

Presenters

Sarah Neidlinger

Health Care for Re-entry Veteran's (HCRV) Specialist
U.S. Department of Veterans Affairs

Alexis Dean

Reentry Specialist
Indiana Department of Corrections

David Green

Project Manager
Washington State Department of Veterans Affairs



Health Care for Re-Entry Veterans (HCRV)

Department of Veterans Affairs Veterans Health Administration

Sarah Neidlinger LCSW, MSW
Health Care for Re-Entry Veterans Specialist

VISN 11: Southern Tier

Health Care for Re-Entry Veterans (HCRV)

- ▶ VA Federal initiative under the VA homeless programs
 - ▶ President/Secretary of VA National Initiative
- ▶ The HCRV program was designed to address community re-entry needs of incarcerated Veterans under state and federal supervision.
- ▶ VA partners with state Department of Corrections (DOC), Federal Bureau of Prisons (BOP), parole, probation and community service providers to:
 - ▶ Deliver outreach services to Veterans in state and federal prisons
 - ▶ Assist in the creation of unified re-entry plans
 - ▶ Provide unified post-release services
 - ▶ Connect eligible veterans with VA, social security and disability benefits
 - ▶ Connect eligible veterans into the health and mental health services provided by the VA



HCRV: The Need

- ▶ In 2004 10% or 65,000 of those incarcerated in local jails were Veterans (CSG, 2005)¹.
- ▶ 75 % of incarcerated Veterans reported a history of drug use (BJS, 2007)
- ▶ 43 % reported recent drug use (BJS, 2007)
- ▶ According to a 2000 BJS report
 - ▶ 225,000 veterans in prison and jail
 - ▶ 20% of incarcerated veterans saw combat
 - ▶ Veterans were more likely to be first time offenders
 - ▶ 12% of veterans in state prison had experienced homelessness prior to arrest
- ▶ The National Commission on Correctional Health Care Report to Congress estimated:
 - ▶ Rates of infectious diseases were dramatically higher among current and former veteran inmates³
 - ▶ The incidence of AIDS is estimated to be 5 times higher for inmate populations
 - ▶ The prevalence of hepatitis C (9 times) and tuberculosis (4 times) are much higher for incarcerated individuals
 - ▶ Likewise, a recent Urban Institute notes that 8 in 10 returning prisoners have chronic physical, mental, or substance abuse conditions that are associated with community reentry challenges and post-incarceration service needs⁴

6 1 Council of State Governments, Report of the Re-Entry Policy Council. (2005). 2 Mumola, CJ. January 2000. Veterans in Prison or Jail. U.S. Department of Justice, Bureau of Justice Statistics. NCJ 178888 3 National Commission on Correctional Health Care. (NCCCHJ) March, 2002. The Health Status of Soon-To-Be-Released Inmates. NCCCHJ. Chicago, IL 4 Malik-Kane, V and Visser, CA. February 2008. Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Urban Institute Justice Policy Center.



Health Care for Re-Entry Veterans (HCRV)

▶ HCRV Initiatives

- ▶ 2006: Program began operation with state specific incarcerated Veteran resource guides
- ▶ 2007: VA HCRV Specialists were funded to implement VA initiative
- ▶ Currently:
 - ▶ 47 Specialists in 1,000+ state and federal prisons throughout 50 states, USVI, Philippines Islands and Guam
 - ▶ 21 Veterans Integrated Service Networks (VISN)

Health Care for Re-Entry Veterans: Services

- ▶ Pre-release outreach (while in prison)- 6-12 months prior to release
- ▶ Assessment / pre-release plan
- ▶ Referrals to medical, psychiatric, social and employment services both within the VA and the community
- ▶ Short term case management to ensure that the bridge to appropriate service providers is complete

- ▶ With the goal in mind to help 1) prevent homelessness, 2) readjust to community life, 3) obtain self-sufficiency, 4) increased quality of life, 5) provide for family re-unification and 6) reduce recidivism*

HCRV VITAL PARTNERSHIPS



Veteran's Support Network

Department of Corrections
(DOC) and Federal Bureau of
Prisons (FBOP)

