- Completing a basic training of drug and alcohol testing policies and procedures.
- Reviewing basic courtroom proceedings.
- Discussing the experience of leading the mentoring sessions.

- Completing individual supervision with the mentor coordinator.

Ongoing training opportunities will be scheduled and all veteran mentors are encouraged to participate. Periodic group meetings will be available for the veteran mentors to discuss their learning experiences.

The Role of the Veteran Mentor Coordinator:

Mentor coordinators ensure the efficient and successful operation of the mentor program in a Veterans Treatment Court. Mentor coordinators are volunteers who are responsible for assigning veteran mentors to participants, supporting veteran mentors in all aspects of their work and managing mentor training programs and mentor assignments. Mentor coordinators must be familiar with Veterans Treatment Court and Veterans Affairs services and must have served as a mentor. The mentor coordinator assumes the majority of the responsibility for recruiting new mentors. Other members of the Veterans Treatment Court team as well as current mentors will support the mentor coordinator in these activities when necessary, including attending and hosting informational sessions.

Veteran Mentor Coordinator Responsibilities:

The mentor coordinator is responsible for the majority of the recruitment, training and ongoing supervision of each veteran mentor. An effective mentor coordinator will:

- Attend court sessions regularly and carry out any other duties as assigned by the judge.
- Find appropriate mentors for the Veterans Treatment Court program.
 - This may require conducting presentations in the community regarding the Veterans Treatment Court.
- Match mentors with participants based on shared qualities and backgrounds to the greatest extent possible. Factors to consider may include:
 - Branch of service
 - Type of service (i.e., combat and location of service)
 - Gender
 - General age group
- Coordinate mentor orientation/training sessions.
- Schedule the appropriate number of mentors needed for each court session.
 - Mentors should be present whenever Veterans Treatment Court is in session to provide immediate support for participants appearing in court.
- Act as a resource for the mentors by:
 - Accommodating conflicts in a veteran mentor's personal schedule.
 - Collecting and reviewing mentor reports to monitor the nature of a participant's progress in the Veterans Treatment Court.
 - Placing mentors in touch with local accredited service officers who can help appropriate veterans secure benefits from the U.S. Department of Veterans Affairs.

- These trained officers can be found in local government offices and in local service organizations, such as The American Legion, The Military Order of the Purple Heart, and Vietnam Veterans of America.
- Work with the Veterans Treatment Court staff to resolve issues and motivate participants through challenges.
 - In some instances, mentors may bring concerns regarding a participant to the attention of their mentor coordinator. The mentor coordinator is then responsible for contacting the Veterans Treatment Court in a timely manner to ensure that the participant receives appropriate support or services.
 - If the mentor coordinator determines that mentors are not adequately fulfilling their responsibilities, the coordinator must contact the Veterans Treatment Court staff in a reasonable and timely manner and remove the mentors from the program.
- Maintain federal confidentiality standards.
- Attend clinical and legal training programs supported or provided by the Veterans Treatment Court.
- Arrange annual recognition events, where mentors are recognized for their length of service to the Veterans Treatment Court.

Veteran Mentor Coordinator Requirements:

- Be a United States Military Veteran: Army, Marine Corps, Navy, Air Force, Coast Guard, or a corresponding branch of the Reserve or National Guard.
- Have a genuine concern for veterans in the legal system.
- Be in good standing with the law.
- Adhere to all of the Fourth Judicial Circuit's Veterans Treatment Court policies and procedures.
- Have a minimum of six (6) months of service as a veteran mentor.
- Participate in additional training sessions throughout the time of service in the Court.
- Mentors cannot be employees of the Fourth Judicial Circuit in any capacity, active law enforcement or a member of any other organization that may present a conflict with Veterans Treatment Court.

Veteran Mentor Coordinator Desirable Qualities:

- Familiar with the Veterans Treatment Court
- Knowledge of Veterans Affairs services
- Knowledge of community resources and services
- Strong leadership and organizational skills
- Able to respect individual differences
- Able to devote time to the Veterans Treatment Court

Veteran Mentor Assignment:

When a veteran participant enters phase two (2) of the Veterans Treatment Court program, the mentor coordinator assigns a mentor to work with the veteran for the remainder of Veterans Treatment Court involvement. Mentors will be assigned based on the following:

- Same branch of service, for example, Air Force-to-Air Force, Marine-to-Marine, etc.
- Same war time era, for example, Vietnam to Vietnam and Iraq to Iraq
- Specific skill of a mentor that a veteran may need
- Similar age/gender/ethnicity

The mentor coordinator will also take into consideration the request of the mentor or participant. The mentor coordinator reserves the right to assign a mentor to a participant as seen fit. The mentor is not a therapist, counselor, treatment provider, legal advisor, probation officer, or judge. It is important to stay between the lines.

Additionally, mentoring relationships can change over a period of time for a variety of reasons. Some of the reasons why the relationship could end may include:

- The veteran is removed from the Veterans Treatment Court program.
- The veteran successfully completes the Veterans Treatment Court program.
- A mentor discontinues their service in the mentor program.
- Mentor/mentee may not be compatible and the relationship is not a good fit.

Regardless of the reason why the mentor relationship ends, it is important that it is done carefully and thoughtfully. The way that the mentor relationship ends can shape what the veteran thinks about and learns from the experience. If done right, this transition can be a time of growth for both the mentor and the veteran. Below are some strategies that the mentor can use when it comes time to terminate a relationship with a veteran.

- Have the transition take place gradually. Ensure that the veteran knows that the termination is approaching.
- Be clear about the date of the last meeting. Do not wait until the last meeting with a veteran to say goodbye.
- Be honest and supportive regardless of the reason that the relationship is ending.
- Be prepared for feelings of sadness, grief and anger over the loss of this relationship.
- If comfortable, continue being in the veteran's circle of support.
- If the veteran is successfully completing the Veterans Treatment Court program, ensure that they understand their accomplishment.

Mentor Training Manual

Communication:

Being an effective mentor involves good communication. Communicating effectively as a mentor requires being:

- Responsive: Schedule times to be available, respond to phone calls, emails, and other inquiries in a timely manner, and develop alternate mechanisms for responding when unavailable.
- Engaging: Be an active listener because it is important to focus attention on the issues at hand. Active listening and paraphrasing are helpful so that the veteran knows the mentor understands.
- Pleasant: A smile and a sense of humor go a long way toward breaking the ice, easing anxiety, and defusing conflict.
- Patient: Do not try to fix the situation immediately. Give the veteran the opportunity to vent before trying to get to the root of the problem and find solutions.
- Clear: Make sure the veteran is clear about their expectations and the mentor-veteran relationship. Be certain that the veteran is aware of upcoming meetings, court appearances, and the next steps to achieve their goals.
- Supportive: The attitude should be, “We can work through this together.”
- Realistic: Change takes time. Help the veteran take things one step at a time.

Communicating effectively requires LISTENING. The following section discusses nine strategies for effective listening:

1. Stop talking! It is difficult to listen and speak at the same time. Listen like you don’t need to respond!
2. Put the other person at ease. Give them space, time, and permission to speak. How you look at the veteran and how you stand or sit makes a huge difference. Relax and let the veteran relax as well.
3. Show the veteran that you want to hear what they have to say. Look at them, nod when you can agree, and ask the veteran to explain further if you do not understand. Listen rather than just wait for your turn to speak.
4. Remove distractions. Good listening means being willing to turn off your phone, stop reading an email, or close a door. Give the veteran your full attention and let them know they are getting your full attention.
5. Empathize with veteran, especially if they are telling you something personal or painful. If they are sharing something you intensely disagree with, take a moment to stand in their shoes and look at the situation from their point of view. Your job is not to judge.
6. Be patient. Some people take longer to find the right word, to make a point or clarify an issue. Give the veteran time to get it all out before you jump in with your reply.
7. Watch your own emotions. If what the veteran is saying creates an emotional response for you, be extra careful to listen closely, with attention to the intent and full meaning of the words. When people are angry, frightened or upset, they often miss critical parts of what is being said.

