22C6003: Understanding Veteran-Specific Resources Available to Both Veterans and Criminal Justice Agencies

November 9, 2021
Disclaimer

The National Institute of Corrections is a federal agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe, and just correctional services.

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Webinar Objectives

- Develop an understanding of resources available to veterans and criminal justice agencies;
- Learn about outreach, assessment, referral, and links to services and how to partner with federal agencies to build programs for veterans.
- Get tips on how to request technical assistance and access resources from the National Institute of Corrections.
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Guest Speaker

Ron Self, Ph.D
Founder and Executive Director
Veterans Healing Veterans from the Inside Out
http://veteranshealingveterans.com/index.html
VETERANS HEALTH ADMINISTRATION (VHA)
HOMELESS PROGRAMS OFFICE

VETERANS JUSTICE PROGRAMS (VJP)

Sean Clark, J.D.
National Director, VJP, VHA Homeless Programs Office

November 9, 2021
Veterans in Prison and Jail


Note: For years in which prison or jail inmates were not surveyed, the total prison or jail population was multiplied by the veteran distribution from the most recent survey. See Methodology.

Source: Bureau of Justice Statistics data collections on prison and jail inmates and U.S. Census Bureau population data collections. See table 1 for complete list.
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.
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: 1,876
- Number of Veterans receiving VJO services (FY 2020): 42,398

#### 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: 1,001
- Number of incarcerated Veterans receiving reentry services (FY 2020): 7,413
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
• 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
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
VJP National Leadership Team

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SAMHSA’s Resources for Service Members, Veterans and their Families

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National Institute of Corrections
November 9, 2021
Discussion topics

• SAMHSA’s Technical Assistance
• VA/SAMHSA Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and their Families
• National Suicide Prevention Lifeline/Veterans Crisis Line
• Treatment Locator
• SAMHSA’s Publications
A national resource to support states, territories, and communities in strengthening their capacity to address the behavioral health needs of military and veteran families

- TA Resources include webinars, learning communities, toolkits, and fact sheets
- Support for VA/SAMHSA Governor’s Challenge to Prevent Suicide among SMVF
- Support for Crisis Intercept Mapping for SMVF Suicide Prevention
The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the adult criminal justice system.

- Criminal Justice and Behavioral Health Systems Change
- Criminal Justice, Substance Abuse, Mental Health, and Services and Supports
- Trauma-Informed Care
- Courts and Judicial Leadership
- Peer Support and Leadership Development
- Sequential Intercept Mappings and Support
To date, 35 states and 22 communities have taken part in the Governor’s Challenge and are working to develop and implement state-wide suicide prevention best practices for SMVF, using a public health approach.
Mayor’s and Governor’s Challenge: Three Focused Priority Areas

- Identify SMVF and Screen for Suicide Risk
- Promote Connectedness and Improve Care Transitions
- Increase Lethal Means Safety and Safety Planning
National Suicide Prevention Lifeline/Veterans Crisis Line

Find hope.
Free and confidential support is here 24/7.

1-800-273-TALK
SuicidePreventionLifeLine.org

Veterans Crisis Line
1-800-273-8255

AMERICA'S FIRST 3-DIGIT MENTAL HEALTH CRISIS LINE

Even before the COVID-19 pandemic, America was suffering historically high suicide and overdose rates and mental health challenges. In 2020 Congress approved 988 to help, but a phone number alone isn't enough. Each state must have a fully-funded crisis response system supporting 988 when it goes live by July 2022.

What is 988?
It is a safety net for people experiencing a mental health emergency. If fully funded, mobile crisis teams will respond in-person and connect people to care when needed.

Why do we need it?
Traditionally, police have responded to mental health emergencies, which require tremendous local resources and often result in criminalizing mental illness. In fact, in 2017, an average of 10% of law enforcement agencies' total budgets and 25% of staff time were spent responding to and transporting persons with mental illness. People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians.

What is needed to make 988 work?
Every state needs:
- 24/7 call centers that are adequately staffed by mental health professionals who are specially trained to respond to crises.
- Mobile response teams that are equipped for differing scenarios.
- Crisis stabilization services that also connect people to follow-up care.

SAMHSA
Substance Abuse and Mental Health Services Administration
Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

Find treatment facilities confidentially and anonymously.

Enter an Address, City, or ZIP code

Search facilities

Get Help

FindTreatment.gov
Millions of Americans have a substance use disorder. Find a treatment facility near you.

Suicide prevention lifeline®
1-800-273-TALK (8255)
Free and confidential support for people in distress, 24/7.

