



Abraham Lincoln Pillars of Excellence Award State Submission

- I. **State:** Washington
- II. **Agency:** Washington State Department of Veterans Affairs
- III. **Program/initiative Name:** Incarcerated Veterans Initiative
- IV. **Pillars of Excellence Award Category:** [{Select one}](#)
 - [Increasing access to VA benefits and services \(VA\)](#)
 - [Eliminating the claims backlog by the end of 2015 \(VA\)](#)
 - [Eliminating Veteran Homelessness by the end of 2015 \(VA\)](#)
 - [Innovative State Programs \(NASDVA\)](#)
- V. **Program/Initiative Start Date:** 2010
- VI. **Program/Initiative Budget:** \$210,000
- VII. **Narrative:** Overview [\(2,000 Words or less total\)](#)

Why Serve Veteran Offenders?

Many Veterans are making 30-second mistakes as result of their war trauma conditions such as: Post Traumatic Stress Disorder, Traumatic Brain Injury, and Survivor Remorse. Veterans with an honorable discharge (over 65% of WA State Veteran Offenders) find their way into the justice system facing enormous life challenges with minimal access to VA benefits/entitlements to treat or solve the root cause of their war trauma. Mary Forbes, Assistant Director, Washington Department of Veteran Affairs (WDVA), inspires engagement with this simple statement, "We cannot let that one moment in time be the definition of who the person is." Veterans are not career criminals, they know what "right" looks like from serving in the armed forces, and are less likely to reoffend after release from prison.



There is statistical proof that Veterans are a most-worthy investment in such an interagency initiative. At the end of CY 2014, the three-year recidivism rate for Veterans in Washington was 20.6% which is 10.3% lower than the total offender population of 30.9%.

Location	Vet Total	% Total (general population)
N=35,550		
Prison	1,466	8.7%
Work Release	35	5.3%
Field	878	5.1%
Violator Facility	28	2.9%
Total	2,407	6.8%
*June 30, 2015 snapshot		

In 2010, DOC identified its Veteran offender population to be 3% of the total prison population throughout the State of Washington. Concerned that this number was low, considering the nationwide average according to the 2004 Bureau of Justice report¹ is around 10%, WDVA and DOC began to look at processes that could better identify and assist the Veteran offender population. Through this effort both agencies entered into an Incarcerated Veterans Initiative. As part of this initiative, in March, 2011, DOC signed a Data Share agreement with the Department of Social and Health Services (DSHS) to share Public Assistance Reporting Information System (PARIS) data which includes offenders who either have received or are currently receiving VA benefits. This data has also provided DOC the ability to identify Veterans in VA overpayment status. In December, 2011, WDVA and DOC entered into a Data Share Agreement (Exhibit A) expressly to identify Veterans who have been or are currently under DOC purview through the matching of DD214's to name, birthdate, and SSN. As a result of these data share agreements, the number of Veterans identified in our prisons as of June 2015 is 8.7%. 65% of these incarcerated Veterans have an honorable or general under honorable discharge, making them potentially eligible for federal VA benefits.²

During 2011/2012, WDVA and DOC developed an Incarcerated Veteran Initiative committee and began collaborating on the production of a video to be played during the intake process for all offenders entering prison in an effort to better identify the veteran, and most importantly, to inform the veteran of the guidelines set by the VA when receiving disability/pension benefits while incarcerated. In addition, a brochure and posters were produced to be displayed at all facilities to prompt prison staff to

¹ 2004 Bureau of Justice Report <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=808>

² See attached DOC Fact Sheet – Veteran Population July, 2014 (Exhibit B)

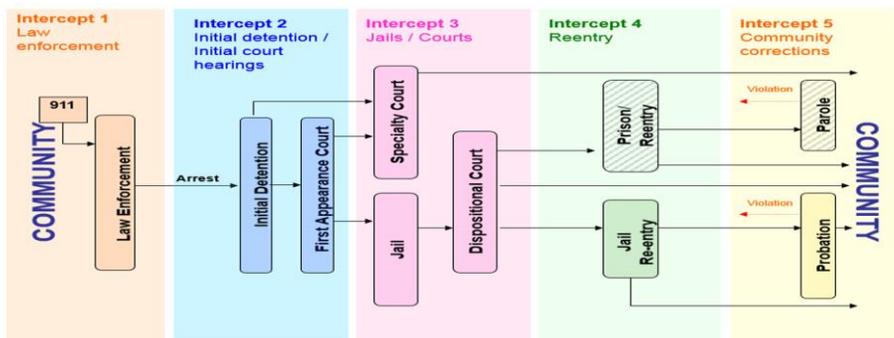
inquire about an offender’s military service. DOC also developed an incarcerated Veterans website to include VA resources, VA Forms, and information that can be utilized by the offender and their families.