Probation/ Parole

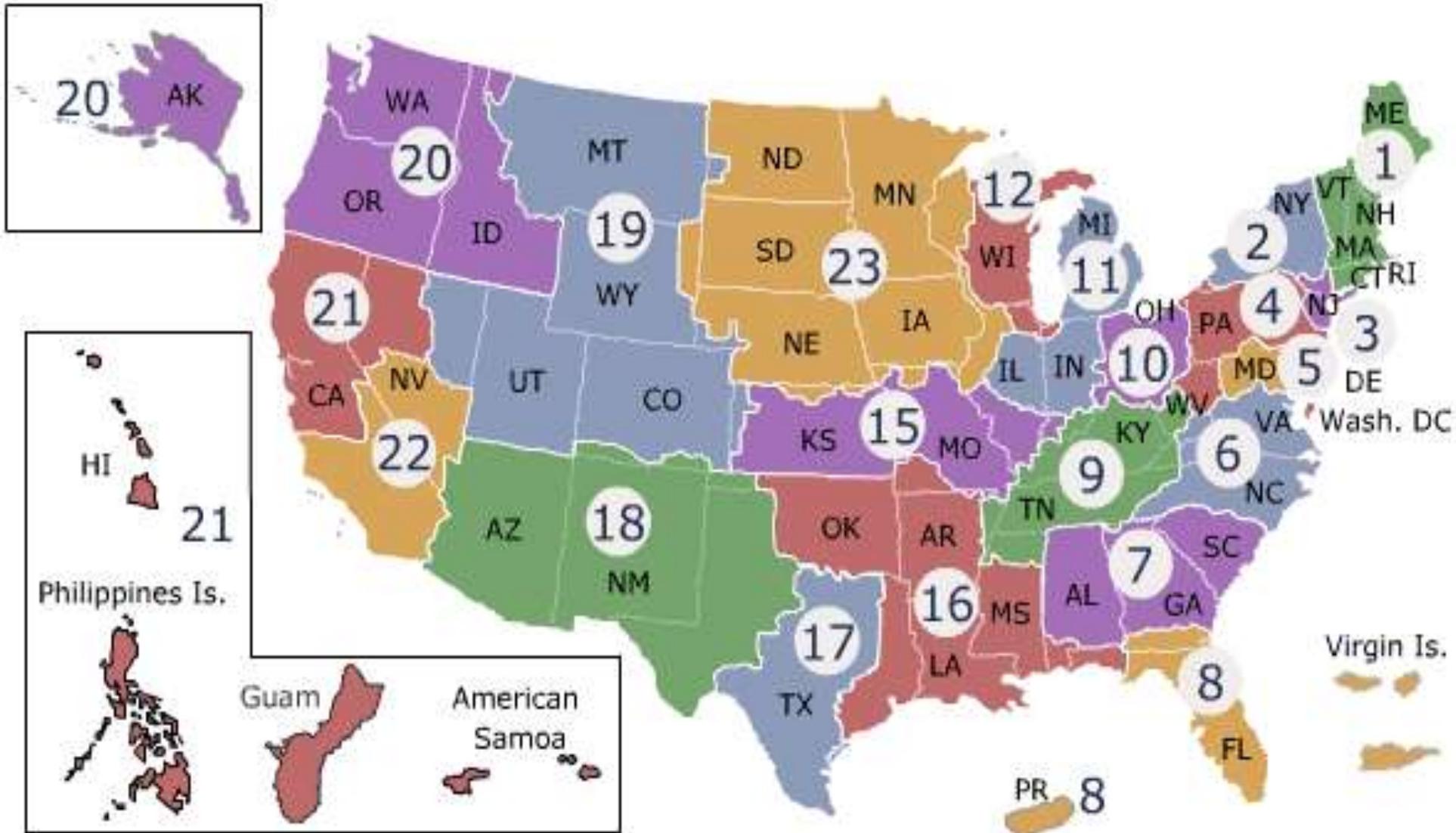
Veteran and HCRV Specialist

VHA/ VBA Services

Community Service
Organizations

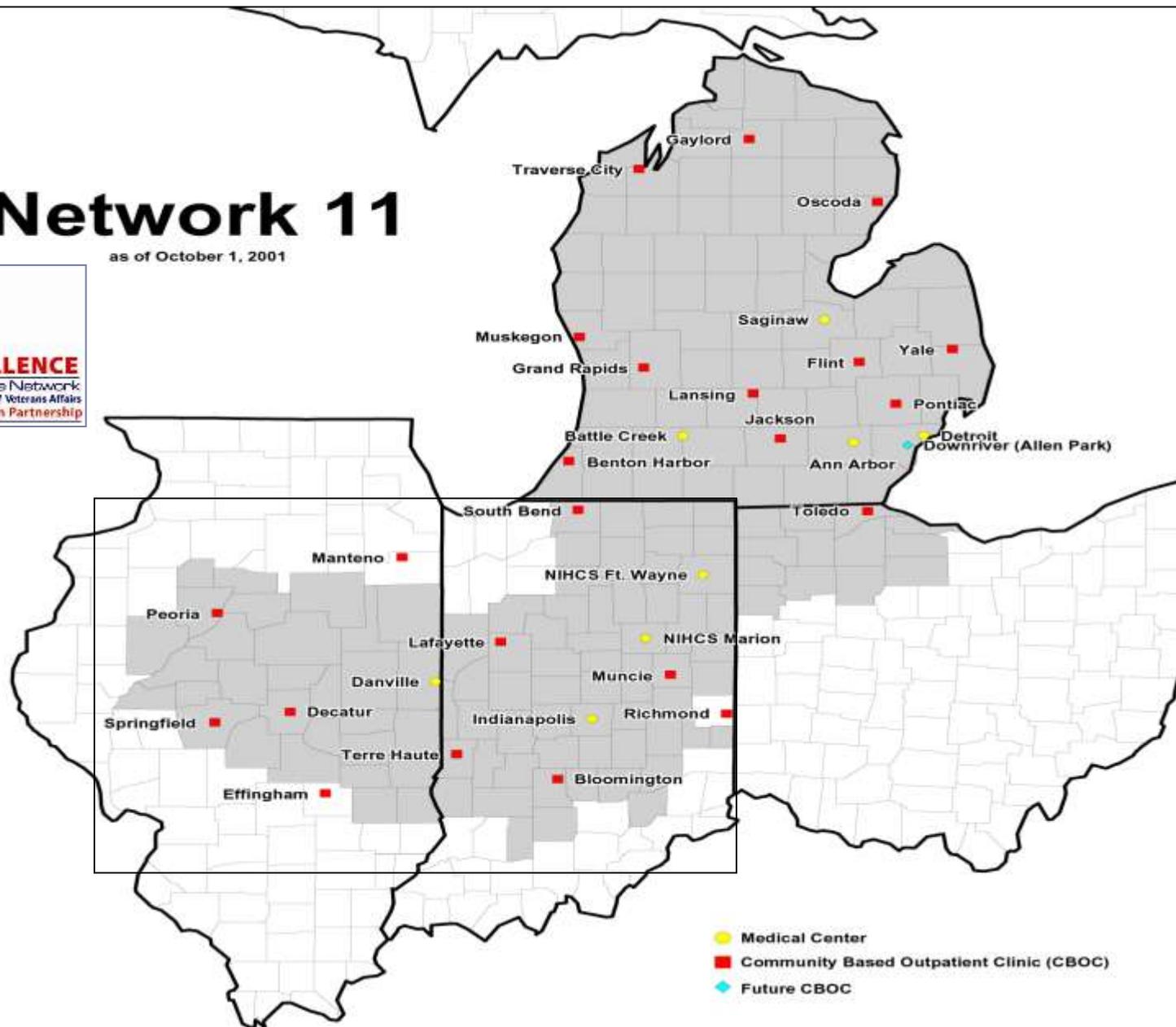
Veterans Integrated Service Networks (VISN)

21 VISNS



Network 11

as of October 1, 2001



Facilities within VISN 11

▶ Indiana

- ▶ 13 state prisons
- ▶ 1 work release facility
- ▶ 1 federal facility (Terre Haute Federal Corrections Complex)
- ▶ Veteran population* (state and work release facilities)
 - ▶ Feb 2012: 1483
 - ▶ April 2012: 1496
 - ▶ July 2012: 1525

▶ Illinois

- ▶ 8 state prisons
- ▶ 1 federal facility (Pekin FCI)
- ▶ Veteran population* (state and work release facilities)
 - ▶ April 2012: 1116
 - ▶ Aug 2012: 1121



Outcomes*

January 2012 - Current

- ▶ National goal: Outreach to 250/yr
- ▶ Outreach in person / mail to 216 Veterans
- ▶ 197 HOMES** assessments
- ▶ Homeless in Three Years Prior to Incarceration: 24%
- ▶ At-risk Homeless Upon Release: 43%
- ▶ Nationally: 30,000+ Veteran incarcerated assessments and pre-release plans completed

▶ *Information collected and compiled in a personal program monitoring database

** VA Homeless Operations and Management Evaluation System

Veterans: What I am Seeing...



