



Homeless veterans and their interactions with the legal system



Jack Tsai, Ph.D.

VA Errera Community Care Center & New England MIRECC

Yale School of Medicine

Collaborators

- Financial support from VA HSR&D and the Bristol-Myers Squibb Foundation
- Resources provided by National Center on Homelessness Among Veterans and the Veterans Justice Programs Office
- Sean Clark, J.D.
- Andrea Finlay, Ph.D.
- Bessie Flatley, Ph.D.
- Wesley Kaspro, Ph.D., M.P.H.
- Tom O'Toole, M.D.
- Margaret Middleton, J.D.
- Robert A. Rosenheck, M.D.
- Cindy Johnson, J.D.
- Jennifer Villegas, B.A.
- Randye Retkin, J.D.
- Scott Sherman, M.D.
- Kevin Kenneally, J.D.
- Alison Seidman, M.S.W.
- Liz Goggin, M.S.W.



Poll Question #1

- Are you a Career Development Awardee? (Pick one)
 - Yes, I'm a current awardee
 - No, I'm a past awardee
 - No, I'm currently applying/interested in applying
 - No interest ever!
 - What's a career development award??

Poll Question #2

- Should the Veterans Health Administration be focused on criminal justice issues among veterans? (Pick one)
 - Yes, completely
 - Yes, somewhat
 - No
 - Unsure

Background

- Ending homelessness among veterans remains a priority
- Overlap between homelessness and incarceration
 - 30% of incarcerated vets report hx of homelessness (Tsai et al., 2013)
 - 8% transient, 11% episodic, and 11% chronic
 - 65% of homeless vets report hx of incarceration (Tejani et al., 2014)
 - 43% with incarceration ≤ 1 year, 22% with >1 year
- U.S. legal system- criminal justice and civil legal issues
- Presentation on:
 - Criminal records of homeless veterans
 - Veterans Treatment Courts
 - Veterans Service Units
 - Medical-Legal Partnerships

Criminal records of homeless veterans

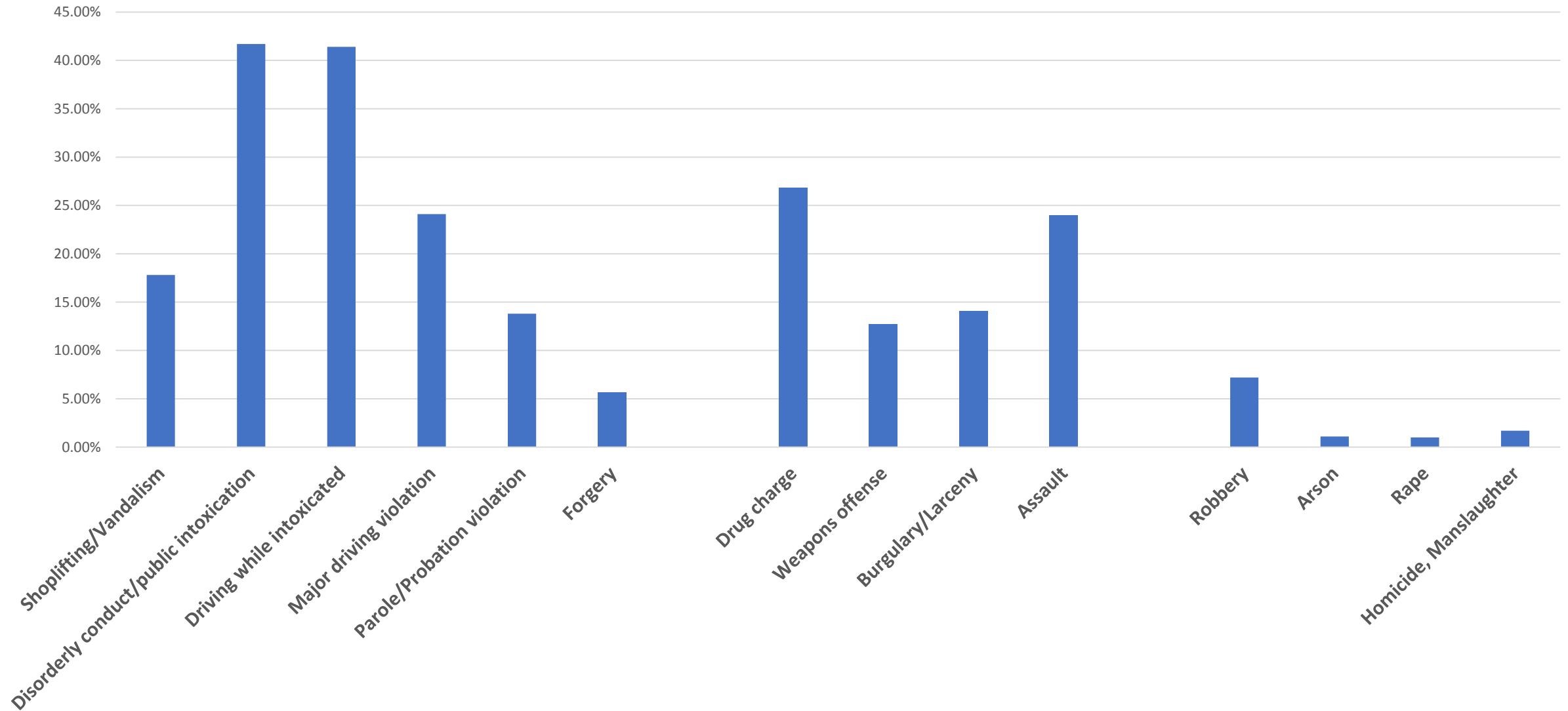


Do homeless veterans experience problems with housing and employment because of their criminal history?

