

HEALTH CARE FOR RE-ENTRY VETERANS (HCRV) PROGRAM

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook establishes procedures for the Health Care for Re-entry Veterans (HCRV) Program, which provides outreach, assessment, referral, and linkage to services for Veterans within 6 months of release from state and Federal prisons, and sets forth the National authority for the administration, monitoring, and oversight of HCRV services.
- 2. SUMMARY OF CHANGES.** This Handbook clarifies the duties of those assigned responsibilities under the HCRV Program, including implementing and monitoring the HCRV Program Nationally.
- 3. RELATED ISSUES.** VHA Handbook 1160.01
- 4. FOLLOW-UP RESPONSIBILITY.** The Office of Patient Care Services, Office of Mental Health Services HCRV Program (116) is responsible for the contents of this Handbook. Questions may be addressed to the Associate Chief Consultant, Homeless and Residential Rehabilitation and Treatment Services at (202) 461-7348.
- 5. RECISSIONS.** None.
- 6. RE-CERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of April 2015.

Robert A. Petzel, M.D.
Under Secretary for Health

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HEALTH CARE FOR RE-ENTRY VETERANS (HCRV) PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures for the Health Care for Re-entry Veterans (HCRV) Program and sets forth the National authority for the administration, monitoring, and oversight of the HCRV Program.

2. BACKGROUND

a. The HCRV Program was developed in response to Public Law (Pub. L.) 107–95 and codified at title 38 United States Code (USC) § 2022. The Under Secretary for Health, in 2004, adopted the recommendation by the Mental Health Task Force that “the Secretary should mandate that all Veterans Integrated Service Networks (VISNs) address the re-entry needs of incarcerated Veterans and develop a plan that will be implemented in fiscal year (FY) 2005.” These recommendations were integrated into the Mental Health Strategic Plan, which mandated that all VISNs address the transition needs of incarcerated Veterans and that each VISN submit a specific plan for pre-release assessments of Veterans in Federal and state correctional facilities to determine degree and type of need and methods of providing services.

b. Building on ideas pioneered by a small number of Department of Veterans Affairs (VA) programs in the 1980s and expanded by some Health Care for Homeless Veterans outreach teams in the 1990s, the HCRV Program has been successful in partnering with state and Federal prisons to outreach to incarcerated Veterans within 6 months of release; providing pre-release assessment services; referrals; linkages to medical, psychiatric, and social services, including employment services; and providing post-release short-term case management assistance.

c. The HCRV Program, an essential and critical part of VHA, is vital for providing a gateway to VA and community supportive services for eligible Veterans who are in process of release from state and Federal prisons. HCRV is a VHA homelessness prevention effort, working to ensure that Veterans released from incarceration transition into productive and safe activity.

3. AUTHORITY

Pub. L. 107-95 and 38 USC § 2022 authorize this program.

4. DEFINITION OF A RE-ENTRY VETERAN

For the purposes of this Handbook, a Re-entry Veteran is:

a. A Veteran currently incarcerated at a state or Federal correctional facility, usually within 6 months of release;

b. A Veteran released within the last 4 months from a state or Federal correctional facility;

c. A Veteran serving a state prison sentence under contract at county or other local jail facilities; or

d. A Veteran engaged in a work release or halfway house program who is still designated as a prisoner (still on the roll of a local prison). **NOTE:** *Veterans incarcerated at county or city jail facilities, those offered alternative sentencing through a homeless, mental health, drug, dual diagnosis, or Veterans' diversion court program, and those with criminal background histories not contacted through the HCRV Program while in the re-entry process (for example a Veteran on parole in the community) are not currently included in this definition.*

5. SCOPE

a. The HCRV Program is part of a continuum of services designed to serve justice-involved Veterans. HCRV serves Veterans incarcerated in state and Federal prison and Veterans re-entering the community after incarceration in state and Federal prison. A related program, Veterans Justice Outreach, serves Veterans in contact with community law enforcement, Veterans incarcerated in local jails, and Veterans involved with treatment courts.

