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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Veterans Support (Homelessness and Postconviction Relief for Veterans Experiencing PTSD)

Monday, August 16, 2021 | 10:00a.m. – 12:00 p.m

Representative Carol Hill-Evans and Senator Katie Muth

Opening Remarks:

PANEL ONE

10:00am Lee Horowitz, Legislative Director & Senior Exec. Vice Commander
National & State Navy Club USA

Q & A with Legislators

10:30a.m. Diane Yoder, President/CEO
Jarett Yoder Foundation, Mother of CW2 Jarett Yoder

Q & A with Legislators

PANEL TWO

11:00a.m. Craig Trebilcock, Judge
York County Court of Common Pleas

Q & A with Legislators

11:30a.m. Dave Sunday, District Attorney
York County, PA

Q & A with Legislators

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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

TESTIMONY FOR THE PENNSYLVANIA HOUSE OF REPRESENTATIVES
DEMOCRATIC POLICY COMMITTEE FOR VETERANS IN THE CRIMINAL
JUSTICE SYSTEM IN SUPPORT OF VETERANS PA HOUSE BILL 688-
REP. HILL EVANS PREVENTING VETERANS' HOMELESSNESS ACT , SENATE
BILL 677 SENATOR MUTH PREVENTING VETERANS HOMELESSNESS ACT
(SAME BILL) AND PA HB691- REP HILL EVANS – POSTCONVICTION REVIEW/
RELIEF FOR VETERANS EXPERIECING PTSD (POST TRAUMATIC STRESS
DISORDER) AND TBI (TRAUMATIC BRAIN INJURY)

August 16, 2021

York County Fairgrounds (Veranda)

334 Carlisle Avenue

York, Pa. 17404

Hon State Representative Ryan Bizzaro, Chairman

Carla Walker, Senior Leadership , Legislative Assistant

Pennsylvania Democratic House Policy Committee

Testimony by :

Lee Horowitz, M.Ed, CAGS

Navy Club USA Pennsylvania Squadron and National Legislative Director

Sr Vice Executive Commander, Navy Club USA Pennsylvania Squadron

Navy Club USA National Laison to the Secretary U.S, Navy

Representative Pennsylvania Navy Club USA(NCUSA) Pa State Squadron

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I would like to thank the Honorable Chairman State Representative Ryan Bizzarro , Chairman of the Pa House Democratic Policy Committee and the members of the Pa House Democratic Policy Committee for allowing to me to speak on HB688 Veterans Homelessness Support by Rep Hill Evans (Senate Bill 677- Senator Muth Veterans Homelessness Support) and House Bill 691 For post conviction review/relief for veterans experiencing PTSD and TBI (traumatic brain injury) . Both Mr Jim Ulinski and I participated in a written testimony that Mr Jim Uliski gave on June 17th 2021 to the Pa House Veterans Affairs Committee on the Pa State Veterans Southeastern Nursing Home and others in Pennsylvania . In the results of that testimony we strongly recommended strong oversight/supervision and vetting procedure of administrators and staff from the State Veterans Nursing Home level through this states Military and Veterans Affairs Department . This would also include a department Inspector General and staff to investigate veterans and family complaints at these nursing homes as well as incidents and whistleblower complaints . Such would allow also oversight and investigation into all grants Act 66 , 100% Disabled Veterans Property Tax Exemption , Veterans Medical Transportation Program and other veterans programs and benefits administered by the Pa Department of Military and Veterans Affairs. In addition both I and Mr Ulinski and our veterans and caretakers have strongly urged an Adult Day Care program or by voucher to start now. Veterans Adult Day Care is especially needed now by family caregivers and funding for such legislation is available via Federal COVID 19 funding in the State of Pennsylvania .

My name is Lee Horowitz . I was trained via VA Vocational Rehabilitation as a 30% disabled veteran many years ago. My education includes an AA in psychology, BA in Psychology , BA in Sociology (Social pathology of Mental Illness and Society and Personality) , BS Human Services Administration, M. Ed Counseling and Student Personal Services , Advanced Graduate Certificate in Geriatric Mental Health/Gerontology , and some doctorate credits. I was the founder of the Philadelphia Northeast Older Adult (Philadelphia Department of Health) Older Adult Social Work and Counseling Program . I was the Director and counseling psychologist of a Geriatric Day Partial Hospital Program for Benjamin Rush MH/MR Northeast Philadelphia, Pa as well as the Math and Science Instructor and Veterans Counselor for the Veterans Upward Bound Program University of Pennsylvania and was also a therapist and counseling psychologist for PTSD veterans and families and also did employment counseling and

Vocational Rehabilitation Counseling with veterans. I was the Executive Director of the RLI Center, a Center for Independent Living in Philadelphia Pa for people with disabilities. As such I helped State Senator Hardy Williams and staff And State Rep Mary Ann Arty (Delaware County) develop and implement this states Attendant Care and Homemaker Programs , ages 18 to 59, including the Independent Living Model where a person with a disability can hire his family or his friend to be his attendant and receive training. This was the forerunner model of the Veterans Administration (V.A.) Family Caregivers Program and is a much better program.

I also developed and instituted with State Senator Hardy Williams and staff this States 8 state funded Centers for Independent Living for people with disabilities. Lastly I was the administrator of a licensed personal care home in Coatesville, Pa. and as well a consultant for Centers for Independent Living and transitional living facilities for persons with disabilities living in group homes, nursing homes, personal care homes and with families(Transition into Independent Living TIL project West Philadelphia) to transition them into independent living.

The first HB 688 by State Representative Hill Evans and Senate bill 677 by Senator Muth "Preventing Veterans' Homelessness Act are exactly the same bill . These bills long overdue and drastically needed to relive our veterans and families homelessness in Pennsylvania . COVID 19 has led to vast numbers of veterans, disabled veterans and veterans families living in their cars, with others, in shelters, or on the street . This has been because of loss of employment, lack of job training education and skills, lack of educational and vocational or college education , disability including physical health and mental health, lack of health care and dental care as well as mental health care, drug and alcohol problems including co-dependency within the family and friends resulting in unhealthy relationships, lack of transportation or no transportation , or loss thereof , etc. More so then ever before COVID 19 has increased not only homelessness and unemployment and mental health disability but for veterans and families of veterans this has increased at a much higher significant rate then the general population .

