

Best Practices and Systems of Support for Justice-Involved Veterans

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Webinar

January 27, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Welcome



Cicely K. Burrows-McElwain, L.C.S.W.-C.

Military and Veteran Liaison
National Policy Liaison Branch,
Division of Regional and National Policy/Office of Policy, Planning, and
Innovation, SAMHSA

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

SAMHSA Background



Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **Service Members, Veterans, and their families** (SMVF), providing technical assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

SAMHSA's SMVF TA Center



SAMHSA ★ **SMVF TA CENTER**

Service Members, Veterans, and their
Families Technical Assistance Center

- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral healthcare systems for Service Members, Veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Crisis Intercept Mapping
- Webinars
- Learning Communities
- Technical Assistance Call Series'
- Onsite and virtual expert consultation
- Resource dissemination

Webinar Objectives

- ✓ Identify how mental health, substance use, and military service intersect with the criminal justice system
- ✓ Provide an overview of the current environmental factors surrounding justice-involved Veterans
- ✓ Take a trauma-informed approach to understanding the needs of justice-involved Veterans
- ✓ Explore the VA's role and partnership with the Justice-Involved Veterans Network and NIC's Veterans Compendium Project in identifying innovative best practices to assist justice-involved Veterans

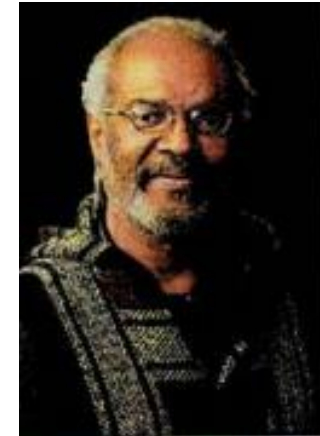
Our Presenters Today



Sean Clark, J.D.
National Director
Veterans Justice Programs
U.S. Department of
Veterans Affairs



Gregory R. Crawford
Correctional Program
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National Institute of
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Ray Lay
Board of Directors, NAMI
Indiana; Indiana Balance of
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Veteran Peer Support
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VETERANS HEALTH ADMINISTRATION (VHA) HOMELESS PROGRAMS OFFICE

VETERANS JUSTICE PROGRAMS (VJP)

