

# **Increasing Access for Forensic Veteran Populations: Review of a Local Program**

**Forensic Mental Health Association Conference  
April 5-7, 2023**

**Dr. Nikola Alenkin**

# Objectives

- 1) Participants will be able to analyze and understand the GAO report and its recommendations for improved/increased access for services to incarcerated veterans.
- 2) Participants will be able to understand the data from the increased efforts to coordinate access for incarcerated veterans from jail/prisons and this program.
- 3) Participants will apply aspects of this collaborative to their own programs and approaches with incarcerated veteran populations.

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# Overview of Incarcerated Veteran Population

- Difficulty in obtaining accurate numbers
- What we know at this time
- Common needs for veterans

# After rapidly dropping their populations at the very start of the pandemic, jails have allowed their populations to creep back up

7-day rolling average of the total population of 429 county jails that had available data for at least 75% of all dates from March 10, 2020 to Jan. 20, 2021.



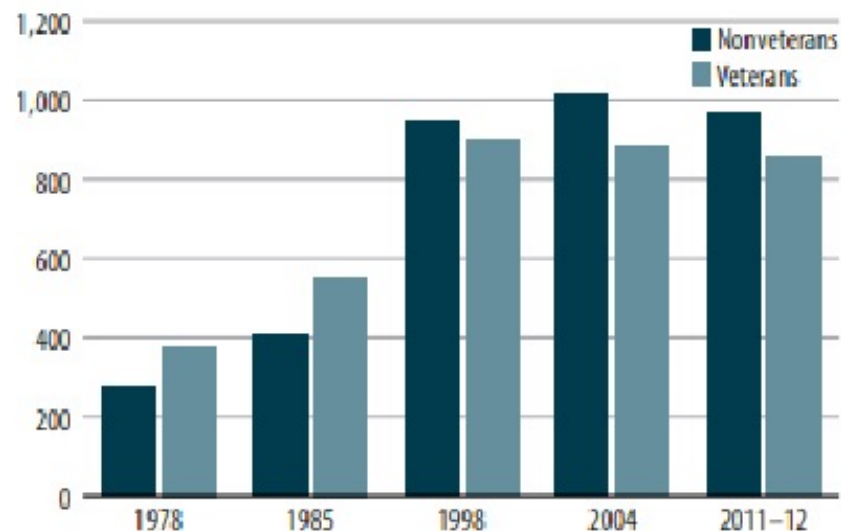
Jail data collected by the NYU Public Safety Lab Jail Data Initiative and analyzed by the Prison Policy Initiative. The temporary population drops during the last weeks of May, August, and November are the result of more facilities than usual *not* being included in the dataset, rather than any known policy changes.

**PRISON**  
POLICY INITIATIVE

**Figure 11. Incarceration rate of veterans in prison and jail.** Source: Bureau of Justice Statistics (BJS). Special Report. December 2015.

