

Bureau of Justice Assistance (BJA)
Residential Substance Abuse Treatment (RSAT) Program for State Prisoners
Training and Technical Assistance Resource



Specialized Programming and Treatment Issues for Veterans in Jails and Prisons

February 2021

Contents

- I. Introduction..... 4**
 - Overview 4
 - Incarcerated Veterans 5
 - Identifying the population..... 7
- II. Common Veteran Health Issues 8**
 - Chronic Pain..... 8
 - Traumatic Brain Injury 9
 - Sleep disturbances 9
 - Substance Use Disorders 10
 - Mental Health Challenges..... 11
 - Suicide 11
 - Veterans and Trauma..... 11
 - Post-Traumatic Stress Disorder..... 12
 - Intimate Partner Violence 13
 - Female Veteran Health Issues 14
 - Military Sexual Trauma (MST) 15
 - Special Challenges..... 15
 - Family Considerations 17
 - Firearms 17
- III. Military Culture Strengths 19**
 - Military Ethos..... 19
 - Peer support..... 20
 - Chain of Command..... 21
- IV. Veteran Treatment Programming 22**
 - Medication Assisted Treatment for SUDs 22
 - Integrated Treatment 23
 - Female Veterans 24
 - Fostering the right partnerships 25
 - Trauma informed programming 26
- V. Post-incarceration Transition Services 28**

Discharge Status	28
Employment	29
MAT	29
Housing	29
Family Considerations	30
Veterans Treatment Courts	30
VI. Case Examples	31
Current Prison and Jail Programs for Veterans.....	31
Tracking and Measuring outcomes.....	36
References.....	46
Endnotes	48



I. Introduction

Working with veterans provides an opportunity to support individuals who have served our country. One of the ways this can be done in corrections is the establishment of special programs for incarcerated veterans. This manual is designed to explore the various considerations in establishing a specialized program for incarcerated veterans. When considering the establishment of programming for veterans, there are a variety of health and cultural factors that should be considered.

During their service, service members received rigorous and intensive training to enable them to carry out their military service in challenging and dangerous circumstances. These ingrained skills can also be considered a resource in helping veterans during their incarceration to prepare for a successful transition from jail or prison.

Overview

Currently, in the United States, there are approximately 18 million veterans. The median age of male veterans in the US is 65 and the median age of female veterans in the US is 51.ⁱ The vast majority of veterans are male – 91% and 9% are female. The number of women in the military will continue to grow because the percentage of female veterans is projected to increase to nearly 18% in the next 25 years.ⁱⁱ Approximately ¼ of veterans have a disability that is related to their serviceⁱⁱⁱ

WHO ARE OUR VETERANS?

The nation's 18,830,450 veterans make up 7.6 percent of the total population.

THEIR GENDER

Male veterans	17,254,563	91.6%
Female veterans	1,575,887	8.3%



HOW OLD THEY ARE

65 years and over	9,315,829	49.5%
35 to 54 years	4,470,020	23.75%
55 to 64 years	3,405,348	18.0%
18 to 34 years	1,639,253	8.7%



WHEN THEY SERVED

Vietnam Era	6,251,257	33.2%
Peacetime	4,338,296	23.0%
Gulf War	4,191,649	22.2%
More than one War	1,682,931	9.0%
Korean War	1,539,875	8.1%
World War II	835,442	4.4%



iv

In 1973 the US ended the military draft. Since then, anyone who joined the military did so as a volunteer.

Common health concerns among veterans include:

- Mental health disorder
- Substance use disorder (SUD)
- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury
- Depression
- Suicide
- Chronic Pain

Incarcerated Veterans

Of the total number of people who are in jail or prison, it is estimated that 8% served in the military.^v The majority of incarcerated veterans are older than their civilian counterparts. In some instances, older veterans become involved with the justice system for the first time when they are facing a major later-life transition.

When service members transition out of military service, they receive a discharge status. The most common statuses are:

- Honorable Discharge
- General Discharge (under honorable conditions)
- Other Than Honorable Discharge
- Bad Conduct Discharge
- Dishonorable Discharge

Three of every four incarcerated veterans were honorably discharged.^{vi} This means they have received the highest designation that can be awarded when leaving service. Discharge status is an important consideration for veterans. Veterans with a less than honorable discharge may not identify themselves as veterans and/or may believe this disqualifies them to be considered veterans. Veterans Administration (VA) benefits that include health care, disability compensation, pension, education, home loan, and life insurance, vary based on discharge status. To be eligible for the majority of VA benefits, typically the character of a veteran's discharge must be honorable or general (under honorable conditions).

Representatives from the US VA and state department/divisions of veterans affairs/services, and such veterans service organizations (VSOs), as the American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), and Paralyzed Veterans of America (PVA), are able to provide guidance on the most current VA eligibility guidelines, which are subject to change.

The three important considerations to related benefits are 1) eligibility guidelines change often, 2) a veteran can apply to have their status upgraded and 3) it is best to have veterans work with representatives who are aware of the most current definitions such as:

- a) a representative from the VA
- b) a veterans service officer
- c) their state department of veterans affairs/services
- d) the veterans representative from their county.

Common reasons veterans become involved with the criminal justice system

Veterans who become involved with the criminal justice system have been shown to have higher rates of mental health disorders than civilian adults who are involved in the criminal justice system and other veterans. Justice-involved veterans most commonly display high rates of PTSD, SUD, and depression.^{vii}

The aspects that impact a veteran who becomes involved with the justice system are often different than the aspects that result in a civilian's involvement. Readjusting following their

transition out of the military and the stress of being in combat can combine to lead to substance use and/or depression.^{viii}

Homelessness is also a common factor among justice-involved veterans. A report that focused on veterans in prison noted that 30% of those veterans had experienced homelessness and 11% reported chronic homelessness. Of veterans in jails, ¼ have experienced homelessness.^{ix} For female veterans, the risk of homelessness is even greater. A 2017 report by the VA estimated that female veterans are between two and four times more likely than male veterans to be homeless following their military service.^x

Veterans sentenced to prison (for felony convictions):

Of the veterans in the prison system, 35% are incarcerated for a violent sexual offense, 29% for non-sexual violent crime, 14% for a drug offense, and 12% for a property offense.

According to a 2013 Report issued by the US Department of Veterans Affairs (VA), “25% of Veterans convicted of a violent crime were charged with victimizing a relative, compared to 11% of non-Veterans.”^{xi}

Veterans sentenced to jail (misdemeanors and less serious felonies):

At the local level, 21% of veterans are incarcerated in jail for a property offense, 18% for a drug offense, 16% for a violent offense, 12% for a violent sexual offense, and 26% for other crimes.^{xii}

Identifying the population

A first step in deciding to establish veterans programming is to determine how many veterans are in the prison or jail population. This is not as easy as many assume. Many veterans will not respond accurately to the question “Are you a veteran?” for reasons including:

- They served during peacetime
- They did not see any combat
- They were not deployed
- Their discharge status (e.g., less than honorable or dishonorable)
- They are embarrassed now that they are involved with the justice system,
- They fear retribution from other incarcerated individuals
- They are female
- They are serving or have served in the National Guard (While many members of the National Guard are not considered to have veterans status by the VA for the purposes of benefits, most states do consider individuals who have served in the National Guard to be veterans).

During intake, questions such as “Have you every served in the military?” or “Have you ever served in the US Armed Forces” will be much more effective in accurately identifying veterans. This identification will also be an important aspect of connection to potential VA and other veterans-specific services when plans are being made to transition the incarcerated individual out of jail or prison.

The VA also has a Veterans Re-entry Search Services (VRSS) program. This program can help a facility identify veterans who are in correctional settings and help to connect veterans to available services.

