



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420**

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**GUIDELINES AND RECOMMENDATIONS FOR SERVICES PROVIDED BY VHA
FACILITIES TO INCARCERATED VETERANS RE-ENTERING
COMMUNITY LIVING**

1. This Information Letter provides background on the needs of incarcerated veterans re-entering the community, clarifies Veterans Health Administration (VHA) authority to provide services to these veterans, outlines pertinent VHA activity, and makes recommendations regarding services to this group of veterans.

2. Background

a. In Public Law (Pub. L.) 107-95, Section 2022, Congress directed the Department of Veterans Affairs (VA) to devise an outreach plan through both the Office of Mental Health Services and the Readjustment Counseling Service to provide referrals for readjustment, as well as mental health and substance abuse services. 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." The Mental Health Strategic Plan (see subpar. 4a) incorporates the Under Secretary's recommendation.

b. Nearly 650,000 people were released from prison in 2004, and over 7 million people were released from jails across the United States (US) (see subpar. 4b). Re-entry is the process of transition that these individuals make from prison or jail to the community. In 1998, 12 percent of these individuals were veterans, and an estimated 80 percent of those veterans were eligible for VA services (see subpar. 4c).

c. The 2000 Bureau of Justice Statistics report on incarcerated veterans documented that veterans in prison (or jail) have high levels of community readjustment problems. Overall, 81 percent reported having drug use problems prior to incarceration and 31 percent in prison (35 percent in jail) reported CAGE-assessed (CAGE is an acronym for a substance abuse assessment tool) current alcohol dependency; 12 percent in prison (23 percent in jail) were homeless for some period during the 12 months before incarceration, and 19 percent in prison (25 percent in jail) have been identified as mentally ill during incarceration.

d. Statistics on the general inmate population suggest significant health risks for re-entering veterans. The National Commission on Correctional Health Care Report (see subpar. 4d) to Congress estimated that rates of infectious diseases were dramatically higher among inmates and releasees compared to prevalence in the general population: five times higher for Acquired Immune Deficiency Syndrome (AIDS), nine times higher for hepatitis C, and four times higher for tuberculosis. Among the three chronic diseases studied, prevalence rates for asthma (8.5 percent) were higher among inmates, and, while lower for diabetes (4.8 percent) and hypertension (18.3 percent), the prevalence rates of these illnesses were still high. The Report notes that “many inmates are released into the community while still being treated for communicable and chronic diseases or mental illness.” Accordingly, significant numbers of incarcerated veterans (at risk for homelessness, substance abuse, mental illness, and disease) are eligible for VA services when re-entering communities and require multiple post-incarceration services, including medical, psychiatric, and substance abuse treatment, transitional housing, vocational rehabilitation and employment, and veterans benefits services.

e. A number of VA Medical Center programs and Vet Centers provide one or more of the following services to incarcerated veterans through agreements with state or local correctional facilities:

(1) Pre-release services to help veterans re-enter their communities;

(2) Post-release linkage to residential programs to help incarcerated veterans find housing; and,

(3) Scheduling of compensation and pension exams to ensure that the process of restoring veterans’ benefits begins immediately upon release.

f. In order to determine accurate estimates of re-entering veterans, VHA has begun to collaborate with the US Department of Justice, Bureau of Justice Statistics and individual states’ Department of Corrections to develop processes for identification and location of re-entering veterans in specific correctional institutions.

3. Guidance and Recommendations. This paragraph provides guidance regarding the provision of services, and outlines of current VHA activity targeted to incarcerated veterans re-entering the community and veteran population.

a. Authority

(1) Under Title 38 Code of Federal Regulations section 17.38, VA excluded from the medical benefits package “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.”