**Incarceration rate of veterans in prison and jail, 1978, 1985, 1998, 2004, and 2011-12**

Incarceration rate per 100,000 U.S. adult residents



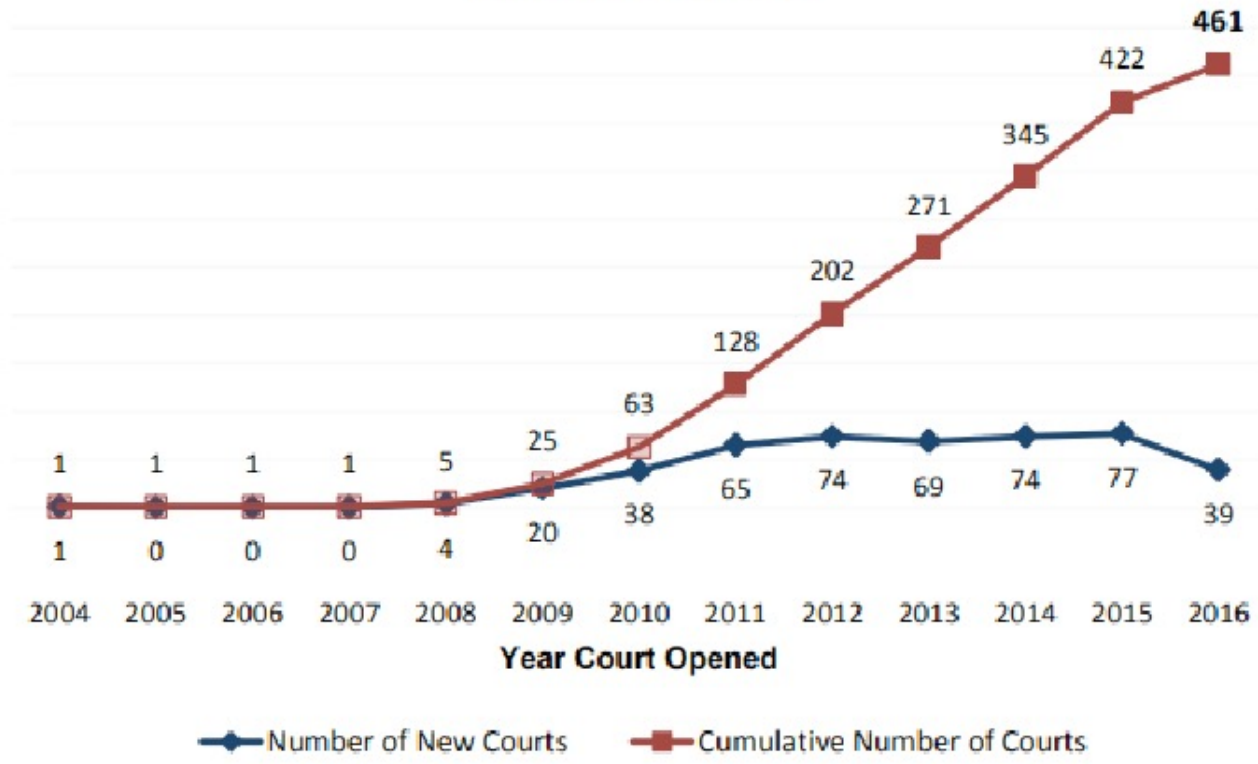
Note: Incarceration rates are based on the U.S. resident population of persons age 18 or older. Rates for nonveterans are based on the number of nonveterans in the U.S. adult resident population. Rates for veterans are based on the number of veterans in the U.S. adult resident population.

Source: Bureau of Justice Statistics data collections on prison and jail inmates and U.S. Census Bureau population data collections. See table 1 for complete list.

**Figure 12. Operating Veteran Treatment Courts Nationwide as of June 30, 2016.**

Source: USDVA. Veteran Justice Outreach Program .

**VTCS AND OTHER VETERAN-FOCUSED COURT PROGRAMS**  
2004 – June 30, 2016



**C. Ranking of Veteran Need, Veterans responses (One to four scale, with one equals unmet and four equals met)**

**Top Ten Highest Unmet Needs, Veteran responses**

<b>Rank</b>	<b>Highest Unmet Needs: Veteran responses</b>	<b>Mean Score</b>
1	Legal Assistance to Expunge a Criminal Record	2.12
2	Legal Assistance for Credit Issues/Debt Collection	2.22
3	Legal Assistance for Court Fees/Court Fines	2.24
4	Registered Sex Offender Housing	2.24
5	Tax Issues	2.29
6	Discharge Upgrade Appeals	2.30
7	Family Law (i.e. divorce, child custody)	2.32
8	Legal Assistance for Child Support Issues	2.34
9	Legal Assistance to Prevent Eviction and Foreclosure	2.39
10	Legal Assistance to Help Restore a Driver's License	2.40

# CHALENG Survey (2021)

# The GAO Report

**Table 3: Number and Characteristics of Justice-Involved Veterans (JIV) Served by the Veterans Justice Outreach (VJO) Program during Fiscal Years 2016-2020<sup>a</sup>**

<b>Number of JIV Served</b>	<b>Number</b>
Fiscal Year 2020	36,365
Fiscal Year 2019	41,457
Fiscal Year 2018	40,734
Fiscal Year 2017	40,450
Fiscal Year 2016	39,549
<b>Total</b>	<b>138,363</b>

