



## Characteristics, needs, and experiences of U.S. veterans on a specialized prison unit



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### ABSTRACT

The Veterans Service Unit (VSU) in Connecticut is one of several all-veterans prison units that are being created throughout the United States. This study examined the characteristics, needs, and experiences of veterans on the Connecticut VSU. This study utilized data from a quality improvement survey that was completed by 87 of the 110 veterans on the Connecticut VSU (79% response rate). The majority of veterans on the VSU were white, aged 41–56, never married, and had an honorable or general military discharge making them potentially eligible for Veterans Affairs (VA) healthcare upon release. The most common psychiatric diagnoses reported by veterans were substance use disorders and 29% reported posttraumatic stress disorder. Veterans on the unit reported a variety of needs related to legal, housing, basic needs, health, income, and community re-entry. The majority of veterans reported positive experiences on the VSU with 61% reporting the VSU was better than other units they have been on. Together, these findings illustrate how regional partnerships between state Departments of Corrections and VA medical centers may benefit veterans. More rigorous evaluation of the VSU model is needed to inform innovations to address the needs of incarcerated veterans and prepare them for successful community reintegration.

Incarcerated veterans constitute a unique but difficult-to-study population. Most recent estimates from the Justice of Bureau Statistics indicate that 8% of inmates in state and federal prisons and local jails are veterans (Bronson, Carson, Noonan, & Berzofsky, 2015). Although the U.S. Department of Veterans Affairs (VA) serves millions of veterans every year, there are several major methodological challenges to studying the incarcerated veteran population: restricted access to correctional facilities; difficulties with identifying veterans; ethical concerns with studying a captive, vulnerable population; and the fact that the VA has been officially restricted from providing healthcare to veterans in prisons since 1999 (Glynn et al., 2016). Thus, the recent opening of a veterans-specific prison unit in Connecticut offers researchers a unique opportunity to study the characteristics, needs, and experiences of incarcerated veterans.

Previous studies of incarcerated veterans have mostly relied on collecting data from veterans prior to their imprisonment or following their release. These studies have highlighted challenges faced by criminal justice-involved veterans (Glynn et al., 2016; Hartwell et al., 2014) and their psychosocial needs (Stacer & Solinas-Saunders, 2015; Timko et al., 2014; Tsai, Rosenheck, Kaspro, & McGuire, 2013a; Tsai, Rosenheck, Kaspro, & McGuire, 2014). A wide range of prevalence

estimates of mental disorders have been made, for example, one review estimated that 13–62% of justice-involved veterans report having a mental health problem, 21–71% for alcohol, and 26–65% for drug use (Blodgett et al., 2015).

On one hand, incarcerated veterans have many needs that closely reflect those of the broader incarcerated population—such as mental health treatment, substance abuse treatment, and access to resources upon release (Stacer & Solinas-Saunders, 2015; Timko et al., 2014). On the other hand, incarcerated veterans tend to be older; serve longer sentences; have a history or more violent crimes; and are more likely to suffer from posttraumatic stress disorder and traumatic brain injury (Timko et al., 2014) suggesting they may have unique needs. Moreover, the Bureau of Justice Statistics report that nearly all justice-involved veterans have experienced some type of trauma, including military and non-military related trauma (Noonan & Mumola, 2007). This finding is corroborated by a study conducted in Connecticut and Massachusetts (Hartwell et al., 2014), which found that 93% of incarcerated veterans reported a history of trauma.

Importantly, there have been major challenges to providing needed mental health and substance abuse treatment to incarcerated veterans. One study estimated that less than 60% of prisons nationally offer

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evidence-based treatments for substance use disorders (Friedmann, Taxman, & Henderson, 2007). Similarly, trauma treatment has been almost non-existent despite the extremely high levels of trauma exposure in the prison population (Miller & Najavits, 2012). With growing concern regarding recidivism (Blonigen et al., 2014; Tsai, Flatley et al., 2017), prisons have become increasingly open to innovation in treatment. Some researchers have emphasized the need to tailor interventions to veterans, connecting interventions to “military principles and strengths” (Timko et al., 2014, p. 632). Perhaps with these challenges in mind, several prisons and jails have begun creating Veterans Service Units (VSUs). VSUs are units in correctional facilities that only house veterans.

In October 2015, the Connecticut Department of Corrections (DOC) opened one of the first VSUs in the country at the Willard-Cybulski Correctional Institution “to reduce recidivism and save taxpayer dollars while reducing crime” (Dixon, 2015, p.1). The VSU is housed in a minimum-security facility and was created in consultation with the Veterans Affairs (VA) Connecticut Healthcare system, the Connecticut Department of Labor, and other veteran organizations. On the VSU, reentry counseling, vocational training, life-skills training, substance abuse and mental health treatment, peer support, and other services are offered on the unit. While the VA is a partner on the unit, it is important to note that roughly 60 percent of the veterans on the VSU are not eligible for VA care due to a variety of reasons, such as dishonorable or bad conduct discharge, or insufficient service time. VA staff work with veterans on the VSU to determine eligibility and connect them to services for which they are eligible, including medical and mental healthcare, and vocational and housing services.

