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Master of Science in Criminology & Criminal Justice

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Incarcerated Veterans Treatment and Services

Any person who serves in the Army, Navy, Air Force, Marines, or Coast Guard and discharges back home under conditions other than dishonorable becomes a veteran. Returning from war is very exciting for the veteran and their family, but comes with under-recognized challenges. While overseas, veterans often experience dreadful events that influence future psychological health problems (i.e., PTSD) and substance abuse. At the end of service, these men and women are expected to resume their everyday civilian lives with these new challenges with no outside support or resources. Approximately 18% of veterans experience mental health struggles such as PTSD and depression, and 50% of those veterans do not seek mental health care because of the stigma (Lithwick, 2010; Knudsen & Wingefeld, 2016). One study found that of 85,000 veteran participants, 49,925 met the criteria for PTSD diagnosis. Only 9.5% of those who met the criteria for PTSD sought out and followed through with the treatment plan, likely because veterans often view poor mental health as a weakness and do not want to ask for help or recognize they need help (Seal, Maguen, Cohen, Gima, Metzler, Ren, Bertenthal, & Marmar, 2010). Prior research reveals that the lack of support returning home coupled with PTSD leads to veterans experiencing chronic homelessness, substance abuse, unemployment, poor interpersonal relationships, aggressive behavior, and lack of self-care (Knudsen & Wingefeld, 2016).

As the unique challenges of veterans returning from war continued to go unrecognized and unsupported, the number of incarcerated veterans increased. In 2007, the Bureau of Justice Statistics documented that 75 percent of incarcerated veterans reported a history of drug use and 43 percent reported recent drug use (Noonan & Mumola, 2007). Professionals in the field realized jail is not the best place to deal with mental health disorders, substance abuse, and

homelessness. Thus, it was in 2008 that the first court designed to specifically handle criminal justice-involved veterans evolved. One day a Vietnam veteran appeared in Buffalo, NY court in front of Judge Russell. The judge tried to communicate with the veteran as to why he was not engaging in his treatment plan, but the veteran remained unresponsive with his eyes looking down. At this point, Judge Russell called two of his team members to the bench who were also veterans and asked that they spend some time with this man, veteran to veteran. About an hour later, Judge Russell called the case again and asked the gentleman if he was ready to engage in treatment. With an observable change in his demeanor, he replied, "yes, sir" (Justice for Vets, 2021). This case inspired Judge Russell, and he immediately began developing a veterans-only program where participants would be surrounded by other men and women who served their country. They coined it a Veteran Treatment Court intending to meet the particular needs of veterans while helping ensure public safety.

The idea to create a specialized court for veterans derived from that specific interaction, and Judge Russell knew it would be possible because of other already established specialized courts. In the 1990s, different types of specialized courts developed that recognized that certain groups of people require a particular set of responses to their actions (Baldwin, 2015). The specialized court movement's ideal response should act as a connector to rehabilitative services, not incarceration. Other specialized treatment courts include drug courts, mental health courts, and juvenile courts. Prior research shows specialized mental health and drug courts have aided in successful rehabilitation through treatment and decreasing recidivism (Knudsen & Wingenfeld, 2016). Therefore, Judge Russell developed the first Veteran Treatment Court (VTC) to address the unique needs of U.S. veterans facing criminal charges and provide them with alternative routes to rehabilitation rather than incarceration (Tsai, Finlay, Flatley, Kasproff & Clark, 2018).

Veteran Treatment Courts (VTC) are now one of the fastest-growing specialty courts in the country (Tsai et al., 2018). Similar to how the U.S. Department of Veteran Affairs determines eligibility for benefits based on discharge from the military, a veteran must have certain charges to be eligible for VTC involvement. VTC's hear cases involving misdemeanors, not including sexual offenses or violent crimes (Absher, 2020). If eligible, a veteran can go through the Veteran Treatment Court instead of the traditional criminal justice system. Referrals to VTC may come from the Probation Department, the sentencing judge, the defendant's counsel, the District Attorney's Office, police departments, court clinics, etc. (Middlesex Sheriff's Office, 2021). Veteran Treatment Courts operate independently from the Department of Veteran Affairs (VA), which provides veteran benefits, but are supported by a branch of the VA called Veterans Justice Outreach (VJO) (Tsai et al., 2018). The VJO provides direct outreach, assessment, and case management services to veterans. This branch of the VA also works directly with the courts to determine eligible court-involved veterans for VTC.