Homeless veterans in VA's Supported Housing program

- Total of 1,160 homeless veterans from 19 sites admitted to the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program
- Addiction Severity Index (McLellan et al., 1980) included questions about number and types of past criminal charges.
- Criminal charges
 - Minor crimes= mostly misdemeanors
 - Major crimes= non-violent felonies
 - Serious crimes= violent felonies

Lifetime criminal charges of homeless veterans



Note: 79% of participants had been charged with at least one criminal charge

Grouping and Outcomes

- Cluster analysis identified three groups: 1) Few to No Crimes (60%), Mostly Minor Crimes (29%), and More Serious Crimes (11%)
- One year after entry into HUD-VASH...
- No significant differences: housing, employment, clinical outcomes, or quality of life after controlling for differences at program entry
- Significant differences: ↑ nights spent in own place, total income; ↓ nights in residential programs, nights homeless

Further analysis of criminal history, psychosis, and employment among men

	No criminal history (n= 222)	Criminal history (n= 879)
Psychotic disorder	17.1%	12.1%
Usual lifetime occupation		
Skilled Professionals	27.5%	18.4%*
Skilled Manual	18.5%	24.8%
Semi-Skilled	33.8%	26.6%
Unskilled	16.2%	23.8%
None	4.1%	6.4%
Years in longest full-time job	7.2±6.2	5.1±4.4*
Held job > 1 month in past 3 years	68.0%	64.5%

- Psychotic disorder negatively associated with length of longest full-time job
- Public support income negatively associated with employment income
- Psychotic disorder and public support income both negatively associated with having job longer than a month in the past 3 years and any employment in the past 3 years

*p<.01

Veterans Treatment Courts



Do Veterans Treatment Courts help veterans with their criminal justice issues?

Case Example

- Will Delaney- former marine charged for DUI in Rhode Island
- Entered Veterans Treatment Court, completed SA treatment at the VA
- Court held graduation ceremony, awarded him a coin
- “We judge ourselves really harshly in addition to how the court judges us because of how far we’ve fallen...Even such a small thing as having a judge smile and say she understands, and having a treatment team that truly cares, it’s a spark. It makes you believe you can do it differently this time...”

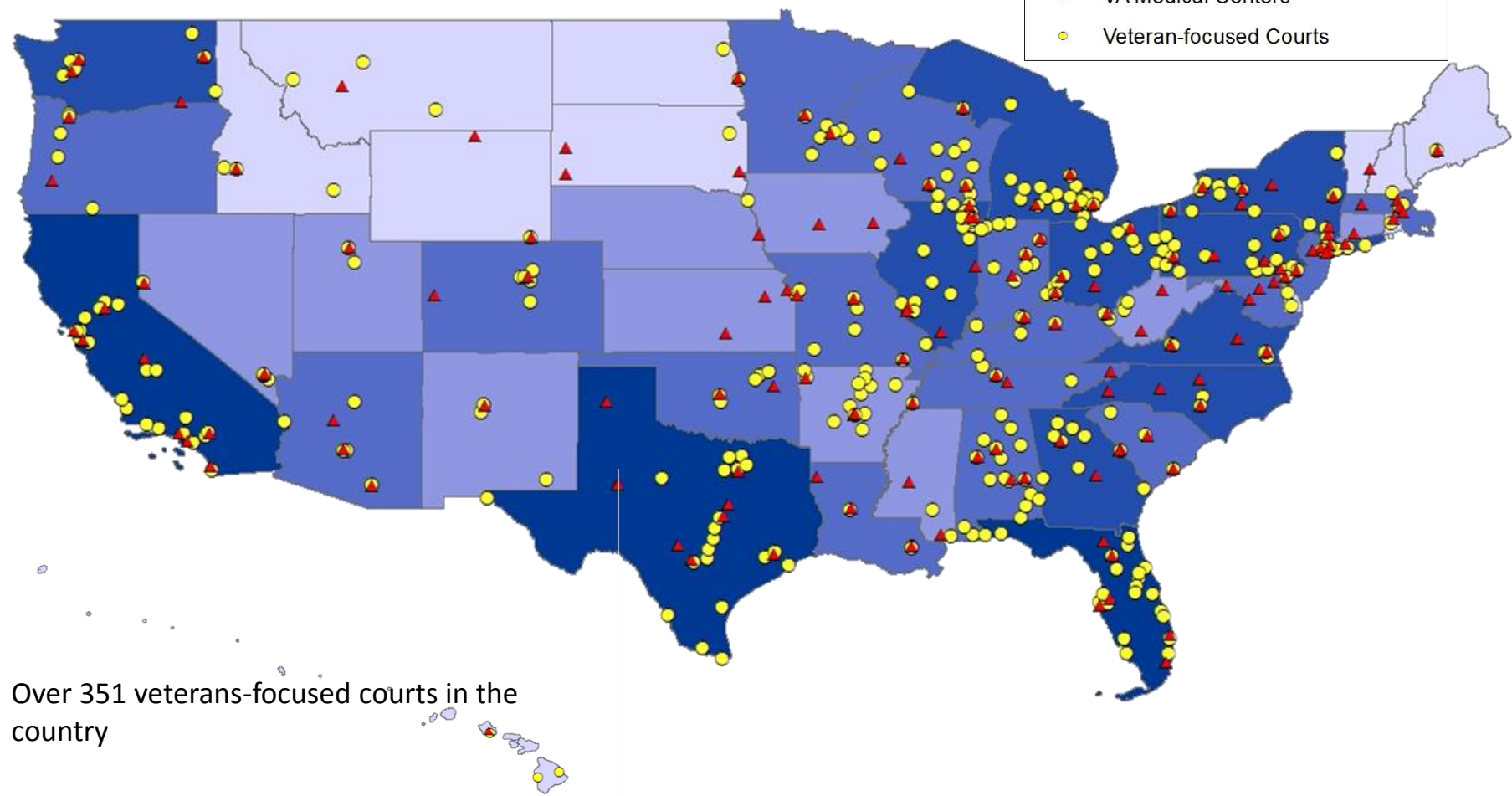
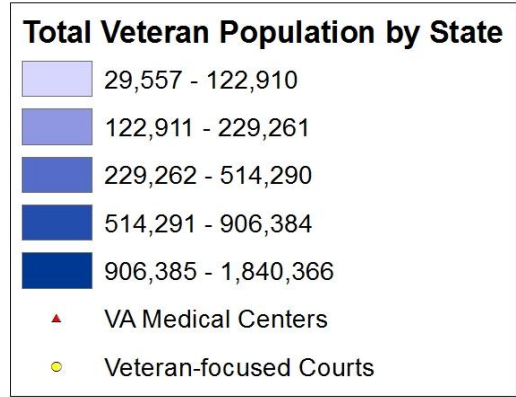


VA programs

- Healthcare for Re-entry Veterans (HCRV) program- promote success and prevent homelessness among Veterans returning home after incarceration
 - Outreach and pre-release assessments services for veterans in prison
 - Referrals and linkages to services upon release
 - Short-term case management assistance on release
- Veterans Justice Outreach (VJO) program- avoid the unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible, justice-involved Veterans have timely access to VA services
 - direct outreach, assessment and case management for veterans in local courts and jails
 - Liaison with local justice system partners

