Editor’s Note: This is the first of two editions focusing on Veterans. Articles will discuss challenges returning Veterans face, offer practical information and tips for successful interactions, and identify ways to connect Veterans or their family members to additional information and resources. We hope you can use this information in your work or share it with veterans you encounter.

The population of U.S. Veterans has increased as our nation’s involvement in two major conflicts winds down. At the same time, a wave of Veterans from past conflicts are reaching the age of senior citizen status and have increased health care needs. Secretary of Veterans Affairs Eric K. Shinseki noted that “As the tide of war recedes, we have the opportunity and the responsibility to anticipate the needs of returning Veterans.” Against this backdrop, let’s examine some of the most common challenges our Veterans are facing.

PTSD: The New Normal?
Post-Traumatic Stress Disorder, or PTSD, is a hot topic. It is constantly in the media and is a part of every mental health assessment for Veterans. Much has been learned about this disorder since our previous military conflicts, which referred to PTSD as “shell shock” or “battle fatigue.”

To be diagnosed with PTSD, a person must experience a mentally traumatic event and exhibit specific changes in thoughts, mood, and behavior. It is caused by distortions in thinking that can form after a trauma, and it is a very real problem for those who have it. Imagine living as if all people, places or situations are life-threatening, and you will get a sense of how PTSD feels.

With all the buzz around this disorder, it’s easy to assume most Veterans are afflicted with it, or that only Veterans can have it. However, most Veterans do not develop PTSD, and many people who never served in the military do. PTSD occurs in 11 to 20 percent of Veterans of the Iraq and Afghanistan wars, which is about twice the rate for the general population. Like all people, Veterans can have mental health disorders other than PTSD; and along with substance use disorders, these can mimic some of the same symptoms. It is important to get a thorough assessment and diagnosis from qualified clinicians.
For almost two years, Sgt. Sheree Waterhouse (Manchester) has been making a difference in the life of a man with schizophrenia. When she met MC, he was homeless, sleeping outside and had no income or family support. His untreated paranoia made it impossible for him to address a growing number of citations or access appropriate mental health treatment.

It took several interactions over a period of time, but Sgt. Waterhouse persisted, gaining his trust and connecting him to services he so desperately needed. She contacted Social Security to arrange for payment of funds that were due to him. She helped him apply for Medicaid and food stamps. Through St. Vincent de Paul, she found a motel room where he could stay for a brief time. With help from Behavioral Health Response, she arranged an appointment at BJC Behavioral Health. After the BJC appointment, Sgt. Waterhouse took the man to the ER, staying until his immediate health needs, including open wounds, were treated. She enlisted the help of another caring person, and together they paid for a hotel room to protect him from a large snowstorm. Sgt. Waterhouse brought the subject to his second BJC appointment, where he was assigned a Community Support Specialist. Waterhouse also provided MC with a cell phone so he could stay in touch with her and service providers, increasing the likelihood of keeping his appointments.

Sgt. Waterhouse continues to stay in contact with MC. She is his advocate when needed, has helped him find affordable housing, and on occasion, has enlisted the entire department for a food drive to help MC stretch his modest finances.

The majority of the time Sgt. Waterhouse dedicated to helping MC was “after hours” and on her own time. This is made all the more impressive by the fact that while serving in Manchester, her work day is extended by two hours of commute time.

Earlier this year, Sgt. Waterhouse was nominated to receive the McAtee Police Recognition Award. Mental Health America of Eastern Missouri, which hosts the annual event, received independent nominations from Manchester Chief of Police Timothy Walsh and Melinda Maylee from the Kirkwood location of BJC Behavioral Health.

Both nominators acknowledge that without Sgt. Waterhouse’s compassion and dedication, this man might very well have died from exposure or his infected wounds. Instead, he is receiving the mental health services and resources he needs.
Another common misconception is that Veterans with PTSD are likely to be violent and destructive (think about *First Blood*, the original Rambo movie). However, Veterans are not more likely than the general population to be violent, and there is little evidence that PTSD correlates with most violent crimes. Another myth is that people with PTSD cannot get better. However, effective treatments for PTSD exist, and can help patients recover and “take back their lives” from this disorder. In fact, the Department of Veterans Affairs (VA) is the world leader in the study and treatment of PTSD.

To learn more about PTSD and Veterans, visit [www.ptsd.va.gov](http://www.ptsd.va.gov).