II. Common Veteran Health Issues

Chronic Pain

Chronic pain is significantly more prevalent among veterans who have served since 2001. Chronic pain is defined as pain that continues past normal healing time, most often longer than 3 months.^{xiii}

Not all veterans suffer from chronic pain, but of those who do, a majority experience other co-occurring disorders including anxiety, substance use disorders, and/or traumatic brain injury. Veterans are also at increased risk given that studies have shown a high prevalence of co-occurring chronic pain and PTSD.^{xiv}

In a 2019 *Newsday* editorial, VA Secretary Robert Wilkie described what the VA was seeing among veterans who were experiencing chronic pain. “...(S)evere pain is 40% more common in veterans compared to non-veterans...nearly 60% of veterans who have served in the Middle East and more than 50% of older veterans live with some form of chronic pain.”^{xv} Looking at veterans from all eras, their rate of severe pain is approximately 50% higher than that of the general population.^{xvi}

It is important to note that, despite their broad use for chronic pain, opioid medication has not been shown to effectively address pain over the long term, so alternative approaches to addressing chronic pain are needed.^{xvii} Veterans programming should factor in the prevalence

of chronic pain and incorporate strategies to help veterans address it. Both the VA and the Centers for Disease Control (CDC) have issued detailed guidelines to help providers and veterans address chronic pain. (Section VI Resources and Tools)

Traumatic Brain Injury

According to the CDC, Traumatic Brain Injury (TBI) is “a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.”^{xviii} Estimating the numbers of TBIs among veterans has proven difficult because the duration of medical observation and care needed to accurately assess an incidence is often not possible in combat settings. Therefore, it is likely that many TBIs go undiagnosed. Jails and prisons have an opportunity to identify a TBI in a veteran and connect them to treatment.^{xix}

TBIs are classified into three categories – mild, moderate, and severe. Many veterans experience a mild TBI and often those symptoms will end within a few weeks. However, repeated mild TBIs can have a cumulative effect that have more long-term damaging effects. Also, veterans may also develop epilepsy as a result of a TBI.^{xx}

Common symptoms of TBI are:

Physical

- Headaches
- Sleep disturbance
- Dizziness
- Balance problems
- Nausea/vomiting
- Fatigue
- Visual disturbances
- Sensitivity to light
- Ringing in the ears

Cognitive

- Concentration problems
- Temporary gaps in [memory](#)
- Attention problems
- Slowed thinking
- Difficulty finding words

Emotional

- Irritability
- Anxiety
- Depression
- [Mood swings](#)^{xxi}

Sleep disturbances

Veterans of all eras report high rates of insomnia. According to multiple studies, insomnia or symptoms of insomnia are present in 27% – 54% of service members and veterans. A 2011 study found that ½ to ⅔ of veterans from Operation Enduring Freedom (OEF) and Operation

Iraqi Freedom (OIF) experienced insomnia. Older veterans who had begun experiencing insomnia shortly after their combat experience, continued to suffer from insomnia throughout their lives.^{xxi} Chronic pain has also been tied to sleep disturbances.^{xxii} Further, studies tie insomnia to aggression.

Substance Use Disorders

There are a variety of reasons that veterans may use substances and end up coming into contact with the criminal justice system because of a SUD. The VA estimates that more than half of veterans who are involved in the justice system have an SUD.^{xxiii} Some contributing factors include cultural influences, and self-medication related to health and behavioral health challenges.

Alcohol

Alcohol is commonly available in the military and, throughout their time in uniform, is used to both socialize and reduce stress. It is not surprising that these learned cultural approaches can prove problematic when a veteran leaves the military.

Veterans experiencing PTSD may turn to alcohol as a means of self-medication to offset symptoms related to avoidance, arousal, or insomnia.^{xxiv} When alcohol is combined with the learned military reaction in a combat zone of hyper-vigilance or hyper-arousal, it often results in behaviors including anger, aggression, and erratic driving. Treatment considerations for veterans with both an alcohol use disorder and PTSD will be more complex^{xxv}.

Opioid and Other Substance Use Disorders

Given their high prevalence of pain, veterans have also been negatively affected by the opioid epidemic just as the civilian population have. The VA has worked to reassess and offer guidelines to lower opioid prescriptions, but the high-level of chronic pain places veterans at increased risk of opioid use disorder (OUD). Given that individuals who are under age 30 who use opioids are at high risk for developing OUD, younger veterans also share that high risk.

In addition to opioids, veterans may self-medicate and/or develop SUDs involving other substances including methamphetamines, cocaine, benzodiazepines, and other licit and illicit substances.

Outcomes for the treatment of alcohol use disorder (AUD) and OUD have been shown to be significantly better when treatment includes medication (Medication Assisted Treatment [MAT]) compared to treatment alone. Further, studies have also shown a reduction in recidivism when MAT is used with individuals who have been involved with the justice system.^{xxvi} Despite this research, unfortunately, many veterans with an AUD, OUD, and chronic pain are not receiving MAT.^{xxvii}

Mental Health Challenges

Anxiety

General Anxiety Disorder (GAD) and PTSD are both classified as anxiety disorders and they may co-occur. To be diagnosed with GAD, a person needs to demonstrate persistent anxiety for more than 6 months. Effective interventions for anxiety can be cognitive behavioral therapy (CBT) or medications.^{xxviii}

Depression

Depression can occur in service members and veterans for a variety of reasons such as a result of stress or trauma related to their service in the military. Depression can also be brought on by veteran related circumstances such as health issues, disabilities, relationship problems, job loss, or death of a friend, fellow service member, or family member.^{xxix}

Symptoms of depression can include:

- Feeling sad or hopeless
- Losing interest in or not getting pleasure from most daily activities
- Gaining or losing weight
- Sleeping too much or not enough almost every day
- Feeling tired or without energy almost every day
- Eating more or less than usual almost every day

Suicide

The rate of veteran suicide has garnered much attention and resources over the last several years. Many issues that veterans face compound the risk of suicide. Alcohol use and depression as well as chronic pain and the use of prescription opioids all increase the risk of suicide as does military sexual trauma suffered, especially in the case of female veterans^{xxx}

Given that suicide is a leading cause of death in jails and the fourth leading cause of death in US prisons, suicide screening, assessment and prevention strategies should be incorporated into veterans programming.^{xxxi} Suicide screening resources can be found in Section VII of this manual.

Veterans and Trauma

While military service is often assumed to be the cause of PTSD among veterans, it is often also tied to traumatic events prior to or since military service. As noted in the *Introduction to Trauma-Informed Approaches for RSAT Staff*, trauma and behavioral health issues regularly co-occur and many people who are incarcerated have a history of trauma. Among men and women who have served in the military, there are higher rates of adverse childhood experiences (ACEs)

than civilians. This is especially true among veterans who are convicted of a crime. In a 2015 study of over 1,200 veterans who were involved with the justice system:

- 95% reported a history of non-military trauma.
- 73% experienced trauma under the age of 18
- 56% went through a traumatic event within the year of arrest.^{xxxii}

The high rate of both childhood, adolescent and adult trauma experienced by incarcerated veterans requires specialized attention and treatment in any veteran programming. Research has also shown that trauma experienced outside of the military and military sexual trauma are both risk factors for intimate partner violence (IPV).^{xxxiii xxxiv} This too should be addressed in any veteran programming.

Post-Traumatic Stress Disorder

Although PTSD among veterans has received a great deal of attention in recent years, it is important to note that not all veterans experience PTSD. PTSD occurs as a result of a traumatic event.^{xxxv} When working with incarcerated veterans, PTSD should be considered until specifically ruled out.

The VA estimates that, depending on service era, 11% – 30% of veterans have experienced PTSD. In the overall population of both military and civilians, women veterans report the highest rate of lifetime and prior year PTSD.^{xxxvi}

The VA defines four clusters of symptoms of PTSD which impede a person's functioning: Re-experiencing, avoidance, negative changes in mood and thoughts, and hyperarousal.

- “Re-experiencing symptoms include intrusive thoughts of the traumatic experience, nightmares, and having physical or emotional reactions to reminders of the event.
- Avoidance symptoms include avoiding people, places, or activities that remind one of the trauma and emotional numbing.
- Negative changes in one's thoughts or moods that began or worsened after the event.
- Hyperarousal symptoms include feeling on edge, difficulty concentrating, sleep disturbance and startle reactions^{xxxvii}

Experiences of trauma may result in displays of anger and irritability and these responses may lead to a veteran getting into trouble with the police and/or being arrested.^{xxxviii} In a national

survey of post-9/11 veterans, of those who had the criteria of PTSD, 19.5% had engaged in community violence with people who were not closely related to them.^{xxxix} Hyperarousal is one diagnostic criteria of PTSD included in the DSM-V, although many individuals who experience this symptom do become aggressive in their behaviors. However, for veterans who do display aggressive behaviors, hyperarousal has been present along with other combat related symptoms such as perceived threats.

