

VETERANS JUSTICE PROGRAMS

1. SUMMARY OF MAJOR CHANGES: Major changes are as follows:

a. Updates Assistant Under Secretary for Health for Operations responsibilities in paragraph 2.c. and Peer Specialist staff responsibilities in paragraph 2.j.

b. Relocates information on workload and documentation to paragraphs 9 and 10 from paragraph 11.

c. Updates information on stop codes in paragraph 9.c.(6).

2. RELATED ISSUES: VHA handbook 1000.02, Fugitive Felon Program, dated February 23, 2012; and VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.

3. POLICY OWNER: The VHA Homeless Programs Office (11HPO) is responsible for the contents of this directive. Questions may be addressed to vha11hpohomelessaction@va.gov.

4. LOCAL DOCUMENT REQUIREMENT: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 1162.06(1), Veterans Justice Programs, dated September 27, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for re-certification on or before the last working day of April 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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APPENDIX A

VA OFFICE OF GENERAL COUNSEL GUIDANCE – DISTRIBUTED TO VISN AND VA
MEDICAL FACILITY DIRECTORS A-1

VETERANS JUSTICE PROGRAMS

1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans Integrated Service Networks (VISNs) and Veterans Affairs (VA) medical facilities partner with criminal justice agencies to conduct regular outreach to Veterans in criminal justice settings (e.g., prisons, jails and courts) in order to facilitate their access to needed VA health care for which those Veterans may be eligible. **AUTHORITY:** 38 U.S.C. §§ 2022, 2023; P.L. 107-95.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Supporting VHA Homeless Program Office with implementation and oversight of this directive.

(2) Collaborating with the Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer to ensure implementation.

c. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for:

(1) Collaborating with the Assistant Under Secretary for Health for Clinical Services/CMO to ensure implementation of this directive.

(2) Supporting program offices within Office of Patient Care Services who collaborate with the VHA Homeless Program Office.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

e. **Executive Director, Homeless Programs Office.** The Director of Homeless Programs Office VHA Central Office is responsible for:

(1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Ensuring funds for VJP programs are distributed to VA medical facilities promptly and in a manner consistent with VA regulations.

(3) Providing guidance to VISNs and VA medical facilities on implementation of this directive based on relevant laws, regulations, directives and analysis of collected data.

(4) Providing guidance, based on relevant laws, regulations, directives and analysis of collected data 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.

(5) Ensuring that a national quality assurance program is implemented and maintained by the VJP Program Supervisor. This program is intended to monitor VJP Specialists' and Peer Support staff's access to prisons and jails, partnership with Veterans Treatment Courts, justice-involved Veterans' access to VA programs and outcomes for justice-involved Veterans contacted through VJP once they are seeking services through VA programs.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Providing oversight of VISN VJP programs to ensure the programs offer the expected range of quality services that are in compliance with existing laws and regulations.

(3) Ensuring timely completion of all mandated reporting, monitoring and evaluation requirements.

(4) Ensuring collaboration between adjacent VISNs that share responsibilities in the same State.

g. **Veterans Integrated Services Network Homeless Coordinator.** The VISN Homeless Coordinator is responsible for:

(1) Overseeing the VJP programs in their VISN. This includes providing support and guidance to ensure coordination and integration with other VA Services (e.g., medical, mental health, substance use and homeless programs).

(2) Coordinating VISN-wide VJP reports, assessments, evaluations and follow-up actions to implement this directive,

(3) Reviewing critical incidents involving VJP staff in field locations (prisons, jails, courts, etc.) and initiating appropriate investigations and follow-up activities in collaboration with the corresponding VA medical facility or facilities.

(4) Providing support and guidance to VISN VJP program staff through communication on at least a quarterly basis, which may include conference calls and regular site visits, including visits to a court, jail or prison.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Providing oversight of VA medical facility VJP programs to ensure the programs offer the range of quality services that are in compliance with existing laws and regulations.

(3) Ensuring that the VJP is an element of annual strategic planning that is completed at the VA medical facility.

(4) Ensuring that eligible justice-involved Veterans have access to VA programs that meet their needs.

(5) Ensuring that VA staff members assigned to VJP have the appropriate backgrounds, education, experience, competencies and training in evidence-based mental health and criminal-justice-specific interventions necessary to provide outreach in prison and jail settings and case management to a justice-involved population.

(6) Ensuring VA staff members assigned to the VJP Program have the appropriate resources, including physical space, to accomplish their activities. For example, specialists and peer support staff are primarily field-based, so they require both office accommodations at the VA medical center and field tools such as access to VA vehicles, VA laptop computers with wireless modems, VA cell phones and VA tele-health equipment. Also, since VJP Specialists primarily work with Veterans new to the VA system, they require access to eligibility staff members or to eligibility tools such as the Defense Personnel Records Information Retrieval System (DPRIS) and the Veterans Information System (VIS).

(7) Requiring timely hiring and backfilling of VJP positions to promote continuity of services to justice-involved Veterans.

(8) Ensuring that VJP Specialists and Peer Specialist staff in centrally funded positions are not assigned collateral duties that interfere with their ability to perform their VJP duties.