A major problem not addressed on House Bill 688 is the need for more funding past \$1,000 to consider not only rent but to include veterans and families that are homeless which should be a larger amount based on location of housing in Pennsylvania . Further House Bill 688 needs inclusion of utilities, transportation costs to house our homeless veterans and get them to job training, education including vocational training and or college, employment skills training, job development and placement services including job readiness, literacy and skills training , credit counseling and remediation, benefits counseling and advocacy including VA disability counseling services both service connected and non service connected benefits as well as VA

Benefit Programs , State VA benefit programs and community, state , and federal programs they or veteran families may benefit from . (money management, family counseling, parental and family support programs, and other self help programs.

Besides the need to address transportation needs of homeless veterans , as well as payment of utilities there must be a basic educational high school /GED program to insure success in job training , vocational training , literacy and computer skills and College training. Too many of our veterans are not successful in college , vocational training or job training due to a lack of high school skills . Many have lost basic high school skills due to deployments overseas , combat zones and on ships and overseas stations. Some lack GED equivalents. Currently only one federal funded US Department of Education Grant Program exists in Pennsylvania and only 53 Grants exist federally (with no new grants foreseeable) for the Veterans Upward Bound Program (VUB) program at the University of Pennsylvania in Philadelphia Pa. Our colleges need a Veterans Upward Bound Grant program to insure success in basic skills lost due to combat or deployment . Veterans and older adults learn best by classroom instruction in Math and high school algebra , Science, English , high school Computer Instruction in a classroom setting . The University of Pennsylvania Veteran's Upward Bound (VUB) has been a shining light for these basic high school refresher/ GED courses and Computer instruction. Courses are taught in the evening . Computer course is taught on Saturday. The program has been so successful that most of the students go on to other colleges or vocational programs and are very successful completing college bachelor master degrees and beyond . Many go on to vocational training whereby their success enables them to complete vocational as well as job training programs .

The Veterans Upward Bound Program (VUB) is endorsed by and living expenses paid for disabled veterans enrolled in VA Vocational Rehabilitation program who need basic high school refresher courses to be successful. The program is endorsed by many colleges and community colleges including the Veterans Student Office at Kutztown University among others . Many of my students often contact me telling me smile just how much they like math after graduating and find statistics interesting . We encourage our legislators to develop legislatively a Veterans Upward Bound Program for our homeless veterans as well as our veterans/disabled veterans so they have the success they need in vocational rehabilitation , job training, vocational and college education. The Veterans Upward Bund Program (VUB) is needed at our colleges as a grant program in which success in job training, computer skills training, vocational training and college training will be successful for our veterans . We would encourage you to introduce legislation for a Veterans Upward Bound Grant Program for the education and job readiness skills of our homeless veterans, veterans , and disabled veterans and form high school computer literacy .

I would like to discuss House Bill 691 Hill Evans Post Conviction Review for veterans with traumatic brain injury or post – traumatic stress disorder (PTSD) The Bill 9543.2 (a) (1) states “ a veteran may apply by making a written motion to the sentencing court for the performance or review of a mental health evaluation to determine whether the individual is suffering from traumatic brain injury (TBI) or post traumatic stress disorder (PTSD) . The individual must have sustained the injury while performing service for the United States Armed Forces in a combat zone or other similar hazardous duty area and be serving a term of imprisonment to be eligible for post conviction review.”

9543 Eligibility for relief (a) (2) states That the conviction or sentence resulted from one or more of the following:

(ix) Failure to consider evidence that the petitioner is suffering from a traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD) as a result of service in the United States Armed Forces in a combat zone or other hazardous duty area.”

The legislation unfairly addresses that Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury only come from Combat or hazardous duty situations . This is untrue. Many veterans have service connected disability for PTSD that come from many traumatic events in non combat , non hazardous situations . This includes veterans serving on ships, etc. who have witnessed their shipmates die from fires or cut in half by aircraft wire or a carrier or burned and died by an aircraft or other traumatic events. Many women or men sexual assaulted or raped have service connected PTSD. Some have been physically assaulted and suffer PTSD or other mental health disability . We have service connected veterans with severe mental health service connected disability or exposed to such trauma or incidents who are service connected by falls, military vehicle accidents, etc and suffer traumatic brain injury or PTSD from these non combat situations . Why are only combat or hazardous duty situations being considered for post conviction review when we have many service connected disabled veterans having severe mental health disabilities ?

This is an important question. We must look at all service connected mental health disabilities including TBI and PTSD. These include bi polar disorder or psychosis, schizophrenia and many other mental health service connected disabilities. Often times there are secondary mental disorders often misdiagnosed or not secondarily diagnosed to PTSD or Traumatic Brain Disorder in veterans. This must be taken into full consideration.

Other service connected mental health disabilities must be considered in House Bill 691 Hill Evans in combat and non combat active duty and active duty for training situations . These include such service connected mental health disabilities as manic depressive- bipolar disorder and severe emotional disorders or schizophrenia or other psychosis, etc. Often times many secondary mental health diagnosis are not made that are secondary to or as deliberate as PTSD or Traumatic Brain Injury (TBI) . These include manic depressive bi polar disorder or psychosis (schizophrenia , etc) or other DSM III diagnostic mental health disabilities. In addition psychiatrists or psychologists often misdiagnose veterans. Manic depressive bi polar disorder or other emotional disorders, etc can be Post Traumatic Stress Disorder. Many years ago when PTSD was not part of the DSM III evaluation , many veterans were diagnosed as having shell shock or anxiety disorder or manic depressive or emotional disorder.

As an example, it has been found that up to 40% of those with bi polar disorder also meet the diagnostic criteria for PTSD. People with PTSD and Bi polar are often linked ins some way. They may feel extreme guilt over behavior that was beyond their control. A person with PTSD may suffer depression and anxiety of which may result in mood change and problems in judgement.

There maybe withdrawal from people and social anxiety both of which result in mood change . The withdrawal from people and social anxiety is related to both PTSD and Manic Depressive Bi Polar disorders and emotional disorders . Both PTSD and bi polar disorder can make it difficult for sufferers to have excellent relationships with friends and family. Both disorders strain interactions with others and create interpersonal problems from arguments to misunderstandings. When veterans use drugs and alcohol to self medicate or to forget then all of this is exacerbated.

Up to 70% of returning veterans experience symptoms of PTSD. These veterans also fall within the peak range of onset of schizophrenia and psychosis. PTSD with psychosis may occur for several reasons as trauma increases one's risk for schizophrenia (psychosis) and PTSD. Among combat veterans alone with PTSD 30% to 40% report auditory, or visual hallucinations and /or delusions. The presence of psychotic symptoms of PTSD is associated with a more severe level of psychopathology similar to chronic schizophrenia .