National Helpline
1-800-662-HELP (4357)
Treatment referral and information, 24/7.

Disaster Distress Helpline
1-800-985-5090
Immediate crisis counseling related to disasters, 24/7.
The SAMHSA Store: featuring 600+ free publications
Resources for your SAMHSA Toolbox

Subscribe to the SMVF TA Center eNewsletter

Subscribe to the GAINS Center eNewsletter

Explore all of SAMHSA's TA Centers

SAMHSA's Behavioral Health Treatment Locator

Video tutorial - Finding treatment for Veterans

Download SAMHSA’s Publications and Digital Products

Find out about SAMHSA's grant opportunities

Review data from the National Survey on Drug Use and Health (NSDUH)
Thank You!

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

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www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)
Developing, Maintaining and Sustaining Our Nation’s Veterans Treatment Courts

Scott Tirocchi, M.A., M.S., L.P.C.
Division Director, J4V
Approximately 6,000 veterans were served by Veterans Treatment Courts in 2020

- 3,500 volunteer veteran mentors in VTCs (2020)
- 475 approximate number of recognized VTCs
- 460,000 (approx.) veterans with trauma or major depressive disorder
- 345,000 (approx.) veterans with substance use disorders

Current and former service members that become justice involved have needs and risk that require clinical and criminogenic interventions which are culturally sensitive to them.

At the same time, recognizing that these tailored interventions are most effective when balanced with an adherence to evidence-based practices and standards that are implemented in the treatment court model.
Responsivity Need

- It is a hybrid drug & mental health court with general responsivity to the military culture and specific responsivity to the needs of the participant.
- Department of Veterans Affairs involvement.
- Court comprised entirely of veterans from the U.S. Military.
- There is a veteran mentoring component.
- Ancillary services are available and there are mechanisms in place for delivery.
- Data collection and evaluation are prioritized and ongoing.
- There is community support.
Veteran Centered/Multidisciplinary Approach

Veteran Mentors
- Veterans Service Organizations
- Veteran Service Officers
- Community Outreach & Advocacy 501(c)3

Community Supervision
- Crimogenic Programming
- Toxicology Screening
- Electronic/adjunct monitoring
- Program Evaluation
- Law Enforcement
- Probation & Pretrial Services Officers

Veteran
- Judicial Officer
- Prosecution
- Defense

Ancillary Services (Community)
- Educational/Vocational Support
- Quality of Life (food/heating)
- Family Supportive Services
- Faith Based Organizations

Community Treatment
- Individualized Treatment Plans
- EB, Best and Promising Practices
- Complementary and alternative medicine
- Volunteerism/”Giving-back”
- Community Peer Support

VA Medical Centers
- Individualized Treatment
- “One Stop” & CAM
- Evidence Based Practices
- VJO Specialist
- VHA/VBA Services
- Vet Centers
- VA Peer Support Specialists

Community Peer Support
- Individualized Treatment Plans
- EB, Best and Promising Practices
- Complementary and alternative medicine
- Volunteerism/”Giving-back”
- Community Peer Support
Where can intercept?

- Pre-plea diversion
- Diversion with stipulated facts
- Post-plea, pre-adjudication
- Post-adjudication probation
- Probation revocation
- Mixed models
No matter the model - * Training is imperative!*

**TRAINING PROGRAMS OFFERED THROUGH JUSTICE FOR VETS**
from funding provided by the Bureau of Justice Assistance

1. Foundational Trainings
2. “Refresher Trainings”
3. Technical Assistance and Training (1:1 and team)
4. Statewide Conferences and Support
5. Symposiums/Community Provider Requests
6. VTC Enhancement Trainings
7. “Office Hours”
8. Webinars – general treatment court and veteran specific
9. Mentor Professional Development
10. VTC Academy – eLearning!
No matter the model - Training is imperative

https://justiceforvets.org/resources/training/
For free access to 8 courses on, Trauma Awareness: Critical Information for Veterans Treatment Courts.

https://justiceforvets.org/resources/research/
For peer-reviewed articles on JIV population and VTCs specifically.

https://justiceforvets.org/resources/resource-library/
For all VTC infrastructure development related

https://justiceforvets.org/mentorcorps/resources/
For free access to 10 courses on mentoring and the mentoring component

https://www.nadcp.org/covid-19-resources/
For COVID-19 Resources for Treatment Courts
Examples of online subject matter trainings -