(9) Supporting VJP Specialists and Peer Support by facilitating their access to ongoing training and other opportunities for professional development and advancement, including providing financial support for non-VA training and external training events when possible.

(10) Providing training that addresses interventions specific to this population for appropriate managers and clinicians.

i. **VA Medical Facility Veterans Justice Programs Supervisor.** The VA medical facility VJP Supervisor is responsible for:

(1) Reviewing VA Homeless Programs Office (HPO) evaluation results and other available evaluation data.

(2) Working with VA medical facilities, VISN Network Homeless Coordinators and the VHA Central Office VJP National Director to provide program oversight and take action to correct any deficiencies that are discovered.

(3) Reviewing critical incidents involving VA medical facility VJP staff in field locations (prisons, jails, courts, etc.) and initiating appropriate investigations and follow-up activities in collaboration with the VA medical facility staff.

(4) Providing support and guidance to VJP Specialists and Peer Specialist staff through regular communications, including facilitating site visits by justice system staff to VA medical facilities and site visits to prisons, jails and courts to facilitate mentoring and problem solving.

(5) Monitoring VJP Specialist and Peer Specialist staff outreach schedules and locations, consistent with best practices for ensuring their safety.

j. **VA Medical Facility Veterans Justice Programs Specialist.** *NOTE: VJP Specialists must be licensed at the independent practice level within their occupation., These roles are most often filled by social workers, psychologists, or mental health counsels, but may be filled by other specialties. Depending on local needs, local positions may be defined as Healthcare for Reentry Veterans (HCRV), Veterans Justice Outreach (VJO) or a hybrid position that combines duties across the continuum of justice involvement.* The VA medical facility VJP Specialist is responsible for:

(1) Developing processes to gain access to local criminal justice settings (e.g., State and Federal prisons, county and city jails and courthouses) and completing any required training and presenting program information to correctional officials and officers in order to satisfy any facility security requirements.

(2) Developing and utilizing processes, potentially including Veterans Reentry Search Service (VRSS), for identifying Veterans in criminal justice settings.

(3) Developing processes for verifying the Veteran status and VHA eligibility of justice-involved Veterans.

(4) Establishing and maintaining points of contact with all major clinical services at each VA medical facility where Veterans will be referred to facilitate entry into those services.

(5) Identifying and disseminating VA and non-VA resources that can assist justice-involved and reentry Veterans with their community stabilization process.

(6) Providing outreach to incarcerated Veterans. **NOTE:** *For VHA eligible Veterans and Veterans eligible for VA Homeless Programs, this includes psychosocial assessments and development of referral plans with Veterans. This includes providing VA and non-VA resource information to Veterans individually or in groups in prison and jail settings.*

(7) Providing referrals and directly linking Veterans to VA and community resources, including Vet Centers.

(8) Corresponding with incarcerated Veterans and other involved parties (e.g., corrections, parole, probation, family) as needed. **NOTE:** *VHA must have the signed, written authorization from the Veteran before it may disclose health information to the court at the pre-hearing meeting or any other court-related meeting regarding the Veteran. If guests of the court will participate in the meetings, the signed written authorization must explicitly encompass the disclosure of health information to those individuals as well. VHA staff must account for the disclosure of any individually identifiable health information to the court or any third party, such as community partners, in accordance with VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.*

(9) Providing case management as needed to coordinate treatment with VA services and other involved institutions, including parole and probation. **NOTE:** *Case management responsibility transfers to the receiving VA clinical program, as described in VHA Directive 1110.04(1), Integrated Case Management Standards of Practice, dated September 6, 2019, once a justice-involved Veteran is fully engaged in care.*

(10) Leading non-clinical program development activities that help develop, maintain or expand the program locally (e.g., delivering informational presentations about VJP to VA or community audiences, serving on justice-related planning committees and meeting with local criminal justice staff to negotiate access to the facility).

(11) Using VA standards to document 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. See VHA Directive 1907.01 VHA Health Information Management and Health Records, dated April 5, 2021, for more information. **NOTE:** *Documenting legal charges: VA's Office of General Counsel has offered the opinion that a Veteran's legal history and charges must not be documented in detail in the medical record unless they have direct bearing on clinical treatment.*

(12) Documenting VJP Program participant data as outlined by the Homeless Programs Office evaluation procedures. **NOTE:** *All Veterans who participate in the VJP*

must be recorded in the Homeless Operations Management and Evaluation System (HOMES), which can be accessed at <https://vaww.homes.va.gov/VAHomesNew.aspx>. This site can only be accessed by individuals affiliated with VA homeless programs. Technical assistance and other resources regarding HOMES can be accessed at <https://r03cleapp06.r03.med.va.gov/hub2/hp/index.html>. Both hyperlinks are to internal VA websites that are not available to the public.

(13) Coordinating with the VJP Specialists across the enterprise to ensure continuity of care for justice-involved Veterans released to communities and states that are far from the facility where they are incarcerated.

(14) Serving as the VA medical facility's liaison with local law enforcement agencies by:

a. Informing agencies about locally available resources for Veterans encountered in crisis situations.

b. Ensuring that the facility is aware of procedures used by local law enforcement officers to bring justice-involved Veterans to VA medical centers for needed care.