Traumatic Brain Injury (TBI) can cause bi polar disorder in up to 50% of people who suffer brain injury . These people will develop some form of mood disorder in the first year. Also, up to 2/3rds of TBI veterans will develop a mood disorder at some point in their lives. When someone suffers a brain injury, the neurons within the central nervous system have been damaged. As a result the neurotransmitters that control a person's mood are altered. The changes in the levels of these neurotransmitters , including dopamine and serotonin, can impact mood. This can be a contributing factor in diagnosing bipolar disorder in Traumatic Brain Injury .

House Bill 691 Hill Evans bill on post conviction relief must be rewritten to include all service connected (incurred on active duty or active duty for training) mental health service connected disabilities in combat or non combat situations for post conviction review. Such service connected disabilities must include all mental health service connected disabilities ie PTSD, TBI, Manic Depressive Disorder , Schizophrenia , psychosis , and other mental health disabilities . Post conviction relief must be for all service connected or incurred mental health disabilities that occurred while on active duty or active duty for training as determined by a psychologist or psychiatrist or neurologist with background in veterans service connected disabilities as well as secondary diagnosed mental health disabilities.

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Jarett Yoder Foundation

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HB 688 Veteran Homelessness

Jarett Yoder Foundation presently houses 509 veterans and their families. We assisted over 11 thousand different families during the Covid Pandemic due to food insecurities. We offer a variety of programs to assist veterans in need and to help them become independent, functioning members of society. Many have been evicted or forced from their homes and are unable to get rental units. We put the rental units in the Foundation's name and show the landlords a guaranteed payment structure. Once we stabilize the veteran financially, we assist them in getting their own apartment or house in their name. This way they are guided through a process safety net and will not fail, unless they refuse to participate and/or learn from the programs. Many times this learning process takes 1-2 years, depending on the veteran and their needs. This safety net provides a safe environment for the veteran and their families. They are started with our core programs and can then pick other programs we offer. We also offer group housing for those with more intense needs.

Recently we purchased a large property in Scranton called the Patriot Resource Center. This is the old Marywood University South Campus on 10 plus acres and a total building square footage of 169,845 feet. We plan do have transitional housing for 45-55 veterans, a building dedicated to Veteran Court for housing and counseling, a Veteran Theater Arts & Writing Program, the "Guard House" to house National Guard & Reserve Soldiers while on active training sessions, a main building to house various Nonprofit Organizations to assist active soldiers & Veterans with various needs (DAV, Amvets, Veterans Promise, etc.), housing 4 Military Museums, housing the local CAP Organization, Culinary Arts Programs, Dental Clinic (for discounted dental care), Podiatry Care (for discounted foot care), Military Barber Shop, Food Pantry, Free Meals to those needing this type of service, various Drug & Alcohol Programs and meetings to assist the veterans and their families, Job Training Programs, Literary Classes, Financial Counseling Services, Case Management Services for Human Service needs, Legal Aid Services, Veteran and Family Counseling Services, Peer to Peer Support Programs, Mentoring Programs, Life Skill Classes, numerous conference meeting rooms for veteran organizations, Veteran Bed & Breakfast Facility with a Restaurant, 6 special rooms for veterans getting care at the local VA (for overnight needs), etc. We are currently housing veterans in 9 Pennsylvania Counties and soon will be in 11 counties. We are looking at other properties to offer other Patriot Resource Centers in other counties.

Most of this is funded by the Yoder Family and various private donations. Covid has hit the Foundation very hard and we have been assisting more veterans in need. No financial funding or grants were available through the Covid Programs because we are all volunteers and have no payroll. We still have to find the funds to pay for the housing and programs to assist those in need.

Programs we currently offer:

Housing

Emergency Rescues to offer immediate housing assistance (temporary)

Food Pantry (food assistance)

Case Management Services (Human Services)

Meal Preparation

Medication Management

Veteran Court Assistance/Programs

Counseling Services (we use a third party for this)

Financial Counseling Services (we use a third party for this)

Peer to Peer Specialists/Programs

Mentoring Programs

Drug & Alcohol Programs/Meetings

Legal Aid (we use a third party for this)

Food Drives for pet assistance

VSO for VA Benefits (we use a third party for this)

Work with Career Link or other groups for job training skills/job opportunities

Life Skill Classes

Transportation Assistance (we sometimes struggle with this)

Group Housing Settings for those who need more assistance

Clothing Assistance

Furniture Assistance

Financial Assistance

Scholarships

School Supply Programs

Community Programs (Easter Egg Hunt, Halloween Events, Christmas Assistance Program ,etc)

WRITTEN TESTIMONY OF JUDGE CRAIG TREBILCOCK, YORK COUNTY COURT OF COMMON PLEAS

PA HOUSE DEMOCRATIC POLICY COMMITTEE ON VETERANS

August 16, 2021

It is my pleasure to have the opportunity to share some thoughts and information with the committee today regarding veteran justice issues. My remarks are made in connection with matters about which I have acquired some knowledge and expertise in the course of my judicial duties. They are also built on a foundation of having served thirty years in the US Army and US Army Reserve as an officer in the Judge Advocate General's Corps. However, my thoughts and opinions in these written comments, as well as my oral remarks, are purely my own, and do not reflect the official views of the PA Supreme Court, the Court of Common Pleas for York County, the Administrative Office of the Pennsylvania Courts, nor the Department of Defense.

During a period from 1988-2018, I had the privilege to serve jointly with officers and enlisted personnel from the United States Army, United States Marine Corps, the US Navy, the US Air Force, the US Coast Guard, and many of our NATO allies. The range of service began in West Germany in 1988, when I was stationed along the Iron Curtain at the time of the collapse of the Soviet Union. I had the opportunity to serve in the Balkans during peacekeeping operations during Operation Joint Guard in 1997, during the liberation of Iraq in 2003, and in Afghanistan from 2015-16, as well as on multiple short term deployments in Africa. From this military experience, some of which overlapped with my judicial tenure, and some which did not, I was able to see the positive and negative effects of prolonged combat operations and multiple deployments on our military forces and their families. I had the opportunity to serve as a commander of troops being deployed and returning from combat zones from 2011-2013, and to see where policies in the medical and judicial fields evolved to initially hamper, and then to help, our veterans.

Building upon a two decade history of successful treatment court (also more recently called "wellness courts") operations in Pennsylvania, The York County Court of Common Pleas founded its veterans Treatment Court in February 2012. As such, we have just shy of ten years' experience working with veterans in a treatment/justice setting. The most recent annual report of our court is submitted as an appendix to this testimony.

