Announcer: Welcome to the VA HSR&D investigator insights podcast series. In this episode, QUERI dissemination coordinator Dianne Hanks speaks with Center for Healthcare Organization and Implementation research investigators Bo Kim and Keith McInnes about their work on the post incarceration veteran engagement project.

Bo Kim: 12,000 to 16,000 veterans leave incarceration annually and then many of them have mental health disorders and substance use disorders. We also know from research that individuals with such disorders are at heightened risk for \_\_\_\_\_ [00:00:40], hopelessness, drug use. Together with partners of the Healthcare for Reentry Veterans program within the VA we thought that it would be important to look into whether there are ways in which we can better coordinate the care and services for veterans facing reentry leaving incarceration. That was kind of the impetus behind looking at this project.

Diane Hanks: What is the level of treatment that they receive when they’re in jail or prison?

Keith McInnes: That’s a great question. We tend to think that it is minimal. There are medications. There are clinicians. But some, actually many facilities don’t provide the kinds of medications that people need, especially for opioid addictions.

Diane Hanks: They don’t provide methadone. I know about that.

Keith McInnes: Right. Exactly. I mean that’s changing somewhat, but for many people it’s hard to get the kinds of medications that they would need. Fortunately they can start them when they get out, but

Diane Hanks: I would imagine it depends on what facility they’re in. If they’re not in a prison hospital, if they’re in a jail versus a prison, I imagine most prisons have their own protocols and levels of care that they’re giving.

Keith McInnes: I think there’s some state-by-state variation as well. We’ve mostly been on the east coast. I think Massachusetts is moving in that direction in the department of correction. Connecticut as well. But I’m sure there are many states that really haven’t started much treatment yet for things like opioid use disorder.

Diane Hanks: We know there’s a need. But I imagine that they’re getting out with probably a stronger need for mental health and substance use treatment than they had before they went in because I don’t imagine prison is conducive to any kind of healing process or recovery process, especially if they’re not getting the level of treatment that they would need. Tell us about your study and how it addresses those issues.

Bo Kim: Listening to your question actually sparks a discussion of why, one of the findings that we had from our study was really interesting. One of the findings had to do with veterans having anxiety and fear of actually being released from prison. Part of that was the sense that there was when they were in prison this sense of community, a sense of support from other inmates. That had been a support system that had helped them let’s say stay away from substance use or helping to manage mental health regardless of as you said, although there may have been limited amount of mental health services available.   
  
In terms of why we had drawn on the Collaborative Chronic Care model, the CCM, is that one of the elements is about self-management support, kind of the anxiety that they may feel. The way in which we might be able to help alleviate that would be to help them engage in planning for their reentry earlier than they have been and really thinking through. For example, what kinds of thing \_\_\_\_\_ [00:04:04] to expect or daily routine wise, yes, they’re going to have much more freedom in deciding how their day is going to look like. Can they really think in advance about how to fill their days, how to structure those days so that they themselves can help keep themselves away from things that might not help them maintain their mental health or get better in terms of recovery.

Diane Hanks: Well freedom can be frightening.

Bo Kim: Yes, for sure.

Diane Hanks: If you’re not used to that life.

Keith McInnes: The freedom aspect and the open schedule, like we might say. But then there’s all of the other things that we take for granted. The housing. It’s a big concern that I think creates a lot of anxiety. The VA is pretty good about finding a landing place for people. Usually the first place is short-term. Domiciliary is a pretty good example, at least from our study in the New England area. But while they’re in that 90-, 100-day program, they’re getting help and actually the peer has been quite useful in this, getting help and thinking about their next more permanent step. Whether it’s something like a HUD VASH voucher or maybe it’s returning to a family member, a brother, occasionally a spouse, though not that often, but sometimes a child, a grown-up child.

Diane Hanks: Can you kind of briefly explain what the study’s intent was and a little bit about the methodology?

Bo Kim: This study was part of a larger, multiyear pilot initiative. That initiative we’re calling the post incarceration engagement pilot or PIE. As a part of that, we conducted interviews with veterans as well as stakeholders from reentry involved organizations at the community level, at the state level as well as the VA system as well to really be able to get multiple perspectives on challenges and issues surrounding reentry veterans.   
  
