

Expanding the Scope of Forensic and Other Services for Justice-Involved Veterans

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Military veterans are a unique population within the criminal justice system. Numerous criminal justice reforms for this population exist, but there is a dearth of research summarizing and critiquing past and ongoing efforts directed at veterans. This article examines the partnerships developed by the Department of Veterans Affairs with criminal justice agencies to address the needs of justice-involved veterans. Despite these efforts, there is more to be done to support veterans. We provide recommendations for agencies, including enhanced identification of veterans in criminal justice settings, delivery of services to a wider range of veterans, enhancement of partnered relationships with law enforcement, recalibration of the role of Veterans Treatment Courts in the continuum of justice system offerings, expansion of trauma-informed care throughout the criminal justice and partnered health care systems, and sustainment of reform efforts and innovations through advisory bodies. Rigorous research to evaluate reform efforts are needed across all areas. The Veterans Affairs' continuing role as partner to criminal justice agencies and in reform efforts is critical, and improving linkage to and use of health care will result in enhanced health and other outcomes for veterans involved in the criminal justice system.

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Military veterans represent eight percent of the incarcerated population in the United States,¹ and many veterans involved in the criminal justice system have mental health and substance use disorders requiring treatment.²⁻⁵ Over the last 20 years, the U.S. legal system experienced numerous reform efforts, including veteran-specific programming such as Veterans

Treatment Courts and veteran-specific units in correctional settings. These efforts emerged after large numbers of people with mental health and addiction problems were incarcerated in correctional systems that had limited ability to address their treatment needs.⁶ It was also recognized that criminalization of homelessness did not solve homelessness,⁷ nor were communities safer with mass incarceration.⁸ More recently, racial justice protests have brought into much sharper focus the racism evident in the legal system. People who are Black, Indigenous, or People of Color (BIPOC) are excessively represented in the justice system overall, from arrests to postrelease supervision, and among those incarcerated.⁹ Black people are disproportionately shot by police,¹⁰ targeted by police,¹¹ and suffer the collateral and long-lasting consequences of justice system involvement.^{12,13} Many of the programs intended to address the unique needs of justice-involved veterans were established by the Department of Veterans Affairs (VA) or in partnership between the VA and criminal justice agencies. There

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is a dearth of work summarizing and critiquing these efforts, especially related to the professional activities of forensic psychiatrists and other providers who interact with justice-involved veterans and the racism that affects all aspects of the criminal justice system.

Veterans are often considered a unique population in the justice system.¹⁴ Historically, veterans' involvement in the criminal justice system increased after the Civil War, World War I, and World War II.¹⁵ In 1978, a quarter of people incarcerated in jails or prisons (i.e., approximately 113,000) were veterans.¹ By 2011–2012, veterans represented a smaller percentage but still accounted for eight percent of prison populations and seven percent of jail populations. The arrest rates among samples of veterans in two studies ranged from six to nine percent,^{15,16} and an estimated three percent of veterans overall have ever been involved with the justice system.¹⁷ Military members prepare for and sometimes participate in battle during their service, but the mentality and behavior required for battle may be maladaptive in civilian society^{18–20} and can result in criminal justice involvement. There is some evidence of the link between military service and criminal justice involvement,²¹ but it varies by race and ethnicity,²² period of entry into the military,²³ and type of offense,¹³ and some studies have reported no observed link.²⁴ Combat exposure was positively associated with arrests and convictions²⁵ and violent behavior,^{26,27} but negatively associated with incarceration¹³ and not associated with higher lifetime arrests among incarcerated veterans.²⁸ Veterans have a disproportionately high rate of sexual offending relative to nonveterans,^{1,13} but reasons for the link between military service and sexual offending and relevant treatments to address this link are unknown.