The requirements for a Veterans Court

I have seen many courts succeed with prosecutors and defense counsel, as well as judges, taking on additional duties to launch new courts. A new court does not need to multiply those personnel to launch. But, the one element that cannot be done as a side or additional duty is a probation officer. For the program to succeed there must be a probation officer that is dedicated solely to the treatment court program. This defendant population requires a high level of support services and coordination between drug and alcohol, mental health providers, as well as housing, transportation, and financial needs in order to succeed. That is done daily by the probation officer, who is the hub that makes the entire wheel of the treatment program work.

Accordingly, any treatment court initiative should be appropriately funded to provide for one full time probation officer. With benefits, that means that roughly \$100,000 is needed, at a minimum, to launch and sustain a court. That officer might work on more than one treatment court, but the mixture of a general probation supervision docket and a treatment court docket does not work. There is a different philosophy and priorities and time demands on the probation officer in a general court docket than in a treatment court docket. For traditional probation work the primary goal is compliance and not engaging in continuing criminal behavior. Such officers can carry a docket of 150+ defendants. Probation officers in veterans' treatment courts are focused on helping a person reinvent themselves – to change their self-destructive way of thinking – to retrain themselves from the ground up. The level of contact is daily to weekly, as opposed to monthly, and such officers can carry a maximum of 50 defendants on their caseload before they become ineffective.

In sum, while a successful treatment court program requires many different elements, the keystone element is a dedicated and financed probation officer position. I would encourage the legislature to consider an incentive fund that would provide that \$100,000 seed money for a two year period to any county that establishes a veterans' court, so that they can fund a new probation position. After the initial two year period, grants, the county, and local fund-raising initiatives can be used to sustain the program position. They will likely find that they save more money locally by having the treatment court and not paying for incarceration expenses than they will expend on the probation officer salary.

The Drivers of criminal conduct

The nature of military service leads to the development of many positive skills and ways of thinking. Organization, mission focus, teamwork. Our military personnel are to be admired, but their service can also come with a lasting price. We are coming, hopefully, to the end of twenty years of nonstop warfare in the Middle East and Afghanistan. Our troops have served honorably and well. But, even the stalwart have limits to their resilience. Due to multiple deployments across twenty years. Some of our veterans have lived the majority of their lives in war. That comes with a cost over time to family cohesion, mental health and resilience, and often with substance abuse. It is my experience as a military commander that troops also experience psychological stress not just due to the length of time they spend in combat, but through the on again, off again life of transitioning roles between civilian and military life that comes with the multiple deployments experience by our National Guard and Reserve forces.

Military personnel are highly skilled at delivering help and assistance to others in peril. They are poorly designed to ask for it. From military culture, the mantras are "Suck it up and drive on," "Embrace the suck," and "Adapt and overcome." These are invaluable mental states for accomplishing the military mission in austere environments. They are risky mindsets when our veterans come home and may need assistance assimilating to civilian norms, and to access mental health services to deal with PTSD, other trauma, and anxiety or depression. We often say in Veterans Court that the things that make you a great soldier make you a lousy civilian. Military personnel can tend to isolate and to self-medicate with alcohol or drugs, rather than face the perceived stigma of asking for help, revealing what they perceive as weakness or inadequacy. The myth of the steely eyed marine or soldier who has no limits is a curse to a healthy homecoming for those who are on their 2d, 3d or more combat deployments, which often have a gradual corrosive effect on mental health. This disconnect between the two cultures goes far to explain why an individual who serves with distinction and responsibility while in uniform can come

home and become isolated, substance dependent, and even self-destructive when separated from his unit and battle buddies.

The other responsibility that our society has to accept from the past twenty years is that our medical practices in the nineties and the first decade of this century contributed greatly to turning many military personnel and first responders into substance abusers. Before significant medical reforms occurred in the past 5-6 years, both the active military and VA were handing out highly addictive opioid pain killers to deal with a wide range of routine aches, pains, and medical conditions, without regard to the long term consequences of such practices. This practice has been drastically curtailed, but the damage has been done, with an entire generation of young men and women being trained that opioids were the way to deal with life's pain, to the exclusion of other approaches. When their prescribed opioid meds were curtailed, either by the physician or loss of health insurance, the addiction remained and they turned to street opioids, including heroin. There is individual accountability that must be recognized for such action, but when the person handing you your opioids for two years is a licensed physician in a white coat, it is easy to develop both addiction and a mentality that there is nothing wrong with seeking quick medical fixes for chronic pain.

The Veterans court philosophy is to retrain these young men and women that there are not magic drugs or other shortcuts to deal with their life's traumas and challenges. But, rather, that engaging in therapy, with a support system, and learning to lead a life of balance, rather than excess, is the path to a successful life without justice entanglements.

Is a treatment based approach "soft on crime?"

The considerations of victims must always be taken into account, but such considerations are not contrary to a treatment based approach. Very often the victims of violent or financial crime are family members. They want the veteran to get help. They want to regain the family member the way they were before mental health issues and substance abuse led them astray. Many of our law enforcement are former military. In 10 years of running the veterans court I have had one case where a police officer involved in the apprehension of a veteran defendant opposed his admission to treatment court, as opposed to doing straight jail time. The overwhelming majority know they are seeing that vet on the worst day of their life and want them to get help and return to their life of discipline and purpose.

In those cases where the veteran defendant commits a serious crime that results in loss of life or serious bodily injury to another, being a veteran is not a golden ticket out of accountability. Veteran's courts and programs that look at the drivers of crime are not seeking to specially reward veterans due to their military service. They are not looking to treat them better than other citizens. They are simply acknowledging that veterans have unique rehabilitative challenges, such as combat related PTSD, depression and military related substance abuse that may require unique responses for that veteran to regain their successful place in society. They recognize that these persons likely have high rehabilitative potential due to their prior life of discipline.

However, where the crime is serious enough, jail time can and is an appropriate component of a case resolution with veterans. Veterans are a representative slice of our society and there are good and bad people in the military. One's status as a veteran, standing alone, is not a pass to engage in criminal conduct without consequences. Where the interests of society and victims require incarceration for a particularly violent or other serious criminal act, veteran status alone does not preclude incarceration.

Where a defendant's success and the interests of justice and public safety can be accomplished without the need for incarceration that is the preferred course of action. But, public safety is always the first priority.

An example of the above complicated dynamic and why one size does not fit all in the justice system is what is known as "suicide by cop." Veterans come from a culture of weapons. Sometimes when their lives have hit rock bottom they act out with weapons, which has taken the form of brandishing weapons in road rage incidents or barricading themselves with weapons in a home. A bright line rule that bars such persons from veterans' courts would ignore that this scary behavior is also often a cry for help. Such veterans are often despondent and suicidal, but not wanting to harm anyone else. Rather than taking their own life, they set the stage so that an officer is forced into a position to potentially use lethal force. It is a tragedy all the way around.