8. Be very slow to disagree, criticize or argue. Even if you disagree, let the veteran have their point of view. If you respond in a way that makes the veteran defensive, even if you “win” the argument, you may lose something far more valuable.
9. Ask appropriate questions. Ask the veteran to clarify, to say more, give an example or explain further. It will help the veteran to speak more precisely and it will help you hear and understand them more accurately.

How you communicate with your mentor during a conversation matters. You should always:

- Listen for the message behind the statement.
- Stay with the veteran’s feelings. Getting hung up with facts or the progression of events will not help them feel better.
- Help the veteran identify their feelings by reflecting back the feelings you are having.
- Support the veteran’s strengths. The veteran may have difficulty realizing that they have any “strengths” left. Use any opportunity to reinforce the strengths that you see.
- Assess the veteran’s resources and support system. The veteran will be stronger when they can allow themselves to get what they need from as many sources as necessary. Asking for help and being dependent ARE NOT the same thing.
- Be aware of what the veteran is trying to avoid talking about. When the veteran does a lot of avoiding, it is a good clue that the topic is painful. Even though it is your job to point out to the veteran that they may be avoiding a topic and to offer the opportunity to talk about the topic, never force them to discuss things that they are not ready to face.
- Be aware of what you are avoiding as well. This may reinforce the veteran’s beliefs that their problem is too scary, embarrassing, or painful to discuss. Be free to discuss situations or infer that you have also made poor decisions during your lifetime and can relate to some of the feelings that the veteran may be having.
- Pay attention to the veteran’s tone of voice, facial expressions and overall behaviors. These can reveal a lot about what they are thinking and feeling.
- Try to remain calm and not get defensive in the face of hostility, even though it may be difficult. The veteran may be displacing their anger from someone else onto you.
- Do not avoid anger; hostility must be worked through. You may be a safer target for the veteran’s anger than the individual with whom they are actually angry. Draw the line at abusive comments. Explain that such comments are not appropriate and that the meeting will end if the veteran continues to make such comments.
- Stay focused and present on the current conversation. If you are busy thinking about what you will say next, you may miss what the veteran is saying. What you miss may give a whole new angle to the entire conversation.
- Show interest and involvement in the veteran. Eating, drinking, interrupting, etc. indicates that you have other things on your mind. Maintaining eye contact is a key element in being a good listener.

Mentor/mentee relationships rely on trust, structure, and activity. Relationship styles between mentors and mentees make a difference in the impact of the relationship, and these relationship styles might vary depending on the mentee. Relationship styles include active (high activity, lower communication, and problem solving), moderate (moderate activity and structured support), low-key (high structure and support but low activity), and unconditionally supportive (high support and structure but moderate activity). Both active and moderate

relationship styles are associated with the most positive results. Active relationships involve a high level of participation in mentoring activities. These activities appear to be the central bonding characteristic of the mentoring relationship. Moderate relationships involve participation in fewer mentoring activities, but include moderate structure and conversations revolving around goals and future plans.

Boundaries:

Setting boundaries provides a structure for the mentor-mentee relationship. Establishing strong boundaries can help ease anxiety or discomfort and establish a more comfortable rapport. It is important that these boundaries are set up early in the relationship so that both people understand what is expected of them and what limits there are. Mentors should consider what their boundaries are before they are matched with a veteran. This can be done by:

- Asking, what are the limits of this relationship? By setting and maintaining good boundaries the mentor will avoid becoming “burned out.” Unhealthy boundaries are harmful to both people involved in the relationship. Mentors who do not set strong boundaries often feel used and disrespected. It is much easier to set very strong boundaries and loosen them over time than it is to strengthen weak boundaries.
 - Talk to other mentors and the mentor coordinator for assistance in setting healthy boundaries.
- Checking in with each other as the relationship progresses to ensure that both parties are comfortable with the established boundaries. Examples of healthy boundaries to establish:
 - Schedules: When and when not the mentor will be available to meet or take phone calls.
 - Relationships: There will be no relationship beyond the limits of the program such as dating or business relationships.
 - Personal Responsibility: Do not do something for the veteran that they can do themselves.
 - Money: Establish the fact that the mentor will not be available to provide financial assistance. The mentor is only there to provide emotional support.
 - Personal Space: When is it appropriate to invade personal space?

The Veterans Treatment Court Treatment Team:

The Veterans Treatment Court Treatment Team is the decision maker for the Veterans Treatment Court program and its participants. The team is made up of many members including: The Judge, Program Administrator, Case Managers, Coordinators, Public Defender, State Attorney, Department of Corrections/Probation, Department of Veterans Affairs, Community Volunteers, and Substance Abuse and Mental Health Treatment Professionals. The team makes decisions regarding participant progress in the program, including incentives, sanctions, phase changes, and graduation/termination. The team meets prior to each scheduled court session to discuss and review all participant progress for that week. Team members will make recommendations to the judge regarding action needed based on their own knowledge, experience or role. All recommendations are required to be in the best interest of the participant

regardless of personal or professional disagreements/challenges. Furthermore, each participant must be afforded his/her right to a hearing on the issues. After staffing is completed, the judge will conduct a review hearing with scheduled participants and address each participant individually, spending at minimum, 3-6 minutes with each participant. Once the outcome has been identified, the treatment team, in collaboration with the judge will assist participants as necessary including providing referrals to meet such needs as housing, education, vocational training, and job placement. A brief summary of the role of each team member is listed below:

The Judge

The focus and direction of each PSC is provided through the effective leadership of the judge. The judge will be responsible for maintaining a non-adversarial atmosphere within the court. All team members must see their primary responsibility as the facilitation of the participant's rehabilitation within the framework of maintaining community safety. The judge will lead a multi-disciplinary partnership between all team members. The judge is a key motivator in convincing the individual to achieve rehabilitation. The judge will lead and participate in pre-court staffing meetings in which participant progress/non-compliance is discussed in detail and plans formulated based on recommendations from the PSC team. The judge will then discuss the information reported directly with the participant in a court setting so that details from all parties is ascertained prior to the imposition of any incentive, sanction and/or other response.

Court Administration

Court Administration provides Veterans Treatment Court case management and oversight. Case managers will provide one-on-one case management to all participants and will provide routine updates on progress/lack thereof to the court and team. Case managers liaise with treatment providers and all community partners to ensure necessary services are being provided. Case managers attend all staffing meetings and court sessions and provide written reports on participant progress. Case managers conduct, at minimum, bi-weekly community field visits with program participants at homes and may visit places of employment if necessary. Case managers assist with obtaining and maintaining services such as medical appointments, obtaining or reinstating disability benefits, housing, referrals for vocational training, education, employment, and other needs. Case managers collaborate with stakeholders to identify areas of need to develop lines of communication, continuity of care, and effectiveness. Case managers maintain participant records and prepare detailed court calendars and pre-court staffing agendas that are disseminated to team members. Veterans Treatment Court oversight is also provided by Court Administration. The PSC Director will monitor the meeting of goals, objectives, and timelines, supervise case managers, keep the judge apprised of administrative procedures that affect court operations, ensure that Veterans Treatment Court policies and procedures are adhered to, monitor budgets, pursue funding opportunities and ensure that services needed are made a part of the Veterans Treatment Court program.

