

VETERANS JUSTICE PROGRAMS (VJP)

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes procedures for the Veterans Justice Programs (VJP), incorporates the functions of both the Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO) Programs.
- 2. SUMMARY OF MAJOR CHANGES.** This directive adds processes and procedures for the Veterans Justice Outreach Program and establishes the VJO and HCRV as the Veterans Justice Programs.
- 3. RELATED ISSUES.** VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics.
- 4. RESPONSIBLE OFFICE.** The VHA Homeless Programs Office (10NC1) is responsible for the contents of this directive. Questions may be addressed to (202) 461-1635.
- 5. RESCISSIONS.** VHA Handbook 1162.06, Health Care for Re-Entry Veterans (HCRV) Program, dated April 9, 2010, is rescinded.
- 6. RECERTIFICATION.** This VHA directive is scheduled for re-certification on or before the last working day of September 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CONTENTS

VETERANS JUSTICE PROGRAMS (VJP)

1. PURPOSE: 1

2. BACKGROUND: 1

3. DEFINITIONS: 2

4. SCOPE: 3

5. RANGE OF SERVICES: 5

6. RESPONSIBILITIES: 7

7. VJP STAFF MEMBER TRAINING, WORKLOAD, AND DOCUMENTATION: 11

8. TREATMENT OBJECTIVES: 12

9. ENVIRONMENT AND FACILITIES: 13

10. LOCAL WRITTEN POLICY AND PROCEDURES: 13

12. WORKING IN THE COMMUNITY AND WITH THE MEDICAL FACILITY: 13

13. PROGRAM MONITORING AND EVALUATION: 14

14. ACCESS TO CARE: 15

APPENDIX A..... 1

VA Office of General Counsel Guidance – Distributed to VISN and VA Medical Facility
Directors October 19, 2010..... 1

VETERANS JUSTICE PROGRAMS (VJP)

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes procedures for the Veterans Justice Programs (VJP) and sets forth the National authority for the administration, monitoring, and oversight of VJP. **AUTHORITY:** Title 38 United States Code (U.S.C.) 2022, 2023; Pub. L. 107-95.

2. BACKGROUND

a. The Veterans Justice Programs consist of two programs that serve Veterans interacting with the criminal justice system across the spectrum from contact with law enforcement to release from prison, jail, and other correctional facilities.

b. The Healthcare for Reentry Veterans (HCRV) Program was developed in response to Public Law (Pub. L.) 107-95 and codified at Title 38 United States Code (U.S.C.) 2022. The Under Secretary for Health, in 2004, adopted the recommendation by the Mental Health Task Force that the Secretary should mandate that all Veterans Integrated Service Networks (VISNs) address the re-entry needs of incarcerated Veterans and develop a plan that will be implemented in fiscal year (FY) 2005. These recommendations were integrated into the Mental Health Strategic Plan, <http://www.va.gov/op3/docs/strategicplanning/va2014-2020strategicplan.pdf> which mandated that all VISNs address the transition needs of incarcerated Veterans and that each VISN submit a specific plan for pre-release assessments of Veterans in Federal and state correctional facilities to determine degree and type of need and methods of providing services.

c. Building on ideas pioneered by a small number of Department of Veterans Affairs (VA) programs in the 1980s and expanded by some Health Care for Homeless Veterans outreach teams in the 1990s, the HCRV Program has been successful in partnering with state and Federal prisons to outreach to incarcerated Veterans; providing pre-release assessment services; referrals; linkages to medical, psychiatric, and social services, including housing resources and employment services; and providing post-release short-term case management assistance.

d. The Veterans Justice Outreach (VJO) Program was developed in response to 38 U.S.C. 2023, although section 2022 authorizes its continued operation following the lapse of section 2023. The Deputy Under Secretary for Health for Operations and Management mandated that all VA medical centers appoint and maintain at least one VJO Specialist to serve the needs of Veterans at the front end of the justice system, those in contact with law enforcement, incarcerated in local jails, and participating in treatment courts.

e. VJP is a component of VHA's homelessness prevention efforts, and is vital for providing a gateway to VA and community services for Veterans who are justice involved. The mission of VJP is to partner with the criminal justice system to identify Veterans who would benefit from treatment and other services. VJP will ensure access

to exceptional care, tailored to individual needs, by linking each Veteran to VA and community services that will prevent homelessness, improve social and clinical outcomes, facilitate recovery and end Veterans' subsequent contact with the criminal justice system.