Under traditional justice concepts we would incarcerate such persons who misuse weapons for terroristic threats and related charges. But, context must also be considered, and even a veteran with a weapon's charge might be appropriate for veteran's court, if he does not physically harm someone. In one case in my court a sergeant who had returned from Iraq was chasing his wife with a knife in his hand. A responding officer who came upon this scene could lawfully have used deadly force. Instead the officer deescalated the matter. He did not shoot and the veteran threw the knife away. Investigation revealed that moments before the veteran had been in the basement about to shoot himself when the wife intervened. The veteran chased her out of the house with the weapon to scare her away from the scene where he wanted to return to take his own life. In the end, the veteran was referred to PTSD treatment for extreme trauma he had experience in Iraq, including being present when a close friend was killed. He was helped and returned to a non-agitated, non-suicidal mental state. He and his wife were reconciled, which was her wish as victim. The prosecutor and police agreed to drop charges upon the completion of his treatment. This is an example of how the justice system does not need to impose formulaic incarceration solutions in order to return a just result and to make the community safer. If this disturbed veteran had been imprisoned for a year or two he would not have received the intense PTSD treatment he needed, would have become angrier and more paranoid in prison and when released would have been a greater danger to society.

The above reflects another important question that must be considered when sentencing and/or deciding whether to take a treatment based approach to justice. That question to be asked at sentencing should always be, "And then what?..." Most persons focus on the date of sentencing. They forget that, except in murder cases, the defendant is coming out of jail someday. He is returning to the community. The justice system should always consider whether it is making the community more or less safe by incarcerating someone. In this instance the community would have been safer for a year to lock the veteran up and then at a much greater risk upon his release when he was in an even greater, untreated, agitated state. Treatment courts utilize proven screening mechanisms to assess if a person is amenable to treatment for their rehabilitation.

The 80/20 rule

After ten years on the bench, this judge's experience is that 20% of the people coming before my bench are antisocial, criminally oriented, narcissistic, and a potential danger to society. 80% of the people

coming before the bench, who may be committing some of the same crimes, are persons who are suffering from mental health or substance abuse disorders that are treatable. Having talked to dozens of criminal judges, that figure is fairly consistent. Some will say 70/30, others 90/10, but 80/20 tends to be the most agreed upon figure. The challenge is that traditionally our justice system has been oriented toward punishment under the mantle of accountability, with treatment added on in a sentence as an afterthought or additional condition, with the court having little idea if that treatment actually ever occurs.

The result is that we have traditionally relied on extremely expensive and ineffective incarceration to address what are fundamentally mental health and substance abuse issues. Make no mistake that incarceration has its place and is an invaluable tool to protect society in appropriate cases where persons are dangerous through their violent or reckless conduct. It has a valuable deterrent effect as well. But it does very little to address the underlying drivers of criminality that originate in mental health or substance abuse disorders. In many instances it makes society less safe, by destabilizing the lives of persons with mental health and substance abuse issues, when it causes them to lose their jobs, lose their homes, trigger their children to be put into placement, and set up entire family structures for ongoing failure.

One size does not fit all in the justice system and having trauma informed and treatment savvy judges and prosecutors is key to saving tax dollars and making society safer. To be able to recognize who is in the 80% treatable/redeemable category and who is in the 20% antisocial/dangerous category is an art that cannot be reduced to a formula or a sentencing guideline. But with continuing judicial and attorney education, as well as the commitment of financial and human resources to treatment programs, a cultural shift in the justice system is possible. It is in fact occurring in York County right now.

The lessons that have been learned in the Veterans Wellness Court and the Drug Treatment Court in York are now being expanded more broadly across the entire criminal justice system in York through programs in the Court and the District Attorney's office, including what is called the CARD (Community Action for Recovery and Diversion) program. This pilot program, which has been active since Spring 2021, seeks to early intervene and divert cases out of the justice system to the public health system where appropriate. It has grown out of the realization that the Justice system cannot resolve all of society's behavioral challenges. It is in fact a poor tool to deal with many of them. One does not hammer in a nail with a saw, and the justice system should not seek to be the lead for what are primarily medical issues, such as mental health challenges or substance abuse.

The CARD program recognizes that people with substance abuse issues and not well controlled mental health issues have a medical issue, with which there may be a justice component due to misconduct, but that the Justice system should not be in the lead in seeking to resolve the medical issue. Accordingly the court and DA in York are working to intervene with persons who may be acting inappropriately and coming into contact with the police and Magisterial District Justices by early diverting them to treatment in a partnership with a new community behavioral health clinic run by Wellspan in York. The Justice system maintains an interest in such cases, as persons may fail to follow through with treatment. In such instances the prosecutor can choose to go forward with charges. But, for those who engage in self-corrective behavior, the DA can elect to either not file charges or to drop charges for nonviolent offenses, which comprise the majority of this court's docket. The potential exists to save millions

through such an approach, while returning better justice outcomes that increase, rather than decrease community safety.

The above approach not only makes common and financial sense as a concept, it has been proven to work through 20+ years of proven experience in the treatment courts. Those individuals who are accepted into the treatment court programs are not the “easy” cases. They are persons who have been evaluated and determined to be at greatest need for treatment and greatest risk of criminality. Even with those higher risk factors persons who engage in the treatment court programs, with their focus upon treatment, rather than incarceration, have better results as measured by not reoffending within 5 years than those who proceed through the regular court system. Local and national studies have repeatedly shown that a treatment based approach is less expensive than incarceration. But, our current justice infrastructure is still disproportionately weighted toward incarceration as a result of tradition, habit, and the misplaced belief that jail cells will transform people into better people.

So, if a treatment based approach works better and is less expensive, promotes rehabilitation and makes the community safer for 80% of the persons who come before the court, why do we not do more of this state-wide? It is a sophisticated and complex concept. To recognize that one size does not fit all requires sophistication and critical thinking. Tradition has a huge gravitational pull on thought and funding. Our state has a multi - billion dollar prison budget, but the amount spent on treatment focused Justice is still negligible in comparison. There is not a jail cell yet that has treated mental illness or resolved substance addiction, but we continue to build prisons despite the fact that 80% of our citizens committing crimes are driven by mental illness and substance abuse. There is a fundamental disconnect.

