

# DOCUMENTING TELEJUSTICE PRACTICE IN VETERANS JUSTICE PROGRAMS

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*Sharing Lessons  
Learned with  
the Field*

Abridged Report

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## Executive Summary

Telehealth for justice-involved Veterans, referred to here as telejustice, has been in play at the VA since 2011, with efforts originating in Oregon and Indiana. It has been officially sanctioned by VHA since 2017 as a means to identify and engage Veterans and to perform outreach in prison and jail facilities. However, the implementation of telejustice has not been a straightforward process due to lack of funding or personnel, privacy and security regulations on the VA side and in the courts, jails, and prisons, and/or technology and connectivity issues. Despite these challenges, many Veterans Justice Program (VJP) Specialists have persisted and successfully used teleconferencing technology to serve Veterans in their care.

During 2019 roughly 14% of VJP Specialists used telejustice to provide services.

- 55 providers recorded a total of 1,312 telejustice encounters, 99% of which were Veterans Justice Outreach (VJO) activity.
- Encounters ranged from one to 437 per provider, with the average number being 24.
- Three providers accounted for 53% of the overall encounters.
- VISNS 7, 16, 5, and 10 reported the highest number of telehealth encounters, comprising 77% of the overall VJP encounters.

In consultation with the Veterans Justice Programs leadership and the Network Homeless Coordinators, the National Center on Homelessness among Veterans identified and interviewed 15 telejustice practitioners from March to June 2020 to learn about their experiences. This report uses case studies from VISNs 2, 5, 7, 10, 20, and 23 to share lessons learned with the field regarding implementation processes, benefits and challenges, and what opportunities for further development exist.

Overall, it appears that telejustice activity has been driven by individual initiative, need, and enthusiasm, rather than mandates from superiors. There is no “one size fits all” telejustice practice model that can be applied for using teleconferencing in courts, jails, prisons, or other places where justice-involved Veterans may be; each VJP Specialist is working in a particular geographic, political, and technological context and must tailor the program accordingly. Establishing a telejustice program is a team effort that requires careful planning and can take one to two years to stand up; identifying the correct personnel in both VA and justice systems to support implementation is key. VJP staff also stressed the importance of involving the facility telehealth coordinator from the beginning and to have ongoing strong and consistent technical support from the coordinator to troubleshoot problems and needs as they arise. They further emphasized the necessity of having a champion or “friendly partner” in the court, jail or prison to get the program up and running. Finally, interviewees conveyed some of the limitations inherent in using the current VA Video Connect/Virtual Care Manager platform for telejustice purposes.

## Background

Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely. Within VA, telehealth has been used for nearly 20 years to facilitate access to care for individuals who cannot travel easily to see their providers. Telehealth for justice-involved Veterans, referred to here as telejustice, has been in play at the VA since 2011, with efforts originating in Oregon and Indiana. It has provided a means for delivering services offered through VA's Veterans Justice Programs (VJP). VJP's mission is to prevent homelessness and provide justice-involved Veterans with timely access to mental health and substance abuse services or other VA benefits.

The program began in 2007 with the initiation of Health Care for Reentry Veterans (HCRV) and expanded in 2009 to include Veterans Justice Outreach (VJO).

In 2019 the National Center on Homelessness among Veterans became aware that Veterans Integrated Service Network (VISN) 7 had been using telehealth technology since the spring of 2017 to conduct some of its Veterans justice outreach work, primarily in Veterans Treatment Courts (VTCs) and to a lesser extent in jails. After conducting an initial review of the program, the Center determined that VISN 7's telejustice program was an innovative practice viable for development as a model at other sites. We subsequently reached out to VJP leadership and to the Network Homeless Coordinators (NHCs) to ascertain the extent to which telejustice was being used in other VISNs and to identify individuals who could share their learnings with us, as our colleagues in VISN 7 had done.

## Identifying telejustice practitioners in the Veterans Justice Program: early adopters

According to VJO Coordinator Eric Dungan, the VA Northern Indiana Health Care System (VANIHCS), the Battle Creek VA Medical Center (VAMC), and the Indianapolis VAMC created the first VJO telejustice initiative in 2011. Incarcerated Veterans were screened for VISN residential programs, and Veterans in residential treatment appeared in their county Veteran Treatment Court weekly via telehealth conferencing. VA Secretary Eric Shinseki informed Congress of the initiative in FY 2012 and Fox News featured the program.