The services, treatment methods, and guidelines offered to eligible veterans vary across jurisdictions, but all VTC's follow a similar framework. Involvement in VTC requires completing an individualized treatment program implemented by the VJO and a goal of permanently exiting the criminal justice system (Tsai et al., 2018). Different services and guidelines implemented by a Veteran Court judge can include regular court visits, mandatory attendance at treatment sessions, and random drug testing. If a participant deviates from their individual service plan, the judge could implement fines, community service, jail time, or a transfer out of VTC (Absher, 2020). Before implementing sanctions, VTC judges motivate and encourage the participant to work towards recovery alongside their treatment team. Here, we can

see how VTC's are different from the traditional CJ route as there is a greater emphasis placed on rehabilitation, readjustment, and reintegration.

While Veteran Treatment Courts have worked to divert veterans out of the criminal justice system due to psychological health problems (i.e., PTSD) and substance abuse influenced by their time served, not all states have incorporated this type of treatment court. Currently, forty-two of fifty states have at least one jurisdiction with a Veteran Treatment Court (The Commonwealth of Massachusetts, 2021). For example, there are six Veterans' Treatment Courts in Massachusetts. They are found in Boston, Essex County, Middlesex County, Norfolk County, Plymouth County, and Western MA. Requirements of the Veteran Treatment Courts in Massachusetts include weekly appearances in court, abstinence from drugs and alcohol, mandated treatment, and accountability through fellow veteran mentorship (The Commonwealth of Massachusetts, 2021).

For the purpose of this paper, we will take a closer look at the Middlesex County Veteran Treatment Court located within the Framingham District Court. If a veteran meets eligibility requirements and opts into this VTC, they participate in a twelve to twenty-four-month, five-phase court-based program supervised by a multidisciplinary team of professionals led by a judge (The Commonwealth of Massachusetts, 2021). The Middlesex County VTC offers this intensive treatment program as an alternative to incarceration. In addition, each participant is assigned a veteran peer mentor who encourages, guides and supports the veteran participant throughout the VTC process. This method is adopted from Judge Russell's original idea to reinforce comradery, and the veteran is not alone. The program offered by Middlesex County provides the participants a structured environment, which veterans typically favor, given their past military experiences (Absher, 2020). A daily structure promotes a sober and stable life,

reinforced by the multidisciplinary team, helping participants reintegrate back into their community.

Eligibility to participate in the Massachusetts Middlesex County VTC is evaluated on a case-by-case basis. In order to qualify, the veteran must be a Massachusetts resident, and the criminal offense must have occurred within Middlesex County, the underlying criminal offense can be a misdemeanor or felony, and the veteran can be from any branch of service with any discharge status (Middlesex Sheriff's Office, 2021). The last two eligibility requirements provide a more inclusive VTC environment, as compared to other VTC's, which only allow honorably discharged veterans and misdemeanors. Although the VTC is a court-ordered program, all participants must plead guilty to their charges then voluntarily enter and agree to participate in any and all multidisciplinary team recommendations. If not, the judge will not accept their case, and the veteran will be tried in a traditional criminal justice court (Middlesex Sheriff's Office, 2021).

Literature Review

Although the recent establishment of Veteran Treatment Courts limits the amount of research conducted and published, what is available explores the success and limitations of VTC's. For example, a recent study conducted by Knudsen and Wigenfeld (2016) hypothesized that involvement in VTC would decrease PTSD, depression, and substance abuse, reduce recidivism and improve employment and housing. Participants included 86 veterans, not randomly assigned, from a large Midwestern criminal justice system based on veteran status and presence of PTSD symptoms (Knudsen & Wigenfeld, 2016). The researchers administered six different questionnaires to the participants intended to measure PTSD symptoms, treatment success, treatment difficulty, common aspects of a person's recovery, quality of life, sleep, and

family functioning. In addition, this study utilized a longitudinal approach by administering the instruments to veteran participants before services began, after six, and after 12 months (Knudsen & Wigenfeld, 2016).