# The GAO Report

## JIV Characteristics<sup>b</sup>

<b>Gender</b>	<b>Percent</b>	<b>Number</b>
Male	92.6	128,069
Female	7.4	10,294
<b>Age at Intake</b>	<b>Percent</b>	<b>Number</b>
18-24	0.4	562
25-34	16.6	22,898
35-44	23.4	32,317
45-54	17.2	23,857
55-64	24.6	34,025
65 and older	17.9	24,701
Missing	<0.01	3
<b>Race<sup>c</sup></b>	<b>Percent</b>	<b>Number</b>
White	62.0	85,810
Black	26.0	35,955
American Indian/Alaskan	1.5	2,060
Multiple	1.3	1,767
Hawaiian /Pacific Islander	0.8	1,054
Asian	0.7	935
Unknown	7.8	10,782

# The GAO Report

<b>JIV Characteristics<sup>b</sup></b>		
<b>Ethnicity</b>	<b>Percent</b>	<b>Number</b>
Not Hispanic	86.5	119,611
Hispanic	8.4	11,617
Missing	5.2	7,135
<b>Marital Status</b>	<b>Percent</b>	<b>Number</b>
Divorced	34.1	47,209
Single or Never Married	28.2	38,945
Married	25.7	35,494
Separated	8.0	11,079
Widow/Widower/Widowed	2.3	3,145
Missing/Unknown	1.8	2,491
<b>Employment Status</b>	<b>Percent</b>	<b>Number</b>
Not employed	60.0	82,982
Full-time	16.2	22,382
Retired	6.5	8,994
Part-time	3.9	5,398
Self-employed	1.2	1,650
Active Duty	0.9	1,174
Unknown	11.4	15,783

# The GAO Report

<b>Military Discharge Status<sup>d</sup> (most recent period of service)<sup>e</sup></b>	<b>Percent</b>	<b>Number</b>
Honorable	85.3	117,971
General	10.0	13,805
Other than Honorable	1.8	2,502
Dishonorable	0.7	1,027
Bad Conduct	0.1	192
Unknown and Unverified	2.1	2,866

Source: GAO analysis of Veterans Affairs Computerized Patient Record System data, fiscal years 2016–2020. | GAO-21-564

**Domiciliary Residential  
Rehabilitation and Treatment  
Program  
(DRRTP)**

# Historical Context

- **Soldiers' Homes**

- Created after Civil War in 1865
- Domiciliary Care Program is VA's oldest healthcare program
- Initial locations: Maine, Virginia, Kansas, Ohio, Illinois