Meanwhile, telejustice was being developed in Oregon. According to Dr. Peter Shore, Director of Telehealth at the VA Northwest Health Network (VISN 20), a VJO Specialist at the VA Portland Healthcare System started an initiative that piggybacked a program that Dr. Shore was expanding in Home-based Telemental Health (HBTMH), the first VA pilot to successfully connect providers with Veterans in their homes via Internet, webcam, and personal computer. As of June 2015, Dr. Shore identified 10 VJP specialists and two mental health specialists involved in planning or implementing telejustice programs at the VA in eight states – California, Indiana, Michigan, Ohio, Oregon, Nevada, New Jersey, and Virginia.

## Evolution of telehealth technology and promotion

In the early days the use of telehealth was hampered by a variety of technological problems, ranging from lack of equipment, videoconferencing systems that didn't "talk" to each other, and connectivity issues. However, since 2017 a new tool called VA Video Connect (VVC) has made telehealth more easily accessible through a computer, tablet or smartphone, enabling Veterans to meet-up with their VA health care providers in a *virtual* medical room, using encrypted video to ensure the session is secure and private.

In addition to improving telehealth technology, VA has also encouraged its use with justice-involved Veterans through authorization in 2017 documented in VHA Directive 1162.06. In 2018, VJP access to telehealth was further expanded when VA allowed health care providers to administer care to Veterans using telehealth, or virtual technology, regardless of where in the United States the provider or Veteran is located, including when care will occur across state lines or outside a VA facility.

However, the resources needed to implement telejustice have not always been readily available, particularly in the courts, jails, and prisons, due to lack of funding or personnel or because of privacy and security regulations and concerns. A new pilot program holds significant promise to rectify these circumstances. In partnership with Office of Analytics and Operational Intelligence in the Homeless

Programs Office, VJP is distributing iPads to every VA medical center beginning in June 2020. The iPads will be configured for non-VA users, enabling VJP Specialists to work with their prison and jail partners to place the devices in their facilities. Prisons and jails where these VA devices are stationed will be responsible for safely storing them and making them available for Veteran inmates to engage with VJP staff who are not visiting those facilities in person. The pilot is based on a successful program described in this report that VJP Specialist Brian Brooks and Advanced Telehealth Clinical Technician Hannah Bingham established with two prisons in Iowa in 2019.

## Identifying telejustice practitioners in the Veterans Justice Program: current status

To identify where telejustice was being practiced in the Veterans Justice Program we first looked at data from a 2019 VJP gaps analysis that indicated where telejustice was reported as “operational”. There were 4,252 VTCs, jails, and prisons in the areas where VJP could potentially operate. For the courts, being operational indicates that there is a mechanism for Veterans to appear in court from a remote location. For the jails and prisons, being operational means there is a functional telehealth arrangement to allow telehealth visits. In instances where teleconferencing was in the process of being operationalized, the VA Medical Center was in active collaboration with the court to develop a process to begin offering virtual court appearances or with the prison/jail to develop a Memorandum of Understanding and the required technology interface to begin offering telehealth visits.

Telejustice was reported as operational at 139 or 3% of 4,252 community jails, courts, and prisons and in the process of being operationalized at 214 or 5%. Broken down by entity, telejustice was reported as operational in 50 or 9% of VTCs, 17 or 1% of jails, and 72 or 6% of prisons and in the process of being operationalized at another 57 or 10% of prisons, 107 or 4% of jails, and in 50 or 4% of prisons.

However, having the capacity to provide telejustice does not necessarily translate to active *use* of telejustice, as measured by patient encounter data. Broken down by service provider for FY 2019, these data have given us a clearer understanding of *who* is using telejustice and *how much* they use it, rather than where it is simply *possible* to use it.

- Roughly 14% of providers used telejustice.
- 55 providers recorded a total of 1,312 telejustice encounters, 99% of which were VJO activity.
- Encounters ranged from one to 437 per provider, with the average number being 24.
- Three providers accounted for 53% of the overall encounters, with 437, 157, and 99 encounters each.
- In terms of activity by VISN:
  - VISN 7 reported the highest number of encounters, 468 from nine providers (437 from one provider and 31 from the 8 others);
  - VISN 16 with 309 from six providers (encounters ranging from 99 to 13);
  - VISN 5 with 162 from two providers (156 from one provider and 5 from the other);
  - VISN 10 with 72 from 11 providers (encounters ranging from 40 to 1).

These VISNs and providers accounted for 77% of the overall VJP encounters in 2019.

## Documenting VJO and HCRV Specialists' experiences in implementing telejustice

After consulting with the VJP leadership and the NHCs the Center agreed to gather information from some of the staff working in the Veterans justice area who had implemented telejustice, assemble documentation about best practices, processes, and challenges, and present the information in the form of case studies that would be informative for VA colleagues across the country.