Treatment Providers

Treatment representatives play an integral role within Veterans Treatment Court. The contracted treatment providers assign dedicated, trained representatives to liaise with the Court and team. These dedicated counselors provide essential services to program participants. These court liaisons are required to obtain and disseminate information relating to the ongoing

treatment being provided to each participant. The Court will make decisions on continued treatment and outcomes for participants based mostly on information reported by the treatment providers by way of the treatment liaisons and will often follow the recommendations of the treatment provider regardless of other team member input. These representatives are also tasked with ensuring that needed services are provided in a timely manner. The treatment counselors, which may not attend staffing and Court sessions on a regular basis, provide reports to the liaisons pertaining to treatment compliance for participants. They prepare individual treatment plans and provide group and individual therapy sessions to participants based on the participant's needs that are ascertained during the assessment period and through ongoing participant interactions.

Probation

The Department of Corrections provides a dedicated, trained probation officer to the Veterans Treatment Court. The role of the probation officer is to engage in community supervision of the participant thus reinforcing the rules and policies of the program. Participants are subject to warrantless searches, home visits and employer verifications throughout their participation in the program. The probation officer attends pre-court staffing meetings and court sessions and provides updates to the team pertaining to participant compliance with probation tasks. The probation officer conducts random visits to participant homes and places of employment and reports outcome information to the team. The probation officer assigned to the Veterans Treatment Court may not be the actual probation officer for every participant. For those participants supervised by another probation officer, the program liaison is responsible for communicating with that officer to ensure that officer conducts the same level of supervision and follows the same reporting requirements.

Attorneys

The State Attorney's Office and Public Defender's Office each believe in the therapeutic process proven successful in treatment/problem-solving courts. Each office provides a dedicated staff member to the Veterans Treatment Court to assist in maintaining program continuity and integrity. These representatives are continuously trained on the program model and are an essential element for any successful program. All citizens are afforded certain rights and privileges that are protected. While the State Attorney is tasked with protecting and enforcing public safety and accountability, the role is slightly adjusted in Veterans Treatment Court because even the State Attorney is looking at the best interest of the participant over and above the pending criminal offense. As part of a collaborative team, the role of the State Attorney differs from the traditional adjudication process. The State Attorney will interview prospective participants with defense counsel present and will explain the benefits of the program together with potential consequences. The State attorney will attend staffing meetings and Court sessions and make recommendations regarding incentives and sanctions based on individual progress.

The Public Defender is tasked with representing a client by protecting their due process rights and shall attempt to defend clients in the hope of avoiding incarceration. However, within the Veterans Treatment Court, even the Public Defender is looking at the overall best interest of the participant and not the pending criminal offense. There are instances when the Public Defender will recommend incarceration if it were to be a potential life-preserving measure and serve the overall best interest of his/her client. The Public Defender attends all staffing meetings

and Court sessions and seeks to find treatment solutions for the participant that will minimize their exposure to incarceration, reduce the risk of recidivism and mitigate the consequences of a criminal conviction.

Veterans Administration

The Veterans programs or organizations involved constitute the most significant component of the team for the Veterans Treatment Court. The Veterans Treatment Court team consists of Veterans Administration staff including a Veterans Justice Outreach Specialist and many local veteran organizations within the community with trained volunteers that serve as Veteran Mentors. The Veterans Administration Justice Outreach Specialist is the liaison between the Court and the Veterans Health Administration. This specialist utilizes access to VA electronic records, enrollment and scheduling options to assist the Veterans Treatment Court team in determining a veteran's eligibility and enrollment status. This specialist places requests for services and provides updates to the team pertaining to ongoing appointments and services being received through the Veterans Administration. Ideally, initial screenings for Veterans Treatment Court placement will be conducted by the Veterans Justice Outreach Specialist with referrals for appropriate candidates being sent to legal staff for follow up. The specialist will conduct interviews with inmates and those out of custody being considered or otherwise recommend candidates for placement in the program and will forward a report to the Veterans Treatment Court team outlining the details of the interview so that eligibility can be determined.

What is Mental Illness:

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include: major depression, schizophrenia, bipolar disorder, post-traumatic stress disorder, panic disorder and anxiety disorder. Mental illnesses are treatable and recovery is possible.

What causes a mental health crisis? Many things can lead to a mental health crisis which can include: increased stress, physical illness, problems at work, problems at school, changes in family situations, or substance abuse. Any of the previously mentioned triggers can increase the behaviors or symptoms that can lead to a crisis. Examples of triggers leading to a mental health crisis may include the following:

- Home/ environmental triggers:
 - Changes to family structure
 - Changes in relationships with boyfriend, girlfriend, partner or spouse
 - Loss of family member, friend or pet due to death or relocations
 - Strained relationships with roommates or loved ones
 - Changes in friendships
 - Fights or arguments with loved ones or friends
- School/work triggers:
 - Worrying about upcoming projects or tasks
 - Change in teachers or boss

Examples of behaviors leading to a mental health crisis may include the following:

- Rapid mood swings:
 - Increased energy level
 - Unable to stay still, pacing
 - Suddenly depressed, withdrawn
- Increased agitation:
 - Makes verbal threats
 - Violent out-of-control behavior
 - Destroys property
- Displays abusive behavior:
 - Hurts others
 - Cutting, burning or other self-mutilating behavior
 - Abuses alcohol or drugs
- Loses touch with reality (psychosis):
 - Unable to recognize family or friends
 - Has increasingly strange ideas
 - Is confused and disorganized
 - Thinking they are someone that they are not
 - Not understanding what people are saying
 - Hearing voices
 - Seeing things that are not there
- Isolation from school, work, family, and friends:
 - Decreased interest in usual recreational activities
 - Changes in friendships
 - Stops going to school or work

While unlikely to occur, it is possible that a veteran mentor will encounter a mentee in a manic/crisis state. How should the mentor respond to such a mental health crisis?

- Remain calm: Even if the veteran is sharing things that scare the mentor, they are doing so because they trust or feel comfortable with the mentor.
- Use listening skills: Use listening skills and take the time to really try and hear what the veteran is saying. The veteran may view the mentor as a role model or as someone who can help them through their situation.
- Stay in the “mentor” place: Mentors are not responsible for the veteran’s actions or for making things right. By using decision making skills a mentor can help the veteran look at positive alternatives.
- Do not make promises: Do not promise the veteran that everything is or will be okay. Making promises that one does not intend to or cannot keep once the crisis is over is dangerous.
- Use personal experiences: Personal experiences can be used to show the veteran that things are temporary and can be overcome.
- Know limits: If a mentor is not sure what those limits are or if there are other questions or concerns, call the mentor coordinator or the PSC Director. They can provide mentors with support and help mentors decide if professional help should

be sought. Professional help should be sought if the situation escalates or the veteran indicates they may harm themselves or others.

Depression

Most persons who have been traumatized experience depression. Feelings of depression then lead a person to think very negatively and feel hopeless. There is a sense of having lost things or their previous personal identity.

- Self-blame, guilt, and shame:
- Many veterans resort to blaming themselves or feeling guilty in some way as a coping mechanism to make sense of their traumatic war experiences. They may feel bad about something that they did or did not do in the war zone. Feelings of guilt or self-blame cause much distress and can prevent a veteran from reaching out for help. This is why it is very important for veterans to talk about feelings of guilt with a counselor or doctor.
- Inter-personal problems:
 - Trauma may cause difficulties between a veteran and their spouse, partner, family, friends or co-workers. Particularly in close relationships, the emotional numbing and feeling of disconnection that are common after traumatic events may create distress and drive a wedge between the survivor and their family or close friends. The survivor's avoidance of different kinds of social activities may frustrate family members. Family members and friends may respond in ways that worsen the problem. They may have difficulty understanding the problem and respond with poor communication, support, and/or anger. These problems are upsetting to both the veteran and family members, so it is important that all people involved become more aware of traumatic experience reactions and how to cope with them.
- Physical symptoms and health problems:
 - Because many traumas result in physical injury, pain is often a part of the experience as well. This physical pain often causes emotional distress; because in addition to the pain and discomfort, the injury also serves as a reminder of the event for the veteran. Since traumas stress the body, they can sometimes affect physical health and survivors may experience physical effects such as headaches, nausea and/or stomach problems.

