

PROGRAMS FOR JUSTICE-INVOLVED VETERANS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

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PROGRAMS FOR JUSTICE-INVOLVED VETERANS

WEDNESDAY, APRIL 15, 2026

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 3:38 p.m., in Room SR-418, Russell Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Tillis, Banks, Sheehy, Blumenthal, Hirono, Hassan, and King.

OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN, U.S. SENATOR FROM KANSAS

Chairman MORAN. Everyone, welcome to the Senate Committee on Veterans' Affairs hearing today. I'm excited about the hearing that we're having. It's one I don't think we've—this topic is not one that has received a lot of attention. I'm glad it is at least receiving more today, and I thank our witnesses. Got enough room? Everybody good? Okay. I thank our witnesses for being here.

I especially want to welcome two of my friends from my law school days. Both have had significant careers since we graduated. Major General "Butch" Tate, who is one of our witnesses today, and is one of the drivers of veterans courts in our state, along with the former chief justice of the Kansas Supreme Court, Lawton Nuss. Again, these two are the folks I know best when it comes to these issues, and they are relentless on behalf of veterans and veteran justice.

All of our witnesses provide examples of why we should work to support veterans when they transition out of the military, and the value they add to communities and our country. After their service, when their transition goes well, all of us do that. We need to make certain that the veterans who carry scars of unhealed wounds, of visible and invisible, are not forgotten. When left untreated, these can often lead or contribute to veterans' involvement in the criminal justice system. According to the Veterans Justice Commission, represented today by General MacEwen, 31 percent of veterans report having been arrested at least once in their lives, compared to only 18 percent of the general population. Veterans with PTSD or TBI diagnosis are more than 50 percent more likely to experience criminal justice involvement.

While there is no one-size-fits-all solution to this problem, I am encouraged by the array of community-based programs supporting

justice-involved veterans and their families. I'm particularly supportive of the Veterans Treatment Court (VTC) models since Johnson County, a Kansas—it's a suburb of the Kansas side of Kansas City, opened its first veteran treatment court in 2016, and an additional five Kansas counties have followed suit. And I'm looking forward to hearing about the impressive journey that one Kansan, one veteran court graduate, Corey Schramm, who's with us here today, I'm interested in hearing his story. Thank you, Corey, for making the trip, and thanks to your team from Johnson County in joining you here today.

According to All Rise, represented here by Chief Counsel General Tate, the average national completion rate for treatment courts is nearly 60 percent. Approximately, two-thirds higher than probation, and more than twice the rate of probationers with substance use disorders. This data demonstrates that the cases of justice-involved veterans are best handled by experts who understand that a veteran's experience is different than that of a civilian.

Veterans Treatment Courts are tangible investments in those who served our country, and the results that we've seen speak for themselves. I will continue to prioritize federal support for Veterans Treatment Courts in this Committee, as well as my role in the Senate Appropriations Committee. This year, the annual CJS appropriation, we provided—that bill provided \$4 million to the Department of Justice to establish the National Center for Veterans Justice. Through the National Center, I hope to see veterans in Kansas and across the country benefit from a coordinated DOJ resource designed to improve the outcomes of justice-involved veterans by closing the gap between research, policy, and the front line of practice.

This afternoon, we'll discuss where Congress, DOJ, VA, and local communities where they've made strides in delivering on these promises that we've made to those who served. We'll also discuss where the improvements are needed to make programs stronger, more sustainable, and more successful by putting the veteran first.

I was encouraged to see DOJ's March release of a notice of funding availability for Veteran Treatment Courts, followed by their commitment to brief the Committee on both their plans for the establishment of the National Center and the technical assistance funding to support the training of treatment court staff and their partners nationwide. These developments reflect a welcome focus on justice-involved veteran community. I look forward to hearing from federal, state, and local partners that are here with us today, and to learn more about how this Committee can support them.

I'm going to—at this point, I normally yield to the Ranking Member, Senator Blumenthal. He's on his way. He will be here. He'll say his opening statement for that arrival. And let me introduce the panel. Testifying on today's first panel is Major General Clyde "Butch" Tate, retired, chief counsel of All Rise; Kansas Supreme Court Chief Justice Lawton Nuss, retired—there's a message here to me—

[Laughter.]

Chairman MORAN [continuing]. As well as Corey Schramm, a veteran of the U.S. Army; Brigadier General David MacEwen, retired, director of Veterans Justice Commission; and Rose Carmen

Goldberg, associate teaching professor, and director of the Veterans Clinic at the University of Washington School of Law.

General Tate, you are now recognized for 5 minutes.

PANEL I

STATEMENT OF CLYDE “BUTCH” TATE II, MAJOR GENERAL, U.S. ARMY (RET.), CHIEF COUNSEL, ALL RISE

General TATE. Chair Moran, Ranking Member Blumenthal, and distinguished Members of the Senate Committee on Veterans’ Affairs, it’s an honor to testify today.

Senator Moran, we thank you and the Committee for recognizing that while saying, “Thank you for your service,” is important and appreciated, as a Nation, we must follow those words with the actions necessary to meet our core national obligation to care for our veterans. I’m honored to be here with this panel of veterans, innovators, thought leaders in our justice system, and especially Mr. Corey Schramm, an Army veteran who has witnessed our justice system at its very best.