**TBI: The Signature Wound**

Traumatic Brain Injury (TBI) is often called the “Signature Wound” of conflicts in Iraq and Afghanistan. An astonishing 22 percent of these casualties are brain injuries, as compared to only 12 percent of Vietnam-related casualties.

TBIs are graded on a scale of Mild, Moderate or Severe. Personnel with Moderate or Severe TBI during active duty will most likely receive immediate medical attention, diagnosis and ongoing care. Symptoms such as serious coma and amnesia are hard to miss. Because Mild TBI is often insidious and symptoms are much harder to recognize, many cases go undiagnosed and untreated.

The VA has dedicated extensive resources to diagnosing and treating its effects. One of the leading VA clinics in this effort is the Polytrauma Clinic at Jefferson Barracks in St. Louis. These specialized providers help Veterans recover as much of their skills as possible, including vision, communication, thinking skills, balance/equilibrium, and mood and behavior. These providers also work with Veterans’ families and other supports to help them adjust to the changing needs of Veterans with TBI. Anyone who wants to learn more about TBI and how the VA can help should visit [www.polytrauma.va.gov](http://www.polytrauma.va.gov).

**Substance Use Disorders**

Substance use disorders include the misuse, abuse or addiction to illegal drugs, prescriptions or alcohol. In short, if the use of a substance causes problems in a person’s life, he or she probably has a substance use disorder. Veterans are more likely to abuse alcohol and marijuana than the general population, but less likely to abuse other illicit drugs.

Like the general population, most Veterans who abuse substances have not accessed recent treatment. But many Veterans have a treatment resource that non-Veterans don’t: the VA. If you know a Veteran who struggles with substance use, you can help by linking him or her to VA treatment.

**Outside the Clinical Scene**

Veterans face a number of socio-economic challenges that are not diagnosed or treated in a clinic. Not surprisingly, these are interrelated and related to the clinical problems discussed above.

Veteran unemployment has been a recurring theme in the media. Several years ago, Veterans were more likely than others to be unemployed. The good news is that this appears to no longer be the case. However, VA vocational services are still in demand, and there remains a large group of active-duty personnel who will soon transition to Veteran status while the overall unemployment figures remain high.

Homelessness remains a huge challenge. Veterans are homeless at almost twice the rate of the general population. Secretary of Veterans Affairs, Eric Shinseki, made ending Veteran homelessness a key priority for the VA, and resources for homeless services have grown accordingly. The numbers are improving, but of course they cannot improve fast enough for Veterans who are currently homeless.

Another challenge for Veterans is involvement with the justice system. Roughly 12 percent of Veterans are incarcerated, and those who are incarcerated are likely to have mental health and/or substance abuse disorders. In the last six years, nearly 200 Veterans Treatment Courts have been established to help non-violent offenders get treatment and avoid needless incarceration.

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Many VA locations participate as instructors in Crisis Intervention Team training to help officers help Veterans. In the St. Louis area, the CIT program screens for Veteran status and makes direct referrals to the VA for treatment linkage.

On the Front Lines
Law enforcement officers often have the first opportunity to intervene when Veterans face these challenges. The VA has a Veterans Justice Outreach (VJO) Specialist at each medical center that officers can call when they encounter Veterans in need of help. For more information and a list of VJO contacts, visit: www.va.gov/homeless/vjo.asp.

MYTHS ABOUT ACCESS TO VETERANS’ CARE

Myth: The VA is trying to “stonewall” Veterans benefits applications.
Fact: While the VA has been inundated with benefits applications, it is in the agency’s best interest to process those as quickly as possible. And because pay accrues from the date of application, the VA does not save money by taking longer to process claims. Furthermore, Veterans with certain conditions or situations may be “fast tracked” into their benefits, and some exposure-related conditions have been designated as presumptive, so the burden of proof for applicants is much less onerous than it used to be.

Myth: VA medical centers are maxed out and do not want to serve more Veterans.
Fact: VA medical centers are eager to enroll and serve as many Veterans as possible and have increased outreach efforts to accomplish this. Again, it is in every medical center’s best interest to serve as many Veterans as possible, and document the need for increased resources for Veterans.

Myth: I am not a Veteran because I didn’t serve in combat, didn’t serve my whole tour, etc.
Fact: Many Veterans never saw combat, and many left the service for a variety of reasons. If you want to determine whether someone is a Veteran, the best question to ask is: “Have you ever served in the military?” Many people will answer “yes” to that question, even though they do not think of themselves as Veterans. Yet there is a very good chance they will still be eligible for many Veterans benefits, including health care.