(15) Completing training opportunities offered by the VJP program office, VISN and VA medical facility.

k. **VA Medical Facility Peer Specialist.** The VA medical facility VJP Peer Specialist is responsible for:

(1) Utilizing processes in place to gain access to criminal justice settings (e.g., State and Federal prisons, county and city jails and courthouses), completing any required training and presenting program information to correctional officials and officers in order to satisfy any facility security requirements.

(2) Being role models and sharing elements of their personal experience, including their recovery stories, coping techniques, and self-help strategies to be of service to others.

(3) Assisting Veterans to explore, identify, and make progress on their self-directed personal recovery and wellness goals.

(4) Helping Veterans to learn new coping skills and self-help strategies to overcome fears and barriers that could inhibit the Veteran's personal recovery.

(5) Maintaining points of contact with all major clinical services at each VA medical facility where Veterans will be referred and assisted with facilitating entry into those services.

(6) Assisting with identifying VA and non-VA resources that can assist justice-involved and reentry Veterans with their community stabilization process.

(7) Assisting with providing outreach to Veterans in prison and jail settings. For Veterans who are eligible for VHA health care this includes psychoeducational groups such as Wellness Recovery Action Plan (WRAP) groups and social skills groups.

NOTE: *This includes assisting with providing VA and non-VA resource information to Veterans individually or in groups in prison and jail settings.*

(8) Assisting with providing referrals and directly linking Veterans to VA resources, including Vet Centers, to the extent the Veteran is eligible. Assist with providing information and linkage to community resources as appropriate and as consistent with the Veteran's stated goals.

(9) Using VA standards to document the activities and guidance progress provided to the Veteran. See VHA Directive 1907.01, Health Information Management and Health Records, dated April 5, 2021, for more information. **NOTE:** *Documenting legal charges: VA's Office of General Counsel has stated that a Veteran's legal history and charges must not be documented in detail in the medical record unless they have direct bearing on clinical treatment.*

(10) Collaborating with the VJP Specialists across the enterprise to ensure continuity of care for justice-involved Veterans released to communities and states that are far from the facility where they are incarcerated. This collaboration must be performed jointly with the VJP Specialist(s) at a VJP Peer Specialist's medical facility.

(11) As part of the VA medical facility's liaison with local law enforcement agencies, making presentations to law enforcement staff about the importance of the Peer Specialist's role as an individual who has lived experience and training in the recovery model.

(12) Completing training opportunities offered by the VJP program office, VISN and VA medical facility.

3. RANGE OF SERVICES

a. VJP offers a range of services, the intention of which is to offer a VA intervention from initial law enforcement contact through and beyond release from a jail or prison facility after a conviction. Therefore, VJP is a multistage program establishing contact with Veterans—many with mental illness and substance use disorders—in prison, jail, court, and other criminal justice settings and facilitating their access to a wide range of VA and community-based services.

b. VJP is a community-facing outreach program. The central goal of VJP is to identify vulnerable eligible Veterans through outreach in criminal justice settings, to engage them in treatment and rehabilitation programs or community support services that will assist to:

(1) Prevent homelessness.

(2) Facilitate recovery and readjustment to community life.

(3) Desist from commission of new crimes or parole or probation violations.

c. The services VJP offers include but are not limited to treatment-matching assessment; referrals; linkages to medical, psychiatric, peer support services and social services, including housing resources and employment services; and case management support for Veterans who are in the community to create opportunities for justice-involved Veterans to engage in services that may assist them in their success.

(1) **Outreach.** Outreach identifies Veterans among persons who are incarcerated or otherwise similarly engaged with the criminal justice system. Engaging Veterans through participation in a treatment-matching assessment and follow-up with services is a vital component of outreach. **NOTE:** *In many communities, State Department of Corrections and local county and city law enforcement agencies have partnered with VA to use the Veterans Reentry Search Service (VRSS) to identify these Veterans. For more information on VRSS see: <https://vrss.va.gov/>. This is an internal VA website that is not available to the public.*

(2) **Treatment-Matching Assessment.** Treatment-matching assessment provides an initial determination by the VJP Specialist of the needs of the Veteran and the development of an initial plan that may include linkage to peer support services. Once the Veteran arrives at a VA medical facility following outreach, a clinical assessment to determine medical, psychiatric and other biopsychosocial needs is conducted at the time of medical or psychiatric evaluation or treatment program screening. **NOTE:** *While a Veteran is incarcerated, VHA may not provide the medical benefits package. Please see: 38 C.F.R. 17.38(c)(5).*

(3) **Education.** Education provides the Veteran with information on resources such as VA medical, psychiatric, substance use disorder, employment, peer support services, post-release housing and community services, civil legal services and benefits.

(4) **Case Management.** VJP is a community-facing outreach program, focused on contacting justice-involved Veterans and linking them to needed services primarily within VHA. VJP Specialists sometimes provide case management services when a Veteran's circumstances make this appropriate (e.g., long-term participation in a Veterans Treatment Court, short-term case management to assist in engaging in VHA services). When VJP Specialists do provide case management services:

(a) The services will adhere to the principles and practices established by VHA Directive 1110.04(1), Integrated Case Management Standards of Practice, dated September 6, 2019, and to medical facility-specific procedures regarding case management.

