Improving Outcomes for Justice-Involved Clients

Client & Program Characteristics Relevant to Employment Outcomes

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Disability, Homelessness, & Criminal Justice

- Mental Illness & Substance Use
  - Significant % of arrestees, county jail detainees, state prisoners
    - Many stuck in the “revolving door”
    - Increasingly Iraq/Afghanistan veterans
  - Research continues on the interplay between disability & crime
    - Treatment/services are effective for many
    - Criminogenic factors predominate for others

- Violence
  - Perpetrators vs. victims
## Stuck in the Revolving Door

### Homelessness
- 12% of prison population were homeless when arrested
- Female veterans: three times as likely as female non-veterans

### Substance abuse
- Largest cause of homelessness among single adults
- 25% of veterans aged 18-25 met criteria (1.8 million)

### Mental Illness
- 20-25% of the homeless population

### Veterans
- Poverty & homelessness rates exceed general population
- Approximately 9% of jails and prison population
The System’s Components

**Arrest**
- Fingerprint = a record = a RAP Sheet
- Pre-trial detention – local jail
- States have different offense categories: felonies, misdemeanors, etc.

**Adjudication**
- Issues of: (a) evidence and (b) constitutional rights
- Plea bargaining – focus is sentence

**Sentencing**
- Probation instead of incarceration
- State prison followed by parole
Impacts of a Criminal Record

Numerous, significant, life-long impacts:

- Voting
- Government Benefits
- Credit
- Public and Private Housing
- Child Custody / Adoption
Employment Barriers

- Applicant discloses record
  - Employer won’t hire
- Worker does not disclose
  - Fired for “false job application”

Criminal records are increasingly available through:
  - Public websites
  - Private search companies
  - National credit reporting agencies
Debates About Impacts

Data on re-offending vs. predicting individual behavior

Protecting vulnerable populations

If you can’t find work, can’t pay child support…
What Serves the Public Interest?

“The whole point is for someone who’s made a mistake to have a chance to reclaim their life.”

- Judge Henry Kron, NY
2008 Second Chance Act:

Lowering job barriers lowers recidivism.
Civil Rights Issues

Arrests without conviction: “disparate impact”

US Equal Employment Opportunity Commission

Informal Guidance Letters

Lawsuits in Maryland and Michigan
What Can Homeless Service Providers Do?

1. Connect with local diversion programs.
   • Liaise with criminal justice agencies.
   • Participate in cross training.

2. Help clients to address having “a record.”

3. Learn the strategies that work in your state.
What is diversion?

- **Human services -- criminal justice collaboration**
  - Agencies often struggle serving many of the same people
  - Employment: key element in recovery

- **Primary goal: Address the revolving door**
  - Getting people into individualized treatment services: “different this time”
  - SAMHSA and other agencies fund a range of program models
Types of Diversion Programs

- Police (i.e., Memphis’ “Crisis Intervention Team”)
  - Predominant model
  - Trained dispatchers and precinct/shift officers
- Local Jails
  - Variable screening and referral mechanisms
  - Duties handled by jail or community clinical staff
Specialized Courts

- **Drug Courts**
  - Largest number, most studied

- **Mental Health Courts**
  - Some advocates have objections

- **Homeless Courts**
  - Often related to “Stand Downs”

- **Veteran Treatment Courts**
  - Number is growing rapidly
Jail Diversion and Trauma Recovery – Priority to Veterans

SAMHSA Report and Recommendations (2008)
- Use validated screening instruments
- Train front-line criminal justice staff
- Expand peer support

Pilot projects in 13 states (until 2013)
- Strong peer component
- State and local advisory committees
- Pilot expands state-wide over 5 years
Local Diversion Contacts

- National GAINS Center
  (800) 311-GAIN (4246)
  http://www.gainscenter.samhsa.gov/html/

- Council on State Governments’ Consensus Project
  (212) 482-2320
  http://consensusproject.org/
Distinct Issues in Women Veterans
Number of Women Veterans

Population of women veterans is growing:

- Women make up approximately 15% of active duty and 18% of guard and reserve (WVSHCG, 2012).

- Population of women veterans as of 9/30/14: 2,020,077 (VetPoP):
  - Total veteran population = approximately 22 million;
  - Women projected to be 11% of veteran population by 2020.

- Women veterans using VHA for health care has nearly doubled in the past decade--up to 362,014 (Sourcebook Vol 3, 2014).
Issues Among Women Veterans

Women veterans in VHA are young (Sourcebook Vol 3, 2014).

• 42% of women younger than age 45; 13% of men younger than age 45

Different needs than male veterans (Hayes, 2010):

• Reproductive health
• Flexible hours to accommodate working
• Childcare and eldercare during appointments

Top clinical issues (Sourcebook Vol 3, 2014)

• Musculoskeletal
• Endocrine/Metabolic/Nutritional
• Mental health/Substance use disorder
• Cardiovascular
• Reproductive health
Trauma and Women Veterans

- Prevalence of trauma among women veterans is high.
- Women veterans report higher rates of trauma than civilian women:
  - 81-93% report any type of trauma
  - 38-64% report lifetime sexual assault
  - 27-49% report child sexual abuse
  - 24-49% report adult sexual assault
  - 30-45% report military sexual trauma
  - 46-51% report physical assault
  - 35% report childhood physical abuse
  - 18-19% report domestic violence
  - 4-31% report combat exposure

{Zinzow et al, 2007. Trauma Among Female Veterans. Trauma, Violence and Abuse, Vol 8 No 4}
Incarceration and Women