PTSD

What is post-traumatic stress disorder (PTSD)? PTSD is an anxiety disorder that can occur after a veteran has been through a traumatic experience, such as exposure to combat or sexual assault. During these events, a person feels like their or another's life is in danger and that they have no control over what is happening. Often, veterans relive combat experiences in dreams and hallucinations. They may experience survivor guilt; the guilt that they survived, while their friends or colleagues did not. A lot of veterans who develop PTSD get better on their own. About one third continue to have symptoms. Sometimes PTSD symptoms may not occur until months or years later. PTSD symptoms often are similar to those of depression and traumatic brain injury. They interfere with daily activities and interrupt work and home life. Things that can trigger PTSD include: hearing a car backfire, seeing a car accident, or watching the news. PTSD can lead to anger, which can result in violent behavior or abuse. Women in the military are experiencing combat more often than in the past. They are at more risk than men of

developing PTSD due to sexual harassment or sexual assault. Common symptoms of post-traumatic stress disorder include the following:

- Reliving the event through flashbacks
- Nightmares
- Avoiding certain situations
- Emotional numbness
- Hyper vigilance
- Depression
- Anger
- Guilt, shame, blame
- Isolation

Substance Abuse

Some veterans self-medicate by drinking or abusing drugs to numb out the difficult thoughts, feelings, and memories related to their service-related experiences. Warning signs of substance abuse:

- Frequent and excessive drinking or drug use
- Thoughts about limiting or cutting back use
- Guilt about drinking or drug use
- Concern from others about the person's drinking or drug use
- Problems with work, family or other regular activities caused by drinking or drug use

Trauma

Traumatic events are common in a war zone and it is possible that many veterans will have experienced one or more traumatic events in their military careers. When traumatic events are happening they often create feelings of intense fear, helplessness or horror. In the days and weeks that follow trauma, stress reactions can be surprising, distressing and difficult to understand. By understanding their traumatic stress reactions better, veterans can become less fearful and become better able to cope. Keep in mind several facts about trauma and its effects:

- It is very common to have problems following exposure to war or other trauma. But traumatic stress reactions often become less frequent or distressing as time passes, even without treatment.
- Veterans with PTSD often worry that they are going crazy. This is not true; rather what is happening is that the veteran is experiencing a set of common symptoms and problems that are connected with trauma.
- Problems that result from trauma are not a sign of personal weakness. Many mentally and physically healthy people experience stress reactions that are distressing and interfere with their daily lives at times.
- If traumatic stress reactions continue to cause problems for more than a few weeks or months, treatment can help reduce them.

Traumatic war experiences often cause many of the following kinds of (often temporary) reactions in veterans:

- Unwanted remembering or re-experiencing/flashbacks:
 - Almost all veterans experience difficulty controlling distressing memories of war. Although these memories are upsetting, they can be beneficial. These memories

provide an opportunity for the person to make sense of what happened to them and gain mastery over the event. The experience of these memories can include: unwanted memories as images or flashbacks, dreams, nightmares, shaking, increased heart rate, and sweating when reminded of the event.

- Physical activation or arousal/ hyper-vigilance:
 - The body's fight or flight reaction to a life-threatening situation continues long after the event is over. It can be upsetting to the person to feel like his or her body is overreacting or out of control. Signs of continuing physical activation can include: difficulty sleeping, irritability, anger, rage, difficulty concentrating, hyper-vigilance, being easily startled, anxiety and panic.
- Shutting down or emotional numbing:
 - When overwhelmed by strong emotions, the body and mind sometimes react by shutting down and becoming numb. As a result, veterans may have difficulty experiencing loving feelings, or connecting with friends or family, especially when upset by traumatic memories. Like many of the other reactions to trauma, this is not something the veteran is doing on purpose.
- Active avoidance of trauma-related thoughts and feelings/isolation:
 - Painful memories and physical sensations of fear can be frightening, so it is only natural to try to find ways to prevent them from happening. One way veterans do this is by avoiding things such as people, places, conversations, thoughts, emotions, feelings and physical sensations that might act as a reminder to the trauma. Negative effects can result from this act of avoidance. It can reduce the veteran's quality of life and avoidance can reduce the veteran's ability to recover from the event.

Traumatic Brain Injury

Many more veterans are returning injured from Iraq and Afghanistan than in previous wars because of improvements in medical technology that allow more veterans to survive brain injuries that previously would have been fatal. Service members are more likely to have a traumatic brain injury (TBI) because of blast exposures from improvised explosive devices, suicide bombers and land mines. Brain injuries are frequently not diagnosed until well after the injury occurred. The presence of a TBI may aggravate PTSD stress reactions and vice versa. Common symptoms of a traumatic brain injury include the following:

- Sleep problems
- Poor memory
- Anxiety
- Depression
- Irritability
- Poor impulse control
- Increased verbal and or physical aggression
- Headaches
- Dizziness
- Fatigue
- Blurred vision
- Intolerance to noise and light

Basic Court Proceedings:

Mentors should be dressed appropriately (no shorts, tank tops or flip flops) and preferably attend Court wearing mentor related clothing/insignia. Mentors may not bring food or drinks into the courtroom and mentors must turn off cell-phones when in the courtroom. Veterans Treatment Court is conducted in a similar manner to that of other Problem-Solving Courts. However, there are two noticeable differences: (1) Flags from each branch of service are placed in the courtroom prior to the start of Court and are removed for storage after Court concludes; and (2) the Court session is opened with a participant leading the courtroom in the Pledge of Allegiance. After the Pledge of Allegiance, the gallery and all courtroom staff may take their seats. The courtroom should remain quiet during the Court session. Conversations may need to take place but must do so in an anteroom outside of the courtroom.

Veterans Treatment Court will proceed with participants being seen in an order determined by the judge. Mentors are expected to approach the podium with their respective mentees and remain present until the veteran is dismissed. Mentors are encouraged to report issues/progress regarding their respective mentee to the judge when asked for updates. Generally, participants should be required to remain present through the entire docket. While that does not always take place, it should especially be adhered to by new Veterans Treatment Court participants.

One effective technique when incoming veterans are present at the first few Court sessions is to place them at the end of the docket. By placing new veterans at the end of the docket the judge allows them to witness other veterans at different phases in the program to get a better understanding of the overall process. This also allows new veterans to observe other veterans in the program and to learn what they need to do in order to succeed. If an incoming veteran is placed first on the docket, they can possibly sit down afterward and ignore the rest of the proceedings or simply exit the courtroom at the conclusion of their proceeding. As they sit through hearings together, and participate in training and enrichment programs, they develop supportive relationships which are shown through their applause and words of encouragement before, during, and after hearings.

The judge should acknowledge the veteran's progress both with qualitative and quantitative measures. During the veteran's self-reporting of attendance and progress in treatment and probationary requirements, the judge can address the qualitative progress made and can articulate what the veteran has received from his/her treatment sessions. But it is also necessary to remind the veteran of the number of days they have been in the program and the number of days they have remained in good standing since their offense. This reminds the veteran of their goal and that they are getting closer to that goal; that there is hope and an end in sight. Because of the longevity and intensity of the program the Court must use an individualized approach to encourage and motivate each veteran-participant. All responses are individualized and may differ from one participant to the next.