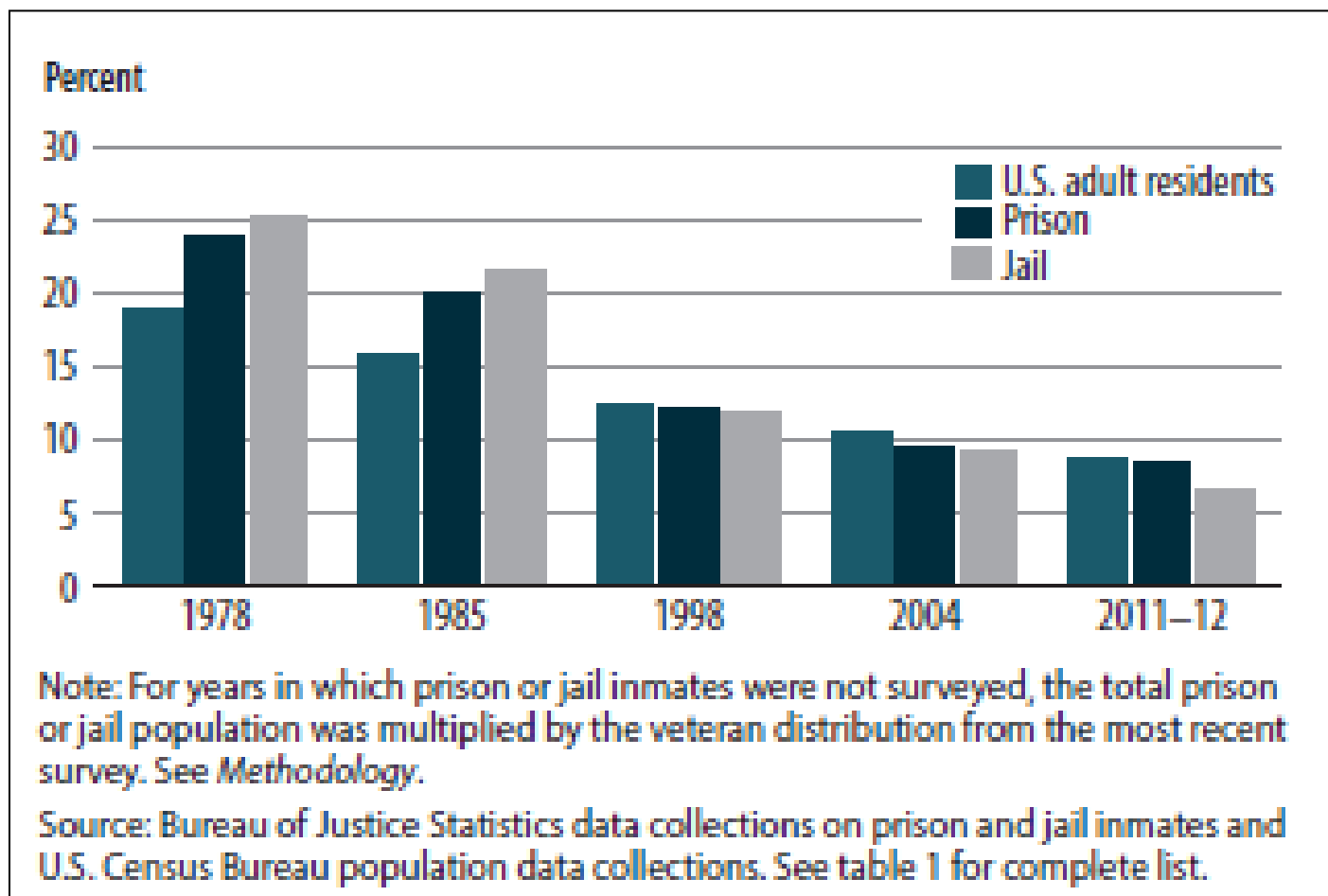
Sean Clark, J.D.

National Director, VJP, VHA Homeless Programs Office

January 27, 2020

Veterans in Prison and Jail

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



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Homelessness Risk

Incarceration as an adult male is the single highest risk factor of ever being homeless (NSHAPC/Burt, 1996)

“Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community.” (p. 9-5).

“...(E)ven short term incarcerations may disrupt lives and interfere with the ability to maintain employment and housing.” (p. 9-6).

(Metraux, Roman, and Cho on prison reentry/jail stays, National Symposium on Homelessness Research, 2007)

Veterans Justice Programs (VJP): Mission & Vision

Mission

To identify justice-involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system.

Vision

Every justice-involved Veteran will have access to the care, services and other benefits to help him or her maximize their potential for success and stability in the community, including by avoiding homelessness and ending their involvement in the justice system.



Choose **VA**

VA



U.S. Department
of Veterans Affairs 12

Limits on VA Services for Incarcerated Veterans

- Can provide:
 - Outreach, assessment, referral and linkage to services
 - Treatment for justice-involved Veterans who are not incarcerated
- Title 38 CFR 17.38 (c)(5) does not allow VHA to provide:
 - Hospital and outpatient care for a Veteran who is
 - Either a patient or inmate in an institution of another government agency
 - If that agency has a duty to give that care or services



VJP Outreach Services

Veterans Justice Outreach (VJO)

- Gain access to the jail
 - Identify veterans and determine eligibility
 - Conduct outreach, assessment, and case management for Veterans in local courts and jails
 - Provide/coordinate training for law enforcement personnel
 - Linkage to VA and community services/resources
-
- Number of VJO Specialists funded: 383
 - Number of local jail facilities serviced: 1,831
 - Number of Veterans receiving VJO services (Oct. 2009 – June, 2020): 226,162