- Incarceration rate of women is growing at a faster rate than that of men (Sabol and Couture, 2008).
- Women have a different offense profile than men—higher drug and property crimes than men, lower violent crimes than men (BJS. 2012).
- Justice-involved women have a different clinical picture: higher rates of HIV, drug use, mental health diagnoses, physical/sexual/family abuse, and violence (CSOSA, 2014).
- Approximately 1% (1,400) of state and federal veteran inmates, and 3% of jail veteran inmates (1,600), were women veterans (BJS, 2015).
- Growth in women veteran population + growth with justice-involved women may lead to growth in justice-involved women veterans.
Serving Justice-Involved Veterans

Healthcare for Reentry Veterans (HCRV)

- Veterans incarcerated in prison facilities:
  - Outreach and pre-release eligibility determination and assessment for treatment
  - Referral and linkages to medical, psychiatric, and social services, including employment services upon release
  - Short-term case management assistance upon release

Veterans Justice Outreach (VJO)

- Veterans interfacing with front-end of the justice system: law enforcement, jails, courts:
  - Jail outreach and associated eligibility determination, assessment, & treatment linkage
  - Education of and liaison with VA and community law enforcement
  - Liaison with court system and staffing of collaborative treatment courts
  - Linkage to ancillary support (e.g. child support services, legal assistance)
  - Short-term case management, as indicated
Women Veterans in the Criminal Justice System

There is little research focusing specifically on justice-involved women veterans.

- **Needs**
  - Identify veteran status
  - Intake process that includes military/veteran-specific screening
  - Strengths-based, collaborative approach to case planning
  - Access to gender-responsive, trauma-informed services

- **Barriers to Services**
  - Practitioners do not identify women veterans
  - Practitioners and women veterans don’t know how to find services
  - Assistance needed in determining eligibility for services
  - Women veterans may lose benefits due to incarceration
  - Women veterans choose not to take advantage of services

(National Resource Center on Justice-Involved Women, 2013)
Veterans Justice Programs and Women Veterans

- Veterans served, FY 2010-FY 2015 through May (source: VSSC)
- HCRV (prison): 1,471, 2% of total
- VJO (court, jail): 8,072, 5% of total

Demographics of women veterans (source: HOMES)

<table>
<thead>
<tr>
<th>Item</th>
<th>HCRV Women (n=394)</th>
<th>VJO Women (n=870)</th>
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<tbody>
<tr>
<td>Age</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>OIF/OEF/OND</td>
<td>11%</td>
<td>24%</td>
</tr>
<tr>
<td>Homeless or At Risk</td>
<td>31%</td>
<td>47%</td>
</tr>
<tr>
<td>Need Psychiatric Tx</td>
<td>51%</td>
<td>75%</td>
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<tr>
<td>Need Substance Abuse Tx</td>
<td>35%</td>
<td>59%</td>
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<tr>
<td>Need Medical Tx</td>
<td>62%</td>
<td>55%</td>
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</tbody>
</table>
## Women Served by Veteran Justice Partnership

<table>
<thead>
<tr>
<th>Item</th>
<th>HCRV Women (n=394)</th>
<th>VJO Women (n=870)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Treatment Court</td>
<td>N/A</td>
<td>31%</td>
</tr>
<tr>
<td>Type of Offense: Violent</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>Type of Offense: Property</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>Type of Offense: Drug</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td>Type of Offense: Public Order</td>
<td>11%</td>
<td>27%</td>
</tr>
<tr>
<td>DUI involved in case</td>
<td>N/A</td>
<td>25%</td>
</tr>
<tr>
<td>Drug/Alcohol at time of offense</td>
<td>44%</td>
<td>N/A</td>
</tr>
<tr>
<td>Domestic dispute involved</td>
<td>N/A</td>
<td>14%</td>
</tr>
</tbody>
</table>
Gender Differences in Veterans Justice Outreach

- 1,621 women and 34,737 male veterans served by VJO between fiscal years 2010 and 2012
- Women were younger, more likely to have a service-connected disability rating
- Overall: 95% of women and 88% of men connected to VHA within 1 year

- Mental Health:
  - 88% of women and 76% of men who entered VHA were diagnosed with at least one mental health disorder.
  - 98% of women and 97% of men in VJO diagnosed with a mental health disorder entered VHA mental health treatment within 1 year of their VJO outreach visit.

- Substance Use:
  - 58% of women and 72% of men in VJO Veterans who entered VHA were diagnosed with at least one substance use disorder.
  - 75% of women and 54% of men in VJO diagnosed with a substance use disorder entered VHA substance use disorder treatment within one year of their VJO outreach visit.

(Finlay et al. (2015) Sex differences in mental health and substance use disorders and treatment entry among justice-involved veterans in the Veterans Health Administration. Med Care, 53 Suppl4 Suppl1, S105-S111.)
Civil Legal Issues

Spectrum of possible legal components:
- On-staff attorney providing full representation
- On-staff attorney coordinating pro bono effort and/or legal services relationships
- Contract relationship with legal services for full representation and/or pro bono assistance
- Collaboration with legal services (unfunded)
- Any combination of the above options

Identifying veterans:
- Community-based legal clinics
- Program participants
- Community partners and VA homeless programs
Key Resources

- Reentry Council

- Reentry MythBusters

- National Reentry Resource Center
  http://csgjusticecenter.org/nrrc/

- VA Veterans Justice Outreach (VJO) Program
  http://www.va.gov/HOMELESS/VJO.asp

- NIC Webpage on Justice-involved Veterans
  http://nicic.gov/veterans

- VA Health Care for Reentry Veterans (HCRV) Program
  http://www.va.gov/HOMELESS/Reentry.asp

- Veterans Crisis Line
  1-800-273-8255, Press 1; or www.VeteransCrisisLine.net

- National Call Center for Homeless Veterans
  1-877-4AID-VET (1-877-424-3838); or http://veteranscrisisline.net/
Q&A
THANK YOU