

**Department of
Veterans Affairs**

Memorandum

Date: **JUL 20 2009**

From: Acting Deputy Under Secretary for Health for Operations and Management (10N)

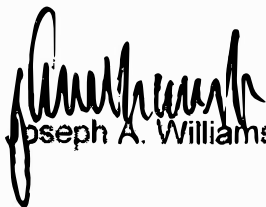
Subj: Access to VA services for reentry and justice-involved Veterans

To: Network Director (10N1-23)

1. For many Veterans with mental health and substance abuse problems, incarceration is accompanied by a period of sustained sobriety and psychiatric stabilization. For this reason, release from prison or jail and participation in court-supervised treatment can be especially productive times to engage Veterans. The period immediately following release from incarceration is a critical time for intervention that can allow the Veteran to maintain mental health gains made or stability achieved while incarcerated, can support community readjustment and establish stabilization, and can thus prevent further involvement with the legal system due to mental health symptoms. Postponement of engagement with Veterans in these circumstances places them at high risk of functional relapse.
2. VHA has established the Healthcare for Reentry Veterans (HCRV) Program and is in the process of planning and implementing the Veterans Justice Outreach initiative (VJO) to address the needs of Veterans at earlier stages of the criminal justice process. Known as "justice-involved" Veterans, these are individuals whom the police encounter in crisis situations, are incarcerated in local jails, or are being treated and monitored in specialty courts such as drug and mental health courts (1). The role of HCRV and VJO is to provide information and assessment services to eligible Veterans, to refer and link these Veterans to appropriate VA and community services that will support community readjustment, and to encourage adherence to treatment.
3. The principles listed in Attachment 1, "Specific access guidelines for reentry and justice-involved veterans," are consistent with sound clinical care and current VA policy (2, 3, 4, 5, 6). Reentry and justice-involved Veterans, deemed by the justice system either to have served time for their offense or to be eligible for monitored treatment as an alternative to criminal sanctions, are treatable and must therefore be served by VA in the same patient-centered manner as other Veterans in both VA medical and mental health settings.

Access to VA services for reentry and justice-involved Veterans

4. For additional information, please contact James McGuire (James.McGuire@va.gov; 310-478-3711 x41450) or Sean Clark (Sean.Clark2@va.gov; 202-461-7311) in the Office of Mental Health Services.



Joseph A. Williams, Jr., RN, BSN, MPM

Attachment:

References

References.

1. Uniform Mental Health Services in VA Medical Centers and Clinics, VHA Handbook 1160.01, September 11, 2008. See in particular section 20 on incarcerated Veterans.
2. Under Secretary for Health, "Guidelines and Recommendations for Services Provided by VHA Facilities to Incarcerated Veterans Re-entering Community Living", Information Letter 10-2006-007, June 27, 2006.
3. Under Secretary for Health, "Information and Recommendation for Services Provided by VHA Facilities to Veterans in the Criminal Justice System", Information Letter 10-2009-005, April 30, 2009.
4. Deputy Under Secretary for Health for Operations and Management (10N), "Management of Substance Use Disorders", November 23, 2007.
5. Deputy Under Secretary for Health for Operations and Management (10N), "Requirements for VA Medical Center and VISN Activity Focused on Justice-Involved Veterans; Announcement of Veterans Justice Outreach National Steering Committee", May 27, 2009.
6. Mental Health Residential Rehabilitation and Treatment Program (MH RRTP), VHA Handbook 1162.02, May 26, 2009. See in particular section 16a on Veterans under court-ordered treatment.

Attachment 1: Specific access guidelines for reentry and justice-involved Veterans.