- Suicide Awareness and Prevention: What Every VTC Team Member Needs to Know and do!
- Empowering Wellness and Recovery
- A Trauma Informed Approach
- Risk Factors for Repeated Justice Involvement
- Boundaries and Confidentiality
- Interpersonal Communication
- Navigating Your Journey to Success
- Strategies for Community Engagement

...and many more on the way for 2022 and beyond!
Justice For Vets – Division Team Contacts

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We are here for your VTC training needs!!
inTransition

Dr. Nick Polizzi, Government Program Manager
inTransition assists service members/veterans in transitioning their mental healthcare between the following:

- Military Health Systems (MHS)
- VA Facilities
- Vet Centers
- Community providers and resources
- OR obtaining mental healthcare for the first time
inTransition: Background

- inTransition is a free, voluntary, and confidential program
- Available globally, 24/7/365
- Available to all service members (AD, NG, reservists) and veterans, regardless of discharge status, time in service, or time since separation
- No limits on the number of times inTransition can be used
**inTransition: Access Points**

**inTransition Access Points**

*Mandated/Outbound*
Defense Health Agency Data:
- Separations
- SHPE
- PDHRA

*Preferred/Inbound*
Mental Health Providers
- SHAs
- MTFs
- High Risk Programs

*Preferred/Inbound*
Self Referrals
- Service member
- Veterans

*Preferred/Inbound*
Military Support/Community Referrals
inTransition: Service Flow

STEP 1
Initial Contact

STEP 2
Confirm Participation

STEP 3
Coaching

STEP 4
Contact with Gaining Provider

STEP 5
Follow-up

“Medically Ready Force...Ready Medical Force”
Service Flow: STEP 1 - Initial Contact

The following information is needed at the time of referral:

- Patient name
- Cell phone and/or e-mail address
- Destination or discharge status (optional)
- Diagnosis (optional & if available)
Service Flow: STEP 2 - Confirm Participation

- Service members may
  - Decline participation
  - Accept participation

- Once coaching is confirmed, recurrent telephonic appointments are coordinated until the service member reaches their new provider
  - Goal is weekly coaching, but the schedule is flexible
Service Flow: STEP 3 - Coaching

- All inTransition coaches are licensed, master’s level behavioral health providers trained in motivational interviewing and military culture

- Coaches address service members’ additional stressors by providing and coordinating resources

  - inTransition provides resources on numerous topics of interest to service members targeted to a geographic area of interest
Frequently requested resources:

- Assistance with Disability Claims (VSO, Legal, etc.)
- Financial Resources
- Employment Resources
- Educational Resources (e.g., GI Bill)
- Educational Resources regarding Behavioral Health issues (e.g., National Center for PTSD, Make the Connection, etc.)
Follow-up after coaching concludes to help document that a successful transition has occurred

- Gaining provider – to confirm service member’s disposition
- VA Transition Care Manager – to ensure the service member is “in the system”
- Self-report
Key Takeaways

- inTransition is free and available 24/7/365
- inTransition helps connect Service Members and Veterans to mental health care in their area
- inTransition is available regardless of time in service, time from service, or discharge characterization
- Calls into the program ensure greatest likelihood of patient participation
Free, voluntary, and confidential program to support **all** active-duty service members, National Guard members, reservists, veterans, and retirees as they transition between mental health care systems. No exclusions.

**inTransition Program**
CONUS: 800-424-7877
OCONUS: 314-387-4700
Available 24/7
https://health.mil/inTransition

**Program Manager**
Dr. Nick Polizzi
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Next Up:
Veterans Reentry Publication
Collaboration with NIC and American University

➢ Now Available on Audio Book:
https://nic.overdrive.com/
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?
“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

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

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.
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=vHItQrpNCeA

May 17, 2018 – Jail Vet Pods
https://www.youtube.com/watch?v=nTW_XPBR4A

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

Understanding Veteran-Specific Resources
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
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

Justice Involved Veterans Microsite

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

Contact: Greg Crawford
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I’m Looking for Technical Assistance for My Agency

Technical assistance (TA) is guidance, support, advice, assessment, and/or customized training that a technical resource provider (TRP) or an NIC staff member provides to federal, tribal, state, or local correctional agencies or other organizations in the field of corrections.

Correctional Program Specialist, Academy Division - Leslie LeMaster

Correctional Program Specialist, Community Services Division - Lorie Brisbin

Correctional Program Specialist, Jails Division - Mike Jackson

Correctional Program Specialist, Prisons Division - Scott Richards
Questions from the Field?

What questions do you have?

Chat them now!
Thank you for participating!

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