(2) In Pub. L. 107-95, Section 2022, Congress mandated that “the Secretary, acting through the Under Secretary for Health, shall provide for appropriate officials of the Office of Mental Health Services and the Readjustment Counseling Service of the Veterans Health Administration to develop a coordinated plan for joint outreach to veterans at risk of homelessness, particularly veterans who are being discharged or released from institutions after inpatient psychiatric care, substance abuse treatment, or imprisonment.”

b. VHA may not provide (unless contracted through an enhanced sharing agreement) medical services while the veteran is institutionalized, but VHA may conduct an outreach program to tell veterans about possible VA benefits, and provide psychosocial assessments for incarcerated veterans in pre-release status (usually within 6 months of the release date) to permit VA to initiate re-entry planning and to promote sound clinical continuity of care for the veterans.

c. Consistent with the intent of Congress in Pub L. 107-95 regarding outreach, the Deputy Under Secretary for Health for Operations and Management requested in March 2005 that VISN Directors task VISN Homeless Coordinators to develop state-specific resource guides for incarcerated veterans, key aspects of which were to:

(1) Provide contact information of local VA staff and other government and community organizations, and

(2) Outline steps that veterans themselves can take to plan their re-entry.

d. VISN homeless coordinators have developed the guides, have contacted top-level state correctional authorities to orient correctional authorities to the VHA re-entry planning initiative, and have consulted with correctional officials regarding content and distribution of the guides. Distribution of the guides is targeted to veterans in state prisons who are re-entering or have re-entered their communities. *NOTE: The guides are printed and distributed to re-entering incarcerated veterans and correctional staff, and are available to re-entering incarcerated veterans in Federal prisons and local jails.*

e. Prior to release, re-entering veterans may be informed and advised regarding VHA and Veterans Benefits Administration (VBA) services, and at the request of the veteran, may be assisted in establishing eligibility for VHA and VBA services. Written applications for enrollment for services need to be received and processed in the same manner as for other veterans, and support continuity of care.

f. VA medical centers are encouraged to develop re-entry initiatives with correctional facilities in their areas with a goal of facilitating the transition of veteran prisoners to a productive life in the community, and to ensure that these veterans receive timely services from VA to ensure a successful transition back to the community. As resources permit, VA medical

centers are encouraged to plan for and to respond to requests for community re-entry planning for incarcerated veterans in person, or via telephone call, and to appropriate correctional staff where distances and prison visitation policies prohibit.

g. VA re-entry planning assistance is supplemental to, not supplanting of, correctional re-entry planning processes. VA staff conducting re-entry assessments are advised to use appropriate channels to request and make use of mental health, substance abuse, medical, medication, housing, employment, and other pertinent information from the Department of Corrections and Department of Parole, including behavioral safety risk information in completing re-entry assessment and planning activity. For many veterans, addressing transportation and medication needs and substance abuse treatment, at the time of the veteran's release, has been found to be highly effective in the beginning of the re-entry process.

h. Following release, the role of VHA is to provide medically necessary services, which does not include legal custodial services. Medical Centers are encouraged to coordinate clinical treatment closely with appropriate correctional entities (i.e., Departments of Corrections and Parole).

i. As resources permit, VISNs and medical centers are encouraged to identify and designate an appropriate incarcerated veteran's re-entry point of contact that has mental health, substance abuse, and/or homeless service knowledge.

j. As in VHA's community-based Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans initiative, VISNs and Medical Centers are encouraged to engage all available Health Care for Homeless Veterans (HCHV), VHA, VBA, State and County Departments of Veterans Affairs, the US Department of Labor and other appropriate Federal departments, faith-based and community agencies, and other resources in supporting the re-entry process for incarcerated veterans. Building and coordinating with a network of care is essential to effective re-entry.

4. References

a. Comprehensive Veterans Health Administration Mental Health Strategic Plan (May 2, 2005) ftp://vaww.mentalhealth.med.va.gov/main/vha_mh_strategic_plan.pdf

b. Council of State Governments, Report of the Re-Entry Policy Council. (2005) http://www.reentrypolicy.org/rp/main.aspx?dbID=DB_TheREPORT409

c. Mumola, CJ. January, 2000. Veterans in Prison or Jail. U.S. Department of Justice, Bureau of Justice Statistics. National Criminal Justice. 178888.

d. National Commission on Correctional Health Care. (NCCHJ) March, 2002. The Health Status of Soon-To-Be-Released Inmates. NCCHJ. Chicago, IL.

5. **Inquiries.** Inquiries may be made to 202-273-8446.

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