Health Care for Reentry Veterans (HCRV)

- Gain access to the prison
 - Educate Veterans' groups about VA and VA services
 - Identify Veterans and Determine Eligibility
 - Reentry Planning
 - Linkage to VA and Community Services
-
- Number of HCRV Specialists funded: 44
 - Number of state and federal prisons serviced: 996
 - Number of incarcerated Veterans receiving reentry services (Aug. 2007-June, 2020): 91,162



VA Partnership with Veterans Treatment Courts

Veterans Treatment Courts:

- Hybrid Drug and Mental Health Treatment Courts, serving Veteran defendants
- Volunteer Veteran Mentors
- 601 courts operating in 47 states and one territory

VA Contributions:

- VJO Specialist on treatment team; in courtroom when in session
 - Linkage to health care services at VA medical centers
 - Regular updates on Veterans' progress in VA treatment
- VA does not establish, fund, operate, or set eligibility rules for VTCs

Clinical Characteristics of Justice-Involved Veterans Served by VJP

- Most Veterans seen in VJO and HCRV have a mental health (VJO 72%; HCRV 31%) or substance use disorder (VJO 56%; HCRV 18%) diagnosis, or both (VJO 48%; HCRV 14%).
- In Fiscal Year 2019:
 - **4%** of Veterans seen in HCRV had an OUD diagnosis
 - **11%** of Veterans seen in VJO had an OUD diagnosis



Outcomes: What Do We Know So Far?

Recent research by a VA investigator demonstrated that:

- Within one year of their VJO outreach visit, 94% of Veterans with mental health diagnoses had at least one VHA mental health visit; within one year of their HCRV visit, 88% of Veterans with mental health diagnoses had at least one VHA mental health visit.
- Within the same timeframe, 72% of VJO Veterans with substance use disorder diagnoses had at least one VHA substance use disorder visit, and 58% of HCRV Veterans with substance use disorder diagnoses had at least one VHA substance use disorder visit.



How do I connect with a VJP Specialist?

- Contact your nearest VJO specialist here:
<https://www.va.gov/homeless/vjo.asp#contacts>
- Contact your nearest HCRV specialist here:
<https://www.va.gov/homeless/reentry.asp#contacts>



Discussion

- Comments or Questions?
- Health Care for Reentry Veterans:
<http://www.va.gov/homeless/reentry.asp>
- Veterans Justice Outreach:
<http://www.va.gov/homeless/VJO.asp>



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The Veterans Compendium Project

Gregory R. Crawford

Correctional Program Specialist

National Institute of Corrections

U.S. Department of Justice

January 27, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

National Institute of Corrections: The Veterans Compendium Project

Best Practices and Systems of Support for Justice-Involved Veterans

Wednesday, January 27, 2021, 1:30-3:00 p.m. EST



The Veterans Compendium Project

*They risk their lives;
They face terror;
They lose buddies in battles.
And then they come home...*

*Where they have to square what they had to do as warriors with
what they are expected to do now that they are home.*

It isn't easy.

- Dick Durrance, Vietnam Veteran, Army Combat Photographer



Presenters

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Objectives

Today's Webinar Objectives:

- Provide overview of the National Institute of Corrections and the Veterans Compendium Project;
- Understand the impact of the “invisible wounds of war” on veterans who have returned from having been deployed and, because of what they have done and what they have witnessed, what motivates them to self-medicate with alcohol and drugs and become entangled in the criminal justice system; and
- Discuss strategies for criminal justice professionals to effectively work with justice-involved veterans to help them navigate the criminal justice system.