(b) When a Veteran has met their case management goals with the VJP Specialist and has engaged in ongoing VA clinical care, VJP will exit the Veteran from VJP case management so the Veteran may transition to their ongoing, primary source of care. Based on the individual needs of the Veteran and the local care continuum structure, Veterans may need to re-engage with VJP staff at the end of treatment in other VA

clinical programs. In some instances, Veterans are seen for long periods of time in VJP (for example during extended Veteran Treatment Court oversight); when that occurs, the VJP Specialist and other treating clinicians will determine who is the primary case manager.

(c) The VJP model does not require a minimum or maximum case management time frame; Veterans exiting prison or jail with no ongoing criminal justice supervision may have very limited case management needs to engage with VA clinical services, while Veterans being overseen by a Veterans Treatment Court may have long-term case management needs from the VJP Specialist who is part of the court team.

(5) **Consultation and Advocacy.** Consultation and advocacy with VA and community-based programs provide the opportunity to address the receipt of VA services and issues presented by justice-involved Veterans. Consultation and advocacy have the goals of keeping barriers to service low and ensuring timely access to the continuum of care necessary to assist Veterans with community stability. Activities may include formal education to internal VA staff or external criminal justice stakeholders, meeting with leadership at a variety of levels, including VA leaders, criminal justice leaders and elected officials and one-on-one consultation regarding plans of clinical care. **NOTE:** *VJP advocacy is focused on access to clinical services, both for individual Veterans and for the justice-involved Veteran population generally. VJP does not attempt to influence criminal justice outcomes such as charging decisions made by a judge or to otherwise advocate for or represent a Veteran as would their attorney.*

(6) **Systems Intervention.** Systems intervention is intended to improve VA, criminal justice and non-VA community programs' services to Veterans involved in criminal justice. It includes educating all stakeholders about the population and about strategies to ensure that organizational policies best serve Veterans involved in the criminal justice system. Systems intervention establishes processes to:

(a) Identify Veterans in criminal justice settings.

(b) Educate criminal justice and community staff members about available VA services.

(c) Coordinate outreach processes across VA, criminal justice and community organization systems.

(d) Develop new, innovative programs and define all stakeholders' roles, for example, starting a Veterans Treatment Court, Veterans dorm in a jail or prison, or Veterans diversion program.

(7) **Facilitating Access to Civil Legal Services.** VJP works to improve access and decrease barriers to civil legal services, including by partnering with local legal service providers to improve Veterans' ability to address their unmet civil legal needs. This establishes processes to:

(a) Compile and maintain a listing of local legal service providers, ensuring that legal service information is current, accurate and easily available to Veterans and staff.

(b) Build partnerships with legal service providers such as law schools, legal aid or pro bono service providers to develop legal clinics and medical legal partnerships.

NOTE: *VJP staff must consult the appropriate Office of District Counsel when planning for a legal clinic to operate in a VA facility, in order to ensure compliance with VA policies regarding the use of space by a non-VA entity.*

4. TREATMENT OBJECTIVES

The treatment objectives of the VJP Program are to:

- a. Engage the justice-involved Veteran in a treatment matching assessment.
- b. Facilitate engagement in recovery activity, including treatment when indicated.
- c. Refer and link the justice-involved Veteran, as clinically indicated, to needed medical, mental health, substance use disorder, employment, housing and social services that promote stability in the community, to the extent the Veteran is eligible.
- d. Ensure the justice-involved Veteran is stabilized with services post-release and as needed use case management to enhance engagement with these services.
- e. Create trust in the VJP Specialists and instill hope for the possibility of recovery and successful reentry.
- f. Provide opportunities to enhance self-esteem, self-efficacy and independence.
- g. Target behaviors that can result in rearrest and reincarceration. **NOTE:** *Some VA medical facilities have implemented systematic practices to target criminogenic behaviors, such as Motivational Interviewing, Moral Reconation Therapy, Reasoning and Rehabilitation and Thinking for Change.*

5. ENVIRONMENT AND FACILITIES

a. **Office Location.** VJP staff members must have office space in a VA medical facility. Telework accommodations may be approved as necessary.

b. **Space and Environment.** Safe, private space must be available for VJP Specialists to provide adequate privacy for clinical interviews and case management with Veterans. Access to safe and private space must also be available for Peer Support staff for brief encounters and workload documentation.

c. **Work in the Community.** VJP Specialists and Peer Support staff work in limited-access environments where they are guests in other government agencies' facilities. When working in criminal justice facilities and in the community, VJP Specialists and Peer Support staff must follow all safety instructions of criminal justice staff members

and community training guidelines provided by the VA Workplace Violence Prevention Program (WVPP) Employee Training Program.