3. DEFINITIONS

a. **Diversion.** A criminal justice concept that allows a defendant to pursue treatment in lieu of traditional criminal processing. VJP programs are **not** licensed criminal justice diversion programs; however, some courts allow VHA treatment to meet local criminal justice diversion requirements.

b. **Fugitive Felon Program.** VHA's procedures for ensuring compliance with the prohibition on providing certain benefits to fugitive felons as outlined in Public Law (Pub. L.) 107-103 Section 505, "Veterans Education and Benefits Expansion Act of 2001," codified at 38 U.S.C. 5313B. FFP is administered by VA's Office of Inspector General: see VHA Handbook 1000.02, VHA Fugitive Felon Program.

c. **Halfway House.** A residence designed to assist persons, especially those leaving institutions, to reenter society and learn to adapt to independent living. **NOTE:** *This type of facility can be known under a variety of names including residential reentry center, work release facility, community correctional center, or halfway house.*

d. **Incarcerated.** Confinement of a person suspected or convicted of a crime to a jail or prison facility operated by a government, either directly or under contract with another entity. VHA may not provide the medical benefits package to a Veteran who is incarcerated. Medical Benefits Package, 38 CFR 17.38(c)(5): In addition to the care specifically excluded from the "medical benefits package" under paragraphs (a) and (b) of this section, the "medical benefits package" does not include the following: Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services. This exclusion does not apply to veterans who are released from incarceration in a prison or jail into a temporary housing program (such as a community residential re-entry center or halfway house). **NOTE:** *If there is a question about whether a Veteran is legally incarcerated, please check with Regional Counsel; different states, counties and cities use jail facilities for purposes that may not meet the definition of incarceration.*

e. **Justice Involved Veteran.** A Veteran with active, ongoing, or recent contact with some component of the criminal justice system. This is a broad term and can be used to signify Veterans across the entire criminal justice continuum, or those with one or more of a range of criminal justice statuses:

(1) Those who encounter law enforcement resulting in arrest or diversion to treatment or other services;

(2) Those with active criminal charges who are residing in the community;

(3) Those who are incarcerated pre-trial in a local jail; and

(4) Those residing in the community while being seen in a local criminal court, Veterans Treatment Court, or other treatment court.

(5) It also includes Veterans who are serving sentences in jail and prison facilities (see Reentry Veteran, below).

NOTE: *All reentry Veterans are justice-involved Veterans, but not all justice-involved Veterans are reentry Veterans.*

f. **Reentry Veteran.** A Veteran currently serving a sentence at a state or Federal correctional facility, or serving a sentence at a local jail facility, who is planning for release to the community. In previous guidance this was restricted to Veterans within 6 months of release; that time restriction is no longer applicable.

g. **Veteran.** For the purposes of this directive a Veteran is a Veteran eligible for the VA medical benefits package, defined at 38 CFR 17.38. **NOTE:** *When conducting outreach in justice system settings, VJP Specialists routinely encounter individuals who are known to be ineligible for VA health care, or whose eligibility status is uncertain (i.e., Veterans who are not enrolled with VHA). In these situations, a Specialist may assist an individual with the VHA enrollment process, or, if an individual is known to be ineligible, refer to appropriate non-VA services.*

h. **Veterans Justice Program.** A VHA community-facing outreach program intended to identify Veterans in criminal justice settings and link them to indicated VA and community services. VJP is a prevention-oriented component of the VHA Homeless Programs, and incorporates the functions of both the Health Care for Reentry Veterans and Veterans Justice Outreach programs.

i. **Veterans Treatment Court.** A treatment court model that brings Veterans together on one docket to be served as a group. A treatment court is a long-term, judicially-supervised, often multi-phased program through which criminal offenders are provided with treatment and other services that are monitored by a team which usually includes a judge, prosecutor, defense counsel, law enforcement officer, probation officer, court coordinator, treatment provider and case manager. Jurisdictions differ in the level of criminal offenses they accept, as well as whether to operate a pre-plea and/or post-plea model. VA is a treatment provider partner to these courts and does not provide court funding; VJP Specialists working in the courts do not make criminal justice decisions or provide legal counsel or forensic mental health evaluations.

4. POLICY

It is VHA policy that VISNs and VA medical facilities partner with criminal justice agencies to conduct regular outreach to Veterans in criminal justice settings (e.g., prisons, jails, and courts) in order to facilitate their access to needed VA health care.

5. SCOPE

a. VJP constitutes a continuum of services designed to serve justice-involved Veterans. HCRV serves Veterans incarcerated in state and Federal prison and

Veterans re-entering the community after incarceration in state and Federal prison. Veterans Justice Outreach serves Veterans in contact with community law enforcement, incarcerated in local jails, and involved with treatment courts. The intention is to offer a VA intervention at any point in justice involvement, from initial law enforcement contact through and beyond release from a jail or prison facility after a conviction. This includes direct outreach and engagement of Veterans, as well as education of VA and criminal justice staff to create cultural competency regarding serving Veterans, and internal to VA to create competency in working with populations seen in criminal justice.

b. VJP is a community-facing outreach program. The central goal of VJP is to identify vulnerable Veterans through outreach in criminal justice settings, to engage them in treatment and rehabilitation programs or community support services that will assist to:

- (1) Prevent their homelessness;
- (2) Facilitate recovery and readjustment to community life; and
- (3) Desist from commission of new crimes or parole or probation violations.