Myth: I am not eligible for VA services because I did not receive an honorable discharge.
Fact: There are many types of military discharge statuses besides “honorable,” and many Veterans with those statuses are still eligible for at least some VA benefits. Many factors go into determining eligibility, so it is best to visit the Eligibility Office of your local VA facility to figure out a Veteran’s eligibility.

Myth: The VA does not provide quality health care.
Fact: The VA’s providers are among the most well-trained and effective providers available. In fact, many of its physicians are also on staff at other local hospitals or serve as attending physicians for residents and interns. The VA has made extremely rigorous training available to its clinicians, and leads the nation in research and treatment development on a number of disorders.

Myth: When it comes to treating mental health disorders, the VA just wants to push medications and “dope up” its patients.
Fact: The VA has pioneered psychotherapy techniques for Veterans, and trains its clinicians in a number of evidence-based modalities. Many Veterans with mental health needs receive psychotherapy alone or in combination with medications at the VA. Veterans are considered an integral part of their treatment team, and work with their providers to decide on the best course of treatment to meet their individual goals.

Matt Miller is the Veterans Justice Outreach Specialist for the St. Louis VA Health System, and is a Licensed Clinical Social Worker in Missouri.
Every Veteran’s circumstance is different, but the added stress of returning home and trying to find employment is a reality for many. Veterans need to know about organizations and programs in Missouri that exist specifically to increase viable employment options for them. Here is some basic information about two organizations that you might want to share when letting Veterans know about employment resources.

**Employer Support of the Guard and Reserve (ESGR)**

This organization develops and promotes a culture in which all American employers support and value the employment and military service of their employees and Veterans. ESGR understands that that all three aspects – Military Career, Family and Civilian Employment – are critical components and must be in balance. With over 100 volunteers across the state, it works on behalf of Guard and Reserve in the Army, Air Force, Navy, Marines and Coast Guard.

In addition to the outreach and work it does directly with the military, ESGR reaches out to companies through a variety of activities that help them become a viable employment option for Veterans.

Perhaps most relevant for law enforcement who encounter unemployed Veterans is ESGR’s mission to assist Guard/Reserve Service Members and Veterans with work-readiness and employment connections. One such initiative is **Hero 2 Hired**. Also known as H2H, it offers many tools, including a Military Skills Translator, résumé assistance, links to hiring events, and a direct line to jobs with military-friendly employers.

For more information about ESGR and H2H, contact Steven Brothers in Jefferson City at 573-638-9500. You can also visit [www.ESGR.mil](http://www.ESGR.mil), click on State Pages, then select Missouri.

**The Mission Continues**

The Mission Continues is a community service organization that helps post-9/11 Veterans transition from military to leadership roles at home. It provides the tools, the direction and a living stipend to Veterans while they deploy their experience, skills and desire to benefit a community’s most pressing needs.

Through service to their community, Veterans find new missions here at home and are able to rebuild the sense of purpose, accomplishment and camaraderie they found in the military, which eases their readjustment to the civilian world.

The Mission Continues sponsors Veterans’ enrollment in a 6-month service and leadership program. Through the intensive Fellowship Program, Veterans dedicate themselves to serving by volunteering at least 20 hours a week in community organizations to address issues like homelessness, illiteracy and unemployment. The Veterans selected for fellowships are service-minded, goal-oriented leaders working toward a set of personal and professional goals at the conclusion of their fellowship. These goals include full-time employment, pursuit of higher education and a permanent role of service.

The Mission Continues benefits Veterans and communities in equal measure. Every year, The Mission Continues partners with corporations and provides a tangible impact in the community by executing service projects. The Service Project Program engages the broader community and provides an additional opportunity for civilians to learn about military experience and Veterans’ leadership.

Visit [www.missioncontinues.org](http://www.missioncontinues.org) or call 314-588-8805 to learn more.
Understanding the warrior response is much like understanding police stress. Both professions require a high level of physical and mental toughness. To understand the warrior response, one must understand how the human brain reacts to threats.

A fundamental requirement for mission success is to understand and control arousal, the state that allows a soldier to fight or flee danger with maximum efficiency. The limbic system takes over the body when there is a threat or a perceived threat, ensuring the body reacts quickly. We know this process as being “revved up,” “being pumped,” “psyched up” or “ready for the fight.” During this process, the limbic system releases adrenaline and stress hormones which can:

- Increase breathing and heart rates
- Increase blood pressure
- Create tension in muscles
- Increase alertness and attention to change the way a Soldier scans the environment for threats
- Increase endurance
- Dull perceptions of pain

To some degree, higher levels of thinking are hijacked for the purpose of survival when chemicals are activated. A casualty of this process may be rational thought and decision-making.