Veterans Treatment Courts (VTCs)

- Similar to other Mental Health and Drug Courts:
 - Opportunity for reduced sentence or charges dropped once treatment program is completed
 - Judges supervise participants and operations are managed by an interdisciplinary team (District Attorney and public defender's office, probation officers, treatment providers, and court administrators)
- Unlike other Treatment Courts
 - VTCs include a VA representative and a mentor coordinator who matches participants to a volunteer veteran mentor
- Treatment Courts arose partly out of need for better interventions
 - U.S. Bureau of Justice Statistics found that 68% of prisoners are re-arrested for a new crime within 3 years of release



Over 351 veterans-focused courts in the country

Study Aims

- 1) Divided veterans in the Veterans Justice Outreach program into three groups:
 - a) Veteran Treatment Court participants
 - b) Other Treatment court participants
 - c) Non-Treatment court participants

- 2) Compared these groups on background, health, and psychosocial characteristics at program admission

- c) Compared their housing, employment, and legal outcomes at program exit, controlling for differences at program admission

Methods

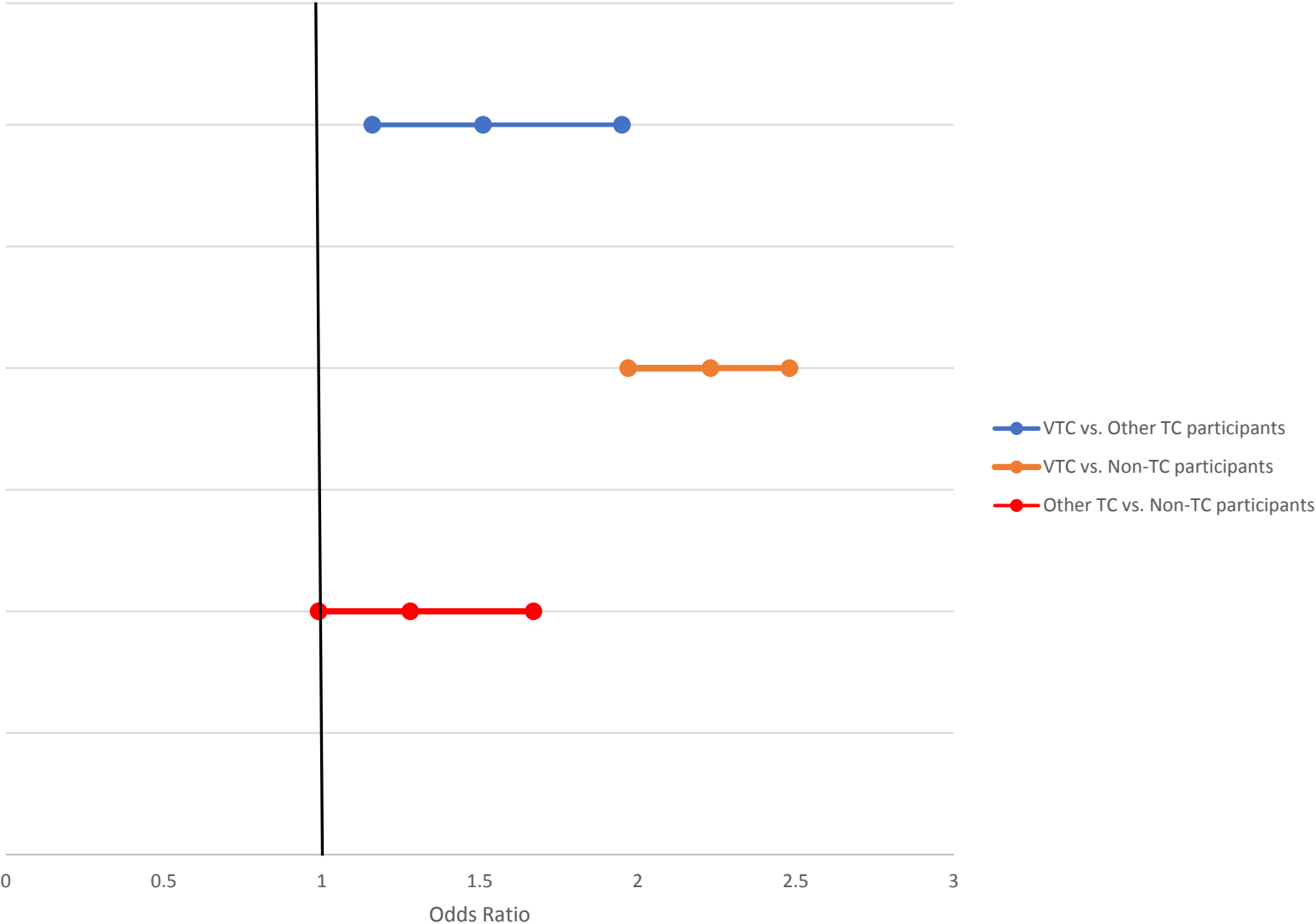
- National data from the Veterans Justice Outreach program extracted from the VA's Homeless Operations Management and Evaluation System (HOMES)
- 22,708 unique veterans across 142 associated VA sites enrolled in the Veterans Justice Outreach program July 2010-November 2015
- At program admission and exit, Veterans Justice Outreach specialists conduct assessments, document treatment court participation, and track outcomes
- VTC, other Treatment Court, and non-Treatment Court participants in the Veterans Justice Outreach program were compared:
 - Bivariate tests (analysis of variance and chi-square tests)
 - Multivariable tests (generalized linear mixed modeling controlling for site and differences at program admission)

	1) VTC (n=8,083)	2) Other TC (n=680)	3) Non TC (n=13,945)	ES btw 1 and 2	ES btw 1 and 3
Age	44	46	45	<0	<0
Gender					
Male	95%	95%	96%	<0%	-1%
Female	5%	5%	4%	<0%	1%
Race					
White	69%	61%	68%	8%	1%
Black	27%	36%	29%	-9%	-2%
Other	4%	3%	4%	1%	0%
Years of education	13	13	13	<0	<0
Monthly income	\$1394	\$1351	\$895	<0	<0
Theatre of operations					
Vietnam War	11%	11%	10%	<0%	1%
Persian Gulf War	8%	8%	8%	<0%	<0%
Afghanistan/Iraq	35%	25%	27%	10%	8%
Other	8%	7%	7%	1%	1%
None	37%	49%	48%	-12%	-11%
Combat exposure	49%	39%	39%	10%	10%