c. Data from multiple studies show that criminal justice populations have many risk factors, such as histories of homelessness, mental illness, substance abuse, unemployment, and high rates of chronic health problems and infectious disease, that place them at high risk for recidivism and for failure in community functioning. VJP Specialists perform outreach services in correctional institutions and courts to engage justice involved Veterans in VHA services that can support healthy community functioning.

d. The services VJP offers include but are not limited to treatment-matching assessment; referrals; linkages to medical, psychiatric, and social services, including housing resources and employment services; and case management support for Veterans who are in the community to create opportunities for justice-involved Veterans to engage in services that may assist them in their success.

e. The program philosophy described in this directive applies to all VA VJP programs. However, it is recognized that flexibility is required to adapt these guidelines to each Regional and VA medical center's VJP Programs due to geographic variation in penal institutions and courts, special needs of the Veteran population, and the availability of local VA and community resources.

f. VJP staff members are medical center-based, and VJP services are provided in prisons, jails, courts and other criminal justice settings throughout each medical center's catchment area.

g. Some VJP Specialists function at the state level as liaisons and points of contact for state Departments of Corrections and other state agency officials. When a state is divided between two or more Regions, the VJP Specialists assigned to each Region need to designate a primary VJP contact for the state in order to create ease of access

to VA services. Some VJP Specialists functioning at the state level provide services in more than one VA medical center service area within a VISN. In these cases, the VISN may determine how to capture workload.

6. RANGE OF SERVICES

VJP includes a range of services intended to assist justice-involved Veterans. It is a multistage program establishing contact with Veterans, many with mental illness and/or substance use disorders, in prison, jail, court and other criminal justice settings, and facilitating their access to a wide range of medical, psychiatric, employment, and social services. Some of these VJP services are:

a. **Outreach.** Outreach identifies Veterans among persons incarcerated in prison or jail, or otherwise in contact with criminal justice agencies. Engaging Veterans in participation in a treatment-matching assessment and follow-up with services is a vital component of outreach. **NOTE:** In many communities, state Department of Corrections and local county and city law enforcement agencies have partnered with VA to use the Veterans Reentry Search Service (VRSS) to identify Veterans. For more information on VRSS see: <https://vrss.va.gov/>.

b. **Treatment-Matching Assessment.** Treatment-matching assessment provides an initial determination of the needs of the Veteran seen by the VJP Specialist, and develops an initial plan. Once the Veteran presents at a VA medical center following outreach, a clinical assessment to determine medical and psychiatric diagnoses and other biopsychosocial needs, occurs at the time of medical or psychiatric evaluation and/or treatment program screening. **NOTE:** *While a Veteran is incarcerated, VHA may not provide the medical benefits package, please see: 38 CFR 17.38(c)(5).*

c. **Education.** Education provides the Veteran with information on resources such as VA medical, psychiatric, substance use disorder and employment services, post-release housing and community services, and benefits. As part of this education service, VJP Specialists are responsible for maintaining state-specific Incarcerated Veterans Reentry Guides which contain information on resources and how to plan a successful reentry. http://www.va.gov/homeless/reentry_guides.asp.

d. **Case Management.** VJP is a community-facing outreach program, focused on making contact with justice-involved Veterans and linking them to needed services primarily within VHA, a health care system with extensive, well-established case management resources and procedures. VJP Specialists sometimes provide case management services when a Veteran's circumstances make this appropriate (e.g., long-term participation in a Veterans Treatment Court, short-term case management to assist in engaging in VHA services). When VJP Specialists do provide case management services:

(1) These will adhere to the principles and practices established by VHA directive 1110.04, and to facility-specific policies regarding case management.

(2) When a Veteran has met their case management goals with the VJP Specialist and has engaged in ongoing VA clinical care, VJP will exit the Veteran from VJP case management so the Veteran may transition to their ongoing, primary source of care. Based on the individual needs of the Veteran and the local care continuum structure, Veterans may need to re-engage with VJP at the end of treatment in other VA clinical programs. In some instances, Veterans are seen for long periods of time in VJP (for example during extended Veteran Treatment Court oversight); when that occurs, the VJP Specialist and other treating clinicians will determine who will be identified as the primary case manager.

(3) The VJP model does not require a minimum or maximum case management time frame; Veterans exiting prison or jail with no ongoing criminal justice supervision may have very limited case management needs to engage with VA clinical services, while Veterans being overseen by a Veterans Treatment Court may have long-term case management needs from the VJP Specialist who is part of the court team.

e. **Consultation and Advocacy.** Consultation and advocacy with VA and non-VA community programs provide the opportunity to address the receipt of VA services and issues presented by justice-involved Veterans. Consultation and advocacy have the goals of keeping barriers to service low, and ensuring timely access to the continuum of care necessary to assist Veterans with community stability. Activities may include formal education to internal VA staff or external criminal justice stakeholders, meeting with leadership at a variety of levels, including VA leaders, criminal justice leaders, and elected officials, and one-on-one consultation regarding plans of clinical care. ***NOTE:*** *VJP advocacy is focused on access to clinical services, both for individual Veterans and for the justice-involved Veteran population generally. VJP does not attempt to influence criminal justice outcomes such as charging decisions made by a judge, or to otherwise advocate for or represent a Veteran as would his or her attorney.*

f. **Systems Intervention.** Systems intervention is intended to improve VA, criminal justice, and non-VA community programs' services to Veterans involved in criminal justice. It includes educating all stakeholders about the population, and developing and negotiating strategies to change organizational policies to better serve Veterans involved in the criminal justice system. This establishes processes to:

(1) Identify Veterans in criminal justice settings;

(2) Educate criminal justice and community staff members about available VA services;

(3) Coordinate outreach processes across VA, criminal justice and community organization systems; and

(4) Develop new, innovative programs and defining all stakeholders' roles, for example start a Veterans Treatment Court, Veterans dorm in a jail or prison, or Veterans diversion program.

7. RESPONSIBILITIES

a. **Homeless Programs Office.** The Homeless Programs Office (10NC1), VHA Central Office is responsible for ensuring that:

(1) Funds for VJP programs are distributed to medical facilities expediently and in a manner consistent with VA regulations.

(2) Guidance, based on relevant laws, regulations, directives, and analysis of collected data, is provided to VISNs and VA medical facilities. This ensures that VJP programs are maintained and the program provides quality services which are in compliance with existing VA regulations as well as operating in accordance with applicable program policies.

(3) Guidance, based on relevant laws, regulations, directives, and analysis of collected data, is provided to other agencies such as United States (U.S.) Department of Justice, U.S. Department of Labor, U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services. This ensures that VJP programs operate in cooperation with reentry efforts being developed and operated by other Federal, local government, and community agencies.

(4) A National quality assurance program is maintained by the VJP Program Manager monitoring VJP Specialists' access to prisons and jails, partnership with Veterans Treatment Courts, justice-involved Veterans' access to VA programs, and outcomes for justice-involved Veterans contacted through VJP once they are seeking services through VA programs.

b. **Veterans Integrated Services Network Director.** The VISN Director is responsible to:

(1) Provide and maintain oversight of VJP programs to ensure the programs offer the expected range of quality services that are in compliance with existing laws and regulations.

(2) Ensure justice-involved Veterans have access to VA programs that meet their needs to the extent the Veterans are eligible.

(3) Ensure timely completion of all mandated reporting, monitoring, and evaluation requirements.

(4) Ensure training addressing reentry needs and interventions specific to this population is provided for appropriate managers and clinicians.

(5) Ensure collaboration between VISNs that share a state.

c. **Network Homeless Coordinator.** The Network Homeless Coordinator (NHC) is responsible to:

(1) Oversee and monitor the VJP programs in his or her VISN. This includes support and guidance to ensure coordination and integration with other VA Services (for example Medical, Mental Health, Substance Use, and other Homeless Programs).

(2) Coordinate VISN-wide VJP reports, assessments, evaluations, and follow-up actions to implement VHA policy and procedures.

(3) Review VJP program critical incidents and initiate appropriate investigation and follow-up activities in collaboration with the medical center.

(4) Provide support, guidance, and advice to VJP program staff through regular communication, which must include, but is not limited to, regular site visits, including visits to a court, jail, and/or prison.

d. **VA Medical Facility Director.** The VA medical facility Director is responsible to:

(1) Provide and maintain oversight of VJP programs to ensure the programs offer the range of quality services that are in compliance with existing laws and regulations.

(2) Participate in annual strategic planning that is completed at the medical center level.

(3) Ensure justice-involved Veterans have access to VA programs that meet their needs to the extent the Veterans are eligible.

(4) Ensure that VA staff members assigned to the VJP Program have the appropriate backgrounds, education, experience, competencies, and training in evidence-based mental health and criminal justice specific interventions necessary to provide outreach in prison and jail settings and case management to a justice-involved population. VJP Specialists should be licensed independent practitioners (psychologists, social workers, nurses, or licensed mental health counselors would be appropriate).

(5) Ensure VA staff members assigned to the VJP Program have the appropriate tools to accomplish their activities. For example, specialists are primarily field-based, so they require both office accommodations at the VA medical center and field tools such as access to VA cars, VA laptop computers with wireless modems, VA cell phones, and VA tele-health equipment. Also, since VJP Specialists primarily work with Veterans new to the VA system, they need access to eligibility staff members or to eligibility tools such as a Hospital Inquiry (HINQ) request from the Veterans Benefits Administration (VBA), Veterans Information System (VIS), and Enrollment System Redesign (ESR).

(6) Require timely hiring and backfilling of VJP positions to promote continuity of services to justice-involved Veterans.

(7) Ensure that VJP Specialists in centrally funded positions are not assigned collateral duties that interfere with their ability to perform their VJP duties.

(8) Support VJP Specialists in meeting the demands of a complex and challenging role by facilitating their access to ongoing training and other opportunities for professional development and advancement. This includes providing financial support for non-VA training and external training events when possible.