6. WORKING IN THE COMMUNITY AND WITH THE VA MEDICAL FACILITY

a. **Networking.** The relationship between VJP Specialists and the criminal justice partners in their catchment area is key to program success. VJP staff members must maintain a positive relationship with criminal justice leaders, community and other local and State governmental staff members in order to maintain access to justice-involved Veterans. VJP Specialists are encouraged to join State, county and local task force bodies that address reentry and other criminal justice programs. Additionally, developing strong relationships with other VA programs and VA staff members (e.g., Vet Centers) expands the scope of resources the VJP Specialist can offer justice-involved Veterans in the course of developing a treatment plan. VJP Specialists must actively network with VA and community programs to establish and maintain linkages to provide additional resources for referrals.

b. **Sources of Referrals.** The primary source of VJP referrals is criminal justice partner agencies. Outreach to prison and jail facilities is critical to begin treatment planning prior to the Veteran being released. Referrals may also come directly by letters from incarcerated Veterans, their family members or other advocates. ***NOTE: VJP Specialists are encouraged to consult with VHA clinicians when a Veteran already established in VHA care becomes involved in criminal justice issues but must not assume primary responsibility for coordinating the Veteran's treatment plan as the VJP program is to be outreach-focused.***

c. **Independence and Flexibility to Meet Needs.** VJP staff members must have the flexibility to develop innovative approaches to perform outreach in prison and jail facilities. Supervisors must give VJP Specialists the autonomy, flexibility and resources needed to develop outreach strategies to identify and engage Veterans involved in the criminal justice system. This may include resources such as cellular phones, laptop internet connectivity and access to telehealth equipment in order to function effectively and professionally in the field.

7. PROGRAM MONITORING AND EVALUATION

a. **Evaluation Goals.** The evaluation goals are to: describe the status and needs of justice-involved Veterans, monitor services delivered to Veterans in the program, ensure program accountability and identify ways of refining the clinical program. VJP is monitored by the Homeless Program Office (HPO) Office of Business Intelligence and Sustainment. Questions regarding the evaluation need to be directed to the Homeless Program Office at vha10nc1hpoanalyticsteam@va.gov.

b. **Monitoring Components.** The monitoring component of the VJP 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 VJP 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 outreach to and work with specific prison, jails and court programs visited.

(5) Monitoring of VJP Specialists' non-clinical workload, including efforts to negotiate access to new prisons or jails or to assist in communities' development of new Veteran-focused courts and relevant community liaison and education/training conducted.

(6) Fiscal monitoring.

(7) Assessing justice-involved Veterans' access to VA programs by overseeing and monitoring national performance metrics and remediating any deficiencies identified to ensure successful VJP implementation.

c. **Feedback to VJP Specialists and Peer Support Staff.** Periodic progress reports are distributed to all program sites. VJP Specialists are encouraged to correct faulty data and to submit any additional information as needed.

d. **Quality and Performance Processes.** Quality assurance and improvement processes are to be carried out in conjunction with VA medical facility quality and performance initiatives.

8. ACCESS TO CARE

a. **General Access Principles.** Reentry and justice-involved Veterans, deemed by the justice system to have served time for their offense or to be eligible for treatment as an alternative to criminal sanctions, must be served by VA in the same patient-centered manner as other Veterans in VA medical and mental health settings.

(1) **Equality of access.** Veterans must not be denied care or treated differently with regard to wait lists solely because of their legal history or probation or parole status.

(2) **Screening and documentation.** VA programs' screening and assessment process must consider a Veteran's current legal circumstances and determine whether the program can meet the Veteran's needs while maintaining the program's safety, security and integrity. Legal history alone is not sufficient for denial of program admission. If there are uncertain elements of a Veteran's presenting status or risk or questions about how a program might meet an individual Veteran's needs, the program must enlist risk assessment evaluation via a Disruptive Behavior Committee (DBC) consultation or by a Licensed Provider (LP) with appropriate training in behavioral risk assessment. Veterans not accepted for care must be provided information as to the reason for non-acceptance. The reasons for non-acceptance must be appropriately and

clearly documented in the Veteran's medical record and available for clinical review. In cases of non-acceptance, alternative sources of care must be explored and referrals given to ensure that needed care is provided.

(3) **Criminal background checks.** VA's Office of General Counsel has confirmed that VA clinical and administrative staff members may not use criminal background checks to inform treatment planning, including internet searches of criminal records. VA Police may only perform criminal background checks when there is a law enforcement requirement, not to inform treatment planning. **NOTE:** *VJP staff members may check inmate locator websites to determine the location of a Veteran for outreach visit purposes only.*

(4) **Court dates.** A Veteran's upcoming court date(s) may not be the sole basis for denial of admission to a VA program. VA staff members may not require a Veteran to resolve upcoming legal issues before applying for clinical services. **NOTE:** *Further guidance regarding services that can be provided to Veterans considered to be fugitive felons can be found in VHA handbook 1000.02, Fugitive Felon Program, dated February 23, 2012.*

b. Clinical Decision Making and Legal Mandates.

(1) VHA does not provide custodial treatment or locked alternatives to incarceration.