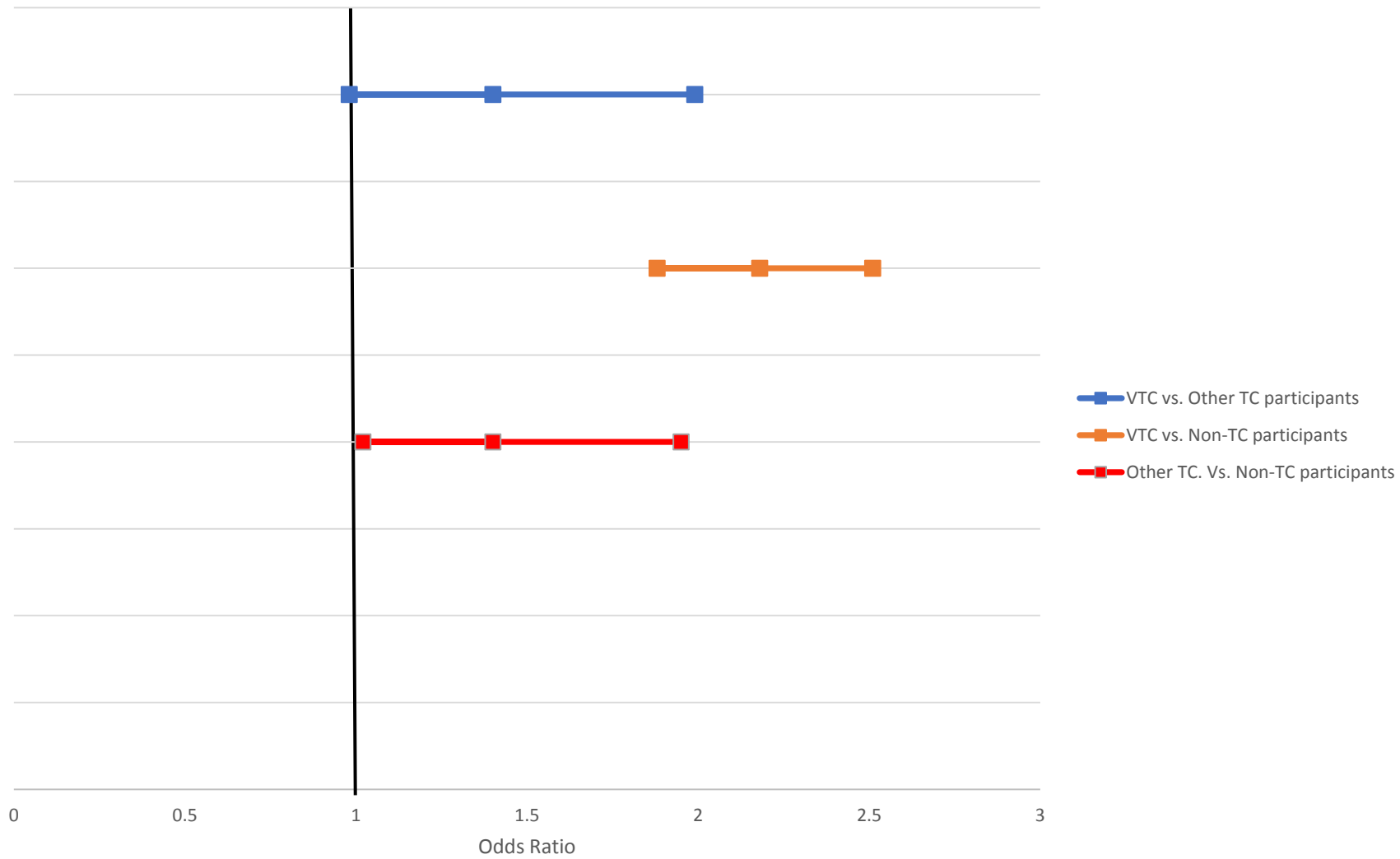
	1) VTC (n=8,083)	2) Other TC (n=680)	3) Non-TC (n=13,945)	ES btw 1 and 2	ES btw 1 and 3
Nights in own place	15	10	8	.3	.4
Employed	43%	36%	40%	7%	3%
Hx of chronic homelessness	13%	15%	18%	-2%	-5%
Lifetime incarceration > 1 yr	18%	27%	30%	-9%	-12%
Legal offenses					
Violent	22%	18%	26%	4%	-4%
Property	14%	15%	17%	1%	-3%
Drug	23%	35%	19%	-12%	4%
Public order	35%	27%	28%	8%	7%
Probation violation	7%	12%	17%	-5%	-10%
Other	9%	9%	12%	<0%	-3%
DUI	31%	19%	21%	12%	10%
Domestic dispute	16%	15%	18%	1%	-2%
Child support	6%	7%	8%	-1%	-2%

	1) VTC (n=8,083)	2) Other TC (n=680)	3) Non-TC (n=13,945)	ES btw 1 and 2	ES btw 1 and 3
Alcohol disorder	55%	57%	55%	-2%	<0%
Drug disorder	38%	54%	42%	-16%	-4%
Psychotic disorder	5%	11%	7%	-6%	-2%
Bipolar disorder	8%	12%	10%	-4%	-2%
Affective disorder	32%	35%	40%	-3%	-8%
PTSD	38%	35%	34%	3%	4%
Anxiety disorder	21%	19%	23%	2%	-2%
Any psychiatric hospitalizations	34%	42%	41%	-8%	-7%