Most often, veterans experience PTSD along with other co-occurring mental health disorders, most often anxiety and depression. As many as 50% of veterans who are diagnosed with PTSD also have been diagnosed with a mild TBI.^{xl} A 20-year longitudinal study published in 2010 found that close to half of the veterans experienced a combination of PTSD, anxiety, and depression at some point in the decades following their service.^{xli}

Intimate Partner Violence

Studies indicate that there is a high prevalence of IPV, both physical and emotional, among service members and veterans.^{xlii} “A review of studies examining perpetration of IPV among veterans found prevalence estimates up to three times higher than those of civilians, ranging from 14-58% for the veteran population. Higher estimates were generally found in veterans with more mental health issues (Marshall, Panuzio, & Taft, 2005).”^{xliii} Multiple studies have shown a relationship between PTSD and IPV – specifically the PTSD symptoms of anxiety, depression, unease, and hyperarousal.^{xliv}

Research from the National Vietnam Veterans Readjustment Study found that 33% of male veterans with current PTSD reported intimate partner aggression in the previous year, compared to 13.5% of those without current PTSD (Jordan et al., 1992).^{xlv} TBIs can also be tied to aggressive behaviors.^{xlvi} It is noted that more women who have served in the military are victims of IPV in their lifetime than civilian women: one-third of female veterans experience IPV compared to less than a quarter of civilian women.^{xlvii}

This information has led to an examination of the factors that contribute to this problematic behavior. Military and veteran couples are exposed to unique stressors that can exacerbate strains in relationships including deployment, reintegration, relocations, and transition out of the military.^{xlviii} IPV has also been linked to several mental health disorders, with the most common link being psychological IPV and depression, followed by PTSD and anxiety disorders.^{xlix} In the cases of IPV, treatments for co-occurring disorders must also factor in the treatment to address the IPV specifically.

Post-incarceration planning for veterans who have victimized a partner or family member, will require added considerations and specialized treatment approaches.

Female Veteran Health Issues

Currently approximately 15% of active-duty service members are female and approximately 10% of the forces deployed to Iraq and Afghanistan were female.ⁱ In studies of incarcerated veterans, female veterans were younger than their male counterparts, with over 50% young enough to bear children. Female veterans are also less likely to be convicted of a violent offense and have fewer prior arrests.ⁱⁱ

Some common health issues among women who are serving in the military are urinary tract infections and stress fractures. As a result of a variety of factors, such as limited availability of contraception and abortion, female service members have a higher rate of unplanned pregnancy than civilian females. This may lead to their transition out of the military earlier than anticipated.ⁱⁱⁱ

Female service members and veterans who are parents, may also struggle as they work to balance the demands of their service with motherhood. Some women must deploy and leave their children in the care of their spouse or other family or friends. Readjusting following deployment is challenging as the mother works to reestablish their role in the household and, in the case with young children, to reestablish a bond with their child. PTSD can compound the readjustment struggles. These circumstances all lead to increased risk for depression.

When veterans are screened for PTSD, female veterans have been found to be twice as likely to experience PTSD as male veterans. According to the US VA, the most common mental health diagnoses are depression, PTSD, anxiety disorders, serious mental illness, and SUDs.ⁱⁱⁱⁱ In a study of female veterans accessing care through the Veterans Health Administration, 27% were found to be misusing alcohol and another broader systemic review found that alcohol misuse among female veterans was as high as 37%.^{liv}

A history of Military Sexual Trauma (MST) also increases risk factors for female veterans. A 2015 report found that female service members who misused substances were more likely to have reported “unwanted sexual contact” during their military service.^{lv} For female veterans, the rate of non-consensual sexual contact is as high as 45% when their experiences outside of the military are also considered.^{lvi} Female veterans with a history of MST demonstrated a higher prevalence of substance misuse.^{lvii}

In 2016 the American Society of Addiction Medicine found that women are also more likely than men to suffer from chronic pain and be prescribed pain medications.^{lviii} Data have shown that women become addicted quicker than men and end up, consequently, with more negative health and social outcomes. Female veterans, therefore, face added risks to their health and well-being.^{lix}

The National Resource Center on Justice Involved Women suggest the following steps when case planning with female veterans who are incarcerated:

- Use a strengths-based, collaborative approach for case planning
 - Explore current and past experiences with professional services and supports including VA/Vet Center-based
- Provide access to gender responsive, trauma-informed services
 - Determine eligibility for VA and non-VA benefits and services
 - Ensure that VA/Vet Center based treatment groups do not mix female and male veteran
- Implement gender responsive treatment interventions targeted at the specific needs of women veterans^{lx}

Military Sexual Trauma (MST)

Studies suggest that military settings can contribute to the perpetration of MST. A 2016 meta-analysis determined that 15.7% of service members and veterans report experiencing MST when it is defined as both harassment and assault. These numbers indicate that approximately 38.4% of women and 3.9 % of men who served report experiencing MST.^{lxi}

MST is underreported because of a perception of shame, stigma, and potential harm to one's career. By the nature of the military leadership structure, when MST occurs, the victim may feel discouraged from reporting the incident because of intimidation and/or worry about reprisal, especially if the perpetrator is of higher rank. Further, in many military settings, a service member may be in an isolated location and housed near or with the perpetrator. In such circumstances the victim is not able to avoid the perpetrator, compounding a feeling of helplessness.

When screening for MST, the screening should involve specific questions designed to help the person share their experience as accurately as possible without feeling stigma or shame.^{lxii}

According to the US VA's Community Provider Toolkit - "Sexual assault is more likely to result in symptoms of PTSD than are most other types of trauma, including combat, for both men and women. MST specifically is associated with PTSD, depression, and other mental and physical health problems."^{lxiii}

Special Challenges

Transitions

Studies have shown that transitions place veterans at increased risk.

Transition out of the military

Service members who transition from military service to civilian life often find the process to be very challenging. The process can also be difficult for family members which increases the stress of transition for both the veteran and immediate family. For this reason, some family members may find transitions more challenging than deployment.

Separating from military service involves the need to find employment and sometimes housing. Many younger veterans may have entered the service never having lived on their own, going from the structure of high school and a parent's home into the structure of the military where food and shelter were provided. When they leave the military, the structure they have been trained within and the peer supports that they have been surrounded by, no longer exist. In addition to the increased risk of homelessness that women veterans face when they are transitioning out of the military, the risk is even higher in cases where they are the head of their family and have young children.^{lxiv}

While most veterans are able to adjust, this period can be stressful and lead to various maladaptive behaviors. Approximately 47% of post 9/11 veterans report that they found their transition out of the military to be difficult.^{lxv}

One study noted that:

- 47% of veterans experienced frequent outbursts of anger following separation
- 48% report strained family relationships
- Close to a third reported depressive/post-traumatic stress disorder (PTSD) symptoms.^{lxvi}

Major Life Transitions of Older Veterans

The majority of veterans in the US are over the age of 65. As these veterans face major transitions in their lives, issues can arise, and these major transitions may cause unexpected emotions to surface. Older veterans who have left service and reintegrated into civilian life may still face challenges in the midst of major life transitions such as death of a spouse or retirement. One spouse of a Vietnam Veteran found herself struggling to support her husband when, after a successful career following his service during the Vietnam War, he faced retirement and post-traumatic stress symptoms that had been buried for the decades following his service.

Barriers

For a variety of reasons, many veterans do not access care through the VA. A RAND study demonstrated that approximately only 15% of care providers outside of the VA reported feeling that they were very or extremely familiar with military culture competency, therefore veterans may have difficulty accessing culturally appropriate care.^{lxvii} As a result, establishing rapport and trust with a veteran can prove difficult and inhibit veterans from pursuing care.

Racial bias can also serve as a barrier to care. In 2017, 42% of service members had an ethnic profile other than white. This is a concern given that veterans from minorities are at a higher risk for PTSD and studies have also shown that African American individuals were less likely to receive screening for PTSD.^{lxviii}

Family Considerations

A 2017 report funded by the U.S. Department of Justice, assessed the impact of incarceration on families. It confirmed that incarceration has a broad, negative impact on families, affecting physical and mental health, as well as family finances and community supports.^{lxix} In instances of females who are incarcerated, there is a greater likelihood that their children may have their home disrupted when they are placed with grandparents or other family members or friends.^{lxx}

Studies have also shown that communication within families is disrupted as a result of incarceration. Families often do not share everything that is happening within the family and incarcerated veterans do not communicate about all of the aspects of their incarceration. Families of incarcerated individuals also face feelings of isolation and may increase their use of substances to cope with the stress and loneliness.^{lxxi}

While military and veteran families are resilient, they are often faced with additional stressors including frequent relocations, underemployment, and reintegration. Frequent relocations can result in isolation. This can be particularly problematic if there is a history of IPV in the family.^{lxxii} With such a small portion of the population serving in the military, service members and veterans frequently face a lack of understanding among the civilian population. This will often compound the isolation if families are new to the area and are then faced with the disconnection to the community that often exists among families of incarcerated individuals.