(2) VHA provides treatment when clinically indicated based on a clinical evaluation, not based on a Veteran's legal requirements (e.g., a parole or probation officer's orders or a judge's mandate). A court or other criminal justice entity may determine that the VHA care plan meets its requirements and order a Veteran to engage with VHA services, but it may not dictate a treatment plan to VHA. **NOTE:** *VHA can and does provide treatment to Veterans who are court-ordered to receive such treatment, but VHA cannot itself be "court-ordered" to provide or deny treatment to a Veteran or to alter the scope or particulars of its clinician-determined treatment plans.*

(3) **Urine/other drug testing.** Testing for alcohol or drug use as part of a substance use disorder treatment program must be determined by clinical need, not by a criminal justice mandate. A Veteran may choose to authorize release of their results to a criminal justice entity, but VHA does not need to change the schedule, type or procedures of its testing in order to meet a criminal justice standard. **NOTE:** *See VHA Directive 1160.04, VHA Programs For Veterans With Substance Use Disorders, dated December 8, 2022, for more information.*

c. Veterans with Registration Requirements. All states are required under Federal guidelines (e.g., those prescribed by the Sex Offender Registration and Notification Act (34 U.S.C. § 20901 et seq.)) to maintain a registry of offenders who have committed certain sexual offenses after those offenders have served a sentence and been released to the community. Some states are now also registering offenders who have committed murder or arson. Based on State and local laws, persons on these registries often are restricted from living in certain areas in the community, including areas close

to parks, schools and day care centers. Some states also require community notification when a person on a registry moves to the area. VA's Office of General Counsel has confirmed:

(1) VA must treat a Veteran who needs to register as a sex offender the same as any other Veteran.

(2) VA may not place a flag on a Veteran's electronic health record based upon needing to register as a sex offender. If the Veteran presents a safety concern and requires an escort while on campus, a safety flag may be placed on the record, but it must not identify the Veteran as a sex offender.

(3) VA Police may not check on Veterans to confirm their address or confirm addresses to local community law enforcement. On Federal grounds a Veteran is not limited as to where they may seek services or reside based on the location of childcare centers. If there is a childcare center on VA Federal land, a Veteran who is a sex offender may pursue residential treatment on grounds and seek services on grounds. If the Veteran presents a safety concern to children, a safety flag may be placed on the electronic health record (EHR) requiring an escort while on VA campus as in paragraph 9.c.(2). **NOTE:** See Appendix A for the complete guidance document.

9. WORKLOAD

a. VJP staff member workloads vary on a number of factors; due to the diversity of tasks VJP Specialists encounter, they may not meet usual office-based mental health clinic workloads. Extenuating factors that impact workloads may include, but are not limited to:

(1) Site-specific circumstances (e.g., urban versus rural location, concentrations of prisons in certain states).

(2) Time spent traveling to prison and jail sites, particularly when travel distances between institutions in a catchment area may be particularly large, which reduces time available to perform outreach and case management.

(3) VJP Specialists' spending time to contact community agencies, develop community resources, train law enforcement officers, participate in community meetings and function on community reentry boards.

b. Consistent with the principles outlined in VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers, dated April 28, 2020, and other VA Homeless Program productivity guidance, VJP Supervisors should work individually with VJP Specialists to determine clinical workload targets based on:

(1) Nature of each individual position.

(2) Correctly labor mapping clinical time. This is time not occupied by administrative (labor mapped) duties such as teaching, research and supervisory activities.

(3) Administrative time.

(4) Patient-related non-workload activities such as drive time, court activities, or other related activities without patient contact.

(5) Teaching time based on an evaluation of each VJP Specialist's duties.

(6) In large catchment areas, drive time with no Veteran contact also needs to be considered as a factor when determining workload targets.

c. Clinic visits are identified using different Decision Support System (DSS) Identifiers (stop codes):

(1) Healthcare for Reentry Veterans (HCRV) clinic visits are identified using the 591 Decision Support System (DSS) Identifier (stop code).

(2) Veterans Justice Outreach (VJO) clinic visits are identified using the 592 DSS Identifier (stop code).

(3) As facilities adopt the Cerner EHR, HCRV and VJO clinic visits will be identified appropriately in accordance with guidance provided regarding the new system.

(4) Peer Support clinic visits are identified using the 591 DSS or 592 DSS Identifier (stop code), paired with the 183 DSS Identifier (stop code).

(5) Staff performing in a hybrid HCRV and VJO role must have clinics using both DSS identifiers.

(6) Encounters that take place in criminal justice settings are identified using the CHAR4 code HDQC, in addition to the 591 DSS or 592 DSS Identifier, and any other appropriate stop code in secondary position.

10. DOCUMENTATION

a. All VA clinical contacts with eligible justice-involved Veterans must be documented in their medical record, and in HOMES, as described in section 2.j.(12).

b. Only information relevant to treatment is to be provided in the Veteran's medical record. VJP Specialists and Peer Support staff must not offer detailed information regarding a justice-involved Veteran's criminal history or details of pending charges that have the potential to create stigma and develop barriers to treatment. When criminal justice information is relevant to treatment planning or required as part of a clinical program intake screening process, careful language must be used to describe a criminal offense to avoid labeling a Veteran based on the nature of a crime.

a. Consistent with Office of General Counsel Guidance (see Appendix A), Veterans with sex offense histories must be treated the same as all other VHA eligible Veterans. Their medical records must not be flagged to reveal their sex offender status as there

exists no health care treatment reason to do so. Indeed, in accordance with 38 U.S.C. §§ 5701, 7332, The Privacy Act of 1974, 5 U.S.C. § 552a and the HIPAA Privacy Rule, 45 C.F.R. Part 160, a patient's status as a sex offender must only be disclosed to VA employees with a need to know the information in order to perform their official duties.