The results of this study suggest that the veteran participants improved when provided a combination of trauma-specific treatment, peer mentor services, and medication. Participants initially reported difficulty navigating the complex social and mental health systems necessary for recovery because of the stigma attached to seeking treatment for mental health or addiction (Knudsen & Wigenfeld, 2016). The Veteran Treatment Court eliminates that stigma by integrating therapy, social services through a peer-driven environment. In addition, the VTC approach holds participants accountable for complying with their treatment plan by mandating the veteran to engage in the complete package of services offered instead of incarceration (Knudsen & Wigenfeld, 2016). Participants found VTC to be effective. VTC recognized that these people have had to reintegrate into a society unfamiliar with the struggles of serving the United States. This finding further reinforces Judge Russell's goal of addressing the unique needs of U.S. veterans facing criminal charges by providing them with alternative routes to rehabilitation rather than incarceration (Tsai et al., 2018).

Additional research has focused on collecting data from VTC administrators and agency records rather than survey the participants of VTC's. Erickson (2016) conducted a case study of three operating Veteran Treatment Courts. The goal of his study was to determine if they are meeting their objectives and provide further information about VTC operations and recidivism rates (Erickson, 2016). The three VTC programs in the case study included Broward County in Florida, Colorado Springs in Colorado, and Anchorage, Alaska. The participants provided information about each of their VTC's and provided access to agency records (Erickson, 2016).

The research revealed that while the three VTC's arguably benefit-eligible veterans, the rigid eligibility requirements established by the three VTC's limit the number of veterans reached. Overall, the three VTC's reported low recidivism rates, but that could be because of how narrow the guidelines are to participate in VTC (Erickson, 2016).

In the United States, different courts and programs are developed in response to a growing problem, challenge, or issue (Baldwin, 2015). As veterans involved with the criminal justice system increased, Judge Russell took action and created VTC's to divert veterans from jail/prison and mandated mental health treatment, forcing them to get past the real or perceived stigma of mental health. While there are specific requirements that determine eligibility for VA benefits, there are also guidelines that need to be met for a veteran to be transferred to VTC when involved with the criminal justice system. A study conducted in 2015 found that the primary considerations for whether or not a veteran is eligible to be transferred to VTC are based on their status and charge type, not therapeutic needs (Baldwin, 2015).

This study is important because Baldwin (2015) recognizes that the strict guidelines utilized by VTC's to determine eligible criminal justice -involved veterans limit the number of veterans serviced by the VTC. Researchers conducted an exploratory study by disseminating a nationwide survey of VTC's to all operating VTC's at the time of data collection. Out of 114 VTC's contacted, seventy-nine responded to the national survey resulting in a response rate of 69% (Baldwin, 2015). Upon analysis, the data demonstrated that while the intent of VTC's is to be highly inclusive of all veterans, more than half of VTC's (57%) excluded a felony charge. Even veterans who qualify for VA benefits may not be eligible for VTC based on their criminal charges. Therefore, veterans not eligible continue with the traditional courts and will likely not receive the services they need, increasing their chances of reoffending (Baldwin, 2015).

The number of Veteran Treatment Courts in the United States is growing faster than research can keep up with (Baldwin, 2015). While research indicates strengths and weaknesses of VTC's, one point they all agree on is that as more counties implement VTC's, the eligibility guidelines become more inconsistent and blurred. A recurring question is, "should VTC's serve only non-violent veteran offenders?" Often a veteran will return home with several unrecognized mental health issues and commit a violent crime even though they have never been involved with the criminal justice system before. They then end up incarcerated, not receiving treatment services, because they were not eligible for VTC services based on their offense (Lithwick, 2010). Baldwin (2015) suggests that future research should explore why certain crimes are excluded from VTC eligibility. Lithwick (2010) believes veterans who commit violent crimes have more instability in their lives, and specialized services should not be withheld from these veterans. The main goal of Veteran Treatment Courts is to divert veterans with mental health disorders, addiction, and homelessness from the traditional criminal justice system and guide them towards treatment and tools for rehabilitation and readjustment while under the supervision of the court and fellow veterans (Absher, 2020). The available literature on this topic agrees that eligibility requirements for VTC's should be more uniform and consider veterans who have committed violent crimes.