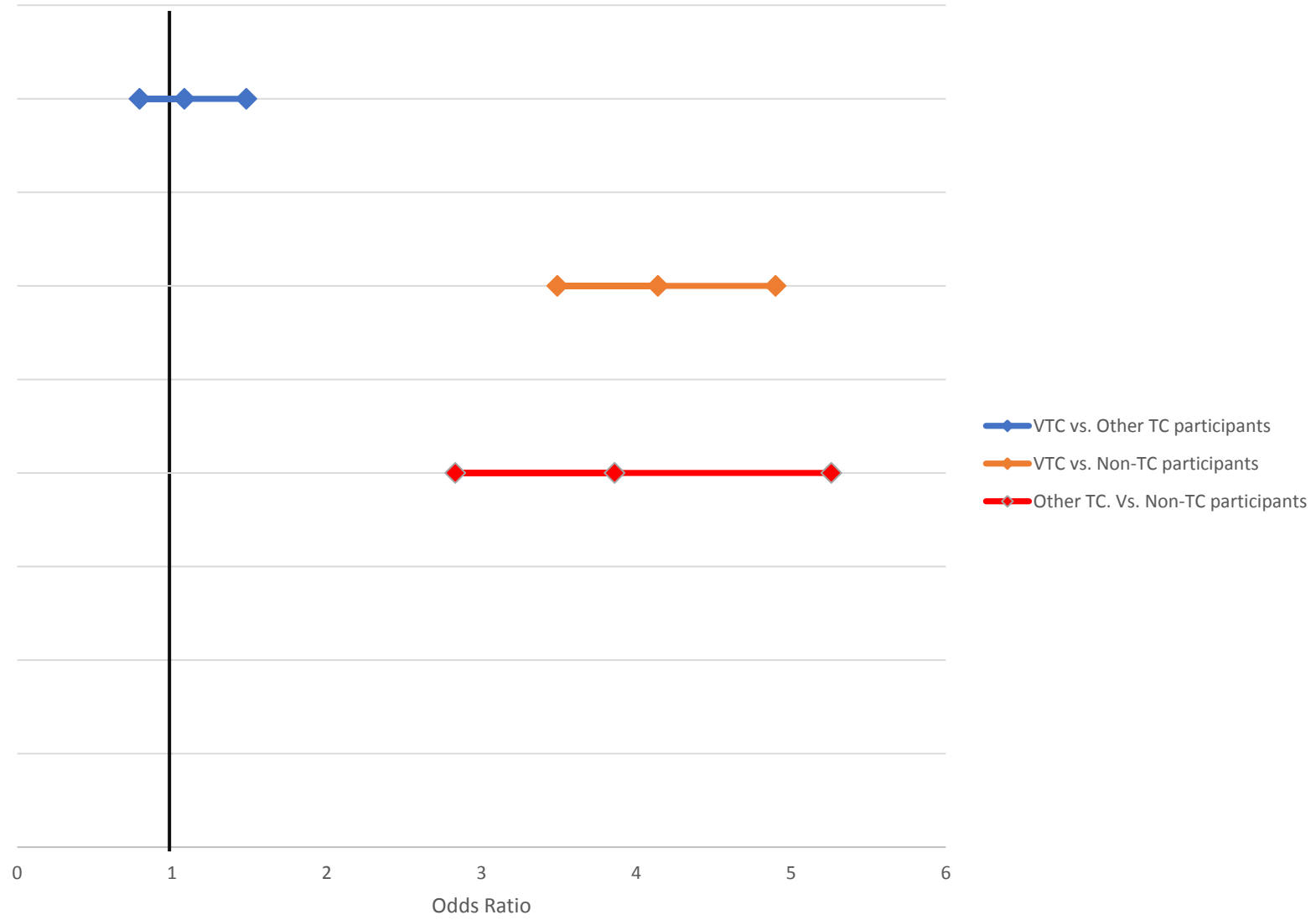
OUTCOMES: Days in own place



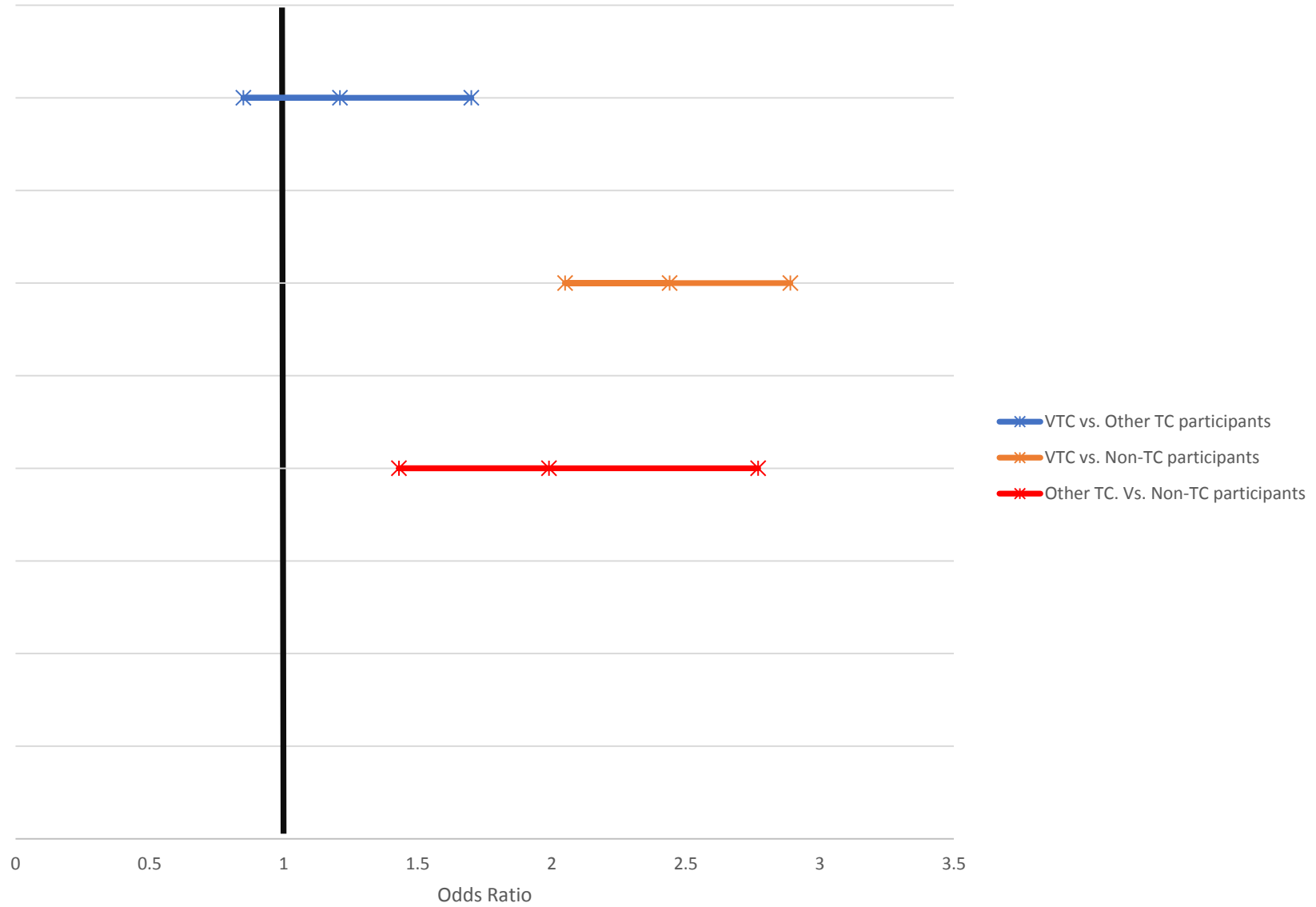
OUTCOMES: Employment



OUTCOMES: Any Jail Sanctions



OUTCOMES: Any New Incarcerations



Summary of Outcomes



- VTC participants > better housing and employment outcomes, HOWEVER > jail sanctions and new incarcerations
- 14% recidivism rate among VTC participants, which is lower than 23-46% one-year recidivism rate among U.S. prisoners (Durose et al., 2014)
- 1/3 of VTC participants served in Iraq and Afghanistan
- No apparent sociodemographic disparities in admissions to VTCs, many non-combat vets and vets with violent offenses admitted with variability in jurisdiction
- Treatment Courts aren't a panacea for veterans, need for evidence-based sentencing?