11. TRAINING

There are no formal training requirements associated with this directive.

12. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

13. BACKGROUND

a. The Veterans Justice Program is a VHA community-facing outreach program intended to identify Veterans in criminal justice settings and link them to indicated VA and community services. VJP is a prevention-oriented component of the VHA Homeless Programs and incorporates the functions of both the Health Care for Reentry Veterans and Veterans Justice Outreach programs. VJP is a component of VHA's homelessness prevention efforts and is vital for providing a gateway to VA and community services for Veterans who are justice-involved. The mission of VJP is to partner with the criminal justice system to identify Veterans who would benefit from treatment and other services. VJP will ensure access to exceptional care, tailored to individual needs, by linking each Veteran to VA and community services that will prevent homelessness, improve social and clinical outcomes, facilitate recovery and end Veterans' subsequent contact with the criminal justice system. **NOTE:** *The Fugitive Felon Program (FFP) is a separate program and is VHA's procedure for ensuring compliance with the prohibition on providing certain benefits to fugitive felons as outlined in 38 U.S.C. § 5313B. FFP is administered by VHA Member Services in coordination with VA's Office of Inspector General: see VHA Handbook 1000.02, VHA Fugitive Felon Program, dated February 23, 2012.*

b. The program philosophy described in this directive applies to all VA VJP programs. However, it is recognized that flexibility is required to adapt these guidelines to each VISN and VA medical facility's VJP Programs due to geographic variation in penal institutions and courts, special needs of the Veteran population and the availability of local VA and community resources.

c. Data from multiple studies show that criminal justice 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, suicide and failure in community functioning. VJP Specialists perform outreach services in correctional institutions and courts to engage

justice involved Veterans in VHA services that can prevent suicide and support healthy community functioning.

d. The Veterans Justice Programs consist of two programs that serve Veterans interacting with the criminal justice system across the spectrum from contact with law enforcement to release from prison, jail and other correctional facilities.

e. The Healthcare for Reentry Veterans (HCRV) Program was developed in response to P.L. 107-95 and codified at 38 U.S.C. § 2022, incorporating the 2004 mandate that all VISNs address the re-entry 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. The HCRV Program has been successful in partnering with State and Federal prisons to reach out to incarcerated Veterans; providing release assessment referrals, linkages to medical, psychiatric and social services, including housing resources and employment services; and providing post-release short-term case management assistance.

f. The Veterans Justice Outreach (VJO) Program was developed in response to 38 U.S.C. § 2023, although section 2022 authorizes its continued operation following the lapse of section 2023. The Assistant Under Secretary for Health for Operations mandated that all VA medical facilities appoint and maintain at least one VJO Specialist to serve the needs of Veterans at the front end of the justice system, those in contact with law enforcement, incarcerated in local jails and participating in treatment courts.

g. VJP staff members are VA medical facility-based and VJP services are provided in prisons, jails, courts and other criminal justice settings throughout each VA medical center's catchment area.

h. Some VJP 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 Regions, the VJP Specialists assigned to each Region need to designate a primary VJP contact for the State in order to create ease of access to VA services. Some VJP Specialists functioning at the State level provide services in more than one VA medical facility service area within a VISN. In these cases, the VISN may determine how to capture workload.

14. DEFINITIONS

a. **Diversion.** Diversion is a criminal justice concept that allows a defendant to pursue treatment in lieu of traditional criminal processing. VJP programs are not licensed criminal justice diversion programs; however, some courts allow VHA treatment to meet local criminal justice diversion requirements.

b. **Halfway House.** A halfway house is a residence designed to assist persons, especially those leaving institutions, to reenter society and learn to adapt to independent living. **NOTE:** *This type of facility can be known under a variety of names*

including residential reentry center, work release facility, community correctional center or halfway house.

c. **Incarceration.** Incarceration is the confinement of a person suspected or convicted of a crime to a jail or prison facility operated by a government, either directly or under contract with another entity. VHA generally may not provide the medical benefits package to a Veteran who is incarcerated. 38 C.F.R. § 17.38(c)(5): In addition to the care specifically excluded from the “medical benefits package” under paragraphs (a) and (b) of this section, the “medical benefits package” does not include the following: Hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services. This exclusion does not apply to Veterans who are released from incarceration in a prison or jail into a temporary housing program (such as a community residential reentry center or halfway house). ***NOTE: If there is a question about whether a Veteran is legally incarcerated, please check with appropriate Office of the Chief Counsel in the Districts; different states, counties and cities use jail facilities for purposes that may not meet the definition of incarceration.***

d. **Justice-Involved Veteran.** A justice-involved Veteran is a Veteran with active, ongoing or recent contact with some component of the criminal justice system. This is a broad term and can be used to signify Veterans across the entire criminal justice continuum or those with one or more of a range of criminal justice statuses:

(1) Those who encounter law enforcement resulting in arrest or diversion to treatment or other services.