Firearms

Possession of firearms are a fundamental element of military service. A firearm is viewed as the most important equipment that a service member carries. When transitioning out of the military, veterans may want to have continued access to firearms for a variety of reasons. As a therapist described, "I once had a veteran describe the sense of peace they had when they were carrying their pistol (in an open carry state, mind you). It gave him a sense of security, he felt calmer and not as hypervigilant."^{lxxiii}

Obviously, continued access to firearms when the veteran returns to the community may present a particular challenge with veterans who exhibit depressive or aggressive behavior. Treatment approaches must assist the veteran in understanding the risk of firearm possession to the veteran, their family, and the community. If the veteran presents an evident risk to him or herself or others and is known to possess firearms in the community, the program may consider petitioning the courts where state law permits for the firearm removal. Many states have enacted red flag laws allowing courts to prohibit persons from possessing firearms. Program personnel should also check to see if the veteran's spouse or family member has obtained a protective order for assaultive abuse. If so, the veteran should understand that he or she is now prohibited from possessing a firearm under federal law as long as the order is in effect. In addition, if the veteran has been incarcerated specifically for a domestic violence offense, federal law bans him or her from possessing a firearm or ammunition for life.

III. Military Culture Strengths

Military Ethos

Although many of the challenges veterans face may result in some ending up in jail or prison, they also bring with them many special strengths acquired through their service in the military. The key is to help the veteran identify these strengths and use them to counteract the challenges they face.

While each individual's military experience carries a different meaning for that person, during the course of their experiences in the military, veterans have been taught a variety of strengths-based skills. These skills are important aspects of military culture and, in programming, can help veterans be successful in correctional settings and therapy approaches. Syracuse University's Institute for Veterans and Military Families list these strengths as:

- High levels of self-efficacy
- Quick decision-making and response time
- Resiliency
- Team-building skills
- Organizational commitment^{lxxiv}
- Leadership ability
- Loyalty

Dr. Wendy Tenhula, Deputy Chief Research and Development Officer describes what she calls the 'military ethos,' which values teamwork, discipline, pride, and commitment to a mission.^{lxxv} Service members and veterans describe the ingrained sense of purpose they felt when serving, that when lost, can create problems. Successful programs support veterans, utilize these deeply ingrained values, and offer veterans a renewed sense of purpose. Veterans have also been trained to follow a chain of command and some may be lost without it.

Once someone has been identified as a veteran, it is helpful to ask about the branch of the military in which they served. Each branch has its own culture, and it can be a first step in fostering a positive relationship with the veteran. With the recent establishment of Space Force, there are now six branches of the military - Army, Navy, Air Force, Marines, Coast Guard.

Please note that the term “soldiers” is regularly misused including in the media. Only those who served in the Army are soldiers, and many service members and veterans who served in other branches will be frustrated and even offended if you refer to them as a soldier. Also, not surprisingly, veterans’ perspectives about their time in the military are not uniform, falling across a broad spectrum of varying degrees.

Although the branches of the military vary, jail and prison veteran programs as well as veteran courts have found that veterans of different wars or times of service, whether from the Vietnam War era or more recent Afghanistan War era consider each other peers, finding their similarities as veterans stronger than their differences. Although they may have had vastly different military service experiences, they are also confronting common issues within the criminal justice system.

Once a veteran has been identified, to begin to build a rapport with the veteran, it can be beneficial to ask about the job the person had in the military. There are many diverse roles people serve in the military and this information may be helpful in the jail or prison setting and will be helpful as the veteran is beginning to plan for their transition out of jail or prison. One question that should never be asked is whether a veteran has killed someone.

It is also helpful to know that the resources and supports for those who are or have served in the National Guard or Reserves are different than those on active duty. Unlike those who are on active duty, members of the National Guard and Reserves frequently do not reside in military communities and may not have access to services that are close to their home. When they return from service, they will typically return home to a civilian setting and workplace. Much of the camaraderie, understanding, services, and support related to the military experience that a base affords is not present for members and families of the Guard and Reserves.

Peer support

According to the Defense Centers of Excellence, “Peer support is an intervention that leverages shared experience to foster trust, decrease stigma and create a sustainable forum for seeking help and sharing information about support resources and positive coping strategies. Peer-to-peer programs can also promote awareness among the target population(s) and reduce stigma merely by providing a platform for discussion. Peer supporters “speak the same language” as those they are helping as a result of shared experience(s), which fosters an environment of credibility and trust.”^{lxxvi}

Recognizing that a part of military culture is the sense of teamwork, peer supports among veterans are often a natural extension of the military experience. Peers can foster engagement, social connections, and reduce the feeling of stigma. Similar to correction officers, service members often develop a deep sense of camaraderie with those they serve with because of the trust that is needed in dangerous, stressful, and life-threatening situations.

Table 1. Peer-to-Peer Program Models

Model	Description	Strengths	Limitations
Support Group	Multiple individuals meeting to share experiences	Opportunity to learn from others' experiences and more opportunities to strengthen social network	Can be difficult to start, requires administrative support and multiple individuals
Peer Mentor	Mentor meets with an individual one-on-one	Individual attention and advocacy	Dependent on the abilities of the peer mentor
Community Health Worker	Liaison between a population and health care providers; not always a true peer	Ability to build a bridge between health care providers and individuals not already in care	Peers may be absorbed into health care provider system and lose peer qualities
Peer Educator	Educational course with discussion time	Access to information, recognition that there are others in same situation	Short-term intervention; does not provide ongoing support

[Best Practices Identified for Peer Support Programs – Defense Centers of Excellence]

Chain of Command

Veterans are used to being part of a chain of command. While this may constitute a challenge for veterans when they no longer are in the military and on their own without someone directing them, it may facilitate treatment programs. Beginning in basic training, service members are trained to show respect for leadership. This is ingrained in most veterans even after they have left service. This may help veterans be less resistant to following prison or jail rules which may allow them to be more receptive to treatment and related programming. One trait that is immediately observable in a veteran prison or jail pod is the neatly and tightly tucked-in bunks of the veterans, another aspect carried over from their service in the military.

IV. Veteran Treatment Programming

When developing treatment programming and supports for veterans, military cultural competency is an important aspect of establishing trust and building a rapport that will improve engagement in treatment. By nature of their military training, veterans have been taught not to put themselves first and to push through challenges and adversity. These traits often make it hard for veterans to ask for help.

There is also a cultural divide between military and civilian experiences which can make it difficult for behavioral and health care providers to relate to veterans and vice versa. In some cases, care providers look at veterans' experiences through a civilian lens and miss the opportunities to tap into strengths that are often present in a veteran's experience and instead project pity and misplaced concern. Many free resources exist that can help civilians who are working with veterans to increase their military culture awareness.

Medication Assisted Treatment for SUDs

According to guidelines issued by the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT consists of a combination of medication and behavioral therapies to support recovery from addiction. MAT results in significantly better outcomes compared to treatment without medication and research studies reveal reductions in recidivism for justice involved individuals who participate in MAT. Medications have been approved by the FDA for both AUD and OUD and can help an individual who is struggling with addiction to sustain their recovery.^{lxxvii}

Medications that are used to treat OUD are:

- Buprenorphine
- Buprenorphine and naloxone
- Methadone
- Long-acting Injectable Naltrexone

The counseling approaches used in combination with medication to treat OUD are:

- Cognitive Behavioral Therapy
- Exercise treatments to help address pain and mobility
- Multidisciplinary biopsychosocial rehabilitation – physical intervention combined with psychological, social, or occupational intervention also help to address pain

Medications that are used to treat AUD are:

- Disulfiram
- Oral Naltrexone
- Extended-release injectable naltrexone
- Acamprosate

The counseling approaches used in combination with medication to treat AUD are:

- Cognitive Behavioral Therapy
- Relapse prevention
- Contingency management
- Motivational enhancement therapy
- Twelve-step facilitation
- Community reinforcement
- Mindfulness^{lxxviii}
- Individual therapy
- Group therapy

In 2018, the National Sheriff's Association and the National Commission on Correctional Health Care published a document entitled *Jail-Based Medication-Assisted Treatment – Promising Practices, Guidelines, and Resources for the Field* outlining evidence-based approaches and lessons learned related to establishing MAT in jails.