Compared with the general incarcerated population, veterans have elevated rates of mental health conditions, especially posttraumatic stress disorder (PTSD), and higher rates of suicidal behavior.^{1,4,5,29} Veterans with PTSD have higher odds of committing criminal offenses.³⁰ A meta-analysis reported that veterans with PTSD had 1.61 higher odds (95% CI 1.16–2.23) of criminal justice involvement than veterans without PTSD, but varying definitions of criminal involvement and the small number of studies limit these conclusions.²¹ Some research suggests that veterans with PTSD may be treated more favorably than veterans without PTSD while in the criminal justice system. Prosecutors reported that they

were more likely to offer diversion programs to veterans with PTSD than to veterans without PTSD.³⁰ A quarter of university students support diversion into Veterans Treatment Courts, especially for veterans with PTSD.³¹ On this matter, however, the timing of PTSD diagnosis matters. In a study of trial vignettes, veterans who received their PTSD diagnosis prior to arrest were less likely to be found guilty and more likely to be diverted into treatment than veterans who received their PTSD diagnosis after arrest.³² Compared with nonveterans, however, studies of incarcerated populations indicate that veterans do not receive preferential treatment. Veterans had longer prison sentences for the same crimes³³ than nonveterans. Overall, more veterans received life sentences than nonveterans, though these results were not adjusted for offense type.¹

It is important for forensic psychiatrists and other clinical evaluators to be mindful of possible psychological and behavioral health problems implicated by exposure to military stressors,¹⁴ including combat-related PTSD,³⁴ moral injury (a failure to prevent or a bearing of witness to an act or learning about acts that transgress strongly held moral beliefs),³⁵ military sexual trauma,³⁶ and traumatic brain injury.³⁷ To conduct an informed assessment and develop effective treatment options, an understanding of the veteran's military history is needed.¹⁴ Furthermore, an understanding of PTSD among veterans is crucial because PTSD can be important to the defense in criminal trials.³⁸

We examine VA-developed partnerships with criminal justice agencies and describe the history of reform efforts for veterans. Our critique of current care and services aims to elucidate the strengths of coordinated efforts to support justice-involved veterans and identify gaps to be addressed. Finally, we make recommendations for forensic psychiatrists, other providers, and systems that interact with veterans to better serve this population.

History

In addition to military service, veterans involved in the criminal justice system differ from civilians because they have access to an array of services because of their military history; access to these services, however, varies by eligibility. Though the details are beyond the scope of this article, generally, eligibility is determined by discharge status, a decision made within each branch of the Department of Defense. Veterans with Honorable or General discharge status

are eligible for VA care, and veterans with Other Than Honorable, Bad Conduct, or Dishonorable discharge status are ineligible for most VA care. Approximately 76 percent of incarcerated veterans are eligible to receive services from the VA.¹ Veterans eligible for Veterans Health Administration care have the widest range of available services. Notably, VA services include those of the Veterans Justice Programs, which conduct outreach with veterans in a variety of criminal justice settings¹⁷ and links them to the full array of VA services and care. Veteran-specific services offered by community-based organizations also assist justice-involved veterans.

Creation of the Veterans Justice Programs

Central to the mission of the VA is to serve and honor veterans by providing health care, education, and other benefits as promised for their service to the country. This mission extends into the criminal justice system with the belief that veterans should be treated as a unique population because of their military service.³⁹ Linkage to and care of justice-involved veterans date to the 1970s.⁵ Other than a small number of local efforts, however, there was no coordinated outreach to veterans throughout criminal justice settings. As an extension to the VA's outreach to homeless veterans, which was initiated in the late 1980s, the Health Care for Reentry Veterans program was created in 2006 to establish outreach with veterans in state and federal prisons along with linkage to VA and community health care once released to the community.¹⁷ In 2009, the Veterans Justice Outreach (VJO) program was developed to serve those veterans encountering the front end of the justice system, primarily in courts and jails. Together, these two programs make up the Veterans Justice Programs. As of June 2020, there were more than 350 Veterans Justice Programs Specialists conducting outreach in 992 of 1,264 prisons and in 1,861 of 2,410 jails nationally (J. Blue-Howells, personal communication, July 22, 2020). Specialists are based at each VA medical center, with a minimum of one Specialist per center, and they cover the entire catchment area of their facility, including both urban and rural areas. Collectively, VJP Specialists provide outreach across the entire United States.