The primary emotion of the limbic system is anger. Fear is also present, but soldiers and police learn to work through fear by training. Emotions such as compassion and empathy, and the ability to think rationally are diminished so the soldier can focus on survival and mission success.

The limbic system is regulated by the brain’s medial prefrontal cortex. It’s what dampens the fight-or-flight reflex and keeps the brain from being indiscriminate in response to a threat. It also helps the soldier decide what to do next. It’s the part of the brain where rational thinking and decision-making return after an adrenaline surge.

Problems arise for combat Veterans when these systems don’t function properly because of extreme stress, sleep deprivation, alcohol or injury. When this function is interrupted, soldiers are more likely to overact with inappropriate anger or other fight-or-flight responses. This also explains the presence of a heightened “startle response.”

**Sleep Deprivation**

During any protracted military operation, soldiers experience erratic sleep patterns often resulting in serious sleep deprivation. Even after leaving the operational environment, soldiers experience sleep problems for weeks, months or even years. Sleep deprivation or dysfunction can:

- Negatively affect rational thinking, decision making, coordination and memory
- Lead to irritability and depression
- Increase anger, impulsivity, aggression and risk-taking behavior
- Decreased empathy
- Decreased consideration for long-term consequences of behavior
- Lead to cognitive distortions, delusions, paranoia and hallucinations

**Combat Stress**

Decompressing after prolonged exposure to combat stress is a challenge. Soldiers who are unable to decompress can have long-term problems with Post-Traumatic Stress Disorder, high blood pressure and cardiovascular problems.

Increased adrenaline and stress hormone levels may also affect digestive health, cause stomach ulcers, as well as short and long-term sexual dysfunction.

**Combat Control of Emotions**

The prominent emotion of stress is anger. The other emotional condition of stress is feeling no emotion.
In the heat of battle, all emotions except anger are suppressed. Anger is an important part of fight-or-flight. It fuels the fight reflex and defeats the enemy. Anger serves as an effective mask to other emotions just below the surface, such as fear or sadness. Soldiers returning from combat may have a difficult time restoring their full range of emotions.

**Memory and Concentration**
Chronically elevated levels of adrenaline and stress hormones may lead to long-term problems with memory and concentration. Often, soldiers report problems focusing on tasks that are not oriented toward survival.

**Control**
As with law enforcement, control is an essential survival skill. As on the street, survival in combat requires quick reactions and efficiency under fire. Dependence on equipment, peers and the organization are critical. The success of the mission requires every soldier to know his or her task within the context of the mission. Soldiers are drilled from the very beginning with both individual and collective tasks.

Upon returning from combat, a soldier may find comfort in tasks being accomplished to a certain degree of efficiency and exactness. This may result in a low tolerance for things not being put back in place or for people who do not follow through on commitments.

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**COMMUNICATING WITH VETERANS IN CRISIS**

**Do not:**
- be afraid to ask them about their combat experience
- **compare** your own combat experience to theirs
- argue over the small stuff
- do things to raise the person’s anxiety level
- get involved in discussions about abstract concepts like politics, theology or war
- be afraid to ask the person directly if s/he intends to commit suicide
- lie to the suicidal person unless it is absolutely necessary to preserve life
- underestimate the danger of a suicidal person to others, including his rescuers

**Be alert to:**
- the effect of sudden or unexplained noises
- impulsive behavior
- verbal or behavioral cues that indicate suicidal intent
- sudden improvement in mood or affect

**What may work:**
- remaining calm in spite of what you hear
- being respectful
- constant reassurances that you are there to help
- offering the possibility of hope versus a solution to their problems
- allowing them to save face
- asking first, then being direct

**You can expect:**
- a slow start to communication and rapport
- truthful responses to questions, even if they are slow in coming
- moral, religious or guilt-oriented strategies to be ineffective

*Deb McMahon is a retired Veteran of the U.S. Army and for the last 13 years has served as a crisis negotiation consultant and law enforcement trainer. For more information on Crisis Negotiation and Peer Support Training Programs, visit [www.crisisnegotiation.us](http://www.crisisnegotiation.us).*
The Situation
Due to the wars in Iraq and Afghanistan, law enforcement is experiencing an influx of encounters involving combat Veterans. Many of these Veterans are plagued by physical and psychiatric ailments and concerns, which have hindered the success of their respective homecomings, thus increasing the likelihood of law enforcement encounters.