In March 2012, WDVA, DOC, and the US Department of Veterans Affairs (VA) conducted a meeting with DOC Classification Counselors at reception for men at the Washington Corrections Center in Shelton. The video was unveiled and a formal training conducted on the necessary forms to notify the VA of the Veteran’s incarceration, apportionment for family members, the form for Veterans to get their benefits started again upon release, and contact information for WDVA.

The VA has a dedicated Veterans Justice Outreach (VJO) position who is required to cover all of Washington, Oregon, and Idaho limiting their capacity to conduct outreach within WA State prisons beyond an average of once a year visit to each prison. The VJO does not assist with VA disability compensation, pension, educational benefits, home loans, or any other VA entitlement other than health care, and the offender must be in the community to receive these services. Through the collaborative efforts being made between the VA, WDVA and DOC, the capacity to fill in the gaps and provide essential services to the DOC Veteran offender has increased.

SEQUENTIAL INTERCEPT MODEL

Based on documented research and national-level concepts, WDVA and DOC adopted the “Gather Assess Integrate Network Stimulate (GAINS) Sequential Intercept Model” as the baseline justification for criminal collaboration. The GAINS intercept model (see below and Exhibit C) was developed by the CMHS National GAINS Center, Delmar, NY, and is supported by Substance Abuse Mental Health Services Administration (SAMHSA)³. The intercept model identifies five (5) intercept or touch points to engage Veterans: 1) Law enforcement; 2) Initial detention/initial court; 3) Jails/prison; 4) Reentry; and 5) Community corrections.



Since July 2010, WDVA and DOC have used the following guiding principles to maximize veteran services to set the stage for success:

- Use a “Veteran Centric” model where multiple agencies are creating a hands-on, experiential, one-on-one customer service approach resulting in measurable outcomes

³ www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts

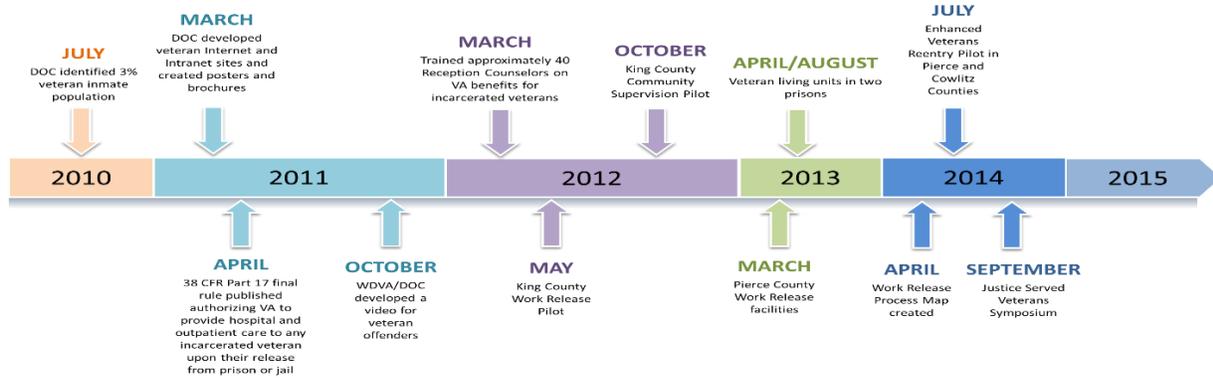


- Create sustainability through Public-Private Partnerships, community-based touch points and volunteer efforts
- Aggressively pursue federal VA funding to provide state and community stakeholders with resources that will assist in connecting individual Veterans to their benefits and entitlements and assisting successful grantees with their Veteran program development
- Require data and data sharing agreements as a means to create accountability, which includes quantitative and qualitative data to determine future resourcing

The over five-year collaborative effort between WDVA and DOC has successfully created a *full-service delivery model* for the underserved Veteran offender population who are transitioning to work release, community supervision, and ultimately reentry into the community. Our model focuses on enrolling justice served Veterans into the Veterans Health Administration (VHA) health care system and pursuing all other applicable VA benefits and entitlements. By proactively addressing and responding to Veteran offender needs prior to release to the community, the expected result is to improve on the reduction of Veteran offender recidivism.

