

# Identifying Homeless Mentally Ill Veterans in Jail: A Preliminary Report

Jeffrey G. Stovall, MD, Lea Cloninger, PhD, and Lawrence Appleby, PhD, JD

Increasing evidence exists that suggests associations between mental illness, homelessness, and criminal activity and arrest. This article describes a program for identifying and providing treatment and housing for homeless mentally ill veterans detained at the Cook County Jail in Chicago. Preliminary data are provided describing characteristics of the veterans assessed in the jail, as well as those veterans who follow up with services upon release. The usefulness of an urban jail as a site for outreach efforts targeting homeless mentally ill veterans is discussed.

Researchers and health care planners have paid increased attention in recent years to the pervasiveness of mental illness among both individuals who are homeless and detainees in the nation's jails. With rates of significant mental illness among detainees found to be 6.4 percent<sup>1</sup> and rates of detainment among homeless individuals with mental illness ranging from 48 to 72 percent,<sup>2-8</sup> it is clear that jails are among the many loca-

tions and institutions through which homeless mentally ill individuals pass. Outreach programs for the homeless may well find jails to be productive sites for programmatic efforts.

There are a significant number of veterans among the general population of homeless individuals, the proportion varying between 28 and 41 percent.<sup>5, 9-12</sup> Homeless veterans are generally similar to other homeless men, but experience higher rates of alcoholism and other psychiatric disorders<sup>11, 12</sup> and, therefore, tend to rely more heavily on social services. One comparison study also found that a higher portion of veterans, compared with nonveteran homeless persons, had been in jail previously.<sup>12</sup>

A few programs have been established to either divert mentally ill individuals from jail or link them to community-

Drs. Stovall, Cloninger, and Appleby were affiliated with the Psychiatry Service, West Side Veterans Affairs Medical Center, 820 S. Damen Ave, Chicago, IL 60612; and the Department of Psychiatry, University of Illinois at Chicago. Earlier versions of this article were presented at the Annual Meeting of the American College of Forensic Psychologists, New Orleans, LA, March, 1996, and at the Institute on Psychiatric Services, Chicago, IL, October 1996. The work described here is supported by the Department of Veterans Affairs Homeless Chronically Mentally Ill Initiative. Address correspondence to: Jeffrey G. Stovall, MD, Director, Outpatient Clinical Services, Community HealthLink, 72 Jaques Ave, Worcester, MA 01610.

based services upon their release. Three potential intervention points at which the time a mentally ill individual spends in jail can be minimized have been noted; they may be diverted to mental health treatment: prior to arraignment, at the point of sentencing while serving at an alternative sentencing site, or at the time of release.<sup>13</sup> McFarland and Blair<sup>14</sup> outline a program that targeted a small group of homeless mentally ill offenders and attempted to link them to housing and treatment upon release. They also discuss the expulsion and frequent reincarceration associated with individuals with histories of violence or substance abuse. Although funding for that program has ended, the authors stressed the importance of integrated services for this population.

Several studies<sup>15-17</sup> have examined the role of case management in providing services to mentally ill individuals released from jail. While two studies showed benefits in lower reincarceration rates associated with a greater intensity of case management services, one<sup>15</sup> found that more intensive services were associated with increased rates of reincarceration. These findings suggest that case management services for homeless mentally ill detainees can serve merely as a monitoring function leading to increased reincarceration instead of treatment and rehabilitation.

As far as we are aware, no programs have been designed exclusively to target homeless mentally ill veterans in jail, and no studies have examined the characteristics of these veterans. This article describes a program designed to identify

homeless mentally ill veterans during their detention in a county jail and to link them to housing and treatment services upon release. Preliminary data from the program are outlined.

## Methods

**Program Design** In January 1995, the West Side Veterans Affairs Medical Center in Chicago received funding from the U.S. Department of Veterans Affairs (VA) as part of the Homeless Chronically Mentally Ill initiative.<sup>18</sup> The program, called the Supported Housing Program (SHP), is intended to identify and engage in treatment those homeless veterans with serious mental illness who are not currently in treatment with the VA and to link these individuals with housing and treatment services, including case management.

The SHP, which also includes funds for transitional housing, serves the Chicago metropolitan area, and is staffed by a full-time social worker and nurse, and a part-time research analyst and psychiatrist. The program initially sought working relationships with a number of community-based providers, such as shelters and soup kitchens, as a way of developing contact with homeless mentally ill veterans. Based on the data cited above, the Cook County Department of Corrections (the jail) was identified as a site where significant numbers of homeless mentally ill veterans might be located.

The jail houses approximately 9,000 inmates, over 400 of whom are housed in separate psychiatric units. Following a consent decree in 1974, all detainees receive a brief mental health screening from

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mental health staff upon admittance to the jail. The purpose of this screening process is to identify significant mental illness among detainees. Those screened who show significant illness receive a more in-depth evaluation and may gain access to one of the psychiatric beds within the facility.