b. The core of the HCRV Program is the outreach component. The central goal of the HCRV Program is to promote successful community integration of re-entry Veterans by conducting outreach to vulnerable Veterans, while they are incarcerated, to engage them in treatment and rehabilitation programs after release that will assist in:

- (1) Preventing their homelessness;
- (2) Re-adjusting to community life; and
- (3) Desisting from commission of new crimes or parole or probation violations.

c. Data from multiple studies show that re-entry populations have many risk factors, such as histories of homelessness, mental illness, substance abuse, unemployment, and high rates of chronic health problems and infectious disease, that place them at high risk for recidivism and for failure in community functioning. HCRV workers perform outreach services in correctional institutions to engage re-entry Veterans who are at a critical time in their transition from incarceration to community living. The HCRV Program offers pre-release assessment; referrals; linkages to medical, psychiatric, and social services, including employment services; and post-release case management support during this transition by creating opportunities for Veterans to engage in treatment services that may assist them in their success.

d. The program philosophy described in this Handbook applies to all VA HCRV programs. However, it is recognized that flexibility is required to adapt these guidelines to each VISN's HCRV Program, due to geographic variation in penal institutions, special needs of the Veteran population, and the availability of local VA and community resources.

e. The HCRV Program is VISN-based, not based at individual medical facilities, although HCRV specialists may be located at a medical facility. The scope of coverage is VISN-based in

order to interface with a broad range of geographically-dispersed correctional facilities and to provide access for re-entry Veterans to a broad range of services.

f. HCRV specialists function at the state level as liaisons and points of contact for state Departments of Corrections and other state agency officials. When a state is divided between two or more VISNs, the HCRV specialists assigned to each VISN need to designate a primary HCRV contact for the state in order to create ease of access into VA services.

6. RANGE OF SERVICES

The HCRV Program includes a range of services intended to assist Veterans at a critical time during their re-entry process and to offer a time-limited (usually 6 months prior to release to 4 months after release) continuum of re-entry services. It is a multistage program establishing contact with re-entry Veterans, many with mental illness, and facilitating their access to a wide range of medical, psychiatric, vocational, and social services. *NOTE: Not all Veterans require all services, and the level of engagement with HCRV services depends on the Veteran's need and motivation for services.* Some of these services are:

a. **Outreach.** Outreach identifies Veterans among persons incarcerated in prison. Engaging Veterans in participation in a psychosocial assessment and follow-up with services once released from prison is a vital component of outreach.

b. **Psychosocial Assessment.** Psychosocial assessment provides an initial determination of the needs of the Veteran seen by the HCRV specialist and develops a re-entry plan. Following release of the Veteran from prison, a clinical assessment to determine medical, psychiatric, and social diagnoses occurs at the time of medical or psychiatric evaluation at the VA medical center.

c. **Education.** Education provides the Veteran with information on re-entry resources such as post-release outpatient, residential and inpatient VA medical, psychiatric, substance abuse and vocational rehabilitation services, post-release community services, and benefits information. As part of this education service, HCRV specialists are responsible for maintaining state-specific Incarcerated Veterans Re-entry Guides which contain information on resources and how to plan a successful re-entry.

d. **Post-release Case Management.** Case management helps coordinate the re-entry Veteran's care post-release. Case management is based on rehabilitation and recovery principles, and is focused on enhancing the Veteran's motivation to engage in services that are appropriate to support successful community reintegration. Case management is available to eligible Veterans in need of service who enroll for VA health care and for those Veterans that meet the criteria to receive health care services without enrollment.

(1) Case management functions may include concrete support, referrals and direct assistance in establishing linkages with needed VA and community programs, and providing mentoring and crisis intervention if the re-entry plan is not progressing smoothly.

