Introduction

For some veterans, the difficulty of transitioning to civilian life combined with other factors such as limited affordable housing, lack of family support, and physical or mental health issues may result in homelessness. According to the 2015 Annual Homeless Assessment Report, there were 47,725 homeless veterans on a given night in January, representing 11 percent of the overall homeless population. While this number represents a dramatic decline in veteran homelessness over the last few years, there is still significant work to be done. This paper will examine the connection between veteran homelessness and incarceration and discuss promising interventions at various stages of involvement in the judicial system.

Incarceration and Employment

Finding and maintaining employment is an essential component of reintegration following incarceration. However, extensive research has established that incarceration creates substantial barriers to employment. Ex-offenders are more likely to be unemployed than similar workers who have never been incarcerated. They also earn less, between 10 and 30 percent, according to one study. This disparity has real consequences in terms of recidivism - formerly incarcerated individuals who are employed and earning higher wages are less likely to return to prison or jail.

Homelessness and Incarceration

Many cities and towns across the country have laws prohibiting people from loitering, sleeping, or even sitting in public places. These laws criminalize homelessness by prohibiting homeless people from participating in basic human activities. Despite the fact that it is both costly and ineffective at addressing the root causes of homelessness, criminalization of homelessness is increasing across the country. Criminalization is often the first step in a cycle that starts with an inability to pay fines, which leads to arrest and incarceration, which then creates housing and employment instability, resulting in recurring homelessness.

“The connection between homelessness and incarceration is bidirectional: incarceration can lead to homelessness, and homelessness often results in incarceration.”

One study found that a history of homelessness was 7.5 to 11 times more prevalent among inmates than the general population.

Veterans and the Legal System

Legal Needs

Addressing the legal needs of veterans is an essential component in the fight to end and prevent homelessness. According to the 2014 CHALENG Report, legal assistance needs – “to prevent eviction”, “restore a driver’s license”, or “help with child support” for example – accounted for six of the top 10 unmet needs for male veterans and five of the top 10 for female veterans. On-the-ground experience suggests that resolving civil legal issues such as child support, loss of a driver’s license, consumer debt, and benefits disputes can offer protection.
against homelessness\(^8\) and may prevent further legal action including arrest and incarceration. Recognizing both the need for and potential benefit of access to legal services, the Department of Veterans Affairs Veterans Health Administration (VHA) released a Directive in 2011 encouraging staff to refer homeless veterans to legal providers and, in some cases, to provide office space to such providers.\(^9\)

**Incarcerated Veterans**

Unfortunately, thousands of veterans are currently incarcerated. According to a recently released report from the Bureau of Justice Statistics, approximately 181,500 veterans were incarcerated in 2011-12, down from 203,000 in 2004.\(^{10}\) The study also found that incarcerated veterans were older, better educated, and more likely to have been married than their non-veteran counterparts. Veterans were also more likely to have been convicted of a violent sexual offense than non-veterans.\(^{11}\) In an earlier study, veterans reported longer sentences than non-veterans, regardless of offense. While the greatest differences in sentences were for violent offences, sentences for property and public-order crimes were almost two years longer, on average, for veterans than for non-veterans.\(^{12}\)

Given the connection between incarceration and homelessness discussed earlier, what can be done to break this cycle for veterans?

**The Sequential Intercept Model**

The Sequential Intercept Model (SIM) originally evolved as a model for addressing the interaction between the criminal justice and mental health systems.\(^{13}\) The Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center has adopted the SIM as a framework for identifying individuals with behavioral health issues, linking them to appropriate services, and preventing entrance or deeper penetration into the criminal justice system. Recently, the United States Interagency Council on Homelessness (USICH) has adapted this model to apply to veterans experiencing homelessness.\(^{14}\) This collaborative framework identifies five key “intercept” points that present multiple opportunities to reduce veteran involvement in the criminal justice system and in so doing, address a crucial element of veteran homelessness.

> "Prevention is the best cure."

This phrase, often heard in the medical field, is also true for veteran homelessness. The SIM helps show that the most effective way to break the cycle of homelessness and incarceration among veterans is to prevent it. Decriminalization of basic life-sustaining activities such as sleeping or food-sharing would keep many homeless veterans from entering the system in the first place. These types of systemic legal changes often take time, but other interventions can be adapted and implemented right now.

**Intercept 1: Law Enforcement/Emergency Services**

Police officers are often the first point of contact with the criminal justice system and therefore present an opportunity to divert veterans away from the system and into more appropriate treatment. Communities have used a variety of approaches, from education to partnership, to engage law enforcement. One of the most promising interventions is the use of Crisis Intervention Team (CIT) Programs – community policing models that connect law enforcement with other local partners to improve police response to people with mental health issues. Research suggests the CIT model is an effective pre-booking jail diversion model and may increase knowledge, preparedness, and self-efficacy among participating officers.\(^{15}\) The model originated in 1988 in Memphis and has spread to more than 2,700 communities across the country.\(^{16}\)

The VA has been on the forefront of developing engagement strategies for local law enforcement. The VA instituted a training initiative for its police force as well. This initiative – a partnership between Veterans Justice Programs, the VA Law Enforcement Training Center, and VA mental health providers – includes training on crisis de-escalation, mental health, and VA resources. Another promising strategy focuses on the connection between local law enforcement and health care providers. In a series of case studies about VA Justice Programs and the
SIM, one example highlights a community with a historically hostile relationship between the city police and local VA. By bringing together the leadership of both groups, the group was able to develop joint Standard Operating Procedures where police officers bring veterans with clinical needs to the VA instead of jail.17

**Intercept 2: Initial Detention/Initial Hearing**

Post arrest, a systematic process for identifying veterans and their housing status is essential to ensure they have access to available resources. Some county jails have instituted a screening process at intake that asks inmates if they have ever served in the military.18 The VA’s Veteran Justice Outreach (VJO) program provides each VA Medical Center with a Veterans Justice Outreach Specialist. VJO Specialists are responsible for conducting outreach, assessment, and case management for veterans in their assigned areas. By gaining access to local/county jails, VJO Specialists are able to identify veterans and connect them to VA and other community resources.