Basic Drug & Alcohol Testing Information:

Veteran mentors will not conduct any drug and alcohol testing services. However, given the nature of this program and the issues that are being addressed and discussed it is important for veteran mentors to be familiar with drugs of abuse and drug/alcohol testing procedures. The following information is intended to provide basic knowledge of the substances commonly used, the symptoms of abuse/misuse and what result the urine test would yield if such substance is consumed by the participant and a urine specimen collected within a timeframe “detection window” that would yield a positive test result. It is always important to remember that a negative test result does not mean “no drugs”, it just means that no drugs are present above the detectable concentration. The behaviors listed should be reported even if the participant has been testing negative.

Fourth Circuit Drug Testing Lab

Testing Method: Beckman Coulter AU400 Biochemistry & Immunoassay Analyzer

Testing Options			
Substance Class (what it will test positive for)	Drug Names (Medication Examples & Street Names)	Positive Cutoff (concentration needed in the urine to yield a positive test result)	Symptoms of Use (what to look out for)
Amphetamine	Adderall, Black Beauties, Crystal, Dexedrine, Dexatrim, Glass, Ice, Kibbles and Bits, Phentermine, Pineapple, Ritalin, Speed, Throttle, White, Whiz All medications containing Pseudoephedrine	1000ng/ml	Feeling of exhilaration and excess confidence Increased alertness Increased energy and restlessness Behavior changes or aggression Rapid or rambling speech Dilated pupils Delusions and hallucinations Irritability or changes in mood Changes in heart rate and blood pressure Nausea or vomiting with weight loss Impaired judgment Nasal congestion and damage to the mucous membrane of the nose (if snorting drugs) Insomnia Paranoia Depression as the drug wears off
Barbiturate	Allobarbitol, Barbitol, Butalbital (Fiorcet), Downers, Phenobarbital (Luminol), Rainbows, Sleepers, Yellow Jackets	200ng/ml	Drowsiness Slurred speech Lack of coordination Euphoria or an exaggerated feeling of well-being Problems concentrating or thinking Memory problems Involuntary eye movements (nystagmus)

			Lack of inhibition Slowed breathing and reduced blood pressure Dizziness Depression
Benzodiazepine	Alprazolam (Xanax), Clonazepam (Clonopin), Chlordiazepoxide (Librium), Diazepam (Valium), Downers, Flunirazepam (Rohypnol), Goofballs, Lorazepam (Ativan), Oxaprozin (Daypro), Oxazepam (Serax), Tranks, Valley Girl	200ng/ml	Drowsiness Slurred speech Lack of coordination Euphoria or an exaggerated feeling of well-being Problems concentrating or thinking Memory problems Involuntary eye movements (nystagmus) Lack of inhibition Slowed breathing and reduced blood pressure Dizziness Depression
Buprenorphine	Box, Orange, Stop Signs, Suboxone, Subutex, Subs	5ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)
Cannabinoids	Blunt, Bud, Dope, Grass, Herb, Joint, Marijuana, Mary Jane, Pot, Reefer, Roach, Weed	50ng/ml	A sense of euphoria or feeling "high" A heightened sense of visual, auditory and taste perception Increased blood pressure and heart rate Red eyes Dry mouth Decreased coordination Difficulty concentrating or remembering Increased appetite Slowed reaction time Paranoid thinking

Cocaine	Big C, Charlie, Crack, Coke, Powder, Rock, Snow, Yahoo	150ng/ml	Feeling of exhilaration and excess confidence Increased alertness Increased energy and restlessness Behavior changes or aggression Rapid or rambling speech Dilated pupils Delusions and hallucinations Irritability or changes in mood Changes in heart rate and blood pressure Nausea or vomiting with weight loss Impaired judgment Nasal congestion and damage to the mucous membrane of the nose (if snorting drugs) Insomnia Paranoia Depression as the drug wears off
Ethylglucuronide	Alcohol (Beer, Wine, Liquor, Malts, Energy Drink or medications w/ alcohol)	500ng/ml	Decreased involvement in extracurricular activities. Loss of interest in work or school. Depression. Lack of interest in family or friends. Preoccupation with drinking. Restlessness. Inability to control drinking. Erratic behavior. Violent behavior. Nausea. Vomiting. Headaches. Slurred speech. Impaired judgment. Blackouts. Memory loss. Liver disease.
Fentanyl	Actiq, Apache, Dance Fever, Duragesic, Friend, Jackpot, Sublimaze, Tango and Cash	5ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if

			snorting drugs) Needle marks (if injecting drugs)
Heroin Metabolite	Smack, Dope, Mud, Horse, Skag, Junk, H., Black Tar, Black Pearl, Brown Sugar, Witch Hazel, Birdie Powder, Dragon, Hero, China white, Boy, Chiva, Mexican Horse, Pluto	10ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)
Methadone	Methadone, Chocolate Chip Cookies, Dollies, Dolphins, Phizzies	100ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)
MDMA	Beans, Candy, E, Ecstasy, Molly, Scooby Snacks, Smartees, Vowels, X	500ng/ml	Hallucinations Paranoia Dilated pupils Chills and sweating Involuntary shaking (tremors) Behavior changes Muscle cramping and teeth clenching Reduced inhibitions Heightened or altered sense of sight, sound and taste Decreased coordination Poor judgment Memory problems or loss of memory Reduced consciousness Increased or decreased heart rate

			and blood pressure
Opiate	Big O, Black Stuff, Block, Captain Cody, China Girl, Codeine (Cough meds, Tylenol 3), Gum, Heroin, Hydrocodone (Lortab, Loracet, Norco, Vicodin), Hydromorphone (Dilaudid), Monkey, Morphine, Pancakes and Syrup, Purple Drank, Schoolboy, Sizzurp, Smack, TNT	300ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)
Oxycodone	Goodfellas, Killer, Murder 8, O.C., Oxy, Oxycodone (Oxycontin, Percodan, Percocet, Roxicet, Roxycodone), Tango and Cash	100ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)
Propoxyphene	D, Darvocet, Darvon, Dillies, Footballs, Pinks, Red Rock	300ng/ml	Euphoria or feeling "high" Reduced sense of pain Drowsiness or sedation Slurred speech Problems with attention and memory Constricted pupils Lack of awareness or inattention to surrounding people and things Problems with coordination Depression Confusion Sweaty, clammy skin Constipation Runny nose or nose sores (if snorting drugs) Needle marks (if injecting drugs)

LSD lysergic acid diethylamide	Acid, Blotter, Cid, Doses, Dots and Trips, Flasher, Purple Dragon, Trippers		Hallucinations Greatly reduced perception of reality, for example, interpreting input from one of your senses as another, such as hearing colors Impulsive behavior Rapid shifts in emotions Permanent mental changes in perception Rapid heart rate and high blood pressure Tremors Flashbacks, a re-experience of the hallucinations- even years later A feeling of being separated from your body and surroundings
PCP Phencyclidine	Angel Dust, Boat, Crystal Joint, Elephant Tranquilizer, Embalming Fluid, Hog, KJ, Ozone, Peace Pill, Rocket Fuel, Shermans, Supergrass, Tic-Tac, Zoom, Wet, Wack		Hallucinations Problems with coordination and movement Aggressive, possibly violent behavior Involuntary eye movements Lack of pain sensation Increase in blood pressure and heart rate Problems with thinking and memory Problems speaking Impaired judgment Intolerance to loud noise Sometimes seizures or coma
Inhalants	Bulbs, Chroming, Gas, Glue, Huff, Nangs, Laughing Gas, Poppers, Sniff, Spray, Texas Shoe Shine, Whippets,		Possessing an inhalant substance without a reasonable explanation Brief euphoria or intoxication Decreased inhibition Dizziness Nausea or vomiting Involuntary eye movements Appearing intoxicated with slurred speech, slow movements and poor coordination Irregular heartbeats Tremors Lingering odor of inhalant material Rash around the nose and mouth

Participants will be required to report for random drug and alcohol testing at least two times per week and may be instructed to test at any other time by any member of the treatment team. Veteran mentors may receive phone calls or other forms of communication from the participant complaining about having to do so much testing and/or may receive contact from a

participant to report use of a prohibited substance. Mentors need to report such knowledge to the participant's case manager. The case manager may already be aware but if not, a plan of action needs to be made to ensure the participant doesn't go into crisis.