Pierce County, Tacoma, WA

Joint Base Lewis-McChord (JBLM) became one of 12 joint bases across the Department of Defense in 2010 when Fort Lewis and McChord AFB merged



Pierce County District Court



Joint Base Lewis– McChord (JBLM)



Combat Fatigue, Soldiers Heart: PTSD by any other name... can still wreck lives



Judge Robert Russell: 'Godfather' of the Veterans Treatment Court Movement

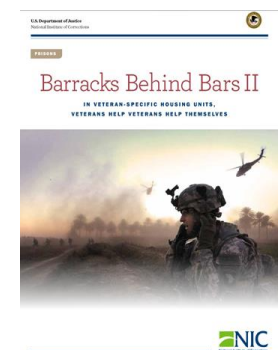
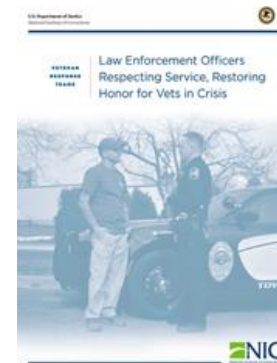


I never envisioned that Veterans Treatment Court would be embraced as it has been nationally. For us, it was a journey where we thought it was the right thing to do.”

- Judge Robert Russell

National Institute of Corrections

Veterans Compendium Project



Next Up:
Veterans Reentry Publication
Collaboration with NIC and American University

So, You're (Thinking of) Starting a Veterans Response Team to Work with Troubled Vets....

What is the **FIRST THING** I/we ought to do?

What are the **CORE COMPONENTS** needed for a VRT in my jurisdiction?

Can we identify a "**CHAMPION**" who will work hard to create a VRT?

Are we asking the **RIGHT QUESTIONS** about military service to those veterans who are in crisis?

Are we tracking **RELEVANT DATA** on our veteran population?

Do the **DATA SUPPORT** the need for such a unit?

What **TREATMENT OPTIONS** and/or services do we have—and need—to help these veterans?

What **CRITERIA** should be established to determine whether a referral of a veteran in crisis is appropriate or if he/she needs to be taken into custody?

What early intervention **PROGRAMMING OR SERVICES** could we offer to veterans to allow them to safely remain in the community?

Is there a Veterans Justice Outreach **SPECIALIST** or other individual who can help set up our **VRT** and identify community resources?



In Their Own Words



“It was obvious to me that I needed to do something to assist these veterans and their families in their transition back home.”

“Transition planning happens on day one. If the major factor to make somebody successful on the outside is to have a job, housing, and treatment, I can do all of those things here.”

- **Randall Liberty**, Commissioner of Corrections, State of Maine

In Their Own Words, Barracks Behind Bars II



Highlighting Promising Practices



We identify common themes while at the same time respecting the nuances of each of the sites featured in the publications.

We gather information through interviews with corrections personnel, law enforcement, veterans/inmates, community members, and the VA Specialists (Veterans Justice Outreach and Health Care for Reentry Veterans) who work with justice-involved veterans throughout the continuum of justice.



Justice-Involved Veterans Network - JIVN

JIVN Mission Statement

We are a network of community, local, state, and federal partners that identifies and develops innovative and holistic approaches to assist justice-involved veterans.



NIC and the Library of Congress



VHP Panel Discussions on Effects of PTSD

May 24, 2017 – Veterans Treatment Courts

<https://m.youtube.com/watch?v=vHltQrpNCeA>

May 17, 2018 – Jail Vet Pods

https://www.youtube.com/watch?v=nTW_XPBSR4A

May 15, 2019 – Veterans Response Teams

<https://www.youtube.com/watch?v=HPPjMUkwTzc&feature=youtu.be>



NIC Veterans Initiatives

VTC Enhancement Initiative

NIC developed the first set of specialized screening, assessment, and case planning tools for Veterans Treatment Courts:

- 1.Short Screener
- 2.Comprehensive Risk-Need Assessment
- 3.Case Planning Protocol

VICTOR – Veteran Informed Care Training on Responsivity

The Veteran-Informed Care Training on Responsivity (VICTOR) is a training curriculum designed for criminal justice practitioners to gain specialized knowledge and skills for working with veterans.