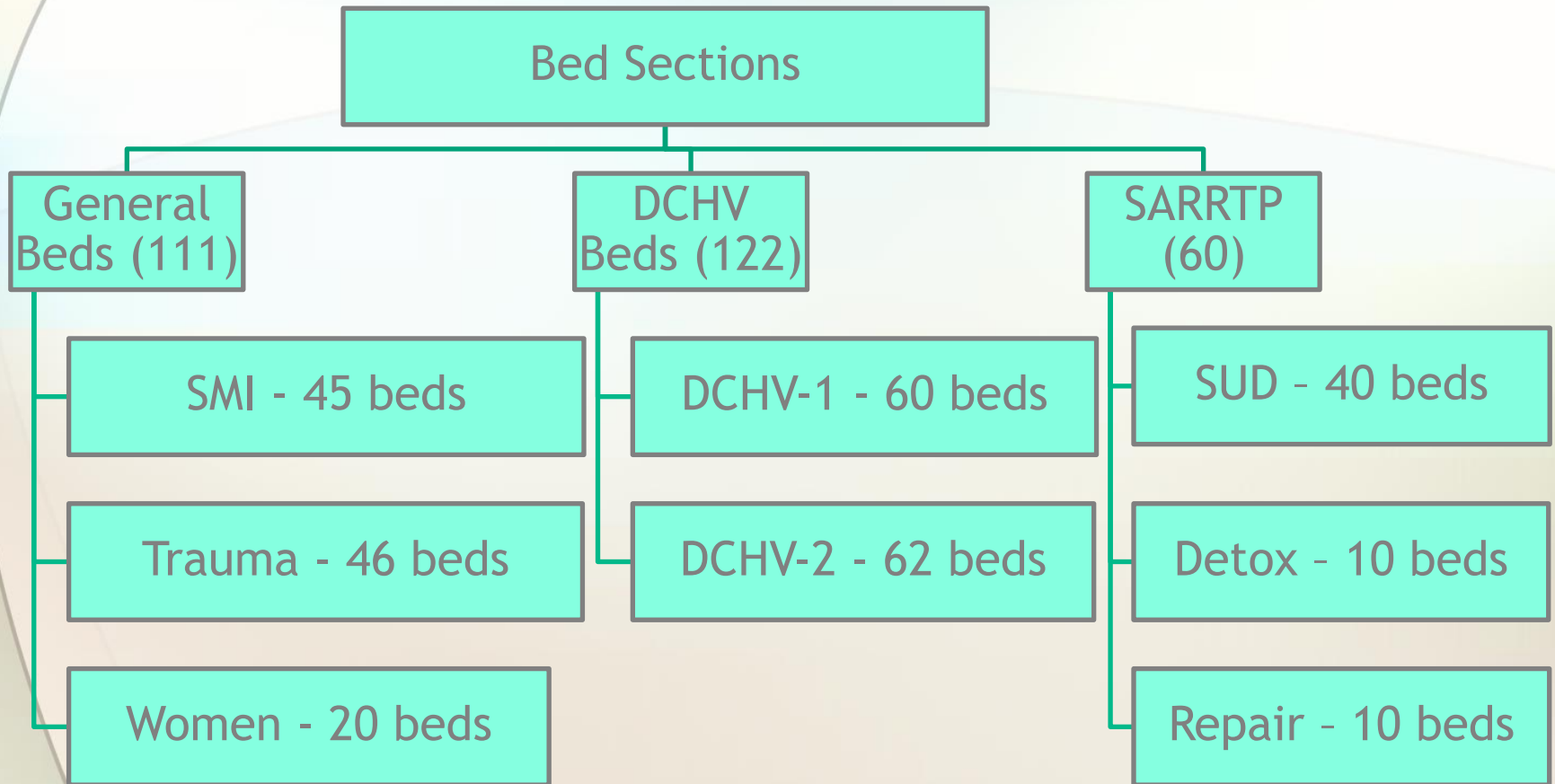
- **West Los Angeles (GLA) Domiciliary**

- Pacific Branch National Home for the Disabled Volunteer Soldiers created May 1, 1888