Integrated Treatment

According to the Promising Practices Guidelines for SAMHSA, NIH (National Institutes of Health), and RSAT, both substance use and mental health disorders respond better to integrated approaches that combine elements helpful to both mental health and substance use disorders in a comprehensive treatment program, yet for veterans diagnosed with both AUD and PTSD, treatments are often not integrated. Rather, treatment of AUD will often happen first followed by treatment of PTSD. According to a 2018 report sponsored by the National Institute on Alcohol Abuse and Alcoholism, these treatments can be integrated but are complex, but jail/prison settings may allow for the needed levels of monitoring and intervention.^{lxxix}

Examples of integrated therapies are:

- Seeking Safety
- Concurrent Treatment of PTSD and SUD using Prolonged Exposure (COPE)
- Integrated Cognitive Behavioral Therapy
- For female veterans – Trauma Recovery and Empowerment^{lxxx}

In 2018, the National Sheriff's Association and the National Commission on Correctional Health Care published a document entitled *Jail-Based Medication-Assisted Treatment – Promising Practices, Guidelines, and Resources for the Field* outlining evidence-based approaches and lessons learned related to establishing MAT in jails.

Treatment for Depression

Given the prevalence of depression among veterans, it is important to incorporate treatment of depression in treatment planning. Further, treatment should be factored into release planning as soon as treatment is begun.

The treatments that incorporate depression include:

- Cognitive Behavioral Therapy (CBT-D)
- Medication-Assisted Treatment
- Motivational Strategies
- Illness Management and Recovery^{lxxxi}
- Acceptance and Commitment Therapy for Depression (ACT-D)^{lxxxii}

Interpersonal Psychotherapy (IPT)^{lxxxiii} is an emerging approach that may be both effective and may result in cost-savings.^{lxxxiv}

Female Veterans

An important consideration for treatment programming for female veterans is gender specific treatment options. Female veterans report feeling safer and better able to engage in treatment in women only programming. Because women – military, veteran, and civilian - are more likely than men to have a combination of depression and anxiety disorders, which is often a result of physical or sexual abuse, it can be helpful to provide a safe environment for treatment. In cases of MST, the VA has recommended that providers offer programming that allows the veteran to feel safe. This includes providing options for a provider who is the opposite sex of the MST perpetrator^{lxxxv}.

Cognitive Processing Therapy in group settings has been shown to be an effective approach for female veterans.^{lxxxvi}

The National Resource Center on Justice Involved Women suggest the following steps when beginning work with female veterans who are incarcerated:

- Develop and implement a standardized and comprehensive intake process that includes:
 - Screening for military status
 - Identifying protective factors
 - Assessing a history of trauma both inside and out of the military
 - Responding to trauma experiences in a normative way
 - Screening with care for suicidal thoughts, given the female veteran's increased risk of suicide^{lxxxvii}

Guidance issued by the Centers for Substance Abuse Treatment outlines the benefits of group treatment approaches. Group settings reduce isolation and provide opportunities for peer support.^{lxxxviii}

Fostering the right partnerships

Partnerships with local, state, and federal veterans service organizations can provide beneficial resources to support successful veterans programming.

US Department of Veterans Affairs

Building a relationship with the local US VA Veterans Integrated Service Network can be an important step in supporting incarcerated veteran. VA providers may deliver services directly to veterans who are incarcerated within correctional settings. They can also be a helpful resource for guidance on eligibility and benefits.

State Veterans Services/Affairs Office

Another important resource is the state agency that helps veterans residing in their state navigate the complex system of resources and benefits that exist. These offices were established to support the veterans of their state and do not follow the same benefit structure as the US VA. While often referred to as the state VA, this department or agency is governed and funded through the state and reporting to its governor, state legislature, or state commission.

Veterans Service Organizations

Organizations that provide services for service members, veterans, and their families are often referred to as veterans service organizations (VSOs). There are many private and/or non-profit

VSOs that have been established throughout the country that provide a vast array of services including services such as housing supports, peer mentoring, equine therapy, access to service animals, employment resources, counseling, and family supports. These organizations exist at the national, state, and local levels and can be important partners in supporting veterans when they transition out of jail or prison. The VA publishes a directory of Veterans Service Organizations.^{lxxxix}

Facilitating Productive Collaborations

Partnering with reputable VSOs in your community can help to build the follow-up resources that veterans will need post-incarceration. Working with the county veterans service officer and the state veterans services/affairs office, representatives from a jail or prison can leverage the various organizations and foster collaboration to maximize resources. It can be particularly helpful to gather representatives from all partner organizations including the US VA periodically to help coordinate resources, identify gaps, and opportunities for additional collaborations.

Trauma informed programming

The training, the *Introduction to Trauma and Trauma-Informed Approaches for RSAT Staff* offers guidance on establishing trauma informed approaches within a correctional setting. The training is designed to help those who are working in jail or prison settings better understand trauma, its causes, and its impacts. The training also provides information on how to establish trauma informed approaches and care settings.

The Key Principles when establishing trauma informed services are:

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues.xc

Where possible, it is beneficial to tailor programming to the unique needs of service members and veterans. The following resources provide guidance on veterans-specific trauma informed programming:

- Gerber M.R. (2019) Trauma-Informed Care of Veterans. In: Gerber M. (eds) Trauma-Informed Healthcare Approaches. Springer, Cham.
https://doi.org/10.1007/978-3-030-04342-1_6

- Trauma-Informed Care for Women Veterans Experiencing Homelessness
https://safehousingpartnerships.org/sites/default/files/2017-01/Trauma-Informed_Care_for_Women_Veterans_Experiencing_Homelessness_0.pdf

SAMHSA also provides the following trauma informed resources:

- SAMHSA TIP 57 Trauma-Informed Care in Behavioral Health Settings –
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- SAMHSA's GAINS Center – Trauma Training for Criminal Justice Professionals -
<https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>
- Seeking Safety - <https://www.treatment-innovations.org/seeking-safety.html>

V. Post-incarceration Transition Services

Because of the unique stressors that veterans face, successful post-incarceration will include services that are tailored to address those stressors including family supports and employment resources. For female veterans, gender specific planning to address their unique health needs can help to improve outcomes for female veterans following their incarceration.^{xci}

Most states have a state specific “Guidebook for Incarcerated Veterans” that was developed through support of the Vietnam Veterans of American. It is a step-by-step guide that helps veterans plan for their transition out of jail or prison. Along with checklists, the guidebook provides information on how to connect with local, state, and federal resources for housing resources, employment services, help with financial and legal services. It also includes information on Vet Centers (which provide veterans and their families with counseling and referral services), health care through the US VA, and information about treatment for SUDs.

Not all veterans are eligible for VA care and, because many veterans access care from both the VA and other organizations, over 70% of veterans receive their care from non-VA providers.^{xcii} With the focus on veterans following 9/11, many organizations have been established that can provide veterans and their families with services. Building a diverse network of organizations that can support veterans and help connect them to available resources post-incarceration, can help to reduce recidivism and improve outcomes.

Discharge Status

A 2017 report by the VA noted the concern surrounding the inaccuracy of final disposition of arrest records and the negative impact this can have post incarceration on access to employment and other services. Assessing discharge status is an important part of planning for post-incarceration. Veterans may be eligible to have their discharge status upgraded, which can increase their eligibility for benefits which can then enhance their post incarceration support system. Veterans who received an ‘other than honorable discharge’ can apply to have their discharge status reviewed for upgrade. Women may also have received a lower discharge status because of mental health challenges brought on by MST and/or PTSD. This discharge status may also be eligible to be upgraded. Many organizations, including the US VA have resources to help veterans review and apply for an upgrade.

Employment

Helping veterans establish employment following incarceration can be an important element for positive outcomes post-incarceration and veterans often have skills they are able to draw upon. While both veterans and civilians who have been incarcerated face similar challenges in their pursuit of employment, veterans of color who have been incarcerated are also more likely to face additional discrimination when seeking employment. Another barrier to employment for formerly incarcerated veterans is criminal charges relating to sexual offenses.^{xciii}

Despite these barriers, veterans often have both higher levels of education than their civilian counterparts and skills learned in the military that can be translated to an employment setting. According to the Bureau of Justice Statistics of veterans in state prisons, 91% have a GED or high school diploma and 32% have some post-secondary education. The numbers are even higher in federal prisons with 94% of veterans having a GED or high school diploma and 42% having some post-secondary education^{xciv}

Several resources now exist to help veterans define their military skill set for civilian employers. Support with social skills may also be needed to help a veteran transition into a civilian work setting.

Medication Assisted Treatment

For veterans who are participating in MAT during incarceration or plan to resume MAT following their release, planning and education is needed to connect them to supportive resources and services. The RSAT Training and Technical Assistance *Medication-Assisted Treatment for RSAT Programs for Clients Transitioning to and from Community-based Treatment*, provides important guidance.