Poll Question #3

- Do you think treatment courts should admit violent offenders? (Pick one)
 - Yes, completely
 - On case-by-case basis
 - Never
 - Unsure

Veterans Service Units



What are veterans' experiences with Veterans Service Units?

Specialized veteran units or veterans service units (VSUs)

- Housing units in prisons, jails, and other correctional facilities dedicated to veterans
- Some have emphasized the need to tailor interventions for veterans connected to “military principles and strengths” (Timko et al., 2013)
- Connecticut opened a VSU in 2015 to “reduce recidivism, lower crime, and save taxpayer dollars”
- Offers re-entry counseling, training program for employment, life skills training, mental health treatment, peer support
- VA is a partner on the unit through the HCRV program

Connecticut opens prison unit dedicated to veterans

AP

By Associated Press

Published: November 9, 2015, 11:51 am | Updated: November 9, 2015, 12:17 pm



STATES WITH SPECIALIZED HOUSING PROGRAMS FOR INCARCERATED VETERANS



Legend

Prison only

Jail only

Federal Institution only

Prison & Jail

Prison, Jail, Federal institution

DOC Quality Improvement survey

- Quality improvement survey conducted March 2016 by VA social workers and DOC
- 87 out of 110 veterans completed the survey (79% response rate)
- Collected background characteristics and included 35 rating questions and 4 qualitative questions about services and experiences on the unit, and re-entry needs upon release

	N= 87
Age	
18 25	5%
26 40	33%
41 56	45%
57 64	13%
65+	1%
Education	
High School/GED	40%
Some College/College Degree	57%
Advanced Degree	2%
Race/Ethnicity	
White	64%
Black	16%
Other	17%
Psychiatric Diagnosis	
Schizophrenia spectrum Disorder	4%
Bipolar Disorder	19%
Major Depression	17%
Alcohol Use Disorder	30%
Drug Use Disorder	45%
PTSD	29%
Other Disorder	28%
> one past episode of incarceration	72%
Served in Military Combat	24%
Honorable/General Discharge	74%

In reference to being on Veterans' Unit	Agree/Strongly Agree
Prepared me for reintegration	45 (52.3%)
Groups have been helpful	36 (41.9%)
Received needed mental health care	27 (31.4%)
Received needed substance use treatment	37 (43.0%)
Received important information (e.g., parole, employment programs, VA services) for release	41 (47.7%)
Feel safe on the unit	48 (55.8%)
This unit is better than other units I've been on	52 (60.5%)

Qualitative Findings

- Appreciated the culture and milieu of VSU
 - “cleaner”, “more relaxed”, “brotherhood”
 - “camaraderie”, “more respect”
 - Anger towards Muslim individuals in particular
- VA partnership is positive
 - “It seems that the VA is interested in helping its vets so that lessens the stress on the unit whereas in other units, help is very limited.”
- Conflicts based on service history and VA eligibility
 - “Surrounded by vets, but there’s a big difference from veterans in this unit and men that didn’t even pass basic training/boot camp.”
 - “Some of the people don’t deserve being here...”
 - “Get rid of the fake vets.”

Medical-Legal Partnerships



Do medical-legal partnerships improve the mental health of low-income veterans?

What is a medical-legal partnership (MLP)?

- Developed in 1993 to combine the skills of medical professionals and lawyers to help patients
- Legal services are provided to patients within healthcare settings
- Part of movement to address social determinants of health
- Civil legal issues can impede access to services
 - Revoked license so can't drive to the hospital or job interview
 - Unpaid child support/taxes causes additional stress
 - Denied disability benefits because of incomplete paperwork