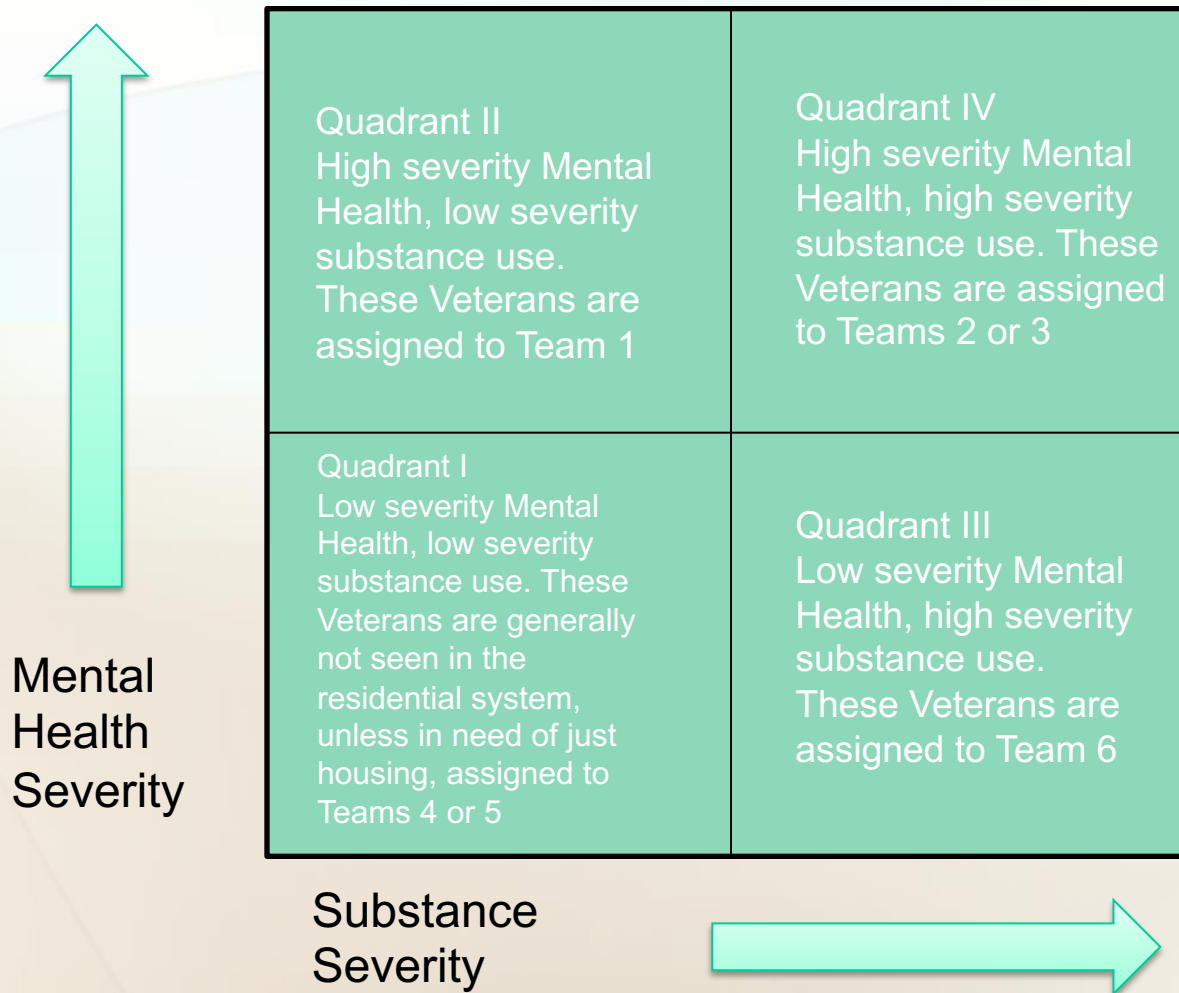
# West LA Dom Overview

- Buildings 217 & 214
- 263 beds
- Serve male and female Veterans
- 7 Treatment Teams
- Recovery Model
- Veteran Centered Care
- Multi-disciplinary approach

# Current Domiciliary Structure



# 4 Quadrant Model of Co-Occurring Disorders



# Staffing

- Psychiatrists
- Primary Care Providers & Nursing
- Psychologists
- Social workers
- Addiction Therapists
- Vocational Rehabilitation Specialists
- Recreational Therapists
- Support Staff (24/7, Peer Support, etc.)

# Inclusion Criteria

- Cleared or pending TB results
- MH/SUD treatment goals which can also include housing, back to work training, etc.
- Medically stable
  - No acute illness, frequent nursing supervision, or advanced wound care
  - No detox need (e.g. etoh, benzos, opioids) unless planned admission
  - OUD & not currently managed by VA OTP requires evaluation by OTP
  - ADL & IADL independent
  - Chronic pain condition must be reasonably well controlled with current regimen
- 30 day campus restriction upon admission
- Amenable to attending classes/groups 4-6 hours/day

# Inclusion Criteria

- Agree not to use substances while a resident
- Amenable to drug/alcohol testing throughout the week
- Agree to no aggression or illegal activity
- No non-VA medication or providers (unless permitted by dom MD/VA)
- Restricted medication policy: opioids, benzos, stimulants, zolpidem
  - 24 hour nursing coverage