Housing

Housing is an important resource for veterans post-incarceration. Permanent supportive housing models can provide the veterans who are transitioning out of prison or jail with needed supports to help the veteran maintain housing post incarceration. A challenge may arise however if the housing is contingent on abstinence only. When combined with a permanent supportive housing approach, the assertive community treatment (ACT) model may provide more comprehensive supports for the transitioning veterans.^{xcv}

There are gender-specific housing considerations for female veterans. Housing resources should incorporate the different risk factors that female veterans face. Studies show that female veterans who experience homelessness often have a combination of a history of ACEs, trauma, substance use, and have experienced abuse after they have left service. They may also have recently gone through the end of relationships, and have mental health issues as well as medical problems, and unemployment.^{xcvi}

Family Considerations

Military families are resilient, but the impact of incarceration will increase the stressors of family life. The children of male veterans who have been incarcerated are more likely to remain in their home unlike children of incarcerated female veterans who are often displaced. Often female veterans may have added childcare demands that may hinder her ability to find employment or utilize health and behavioral healthcare services. Also, female veterans may not remain in care due to other competing priorities which compel them to put the needs of their children before theirs. Resources for child-care can be an important asset for women who are transitioning out of a correctional setting.

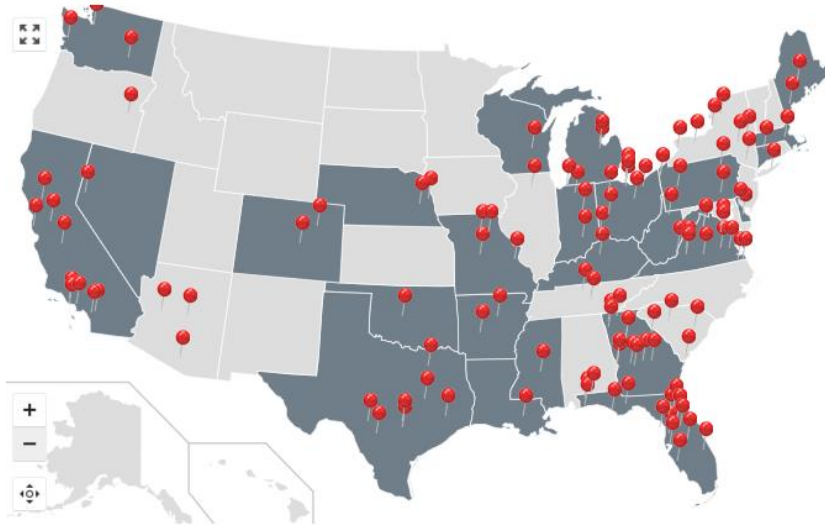
Since IPV rates post incarceration are high and given that there is a higher prevalence of IPV among veterans, the risk to the family should also be considered in post-incarceration planning.^{xcvii}

Veterans Treatment Courts

Veterans treatment courts (VTCs) have been established following the success of mental health and drug courts and incorporate programming to support service members and veterans. The first VTC was established in Buffalo in 2008 and as of 2018, there were over 400 VTCs throughout the country. VTCs have been a helpful partner in many communities in supporting veterans who end up in the criminal justice system, providing alternative approaches as well as aftercare resources. Local VTCs can prove to be an important partner in identifying peers, resources, and other partners who can help support veterans.

VI. Case Examples

National Institute of Corrections - Prisons and Jails with Dorms for Veterans



xcviii

Currently 122 prisons and jails have incorporated dorms for veterans. Of the 122, 3 are located in federal prisons, 73 are located in state prisons, and 46 are located in county jails.^{xcix}

Current Prison and Jail Programs for Veterans

Middlesex County Massachusetts

Housing Unit for Military Veterans (HUM-V)

In 2016, Sheriff Peter Koutoujian established a veterans unit in the Middlesex County Jail and House of Correction. The unit separately houses male veterans, who have made the unit their own by personalizing it with paintings of military images including branch insignias and a HUMVEE.

Veterans are screened at intake and work with the program manager and case manager to identify any treatment needs. The HUM-V unit is a voluntary unit open to all veterans who have served in any capacity unless the veteran has been charged with a sexual offense or, because of HUM-V's partnership with service dogs, animal abuse. If needed, the case manager may help the veterans upgrade their discharge status.

They have partnerships with the Bedford VA and Lowell VetCenter, and organizations including Homebase and Operation Delta Dog that provides the veterans with an opportunity to learn how to work with service dogs. In an effort to have a broad array of supports for the veterans who are transitioning out, partnerships have also been established with organizations that provide civilian resources and services.

All efforts are made to coordinate benefits and compensation for the veterans prior to their transition. Relationships with VA support groups and other veterans who have been incarcerated are fostered so that a support network is in place when the veterans leave the HUM-V program. Staff from the HUM-V unit also continue to reach out to veterans who have left the program to maintain a supportive connection.

Lessons Learned:

- Staff in the unit have worked to build a rapport with the veterans. Military culture awareness that includes directness and consistency is an important element in building the rapport, which allows the veterans to feel comfortable approaching the staff for help when needed.
- Avoid making assumptions about veterans' perspectives on their military service. Each veteran views their time in the service differently.
- It is important to understand the definition of a veteran is subjective to each individual. Due to this, a question like "Are you a veteran?" may not encompass the targeted population. Rephrasing to "Have you served in the military? National Guard or Reserves?" may provide the opportunity for veterans to willingly answer more openly.

Pinal County, Arizona

HUMV 2

In November of 2017, the Pinal County Sheriff's Office launched a new initiative inside their Adult Detention Facility called, the Housing Unit for Military Veterans (HUMV). Pinal County is located in Arizona and provides programming for both male and female veterans while being held during in pre-trial incarceration. The program is modeled after the Middlesex Count, MA HUMV program. The program first screens veterans to ensure the arrest offense and custody level fit with national guidelines. Program candidates' military service is verified for through a government database.

In designing their program, Pinal County decided to focus on three elements: creating a positive and patriotic physical environment during incarceration, assisting with the court and sentencing

process, and providing a civilian mentorship program staffed with veterans. These elements provide a holistic environment where participants have an opportunity to be treated like a veteran first and an inmate second.

Physical: The HUMV pod is designed to offer veterans a positive housing environment that creates a restorative theme. The program's housing pod is highlighted by large patriotic wall murals and features that are not found on other units. Some of these amenities include double mattresses, a microwave, ping pong table, larger flat screen television and a carpeted area for counseling or small group meetings.

In addition to their physical environment, Pinal County also provides the veterans in this program with a uniform that has a camouflage pattern, reminiscent of the uniform they wore in the military. The jail administration has found that implementing the camouflage uniform sets participants apart mentally, physically, and emotionally. HUMV program participants have related that donning the camouflage uniform is particularly meaningful to them, many of whom have shared that it gives them a sense of pride, comradery, and a sense of belonging.

Sentencing: The Pinal County Sheriff's Office's program coordinator is a member of their veteran's court team. This specialty court team is made up of a judge, a representative from the prosecutor's office, the public defender's office, the probation office, the mentor coordinator, and a representative from the state VA system. This team meets bi-weekly to discuss incarcerated veterans who might be eligible for probation, and to review those veterans who are currently on probation.

Veteran Mentorship: This aspect of Pinal County's program pairs the veterans with a civilian mentor. These mentors are veterans who undergo training provided by a local mental health provider and have been certified as recovery councilors. Mentors provide support, advice, friendship, and guidance to veterans in the vet court program as they navigate their probationary freedom back in community.

While the jail does not have a large enough female veterans population to establish a separate veterans pod for women, female veterans who have served are offered the veterans uniform, given access to the veterans programming, and also assigned a mentor.

Lessons Learned:

- Having the buy-in of the Sheriff and his leadership has been essential in getting the staff on board for the needed culture shift in regards to this program.

- The veterans are in the jail for a limited amount of time, so the programming is designed to support veterans for the brief time they are housed, and build supports for them to tap into when they transition out of the jail.
 - Veterans have been shown to be a high-risk group for suicide and combining that with the increased stress of incarceration can be a recipe for disaster. The HUMV 2 program is one step jails can take to mitigate the factors which lead to suicide attempts. Veterans programming in jail and prison settings should be taken into consideration by every institution to help reduce this risk.
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Suffolk County, NY

Veterans Re-Entry Pod

With the help of the Vietnam Veterans of America, Chapter 11-Farmingville, Suffolk County, New York also established veterans programming in 2016 at the Yaphank Correctional Facility when they created a veterans wing. The Veterans Reentry Pod is staffed by veterans and, like HUM-V, has been personalized by its veterans with branch and other military related flags and banners.

Partnering with the office of the Suffolk County Executive, the staff from the correctional facility work closely with the Suffolk County Veterans Service Agency to address discharge status and coordinate available resources. For veterans who are struggling with a substance use disorder, methadone and suboxone are provided.