Housing Units for Military Veterans & Specialized Treatment in Jail

As one of six voluntary, specialized Veteran Treatment Courts in Massachusetts, the Middlesex Veterans Treatment Court strives to uphold the standard of "leave no man behind" by deterring veterans from incarceration through an intensive treatment program (Middlesex Sheriff's Office, 2021). Participation in VTC is voluntary but once committed, the veteran must adhere to a strict schedule of rehabilitation programs and court appearances (Lithwick, 2010).

While the mission of VTC's is to promote active participation in veterans rehabilitation through mentorship from fellow veterans, what if that encouragement is not enough? Not all veterans involved with the criminal justice system voluntarily seek out the alternative route of VTC or even VA benefits. Therefore, they end up incarcerated for their crimes and are more likely to recidivate because they are not receiving treatment for their unrecognized mental health struggles or addictions that lead to crime.

The Housing Unit for Military Veterans (HUMV)

Middlesex County recognized that because of specific exclusionary criteria to participate in VTC's (e.g., lengthy history of violence, arson charges, or not living in a county where there is a VTC), the number of veterans ending up incarcerated rather than rehabilitated continued to rise. The Middlesex Sheriff's Office (MSO) believes that those who serve our country deserve specialized rehabilitation services even if they end up incarcerated. In 2013, the Middlesex County Sheriff's Office became one of the first agencies in the country to recognize the needs of veterans and sign onto the Veterans Reentry Search Service (VRSS). The VRSS is a secure website that enables criminal justice agencies to identify inmates or defendants who have served in the United States military. The site better enables the MSO to identify veterans in custody to provide specialized treatment programs when available. Through collaboration with the VRSS, the MSO opened the Housing Unit for Military Veterans (HUMV) three years later in January 2016. The Housing Unit for Military Veterans (HUMV) opened with 12 male inmates and was named HUMV as a result of collaboration between inmates, administrators, and staff. In 2018, the HUMV unit was recognized as one of four jail units nationwide that specifically houses veterans together while incarcerated and promotes treatment programs facilitated by other veterans (Middlesex Sheriff's Office, 2021).

Participation in the HUMV at the Billerica House of Corrections is voluntary, similar to VTC. Inmate referral to the HUMV is the same way a veteran is referred to VTC. Upon receiving a referral, the unit director and staff review the file, interview the inmate, then decide whether or not they would be a good fit (CSG Justice Center, 2019). In order to be accepted, the individual must show a desire to adopt a unit mission of engaging in specialized treatment while working towards the end of their sentence. In addition, each veteran inmate must encompass a sense of respect and understanding between those who have served, which is what inspired Judge Russell to develop VTC's in the first place. The HUMV partners with the U.S. VA, MA Department of Veterans Services, MA Veterans Treatment Court, Vet Centers, and Home Base (CSG Justice Center, 2019).

Since the program launch of HUMV in 2016, 158 men have spent at least 30 days in the housing unit. Of those men, 82.74% have not recidivated, and individuals released from HUMV have a lower recidivism rate than inmates housed in the general population (CSG Justice Center, 2019). This program demonstrates that even if veterans end up incarcerated because of their charges or lack of involvement with the VA/VTC, there is still a way to reach them. While the crime committed by a veteran typically has to be in the jurisdiction of a VTC to participate, the HUMV accepts inmates from any jurisdiction across Massachusetts as long as they pass the interview process. Therefore, the HUMV can provide services to a broader range of veteran inmates who are not receiving the specialized treatment they may need because they went the traditional criminal justice route.