(2) The case management philosophy is to:

- (a) Support Veterans in skill building;
- (b) Encourage their successes;
- (c) Empower them to be active in their plan; and
- (d) Support their independence and return to community functioning.

e. **Consultation and Advocacy.** Consultation and advocacy with VA and non-VA community programs provides the opportunity to address the receipt of VA services and issues surrounding re-entry Veterans; it keeps barriers to service low, and ensures timely access to the continuum of care necessary to assist in re-entry.

f. **Systems Intervention.** Systems intervention with VA, correctional, and non-VA community programs educates leaders in all systems and identifies, organizes, and coordinates points of contact networks. This establishes processes for:

- (1) Identifying Veterans in prisons;
- (2) Educating corrections and community staff about available VA services; and
- (3) Coordinating outreach processes across systems with State Departments of Veterans Affairs and Veteran Service Organizations.

7. RESPONSIBILITIES OF THE OFFICE OF MENTAL HEALTH SERVICES, HCRV PROGRAM

The Office of Mental Health Services (116), HCRV Program, VHA Central Office is responsible for ensuring that:

- a. Funds for HCRV programs are distributed to VISNs and medical facilities expediently and in a manner consistent with VA regulations.
- b. Guidance, based on relevant laws, regulations, directives, and analysis of collected data, is provided to VISNs and VA medical facilities. This ensures that HCRV programs are maintained and the program provides quality services which are in compliance with existing VA regulations as well as operating in accordance with the VA Mental Health Strategic Plan and VHA Handbook 1160.01.
- c. Guidance, based on relevant laws, regulations, directives, and analysis of collected data, is provided to other agencies such as United States (U.S.) Department of Justice, U.S. Department of Labor, U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services. This ensures that HCRV programs operate in cooperation with re-entry efforts being developed and operated by other Federal, local government, and community agencies.

d. A National quality assurance program is maintained by the HCRV Program Manager monitoring access to prisons, access of re-entry Veterans to VA programs, and incidents involving Veterans contacted through HCRV once they have reentered the community and are seeking services through VA programs.

8. RESPONSIBILITIES OF THE VISN DIRECTOR

Each VISN Director is responsible for:

a. Providing and maintaining oversight of HCRV programs to ensure the programs offer quality services that are in compliance with existing laws and regulations.

b. Ensuring re-entry Veterans have access to VA programs that meet their needs to the extent the Veterans are eligible.

c. Ensuring timely completion of all mandated reporting, monitoring, and evaluation requirements.

d. Ensuring that VA staff assigned to the HCRV Program have a combination of experience in working with re-entry populations and the following knowledge and skills are qualifications of the position:

(1) Knowledge of principles, practices, and techniques of re-entry intervention and relevant VA policies;

(2) Skill in assisting Veterans and those who work with Veterans in adopting behaviors adaptive to community living; and

(3) Extensive knowledge of VA and non-VA resources available for addressing housing, employment, income, mental health, substance abuse, and legal re-entry needs.

e. Providing appropriate support and resources to ensure the HCRV Program is able to accomplish its stated mission, goals, and objectives. *NOTE: In order to meet the objectives stated in this Handbook, VHA Central Office, Office of Mental Health Services (116) has established a minimum requirement of one HCRV specialist for each VISN; many VISNs have chosen to staff the program with additional specialists to provide coverage to large geographic areas.*

f. Ensuring training addressing re-entry needs and interventions specific to this population is provided for appropriate managers and clinicians.

g. Ensuring that VA HCRV specialists possess a valid driver's license in order to operate a vehicle.