Suffolk County is also the birthplace of the innovative one-to-one peer initiative, the Joseph P. Dwyer Veterans Peer Support Project. The Dwyer Project received funding from the NYS legislature to establish veteran peer support after Joseph Dwyer, a Suffolk County veteran of the war in Iraq, died of a drug overdose in 2008 after suffering for several years with PTSD. Peers from the Dwyer Project provide peer support services to the veterans in Yaphank's Veterans Re-entry Pod.

Suffolk County Sheriff, Dr. Errol D. Toulon, Jr. has also worked to establish an extensive network of partnerships. They have found that partnerships for veterans who are incarcerated and for those who have transitioned out of the jail are important. This has resulted in the establishment of a task force of supporting organizations. In addition to the Dwyer program, the Suffolk County Veterans Service Agency, and the Vietnam Veterans of America Chapter 11, Suffolk County also partners with the Northport VA (that provides services in the facility to veterans) and other organizations such as Beacon House, Paws of War, the Family Service League, the Department of Labor, and local food pantries.

To help these diverse organizations better coordinate and collaborate, officials from the Yaphank Correctional Facility host three task force meetings a year. These meetings allow organizations that are providing services for the veterans to coordinate, collaborate, and identify and address gaps. Veterans can also utilize the services offered at the jail's START Resource Center, where Community Correction Officers help justice-involved individuals transition back to their communities.

Lessons Learned:

- Corrections officials found that many inmates were afraid to report they were veterans. In order to overcome this hurdle, the jail posted signs around the facility that asked inmates if they have ever served in the military. Jail staff also worked hard to educate inmates on the program and the benefits of the Veterans Re-entry Pod. The language used in the posters helped reduce the stigma of reporting prior service.
 - By working with the Northport VA and the Suffolk County Veterans Service Agency, they were able to quickly confirm veterans-status for inmates who reported prior service in any of the military branches.
 - Jail staff made a point to work closely with the Veterans Treatment Court in Suffolk County, which can provide additional services.
 - Peer-to-peer support has been found to be an important feature of the program and one of the most essential to reduce recidivism among incarcerated veterans.
-

Aberdeen Washington

Stafford Creek Corrections Center

Stafford Creek Corrections Center established a housing unit for veterans in 2013. It is one of two veterans units within Washington State's prison system. This prison setting houses approximately 2000 men and transgender individuals and has established a specialized housing unit for veterans that they refer to as 'mission specific housing. In Stafford Creek's prison population, there are currently 254 veterans and 147 veterans who reside in their veterans unit.

When newly incarcerated individuals are being processed through the receiving center, they are asked if they have prior military service, and if they indicate yes, they can then fill out a self-report form that asks about branch, discharge status. Each correctional institution in Washington has a veteran point-of-contact who will then order a copy of the veteran's DD214.

To be eligible to join veterans housing, the veteran will complete an application. The veteran's record must be infraction free, they cannot be designated as a security threat, and they cannot have a dishonorable discharge status from the military. The expectations are higher for the

veterans in the unit. To join the veterans housing, the veteran must sign the unit's Compliance Rules and Code of Conduct and they are required to adhere to code of conduct, which is a motivator for the veterans to remain infraction-free.

The unit has been given a different look than the other units in the prison, designed to offer a more calming aspect and features beautiful murals. The unit also has veteran activity groups, many of which create items that support the community. The veterans yarn group knits hats and mittens that are given to a local homeless shelter and the veterans woodworking group makes boxes for Gold Star Mothers.

Two veterans from the Seattle area and Olympia community helped establish an American Legion post within the prison. The post received its permanent charter in 2019 and was established with over 20 members. Because of its prison setting, the Committee members of Stafford Creek's American Legion are not assigned hierarchical ranks and have titles such as Secretary, Custodian, Historian, Chaplain, and Commander 1 and Commander 2. As part of their charter, the members of the post provide volunteer opportunities which the veterans see as an opportunity to pay it forward. The staff at Stafford Creek have observed that the post members enjoy working together and having the opportunity to work with staff, building a positive rapport within the community.

Stafford Creek works with Brigadoon Service Dogs, a nonprofit that provides trained service dogs for veterans, and people with physical, developmental, and behavioral health disabilities. The incarcerated veterans at Stafford Creek have the opportunity to serve as dog handlers for Brigadoon.

Lessons Learned:

- Work with staff, especially the staff who are also veterans, to gather their feedback, address their concerns, and gain their buy-in
- Creating mission-specific housing, such as the veterans' pod, can contribute to facility safety by motivating the veterans to adhere to the unit's higher standards

Tracking and Measuring outcomes

When considering the establishment of programming for veterans, the RAND Corporation has provided guidance on how to assess need and resources, and track and measure outcomes. The Getting to Outcomes guides help organizations establish a process for planning, implementation, and evaluation. They outline the following 10 steps:

1. Assessing the needs and available resource
2. Identification of the goals and desired outcomes
3. Identification of best practice approaches
4. Determining the fit
5. Determining the capacity
6. Developing a plan
7. Establishing a process evaluation to evaluate the programming
8. Establishing an outcome evaluation to evaluate whether the goals and desired outcomes were met
9. Using the evaluation data to continuously improve the programming
10. Determining whether the program should continue and, if so, what is needed to sustain the programc

VII. Resources and Tools

Resources

Below are listed some helpful tools and resources. Please note that there are many organizations throughout the country that are providing care to service members, veterans, and their families so it is not possible to list every organization. More comprehensive information can be obtained by working with your VISN, and state and county veterans affairs/service offices to identify local services and supports.

Veterans Programming in Jails and Prisons:

Barracks Behind Bars – <https://info.nicic.gov/jiv/sites/info.nicic.gov/jiv/files/Barracks-Behind-Bars-508.pdf>

Barracks Behind Bars II – <https://s3.amazonaws.com/static.nicic.gov/Library/033092.pdf>

Benefits and General Resources

About VA Health Benefits – <https://www.va.gov/health-care/about-va-health-benefits/>

Code of Support Foundation – <https://www.codeofsupport.org/>

US VA – Incarcerated Veterans – <https://www.benefits.va.gov/persona/veteran-incarcerated.asp>

Yellow Ribbon Reintegration Program (supporting National Guard and members of the Reserves) - <https://www.yellowribbon.mil/>

US Department of Veterans Affairs Veterans Re-Entry Search Services – <https://vrss.va.gov/>

Planning for Your Release A Guide for Incarcerated Veterans – <https://vva.org/wp-content/uploads/2014/12/IncarceratedVeteransGuide6thedition.pdf>

Chronic Pain

Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain – <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Families

National Military Family Association – <https://www.militaryfamily.org/>

Female Veterans

- VA/Center for Women Vets: <https://www.va.gov/womenvet/>
- Women Veteran Resources: <https://nvf.org/women-veteran-resources/>
- Operation We Are Here: <http://www.operationwearehere.com/FemaleVeterans.html>
- American Women Veterans: <http://americanwomenveterans.org/home/> ci

Guidance Document for Supporting Women in Co-ed Settings
<https://store.samhsa.gov/product/Guidance-Document-for-Supporting-Women-in-Co-ed-Settings/sma16-4979>

National Resource Center on Justice Involved Women – Responding to the Needs of Women Veterans Involved in the Criminal Justice System: <https://nicic.gov/responding-needs-women-veterans-involved-criminal-justice-system>

Housing

National Center on Homelessness among Veterans Resource Center – includes education and training as well as information about programs and links to resources – <https://www.va.gov/HOMELESS/nchav/resources/index.asp>

Supportive Services for Veteran Families (SSVF) program – provides rapid-rehousing for families of veterans who are at risk of homelessness –
<https://www.va.gov/homeless/nchav/models/ssvf.asp>

Veterans Justice Outreach (VJO) – a VA service that provides to support veterans who are involved with the justice system in connecting to VA resources –
<https://www.va.gov/homeless/vjo.asp>

Health Care for Reentry Veterans (HCRV) – a VA service that works with incarcerated veterans on their post-incarceration planning – <https://www.va.gov/homeless/reentry.asp>

HUD-VASH – this federal program that was established through a partnership between the US Department of Housing and Urban Development (HUD) and the US VA. It provides vouchers for housing coupled with case management resources offered by clinicians from the VA.^{cii} -
<https://www.va.gov/homeless/hud-vash.asp>

National Coalition for Homeless Veterans – <https://www.nchv.org/> has an online resource to connect veterans to housing resources in their community. -
http://www.nchv.org/index.php/help/help/locate_organization/