The HUMV offers programs that specifically focus on interpersonal relationships, family ties, responsible thinking, mental health, Dialectical Behavioral Therapy, AA, anger management and others. These treatment programs acknowledge the unique challenges veterans face by

utilizing specialized materials. The guiding principles of the specialized treatment programs are a direct reflection of the military values the veterans learned during their time of service: respect, honor, duty, and integrity (Middlesex Sheriff's Office, 2021). These values incorporated throughout the treatment programs allow the veteran to reflect on how and why these values are just as important now, as they were while serving. The programs are facilitated by veterans or individuals specifically trained to meet the needs of the veteran population

In the last few months, I have had the opportunity to engage with the incarcerated veterans who participate in the MSO HUMV. The number of men living in this housing unit has ranged from six to fifteen at a time. Due to COVID-19, the number of people incarcerated has decreased, which has affected the recruitment process to the HUMV. Each veteran lives in their own cell and can stay in or sit in the common area as they please throughout the day. All treatment groups are facilitated directly on the unit in a separate room. Hung next to the door of the group room is a schedule of the groups available to HUMV participants. Also, the correctional officers announce when it is time for each group every day. These two methods remind and ensure the veterans are aware of the treatment options available.

During the interview process to participate in the HUMV unit, the veteran has to demonstrate a willingness to participate in the specialized treatment services offered, as discussed above. Therefore, those in the HUMV unit attend all treatment groups each day unless they have a viable reason not to go (e.g., sick, meeting with a lawyer, visit, at the health services unit, court, etc.). The atmosphere on the HUMV is very different from that in the general population within the jail. HUMV runs calm and organized with a common goal of engaging in treatment while working towards the end of sentence. General population within the jail is much more chaotic with drugs constantly around as a temptation, gang activity, a lack of respect for

one another, and treatment programs are laughed at. In addition, a code of jail that inmates are to only be friends with and hang out with people of the same race. In the HUMV unit, that is not the case. The sense of mutual respect and understanding amongst the inmates in the HUMV unit eliminates that expectation. Their veteran status rejects racial segregation because, during their time served, no man was left behind regardless of their race or ethnicity. This sense of comradery is then transferred into motivating one another to participate in the specialized treatment.

During my months in the HUMV, I observed a group that runs every Monday, Tuesday, Thursday, Friday. This group is run by a female veteran and a male non-veteran. The purpose of the group is to attempt to change the thinking of the veteran from an anti-social to pro-social mindset. The facilitator's guide this conversation by focusing on each veteran's values, thinking errors, and interpersonal relationships. Throughout my time in the group and on the unit, I have had the opportunity to listen to the veterans' experiences with the criminal justice system and how their life after serving in the military led them to incarceration. Since the veteran status connects the facilitators to the inmates and allows for a more vulnerable rapport, I initially explained who I was and openly acknowledged with the inmates that I am not a veteran and understood why they may not want me there. Once I addressed I understood our life experiences are very different yet equally important, the veterans were much more open to respecting and building a rapport with me. The male non-veteran also acknowledged this with the inmates when he first co-facilitated the group with the veteran female facilitator earlier in the year.

After establishing rapport and listening to the inmates for weeks, I learned that the charges they accrued often occurred due to unaddressed mental health struggles once returning home from war that transferred into substance abuse and addiction. The mental health struggles described by the inmates directly reflect the findings of previous research. Through conversation,

many inmates explained they never sought out counseling to address their PTSD, anxiety, or depression because they believed they did not need it or were too humiliated to ask for it. This response demonstrates the stigma behind mental health for veterans that if a man is strong enough to fight in war, he is strong enough to handle his mental struggles alone. Unfortunately, most veterans handle their mental struggles with alcohol or drugs, resulting in incarceration.

The men in the MSO HUMV were not very familiar with the Veteran Treatment Court. Most of the inmates never considered going the VTC route for different reasons. First there is not a VTC in the jurisdiction where they were arrested. Second, the word on the street is that one cannot participate in VTC if they have violent charges, which many veterans do because of a combination of mental health, substance abuse, and military training. The inmates exclaimed that they never bothered going that route because their case would not be accepted, so what is the point of trying? Violent charges may indeed limit one's ability to participate in VTC, but acceptance into VTC is very much so on a case-by-case basis.