Given our understanding of actual videoconferencing usage, we reached out to staff in VISNs 16, 5, 20, 10, 2, and 23 for preliminary interviews. We had met with VISN 7 staff in December 2019.

Specialists had varying experiences with telejustice and different reasons for integrating the practice into their work. Some needed to reach Veterans in jails and prisons at great distances from the medical center or in rural places that were inaccessible during the winter months. One specialist used VVC to attend VTC sessions remotely to decrease travel time and accommodate court schedules that would have made in-person attendance impossible. Another used VVC to conduct Moral Reconciliation group therapy sessions for Veterans who were working and did not have the time to attend face-to-face meetings. A group of specialists had shifted to VVC and phone contact because they moved from their office space to working from home prior to the COVID outbreak. After early March 2020 all the specialists interviewed were primarily working from home and discovering that connecting with Veterans virtually was a more positive experience than expected for them and the Veterans.

A common challenge was selling the idea to criminal justice partners, making the case that a virtual connection from a VJP Specialist to a court, jail or prison could be as effective as an in-person visit. It was also necessary to have relationships of trust and goodwill with personnel in both VA and the justice systems to support implementation of a plan. Other issues to be navigated included gaining access to the necessary technology, equipment, and system connectivity; attending to confidentiality and privacy issues; and developing MOUs.

VJP Specialists and justice partners cited many benefits of telejustice for Veterans, such as increased access to care for those living far from the medical center or who lacked transportation; more convenient and time-saving access to care for Veterans who were working or simply preferred a virtual connection; and successful virtual group therapy. VJP Specialists reported the benefit of reduced stress and burnout from less traveling and higher productivity from serving Veterans and connecting them with services in less time and with more effectiveness.

## Learnings

- Telejustice activity has been driven by individual initiative, need, and enthusiasm. The VJP Specialists who use it cite many benefits for the Veterans they serve.
- Every VJP Specialist is working in a particular geographic, political, and technological context. There is no "one size fits all" telejustice practice model that can be applied for using teleconferencing in courts, jails, prisons, or other places where justice-involved Veterans may be.
- It takes significant planning, time, and effort to get the program established (MOUs, equipment, support from facility telehealth coordinator). Identifying the correct personnel in both VA and justice systems to support implementation of a new plan is key.

- Establishing a telejustice program is a team effort. It is critical to involve the facility telehealth coordinator from the beginning. It is also important to have ongoing strong and consistent technical support from the coordinator to troubleshoot problems and needs as they arise.
- Relationship building with partners in the criminal justice system is critical, both at the grassroots and leadership level. Many VJP specialists interviewed stressed the importance of having a champion or “friendly partner” in the court, jail or prison to get the program up and running.
- VA Video Connect and Virtual Care Manager have made the technical process of connecting much easier. However, VVC/VCM have their limitations.
- The advent of VA Video Connect has not necessarily made connections with courts, jails, or prisons easier. Firewalls can prevent VVC from working and there are still issues with Wi-Fi, security, equipment, and personnel being available and willing to partner. In addition, VVC’s use of email directed to a Veteran to create a meeting is not an optimal means of establishing a virtual visit in an institution. It requires a workaround that sends the email meeting link to a designated point of contact in those entities as well as other adjustments.
- However, where there’s a will, there’s a way: individual initiative that creates solutions at the local level, combined with leadership that works to acquire the equipment and disseminate promising models and practices, benefits Veterans, staff, and partners. Cases in point include the VJP iPad Outreach Initiative and the VA Portland Healthcare System’s current testing of a new videoconferencing solution that will allow a point-to-point call between a VJO Specialist and a correctional institution.

## Recommendations

1. **Finding:** A detailed guide to using VA Video Connect (VVC) for VJP Specialists does not exist.

**Recommendation:** Develop a detailed VCC guide for VJP Specialists that includes step-by-step instructions to use this virtual modality, including accessing the required training.

2. **Finding:** VA equipment and criminal justice partners’ equipment do not easily interface, making expansion of telehealth encounters difficult.

**Recommendation:** Develop iPad pilot project to loan VA equipment to criminal justice partners to facilitate telehealth visits.

3. **Finding:** Setting up virtual connections in courts, jails, and prisons requires relationships outside of the VA.

**Recommendation:** Codify formal relationship between VA and correctional institution to enable virtual connections through such mechanisms as Memorandum of Understanding (MOU) or the VA’s equipment loan form.

## References

Shore, P. (2015). Telejustice: Reaching Incarcerated Veterans via Telehealth. *Federal Practitioner*, 32(7):26-31.