9. RESPONSIBILITIES OF THE MEDICAL FACILITY DIRECTOR

Each medical facility Director is responsible for:

- a. Providing and maintaining oversight of HCRV programs to ensure the programs offer quality services that are in compliance with existing laws and regulations.
- b. Ensuring re-entry Veterans have access to VA programs that meet their needs to the extent the Veterans are eligible.
- c. Ensuring that VA staff assigned to the HCRV Program have the appropriate backgrounds, education, experience, competencies, and training in evidence-based mental health and re-entry specific interventions necessary to provide:
 - (1) Outreach in prison settings, and
 - (2) Case management to a re-entry population.
- d. Ensuring VA staff assigned to the HCRV Program have the appropriate tools to accomplish their activities. For example, specialists are primarily field-based, so they require both office accommodations at the medical center and field tools such as access to VA cars, VA laptop computers with wireless modems, and VA cell phones.
- e. Ensuring training addressing re-entry needs and interventions specific to this population is provided for appropriate managers and clinicians.

10. RESPONSIBILITIES OF THE HCRV SUPERVISOR

HCRV specialists are VISN-based and often report to VISN homeless coordinators or mental health liaisons. However, many specialists are located at VA medical facilities or community-based outpatient clinics (CBOCs). *NOTE: Individual sites have found it effective to have HCRV supervisors be facility-based, such as facility social work chiefs, mental health chiefs, or homeless program directors.* The HCRV supervisor is responsible for:

- a. Reviewing VA's Northeast Program Evaluation Center (NEPEC) evaluation results and other evaluation data.
- b. Working with VA medical facilities and the VHA Central Office HCRV Program Manager to develop program monitors and corrective actions for any issues that arise.
- c. Working with medical facility quality and performance management staff to develop a quality and risk management reporting system for HCRV re-entry Veterans. This system is to include both quality issues involving re-entry Veterans' access to VA programs and risk issues involving re-entry Veterans.
- d. Reviewing HCRV critical incidents, and initiating appropriate investigation and follow-up activities in collaboration with the medical center staff.
- e. Providing support, guidance, and advice to HCRV specialists through regular communications, including site visits to facilitate mentoring and problem solving.

11. RESPONSIBILITIES OF THE HCRV SPECIALIST

Each HCRV specialist is responsible for:

- a. Providing oversight of the HCRV Program as outlined in this Handbook.
- b. Developing processes to gain access to state and Federal prisons, including obtaining appropriate security clearance to enter both Federal and state prisons, presenting program information to correctional officials and officers in state and Federal Department of Corrections and Bureau of Prison settings.
- c. Developing processes for identifying Veterans in prisons.
- d. Developing processes for verifying the Veteran status and eligibility of program participants.
- e. Assisting Veterans in completing VA Form 10-10EZ, Application for Medical Benefits, in the field when re-entry Veterans are seen while incarcerated.
- f. Collecting and submitting HCRV Program participant data, as outlined by NEPEC evaluation procedures.
- g. Establishing and maintaining points of contact with homeless, substance abuse, mental health, and primary care services at each medical facility in the VISN to facilitate entry into those services for re-entry Veterans as clinically indicated once they are released from their institutions.
- h. Identifying VA and non-VA resources that can assist Veterans with their re-entry community stabilization process.
- i. Providing outreach to, psychosocial assessment of, and development of re-entry plans with Veterans in prison. *NOTE: This includes providing VA and non-VA resource and re-entry information to re-entry Veterans individually or in groups in prison settings.*
- j. Providing referrals and directly linking Veterans to VA resources to the extent the Veteran is eligible. Providing information and linkage to community resources as appropriate. *NOTE: For both VA and community resources, specialists need to call the resource and coordinate the linkage.*
- k. Conducting correspondence with incarcerated Veterans and other involved parties (e.g., corrections, parole, probation, family) as needed. Consent of the Veteran must be obtained in accordance with relevant VA regulations and policy.
- l. Providing post-release short-term case management (up to 4 months post-release) for re-entry Veterans released from prison and coordinating treatment with other involved institutions, including parole and probation. Case management is available to eligible Veterans in need of

service who enroll for VA health care and for those Veterans that meet the criteria to receive health care services without enrollment.

m. Documenting, using VA standards, the assessment and clinical progress of the Veteran. When a Veteran is referred to another program, this referral must be clearly documented in the medical record with a clinician from the receiving program identified as a co-signer on the clinical note.

n. Coordinating with the National network of HCRV specialists for re-entry Veterans released to communities and states that are far distant from the facility where they are incarcerated. For re-entry Veterans being released to other VISNs, the HCRV specialist coordinates a re-entry plan with the VISN HCRV specialist located in the community where the Veteran is to be released. The HCRV specialist in the receiving VISN helps coordinate access to VA and non-VA programs in the community of release to the extent the Veteran is eligible.