Further adding to this dilemma is the increase in Vietnam Veterans experiencing similar issues which had been previously undiagnosed or not acknowledged. Therefore our profession is faced, once again, with the necessity of developing new skills, ideas and solutions to adapt to the challenge presented.

The Idea
In doing so, Jefferson County Sheriff Oliver “Glenn” Boyer, who is a Veteran of the Vietnam era, opted to implement a new endeavor. He tasked select staff with researching, developing and implementing the Veterans’ Jail Assistance Program.

The program’s goal is to reduce recidivism of offenders who are Veterans and to facilitate contact with the United States Veterans Administration (VA). Sheriff Boyer envisioned this cooperative effort as a way to assist Veterans with implementation of services that would increase their quality of life and reduce the likelihood of a law enforcement encounter. Additionally, VA services could potentially benefit the Jefferson County Sheriff’s Office by decreasing the various housing and other jailing costs associated with repeat offenders.

Similar programs nationwide have yielded successful results. One in California boasted a reduction in recidivism by Veterans of more than 25 percent since the program’s inception in 2009.

In tailoring a program specific to the needs of Jefferson County, it was realized that each agency is different. Therefore, while the Sheriff’s Office was able to glean insight and useful ideas from the policies and formats of these other agencies, they needed to meet with other stakeholders in the area to ensure this program would address the needs specific to the demographic of the citizens served.

The input of several agencies was solicited. Agencies such as the VA, Comtre (our local counseling agency) and Judges from the Jefferson County court system were enthusiastically willing to assist. Eventually the effort was fruitful and the Veteran’s Jail Assistance Program was implemented in the fall of 2012.

What Happens
When Veterans are identified at intake, they are asked to complete a questionnaire relative to their service. The completed questionnaire is forwarded through the Jail Commander to the VA representative for verification and assessment. Once the information is verified, the eligible inmate is assigned to a designated housing unit with other Veterans.

The crimes of the Veterans currently housed range from criminal non-support to homicide. Sex Offenders and female inmates are not housed in this unit, regardless of Veteran status, but they are still assisted in acquiring services and benefits to which they are entitled.

How It Is Working
Approaching the first year anniversary of its inception, Lt. Kevin Carle, Jefferson County Jail Commander, says he has certainly seen positive results. According to Carle, he has received positive feedback from the Veteran inmates indicating they have benefited by the company of individuals with whom they have had similar experiences. Carle says he believes the peer support of other Veterans has been instrumental in venting frustrations that could have otherwise escalated to confrontations.

The Veteran housing unit is not exempt from disciplinary issues, but in comparison to traditional
housing units, the number of issues is considerably lower. Carle said he has only had to remove two inmates from the unit, and the few offenses that have occurred have been minimal and non-violent. “We see a lot of ‘self-policing’. That’s not to say ‘physical policing,’ but they regulate one another’s behavior as a group to prevent problems. For instance, you won’t see the typical problems such as flooding the unit or vandalism.”

Carle reported Veterans currently represent 4.5 percent of the Jefferson County Jail population. Inmate count has been as few as six and as many as 15. The average stay is approximately 31 days. Because stays are relatively short, many Veterans are released prior to services being approved. However, all applicable information and associated resources are simply forwarded to the residential address provided by the Veteran.

At year’s end, the Jefferson County Sheriff’s Agency will be able to officially assess the results, but thus far, the results appear promising.

**The Next Step**

Marching forward with this dedication to aid our Veterans, Sheriff Boyer and his designees are working with the Jefferson County courts to implement a “Veterans Court” to specifically address criminal incidents in which a Veteran is suspect. The Veterans Court intends to be a multi-disciplinary team supported by the Jefferson County Sheriff’s Office, Jefferson County courts, the Missouri Public Defender’s Office, the Prosecuting Attorney’s Office, the Jefferson County Municipal Courts, COMTREA and the United States Veterans Administration (VA). The intent of the Veterans Court would operate similar to the current Adult Drug Court and DWI Court.

While being a Veteran does not excuse criminal behavior, it can certainly be a contributing circumstance. Considering the willing sacrifices offered by the Veterans of our armed forces, our effort to assist them in every way is not only deserved, but should be willingly provided.

