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Improve Identification of Incarcerated Veterans And Assist Them in Acquiring Military Benefits

INCARCERATED VETERANS SUFFER FROM SERVICE-RELATED DISEASES AND MAY NOT REALIZE THE BENEFITS THEY OR THEIR FAMILIES ARE ENTITLED TO RECEIVE

Incarcerated veterans suffer disproportionately from Post-Traumatic Stress Disorder (PTSD), a health condition triggered by exposure to a psychologically terrifying event. The general population exhibits PTSD symptoms at a rate of 3.6 percent, but it is estimated that 30 percent of veterans have PTSD, which can contribute to depression, substance abuse, and suicidal thoughts and actions. PTSD can be a driving force behind criminal behavior, and it is often worsened by incarceration.

Texas must make efforts to address the specialized needs of veterans who have been caught up in the criminal justice system, especially so that these men and women are equipped to lead productive, law-abiding lives in the community upon release from confinement. However, a recent report by the Texas Coordinating Council for Veterans Services (TCCVS) reported that the Texas Department of Criminal Justice (TDCJ) does not have "sufficient support from the U.S. Department of Veterans Affairs (VA) to determine veteran status of incarcerated veterans." Without the ability to confirm veteran status, TDCJ is unable to effectively offer PTSD-tailored mental health services to the individuals who would benefit from it. Neither is TDCJ able to help veterans obtain VA-provided benefits for themselves or their families.

TDCJ must rely on incarcerated individuals to self-identify as veterans. At one time, TDCJ provided that information to the VA for verification, but the federal system has ended that program. However, the VA exchanges this type of information with Texas' Health and Human Services Commission (HHSC) through the Public Assistance Reporting Information System (PARIS). TDCJ should coordinate with PARIS to verify the veteran status of each incoming individual. It should then use that information to do the following: assist incarcerated veterans in their efforts to apply for military benefits; compile meaningful reentry plans that will help veterans as they transition back into society; and coordinate with the VA in its efforts to provide critical mental health counseling and assistance to the men and women who have served our country.

KEY FINDINGS

- There are an estimated 11,000 incarcerated veterans in Texas prisons.⁵
- Veterans are more likely to have a history of alcohol dependence (30.6%) as opposed to non-veterans (23.6%), and they are more likely to report suffering from some degree of mental illness (19.3%) than non-veterans (15.8%).⁶
- Veterans are at especially high risks for suicide; the VA estimates that 18 veterans commit suicide every day,⁷ and the risk is greatest upon release from confinement.⁸
- The controlling offense for almost three quarters (70%) of incarcerated veterans is nonviolent, and 82% of incarcerated veterans have either honorable discharges (65%) or general (under honorable conditions) discharges (17%), making almost all of them eligible for military benefits.⁹

Solution offered on reverse.

COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTION: SUPPORT H.B. 634 BY REPRESENTATIVE FARIAS

- H.B. 634 will assist TDCJ in identifying incarcerated veterans, thereby allowing those men and women to
 be offered the mental health care many need for service-related or service-acquired problems. This will
 increase in-prison safety, and it will ease the transition of these individuals to society, further reducing crime
 and strengthening families.
- H.B. 634 will better enable TDCJ to assist incarcerated veterans as they attempt to acquire military benefits, which will shift some of the financial burden of providing services to these men and women from the State of Texas to the federal government.

Citations

¹ Kessler RC, Chiu WT, Demler O, Walters EE. *Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)*. Archives of General Psychiatry, 2005 Jun;62(6):617-27.

² Anderson, M., et al., *Invisible Wounds of War. Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery.* Santa Monica, CA: Rand Corporation, 2008, http://www.rand.org/pubs/monographs/MG720.html.

³ Brett Stetka, MD. Caring for Convicts: Mental Healthcare in Current and Past Prisoners – An Expert Interview with Elizabeth Ford, MD, Medscape Today, January 21, 2011, http://www.medscape.com/viewarticle/735988_4.

⁴ Texas Coordinating Council for Veterans Services, *First Report*, October 2012, 54, http://www.tvc.state.tx.us/tvc/documents/TCCVS Report 2012.pdf.

⁵ Brian McGiverin, attorney for Justice for Veterans Campaign, the Texas Civil Rights Project, phone conversation with Jorge Renaud, Policy Analyst, Texas Criminal Justice Coalition, January 31, 2013.

⁶ Marc Levin, *Veteran's Courts*, Texas Public Policy Foundation: Policy Brief, November 2009, http://www.texaspolicy.com/sites/default/files/documents/2009-11-PB22-VeteransCourts-ml.pdf.

⁷ Department of Veterans Affairs, *VA Suicide Prevention Program: Facts about Veteran Suicide*, Office of Patient Care Services Office of Mental Health Services: Fact Sheet, April 2010, 1.

⁸ Drug Policy Alliance, *Healing a Broken System: Veterans and the War on Drugs*, 4, November 2012, http://www.drugpolicy.org/sites/default/files/DPA_Healing%20a%20Broken%20System_Veterans%20and%20the%20War%20on%20Drugs_November%202012_Final_0.pdf.

⁹ Department of Veterans Affairs, VA services for Veterans involved in the justice system: The Veterans Justice Outreach Initiative, Office of Patient Care Services – Office of Mental Health Services, November 2009, 1, http://www.oregon.gov/ODVA/docs/PDFs/Criminal_Justice_Portal/VJOFactSheet.pdf.