Leaving No Veteran Behind: The Policy Implications Identified at the 5th Annual Justice Involved Veterans Conference

Andrew Keller, PhD – May 14, 2014

About the Meadows Mental Health Policy Institute

Our Mission: To identify and encourage the implementation of mental health policies and practices that enable Texans to get help when and where they need it.

Our Vision: For all Texans to have access to the best totally integrated health care system in the country.

Initial Priorities:

- Texas Children
- Texas Veterans
- Smart Justice

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MMHPI Priorities for Veterans

First, **Texas veterans and their families will receive the mental health care and support they have earned.**

Second:

- **Texas will fill gaps in care through efficient and effective use of state and local resources**, and
- Communities will organize to help veterans and their families access care.

Finally, **Texans will stand alongside veterans to stamp out any stigma that keeps veterans and their families from seeking available mental health care.**

CROSS-CUTTING ISSUES

Leaving No Veteran Behind

Texas is home to:

- 1.7 million Texas veterans
  - 250,000 (and growing) post-9/11 returning veterans
  - 1 million Texas veterans over age 55 (400,000 55 to 64)
- Estimated 5.295 million veterans, active duty and families
- Over 24 million people who are not veterans, but who share a deep obligation to welcome our fellow Texans home

Based on general population data, in one year 8% will have severe mental health and substance abuse needs (140,000) and 3% will have Severe and Persistent Mental Illness (50,000).

Taking What Works to Scale

When will we decide to honor our pledge to “Leave No Veteran Behind”?

How do we take the things that are working in Texas – perhaps better than in any other part of the nation – to scale?

Related policy questions:

- Are veterans a priority in your agency’s service contracts and performance standards?
- What are the barriers to providing best practices to veterans using existing funding (example of “Seeking Safety” being delivered by volunteers because LMHAs and other providers see contract requirements as prohibiting the model)

Taking What Works to Scale

- Are veterans screened out of state and community funded services until they prove they are not eligible for VA benefits? Examples discussed at this conference:
  - Non-VA hospitals refusing law enforcement drop off of veterans
  - Reports of VA facilities requiring medical clearance at non-VA facilities
  - LMHA contract language “Contractor shall utilize non-contract funds and other funding sources (e.g., . . . other Federal . . . funding sources) ***whenever possible*** to maximize Contractor's financial resources”)?

Taking What Works to Scale

- Does the term “veteran” appear in your agency’s service contracts and performance standards?

- Is there a need for a surge – a time limited effort to go above and beyond in order to meet the needs of veterans and their families?

Even if we just try to coordinate existing services to support care across the intercepts – “Intercept 0” to Intercept 5 – ***who is in charge of coordination and planning across agencies at the local level*** (Community Blueprints)?

Taking What Works to Scale

How do we ensure military cultural competence for every provider, law enforcement agency, other first responder, prosecutor and judge (e.g., Austin has systematic training for first responders, CIT training in Bexar includes 1.5 hours of focus on veterans)

How do we track veteran status systematically across agencies, from service providers, hospitals (not just VA), law enforcement, booking / magistration, jail, prison, state agency, federal agency?

- **And, per Judge Russell, we need to ask directly and specifically about service and not just "are you a veteran"?**
- **And, per the child and family meeting yesterday, we need to know this about family members and children?**

INTERCEPT 1: LAW ENFORCEMENT

Veterans and Law Enforcement

- Broadly: How can policy promote systematic "Diversion at the earliest possible point" for veterans (and possibly all Texans with divertible behavioral health needs)?
- How can access to CIT/CIRT, including a veterans specialist, be universal in Texas?
- How can we help law enforcement identify veterans?
- How do local hospitals (including but not limited to the VA) support diversion?
  - How do we ensure a systemic response?
  - How do we help every Texas community identify a place (or places) where law enforcement can be guaranteed of a diversion-focused response for veterans with mental health and substance abuse needs?

INTERCEPT 2: INITIAL DETENTION / HEARING

Diversion Before Court Involvement

- We heard that the most common offenses are potentially divertible: DWI, evading arrest, assault on public servant, misdemeanor possession of controlled substance, felony possession of controlled substance
- How do we systematically identify for all detentions and bookings:
  - Current and past service status?
  - Mental heath and substance abuse needs (e.g., Bexar)?
- How do we get systematic measures of criminogenic risk (e.g., TRAS) fully implemented across Texas? How long is reasonable to wait for this requirement to be met by local jurisdictions? And, then, what are implications in the use of the TRAS with veterans?

INTERCEPT 3: COURTS AND JAILS

Veterans Courts

- How do we sustain what we have? :
  - Courts are funded through time limited funds through Texas Veterans Commission and other sources
  - “Once that grant money is gone, there is no one around”
  - How do we move from one time to ongoing funding?
- Should every court in Texas across 122 Judicial Districts have the capacity for a pre-adjudication track for veterans ?
  - Should this be required?
  - Are there ways to better support set up of regional courts?
  - Are there ways to better support cross-jurisdiction transfers?