(9) Ensure training addressing interventions specific to this population is provided for appropriate managers and clinicians.

e. **Veterans Justice Programs Supervisor.** The VJP Supervisor is responsible to:

(1) Review VA's Northeast Program Evaluation Center (NEPEC) evaluation results and other evaluation data.

(2) Work with VA medical facilities, VISN Network Homeless Coordinators, and the VHA Central Office VJP Program Manager to provide program oversight and take action to correct any deficiencies that are discovered.

(3) Work with medical facility quality and performance management staff to develop a quality and risk management reporting system for VJP Veterans. This system is to include both quality issues involving VJP Veterans' access to VA programs and risk issues involving VJP Veterans.

(4) Review VJP critical incidents, and initiating appropriate investigation and follow-up activities in collaboration with the VA medical facility staff. This includes initiating Heads-up notifications and Issue Briefs as needed following VHA, VISN, and local policies.

(5) Provide support, guidance, and advice to VJP Specialists through regular communications, including site visits to prisons, jails and courts to facilitate mentoring and problem solving and facilitating site visits by justice system staff to VA medical facilities.

f. **Veterans Justice Programs Specialist.** The VJP Specialist is responsible to:

(1) Implement the VJP Program as outlined in this directive. Depending on local needs, local positions may be defined as HCRV, VJO or a hybrid position that combines duties across the continuum of justice involvement.

(2) Develop processes to gain access to criminal justice settings. This may include state and Federal prisons, county and city jails, and courthouses and will involve obtaining appropriate security clearance, completing any required training, and presenting program information to correctional officials and officers.

(3) Develop and utilize processes (potentially including VRSS) for identifying Veterans in criminal justice settings.

(4) Develop processes for verifying the Veteran status and VHA eligibility of justice-involved Veterans.

(5) Establish and maintain points of contact with all major clinical services at each VA medical facility where Veterans will be referred to facilitate entry into those services.

(6) Identify VA and non-VA resources that can assist justice-involved and reentry Veterans with their community stabilization process.

(7) Provide outreach to Veterans in prison and jail settings. For Veterans who are eligible for VHA health care this includes psychosocial assessments and development of referral plans with Veterans. **NOTE:** *This includes providing VA and non-VA resource information to Veterans individually or in groups in prison and jail settings.*

(8) Provide referrals and directly link Veterans to VA resources, including Vet Centers, to the extent the Veteran is eligible. Provide information and linkage to community resources as appropriate.

(9) Conduct correspondence with incarcerated Veterans and other involved parties (e.g., corrections, parole, probation, family) as needed. **NOTE:** *Consent of the incarcerated justice-involved Veteran must be obtained in accordance with relevant VA regulations and policy before any communication with a non-VA party.*

(10) Provide case management as needed to coordinate treatment with VA services and other involved institutions, including parole and probation. **NOTE:** *Case management responsibility transfers to the receiving VA clinical program, as described in Handbook 1110.04: Case Management Standards of Practice, once a justice-involved Veteran is fully engaged in care.*

(11) Lead non-clinical program development activities that help develop, maintain, or expand the program locally. This would include such activities as delivering informational presentation about VJP to VA or community audiences, serving on justice-related planning committees, and meeting with local criminal justice staff to negotiate access to the facility.

(12) Document, using VA standards (see, e.g., VHA Handbook 1907.01, Health Information Management and Health Records), the assessment and clinical progress of the Veteran. When a Veteran is referred to another program, this referral must be clearly documented in the medical record. **NOTE:** *Documenting legal charges: VA's Office of General Counsel has offered the opinion that a Veteran's legal history and charges should not be documented in detail in the medical record unless they have direct bearing on clinical treatment.*

(13) Document VJP Program participant data, as outlined by the Homeless Programs Office evaluation procedures. All Veterans who will be seen in VJP must be recorded in the Homeless Operations Management and Evaluation System (HOMES).

(14) Document non-clinical program-development activities in accordance with guidance provided by NEPEC. For detailed guidance, see: <http://vaww.infoshare.va.gov/sites/vhahl/HR RTP/VJP/Shared%20Documents/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site not available to the public.*

(15) Coordinate with the national network of VJP Specialists to ensure continuity of care for justice-involved Veterans released to communities and states that are far distant from the facility where they are incarcerated.

(16) Serve as the medical center's liaison with local law enforcement agencies, to inform those agencies about locally-available resources for Veterans encountered in crisis situations, and help develop procedures for local law enforcement officers to bring justice-involved Veterans to VA medical centers for needed care. This liaison activity may include the delivery of basic informational presentations at law enforcement staff meetings, participation as faculty in a law enforcement training academy curriculum or other ongoing training series, or other activities as appropriate.