Identification of Veterans across the Justice System

Identification of veterans in the justice system is a critical first step to providing outreach and treatment

services. Typically, identification is accomplished by asking "Did you serve in the military?" or similar questions. These questions, however, are unevenly applied⁴⁰ or not asked,⁴¹ and veterans remain under-identified.⁴² To standardize veteran identification, the Veterans Justice Programs developed the Veterans Reentry Search Service (VRSS).⁴³ Justice agencies register to use VRSS and upload their local records to be checked against a database of VA and Department of Defense records. Both Veterans Justice Programs staff and the registered agency receive a list of records that return a positive veteran match. A 2018 Massachusetts study indicated a 164 percent increase in veterans identified using VRSS compared with self-identification.⁴² Appropriate identification of veterans allows for a multitude of responses, including targeted outreach to incarcerated veterans, transfer and consolidation of veterans in correctional facilities to improve the efficiency of delivering veteran-specific services, and deployment of other veteran-specific resources to jails and prisons.

Law Enforcement Training

Police reform is on the forefront of national conversations, and training practices are one element of this reform.⁴⁴ Veterans Justice Programs partnered with law enforcement in training Crisis Intervention Teams and other local jurisdiction officers, as well as training 90 percent of 3,500 VA law enforcement officers nationally.⁴⁵ VA officer trainings include veteran culture and VA healthcare options, increased understanding of mental health-related behavioral problems, verbal de-escalation skills development, guidance in the linkage of veterans to needed services, and emphasis on the critical working relationship between officers and health care providers. Police officers who participated demonstrated improved knowledge and skills in identifying diversion resources after training and increased their contact with VJO Specialists.⁴⁵ A video of the VA police training, adapted for use with community law enforcement, is now presented to all new VA police officers.⁴⁶

Despite enthusiasm regarding police training, a meta-analysis of Crisis Intervention Teams programs indicated that this training did not have an effect on arrest rates for people with mental health problems.⁴⁷ More research is needed to inform these trainings and those that VJO Specialists offer to police. Resources and guidance on how VJO specialists can incorporate

discussions of racial disparities in the training they offer are currently in development at the VA but this work is in the early stages (M. Stimmel, personal communication, August 20, 2020).

Veterans Treatment Courts

Starting with the creation of the Alaska Veterans Treatment Court in Anchorage in 2004⁴⁸ and the Buffalo Veterans Treatment Court in 2008,⁴⁹ there has been exponential growth of specialty courts, tracks, and dockets dedicated to serving veterans in the justice system. These veteran-specific courts are part of a larger specialty court movement fueled by the wide-ranging efforts of the National Association of Drug Court Professionals. Modeled after drug court and mental health court models, Veterans Treatment Courts aim to divert veterans from incarceration into needed mental health or substance use disorder treatment.⁴⁹ These courts are supported by the VA through VJO Specialists who serve as a liaison between the courts and the VA, and are generally embraced by veterans and justice systems agencies. As of December 2019, there were 561 Veterans Treatment Courts or veteran-specific court programs in the United States,⁵⁰ and recent legislation mandated the hiring of additional VA staff to support these courts.⁵¹ Although it has been suggested that every community should have a Veterans Treatment Court, this is neither practical nor necessarily the optimal local response. A small number of courts have been shut down due to the limited number of justice-involved veterans entering them or a lack of administrative or financial support.⁵²

One key concern in the rapid expansion of Veterans Treatment Courts is the lack of research support for this innovation. There are no randomized controlled trials and few rigorous observational studies of these courts.⁵³ Wide variation in court practices make it difficult to conduct large studies. Other aspects of these courts, such as peer mentoring, have yet to be evaluated; these components are inconsistently applied⁵⁴ and may not serve veterans as intended.⁵⁵ Research on a Veterans Treatment Court in Texas suggests that, for veterans with substance use problems, alternatives to court programming may be needed.⁵⁶ Racial disparities in treatment courts are starting to be examined,⁵⁷ and the National Association of Drug Court Professionals offers an assessment toolkit to help courts identify underserved populations and address inequities.⁵⁸ There remains a

dearth of studies on racial inequities in Veterans Treatment Courts. Racial bias in selecting veterans for court or in filing charges that would preclude a veteran from being eligible for a court is potentially salient and equally important.