I-HELP® Areas



**Income supports
& Insurance**



**Housing
& utilities**



**Employment
& Education**



Legal status



**Personal &
family stability**

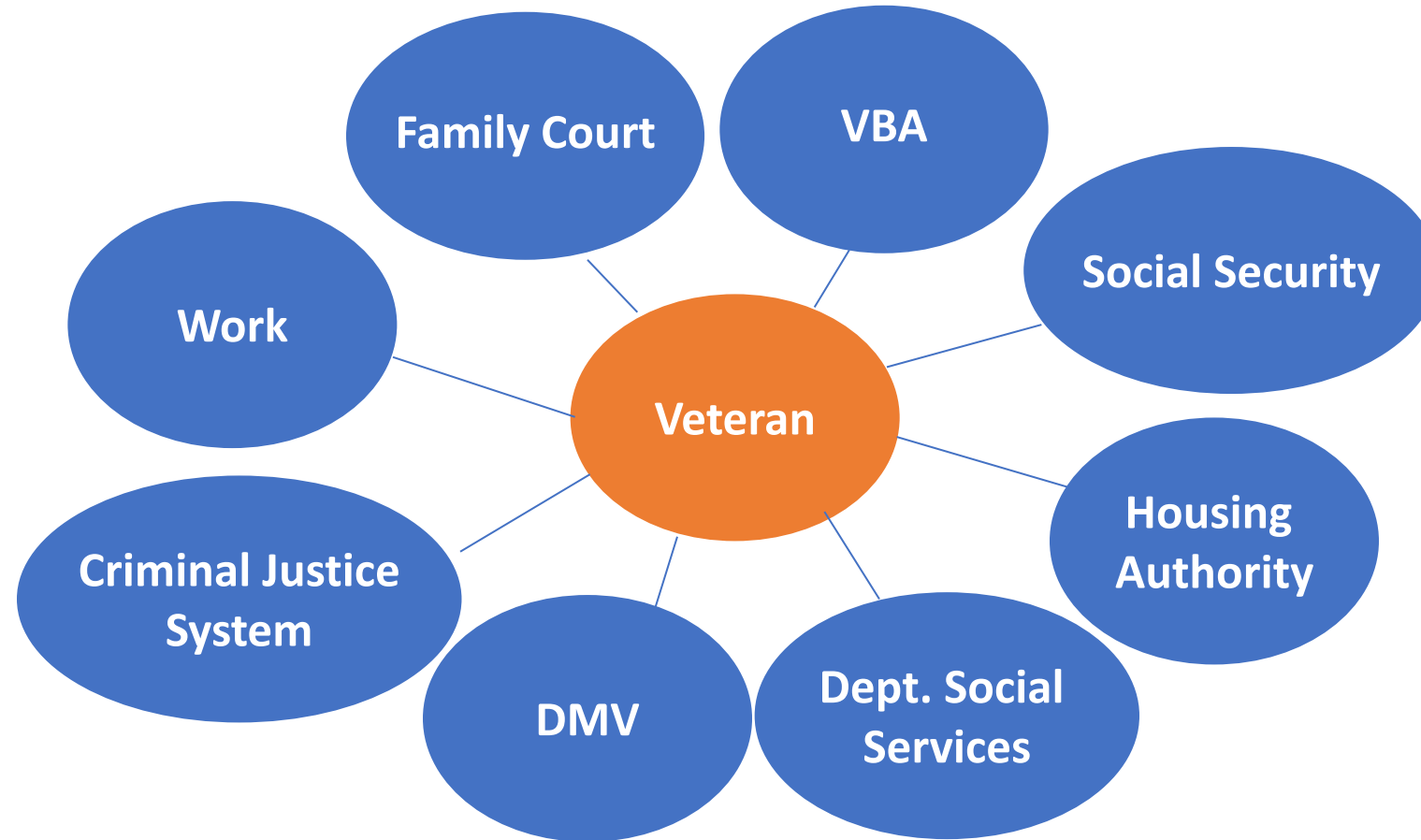
MLPs in the country

- MLP model endorsed by American Bar Association, American Academy of Pediatrics, American Medical Association, Agency for Healthcare Research and Quality, Robert Wood Johnson Foundation



- MLPs in 292 health care institutions in 26 states
- Few mental health-focused MLPs
- Growing # of MLPs in the Veterans Affairs healthcare system
- No formal evaluation has been conducted to assess MLPs in mental health or in the VA

Complex Legal Systems Drive Social Determinants of Health



Project Aims

WHO? Sociodemographics, clinical characteristics, legal problems of veterans served by MLPs.

WHAT? Types of civil legal services veterans receive.

HOW? Effect of providing civil legal services on the mental health and quality of life of veterans over one year.

Two sample methodology

Full Sample: Shallow and Broad

- All veterans referred by VA who receive legal assistance
- Define population and legal services
- Administrative data from legal centers

Subsample: Deep and Narrow

- Veterans receiving full representation by the MLP
- Survey health and quality of life over one year
- Limited to landlord-tenant, child support, VA disability claims, and student loans

-
- 791 veterans in full sample (n= 653 CT, n= 138 NY)
 - 148 veterans in subsample (n= 108 CT, n= 40 NY)

Medical and legal partners

Connecticut

- Medical: VA Connecticut Healthcare System in West Haven and Newington
- Legal: Connecticut Veterans Legal Center- dedicated to veterans
- Partnership model: Legal Center was imbedded in-house at VA Connecticut in West Haven, spent a few days a week in Newington

New York

- Medical: Manhattan and Bronx VA
- Legal: New York Legal Assistance Group- not dedicated to veterans
- Partnership model: Lawyers hold a clinic at the two VAs a few days a week each
- **Eligibility for MLP services in CT and NY:** Low-income, psychiatric or physical disability, and engaged in VA health services