Those interviews were conducted as a part of that larger project, and we specifically looked at it and conducted the \_\_\_\_\_ [00:06:16] analysis to understand for veterans especially with mental health and substance use disorder what might be some of the issues that are persistent and also something that we should work on together with our operational partners to address.

Diane Hanks: And who was your operational partner?

Bo Kim: Healthcare for Reentry Veterans Program within the VA. One of the things we saw, we just talked about how multiple organizations could be involved in providing reentry support. It’s really understanding the coordination between them and what legal, for example, needs need to be met while also answering the healthcare needs. We saw that there’s a challenge right there. For example, making sure that legal requirements such as needing to meet parole requirements came up more than just once during our interviews with veterans as well as service providers who noticed those types of challenges in veterans.   
  
I already mentioned a little bit about the anxiety that they’re feeling. It was really interesting to think through yes, we might be helping them set up healthcare appointments. But beyond that, there’s a lot of self-advocacy that really needs to happen. We need to learn to really be able to talk to authorities about their situations. What are some really practical tools that need to be put in? It might be about making a list of questions that they can specifically ask when they contact authorities in different systems to be able to get the information that they need to be able to self-advocate for example.   
  
The other things that come to mind are for example there’s an uneven knowledge of resources that are available. Uneven knowledge as to what’s the latest available. This is true of veterans as well as the people providing the services. Thinking about what might be forums to share that kind of information is something that has come up.   
  
Then importantly the last thing I wanted to mention was kind of the difficulty of continuity of care. We talked a little bit about it earlier, but the transfer of health records to post incarceration. I think that has been a big challenge that we’re seeing in our data for sure.   
  
Those are some of the key themes that are coming up.

Keith McInnes: We also did some comparisons with veterans who had gone through the Healthcare for Reentry Veteran program but did not have the peer assistance. We didn’t have the ability to do a big, randomized study, so we found a group in VA data who had been released from incarceration in the year prior to our work starting, so that historical comparison group. Then we looked at some of the measures like whether veterans are getting to a mental health appointment and how many appointments? Are they getting to primary care and how many appointments? We were able to see some of those differences. In fact it did look like the peers or at least that peer intervention, there are a lot of things in it, seems to have some positive impact in terms of greater access to those services, mental health, substance use and other services. But again, we have to give the caution that it wasn’t a randomized study. There could be some biases over time that we don’t know about.

Diane Hanks: Right. I know you’ve worked in the VA for a long time. What are some of the challenges, but what are some of the positive things about working within VA research? And how it is working with veterans, not just incarcerated veterans, but veterans in general, and what challenges and barriers they might face in working in VA research?

Bo Kim: VA research is really centered on the mission to want to help veterans. I think being a VA researcher having that central mission, it really I think drives a lot of our work. I haven’t really been a part, I mean my career yet in any other system, so I don’t really have a comparison. But to me, that’s a major factor of motivation and encouragement to continue the work.   
  
In terms of the veterans being part of research, Keith, do you have thoughts on their experience?

Keith McInnes: Sure. This study in particular with the peers, first the peers were veterans themselves. We selected them for that reason. We had the opportunity to work very closely with veterans and I haven’t done that before. That was new. Then I think because of their close relationship with the veterans they’re serving, they would bring them by to say hello. These are in a sense our research subjects. But we don’t often get to kind of interact in a hallway almost like a social conversation, where peer just said hey I want you to meet Jim or Joe or you know Jim has just gotten his new driver’s license. The peer has been sharing some of these milestones that the veterans are achieving.  
  
Then the peer also shares some of the stories of their appreciation for his assistance and the project’s assistance. Whether it’s a note they’ve sent him or a text message. Just seeing those kinds of sense of gratitude is really nice. When in fact they’re doing a great service to us as researchers and to the VA because we’re learning from them. It seems to work out a really nice relationship.

Diane Hanks: And it must make you feel gratified to know that they trust you enough to introduce someone to you.

Keith McInnes: Um hum.

Diane Hanks: Because they wouldn’t unless they felt that you were doing a good job on your end and that they could trust you.

Keith McInnes: Yes.

Diane Hanks: That’s a good sign.

Announcer: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.