Veteran-Specific Units in Correctional Settings

Within correctional settings, veteran dormitories have been created to house veterans together, creating military camaraderie, order, and ethic.⁵⁹ These units allow for efficient delivery of outreach and psychosocial services, especially veteran-tailored treatment that uses veteran peer support and often veteran staff. In a veteran-specific unit, PTSD was self-reported by 29 percent of veterans, and 72 percent reported that they needed medical care. Although 55 percent of veterans said that being on the unit helped them feel safe and 47 percent said it helped them receive important information for release, only 31 percent said the unit helped them receive mental health treatment, suggesting a clear gap in programming.⁶⁰

Civil Legal Services

In recognition of the need to address the full range of legal matters, there has been increased access to civil legal services for veterans. VA facilities host non-VA legal staff on their campuses, resulting in the creation of 136 legal clinics for veterans.⁶¹ These clinics are primarily focused on assisting veterans with obtaining or upgrading VA benefits, advising on estate planning, and addressing housing problems and rights. VA-hosted legal clinics are important partners in addressing homelessness and have potential as settings to intervene with veterans at risk for suicide.⁶² For example, clinic staff could be trained to screen all clients for suicide risk and link them with suicide prevention services. Veterans Justice Programs Specialists often serve as the initial contact for these clinics. Medical-legal partnerships, where legal clinics are embedded within the healthcare setting, also exist within the VA system.⁶³

Two bills passed by the U.S. Congress in 2020 will affect the VA's provision of civil legal services and add some criminal legal services. The first, Public Law 116-315, provides authorization and funding for the VA to award grants to support legal services for veterans who are homeless or at risk for homelessness.⁶⁴ The second, Public Law 116-283, requires that the VA provide funding for legal

services to qualifying veterans, surviving spouses, and dependents on at least three dates annually at one or more VA facilities in each state.⁶⁵ As the implementation details of these bills are developed, it will be essential for forensic providers and others who work with criminal justice-involved veterans to be aware of these services. Public Law 116-315 specifies that legal funds are to be used, among other goals, to support legal services for criminal justice defense that may help reduce recidivism and resolve challenges to employment and housing upon reentry from incarceration. Legal funds are also directed toward income support, such as obtaining public benefits, which may help address the substantial need for assistance obtaining VA benefits reported by most (87%) VA-hosted legal clinics.⁶²

Treatment for Justice-Involved Veterans

Among veterans involved in the justice system, 93 percent reported lifetime trauma.⁶⁶ Military-specific trauma is prevalent, with 90 percent of female veterans and 96 percent of male veterans who served in a combat zone reporting combat trauma. Fifty-eight percent of female veterans and five percent of male veterans reporting being sexually assaulted while in the military.³⁴ Sexual abuse and injury can also occur during incarceration.⁶⁷ Racism and racial trauma experienced by BIPOC in the military^{68,69} and in the criminal justice system⁷⁰ occur at all stages and are cumulative.⁷¹ It is well-established that multiple traumas lead to more adverse and prolonged outcomes.^{72,73} Screening for trauma-related mental and behavioral health problems and provision of trauma-informed care in the criminal justice system is neither widespread nor consistent in its standards and execution. This problem is magnified by an inaccurate understanding among many practitioners of the core principles of trauma-informed care and inadequate adherence to these principles. An understanding of the psychic wounds of war, including PTSD⁷⁴ and moral injury,⁷⁵ and those associated with military sexual trauma³⁶ and traumatic brain injury,³⁷ is needed to fully address the range of trauma experienced by veterans.

Key clinical offices within the VA may help address the gap in knowledge about trauma-informed care in criminal justice settings. Through its Office of Mental Health and Veterans Justice Programs partnerships, the VA trained California state prison mental health staff in cognitive

processing therapy. Pilot results suggest that incarcerated veterans had lower PTSD symptoms after the training compared with prior to the training.⁷⁶ Furthermore, the VA National Center for PTSD⁷⁷ is a leader in the development, training, and implementation of trauma-informed care. Key trauma-focused evidence-based psychotherapies identified by the Center and provided throughout the VA include cognitive processing therapy and prolonged exposure.^{78,79} These programs and offices may serve as resources for forensic psychiatrists and other providers and staff in agencies that work with justice-involved veterans.