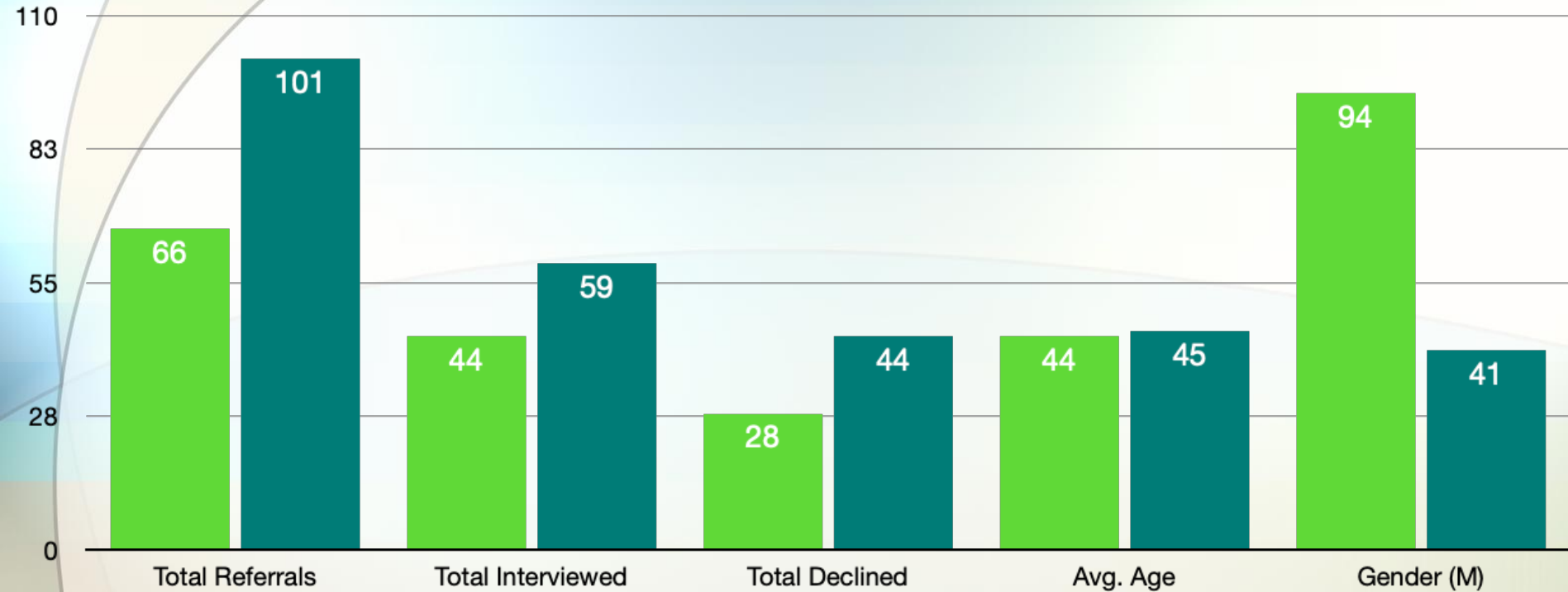
# Exclusion Criteria

- Acutely violent or unstable with poor impulse control
- Acute suicidality
- Severe decompensation with immediate need for hospitalization
- High risk for falls
  - Recent falls and no Fall Risk Assessment completed
  - Preventative measures to minimize fall risk not taken
- No recent eval by psychiatry but symptoms severe
  - Medications can be an area of concern

# VJO / DR RTP Collaborative

- Apparent during early parts of pandemic that incarcerated veterans had increased difficulty in accessing services.
  - Focus on isolating and containing inmates.
  - Decreased “contact” with staff and assessments to determine eligibility.
- Increased focus on increasing access to “community partners”.
  - Inmate Visitation Scheduling System (IVVS)

Chart 1



	<b>FY 2021 Referrals</b>	<b>FY 2022 Referrals</b>
<b>Total Referrals</b>	66	101
<b>Total Interviewed</b>	44	59
<b>Total Declined</b>	28	44
<b>Avg. Age</b>	44	45
<b>Gender (M)</b>	94	41
<b>Gender (F)</b>	3	7

# Lessons Learned

- Necessity is the mother of invention
- Communication is key!!!!
- Inviting collaborators to see each other's sites is important
- Policy, Policy, Policy
- Creating access involves breaking stereotypes