12. HCRV STAFF TRAINING AND WORKLOAD

a. **NEPEC Training.** Training from NEPEC is required for HCRV staff. The HCRV specialist needs to contact NEPEC to schedule an appointment for this training and update this training as required.

b. **Other Training.** Other training is offered to HCRV staff through face-to-face conferences, web-based media, conference calls, and one-on-one support from VHA Central Office. Each member of the HCRV staff is required to avail themselves of this training.

c. **Workload**

(1) Staff workloads vary based on a number of factors. Due to the diversity of tasks HCRV specialists encounter, they may not meet usual office-based mental health clinic workloads. Extenuating factors, such as site-specific situations (e.g., urban versus rural, concentrations of prisons in certain states) impact workloads. For example, time spent traveling to prison sites reduces the time available to perform outreach and case management, in some cases travel distances between prisons in a VISN may be particularly large.

(2) HCRV specialists are involved in advocacy, networking, and collaboration with community-based organizations. Their functioning on community re-entry boards, contacting community agencies, developing community re-entry resources, and participating in community meetings accounts for variation in workload.

(3) HCRV clinic visits are identified using the 591 Decision Support System (DSS) Identifier (stop code).

(4) Workload is monitored using assessments of prisons engaged and visited, reports generated by NEPEC, and DSS Identifier data.

13. TREATMENT OBJECTIVES

The treatment objectives of the HCRV Program are to:

- a. Engage the Veteran in re-entry assessment.
- b. Facilitate a viable re-entry plan.
- c. Refer and link the Veteran, as clinically indicated, to needed medical, mental health, vocational, housing, and social services to the extent the Veteran is eligible that promote stability upon release from prison.
- d. Stabilize the Veteran with services post-release and enhance engagement with these services.
- e. Increase the Veteran's motivation to enact a re-entry plan.
- f. Create trust and instill hope.
- g. Improve the Veteran's self-esteem, self-efficacy, and independence.
- h. Target behaviors that can result in rearrest and reincarceration.

14. ENVIRONMENT AND FACILITIES

a. **Office Location.** HCRV staff usually have office space located in a VA medical facility, ambulatory care center, or CBOC. Since the positions are VISN-based, some HCRV staff have office space located in VISN offices.

b. **Space and Environment.** Safe, private space needs to be available for HCRV specialists to provide adequate privacy for clinical interviews and case management of Veterans once they are released from prison. In addition, HCRV specialists require space for storage of confidential patient information.

15. LOCAL WRITTEN POLICY AND PROCEDURES

While not required, local policies and standard operating procedures may be useful for local program definition and interface with other local programs. These policies and procedures may include:

- a. A mission statement;
- b. Forms and instructions for collecting statistical data for program monitoring;
- c. Position descriptions and duties;

- d. Staff travel, local transportation, and education policies;
- e. Regulations and procedures for psychiatric and medical emergencies;
- f. Documentation policies;
- g. Staff schedules and outreach sites to keep supervisor informed of prison visitation scheduling;
- h. Daily or weekly activity logs;
- i. Guidelines and procedures for routine medical and psychiatric care referral;
- j. Veteran grievance procedures;
- k. Policy for incident reports;
- l. Statements of Veteran rights and responsibilities;
- m. VA Form 10-0137, VA Advance Directive: Durable Power of Attorney for Healthcare and Living Will; and
- n. Peer support or peer mentoring process.