WDVA and DOC *full service delivery model* highlights:

- Establishment of Veterans Reentry Mission Planning and Community Support Team to assist Veterans in creating a focused reentry plan to improve outcomes associated with the individual release experience, reduce recidivism, and promote healthier communities
- Development of information-sharing and tracking practices between agencies
- Adoption of supporting DOC policies
- Shared Release of Information with the VA Health Administration
- Establishment of comprehensive community-based partnership groups
- Development of a formal Veterans Release Planning Checklist
- Establishment of monthly triage to include: benefits assistance through a Veteran service officer, legal (civil) services provided by the Northwest Justice Project at an all-Veteran housing unit located at Stafford Creek Corrections Center (SCCC) in Aberdeen WA
- Increased access to Post Traumatic Stress Disorder (PTSD) counseling and employment services
- Hiring of a dedicated position to focus on Veterans releasing to targeted counties and work release
- Supported Veteran-centric programs within the Veteran unit at SCCC
- Contract with DOC to provide .5 FTE Veteran Service Manager in July 2014 which provides a connection between the two agencies



A. Overview

1. Impact on Veterans

Since 2013, the Stafford Creek Correctional Center (SCCC) and the Coyote Ridge Corrections Center (CRCC) prisons have piloted housing Veterans together in the same living units. Units are also being developed in the minimum custody facility at the Washington State Penitentiary and Larch Corrections Center, which are stand-alone minimum security prisons.

There are currently over 136 veteran offenders living in the minimum-security Veteran unit at SCCC and 54 in the medium-security Veteran unit at CRCC. At SCCC, eighty one (81) veteran offenders have received assistance with civil matters through the Northwest Justice Project and 18 claims have been filed for VA benefits through veteran service officers.

WDVA’s Behavioral Health division has been bringing in counselors to provide group therapy and to date have had 26 group sessions in Washington State prisons.

The aim of our *full-service delivery model* is to provide a seamless transition for the most isolated and at-risk Veteran offenders from prison to the community with a focus on:

- Avoidance of large overpayments of VA benefits
- Disability compensation routed to family members in the form of a VA Apportionment for the duration of the Veteran’s incarceration
- Economic stability and self-sufficiency through the receipt of disability compensation, pension, health, and education benefits
- VA Health Care
- Transportation, housing, and employment upon release
- Improving individual Veteran outcomes and reducing recidivism
- Maximizing of resources exclusively available to Veterans
- Increase the number of veteran disability claims through the use of Telehealth for disability claim evaluations
- Reduce homelessness and poverty among the Veteran population

Veterans in work release and/or transitional housing are also being targeted due to the Veteran offenders' ability to access VA services outside of prison. A pilot is underway at DOC's Tacoma work release to assign a Veteran reentry service officer to greet the offender once they are received at the work release with the aim of immediately getting the offender signed up for their VA health care and developing a plan for reentry while serving up to six months in work release.

The definitive outcome is to provide resources that will assist the veteran offender with his/her economic stability and self-sufficiency, thus reducing Veteran offenders' risk of homelessness, and decreasing the unemployment rate of Veteran offenders, all of which are contributors to re-offending upon re-entry into the community.

2. Program Costs and Funding

- 1 shared FTE Veteran Service Manager position WDVA/DOC – approximately \$95k
- \$50k and .5 FTE to support outreach to Stafford Creek, Coyote Ridge, and work release
- 1 WDVA FTE approximately \$65k for peer-to-peer contact with work release Veterans and other veteran offenders

3. Transferability

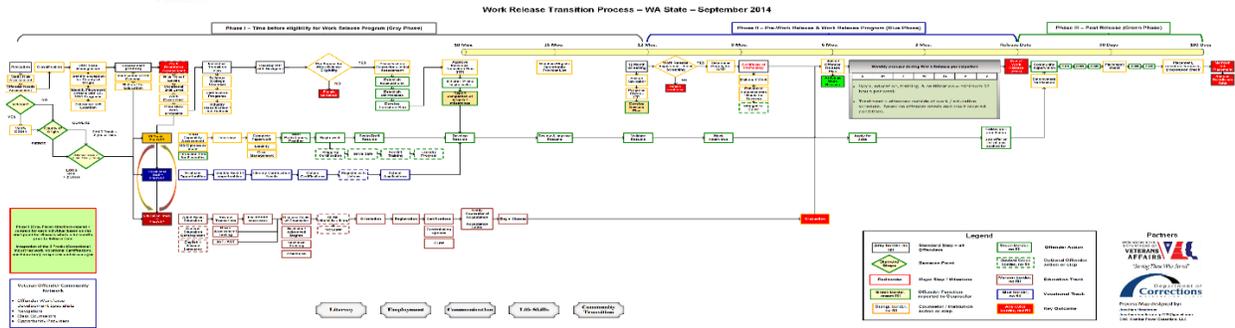
States can easily initiate a collaborative partnership with their state correctional systems. Any state can utilize and customize their own *full service delivery model*, with the following expected outcomes:

- Successfully enrollment of Veteran offenders into VA Health Care and other benefits and services in order to maximize their benefits and create self-sufficiency upon release into the community
- Effective utilization of federal VA health care can potentially avoid state and Medicaid costs to state prison systems and other local community providers
- Provide necessary services to offenders who might not otherwise be able to afford health care on their own
- VA funded services that provide stable resources will potentially prevent Veterans from reoffending
- Employment and housing availability for Veterans upon release from prison through community and state partnerships
- Reduced recidivism

TRANSITION PROCESS FOR INCARCERATION

The *full service delivery model* is based on educating prison staff and Veteran offenders from intake through incarceration and continuing after their release. Our Process Map (below and attached Exhibit D) has three phases after intake:

1. Time before eligibility for Work Release
2. Pre-Work Release and Work Release starting at 12 months prior to release date
3. Post Release up to 180 days after release



4. Community Partnerships

WDVA, DOC, and other Community-Based touch points (below) have created a one-of-a-kind collaboration to assist the underserved incarcerated Veteran population within our state’s prison system.

Public/Private

- **WDVA and WestCare:** A Public/Private partnership where WDVA receives \$50k/year for .5 FTE working in prisons and work release developing policy and strategies
- **Northwest Justice Project:** Assists Veterans with civil legal challenges
- **Brigadoon Dogs:** Inmates train service dogs for wounded Veterans
- **Rolling Thunder:** Community outreach
- **Goodwill Industries:** Helping offenders develop employment portfolios
- **Centers for Excellence:** Higher education assistance for Veterans to pursue associate degrees once on work release or community supervision

State

- **Department of Social and Health Services:** Matches Veteran data with the Public Assistance Reporting System (PARIS)
- **Health Care Authority:** Helps shift costs by getting Veterans enrolled in Medicaid and federal health care
- **Correctional Industries (CI):** Targeted training for prison and reentry programs aimed at earning a sustainable living wage

Federal

- **Federal VA Health Care Administration**
- **Federal VA Benefits Administration**
- **SAMHSA:** Justice-Involved Veterans Policy Academy

5. Overview of Supporting Data / Performance Metrics

Work release program outcomes:

- Active clients = 30
- Clients receiving SSVF = 5 (\$10,900)
- Enrolled VA Health Care = 22
- Enrolled in HVRP = 9 (\$5,510)
- Gas and lodging cards WDVA = 10 (\$500)
- Pending claims = 12
- Rated claims = 3
- Enrolled in School = 3
- Employed = 15
- Pending Social Security claims = 5

B. Appeal {Provide reasons you feel this program should receive the Pillars of Excellence Award (500 Words or less)}

Our Incarcerated Veterans Initiative provides information and access to wrap-around services such as transportation, access to VA Health Care, and access to VA benefits and entitlements, such as service-connected disability compensation or non-service connected pension. Our focus is on strong community partnerships, enrolling Veterans into the Federal Veterans Health Administration (VHA) health care system and pursuing all other applicable VA benefits and entitlements.

Our strong partnerships have become an essential cornerstone to the successful reintegration of veteran offenders back into society, with the ultimate goals of:

- Veterans receiving their federal VA benefits and entitlements
- Safer communities
- A reduction in recidivism
- Addressing transportation, housing, and employment needs

By housing incarcerated Veterans together, it enhances their well-being and increases their chance of successful community reentry by providing an opportunity to closely associate with like-experienced individuals. It also makes it easier to provide dedicated resources to address Veterans' special needs and helps them establish a dedication to positive living. Washington State currently has two operating veteran units and two in development.

Pro-actively addressing and responding to Veteran offender needs from intake to prison - to work release - to the community, has the potential of reducing Veteran offender recidivism. It also may result in Medicaid and other savings if Veterans are eligible for and connected to VA health care and VA disability compensation.

Results of this program include potential avoidance of state and Medicaid health care costs for this population with a boost to our state's economy from receiving additional federal revenue for Veterans in the form of benefits and entitlements to include: disability compensation and pension payments and



educational benefits. The ultimate outcome is an economically stable and self-sufficient Veteran population who are not at risk of homelessness, unemployment or re-offending.

II. References: 1) 2004 Bureau of Justice Report:

<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=808> 2) GAINS Sequential Intercept Model:
www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts

III. Supporting Documents: WDVA/DOC Data Share Agreement 2011 (Exhibit A), DOC Fact Sheet – Veteran Population July 2014 (Exhibit B), GAINS Sequential Intercept (Exhibit C), Work Release Process Map - Developing DRAFT – 8 Aug 2014 (Exhibit D), Timeline 2010-2014 (Exhibit E), Incarcerated Veterans Housing Project Brochure (Exhibit F)

****Send submission and supporting documents to nasdva@nasdva.us and James.Gough@va.gov no later than 31 October, 2015**