Cognitive-behavioral interventions that aim to modify criminogenic thinking and associated behavior are the most common treatments used to address the challenges faced by incarcerated people with patterns of reoffending. These treatments are often provided within prison and jail facilities as well as through community corrections agencies. Three of these treatment approaches have been incorporated into VA treatment, including Reasoning and Rehabilitation,⁸⁰ Thinking for a Change,⁸¹ and Moral Reconciliation Therapy (MRT).⁸² In 2016 and 2017, the Veterans Justice Programs provided the opportunity nationally for their program Specialists and other VA mental health providers to obtain training in MRT and subsequently provide this treatment to veterans in VA programs. Program elements included use of a veteran-tailored workbook, “Winning the Invisible War.”⁸³ VA facilities with staff trained in this program expanded from 30 to 101 out of 158 facilities. A randomized controlled trial of the program was conducted,⁸⁴ with analysis to date focused on barriers and facilitators to implementation.^{85,86}

Limitations of Current Veteran Programming

Veterans Justice Programs staff often prioritize their outreach efforts toward veterans eligible for VA care because of resource constraints but may provide ineligible veterans assistance with benefits applications or linkage to community resources. Eligibility can affect access to non-VA services within the justice system. For example, about one-third of Veterans Treatment Courts accept only veterans eligible for VA care.⁵⁴ Within the prison and jail systems, some veterans groups and veterans housing units do not allow veterans with an Other Than Honorable or a Dishonorable discharge status.⁸⁷

Rates of mental health and substance use disorders are disproportionately higher among veterans with a discharge status rendering them ineligible for VA care, which means that those veterans with the greatest need for care often have the fewest available resources.⁸⁸ Veterans with these discharge statuses then create an additional burden on public health and social systems and are blocked from services that are tailored most deliberately to them.⁸⁹ Furthermore, racial inequities in military justice proceedings have resulted in Black service members being more likely to receive disciplinary action (and potentially a VA service-limiting discharge status) than white service members.⁹⁰ Black veterans also have lower odds of receiving a PTSD service-connected disability rating compared with white veterans,⁹¹ which may result in Black veterans who need PTSD treatment being less likely to receive it.

Recommendations for Reform Efforts

We offer recommendations in seven key areas to the VA and their criminal justice partners to address gaps we see in services for justice-involved veterans. These recommendations are built upon the efforts of the past decade by providers and systems at all levels of government and community.

Our first recommendation is to improve identification of veterans across the justice system. VRSS is currently available to all local criminal justice agencies, though not all agencies have elected to utilize the program. In some states, VRSS was not allowed after state general counsel ruled that use of the system violates the privacy rights of incarcerated people. In contrast, use of VRSS is mandated for all jails in Texas⁹² and Indiana uses VRSS with their statewide court docket management system to identify veteran defendants in criminal courts.⁹³ Drawing on these best practices, VRSS documents could be further developed and distributed to ensure uptake of VRSS by more criminal justice agencies at both the state and local levels. Accurate and quick identification of veterans allows local jail, court, and police to coordinate more efficiently and effectively with Veterans Justice Program Specialists to connect justice-involved veterans with needed and available veteran-specific services. In addition, VRSS data could be linked with VA data to determine whether Veterans Justice Programs serve BIPOC veterans at levels equal to white veterans.