Early Intervention

Early intervention is key. Recognizing the limits of the Justice system is also key. Coordination with Public Health system, including VA and county level services such as vet centers and local support initiatives such as the new veteran-oriented Just for Today nonprofit in York is very important. Veterans are tribal in nature – they are more comfortable and do better around other veterans. They are trained to fight and operate as a team. They often do not do well in isolation. And when they are discharged from their military service there is isolation from their culture.

The Veterans Courts operate under a unit concept. The veterans are encouraged to hold each other accountable and to call each other on their bad behavior, just as they do on active duty. Not everything comes down from the judge or probation. The dynamic of the unit, in the form of the other court participants and the veteran mentor cadre, return a familiar sense of belonging and comradery to those who had previously felt isolated and alone.

Multiple “feeders” bring troubled vets to the attention of the veterans’ court. The county veterans’ office refers people, as do MDJ offices, police officers, and family members. The earlier people can be referred, before they spiral into greater trouble or despondency, the greater is their chance of success.

Programming that recognizes these issues and drivers is a smart investment of tax dollars and court resources. The taxpayer and the legislature wants a positive return on investment. We know from our treatment court experience of over two decades that a treatment based approach yields better success

rates in terms of restoring lives and rebuilding futures than incarceration. If we want safer communities and lower taxes it is time to invest in people through treatment, not incarceration across the justice system. This is true not just in treatment court programs. This is not starry eyed thinking. There is always that 20% of the docket that needs to be locked up, because they hurt people or are otherwise dangerous. The traditional justice system works just fine for those persons. But spending money to treat everyone who is justice involved the same as that 20% minority is simply unwise and wasteful, and creates a failure cycle for the children of those who are incarcerated, thereby, in turn, generating the next round of juvenile delinquents in single or no parent families where crime is statistically higher. This is why it is commonly recognized in the Justice system that crime runs through generations in some families.

How to support veterans' court programs?

Make supporting funds available for communities that want a veterans' court in the form of seed money as discussed above. To get started they all need a probation officer who can focus on the veteran cases. Cost is roughly 90k with benefits. That is something a lot of small counties can't afford. They've got a judge or judges, prosecutors and defense counsel. The bench may or may not be deep, but if it is a priority they can get such a court going. But, the absence of a treatment court PO capability will often stop a program in its tracks.

A treatment court program has to have champions in its community who are going to advocate for it. If it is mandated from outside it will not succeed. That champion is often the DA or the Judge, or maybe the head of probation. But, it can be other community leaders.

Many communities often believe they do not have enough veterans to warrant a court. Pennsylvania is a veteran rich state. When the idea of a Veterans Court in York was first raised that was the initial response from the former DA – “we get 2-3 veterans per year through our system.” The reality was that dozens and dozens of veterans were coming through the system. The system was simply not asking about veterans' status or tracking it. Veterans in trouble do not volunteer they are veterans because they do not want to bring disgrace upon their former branch of service. For a community to know how many veterans are truly coming through their justice system an organized tracking process at the booking and jail level has to be maintained.

Obviously there are some very rural counties in Pennsylvania and the demand may be lesser in those jurisdictions. But, if you are not measuring in an organized way, then one is making policy but anecdote, rather than by facts. A regional approach, where county boundaries do not deny a veteran access to the same treatment opportunities and levels of justice as a veteran in a neighboring county are a viable approach. In our region of south-central PA, while each county has its own veteran's court, Dauphin, Lancaster, Berks, and York frequently coordinate to transfer cases across jurisdictions to place the veteran in a court nearest their home, even though they may have committed an offense in a distant county.

Conclusion

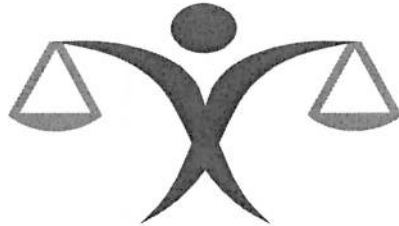
Thank you for the opportunity to present these thoughts for your consideration. The principles that are applied in veterans' treatment courts result in a success rate in 90% of cases brought through the

programs (as measured by the veteran not picking up new charges). The programs save the lives of those who risked everything to defend our nation and our communities. These principles can also be more broadly applied to our entire criminal justice system under the 80/20 rule concept by reconsidering and reallocating future funding toward treatment based justice for 80% of the justice involved citizens from a habit of incarceration focused justice.



Craig T. Trebilcock

**The Honorable Craig T. Trebilcock, Veterans Wellness Court Presiding
Judge**



**York County
Wellness Courts**

**VETERANS WELLNESS COURT
2020 Year End Report**

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Due to the Covid-19 Pandemic, the York County Wellness Courts suffered some unforeseeable changes, causing tremendous adaptations, in the year 2020, as did everyone across the country. The Courts were closed to all in-person sessions; as were office visits with probation officers; case managers; treatment sessions with counseling agencies; and 12-step support group meetings. Some business were closed causing some participants to lose their employment. When proceedings and appointments resumed, they were held over Zoom. This has continued into the year 2021. The entire Court system was affected by the pandemic, causing multiple delays at various levels. However, the Wellness Courts adapted quickly, starting zoom court sessions and keeping in constant contact with our participants as we all navigated a new way of doing business and meeting the needs of our participants.

VETERANS WELLNESS COURT'S AREAS OF ACCOMPLISHMENT:

- The Veterans Wellness Court has an exceptional graduation rate- 65% of clients who entered the program in the last two years graduated.
- The Veterans Wellness Court mentor program continues to expand and improve.
- The program has a low recidivism rate of 4%.
- The program graduates in 2020 saved York County over \$257,000.00 by being in the program and not in prison.
- 14% of clients who entered the program in the last two years were discharged.
- In 2020, the Veterans Wellness Court participants completed 217 hours of Community Service.

ADMISSIONS

of referrals made to Veterans Wellness Court:

- 2020- 17 referrals
- 2019-26 referrals
- 2018-31 referrals
- In 2020 there was a significant decrease in the number of referrals to the program- from 26 in 2019 to 17 in 2020. It is assumed that this was due to the pandemic.

of cases accepted:

- 2020- 9
- 2019-6

of cases rejected:

- 2020- 8
- 2019-20
- 53% of those individuals referred to the Veterans Wellness Court Program were accepted in 2020. This is a significant increase from 2019 where only 23% of those individuals referred were accepted into the Court. In 2018, 61% of those referred were accepted into the program.

REFERRAL PROCESS:

Time of referral logged with probation/clerks to admission in program: 96 days. This is consistent with 96 days in 2019, but an increase from 2018 of 62 days.

Time from admission into program to first treatment session: Data Not Available

- Best Practice is 30-45 days from referral to first treatment session.
- In 2021, a goal for the Veterans Court team would be to input this data so that this important statistic can be tracked.