8. VJP STAFF MEMBER TRAINING, WORKLOAD, AND DOCUMENTATION

a. **Staff Training.** Training, including mandatory training on data collection procedures, is offered to VJP staff members through face-to-face conferences, web-based media, conference calls, and one-on-one support from VHA Central Office. Each member of the VJP staff is required to avail themselves of this training.

b. **Workload.**

(1) VJP staff member workloads vary based on a number of factors. Due to the diversity of tasks VJP Specialists encounter, they may not meet usual office-based mental health clinic workloads. Extenuating factors, such as site-specific situations (e.g., urban versus rural, concentrations of prisons in certain states) impact workloads. For example, time spent traveling to prison and jail sites reduces the time available to perform outreach and case management, in some cases travel distances between institutions in a catchment area may be particularly large.

(2) VJP Specialists are involved in advocacy, networking, and collaboration with community-based organizations. Their functioning on community reentry boards, contacting community agencies, developing community resources, training law enforcement officers, and participating in community meetings accounts for variation in workload.

(3) Consistent with the principles outlined in VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers, VJP Supervisors should work individually with VJP Specialists to determine clinical workload targets based on nature of each individual position, correctly labor mapping clinical time, administrative time, and teaching time based on an evaluation of each Specialist's duties. In large catchment areas, drive time with no Veteran contact also needs to be considered as a factor when determining workload targets.

(4) HCRV clinic visits are identified using the 591 Decision Support System (DSS) Identifier (stop code). VJO clinic visits are identified using the 592 Decision Support System (DSS) Identifier (stop code). Staff performing in a hybrid HCRV and VJO role should have clinics using both DSS identifiers.

c. **Documentation.**

(1) Consistent with local professional standards requirements, all clinical contacts with justice-involved Veterans who are VHA eligible must be documented in the medical record.

(2) Only information relevant to treatment is to be provided in the medical record. VJP Specialists must not offer detailed information regarding a justice-involved Veteran's criminal history or details of pending charges that have the potential to create stigma and develop barriers to treatment. When criminal justice information is relevant to treatment planning or required as part of a clinical program intake screening process, careful language must be used to describe a criminal offense, not labeling a Veteran based on the nature of a crime.

(3) Consistent with Office of General Counsel Guidance, Veterans with sex offense histories must be treated the same as all other VHA eligible Veterans. Their medical records should not be flagged to reveal their sex offender status as there exists no health care treatment reason to do so. Indeed, in accordance with 38 U.S.C. 5701, 7332, The Privacy Act of 1974, 5 U.S.C. 552a, and the HIPAA Privacy Rule, 42 CFR Part 160, a patient's status as a sex offender should only be disclosed to VA employees with a need to know the information in order to perform their official duties.

9. TREATMENT OBJECTIVES

The treatment objectives of the VJP Program are to:

- a. Engage the justice-involved Veteran in a treatment matching assessment;
- b. Facilitate engagement in recovery activity, including treatment when indicated;
- c. Refer and link the justice-involved Veteran, as clinically indicated, to needed medical, mental health, substance use disorder, employment, housing, and social services that promote stability in the community, to the extent the Veteran is eligible;
- d. Ensure the justice-involved Veteran is stabilized with services post-release and as needed use case management to enhance engagement with these services;
- e. Create trust and instill hope;
- f. Provide opportunities to enhance self-esteem, self-efficacy, and independence; and
- g. Target behaviors that can result in rearrest and reincarceration. **NOTE:** *Some sites have implemented systematic practices to target criminogenic behaviors, such as Motivational Interviewing, Moral Reconation Therapy, Reasoning and Rehabilitation, and Thinking for Change.*

10. ENVIRONMENT AND FACILITIES

a. **Office Location.** VJP staff members usually have office space located in a VA medical facility. In some locations, VJP staff members are allocated office space by community partners, or tele-work.

b. **Space and Environment.** Safe, private space needs to be available for VJP Specialists to provide adequate privacy for clinical interviews and case management with Veterans.

c. **Work in the Community.** VJP Specialists work in limited-access environments where they are guests in other government agencies' facilities. When working in criminal justice facilities and in the community, VJP Specialists must follow all safety instructions of criminal justice staff members, and community training guidelines provided by the VA Prevention and Management of Disruptive Behavior (PMDB) Employee Training Program.

11. LOCAL WRITTEN POLICY AND PROCEDURES

If not already incorporated in other VA medical center policies, VJP must develop local policies and standard operating procedures for local program definition and interface with other local programs. These policies and procedures must include:

- a. Position descriptions and duties;
- b. Staff travel, local transportation, and education policies;
- c. Regulations and procedures for psychiatric and medical emergencies;
- d. Documentation policies;
- e. Staff schedules and outreach sites to keep supervisors informed of prison and jail visitation scheduling;
- f. Guidelines and procedures for routine medical and psychiatric care referral;
- g. Veteran peer support or peer mentoring process; and
- h. Procedures for linking Veterans to non-VA legal services as needed, including the operation of an on-site legal clinic, if applicable.