I’m a proud Army veteran, and equally proud to be the son of a 36-year combat-wounded Army infantryman who taught me how to take care of soldiers and their family members. It’s a lesson that I hope I took both into the Army, and my life after the Army. A few months after joining All Rise as its chief counsel, I was visiting courts, training on best practices, speaking with stakeholders, and listening to veterans and their families, I realized then, and to this day strongly believe, that Veterans Treatment Courts showcase our government, judiciary, and communities at their very finest.

To be sure, the vast majority of veterans thrive because of their military service. For many of us, it was the most rewarding time of our professional life, despite—or maybe because of its hardships and sacrifices. Yet, for a small percentage of our veterans, however, their experiences; the sights, the sounds, the events, the memories, the resulting trauma, the attempts to bury that trauma, are too much to overcome without help. Without our help, they are left behind, and some who straggle behind engage in increasingly risky behavior that puts them at the crossroads of the criminal justice system. In society, just like any military formation, you can only move as fast as your slowest runner. And like the military, we cannot and should not accept leaving someone behind.

Today, as we move toward programs that provide solutions, let’s be mindful that those veterans challenged by their service do not want to be seen as a percentage on a spreadsheet. They and their families are real people, who are in that very small segment of society, who chose to serve us, but who have experienced circumstances that altered who they are, how they think, and how they act.

So, what do we do? I submit that as a Nation, we have a choice, and I hope we can learn from how we chose to treat my father’s generation of Vietnam War and Vietnam-era veterans, and do better. That is, choose to implement programs structured to consider and address the unique experiences and circumstances of veterans, including those in our criminal justice system.

The choice we make must be multifaceted and include Veterans Treatment Courts with the person-centered care they provide. Veterans Treatment Courts transform the way our system identifies, assesses, and treats veterans in the justice system, and assembles the resources and parties to directly serve veterans—and these courts work. Beyond the dedication and commitment of all involved, these courts work because they are multidisciplinary and non-adversarial, merging resources and stakeholders into a singular effort. They work because they are trained to follow key components and evidence-based practices. They are treatment- and accountability-focused. Public safety matters.

Now, the community partners: housing, employment, counseling, transportation, education, pro bono legal clinics, and others are as key to making these courts work as the judges, prosecutors, defense counsel, law enforcement, probation supervision clinicians, veterans justice outreach (VJO) employees of the VA, and importantly, volunteer veteran mentors, the latter being our secret sauce.

Now, like many complex challenges, there's no one solution fits all. That's why we are excited that today, in addition to Veterans Treatment Courts, there's yet another path forward to improve outcomes for our veterans, because of the congressional support for the National Center for Veterans Justice. We are excited at the possibilities of the Center. We are also excited about the synergy when current and future programs, such as Veterans Treatment Courts, law school veterans support clinics, and university-wide student veteran centers are located in proximity to each other, to make it less challenging for a veteran to receive the support they need.

As I conclude—and I hope you'll indulge me one final military analogy to highlight the critical aspect of the path forward for current and future programs. There's a theme running through each of the programs and participants I've mentioned, including court teams, law enforcement, veteran mentors, VJOs, and that is the importance of training and expert assistance to the overall success of each. Military units, for example, may have personnel who are mission-focused—the best equipment and technology, SOPs, tactics, skilled and experienced leadership, but to succeed, all units must be trained.

And the proficiency gained from training can't be one and done. Success must be sustained. If we leave success to chance, we are not making the choice that will improve outcomes. As the data shows, training and technical assistance will improve graduation rates, which leads to decreased recidivism, and to the very reason that we are all assembled here today, and that is to improve the outcomes for justice-involved veterans.

Chair, thank you again for your time, for convening this hearing, and for helping ensure that as a Nation, we make the right choice. Thank you.

[The prepared statement of General Tate appears on pages 39–43 of the Appendix.]

Chairman MORAN. Chief Justice Nuss.

**STATEMENT OF HON. LAWTON NUSS, CHIEF JUSTICE (RET.),
KANSAS SUPREME COURT**

Mr. NUSS. A combat veteran told me he would have been better off being killed in Afghanistan, instead of coming home and being arrested for committing a civilian crime. As he described his shame to me, "I went from hero to villain." This justice-involved veteran suffered from unhealed PTSD. As has been said about such veterans, the painful paradox is, that fighting for one's country can render one unfit to be its citizen. Fortunately, this veteran later became one of the first graduates of the Veterans Treatment Court, VTC, in Johnson County, Kansas. And I'll talk more about this and other Kansas VTCs, because our experience could be a model for how other jurisdictions establish new VTCs and enhance existing ones.

Before doing that, let me say I'm a Marine Corps veteran, and, as was mentioned, I'm the former Chief Justice of the Kansas Supreme Court. What has not been said is that I left the court with three years remaining in my term, so I could devote more time to help my fellow veterans. Chairman Moran, Ranking Member Blumenthal, and Members of the Senate Committee on Veterans' Affairs, I'm honored to speak before you today in both of those capacities.