**Procedure** One of the SHP staff members (L.C.) is assigned one-half day per week to the jail's psychiatric units where she makes initial contacts and assessments of individuals eligible for the program. Eligibility requirements include being a military veteran eligible for VA treatment, having received a diagnosis of a major mental illness including a substance use disorder, and being homeless at the time of arrest or release. All detainees on the psychiatric units who describe themselves as veterans are referred for assessment by the SHP staff if housing is needed.

The staff member assesses the current status and needs of the veteran including the psychiatric diagnoses as determined by mental health clinicians at the jail. The interview includes demographic information, reasons for detention, the veteran's options for housing, and possible income sources. The primary intervention during the incarceration focuses on accessing available services at the VA upon the veteran's release from jail. Jail releases are generally unplanned, without an effective mechanism for informing VA staff or an opportunity for preplanning, and the burden of notification and follow-through rests solely on the veteran to personally contact program staff.

**Table 1**  
**Characteristics of Homeless Mentally Ill Veterans in Jail (N = 62)**

	N	%
Homeless at arrest	16	26
Homeless at assessment	62	100
Felony charges	45	73
Misdemeanor charge	17	27
Prior arrest	58	100 <sup>a</sup>

<sup>a</sup>Data not available on four subjects.

## Results

Sixty-two homeless mentally ill veterans were assessed by SHP staff during the first year of the program. All were male, average age 43 years (range, 25 to 80 years), and were predominantly African American (74%) and unmarried (89%). As Table 1 summarizes, about one-fourth of the detainees were homeless at the time of arrest and no one had a place to live at the time of evaluation. Seventy-five percent of the sample had a prior episode of homelessness; it was the first experience for only one-quarter of them. Almost all (58) reported previous arrests, 85 percent for violent crimes and 60 percent for drug and alcohol-related crimes. Currently, three quarters (73%) were being detained with a felony charge.

The primary psychiatric diagnoses were schizophrenia (37%), mood disorders (35%), post-traumatic stress disorder (PTSD, 5%), adjustment disorders (5%), and pedophilia (3%). Eighty-three percent of the detainees reported either a diagnosis of a substance use disorder or significant problems with alcohol or drugs, and three fourths (76%) reported a history of psychiatric hospitalizations.

Since the time of initial assessment, 11

of the 18 veterans who have been discharged from jail have contacted the SHP staff. While this number is too small for significant comparison, some trends appear to differentiate those who follow up for treatment from those who do not. (1) There were racial variations between veterans. Of 12 African Americans, 6 made contact and 6 did not; only one of five whites did not make contact. (2) Detainees who made contact were more likely to have been homeless at the time of arrest (27% to 14%) and to have a greater mean number of episodes of homelessness (3.3 versus 0.8); (3) While the pattern of diagnoses of those who contacted the SHP were similar to that of all detainees seen, the majority (86%) of those who did not make contact had a primary diagnosis of schizophrenia. Rates of addictive disorders were similar at 70 percent for both groups.

### Discussion and Conclusion

A recent federal task force<sup>19</sup> emphasized a need to build integrated systems of care that promote access to housing and services as paramount in addressing the problem of homelessness among the mentally ill. Obviously, the factor of jail incarceration increases the difficulties of coordination, since an additional system of social control is involved.

Consistent with the aims of the task force, our project is an initiative aimed at promoting access to services and housing for homeless mentally ill veterans in jail. Through outreach efforts, a team attempts to attend to the needs of this population by: (1) visiting the site and informing staff and inmates of the available program

and services; (2) identifying mental health, housing, financial, and social support problems; (3) coordinating the needs of the subjects through referrals and linking them to existing resources; and (4) providing continuing follow-up and support.

The initial phases of the SHP show that a large urban jail is a useful location for outreach efforts that target homeless mentally ill veterans. Our identified population of referrals is not unlike other samples of jailed, mentally ill persons studied in large urban centers.<sup>3, 7</sup> Our study population was characterized by high rates of psychiatric hospitalization, homelessness, and a history of violent crime, similar to the findings reported by Lamb and Grant<sup>20</sup> for a random sample of Los Angeles County (CA) detainees referred for psychiatric evaluation. They found that 90 percent of the detainees had been admitted previously to a psychiatric hospital, over 90 percent had prior arrests (75% for felonies), and about 30 percent were homeless.

The preliminary data provided here suggest that it may be possible to link these veterans to follow up services, although it is too early to determine the effects on the veterans in terms of the program goals of maintaining stable housing or to assess the effects of the program, if any, on rates of reincarceration or hospitalization. It is also premature to assess whether the program will have unique difficulties in finding residential settings for the discharged veterans, given their arrest history.<sup>14, 17</sup>

An implication that can be made from the preliminary data is that certain patients, par-

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ticularly those with psychotic disorders, may require a more intensive coordination effort than others. One area in which the linkage may need to be tightened would be in working with the probation system to which some of these individuals are assigned. Since it is doubtful that the jail will alter its discharge practices, more informal relationships with jail staff who might notify VA staff upon a veteran's discharge would be useful, as would more concentrated efforts to locate discharged veterans through their families or known shelters and agencies where they might go upon discharge. Assertive outreach efforts to released mentally ill detainees can reduce reincarceration rates,<sup>17, 21</sup> although our program will need to remain focused on its rehabilitation objectives to achieve these ends.

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