12. WORKING IN THE COMMUNITY AND WITH THE MEDICAL FACILITY

a. **Networking.** The relationship between VJP Specialists and the criminal justice partners in their catchment area is key to program success. VJP staff members must maintain a positive relationship with criminal justice leaders, community, and other local and state governmental staff members in order to maintain access to justice-involved Veterans. VJP Specialists are encouraged to join state, county and local task force bodies that address reentry and other criminal justice programs. Additionally,

developing strong relationships with other VA programs and VA staff members (e.g., Vet Centers) expands the scope of resources the VJP Specialist can offer justice-involved Veterans in the course of developing a treatment plan. VJP Specialists must actively network with VA and community programs to establish and maintain linkages to provide additional resources for referrals.

b. **Sources of Referrals.** The primary source of VJP referrals is criminal justice partner agencies. Outreach to prison and jail facilities is critical to begin treatment planning prior to the Veteran being released. Referrals may also come directly by letters from incarcerated Veterans, their family members, or other advocates. **NOTE:** *VJP Specialists are encouraged to consult with VHA clinicians when a Veteran already established in VHA care becomes involved in criminal justice issues, but should not assume primary responsibility for coordinating the Veteran's treatment plan as the VJP program is to be outreach-focused.*

c. **Independence and Flexibility to Meet Needs.** VJP staff members must have the flexibility to develop innovative approaches to perform outreach in prison and jail facilities. Supervisors must give VJP Specialists the autonomy, flexibility, and resources needed to develop outreach strategies to identify and engage Veterans involved in the criminal justice system. This may include resources such as cellular phones, laptop internet connectivity, and access to telehealth equipment in order to function effectively and professionally in the field.

13. PROGRAM MONITORING AND EVALUATION

a. **Evaluation Goals.** VJP is monitored by the Healthcare System, West Haven Campus. Homeless Program Office, with support from the Northeast Program Evaluation Center and the National Center on Homelessness Among Veterans. For additional information about program monitoring, see: <http://vaww.nepec.mentalhealth.va.gov/PHV/HOME/description.htm>. **NOTE:** *This is an internal VA Web site not available to the public.* Questions regarding the evaluation need to be directed to the Homeless Program Office. The evaluation goals are to:

- (1) Describe the status and needs of justice-involved Veterans;
- (2) Monitor services delivered to Veterans in the program;
- (3) Ensure program accountability; and
- (4) Identify ways of refining the clinical program.

b. **Monitoring Components.** The monitoring component of the VJP program evaluation provides ongoing information about program operation. This monitoring effort includes:

- (1) The collection of information about staffing and staff vacancies;
- (2) The measurement of workload of VJP Specialists (i.e., number of Veterans served and number of contacts with each Veteran);

(3) An analysis of information concerning the Veterans served in the program, including demographics, homeless history, psychiatric and substance use disorders, work, income, past treatment, and past incarcerations;

(4) An analysis of information concerning outreach to and work with specific prison, jails, and court programs visited;

(5) Monitoring of VJP Specialists' non-clinical workload, including efforts to negotiate access to new prisons or jails, or to assist in communities' development of new Veteran-focused courts, and relevant community liaison and education/training conducted;

(6) Fiscal monitoring; and

(7) Assessing justice-involved Veterans access to VA programs by overseeing and monitoring national performance metrics and remediating any deficiencies identified to ensure successful VJP implementation.

c. **Feedback to VJP Specialists.** Periodic progress reports are distributed to all program sites. Specialists are encouraged to correct faulty data and to submit any additional information as needed.

d. **Quality and Performance Processes:** Quality assurance and improvement processes are to be carried out in conjunction with VA medical center Quality and Performance Initiatives.

14. ACCESS TO CARE

a. **General Access Principles.** Reentry and justice-involved Veterans, deemed by the justice system to have served time for their offense or to be eligible for treatment as an alternative to criminal sanctions, must be served by VA in the same patient-centered manner as other Veterans in VA medical and mental health settings.

(1) Equality of access: VA facilities must not deny care or treat differently with regard to wait lists any enrolled Veteran solely because of his or her legal history or probation or parole status.

(2) Screening and documentation: VA programs' screening and assessment process must consider a Veteran's current legal circumstances and determine whether the program can meet the individual Veteran's needs while maintaining the program's safety, security, and integrity. Legal history alone is not sufficient for denial of program admission. If there are uncertain elements of a Veteran's presenting status or risk, or questions about how a program might meet an individual Veteran's needs, the program should enlist risk assessment evaluation via a Prevention and Management of Disruptive Behavior (PMDB) consultation or by a Licensed Independent Provider (LIP) with appropriate training in behavioral risk assessment. Veterans not accepted for care must be provided information as to the reason for non-acceptance. The reasons for non-acceptance must be appropriately and clearly documented in the Veteran's health care record, available for clinical review. In cases of non-acceptance, alternative sources of care must be explored and referrals given to ensure that needed care is

provided. For additional guidance, see the 2009 Deputy Under Secretary for Operations and Management memorandum Access to VA services for reentry and justice-involved Veterans,” available at:

<http://vaww.infoshare.va.gov/sites/vhahl/HR RTP/VJP/Shared%20Documents/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(3) Criminal background checks: VA’s Office of General Counsel has confirmed that VA clinical and administrative staff members may not use criminal background checks to inform treatment planning, including internet searches of criminal records. VA Police may only perform criminal background checks when there is a law enforcement requirement, not to inform treatment planning. **NOTE:** *VJP staff members may check inmate locator websites to determine the location of a Veteran for outreach visit purposes only.*

(4) Court dates: A Veteran’s upcoming court date(s) may not be the sole basis for denial of admission to a VA program. VA staff members may not require a Veteran to resolve upcoming legal issues before applying for clinical services.

b. Clinical Decision Making and Legal Mandates.