RETENTION:

Graduation Rate: 65 % of clients who entered the program in the last two years graduated.

Discharge Rate: 14% of clients who entered the program in the last two years were discharged.

- In 2020, the Veterans Wellness Court program graduated 12 individuals and unsuccessfully discharged 2 individuals.
- In 2019, the Veterans Wellness Court program graduated 11 individuals and unsuccessfully discharged 3 individuals.
- In 2018, the Veterans Wellness Court program graduated 7 individuals and unsuccessfully discharged 3 individuals.
- In 2017, the Veterans program graduated 6 individuals and unsuccessfully discharged 2 individuals.

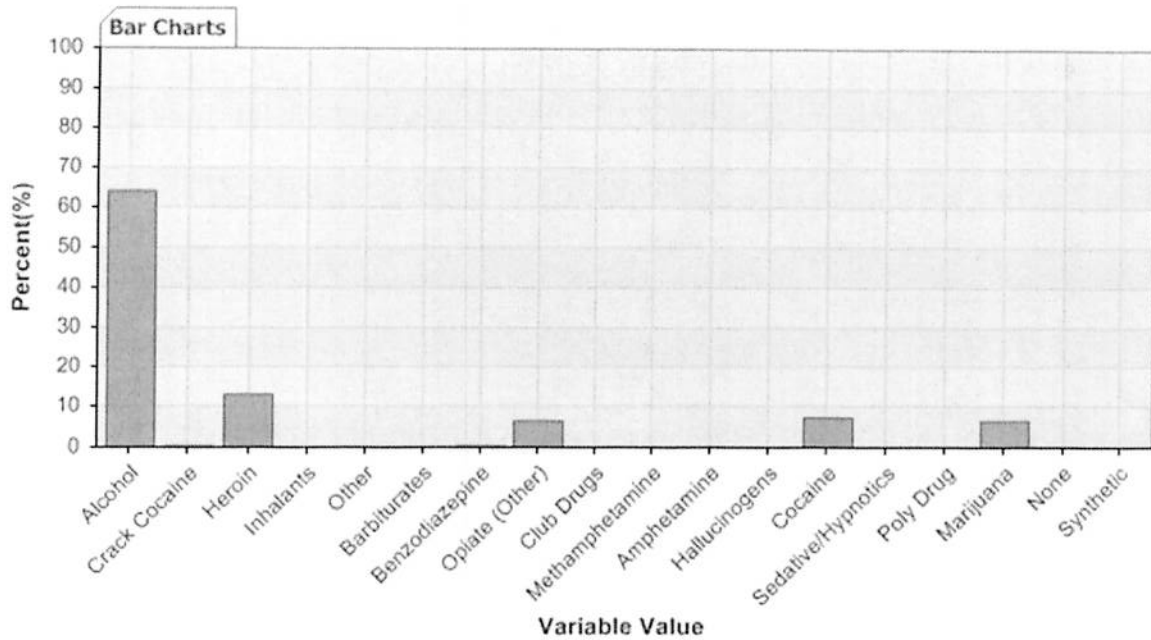
IN PROGRAM STATS:

Best Practices indicates that incentives should be delivered at a 6 to 1 ratio compared to sanctions. The Veterans Wellness Court program delivered incentives to sanctions at a rate of 4 to 1 in 2020. The Court has given 269 incentives to 61 sanctions in 2020. Of the 61 sanctions delivered in 2020, jail was used 3 times. This statistic reflects the team's practice of graduated responses and utilizing incarceration as a final effort to obtain compliance.

In 2019, Veterans Wellness Court delivered incentives at a 6 to 1 ratio by giving 485 incentives to 79 sanctions.

In 2020, the Veterans Wellness Court participants completed 217 hours of Community Service.

- Drug of Choice: 64% Alcohol, 13.33% Heroin, 6.67% opioid, 7.5% cocaine, 6.67% marijuana



GRADUATION:

12 Graduates saved approximately **\$431,021.00** in jail days by coming into the Veterans Wellness Court program. The total cost for 12 individuals to participate in the Veterans Wellness Court program in 2020 was **\$173,500.00**. This is a total cost savings to the County of York of **\$257,521.00**.

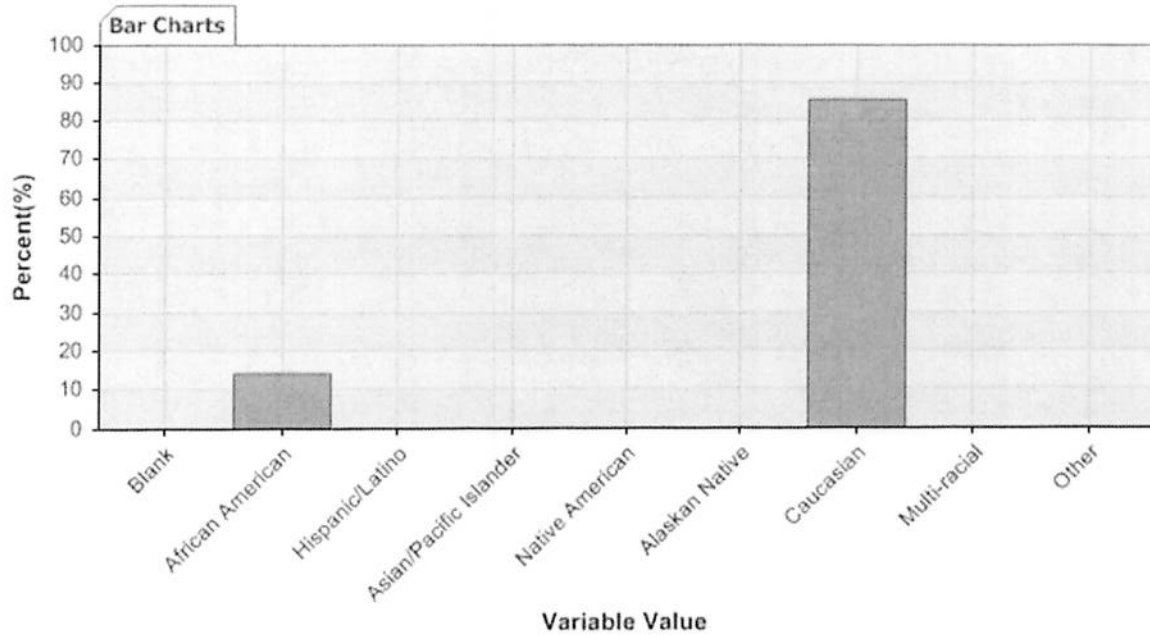
- 100 % of graduates were employed at the time of graduation.
- 100 % of graduates had their GED or high school diploma at the time of graduation.
- Average Clean Time at graduation is 20 months.
- As of 2020, the recidivism rate of the Veterans Wellness Court Program is: **4%**
- As of 2019, the recidivism rate of the Veterans Wellness Court Program is: **9%**