16. CONFLICTS OF INTEREST

In networking with community providers, HCRV specialists must be aware of the possibility of situations which could be perceived as or lead to conflicts of interest. Staff must review VA “Standards of Ethical Conduct” annually and direct any questions in this regard to local human resources or Regional Counsel.

17. WORKING IN THE COMMUNITY AND WITH THE MEDICAL FACILITY

a. **Networking.** The relationship between HCRV specialists and the prison facilities in their VISN is key to program success. HCRV staff must maintain a positive relationship with state and Federal prisons, community, and other local and state governmental staff in order to maintain access to Veterans incarcerated in those facilities. Additionally, developing strong relationships with other VA programs and VA staff expands the scope of resources the HCRV specialist can offer re-entry Veterans in the course of developing a re-entry plan. HCRV specialists must actively network with community programs to establish and maintain linkages to provide additional resources for re-entry referrals and to secure alternative resources in order to assist in meeting Veterans’ re-entry needs.

b. **Sources of Referrals.** The primary source of HCRV referrals is state and Federal prison facilities. Outreach to penal facilities is critical to begin re-entry planning prior to the Veteran being released. Referrals may also come directly by letters from incarcerated Veterans, their family members, or other advocates.

c. **Independence and Flexibility to Meet Needs.** HCRV staff must have the flexibility to develop innovative approaches to perform outreach in prison facilities. VISN and medical facility supervisors must give HCRV specialists the autonomy, flexibility, and resources needed to develop outreach strategies to identify and engage Veterans incarcerated in prisons. This may include resources such as cellular phones and laptop internet connectivity in order to function effectively and professionally in the field.

18. PROGRAM MONITORING AND EVALUATION

a. **Evaluation Goals.** The HCRV Program is monitored by VA's NEPEC at the VA Connecticut Healthcare System, West Haven Campus. Questions regarding the evaluation need to be directed to NEPEC. The evaluation goals are to:

- (1) Describe the status and needs of re-entry Veterans;
- (2) Monitor services delivered to Veterans in the program;
- (3) Ensure program accountability; and
- (4) Identify ways of refining the clinical program.

b. **Evaluation Components.** The monitoring component of the HCRV program evaluation provides ongoing information about program operation. This monitoring effort includes:

- (1) The collection of information about staffing and staff vacancies;
- (2) The measurement of workload of HCRV specialists (i.e., number of Veterans served and number of contacts with each Veteran);
- (3) An analysis of information concerning the Veterans served in the program, including demographics, homeless history, psychiatric and substance use disorders, work, income, past treatment, and past incarcerations;
- (4) An analysis of information concerning prisons engaged and visited;
- (5) Fiscal monitoring; and
- (6) National quality management program assessing re-entry Veterans' access to VA programs.

c. **Critical Monitors.** Various indicators, called critical monitors, are used to ensure that each program site conforms to the goals of the overall program. Some of the more important indicators are number of prisons visited, clinical workload, and location and timing of where and when Veterans are seen.

(1) Performance of the HCRV Program at each VISN is assessed through comparison with other VISNs, especially with respect to critical monitors. Those VISNs which differ significantly from the others on any particular indicator are identified as outliers.

(2) The identification of a VISN as an outlier may help the specialists to align the VISN more closely with the National program. However, sometimes there are reasons for the difference which are related to situations peculiar to a VISN, and which do not warrant correction. The VHA Central Office HCRV Program Manager discusses the local program environment and the possible need for changes in the operation with NEPEC and the VISN HCRV Program.

d. **Feedback to HCRV Specialists.** In addition to progress reports issued annually, NEPEC gives specialists and their supervisors information about their performance monthly. Preliminary tables for any progress reports are distributed to all sites. Specialists are encouraged to correct faulty data and to submit any additional information as needed.

e. **Quality and Performance Processes.** Quality assurance and improvement processes are to be carried out in conjunction with, and according to, medical center Quality and Performance Initiatives.