(1) VHA does not provide custodial treatment or locked alternatives to incarceration.

(2) VHA provides treatment when clinically indicated based on a clinical evaluation, not based on a Veteran’s legal requirements, for example a parole or probation officer’s orders, or a judge’s mandate. A court or other criminal justice entity may determine that the VHA care plan meets its requirements and order a Veteran to engage with VHA services, but it may not dictate a treatment plan to VHA. **NOTE:** *VHA can and does provide treatment to Veterans who are “court-ordered” to receive such treatment, but VHA cannot itself be “court-ordered” to provide or deny treatment to a Veteran, or to alter the scope or particulars of its clinician-determined treatment plans.*

(3) Urine/other drug testing: Testing for alcohol or drug use as part of a substance use disorder treatment program should be determined by clinical need, not by a criminal justice mandate. See VHA Handbook 1160.04, VHA Programs For Veterans With Substance Use Disorders (SUD). A Veteran may choose to authorize release of their results to a criminal justice entity, but VHA does not need to change the schedule, type, or procedures of its testing in order to meet a criminal justice standard.

c. Special Populations. All states are required under federal guidelines to maintain a registry of offenders who have committed certain sexual offenses after those offenders have served a sentence and been released to the community. Some states are now also registering offenders who have committed murder or arson. Based on state and local guidelines, persons on these registries often are restricted from living in certain areas in the community, including areas close to parks, schools, and day care centers. Some states also require community notification when a person on a registry moves to the area. VA’s Office of General Counsel has confirmed:

(1) VA must treat a Veteran who needs to register as a sex offender the same as any other Veteran.

(2) VA may not place a flag on a Veteran's electronic health record based upon needing to register as a sex offender. If the Veteran presents a safety concern and requires an escort while on campus a safety flag may be placed on the record but it must not identify the Veteran as a sex offender.

(3) VA Police may not check on Veterans to confirm their address or confirm addresses to local community law enforcement.

(4) On Federal grounds a Veteran is not limited as to where they may seek services or reside based on the location of child care centers. If there is a child care center on VA Federal land, a Veteran who is a sex offender may pursue residential treatment on grounds and seek services on grounds. If the Veteran presents a safety concern to children, a safety flag may be placed on the electronic health record requiring an escort while on VA campus as in (2). **NOTE:** See Appendix A for the complete guidance document

VA Office of General Counsel Guidance – Distributed to VISN and VA Medical Facility Directors October 19, 2010

1. VA Responsibilities Concerning Registered Sex Offenders Seeking Treatment at VA Facilities.

2. It has come to our attention that some VA Medical Facilities and Health Care Systems have developed internal policies concerning registered sex offenders. These policies include flagging a patients' medical record to indicate sex offender status, and having VA Police check to ensure the sex offender is living at the address at which s/he is registered. Such policies are improper.

3. VA Medical Centers should treat Veterans eligible for VA health care who are also registered sex offenders the same as they would any other patients. Their medical records should not be flagged to reveal their sex offender status as there exists no health care treatment reason to do so. Indeed, in accordance with 38 U.S.C. 5701, 7332, the Privacy Act, 5 U.S.C. 552a, and the HIPAA Privacy Rule, a patient's status as a sex offender should only be disclosed to VA employees with a need to know the information in order to perform their official duties. However, if Security and Law Enforcement believe that a patient poses a risk to other individuals and should be escorted by Security while on VA property as a matter of health care operations, the medical records could be flagged to indicate that the patient needs an escort and Security and Law Enforcement should be contacted when the patient is on VA property. The flag should not identify the patient as a sex offender.

4. VA Police law enforcement authority is limited to crimes occurring on the property. See 38 U.S.C. 902, Enforcement and arrest authority of Department police officers. Hence VA Police have no authority or responsibility to follow up with local authorities to ensure that registered sex offenders are living at the correct address.

5. Finally, many states prohibit registered sex offenders from coming within a certain distance of a child care center. VA medical facility with child care centers are not bound by such laws as enforcement of same could result in a Veteran who is otherwise eligible for treatment under Federal law, being denied care at the VA medical facility because of a State law. The Supremacy Clause of the United States Constitution would thus preclude enforcement of the State law. However, if Security and Law Enforcement believe that a patient poses a threat to children, the medical records could be flagged to indicate that an escort is needed for the patient while on VA property.