Veterans Courts

For which veterans should capacity be developed?

- Should development be systematic or should it simply be up to the preferences of local officials without guidance?
- Can there be general guidance about the types/classes of offenses that make the most sense to include/exclude? These will of course vary from court to court, but guidance on what makes sense to include may be helpful
- How can systematic measures of criminogenic risk be incorporated?
- Should there be a more systematic approach to eligibility in terms of veteran status?

Veterans Courts

- How do we disseminate the news that Texas veterans courts have data showing that they work (that they are safely diverting, reducing homelessness, increasing employment, reducing officer overtime), and saving money?
- How do we document critical ingredients, share successes and disseminate the models that work across Texas?
- How do we systematically address concerns about “free rides” for veterans?
- Peer mentors are core to the success of treatment courts – how do we ensure an adequate worker pool? We don’t have a lack of qualified veterans in Texas, so how do we train and deploy them?
- Many people do not realize veterans courts exist, which limits access. How do we address this?

In Jails and Prisons

- Veterans are not eligible for VA care while in jail and prison. Military pensions stop in prison.
- How can we systematically promote in-reach to reconnect to benefits, as well as access to and coordination of care (e.g., continuity of medication)? And not just mental health, but also substance abuse treatment (for which the need is far more prevalent).

INTERCEPT 4: REENTRY

Achieving Successful Reentry

- Texas is the nation's leader in successful reentry programs.
- How do we ensure restoration of benefits post-release? It can take up to three months after release for the VA to process a request to resume benefits.
  - TDCJ is developing capacity to identify individuals with Federal benefits.
  - For veterans, TDCJ has them meet with a case manager 6 months prior to release to complete the paperwork needed to resume benefits. The veterans also meet with a peer who will connect them with veteran communities.
  - Can this be used generally across state jail/prisons?
  - Can this be adapted for use in county jails?
  - Can technology help?

Achieving Successful Reentry

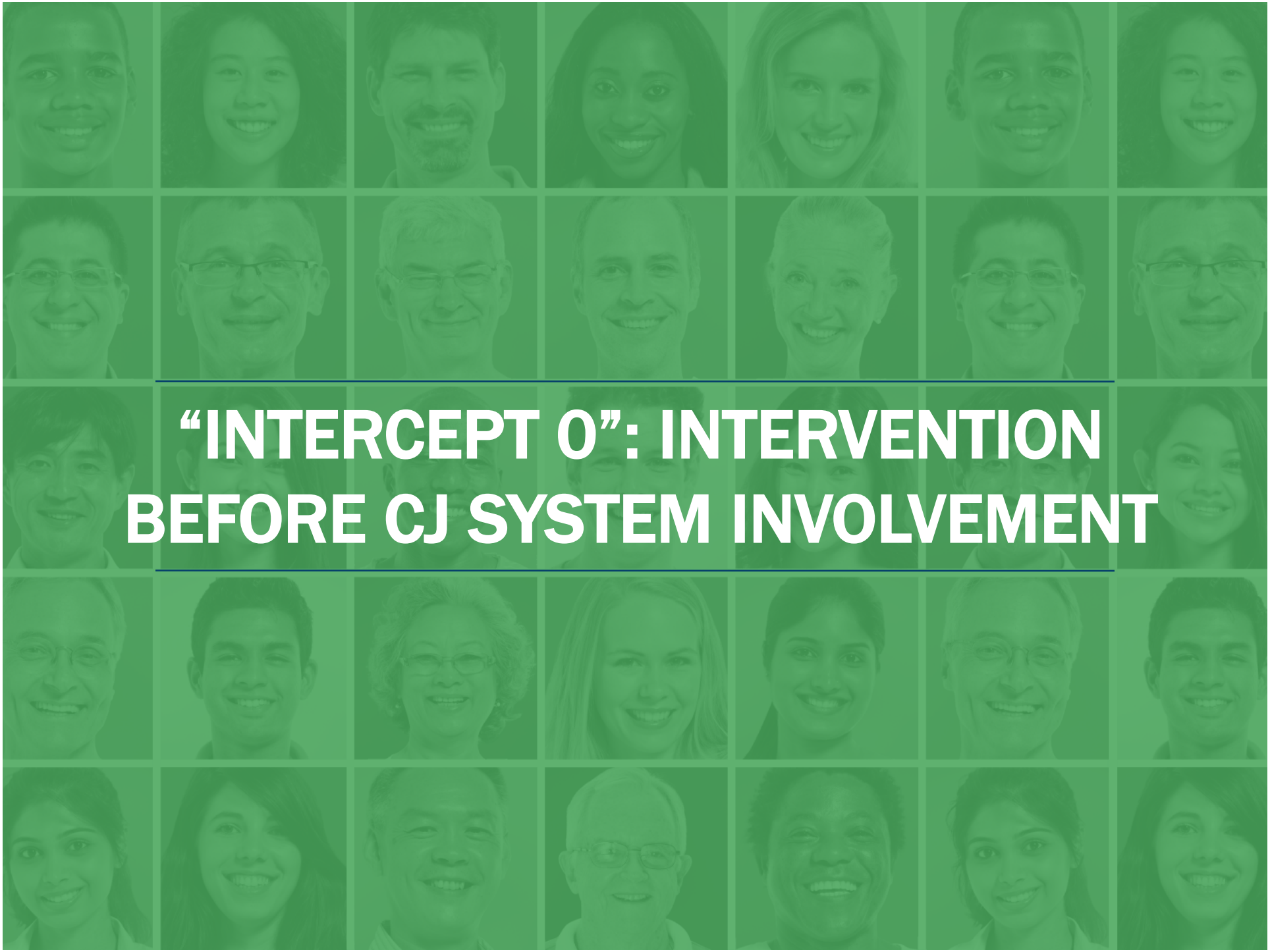
- Housing is essential to successful reentry (and to recidivism prevention).
  - How do we systematically promote a Housing First model?
  - How can we do this for homeless veterans with children?
- How do we promote linkages (and capacity) for the following in every Texas community:
  - Meaningful work?
  - Family reunification, particularly with domestic violence issues?
  - Communication and collaboration with community treatment systems (building on best practices currently in place in some communities)?
  - Substance abuse and MH treatment post-release?