**Intercept 3: Jails/Specialty Courts**

Many communities across the country have specialty courts designed to address the needs of specific populations including individuals with mental health or substance use issues, veterans, and the homeless. The first Drug Court was established in 1989 in Miami-Dade County, Florida to address the ongoing cycle of repeated drug-related court appearances by combining drug treatment with judicial oversight.19

The success of Drug Courts in decreasing drug use, reducing crime, and saving money has inspired the creation of other problem-solving courts.20 For example, Mental Health Courts work to prevent or reduce the length of incarceration for individuals with mental health issues through diversion to treatment or connection to community resources.

In 2008, the first Veterans Treatment Court (VTC) was founded in Buffalo, New York.21 Hybrids of Drug and Mental Health Courts with a veterans-only docket, VTCs serve veterans struggling with addiction, mental health issues, and other co-occurring disorders. The VTC model brings together a team of resources including the VJO Specialist, VA Benefit Administration, community agencies, local Veteran Service Organizations, and volunteer veteran mentors to assist veterans. The VJO Specialist, for example, may be able to provide real-time access to treatment records and schedule appointments as needed22 while veteran mentors provide support and improve morale.

VTCs are expanding rapidly – the number of VTCs increased 28 percent from 2013 to 2014 – and are serving over 13,000 veterans each year.23 While additional research on their effectiveness is necessary, VTCs provide an alternative to the traditional justice system. One recent study concluded that veterans participating in VTC showed significant improvement in a number of areas including PTSD, substance abuse, and overall functioning.24 The study also concluded that veteran mentors were particularly effective, resulting in improved clinical outcomes and greater social connectivity for participants.25

**Intercept 4: Re-Entry**

In some cases, diversion from incarceration is not possible or appropriate. For these veterans, comprehensive re-entry services – from housing to employment – are essential for successful re-entry into society. Founded in 2011, the Federal Interagency Reentry Council is comprised of 20 federal agencies to coordinate reentry efforts and remove federal barriers to successful reentry. The Council works to help individuals returning from prison to become productive citizens, reduce recidivism, and lower the costs of incarceration, making communities safer and stronger.

Although several agencies operate re-entry programs, the VA and DOL have targeted re-entry programs that can help alleviate homelessness for veterans. The VA’s Health Care for Re-Entry Veterans (HCRV) program was designed to help incarcerated veterans before, during, and after release. HCRV specialists provide a range of services including outreach to veterans in prison, access to re-entry planning resources, and referrals to VA benefits
and services. The Department of Labor (DOL) recently awarded $10 million in grants as part of the Linking to Employment Activities Pre-Release (LEAP) initiative. Using these demonstration grants, local workforce investment boards will implement specialized American Job Centers (AJCs) inside jails and correctional facilities to provide employment services to soon-to-be released inmates.\textsuperscript{26} While this program is not geared specifically for veterans, it represents an opportunity to expand employment-related reentry resources. The Incarcerated Veterans’ Transition Program (IVTP), also managed by DOL, provides comprehensive support to transitioning veterans with an emphasis on employment.

\textbf{Intercept 5: Community Corrections and Community Support}

After a veteran is released from jail or prison, the focus shifts to creating a network of resources that lead to self-sufficiency and independence. Facing high rates of unemployment and homelessness\textsuperscript{27} formerly incarcerated veterans need access to a variety of services. Through the local continuum of care veteran and social services agencies can provide housing, medical care, benefits, education, and employment services as appropriate.

Some veterans may be eligible for supportive housing programs including HUD-VASH. For others, connecting with the local Grant and Per Diem (GPD), Supportive Services for Veteran Families (SSVF), or Homeless Veteran Reintegration Program (HVRP) grantees may be useful. SSVF, funded by the VA, provides short-term, flexible assistance and case management for homeless prevention and rapid re-housing of veterans. Funded by the Department of Labor, HVRP grantees help homeless veterans find meaningful employment in the competitive workforce. GPD provides a short-term bridge out of homelessness as well as connection to a broad spectrum of services to support housing stability.

\textbf{Moving Forward}

Strategic interventions at various points in the system can help break the cycle of veteran incarceration and homelessness. Decriminalization of homelessness and increased access to legal services would prevent many veterans from entering the system. Through diversion programs such as VTC veterans can receive the treatment they need to heal and become productive members of society. For those veterans who are incarcerated, early access to re-entry planning may ease the transition process. The specific interventions may vary by community, but the common denominator is creating a system that addresses both the impact of incarceration on housing and employment and the connection between unemployment, homelessness, and justice system involvement to ensure that every veteran has the opportunity to succeed.

\textbf{Endnotes}

\begin{itemize}
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\item[\textsuperscript{13}] Munetz, Mark R., Griffin, Patricia A., Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness, Volume 57 Issue 4, April, 2006, pp. 544-549 Psychiatric Services April 2006 Volume 57 Number 4
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