- ▶ Frequently cited medical problems:
 - ▶ Chronic pain, diabetes, Hep C, hernia and back pain
- ▶ Frequently cited mental health / substance abuse problems:
 - ▶ Substance abuse, depression, schizophrenia, bipolar, and PTSD
- ▶ Veterans with a sex offense in Indiana: 23.7% (April 2012 of 1496 incarcerated Veterans)
- ▶ About 50-60% of Veterans outreached, I have been able to determine are VA health care eligible

Veterans: What I am Seeing

- ▶ Most requested services: Housing, medical care, mental health/substance abuse treatment, benefits and employment
- ▶ Biggest challenges: Maintaining contact, time restrictions, and limited access to Veterans
- ▶ Best opportunities for success: Good partnerships, frequent contact with Veteran, and immediate follow-up upon release/appointments waiting and incentives (appointments, enrollment, benefits, etc)
- ▶ Best practices: Teleconferencing in partnership with justice system, rapid access (HBU enrollment) and Veteran's Unit

VA/DOC: IREF INVET Collaboration

- ▶ Indiana Veterans Education and Transition Unit (INVET) at Indianapolis Re-entry Educational Facility (IREF)
- ▶ Site visit to INVET monthly
- ▶ Allows for increased frequency of visits with offender and limited case management
- ▶ Nationally recognized as an emerging practice or best practice within the VA VJP
- ▶ Benefits: Identity, camaraderie, information sharing, wrap around comprehensive services, and guidance through the VA system

Contact Information

Sarah Neidlinger, LCSW

VISN 11 Re-entry Specialist (Southern Tier)

VA Northern Indiana Healthcare System

VA Peru CBOC

750 N. Broadway

Peru, IN 46970

260-438-4309

Philip E. Thomas, LCSW

Network Homeless Coordinator

Richard L. Roudebush VA Medical
Center

Indianapolis, IN 46201

317-988-3212

Elvin V. Barren, LMSW, ACSW

VISN 11 Re-entry Specialist (Northern Tier)

Ann Arbor VA Healthcare System

Department of Psychiatry

2215 Fuller Rd (116a)

Ann Arbor, MI 48105

734-222-4392

<http://www.va.gov/HOMELESS/Reentry.asp>

Indiana Veteran's Education and Transition Unit (INVET)

Alexis A. Dean

Re-Entry Specialist

Indianapolis Re-Entry Educational Facility

IN DOC

- IDOC Overview

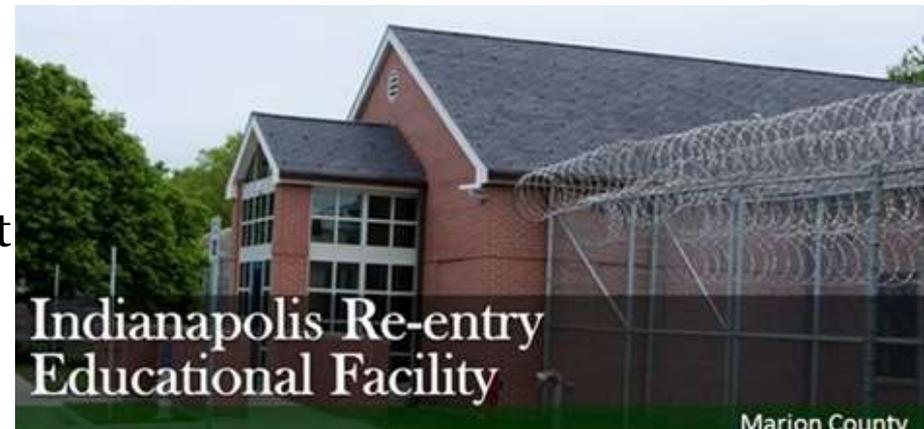
- Facilities: 20 Adult Facilities, 6 Juvenile Facilities
- Current IDOC Population: 28,079
- IDOC 2011 Release: 18,374
- Recidivism Statistics: 37.9%

- INVET Development

- INVET was developed by members of our Central Office administration who felt it was imperative that we address the increasing number of veterans being incarcerated.
- IDOC currently has over 1500 identified incarcerated veterans

