



Department of  
Veterans Affairs

Veterans Health Administration

# Fact Sheet

October 2011

## **VA's Health Care for Reentry Veterans Program Services for Veterans being released from state and Federal prison**

The Department of Veterans Affairs (VA) Healthcare for Reentry Veterans (HCRV) Program was developed to provide pre-release outreach, assessment, linkage, and brief post-release case management services for incarcerated Veterans released from state and Federal prisons. The goal of the HCRV program is to promote successful community integration of Veterans leaving prison by engaging them upon release in appropriate treatment and rehabilitation programs that will help them: 1) prevent homelessness, 2) readjust to community life, and 3) desist from commission of new crimes or parole or probation violations<sup>1</sup>.

According to the Council of State Governments, approximately 650,000 people were released from prison in 2004<sup>2</sup>. Ten percent of those incarcerated were Veterans. The discharge status for over 80 percent of these incarcerated Veterans indicated that they were eligible for VA services<sup>3</sup>. Four percent of these Veterans had served in the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) era.

The 2007 Bureau of Justice Statistics report on incarcerated Veterans documented that Veterans in prison have high levels of community readjustment problems after release. Overall, 75 percent of incarcerated Veterans reported a history of drug use while 43 percent reported recent drug use.

Based on the 2000 Bureau of Justice report, *Veterans in Prison or Jail*, 12 percent of Veterans incarcerated in state prison facilities in 1997 had an episode of homelessness in the 12 months prior to their arrest<sup>4</sup>.

Statistics on the general inmate population suggest significant health risks for Veterans reentering their communities. The National Commission on Correctional Health Care Report to Congress estimated that rates of infectious diseases were dramatically higher among inmates and releasees compared to prevalence in the general population<sup>5</sup>. The incidence of Acquired Immune Deficiency Syndrome (AIDS) is estimated to be five times higher for inmate populations than the general public. The prevalence of hepatitis C is nine times higher and the rate of tuberculosis is four times higher for incarcerated individuals than in the general public. Likewise, a recent Urban Institute report supports these findings, noting that 8 in 10 returning prisoners have chronic physical, mental, or substance abuse conditions that are associated with community reentry challenges and post-incarceration service needs<sup>6</sup>.

In sum, significant numbers of incarcerated Veterans at risk for homelessness, substance abuse, mental illness, and disease are eligible for VA services when re-entering communities and require multiple post-incarceration services, including medical, psychiatric, and substance abuse treatment, transitional housing, vocational rehabilitation and employment, and Veterans' benefits services.

The HCRV program began operation in fiscal year (FY) 2006 with the development of state-specific incarcerated Veteran reentry resource guides that outline steps that Veterans can take to plan their reentry to local communities. The guides are available on VA's HCRV website (<http://www.va.gov/HOMELESS/Reentry.asp>) a resource for Veterans, family members and reentry planning professionals.

In FY 2007, HCRV staff were funded, with one HCRV Specialist per Veteran Integrated Services Network (VISN). Since FY 2008, the HCRV staff continues to expand. There are now 44 specialists across the country tasked with partnering with state and Federal correctional staff to identify incarcerated Veterans, perform pre-release assessments, and facilitate post-release linkages. The HCRV Specialists also provide short-term case management once Veterans are released.

HCRV specialists now have established outreach programs in more than 1,000 state and Federal prisons nationwide. Since the beginning of the program, HCRV specialists successfully assessed and developed pre-release plans with nearly 30,000 incarcerated Veterans.

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#### References.

1. McGuire, J. (2007). Closing a Front Door to Homelessness Among Veterans. *Journal of Primary Prevention*, 28, 389-400.
2. Council of State Governments, Report of the Re-Entry Policy Council. (2005)
3. Noonan, ME and Mumola, CJ. May 2007. Veterans in State and Federal Prison, 2004. U.S. Department of Justice, Bureau of Justice Statistics. NCJ 217199.
4. Mumola, CJ. January 2000. Veterans in Prison or Jail. U.S. Department of Justice, Bureau of Justice Statistics. NCJ 178888
5. National Commission on Correctional Health Care. (NCCHJ) March, 2002. The Health Status of Soon-To-Be-Released Inmates. *NCCHJ*. Chicago, IL
6. Malik-Kane, V and Visher, CA. February 2008. Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Urban Institute Justice Policy Center.