ADULT VETERANS WELLNESS COURT BEST PRACTICE STANDARDS:

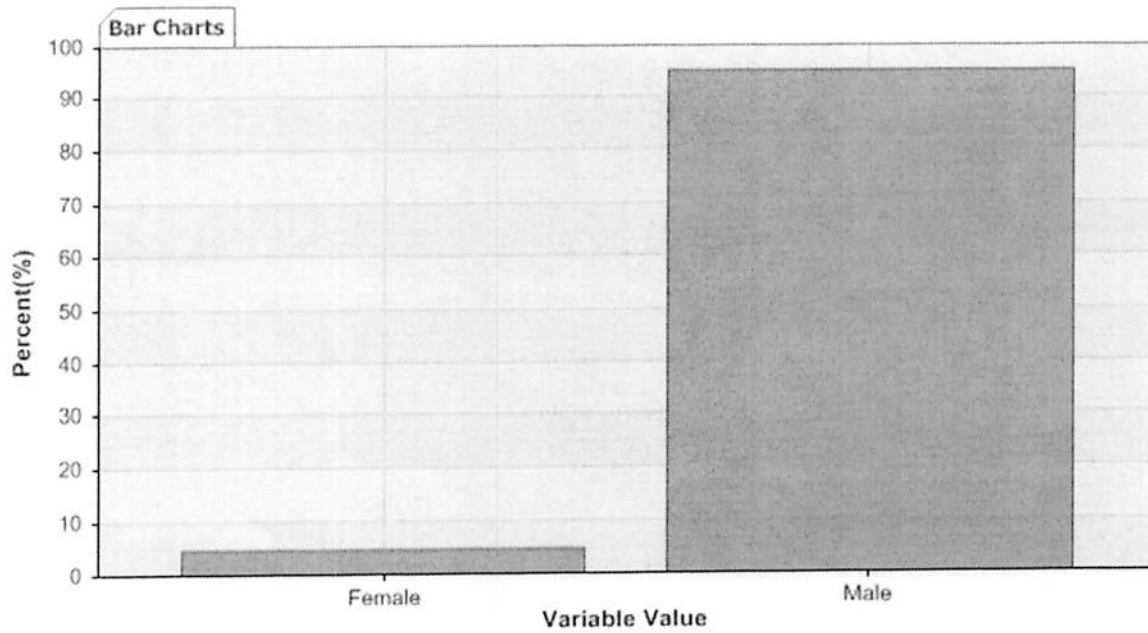
1. **HISTORICALLY DISADVANTAGED GROUPS:** Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Veterans Wellness Court.

In 2020, York County Veterans Wellness Court statistics included:

- White: 86%
- African-American: 14%



- Male: 95%
- Female: 5%



2. **INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS:** Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

York County Veterans Wellness Court issued incentives out at a 4-1 ratio. Best Practices indicates that incentives should be delivered at a 6-1 ratio to sanctions.

3. **SUBSTANCE ABUSE TREATMENT:** Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

York County Veterans Wellness Court utilizes a Veterans Justice Outreach Specialist from the Veterans Administration to complete level of care assessments in order to determine an individual's treatment/social needs. The Veterans Administration offers numerous programs to address the individual's personal needs.

4. **COMPLIMENTARY TREATMENT AND SOCIAL SERVICES:** Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Veterans Wellness Court, increase criminal recidivism, or diminish treatment gains.

The York County Veterans Wellness Court Program has a wide range of treatment services available to its participants. These services range from detox to long term inpatient through the VA. There are also multiple social services such as the RASE project, Ex-Offender Program, recovery support group meetings, the Veterans Court Alumni Group, and general support group meetings. The York County Veterans Wellness Court also offers a unique and valuable resource with its Veterans Mentor Program. This program matches volunteer veteran mentors with participants to act as a "battle buddy." The York County Veterans Wellness Court Program does an excellent job in meeting the needs of this best practice.

5. **DRUG AND ALCOHOL TESTING:** Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Veterans Wellness Court.

York County Veterans Wellness Court contracts with Averhealth for its drug testing. Drug testing is completely random and occurs numerous times a month in each phase. Averhealth will send out for lab confirmation any contested results. Drug test results are returned within 24-48 hours and confirmation are sent back within 5-7 days. Averhealth is able to rotate their drug testing panels to meet the needs of the courts and to stay ahead of drug trends. York County meets and exceeds the best practice standard.

6. **MULTIDISCIPLINARY TEAM:** A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Veterans Wellness Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

The following staff members have been with the York County Treatment Courts. **Error! Bookmark not defined.**

TEAM MEMBER	YEARS ON THE TEAM
Judge	8 years
District Attorney #1	2.5 years
Public Defender	2 months
Coordinator	8 months
Probation Officer #1	6 months
VJO	8 months
Administrative Assistant	4 months
Victim/Witness Coordinator	8 years

7. **CENSUS AND CASELOADS:** The Veterans Wellness Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.

The York County Veterans Wellness Court program has the capacity to serve approximately 50 participants. To date, the Court has been able to meet the demands for the program.

AREAS FOR GROWTH:

- In 2020, the timeframe from when the referral was logged with the Probation Department/Clerk of Courts office to admission into the program was 96 days. It was also 96 days in 2019. In 2021, the Veterans Wellness Court team should explore the barriers that are causing this substantial delay from the date the referral is received to the date of the individual's admission into the program.
- At the present time, Veterans Wellness Court does not track the statistic in the case management system (PAJCIS) for the time from admission into the program to the individual's first treatment session. Best Practices calls for 30-45 days. In 2021, a goal for the team is to include this data in the system so that this important statistic can be tracked.
- In 2019, the Veterans Wellness Court delivered incentives to sanctions at a 6 to 1 ratio. The team delivered 485 incentives to 79 sanctions. In 2020, the team delivered incentives to sanctions at a 4 to 1 ratio, giving 269 incentives to 61 sanctions. Best Practices states that incentive to sanction ratio should be 6 to 1.

- Referrals into the Veterans Wellness Court program decreased substantially from 2019. The team should explore ways to increase the number of referrals in 2021/2022.
- In 2021, a comparison group will be established for tracking statistics regarding disadvantaged groups.