Indianapolis Re-Entry Educational Facility

- Opened in 2006 in Plainfield, IN (site of the former Boys School)
 - Relocated to downtown Indianapolis in 2009
- Level 1/Minimum Security Facility
- Adult Males
 - Within 4 years of release
- Unique Re-Entry Components
 - Free movement
 - Civilian clothing
 - Intense focus on programming
 - Outside work crews
 - Extensive community involvement



INVET Start-Up

- November 2011
 - Brought on board to start the first ever military-specific dorm within the IDOC
- January 10, 2011
 - 27 residents
 - Single rooms
- March 2011
 - INVET grand opening
- March 2012
 - Unit 5/2nd level of INVET opens



Grand Opening-March 2011



American Legion Post #311

- Post #311 Charter: July 2011
- First New Post in 20 years in Indianapolis
- Officers were sworn-in by area post members
- Pay dues and are eligible to transfer their membership upon release



INVET: Where Are We Now

- The INVET unit began with 27 residents and has grown to its' capacity at the facility at 88.
- The INVET unit receives no additional funding.
- INVET is run with 3 staff members
 - Re-Entry Specialist (Top Floor-U6)
 - Re-Entry Specialist (Bottom Floor-U5)
 - INVET Program Coordinator (oversees all INVET programming, functions, American Legion, etc)
- Eligibility
 - Residents are determined to be eligible by INVET staff's ability to obtain a DD-214.
 - No discharge status requirement. We currently have very few dishonorable discharges which was an issue when the unit first opened in 2011.
 - No time-served requirement.

Partnerships

- Department of Workforce Development
- Veteran's Affairs
 - Healthcare (VHA)
 - Benefits (VBA)
 - Job Club
- Indy Vet Center
- Veteran Community Volunteers
- Indianapolis American Legion Post

INVET: Benefits

- Minimal behavioral issues vs. general population
 - Only 4 disciplinary facility transfers since January 2011
 - IREF transfer total: 153
 - INVET residents account for only 0.029% of disciplinary transfers.
- INVET Benefits
 - Able to receive more 1:1 time with employment representatives than the general population.
 - Provided factual information regarding their benefits and healthcare eligibility through VA representatives.
 - Able to decrease the number of residents who may become deterred or overwhelmed by the VA.
 - Scheduled appointments prior to release
 - Camaraderie between common branches, conflict served, ect.

Lessons Learned

- **Challenges**

- Identifying veterans
 - Several unwilling to identify because of fears of the unknown
- PTSD
 - Classification/Placement
- Recruiting/Building Interest
 - Offenders are generally reluctant when it comes to change.
 - Capacity reached in August 2012
- Offender Population/Prison Fences
 - Not everyone is cut out for this field
 - Correctional Atmosphere
 - Entering a correctional facility takes away a sense of stability and puts you in their playground.
 - You are a visitor in their arena and that is very intimidating to those that did not choose corrections or criminal justice as their profession.

Lessons Learned

- **Community**

- We learned that veterans identify one another within the correctional setting and form communities within themselves.
 - Meet regularly
 - Share stories
 - Have similar backgrounds and values/beliefs

- **Partnerships**

- Must have a supportive administration to succeed.
 - In order for this to be successful the IDOC Central Office administration had to be supportive of allowing representatives from outside agencies enter the facility.

- **Successes**

- Continued Relationships
- Partnerships
- Continuum of care

INVET: Moving Forward

- Development of another INVET unit at a higher level facility
- Partnership between the court system and INVET to determine if there is the option for purposeful incarceration.
- Veterans employment fast track from INVET to employed
- Continued development of housing options for our incarcerated veterans.
- Successful reintegration into society and into their veteran communities (i.e. Legion membership and attendance, etc.)

INVET: Unit 6



INVET: Unit 6



Contact Information

Alexis Dean

INVET Re-Entry Specialist

(317) 639-2671 x279

adean@idoc.IN.gov



Incarcerated Veterans Services

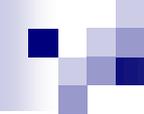
2012

Washington Department
of Veteran Affairs

IVS History

- First County Program Established in 1996
- Pierce County and Clark County Municipal Jails Added in 2007
- Veteran Felony Drug Court 2009
- SCORE facility 2011
- Veteran Mental Health Courts 2011





Veterans in Jail

- Veterans constitute the largest single group per capita in most County jail systems
- IVS advocates for reduction of sentences and intake to treatment
- Domestic Violence
- DUI - Intoxication
- UPCS
- Theft - shoplifting
- Burglary
- DWLS/DWLR



Overview

- **Justice System Service Area and Referrals Sources**
The contract requires IVS staff to work collaboratively with a variety of touch points in the justice system which engages eligible Veterans.
- This includes King County Superior Courts, Regional Mental Health Court, District Courts, Specialty Courts, Municipal Courts and multiple corrections facilities.
- Historically the greatest source of eligible referrals has come from the county and municipal corrections intake process with booking reports, jail staff Veterans' call outs and veteran service kites from the inmates.