Veterans Affairs:

Veteran mentors will engage in many conversations with veterans in which the veteran's benefits and housing issues will be mentioned. It is important for veteran mentors to be familiar with the various branches of the Department of Veterans Affairs.

VJOS

The aim of the Veterans Justice Outreach (VJO) program is to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible, justice-involved veterans have timely access to Veterans Health Administration (VHA) services, as clinically indicated. VJO specialists (VJOS) provide direct outreach, assessment and case management for justice-involved veterans in local courts and jails and liaise with local justice system partners to identify veterans who would benefit from treatment as an alternative to incarceration. VJOS will ensure access to exceptional care, tailored to individual needs, for justice-involved veterans by linking each veteran to the VA and other community services that will prevent homelessness, improve social and clinical outcomes, facilitate recovery and end the veteran's cyclical contact with the criminal justice system.

VHA

The Veterans Health Administration (VHA) is the largest integrated health care system in the United States. VHA Medical Centers provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. In addition, most centers offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

VBA

The Veterans Benefits Administration (VBA) provides a variety of benefits and services to servicemembers, veterans, and their families. Below are some of the major program offices of VBA.

- Compensation Service: Oversees the delivery of disability compensation, a tax-free monetary benefit paid to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service.
- Pension and Fiduciary Service: Provides program oversight that helps wartime veterans, their families, and survivors with financial challenges by providing supplemental income through Veterans Pension, Death Pension, and Dependency and Indemnity Compensation. Protects the benefits paid to our most vulnerable beneficiaries who, because of disease, injury, or infirmities of advanced age, are unable to manage their VA benefits.
- Insurance Service: Maintains life insurance programs that give financial security and peace of mind for servicemembers, veterans, and their families.

- Benefits Assistance Service: Facilitates client services and outreach, web communications, and ensures quality and training for VBA employees who engage servicemembers, veterans, and their families through client services such as the National Call Center.
- Education Service: Administers VA education programs that provide education and training benefits to eligible Active Duty, National Guard, and Reserve servicemembers, veterans, and dependents.
- Loan Guaranty Service: Provides oversight of the VA Guaranteed Home Loan Program that guarantees home loans in varying amounts. Ensures veteran's rights are protected when purchasing a home under this program. Oversees administration of specially adapted housing grants for certain severely disabled servicemembers and veterans so they can adapt or acquire suitable housing.
- Vocational Rehabilitation & Employment (VR&E) Service: Assists servicemembers and veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment; start their own business; or receive independent-living services. Oversees their education and provides career counseling to help guide career paths and ensure the most effective use of VA benefits.
- Transition, Employment, and Economic Impact: The Office of Transition, Employment, and Economic Impact is dedicated to helping transitioning servicemembers, veterans, and their families take advantage of the benefits they have earned to connect with meaningful careers and achieve long-term economic success.

SSVF

The Supportive Services for Veteran Families Program (SSVF) has been authorized to offer community-based grants which will provide supportive services to very low-income veteran families in or transitioning to permanent housing. Funds are granted to private non-profit organizations and consumer cooperatives that assist very low-income veteran families by providing a range of supportive services designed to promote housing stability. Through the SSVF Program, the VA aims to improve very low-income veteran families' housing stability. Grantees (private non-profit organizations and consumer cooperatives) will provide eligible veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include: health care services, daily living services, personal financial planning services, transportation services, fiduciary and payee services, legal services, child care services and housing counseling services. In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help veterans' families stay in or acquire permanent housing on a sustainable basis.

HUD-VASH

The Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics. HUD-VASH is a collaborative program between HUD and the VA which combines HUD housing vouchers with VA supportive services to help veterans who are homeless and their families find and sustain permanent housing.

Through public housing authorities, HUD provides rental assistance vouchers for privately owned housing to veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers may connect these veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process and with their ability to maintain housing in the community. Among VA homeless continuum of care programs, HUD-VASH enrolls the largest number and largest percentage of veterans who have experienced long-term or repeated homelessness.

Veterans Treatment Court Eligibility:

The Veterans Treatment Court program is a treatment court program involving intensive substance abuse and/or mental health treatment services. The eligibility criteria are established to target a specific population. To maintain program integrity and model fidelity, Veterans Treatment Court must adhere to strict policies and procedures. For this reason, not all military veterans that enter the criminal justice system will be eligible for program entry. Veterans Treatment Court is designed for those veterans that need extensive substance abuse and/or mental health treatment as a result of a military related (service-connected) disorder of which, without this disorder the criminal act would likely not have occurred. The eligibility criteria established for the Veterans Treatment Court program is below:

Pre-Trial/Diversion

- The defendant is an adult and is a resident of the county being sought for program entry (Clay, Duval, Nassau).
- The defendant has an eligible criminal arrest/offense: misdemeanor or 2nd/3rd degree felony.
 - DUIs will be accepted in limited instances.
 - Certain offenses will not be permitted even if statutorily acceptable such as sexual act offenses lowered to or filed as a lesser offense and offenses involving weapons.
 - Forcible Felonies as defined by F.S. 948.06(8)(c) are excluded unless (1) the case is diverted prior to an information being filed, (2) the victim consents, and (3) the defendant meets all other eligibility criteria. All requests for forcible felony reviews will be subject to individual consideration.
 - This policy applies to those “forcible felonies” that upon further review of incident reports and mitigating factors are not considered as violent offenses and the State Attorney elects not to file formal charges. (**If an information has been filed, the charge must be reduced to a lesser-included offense to be considered.*)
- The defendant has not been previously admitted to a felony pretrial program, including Veterans Treatment Court or felony Pre-Trial Intervention in any jurisdiction.
 - Prior felony Pre-Trial Intervention will be considered if 5 or more years prior to this arrest.
- The defendant has not been previously convicted of a felony.

- There is no cap on prior misdemeanors unless there is a history of violence. Defendants with a history of violence, as defined by F.S. 776.08, are not appropriate for this program.
- The defendant has not been on any prior felony probation.
 - Prior misdemeanor probation is acceptable.
- The defendant possesses a qualifying physical or mental health diagnosis, including, but not limited to, post-traumatic stress disorder (PTSD), military sexual trauma (MST), traumatic brain injury (TBI), and/or a substance abuse disorder.
 - Such conditions must be able to be attributed to the defendant's time spent serving in the military, i.e.: the defendant was not diagnosed with MH disorder/abusing substances prior to military service.
- The defendant is a current member of the military in good standing or has an Honorable or General (under Honorable conditions) discharge.
 - If a current member of the military, Defendant must not be known at the time of admission to be subject to any long-term training missions/deployments while enrolled in VTC.
 - Defendant training missions/deployments that are ordered after VTC admission will be staffed on a case by case basis for consideration of program suspension, continued program participation, or termination.
 - If discharged, the defendant must have served in the military long enough to be eligible to receive VA Healthcare benefits or have served in a combat zone and subsequently become eligible for VA Healthcare benefits.
 - Eligible for VA benefits means that the defendant's service has rendered him/her eligible for such benefits, not that the Defendant is receiving such benefits. The defendant may be financially ineligible for such benefits (benefits based on income) and still be eligible for VTC.
- The defendant undergoes a criminogenic risk assessment and scores in the moderate-risk to high-risk category.
- The defendant agrees to participate in VTC.
- There must be a reasonable basis to believe the defendant can successfully complete the VTC program after taking into consideration factors such as: the defendant's mental and/or physical health, living arrangements, income and/or family support, etc.
 - Defendants with serious or unstable mental illness may not be acceptable for VTC.
 - The VTC Judge will make the final determination regarding whether a "reasonable basis" for successful completion is in question.
- Pre-trial/Diversion: Restitution may not exceed \$1,500.00.
 - Exceptions will be considered if the defendant can present a reasonable and verifiable payment plan.
- Defendants that do not meet all eligibility criteria for VTC may be reviewed for admission into Adult Drug Court or Mental Health Court.