VTC Enhancement Initiative

Short screener: A short pre-adjudication screening tool will identify veterans as they enter the justice system and measure their risk of re-offending. This tool will help justice system officials identify suitable candidates for Veterans Treatment Court and refer them for a full assessment.

Comprehensive risk-need assessment: A comprehensive risk-need assessment tool will enable Veterans Treatment Court staff to learn more about individuals' criminogenic risks and needs. This information will help Veterans Treatment Courts confirm participant eligibility and understand each participant's risk-need profile for case planning purposes.

Case planning protocol: A set of case planning guidelines will help Veterans Treatment Courts develop individualized supervision and case plans for each participant based on their risk-need profiles.

Contact Dr. Julie Baldwin, American University

jbaldwin@american.edu

Case Planning Protocol

Risk Level	RNR Supervision Level
Minimal Risk (0-19)	Court 1x week for four weeks, every other week for next month, monthly thereafter Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) Drug testing & SCRAM as indicated 9-12 month term of participation
Low Risk (20-39)	Court 1x week for four weeks, every other week for next month, monthly thereafter Probation (in person) weekly for first two months then twice a month for next two months, then monthly thereafter (preferably in court on the same date as court appearance) Drug testing & SCRAM as indicated 12-15 month term of participation
Moderate Risk (40-59)	Court 1x week for three months, every other week for next month, monthly thereafter Probation (in person) weekly for first 3-4 months, then less frequently as indicated Drug testing & SCRAM as indicated 15-18 months term of participation
High Risk (60+)	Court 1x week for four months, every other week for next month, monthly thereafter Probation (in person) weekly for first 6 months, then less frequently as indicated Drug testing & SCRAM as indicated

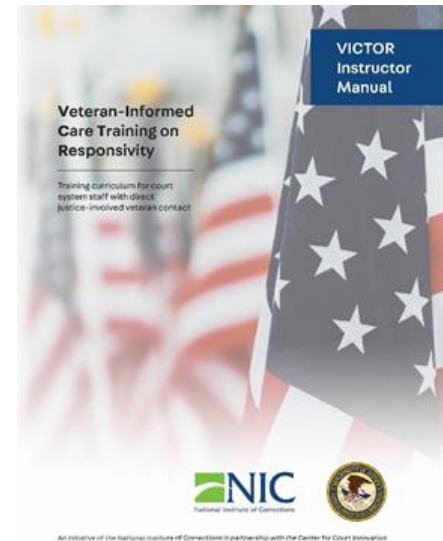


VICTOR – Veteran Informed Care Training on Responsivity

VICTOR Curriculum

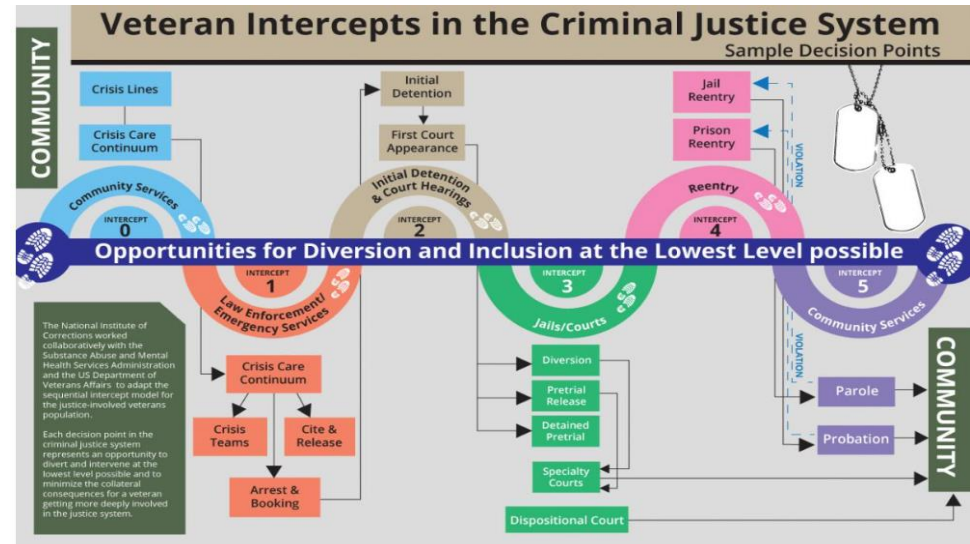
1. Military and Veteran Culture
2. Risk Assessment (RNR)
3. Mental Health and Substance Use
4. Navigating Veterans' Resources
5. Responsivity and Justice-Involved Veterans