(2) Those with active criminal charges who are residing in the community.

(3) Those who are incarcerated pre-trial in a local jail.

(4) Those residing in the community while being seen in a local criminal court, Veterans Treatment Court or other treatment court.

(5) Those who are serving sentences in jail and prison facilities (see Reentry Veteran, below). ***NOTE: All reentry Veterans are justice-involved Veterans, but not all justice-involved Veterans are reentry Veterans.***

e. **Reentry Veteran.** A reentry Veteran is a Veteran currently serving a sentence at a State or Federal correctional facility or serving a sentence at a local jail facility, who is planning for release to the community. ***NOTE: All reentry Veterans are justice-involved Veterans, but not all justice-involved Veterans are reentry Veterans.***

f. **Veteran.** For the purposes of this directive, a Veteran is an individual who is eligible for the VA medical benefits package, defined at 38 C.F.R. § 17.38. ***NOTE: When conducting outreach in justice system settings, VJP Specialists routinely encounter individuals who are known to be ineligible for VA health care or whose eligibility status is uncertain (i.e., Veterans who are not enrolled with VHA). In these***

situations, a VJP Specialist may assist an individual with the VHA enrollment process or, if an individual is known to be ineligible, refer to appropriate non-VA services.

g. **Veterans Treatment Court.** A Veterans Treatment Court is a treatment court model that brings Veterans together on one docket to be served as a group. A treatment court is a long-term, judicially supervised, often multi-phased program through which criminal offenders are provided with treatment and other services that are monitored by a team which usually includes a judge, prosecutor, defense counsel, law enforcement officer, probation officer, court coordinator, treatment provider and case manager. Jurisdictions differ in the level of criminal offenses they accept, as well as whether to operate a pre-plea or post-plea model. VA is a treatment provider partner to these courts and does not provide court funding; VJP Specialists working in the courts do not make criminal justice decisions or provide legal counsel or forensic mental health evaluations.

15. REFERENCES

- b. P.L. 104-91.
- c. P.L. 107-95.
- d. 5 U.S.C. § 552a.
- e. 34 U.S.C. § 20901 Part A.
- f. 38 U.S.C. §§ 902, 2022, 2023, 5313B, 5701, 7332.
- g. 38 C.F.R. § 17.38.
- h. 45 C.F.R. §160.
- i. VHA Directive 1110.04(1), Integrated Case Management Standards of Practice, dated September 6, 2019.
- j. VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.
- k. VHA Directive 1160.04, VHA Programs for Veterans with Substance Use Disorders, dated December 8, 2022.
- l. VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers, dated April 28, 2020.
- m. VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.
- n. VHA Directive 1907.01, VHA Health Information Management and Health Records, dated April 5, 2021.
- o. VHA Handbook 1000.02, VHA Fugitive Felon Program, dated February 23, 2012.

p. Veterans Reentry Search Service (VRSS), available at: <https://vrss.va.gov/>.
NOTE: *This is an internal VA website that is not available to the public.*

**VA OFFICE OF GENERAL COUNSEL GUIDANCE – DISTRIBUTED TO VISN AND
VA MEDICAL FACILITY DIRECTORS**

1. Department of Veterans Affairs (VA) responsibilities concerning registered sex offenders seeking treatment at VA facilities.
2. It has come to our attention that some VA Medical Facilities and Health Care Systems have developed internal policies concerning registered sex offenders. These policies include flagging a patients' medical record to indicate sex offender status and having VA Police check to ensure the sex offender is living at the address at which they are registered. Such policies are improper.
3. VA Medical Centers should treat Veterans eligible for VA health care who are also registered sex offenders the same as they would any other patients. Their medical records should not be flagged to reveal their sex offender status as there exists no health care treatment reason to do so. Indeed, in accordance with 38 U.S.C. 5701, 7332, the Privacy Act, 5 U.S.C. 552a, and the HIPAA Privacy Rule, a patient's status as a sex offender should only be disclosed to VA employees with a need to know the information in order to perform their official duties. However, if Security and Law Enforcement believe that a patient poses a risk to other individuals and should be escorted by Security while on VA property as a matter of health care operations, the medical records could be flagged to indicate that the patient needs an escort and Security and Law Enforcement should be contacted when the patient is on VA property. The flag should not identify the patient as a sex offender.
4. VA Police law enforcement authority is limited to crimes occurring on the property. See 38 U.S.C. 902, Enforcement and arrest authority of Department police officers. Hence VA Police have no authority or responsibility to follow up with local authorities to ensure that registered sex offenders are living at the correct address.
5. Finally, many states prohibit registered sex offenders from coming within a certain distance of a childcare center. VA medical facility with childcare centers are not bound by such laws as enforcement of same could result in a Veteran who is otherwise eligible for treatment under Federal law, being denied care at the VA medical facility because of a State law. The Supremacy Clause of the United States Constitution would thus preclude enforcement of the State law. However, if Security and Law Enforcement believe that a patient poses a threat to children, the medical records could be flagged to indicate that an escort is needed for the patient while on VA property.