Post-Plea/Post-Adjudicatory

- The defendant is an adult and is a resident of the county being sought for program entry (Clay, Duval, Nassau).

- The defendant has an eligible criminal arrest/offense: misdemeanor or 2nd/3rd degree felony.
 - DUIs will be accepted in limited instances.
 - Certain offenses will not be permitted even if statutorily acceptable such as sexual act offenses lowered to or filed as a lesser offense and offenses involving weapons.
 - Trafficking offenses, and Forcible Felonies (as defined by F.S. 776.08), are excluded unless the charge is reduced to a lesser-included offense.
- Prior felony Pre-Trial Intervention is permitted.
- Prior unsuccessful Veterans Treatment Court participation is permitted if 5 or more years prior to current arrest.
- The defendant must score 60 points or less on the sentencing guidelines worksheet.
- The defendant must be sentenced to a term of probation no less than 18 months with a condition to complete the Veterans Treatment Court program.
- The defendant possesses a qualifying physical or mental health diagnosis, including, but not limited to, post-traumatic stress disorder (PTSD), military sexual trauma (MST), traumatic brain injury (TBI), and/or a substance abuse disorder.
 - Such conditions must be able to be attributed to the defendant's time spent serving in the military, i.e.: the defendant was not diagnosed with MH disorder/abusing substances prior to military service.
- The defendant is a current member of the military in good standing or has an Honorable or General (under Honorable conditions) discharge.
 - If a current member of the military, Defendant must not be known at the time of admission to be subject to any long-term training missions/deployments while enrolled in Veterans Treatment Court.
 - Defendant training missions/deployments that are ordered after Veterans Treatment Court admission will be staffed on a case by case basis for consideration of program suspension, continued program participation or termination.
 - If discharged, the defendant must have served in the military long enough to be eligible to receive VA Healthcare benefits or have served in a combat zone and subsequently become eligible for VA Healthcare benefits.
 - Eligible for VA benefits means that the defendant's service has rendered him/her eligible for such benefits, not that the Defendant is receiving such benefits. The defendant may be financially ineligible for such benefits (benefits based on income) and still be eligible for Veterans Treatment Court.
- The defendant undergoes a criminogenic risk assessment and scores in the moderate-risk to high-risk category.
- The defendant agrees to participate in Veterans Treatment Court.
- There must be a reasonable basis to believe the defendant can successfully complete the Veterans Treatment Court program after taking into consideration factors such as: the defendant's mental and/or physical health, living arrangements, income and/or family support, etc.
 - Defendants with serious or unstable mental illness may not be acceptable for Veterans Treatment Court.

- The Veterans Treatment Court Judge will make the final determination regarding whether a “reasonable basis” for successful completion is in question.
- Post-Plea/Probation: Restitution may not exceed \$10,000.00.
 - Exceptions will be considered if the defendant can present a reasonable and verifiable payment plan.
- Defendants that do not meet all eligibility criteria for VTC may be reviewed for admission into Adult Drug Court or Mental Health Court.

Disqualifying Criteria:

- The defendant is not a resident of the county in which the offense occurred/not a resident of the county in which the program operates.
- The defendant is under a state detainer out of the Fourth Judicial Circuit or under a federal detainer.
- The defendant successfully completed a local PSC within the previous five (5) years.
- The defendant was unsuccessfully discharged from VTC (or another PSC) within the previous five (5) years (will be reviewed on a case by case basis).
- The defendant is arrested for or charged with serious, violent, and/or excluded crimes such as (or has a history of):
 - Homicide
 - Sexual offenses (any type)
 - Drug trafficking (intent to deliver)
 - Assault with a deadly weapon and/or serious injury
 - Burglary of a residence with a person present
 - Robbery with violence or weapon
 - Arson
 - Violent offenses as indicated in F.S. 776.08 (certain exceptions may apply)
 - Defendant has prior criminal history of violent/sexual crimes
- Victim and/or other relevant party objects to diversion/sentence to VTC.
- The defendant is not competent to consent to treatment services.
- The defendant cannot prove a nexus between the offense/disorder and military service.
- The defendant demands a jury trial.
- The defendant refuses entry into VTC.
- The defendant did not serve a minimum of two (2) years in the armed forces.
- The defendant is not eligible to receive Veterans Administration healthcare.
- Charge carries a mandatory prison sentence.
- The facts of the case are unacceptable under VTC/PSC policies.

Mentor Duties:

Mentors should:

- Attend court sessions as often as possible.
 - Mentors may only attend pre-court staffing sessions when his/her respective mentee is being discussed.

- Participate in and lead mentoring sessions with assigned veterans.
- Be supportive and understanding of the difficulties other veterans are facing.
- Assist assigned veterans as much as possible to resolve their concerns around the court procedures.
- Assist assigned veterans on how to access and navigate the Veterans Affairs System.
- Be supportive and helpful to other mentors.
- Maintain required records of mentoring contacts and sessions.
- Be aware of and maintain required privacy and confidentiality.
- Discuss mentoring session experiences with the mentor coordinator.

Mentors are encouraged to engage in frequent contact with participants. However, it is the responsibility of the participant to initiate this contact. Participants are required by the Veterans Treatment Court program to contact their mentor at least one time per week. Participants who do not engage in contact with their assigned mentor after repeated attempts/reminders will be sanctioned by the program. Veterans Treatment Court does not expect mentors to chase down their participants. Mentors should report to the Veterans Treatment Court case manager or to the mentor coordinator the names of participants that are not engaging with them.

The initial meeting between mentor and participant should include a discussion pertaining to the participant's service history and current life satisfaction. Mentors should provide their participant with a Mentor Program Participant Information Form to complete. Mentors should retain a copy of this form in their files and submit the original to the mentor coordinator. When engaging in contact with a participant, mentors should notate any changes to information reported on this form as changes are expected during Veterans Treatment Court participation.

Mentors should submit weekly contact reports to the mentor coordinator. These reports should outline the number of contacts that occurred or that were attempted, the compliance of the participant with mentor contact, and any relevant information pertaining to the participant's progress in the Veterans Treatment Court. Mentors are not required to disclose all communication that has occurred with a participant and have the discretion to maintain the confidence of the participant except when to do so may potentially harm the participant and/or his/her family, and/or may affect the participant's progress in the Veterans Treatment Court. Reports may be submitted by filling out a Mentor Contact Report Form which shall be submitted in person, or through a fax or email to the mentor coordinator, or may be submitted in a detailed email to the mentor coordinator. The mentor coordinator should review reports and follow up with mentors as necessary to confirm details, gather additional relevant information. The mentor coordinator should then forward all mentor reports to the Veterans Treatment Court case manager for entry into the participant records.