A third reason is the pressure of all the stipulations put in place when one goes through VTC rather than incarceration. The goal of VTC's is to deter veterans from incarceration through a variety of specialized services and supervision. In order to remain in VTC, the veteran has to fully comply with all aspects of the treatment plan enacted by the judge, and if they do not, they will be sent to jail. VTC's were developed with the idea that mandating treatment instead of punitive measures would make the individual more compelled to accept and adhere to treatment (Knudsen & Wigenfeld, 2016). The men in the MSO HUMV feel that the intense array of services required for VTC sets the veteran up for failure because they are already struggling with mental health and substance abuse. In other words, even though they may not be incarcerated, they still feel that attempting to participate in those services is not worth it because they feel they

will fail and end up in jail regardless. As a result, the veteran progresses through the traditional criminal justice system, likely becomes incarcerated, especially if it is not their first offense, and sleeps away their sentence, not engaging in any treatment.

When a veteran's case is accepted to VTC, they agree to participate in a court-based program supervised by a multidisciplinary team of professionals led by a judge for anywhere between twelve to twenty-four months. If a veteran were to take their case through the traditional criminal justice route, it is possible that a judge would give them a jail sentence that is shorter than the VTC program offered. A couple of the HUMV inmates explained they made this decision. Their lawyer advised them that they had the choice to engage in a specialized treatment program for over a year and avoid incarceration, or go to jail but for a shorter amount of time then get out and be done with the case. When given the option of jail for a shorter period of time or a year long program not incarcerated, the veterans chose jail time.

It was difficult to hear over and over the veterans' sense of hopelessness that came over them once involved with the criminal justice system. The men often expressed that once they came home from war, they felt alone, stranded, and thrown back into reality whether or not they had a supportive family. While active in the military, the inmates had a unique understanding and respect amongst one another, something not conveniently available at home. The inmates of the HUMV explained they knew about veteran support groups, but found it difficult to get past the mental health stigma, seek out help, and turned to drugs and alcohol instead. There are limited services to reach veterans upon their immediate return home. That coupled with unaddressed mental health issues and a lack of knowledge, desire, or availability to participate in VTC leads the struggling veteran through the traditional criminal justice route, likely resulting in incarceration and recidivism, when in reality, they need specialized treatment.

Inmates who participate in the MSO HUMV are incarcerated and therefore their specialized treatment services are available right there for them everyday. While jail is not the ideal place to begin legit rehabilitation, the HUMV inmates are more likely to participate in treatment because of the convenience and the fact they are constantly surrounded and encouraged by their fellow veterans. That is why the MSO initiative of the Housing Unit for Military Veterans (HUMV) is so essential.

Discussion

Veterans, like other people, sometimes have issues with law enforcement and the criminal justice system that result in incarceration. Research demonstrates that veterans' interactions with law enforcement is often a result of untreated mental health issues such as PTSD from serving the country (Lithwick, 2010). It is important that criminal justice involved veterans receive specialized treatment and tools in order to improve their lives. The first step towards addressing criminal justice involved veterans was the development of the Veteran Treatment Court in 2008 (Justice for Vets, 2021). VTC's recognize that veterans require specific treatment services in order to overcome the circumstances that led them to the criminal justice system. VTC participation acts as a connector to rehabilitative services and diversion from incarceration.

Upon discharge from the military, a veteran often enrolls in benefits through the Veterans Association (VA). It is important to note that veterans who qualify for VA benefits may not be eligible for VTC based on their criminal charges. Therefore, veterans not eligible continue with the traditional courts and will likely not receive the services they need, increasing their chances of reoffending (Baldwin, 2015). To reach a larger number of criminal justice involved veterans, VTC's should loosen the rigid eligibility requirements. Erickson (2016) studied three different VTC's who reported low recidivism rates, but that could be because of how restrictive the

guidelines are to participate in VTC. It is recommended that VTC's widen the range of criminal charges accepted and consider Electronic Monitoring Programs (EMP) for more violent offenders. The EMP would deter the veteran from incarceration while providing law enforcement with knowledge of their movements. It could also be a method to ensure the veteran is attending treatment in real-time since the program utilizes GPS monitoring.