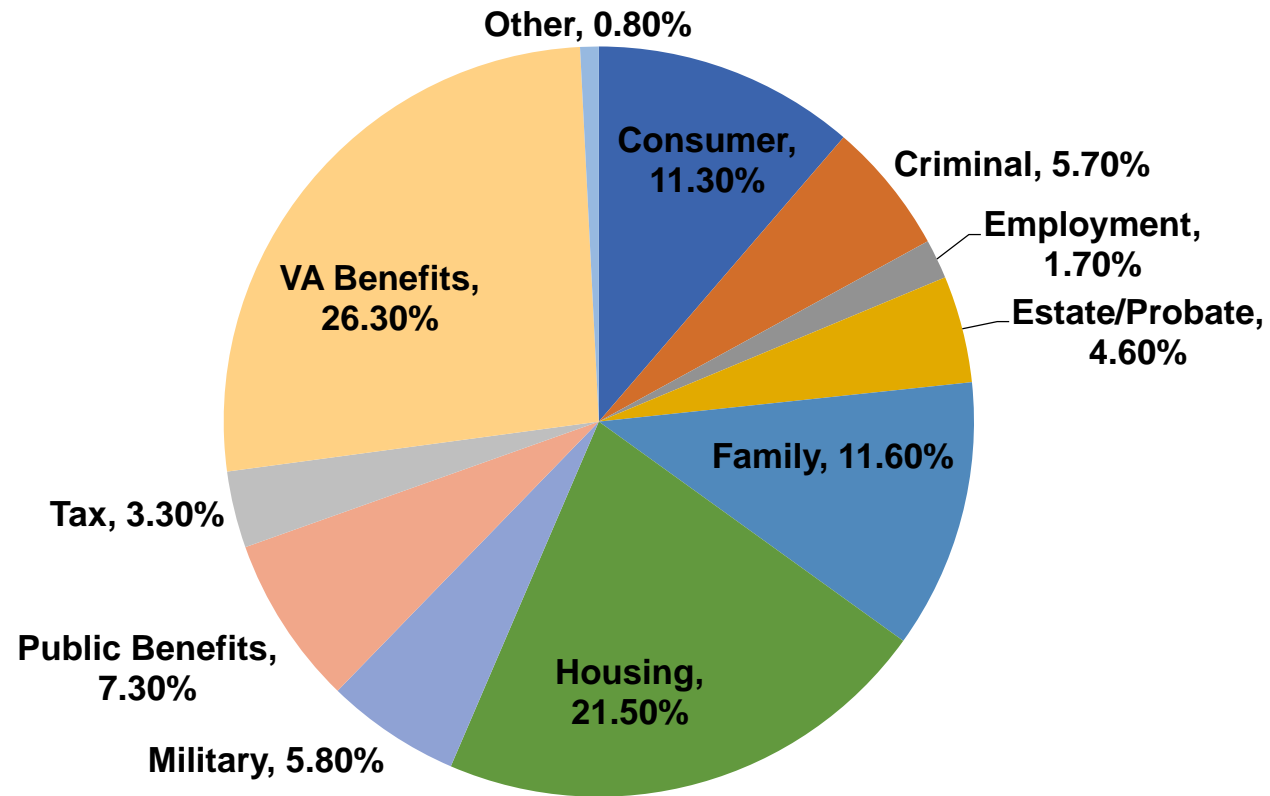
Assessment measures for subsample

- Housing status and satisfaction
- Income, employment, and debt
- Patient Health Questionnaire-9
- Generalized Anxiety Disorder-7
- Posttraumatic Stress Disorder-Checklist, ver. 5
- Brief Symptom Inventory
- Short-Form 12-item Health Survey
- Quality of Life Enjoyment and Satisfaction Questionnaire
- Substance abuse with the AUDIT-C, Addiction Severity Index, and California Tobacco Surveys
- Citizenship measure

Total Sample Characteristics

	N= 791 veterans
Age	52.6 (sd= 13.2)
Gender- Male	87.1%
Race	
White	46.9%
Black	36.0%
Other	17.1%
Marital status	
Married	22.5%
Divorced/Separated	39.8%
Never Married	33.4%
Annual income	\$20,162.7 (sd= 26,266.8)
VA disability % rating	29.3 (36.6)
Ever been homeless	48.3%
Served in combat zone	26.2%
Served in Iraq/Afghanistan	16.7%

Legal needs of 791 veterans (n= 1,187 issues)



Legal services provided (n= 1,187 issues)

Legal Services	Average minutes/issue
Administrative Tasks for 575 issues	41.7
Consulting/Meeting/Interviewing for 1,164 issues	157.8
Preparing/Drafting/Researching for 805 issues	106.2
Appearing for Court/Hearing for 84 issues	200.8
Total average time spent for each issue	268.3

Legal issues partially/fully resolved by 9 months

Resolved Issues within 9 months (n= 461 issues)	N (%)
Housing (e.g., avoid eviction, improve conditions)	189 (41.0%)
Public Benefits (e.g., SSI, SSD, VA)	113 (24.5%)
Consumer/Credit/Debt (e.g., student loan, tax)	74 (16.1%)
Child Support (e.g., alimony, custody)	51 (11.1%)
Criminal (e.g., avoid conviction)	24 (5.2%)
Other (e.g., driver's license, divorce)	10 (2.2%)

Preliminary housing and mental health outcomes

- Over 12-month period, 148 veterans who received full legal representation showed significant improvements on:
 - Days in own housing, $F= 8.92, p< .01$
 - Days homeless, $F= 7.35, p< .01$
 - VA income, $F= 4.97, p<.05$
 - BSI-Hostility scores, $F= 8.26, p< .01$
 - BSI-Paranoid scores, $F= 5.85, p< .05$
 - GAD-7 scores, $F= 6.44, p<.05$



MLP Conclusions

- Many low-income veterans with mental illness have a need for MLPs.
- Many veterans have multiple legal needs; some only need brief legal advice while others need more
- Wide variability in time-frame for resolution of legal problems
- Preliminary analyses suggest full legal representation are associated with improvements in housing, income, and mental health over one-year

Presentation wrap-up themes

- Criminal justice issues among veterans are difficult to address
- There are many intersections between health, housing, and legal problems among veterans
- Unique community-VA partnerships are forming to help veterans with criminal and civil legal issues



References & Resources

- Incarceration and homelessness:
 - Tejani, N., Rosenheck, R. A., Tsai, J., Kaspro, W., & McGuire, J. F. (2014). Incarceration histories of homeless veterans and progression through a national supported housing program. *Community Mental Health Journal*, 50(5), 514-519.
 - Tsai, J. & Rosenheck, R. A. (2013). Homeless veterans in supported housing: Exploring the impact of criminal history. *Psychological Services*, 10(4), 452-8.
 - Tsai, J. & Rosenheck, R. A. (2016). Psychosis, lack of job skills, and criminal history: Associations with employment in two samples of homeless men. *Psychiatric Services*, 6(1), 671-675.
 - Tsai, J., Rosenheck, R. A., Kaspro, W. J., & McGuire, J. F. (2013). Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and federal prisons. *Psychiatric Services*, 64(1), 36-43.
 - Tsai, J., Rosenheck, R. A., Kaspro, W. J., & McGuire, J. F. (2014). Homelessness in a national sample of incarcerated veterans in state and federal prisons. *Administration and Policy in Mental Health and Mental Health Services Research*, 14(3), 360-367.
- Recidivism/Veterans Treatment Courts:
 - Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010*. Retrieved from Washington, DC: <http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>
 - Tsai, J., Flatley, B., Kaspro, W. J., Clark, S., & Finlay, A. (in press). Diversion of veterans with criminal justice involvement to treatment courts: Participant characteristics and outcomes. *Psychiatric Services*.
 - Timko, C., Midboe, A. M., Maisel, N. C., Blodgett, J. C., Asch, S. M., Rosenthal, J., & Blonigen, D. M. (2014). Treatments for Recidivism Risk Among Justice-Involved Veterans. *Journal of Offender Rehabilitation*, 53(8), 620-640.
 - <http://www.va.gov/homeless/vjo.asp#contacts>
- Medical-Legal Partnerships:
 - Tsai, J., Middleton, M., Retkin, R., Johnson, C., Kenneally, K., Sherman, S., & Rosenheck, R. A. (in press). Medical-legal partnerships in the Veterans Health Administration for veterans with mental illness: A descriptive study. *Psychiatric Services*.
 - Wong, C. F., Tsai, J., Klee, A., Udell, H. R., Harkness, L., & Middleton, M. (2013). Helping veterans with mental illness overcome civil legal issues: Collaboration between a Veterans Affairs psychosocial rehabilitation center and a non-profit legal center. *Psychological Services*, 10(1), 73-8.
- Veterans Service Units:
 - Evan Seamone has done a lot of work in this area. I have work under review you can contact me about too.

Questions/Comments?

MLP videos:

<https://www.youtube.com/watch?v=vAfcJiXa8-0>

<https://www.youtube.com/watch?v=NdvE5wbumYw>

Contact Info:

Jack Tsai, Ph.D. (Jack.Tsai@yale.edu)

Twitter: @JTsaiLab