Veterans Justice Outreach Initiative (VJO)

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Background:

The purpose of the VJO initiative is to prevent homelessness among justice-involved Veterans. Justice-involved Veterans are Veterans who have crisis encounters with law enforcement in the community, are jailed for relatively brief periods of time for offenses that do not result in prison time, and/or are adjudicated or monitored by either local criminal courts or specialty treatment courts, such as drug and mental health courts, usually for extended periods of time. VJO Specialists reach in to the criminal justice system to ensure that eligible justice-involved Veterans have timely access to Veterans Health Administration (VHA) mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.

A large number of Veterans have contact with the criminal justice system, are eligible for VA services, and have significant risk factors and unmet clinical needs

The most recent United States (U.S.) Department of Justice Bureau of Justice Statistics (BJS) Survey of Inmates in local jails (2002) data indicate that 9.3 percent of people incarcerated in jails are Veterans. The controlling offense for 70 percent of these Veterans was a non-violent crime, and 45 percent had served two or more state prison sentences. At minimum, 90,000 of the 9 million unique inmates annually released from U.S. jails are Veterans. A large majority (82 percent) are likely eligible for VA services, having been discharged either under honorable (65 percent) or general with honorable (17 percent) conditions.

High levels of untreated psychological trauma are found in correctional populations, including among incarcerated Veterans. BJS reported in 2006 that 60 percent of all U.S. jail inmates had a mental health problem. As of 2005, only one in six jail inmates with a mental health diagnosis had received mental health treatment since incarceration. The 2002 BJS Jail Survey also found that 65 percent had screened positive for either an alcohol or drug dependency problem. Twenty-nine percent had been diagnosed with at least one of five psychiatric disorders (depressive, bipolar, psychotic, PTSD, or anxiety disorder). One in five (18 percent) Veterans was homeless in the year prior to the current incarceration.

VA’s National Center for PTSD reports that PTSD symptoms can indirectly lead to criminal behavior (for example, self-medication or acts related to hypervigilance) or through direct linkage of a traumatic incident to a specific crime (VHA National Center for PTSD: http://www.ptsd.va.gov/). A 2008 RAND Corporation study found that nearly 20 percent of Service members who have returned from Iraq and Afghanistan (300,000 at
the time of the study) reported symptoms of PTSD or major depression, with only slightly more than half having sought treatment.

Treatment-focused court programs, including Veteran-specific dockets, are increasingly prevalent.

A growing number of communities have established treatment courts, including Veterans, Drug and Mental Health Courts; these courts address the issues of defendants with specific needs or circumstances not adequately handled in the traditional court system. Veterans’ Courts are the latest result of the treatment court movement; they aim to connect Veteran defendants with needed mental health, substance abuse, and other services in a Veteran-focused environment designed to provide support and encourage adherence to treatment.

Justice-involved Veterans who are not incarcerated are eligible for VA services on the same basis as other Veterans.

On April 30, 2009, the Undersecretary for Health released “Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System” (IL 10-2009-005), stating that justice-involved Veterans (who are not incarcerated) are no less eligible for VA services than those without justice involvement. It is VHA policy that eligible Veterans involved with the criminal justice system must have access to: 1) VHA mental health and substance abuse services when clinically indicated, and 2) other VA services and benefits as appropriate. Veterans incarcerated in jails are not eligible for VA health care, but must be provided information about appropriate VA services for use upon release from jail.

VA medical centers recognize the value of partnerships with local justice-system and community treatment partners.

Many VA medical centers are engaged with partners in their local criminal justice systems. In response to a June 2008 review, more than one third of medical centers (58 of 153) indicated that they either currently engage with local justice system partners to coordinate services for Veterans, or intend to request resources to support such engagement. Currently, the VA participates in 8 Veterans Court programs located in Santa Ana, CA, Buffalo, NY, Anchorage, AK, San Bernardino, CA, Santa Clara, CA, Chicago, IL, Rochester, NY, and Tulsa, OK. Elsewhere, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs’ departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

Actions taken/Discussions held:

Health Care for Reentry Veterans (HCRV)
The HCRV program provides pre-release outreach, assessment, linkage, and brief term post-release case management services for incarcerated Veterans – many of them diagnosed with a mental illness – released from State and Federal prisons. The goal of the program is to promote the successful community integration of reentry Veterans by engaging them upon release in appropriate treatment and rehabilitation programs that will help them 1) prevent homelessness, 2) readjust to community life, and 3) desist from the commission of new crimes or parole or probation violations. Since the program’s inception in 2007, HCRV Specialists have contacted over 9000 Veterans in more than 450 State and Federal prisons to make plans for a fresh start upon release.

Veterans Justice Outreach

The Veterans Justice Outreach (VJO) initiative will target homelessness among justice-involved Veterans in contact with law enforcement, jails, and the courts. The primary objective of this program is preventing homelessness among the Veteran population by connecting justice-involved Veterans with appropriate treatment and other resources, and then encouraging adherence to treatment over time.

VHA held a VJO national planning conference in December 2008, with 80 national mental health leaders and justice experts to examine models of prevention and to stimulate local planning efforts and actions.

VHA hosted a Veterans Court Summit on April 29, 2009. Two State Supreme Court justices and six State and Federal judges attended, several of whom have implemented successful Veterans Court programs in their jurisdictions. These justices and judges, experienced in dealing with Veteran-specific issues in the justice system, stressed the importance of active VA engagement with local courts, including Veterans’ and other treatment courts, to ensuring that justice-involved Veterans are connected with treatment services appropriate to their needs. To be done effectively, ensuring this connection will generally require the attention of a dedicated VA staff member present in a local court setting on a regular basis.

On May 27, 2009, the Deputy Under Secretary for Health for Operations and Management issued a memorandum requiring VA medical centers to provide outreach to justice-involved Veterans in the communities they serve. In communities where justice programs relevant to Veterans exist (Veterans Courts, Drug Courts, Mental Health Courts, and police Crisis Intervention Teams), VA will take the initiative in building working relationships to see that eligible justice-involved Veterans get needed care. In communities where no such programs exist, VA will reach out to potential justice system partners (judges, prosecutors, police and jail administrators) to connect eligible justice-involved Veterans with VA services. VA medical centers must also ensure that VA Police located at their facilities receive training on Veteran-specific issues. A VJO National Steering Committee will be formed in Q4 2009; the committee will provide counsel and direction for VHA’s involvement with justice system partners nationwide.