The available literature on this topic agrees that eligibility requirements for VTC's should be more uniform and consider veterans who have committed violent crimes. The veterans of the HUMV expressed one reason they did not attempt to participate in VTC is because many have violent charges, and they assume their case will not be accepted because of that. If charges accepted became more inclusive and guidelines to participate in VTC were laid out more clearly, a CJ involved veteran may be more likely to make more of an attempt to divert from incarceration and engage in VTC services. Men of the MSO HUMV expressed they never sought out mental health treatment because they thought they didn't need it. Participation in VTC requires compliance with a variety of mental health services. People awaiting to find out their fate because their actions led them to the crime aren't always eager to participate in mental health services. If a wider variety of veteran cases were accepted into VTC and others caught on they would be likely to be accepted, I think more veterans would attempt to opt into VTC, put down the stigma and engage in mental health services because they know they wouldn't face another rejection or let down.

If a veteran does not engage in VTC and ends up incarcerated, their mental health or addiction that led them to jail will likely not be addressed. The Middlesex County Housing Unit for Military Veterans (HUMV) attempts to reach the group of incarcerated veterans not reached by VTC. The HUMV located within Billerica House of Corrections provides specialized

treatment for veterans in Massachusetts who were not diverted out of the traditional criminal justice system and incarcerated. As one of four specialized jail units for veterans in the United States, the HUMV accepts veterans from all jurisdictions across MA, as opposed to VTC's who only consider veterans who committed a crime in that jurisdiction. The HUMV has been operating successfully for five years now. I recommend each county with a VTC implement a HUMV into their jail. Counties across the country could model their housing units after Middlesex County's. With an increase in housing units specifically for military veterans within jails, veterans who end up incarcerated would be more likely to receive the specialized treatment they need to successfully lead a prosocial life.

Many of the inmates in the HUMV are trapped in the cycle of incarceration. When it is their end of sentence and time to reintegrate into society, an inmate may receive specialized re-entry services if they were enrolled in VA benefits. The VA program is called Health Care for Re-Entry Veterans (HCRV) and is designed to help incarcerated veterans successfully reintegrate back into their community after release. The program launched in 2007, one year before the first VTC. The HCRV program contacts the veteran near their end of sentence and provides information to them while they're still incarcerated so they can plan for re-entry. A primary goal of the program is to prevent veterans from becoming homeless upon return to society.

As previously discussed, not all veterans involved with the criminal justice system voluntarily seek out the alternative route of VTC or even VA benefits. The MSO HUMV recognizes this unreached group of veterans and provides specialized treatment to them while incarcerated. When it is time for the veteran to reintegrate into society, they do not have a specialized service plan laid out. Similar to all other inmates, the HUMV inmates collaborate with an MSO caseworker to determine if any services need to be put in place as required by

probation or parole, but if not they are on their own. However, veterans should be provided specialized treatment plans upon release. HUMV participants who had been incarcerated multiple times expressed they often feel overwhelmed upon return to society. If they were to work on a specialized service plan with staff during their time incarcerated, the veteran will not only be more prepared, but motivated to make positive change as they will be encouraged to look towards the future in a positive light.

Those who choose to protect and serve the United States often return with unrecognized mental health struggles that transfer into drug and alcohol abuse. As a result of lack of treatment for these issues, a veteran may become involved with the criminal justice system. It is important that society does not forget about the individuals who used time from their lives to better ours. Everybody makes mistakes and deserves a chance to change. If veterans end up incarcerated and do not receive the specialized treatment they need, they will likely continue to reoffend.

While research on Veteran Treatment Courts is limited, research on specialized housing units for military veterans is even more scarce. Jails and prisons across the country have the opportunity to create specialized housing units for veterans who do not get diverted from incarceration through VTC's. Judge Russell was the first to recognize the physical and mental impact of veteran camaraderie in the courts when addressing sensitive topics like criminal activity, drug use, and mental health. I was able to directly observe this same sort of camaraderie in jail while in the MSO HUMV. This type of specialized treatment while incarcerated does make a life-long impact on veterans and prepares them for success on the outside.

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