Frequently Used Contacts

<p>Problem-Solving Courts Main Office 501 West Adams Street, Room #2321 Jacksonville, FL 32202 Phone: (904) 255-1040 Fax: (904) 255-1051 www.jud4.org Drugct@coj.net</p> <p>Teri Hamlyn, Director Problem-Solving Courts Phone: (904) 255-1046 Thamlyn@coj.net</p> <p>Stacey Smiley, Coordinator Mental Health Court Phone: (904) 255-1044 Ssmiley@coj.net</p> <p>Heather Hosmer, Coordinator Duval County Adult Drug Court Phone: (904) 255-1041 Hthosmer@coj.net</p> <p>David Kirby, Case Manager Duval County Veterans Treatment Court Phone: (904) 255-1077 Dkirby@coj.net</p> <p>Joseph Hamilton, Case Manager Clay County Veterans Treatment Court Phone: (904) 233-5230 Hamiltonj@coj.net</p> <p>Nekesha Robinson, Coordinator Clay County Adult Drug Court Phone: (904) 235-0093 Nrobinson@coj.net</p> <p>Public Defenders Office 407 North Laura Street Jacksonville, FL 32202</p> <p>Shae Haag, Director Phone: (904) 255-4771 Shaag@pd4.coj.net</p> <p>Quentin Till Assistant Public Defender Phone: (904) 255-4611 Qtt@pd4.coj.net</p> <p>John Holzbaur Director of Military Affairs Phone: (904) 255-4886 Jsh@pd4.coj.net</p>	<p>State Attorney's Office 311 West Monroe Street Jacksonville, FL 32202; 825 North Orange Avenue Green Cove Springs, FL 32043</p> <p>Michael Hrin, SAO Liaison Duval & Nassau County PSCs Phone: (904) 630-1212 ext. 6884 Mhrin@coj.net</p> <p>Angela Sheppard, SAO Liaison Clay County Adult Drug Court Phone: (904) 278-4702 Asheppard@coj.net</p> <p>Rudy Polach, SAO Liaison Clay County Veterans Treatment Court Phone: (904) 278-4701 Rpolach@coj.net</p> <p>Florida Department of Corrections 592 Ellis Road South, Suite 114 Jacksonville, FL 32254; 302 College Drive Orange Park, FL 32065</p> <p>Sue Dolinsky, Probation Officer/PSC Court Liaison 4613 Phillips Highway, Suite 221 Jacksonville, FL 32207 Phone: (904) 380-2400 Dolinsky.sue@mail.dc.state.fl.us</p> <p>Andrea Williams, Court Liaison Clay County Phone: (904) 213-2930 Fax: (904) 213-3095 Andrea.Williams@fdc.myflorida.com</p> <p>Florida Psychological & Associates 1903 Island Walkway Fernandina Beach, FL 32034</p> <p>David Daugherty, Counselor Phone: (904) 277-0027 Daugherty@floridapsy.com</p> <p>Five Star Veterans Center 40 Acme Street Jacksonville, FL 32211 Phone: (904) 723-5950 www.5starveteranscenter.org Info@5starveteranscenter.org</p>	<p>Clay Behavioral Health Center 3292 County Road 220 Middleburg, FL 32068</p> <p>Debra Troupe, Director of Services Phone: (904) 291-5561 ext. 2164 Debra.troupe@ccbhc.org</p> <p>Erika Melecio, Court Liaison Phone: (904) 291-5561 ext. 2114 Erika.melecio@ccbhc.org</p> <p>River Region Human Services 390 Park Street Jacksonville, FL 32202; 2981 Parental Home Road Jacksonville, FL 32216; 3020 Warrington Street Jacksonville, FL 32254 Phone: (904) 899-6300</p> <p>Kenneth Arnold, Senior Director of Court Services Phone: (904) 899-6300 ext. 4444 Karnold@rrhs.org</p> <p>Jackie Williams, Court Services Director Phone: (904) 899-6300 ext. 4345 Cell: (904) 881-9792 Jwilliams@rrhs.org</p> <p>Karissia Kimbrough Problem-Solving Court Liaison Phone: (904) 899-6300 ext. 4317 Kkimbrough@rrhs.org</p> <p>Gwendolyn Osborne, Mental Health Court Monitor Phone: (904) 899-6300 ext. 4218 Gosbourne@rrhs.org</p> <p>Veterans Service Offices Duval County 117 West Duval Street, Suite 175 Jacksonville, FL 32202 Phone: (904) 630-3680</p> <p>Clay County 477 Houston Street Green Cove Springs, FL 32043 Phone: (904) 284/269-6326</p>	<p>Veterans Administration Charlotte Matthews, Veterans Justice Outreach Specialist Phone: (352) 538-5418 Charlotte.matthews@va.gov</p> <p>Wendy Snee, Veterans Justice Outreach Specialist Phone: (904) 477-4161 Wendy.snee@va.gov</p> <p>VA SouthPoint Clinic 6900 Southpoint Drive North Jacksonville, FL 32209 Phone: (904) 470-6900</p> <p>North Florida/South Georgia Veterans Health System Jacksonville Outpatient Clinic 1536 N Jefferson St Jacksonville, FL 32209 www.northflorida.va.gov</p> <p>Malcom Randall VA Medical Center 1601 SW Archer Road Gainesville, FL 32608 Phone: (352) 376-1611 or 1-800-324-8387 www.northflorida.va.gov</p> <p>Lake City VA Medical Center 619 South Marion Avenue Lake City, FL 32025 Phone: (386) 755-3016 or 1-800-308-8387 www.northflorida.va.gov</p> <p>St. Augustine Interim CBOC 195 Southpark Blvd. St. Augustine, FL 32086 Phone: (904) 829-0814 or 1-866-401-8387 www.northflorida.va.gov</p> <p>Veterans Legal Clinic Jacksonville Outpatient Clinic 1536 N. Jefferson Street, Room 2L103 Held on the 2nd and 4th Fridays, 11:30AM-1:00 PM</p> <p>Jacksonville Veterans Center 3728 Phillips Highway, Suite 31 Jacksonville, FL 32207 Phone: (904) 399-8351 Gale Chisholm Gale.chisholm@va.gov</p>
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**Veterans Treatment Court
Mentor Contact Report Form**

Participant's Name: _____

Date: _____

Changes to information previously reported: _____Yes _____No

List changes: _____

Barriers to success: _____

Mentor Report: _____

Mentor Name: _____

*This form shall be submitted to the mentor coordinator upon completion.
The mentor may retain a copy for use in mentoring activities and shall return the same upon
participant program removal/completion.*



CIRCUIT COURT
FOURTH JUDICIAL CIRCUIT OF FLORIDA

**VETERANS TREATMENT COURT
VOLUNTEER VETERAN MENTOR APPLICATION**

Thank you for your interest in supporting the Veterans Treatment Court. Volunteer services are an important aspect of this program. By completing and returning this form, you are indicating an interest in volunteering as a Veteran Mentor. To complete the application process, a criminal background check must be performed and you must complete the Veteran Mentor Training section of this manual. We thank you for your support of our mission to Never Leave A Veteran Behind.

First Name: _____ Last Name: _____ Date of Birth: _____

Gender: (circle) Male Female Address: _____

County of Residence: _____ Email: _____ Phone Number: _____

Driver's License: (circle) Valid Not Valid Service Branch: _____

Years of Service: _____ Type of Discharge: _____ MOS: _____

Highest Rank Achieved: _____ Did you serve in a combat zone: (circle) Yes No

Conflict Era: _____

Are you generally available as listed below to participate in court sessions: (circle one based on the county you reside in)

Duval County:	Wednesdays	Weekly	08:30	Courtroom 212	Yes	No
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Clay County:	Thursdays	Bi-Weekly	08:30	Courtroom 12	Yes	No
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Nassau County:	Fridays	Bi-Weekly	14:30	Courtroom A	Yes	No
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What does being a Mentor mean to you? _____

What skills and experience do you bring to the mentoring program? _____

Print Name

Signature

Date

Please send this completed form, along with a copy of your Florida ID to the following address: *Duval County Courthouse, Problem Solving Courts Office, Attention: Veterans Court Volunteer Mentor Coordinator, 501 West Adams Street, Room 2311, Jacksonville, Florida 32202*. You will be contacted for an interview and to arrange a time to complete your background check. Once your background check has been completed, you will be able to complete the Veteran Mentor Training as outlined in this manual.