In the current study, we used data from a quality improvement survey that was conducted at the Connecticut VSU to examine veteran characteristics, needs, and experiences on the unit. This is the first study of veterans on a VSU and the results will inform continued development of the VSU model to accommodate the needs of incarcerated veterans.

## 1. Methods

### 1.1. Program history and development

The VA operates a program called the Health Care for Reentry Veterans (HCRV) program, which provides outreach and pre-release assessment services for veterans in correctional facilities. Before creation of the VSU, there was only HCRV social worker at VA Connecticut who was responsible for meeting with incarcerated veterans in state and federal correctional facilities throughout the state. The burden of this work led local VA leadership to realize that housing veterans together in one correctional facility may improve the functioning of the HCRV program. The Connecticut DOC also had an interest in housing veterans together in a reintegration unit and they became aware that VSUs were being developed around the country. With the support of VA Connecticut, the DOC began creating their VSU modeled on existing units in Pennsylvania and New York. Many of the change agents at the DOC had personal connections to the military either as veterans themselves or through family members who had served. Connecticut DOC employees with military experience received training to work with veterans on the VSU through a local peer support training program called Advocacy Unlimited.

The Connecticut DOC assigned numerous personnel to help develop the VSU, contributing two deputy wardens to oversee the progress of the unit, three reentry counselors, an administrator from the state’s main office, and correctional officers. The majority of these staff members were veterans. The VA supported the primary HCRV social worker and one post-graduate trainee to devote 1.5 days per week to work on the VSU. This work consisted of one-on-one meetings for reentry planning, reentry groups, and collaborative meetings with the DOC staff to discuss individual cases for reentry. Much attention was paid to coordinating end-of-sentence plans and to discussing ways in

which to improve and build upon existing programming on the unit. When it became apparent that there were numerous mental health issues among the veterans on the VSU, the DOC’s contracted mental health providers dedicated additional resources to group and individual therapy.

### 1.2. Program description

Similar to other VSUs, the Connecticut VSU seeks to embody a military culture of discipline, pride, and respect. For instance, there are patriotically-themed murals on the walls, work crew assignments, and military formation practices to commemorate holiday and memorial events. Cleanliness and order are strongly encouraged by DOC staff. Because the VSU is a dormitory, there is little privacy and the setting simulates a military boot camp in many ways: everyone wakes up at the same time, participates in a unit-wide morning meeting, and eats meals together. The unit emphasizes the importance of skill-building and employment. Veterans on the unit are encouraged to prepare to work upon their release and are offered opportunities to take classes in English, business administration, medical records, and other skill-based programs. Peer mentorship also plays a major role on the unit. Some veterans serving time on the unit are designated as peers, who help disseminate information and manage on-unit issues. The group of peers meet with DOC staff weekly to troubleshoot problems, define their tasks, and provide input on programming. Peers are carefully evaluated and receive close oversight from DOC staff, and the peer’s role is designed to empower veterans to help other veterans and is a hallmark of other VSUs.

### 1.3. Sample and setting

In March 2016, VA social workers cooperated with the Connecticut DOC to design and administer a quality improvement survey at the Connecticut VSU. Items on the survey were created to have face validity because they had not been psychometrically tested before and there were no existing measures used on VSUs. A preliminary version of the survey was piloted with a small group of veterans, and then revised based on feedback before distribution on the VSU. The survey was distributed to all 110 veterans on the VSU regardless of VA eligibility with 87 veterans completing the survey (79% response rate). The facility in which the VSU is located is considered a “Level 2,” which is a minimum-security correctional institution. At this level, facilities are not eligible to house those charged with sex offenses or those with chronic mental health diagnoses requiring more intensive ongoing psychotherapeutic and psychopharmacological, though exceptions are made when deemed appropriate. The facility is called a “community reintegration center,” which is designed to prepare offenders for release back into the community with a wide number of programs and opportunities.

### 1.4. Survey

The purpose of the quality improvement survey was to assess the needs of inmates and determine whether existing programming was meeting their needs. Instructions for the survey were given to veterans on the unit during their daily morning meeting; veterans were informed their participation was completely voluntary and that their responses would be anonymous and confidential. No names were collected on the surveys and veterans returned them in a sealed receptacle. Veterans took an average of 15–20 min to complete the survey and were not offered compensation for participation. Procedures used in this study were considered quality improvement and deemed exempt from review by the institutional review board at VA Connecticut and by the Connecticut Department of Corrections.

The survey included an initial set of questions asking participants about their sociodemographic characteristics (e.g., age, education,

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