The second recommendation is to expand criminal justice agency services entry criteria to include all veterans. Although the VA cannot provide services to veterans who are ineligible for VA care, criminal justice agencies do not have this limitation. Some veterans are discharged from the military because of mental health or substance use concerns. Discharges for these reasons not only fail to treat the veteran's mental health or substance use symptoms, but also reduce their options for treatment and have potential negative consequences, such as homelessness and criminal justice involvement.⁹⁴ To ensure veterans ineligible for VA care have the opportunity to receive needed treatment, we recommend that informational campaigns be developed and conducted. These campaigns should be targeted at the nearly 200 veteran-specific court programs nationally that do not admit veterans ineligible for VA care and their community partners, with the goal of seeing these courts expand their eligibility criteria to consider any veterans. A number of organizations could be involved in these efforts, including the Veterans Justice Programs, the National Association of Drug Court Professionals, and the Substance Abuse and Mental Health Services Administration (SAMHSA). The campaign should include information on the value of veteran-specific diversion and treatment options combined with education on veteran culture and veteran tailored services.

The third recommendation is to enhance partnerships with law enforcement. Building on prior and continuing partnered efforts to train VA and community police officers,⁹⁵ our primary recommendation is to enhance these efforts through further collaborative engagement between VJO and local VA police. Currently, the VA Law Enforcement Training Center and the Office of Mental Health and Suicide Prevention are partnering on a suicide-focused first responder training, called "Outside Law Enforcement/First Responder Suicide Prevention Program." By adding a VJO Specialist to the existing team infrastructure, these teams can be a resource for community police when they encounter veterans. These teams may also create opportunities for booster training sessions focused on de-escalation techniques with veterans, to be offered to both VA and community police officers. The VA-developed police training video will be an effective tool in the implementation of booster training sessions (B. Giordano, personal communication, May 19, 2021).

Next, we recommend recalibrating the emphasis of Veterans Treatment Courts. As communities consider introducing or expanding Veterans Treatment Courts and veteran-specific court options, an overall assessment of the demand and available resources should be conducted to determine the most effective use of new or redirected resources. Ensuring increased diversion options across the justice system is crucial. Existing resources can serve this agenda well, notably the SAMHSA Sequential Intercept Model Mapping trainings.⁹⁶ These workshops are offered in cities and counties to review and clarify how people in need of treatment flow in and out of their local criminal justice system. In addition, the National Association of Drug Court Professionals toolkit should be used to identify and rectify pockets of racial inequity in court offerings.⁵⁸ Creation or expansion of a Veterans Treatment Court should not be the default option; other programming may serve the justice-involved population of that community better. When a Veterans Treatment Court is indicated, regional court systems should be considered to help meet the demand for veteran-specific services without overburdening low-resource or small population communities. We recognize that this recommendation is not trivial as regional courts require adaptation of legal proceedings to apply across county boundaries. There are geographic and travel obstacles (potentially remedied by further development of virtual capabilities), and coordination across communities must be facilitated to ensure the full range of treatment options are available for each veteran. Recommendations for the expansion of treatment courts into the federal court system similarly reflect pragmatic concerns of this nature.⁹⁷

Our next recommendation is to evaluate the implementation of new VA civil legal services programs. The recent national legislation authorizing the VA's further expansion into civil legal services for veterans will contribute to an increase of services to all veterans. This expansion will occur most clearly with the provision of Public Law 116-283, mandating the VA to pay for legal services for any veteran (i.e., a broader range of veterans than those typically eligible for VA services),⁶⁵ and the provision of Public Law 116-315, identifying explicitly the provision of legal services for the purpose of upgrading the characterization of a discharge or dismissal of a former member of the armed forces.⁶⁴ These expanded services will mean many more veterans will have

access to the VA system, which has been established for and tailored to their care, including veterans who were discharged with mental health or substance use disorder problems and BIPOC veterans who experienced disparities in discharge processes and disability ratings. We recommend that the Veterans Justice Programs and VA researchers establish an efficacy-based evaluation component in the implementation of this novel program, with an emphasis on assessing racial and other disparities in access to civil legal services and subsequent use of VA care.