- a. Equality of access: VA facilities – outpatient, inpatient, and residential – must not deny care to or treat differently with regard to wait lists, any enrolled Veteran solely because of his or her legal history or probation or parole status. VHA Directive 2003-068 (1) describes the appropriate process and guidelines for placing and scheduling patients on wait lists, and on moving wait-listed patients into treatment. Information Letter 10-2009-005 explains the VHA policy that eligible justice-involved Veterans who are not incarcerated must have access to services on an equal basis with other eligible Veterans.
- b. VA reentry/justice staff and VA programs: HCRV Specialists, VJO Specialists, and other VA staff who provide outreach services to justice-involved Veterans must be thoroughly knowledgeable regarding VA program services and acceptance criteria. HCRV and VJO staff are important assessment resources which until recently did not exist. They are valuable new resources which enhance their facilities' understanding of and ability to serve this population of Veterans, a substantial improvement over past experience in VA when the justice component of assessment and treatment was largely unknown. The final decision on a Veteran's admission to any VA program, however, rests with the program itself, based on a sound screening or assessment process.
- c. Screening/risk assessment and documentation: The receiving program's screening and assessment process must consider a Veteran's current legal circumstances and determine whether the program can meet the individual Veteran's needs while maintaining the program's safety, security, and integrity. Legal history alone is not sufficient for denial of program admission. If there are uncertain elements of a patient's presenting status or risk or questions about how a program might meet a given Veteran's needs, the program should enlist risk assessment evaluation and/or consultation by the program psychiatrist or psychologist. The program screening process is subject to the following requirements:
 - Veterans not accepted for care must be provided information as to the reasons for non-acceptance;
 - For eligible, enrolled Veterans, the reasons for non-acceptance must be appropriately and clearly documented in the Veteran's health care record, available for clinical review;
 - In cases of non-acceptance, alternative sources of care must be explored and referrals given as appropriate to ensure that needed care is provided.
- d. Use of criminal background checks: VA staff may not use Internet searches of criminal justice information to inform patient treatment planning.

- e. Court dates and admission to VA programs: A Veteran's upcoming court date(s) may not be the sole basis for denial of admission to a VA program.
- f. Involuntary treatment and treatment outcomes: In its "Principles for Drug Abuse Treatment of Criminal Justice Populations," the National Institute of Drug Abuse (NIDA) reports that "(a) large percentage of those admitted to drug abuse treatment cite legal pressure as an important reason for seeking treatment. Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Those under legal pressure also tend to have higher attendance rates and to remain in treatment for longer periods, which can also have a positive impact on treatment outcomes" (2). Anecdotally, VA Mental Health Residential Rehabilitation and Treatment programs report that reentry and justice-involved Veterans are often model patients. Veterans in VA programs are routinely at various stages of readiness to change, including pre-contemplation. There is wide dissemination within VA of motivational intervention techniques designed to assist Veterans move toward and take action on health issues.

Just as with Veterans referred from other community agencies, VA must provide needed services to Veterans referred from the courts. VA programs must not deny admission to treatment solely because a court has ordered the Veteran to receive treatment. However, a court's order that a Veteran participate in treatment does not obligate VA to admit the Veteran into a program for which he or she is not clinically appropriate.

- g. Symptom stability and VA program admission: Staff must assess symptom stability based on the Veteran's current presentation. Reliance on VA medical records and/or a history of unstable behavior as the sole assessment criterion offers an incomplete picture of the Veteran's present circumstances and is not acceptable clinical practice. Veterans in mental health and substance abuse programs present at varying levels of stability, and are assessed and offered appropriate care. Justice-involved and reentry Veterans must be given the same level of assessment and offered the same package of services as other eligible Veterans to further their substance abuse and psychiatric recovery. When there is a question regarding a Veteran's symptom stability, consults should be arranged with psychiatry and other disciplines for an in-depth assessment of the appropriate level of care (inpatient, residential, or outpatient).
- h. 'Distance screenings': Because justice-involved and reentry Veterans, particularly those released from prison, sometimes require 'distance' screenings by VA programs, telemental health or telephone screenings may be necessary to determine initial appropriateness for a given program. Distance screenings must comply with all requirements outlined in paragraph c. above.
- i. Communication and coordination with justice professionals: Communication with, and transmission of reports to, legal entities, including courts, pretrial services

agencies, and parole and probation offices, are facts of clinical work with justice-involved or reentry Veterans. Judicial and parole or probation officials are usually interested in 3 issues: 1) initial reporting to treatment; 2) ongoing attendance at/compliance with treatment; and, 3) results of toxicology tests. VA does not formally conduct justice system-funded diversion programs, and thus is not subject to lengthy and burdensome reporting requirements. However, VA staff can make brief reports, on an ongoing basis, addressing these issues, pursuant to the valid consent and release of the Veteran on VA Form 10-5345, designating the period of treatment and dates for which the consent and release is in force (3). The consent is non-revocable by the Veteran for the period of treatment specified on the release. Timely and effective coordination of treatment with the justice system can be critical to the Veteran's successful treatment, and is a significant responsibility of VA staff who work with justice-involved Veterans.

References.

1. Process for Managing Patients When Patient Demand Exceeds Current Clinical Policy, VHA Directive 2003-068, December 11, 2003.
2. National Institute on Drug Abuse, "Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-based Guide." July, 2006. NIH Publication No. 06-5316.
3. Privacy and Release of Information, VHA Handbook 1605.1, May 17, 2006. See in particular sections 20 and 21 on courts and law enforcement entities.