*Cpl. Scott Poe is assigned to the Uniformed Road Patrol Division, North Zone, in the Jefferson County Sheriff’s Office. For more information about implementation of this project, contact Cpl. Poe at 636-797-6212.*

**CIT CORNER: VETERANS, YOUTH, EXPANSION**

By Sgt. Jeremy Romo

As the new CIT Coordinator, I attended the NAMI Conference in June in San Antonio. NAMI was instrumental in bringing the CIT program to the St. Louis area. Without the continued support of NAMI St. Louis and other local mental health agencies, the program would not exist on the eastern side of the state.

I brought back a wealth of information, but the most notable thing I learned is that CIT in Missouri is as good as ANY in the country. In fact, our program is probably better than many of the programs in other states.

Our CIT program maintains its fidelity to the original Memphis model, and has been in existence for a decade, with many successes and plans for expansion.

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Recent Activity
- Since CIT started in St. Louis, more than 3,100 officers have completed the 40-hour basic training. More than 80 officers attended the July 2013 session.

- In August, we completed the fourth and largest session of our 3-day Youth training, with 45 people attending.

- An important reminder about the Youth CIT training: It is not just for School Resource Officers. The majority of CIT reports involving young people are not generated from incidents at schools. Rather, they are written by CIT officers on the street. When kids are in school, they have the supports they need with teachers, counselors and School Resource Officers. Often the mental health crisis occurs when they leave school, and they no longer have those supports in place.

- This year, 66 officers from around the region attended our Advanced CIT sessions. This 8-hour training covered mental health issues related to Veterans, Alzheimer’s and dementia, and Bipolar Disorder. It also provided officers with practical information on how to take care of their own mental health. CIT officers do a great job of taking care of the public’s mental health issues, but we have ignored the fact that law enforcement officers have above-the-national-average rates of divorce, substance abuse and suicide.

Focus on Veterans
- St. Charles County Sheriff’s Deputy Lt. Mark O’Neill and I will attend a special training in November by the Mid-America CIT Council in Kansas City. When we return, we’ll collaborate with the Veterans Administration and other mental health providers that serve Veterans to create a 3-day Veterans training for St. Louis area CIT officers.

Expansion Underway
- Since the St. Louis County and partnering municipalities CIT Council started in 2002, four additional Councils have been created: St. Louis City, St. Charles/Lincoln/Warren Counties, Jefferson County and Franklin County. These five Councils serve residents across more than 3,760 square miles of our metropolitan area!

- The successes our local Councils have accomplished make CIT an attractive initiative in other parts of the state. St. Francois County has established a Council and will deliver training through Mineral Area College.

I mentioned earlier that our local and statewide CIT programs are second to none. What sets our success apart from others is the collaboration between law enforcement agencies, mental health professionals and the community. Since Sgt. Armfield passed the CIT torch to me, I’ve been amazed at how much positive feedback about CIT officers I receive on a daily basis from mental health providers and family members. With more than a decade in law enforcement, it’s gratifying to be reminded that there still are people in the community who appreciate what we do.

Sgt. Jeremy Romo is the CIT Coordinator for St. Louis County. He has been with St. Louis County Police Department since 1999, serving in various precincts and in the Tactical Operations Unit. Jeremy also serves on the Street Talk Advisory Committee.
Everyone reacts differently to the traumas and stressors of combat. Not everyone who has served in combat has behavioral health needs. Based on national averages, here are projections about how many Veterans in your county might experience a significant combat-related mental health issue.

- Among military in current military operations, co-occurrence of Post Traumatic Stress Disorder and mild Traumatic Brain Injury is 48%.

- Over 21,500 Missourians have deployed to combat operations from 2001 to 2012.

- The most recent data from the U.S. Department of Justice Bureau of Justice Statistics (BJS) Survey of Inmates in Local Jails (2002) indicate that 9.3 percent of people incarcerated in jails are Veterans. For 70 percent of Veterans in the jail population, the controlling offense was a non-violent crime.

This data was compiled by Jon Sabala, the Veterans Services Director for the Missouri Department of Mental Health. He is a 22-year U.S. Army (Infantry) Veteran, who has been deployed in support of Desert Storm, Kosovo, Operation Iraqi Freedom and Operation New Dawn. His role at the Department is to develop a comprehensive strategy to meet the behavioral health needs of Missouri’s Service Members, Veterans and their families.