National Call Center for Homeless Veterans: 1-877-4AID-VET (1-877-424-3838)

Integrated Treatment

HHS Evidence-Based KIT – Building Your Program: Integrated Treatment for Co-Occurring Disorders – <https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-building-your-program-10112019.pdf>

Measurements and Outcomes

RAND Getting To Outcomes Manuals – <https://www.rand.org/health-care/projects/getting-to-outcomes/documents.html>

Medication Assisted Treatment

SAMHSA's webpage entitled Medicated-Assisted Treatment (MAT) Can Improve Health Outcomes includes several links to AMT resources –
<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/mat-can-improve-health-outcomes>

Jail-based Medication-Assisted Treatment – Promising Practices, Guidelines, and Resources for the Field – <https://www.rsat-tta.com/Files/Jail-Based-MAT-PPG-web>

Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings – <https://store.samhsa.gov/product/Use-of-Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Criminal-Justice-Settings/PEP19-MATUSECJS>

Prison/Jail Medication Assisted Treatment Manual – https://www.rsat-tta.com/Files/RSAT_Prison_Med_Treat_FINAL.pdf

Medication-Assisted Treatment for RSAT Programs for Clients Transitioning to and from Community-based Treatment – <https://www.rsat-tta.com/Files/Final-Draft-MAT-UpdateManual-03-20-17>

Military Culture Training and Resources

Center for Deployment Psychology – <https://deploymentpsych.org/Military-Culture-Enhancing-Competence-Course-Description>

Community Provider Toolkit – [VA Community Provider Toolkit](#)

Military Culture Implications for Mental Health and Nursing Care – <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No1-Jan-2015/Military-Culture-Implications.html>

PsychArmor – 15 Things Veterans Want You To Know – <https://www.youtube.com/watch?v=V0E7wbLmu8A>

The Importance of US Military Cultural Competence – https://www.researchgate.net/publication/322918017_The_Importance_of_US_Military_Cultural_Competence

Opioid Use Disorder

US Department of Veterans Affairs (VA)/US Department of Defense Clinical Practice Guidelines for Opioid Therapy for Chronic Pain –

<https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOTCPG022717.pdf>

VA Pain Management Opioid Safety VA Educational Guide (2014) –

https://www.va.gov/PAINMANAGEMENT/docs/OSI_1_Toolkit_Pain_Educational_Guide.pdf

Substance Use Disorders

Behavioral Treatments for Alcohol Use Disorder and Post-Traumatic Stress Disorder –

<https://www.arcr.niaaa.nih.gov/arcr392/article07.pdf>

Peers

Buffalo Veterans Treatment Court, Program Mentor Guide –

<http://buffaloveteranstreatmentcourt.org/wp-content/uploads/2018/03/MENTOR-CONTRACT-2015-5-1.pdf>

Suicide

Suicide Screening – the Columbia Lighthouse Project – <https://cssrs.columbia.edu/the-scale-in-action/corrections/>

Tragedy Assistance Program for Survivors - <https://www.taps.org/>

Veterans Crisis Line – www.VeteransCrisisLine.net, Call 800-273-8255 and press 1.

Trauma

National Child Traumatic Stress Network – <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/military-and-veteran-families>

Traumatic Brain Injury

Incarcerated Veterans with TBI in Washington State Research Brief – <https://s3.wp.wsu.edu/uploads/sites/436/2016/09/Research-Brief-Incarcerated-Veterans-and-TBI-2016.pdf>

Upgrade of Discharge Status

US VA – How to Apply for a Discharge Upgrade: <https://www.va.gov/discharge-upgrade-instructions/>

Other than Honorable Discharges – https://www.va.gov/healthbenefits/resources/publications/IB10-448_other_than_honorable_discharges5_17.pdf

Military Benefits – <https://militarybenefits.info/types-of-military-discharges-2/>

National Association of Drug Court Professionals, Justice for Vets – <https://justiceforvets.org/veterans-and-families/>

Swords to Plowshares – Upgrading Your Military Discharge and Changing the Reason for Your Discharge – https://uploads-ssl.webflow.com/5ddda3d7ad8b1151b5d16cff/5e66de94ac18eedbdf7a9bd0_Upgrading-Your-Discharge.pdf

The Veterans Consortium Pro Bono Program – <https://www.vetsprobono.org/dischargeupgrade/>

Veteran Service Organizations

US VA Directory of Veterans Service Organizations – <https://www.va.gov/vso/>

Tools

Alcohol Use Disorders Identification Test (AUDIT) – [Alcohol Use Disorders Identification Test \(AUDIT\) \(apaservices.org\)](https://www.apaservices.org/alcohol-use-disorders-identification-test-audit)

Ohio State University TBI Identification Method:

[https://archives.iupui.edu/bitstream/handle/2450/7214/TBI IDOC FINAL June2013.pdf?sequence=1&isAllowed=y](https://archives.iupui.edu/bitstream/handle/2450/7214/TBI_IDOC_FINAL_June2013.pdf?sequence=1&isAllowed=y)

Understanding PTSD and PTSD Treatment –

https://www.ptsd.va.gov/publications/print/understandingptsd_booklet.pdf

Understanding PTSD and Aging –

https://www.ptsd.va.gov/publications/print/understandingptsd_aging_booklet.pdf

Community Provider Toolkit –

<https://www.mentalhealth.va.gov/communityproviders/screening.asp>

Screening for Military Service

How to Screen for Military Service –

https://www.mentalhealth.va.gov/communityproviders/screening_howto.asp

Military History Checklist –

[http://www.wehonorveterans.org/sites/default/files/public/Veterans Military History Checklist.pdf](http://www.wehonorveterans.org/sites/default/files/public/Veterans_Military_History_Checklist.pdf)

Military Culture

Learn About Military Culture – <https://deploymentpsych.org/military-culture>

PsychArmor – 15 Things Veterans Want You To Know –
<https://www.youtube.com/watch?v=V0E7wbLmu8A>

Recommended Suicide Assessments for Correctional Settings:

(1) Beck Scale for Suicidal Ideation (Beck & Steer, 1991) –
<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Scale-for-Suicide-Ideation/p/100000157.html?tab=pricing-ordering>

(2) Beck Hopelessness Scale (Beck & Steer, 1988) –
<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Hopelessness-Scale/p/100000105.html>

(3) Suicide Behavior Questionnaire–Revised (Osman et al., 2001) –
<https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/communications/SDQ-Color.pdf>

(4) Modified Scale for Suicidal Ideation (I. W. Miller, Norman, Bishop, & Dow, 1991) – [**Modified Scale for Suicidal Ideation_MSSI .pdf \(erhsnyc.org\)**](#)

(5) Reasons for Living Inventory (RFLI; Linehan, Goodstein, Nielson, & Chiles, 1983) – Long Form: <http://depts.washington.edu/uwbrtc/wp-content/uploads/Reasons-for-Living-Scale-long-form-72-items.pdf>

Shortened Form: <http://depts.washington.edu/uwbrtc/wp-content/uploads/Reasons-for-Living-Scale-short-form-48-items.pdf>

(6) Interpersonal Needs Questionnaire (Van Orden, Cukrowicz, Witte, & Joiner, 2012) –
<https://psy.fsu.edu/~joinerlab/measures/INQ-15.pdf>

(7) Acquired Capability for Suicide Scale (Smith, Wolfrod-Clevenger, Mandracchia, & Jahn, 2013) - <https://psy.fsu.edu/~joinerlab/measures/ACSS-FAD.pdf>

(8) Columbia-Suicide Severity Rating Scale (Posner et al., 2011).^{ciii} –
<http://cssrs.columbia.edu/documents/risk-assessment-page/>.

Trauma

RSAT Training Tool: Trauma-Informed Approaches in Correctional Settings

Manual – [https://www.rsat-tta.com/Files/Trainings/Trauma Informed Manual](https://www.rsat-tta.com/Files/Trainings/Trauma%20Informed%20Manual)

PPT – [https://www.rsat-tta.com/Files/Trainings/RSAT Trauma PPT](https://www.rsat-tta.com/Files/Trainings/RSAT%20Trauma%20PPT)

Traumatic Brain Injury

US Department of Veterans Affairs Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) TBI Toolkit;

https://www.mirecc.va.gov/visn19/tbi_toolkit/index.asp

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[https://www.mhanational.org/sites/default/files/Best Practices Identified for Peer Support Programs Jan 2011.pdf](https://www.mhanational.org/sites/default/files/Best%20Practices%20Identified%20for%20Peer%20Support%20Programs%20Jan%202011.pdf)

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