INTERCEPT 5: COMMUNITY CORRECTIONS

Successful Probation and Parole

Identifying veterans is critical. As noted previously, what is needed to make universal?

How can specialty probation and parole be developed (and what about parole of any type for state jails)?



“INTERCEPT 0”: INTERVENTION BEFORE CJ SYSTEM INVOLVEMENT

Preventing CJ System Involvement

How do we systematically supplement VA capacity:

- For the veterans who meet eligibility criteria but are not eligible currently?
- For the veterans who do not meet eligibility criteria?
- For the veterans who are eligible, but for whom current capacity is inadequate or not desired?
- Do Texas veterans lose the right to non-VA services (analogy to Native Americans)?

How do we dispel the persistent myth of “the big three” mental health diagnoses (schizophrenia, bipolar disorder, depression)?

Current LMHA contracts target “other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.”

Preventing CJ System Involvement

- How do we coordinate and manage a crisis system at the population-level?
  - Under Crisis Redesign, LMHAs "shall serve individuals with monies allocated through Crisis Redesign, for engagement, transition, and intensive ongoing services".
  - LMHAs take an important lead role to plan and coordinate.
  - System-wide management exceeds the role of any single agency and requires a collaborative framework.
- How do we ensure systematic access for both mental health and substance abuse treatment for veterans?
- How do we help veterans with PTSD access evidence-based practices that are proven to work – prolong exposure (PE) therapy and cognitive processing therapy (CPT), as well as other models like Seeking Safety?

Preventing CJ System Involvement

- How do we help veterans with PTSD successfully complete treatment?
  - UT-Dallas/UTSW Center for BrainHealth and others are working on treatments for complex PTSD.
  - How do we help veterans access these treatments more broadly?

- Veterans also need housing and integrated COD treatment tailored to their experiences and issues – how do we ensure access engagement in services to prevent criminal justice involvement?

Prevention for Children and Families

- What about children and families of veterans?
- Domestic violence: Family issues can bring veterans into care long before they get arrested because they are motivated to not hurt their loved ones and domestic violence is a sentinel event for criminal justice system involvement.
  - The rate of child death by violence in military families is twice the civilian rate, according to Dr. Leskin
  - Highest risk and best prevention target are children of military veterans who have repeated calls related to domestic violence
  - There are successful models to break the cycle of intergenerational family violence (e.g., Harker Heights Police Department in Killeen, state accredited Batterers Intervention Program/BIP at Fort Hood).

Prevention for Children and Families

Additional considerations:

- Incarceration of a parent is a trauma for children and families, and often a repeat of the initial difficult separation that they experienced with deployment (e.g., we are not just arresting veterans, but we are retraumatizing their children).

- Veterans and their family members who are homeless with homeless children (e.g., women, particularly sexually assaulted women)

Other Routes to Prevention

- Substance use issues are profound: Nationally, there are more U.S. military/veteran deaths by MVA than U.S. military deaths in Afghanistan.

- How do we better promote screening in primary care?

- How do we coordinate and help veterans and their families make sense of the “Sea of Good Will” – 60 thousand organizations nationally. mostly uncoordinated and often competitive with each other, all trying to help.

- Panel Discussion

- General Discussion

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