Our sixth recommendation is that trauma-informed responses must permeate the entire justice system. To address the extensive trauma experiences among justice-involved veterans, we recommend that the VA offer trauma-informed training to clinical providers in criminal justice and community settings. The VA Office of Mental Health previously trained correctional system providers in California in cognitive processing therapy.⁹⁸ This training could be made available nationally. For other community and criminal justice staff who interact with justice-involved veterans but do not provide direct treatment, we recommend general training on trauma-informed principles. SAMHSA has developed relevant materials for behavioral settings, adaptable to the purpose of informing work with justice-involved veterans.⁹⁹ Further, moral injury is emerging as a separate treatment target for veterans with PTSD,¹⁰⁰ and there is interest in examining moral injury in civilian populations, including justice-involved veterans and perpetrators of interpersonal violence.¹⁰¹ Using their model of dissemination of the Police Officer Toolkit,¹⁰² we recommend that the VA Office of Mental Health and National Center for PTSD develop educational materials focused on moral injury and related treatment considerations for use by both VA and criminal justice personnel.

Our final recommendation is to coordinate national advocacy and education. Federal and non-federal advisory groups can offer policy and operational guidance, such as consultation, education, and training; advocacy to government agencies; and guidance to Congress or the Executive Branch. Justice for Vets, a division of the National Association of Drug Court Professionals, provides training, education, and advocacy through a national annual conference and year-round consultation. The Veterans Justice Programs assist in planning for the Justice for Vets national conference. Leaders from the Veterans

Justice Programs and SAMHSA also serve on the Justice-Involved Veterans Network (under the National Institute of Corrections of the Department of Justice), which aims to identify and develop innovative and holistic approaches to assist justice-involved veterans.¹⁰³ We recommend that the Veterans Justice Programs continue to partner with these organization to advocate for justice-involved veterans. Furthermore, we recommend that the Veterans Justice Programs, along with these organizations, create opportunities for dialogue among justice-involved veterans and those who work with justice-involved veterans. This forum will ensure a dynamic process for updated input relative to planning, resource allocation, and service provision for veteran-specific programming in criminal justice and partnered community settings. In addition, these opportunities will allow for regular education, training, and conversation focused on cultural matters affecting justice-involved veterans, such as the current efforts underway within the VA to highlight racism, bias, and inequality in the justice system.

Additional Key Topics

This article addresses critical criminal justice efforts relevant to veterans, but there remain many other key challenges that affect them. These problems include homelessness,¹⁰⁴ unemployment, and financial instability.¹⁰⁵ A dearth of relevant research, highlighted in a recent scoping review, included a lack of randomized controlled trials; limited research on gender, race/ethnic, or other disparities; and limited studies on medical conditions.¹⁰⁶ It is important that these myriad problems be evaluated and addressed. There are substantial challenges in conducting research on these areas, however, including a lack of comparison groups and variability across programs that limit assessment of outcomes. There remain complex and nuanced challenges involving trauma-related disability support and benefits for veterans and the impact that these related claims decisions have upon subsequent criminal justice involvement.^{88,89} In addition to these challenges, veterans are discharged from the military for mental health and substance use symptoms with discharge statuses that limit their eligibility for VA treatment.⁸⁹ The growth of the Veterans Justice Programs, Veterans Treatment Courts, veteran dormitories in jails and prisons, and other efforts has occurred absent rigorous

research that must be conducted to ensure justice-involved veterans receive evidence-based care and programming that will improve their health, housing, employment, and other outcomes. Finally, there is a lack of integration of services outside the VA, which must be addressed to ensure the needs of justice-involved veterans are being met.

Conclusion

Over the past decade, there has been a vigorous response to veterans involved in the criminal justice system. Innovations in identifying veterans in criminal justice settings, veteran-specific courts and housing units in correctional settings, and expansion of civil legal services and trauma-informed treatment provide a strong foundation for future efforts in this area. We recommend continued coordination of veteran identification, provision of services to veterans not eligible for VA care, balancing of future Veterans Treatment Court developments relative to other criminal justice innovations, enhancement of partnerships with law enforcement, further provision of trauma-informed care in criminal justice settings, and a yearly forum with all interested veterans and stakeholders. Such efforts will ensure justice-involved veterans receive the health care and other support services needed to help them engage successfully in civilian life. It remains incumbent on the VA and all who are dedicated to this care to seize upon continuing opportunities on the behalf of justice-involved veterans.

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