Stakeholders

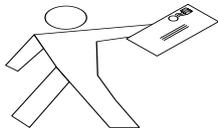
- Veterans & Their Families
- County Corrections System
- County Court System
 - Prosecuting Attorney's Office
 - Defense Bar – Public Defenders
- Veterans Relief Program
- Specialty Veteran Courts
- State and Federal Veterans Programs



Incarceration – Arrest/Booking

- Veteran identified w/ booking question
- Onsite contact w/ Veteran
- Barriers identified
- Case management plan established
 - Important to include family members in plan to assure success (unless no contact order)

Contact



- Kite
- Referral
- Walk-In

Initial Assessment

- Veteran / Eligibility Status
- Booking Information
- Reason for Incarceration
- Sentencing Information

Eligible

Community Service Providers

No

Yes

Needs Assessment

- Background Information (inc Family)
- Criminal History
- Physical & Mental Condition
- Housing Status
- Employability
- Education & Job Skills

Yes

Clinical Assessment

Addictions Assessment

MH/Trauma Assessment

Assessment Results

Case Plan

- Court
- Clinical Assessments
- Treatment Plan
- Housing Options
- Employment Opportunities

Court Advocacy

- Letter to the Court
- Clinical Evaluations
- Treatment Plan
- Support Services Plan

Release

Treatment needed

- Addictions
- PTSD
- Readjustment

Yes

In-Patient

Intensive
7-21 day

No

Out-Patient

Employment Opportunities

- Job Search
- Vocational Counseling
- Training & Education
- OJT / Apprenticeship
- Resume Assistance

Housing Option

- Clean & Sober Shelter
- Transitional Housing
- Long-Term Housing

Transportation Assistance

Financial Assistance

Work Clothes & Tools

- Permanent Housing
- Long-Term Employment
- Reduced Recidivism
- Community Investment
- Reintegration into Responsible Society

SUPPORT SERVICES PROCESS



Adjudication– Post Sentencing

- Treatment of addictive behaviors
 - Inpatient or outpatient options
- Re-socialization
 - Employment
 - Housing
 - Case management
- Establish short & long term goals



Program Goals

- Reduction in recidivism
 - In Pierce County the 2011 recidivism rate was 8% for their veterans program (40% general population)
 - In King County the 2011 recidivism rate was 12% for their veterans program
- Reduction of the number of new episodes and duration of incarcerations by participating veterans
- Increase in the number of veterans who become employed and obtain a stable living environment

King County Program Statistics 2012

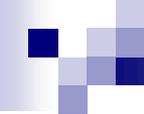
■ Veteran Contacts	194
■ Enrollments	105
■ Job Placements	17
■ Early Release Days	2,837
■ Early Release Dollars	\$309,233
■ Housing/Shelter Placements	38
■ ATC Admissions	38
■ Recidivism	1.32%

Veteran Population 163,815

Pierce County Program Statistics - 2012

■ Veteran Contacts	214
■ Enrollments	130
■ Job Placements	14
■ Early Release Days	3,911
■ Early Release Dollars	\$743,269
■ Housing/Shelter Placements	45
■ ATC Admissions	23
■ Recidivism	8%

Veteran Population 96,713



For More Information

David Green, WDVA

Program Specialist

Incarcerated Veteran Services

DavidG@dva.wa.gov

253-320-5238



Q & A

Moderator

David Marimon

Panelists

Sarah Neidlinger

Alexis Dean

David Green

Speaker Contact Information

Sarah Neidlinger
Sarah.Souter1@va.gov

Alexis Dean
adean@idoc.IN.gov

David Green
davidg@dva.wa.gov



Today's slides and a recording of this webinar will be available at:

www.ncja.org/webinars

This webinar series is supported by Grant No. 2010-DB-BX-K086 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Points of view or opinions are those of the speakers.