*Currently being converted into an e-Course
in partnership with Temple University*



NIC Sequential Intercept Model for Veterans

The National Institute of Corrections worked collaboratively with SAMSHA, the VA, and members of the Justice Involved Veterans Network to adapt the sequential intercept model to the justice-involved veteran population.



<https://info.nicic.gov/jiv/node/113>



National Institute of Corrections

National Institute of Corrections
Justice Involved Veterans Microsite

<https://info.nicic.gov/jiv/>

Contact: Greg Crawford
gcrawford@bop.gov

NIC Justice Involved Veterans
National Institute of Corrections

Home Projects Media Resources JIVN Contact Us Login

Recent Documents

Barracks Behind Bars II
IN VETERAN-SPECIFIC HOUSING UNITS, VETERANS HELP VETERANS HELP THEMSELVES

JIVN
JUSTICE-INVOLVED VETERANS NETWORK

The Justice Involved Veterans Network (JIVN) is a cross divisional effort at NIC in partnership with the VA working to improve outcomes for justice involved veterans. [Click Here For More](#)

Barracks Behind Bars II

Barracks Behind Bars II introduces several of the facilities and the men and women whose vision is paying off with facility reports of fewer behavioral problems and almost no incidents of violence by incarcerated veterans. This translates into a less stressful, safer environment for correctional personnel and facilitates opportunities for assistance from the Health Care for Reentry Veterans Specialists of the U.S. Department of Veterans Affairs, personnel from state and county departments, and volunteers from community and veterans organizations. [Click Here to read more!](#)

We are a network of community, local, state, and federal partners that identifies and develops innovative and holistic approaches to assist justice-involved veterans.

LEAVE NO VETERAN BEHIND



Personal Perspective

Ray Lay

Board of Directors, NAMI Indiana;
Board of Directors, Indiana Balance of State Continuum of Care;
Veteran Peer Support Specialist,
Mental Health Intensive Case Management Team,
Roudebush VAMC; Chief Executive Officer, SMI Enterprises, LLC

January 27, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Personal Story

- Transition from deployment back home
 - Risk and protective factors
- Entry into Indiana Department of Corrections
 - Gaps in system at time of entry
 - Psychological assessment
- Road to recovery post-incarceration

Experiences Working within Criminal Justice System

- Recovery services
- Mentoring incarcerated and post-incarcerated Veterans
 - Example of a success story
- Importance of engagement with a VA Peer Support Specialist and organized treatment plan on front and back end of incarceration

Indianapolis Re-Entry Educational Facility (IREF)

- Past work with IREF as a peer support provider
- Role of a peer support provider
- Examples of effective methods to engage justice-involved Veterans and foster a road to recovery



The Ongoing Mission



- Veteran's Justice Outreach (VJO) VA Peer Support Specialist plan in Indiana
 - Assist VJO's – many not Veteran's themselves

Questions?

Contact SAMHSA's SMVF TA Center



SAMHSA ★ **SMVF TA CENTER**

Service Members, Veterans, and their
Families Technical Assistance Center

345 Delaware Avenue

Delmar, NY 12054

Phone: 518-439-7415, ext. 5272

Email: smvftacenter@prainc.com

Thank You!

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)