Now, to begin, in 2015 Kansas had no VTCs. Today, we have six, and we are working to establish more. Johnson County was our first one. Now, some people insisted that because it is our state's wealthiest county, that only a few of its veteran residents could possibly have committed crimes. Until the sheriff was called, and he said 60 of his inmates were veterans. That fact helped expose the need for a VTC.

Another VTC obstacle was funding. I had to tell judges the judicial branch had no funds available, but these and other creators agreed to take on extra, unpaid work and opened the first Kansas VTC in 2016. It has been thriving ever since, thanks in substantial part to later grants from the Bureau of Justice Assistance (BJA). So, we thank Congress for these appropriations.

How do we know this VTC has been thriving? Well, consider that 89 veterans have graduated from this program, and only five of them have been arrested for committing later crimes. That means 84 have been rehabilitated, a nearly 95 percent success rate. 84 people who returned to being contributing members of their families, local communities, and American society.

So, how did Kansas get five more VTCs? Well, for starters, this VTC encourages all those who are considering one, to come watch their court proceedings. There, the visitors also talk one-on-one with their peers, for example, the VTC judge with the visiting judge, and the VTC probation officer with the visiting probation officer. Along with that, this VTC tells these visitors just how beneficial All Rise's training and technical assistance had been for it, and will be for their future VTCs. I participated in three of those training sessions years before joining the All Rise board of directors, and I can independently confirm their worth.

Also, BJA funding is helping to expand our VTCs statewide. The judicial branch's specialty court program manager gets All Rise's notices of BJA funding opportunities and, after informing all

courts, she and her grant writer help the responding courts apply for these grants to establish and enhance VTCs. The judicial branch also hosts a statewide specialty court conference each fall. Additionally, a Supreme Court justice serves as liaison to the specialty courts. Either she, or I, or both attend the opening and graduation ceremonies of our VTCs, and people like Chairman Moran and Congresswoman Sharice Davids accept our speaking invitations there. So, word spreads of the Supreme Court's ongoing support of VTCs.

We also emphasize the obvious money saved by avoiding incarceration and keeping a veteran in the community under court supervision, which promotes their rehabilitation. Without this opportunity, we face the resultant financial costs of future incarceration for their new crimes. We also face the hidden costs of these new crimes, such as the extra time and burdens imposed on those working in the criminal justice system.

In response to such information, last fall our newest VTC was created in Douglas County, the home of the University of Kansas, also known as KU. And there, the VTC joined two existing KU veteran-helping entities to form the Kansas Trifecta. One is the KU Law School's Veterans Legal Support Clinic, and thanks to your Committee chair, this clinic was created with federal funding and provides free legal services to veterans across the state.

The third in the trifecta is the Lt. Gen. William K. Jones Military-Affiliated Student Center where students, including current and former military and their families, can come for services such as support from the VA's VetSuccess on Campus program, and guidance and answers regarding the GI Bill and VA benefits, all while enjoying the camaraderie of a familiar military-connected environment. The trifecta entities can share information and refer clients to one another when necessary.

To conclude, I thank you all again on behalf of my fellow veterans.

[The prepared statement of Mr. Nuss appears on pages 44–46 of the Appendix.]

Chairman MORAN. Justice, thank you very much. Now, to Mr. Schramm.

STATEMENT OF COREY SCHRAMM, VETERAN, U.S. ARMY

Mr. SCHRAMM. Chairman Moran, Ranking Member Blumenthal, and Members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to speak with you today. My name is Corey Schramm, I'm a husband and a father of two great kids, and I'm a proud veteran of the United States Army. Today, I serve as an adult case manager at the Johnson County Mental Health Center, and a member of the Johnson County Criminal Justice Advisory Council. I am also a grateful graduate of the Johnson County Veterans Treatment Court.

After 9/11, I joined the Army and deployed to Iraq three times. I am proud of my service. In Iraq, we had structure and routine. We knew we had each other's backs, and the mission kept us focused. Back home, I was still learning how to be a husband and a father. Just when I felt I was beginning to build a relationship

with my daughter, I would have to leave again. I understand now that my drinking and drug use was my way of coping with a life I didn't know how to live. In June 2020, things came to a breaking point. I spent five hours in a destructive episode at my house involving a weapon. I have no memory of the incident, but I woke up charged with a felony and facing incarceration. I didn't know if I would even be welcome back in my home again.

This is where my story of recovery begins. A Veterans Justice Outreach specialist with the VA is who introduced me to the Veterans Treatment Court. Veterans Treatment Court changed my life and the life of my wife and children. My first day in Veterans Treatment Court happened to be a graduation ceremony. I watched veterans with similar backgrounds as mine hug the judge and thank the police officers who had arrested them. They were applauded and thanked for their service. It was like nothing I'd ever seen.

The program gave me structure, accountability, and support. I knew where I needed to be and what was expected of me, and for the first time since leaving the military, I felt like part of a unit again. I received community-based services and VA care, including treatment and group therapy, and I started to see a future for myself and my family. The Veterans Treatment Court was with me every step of the way. When I needed help, they were there to provide it. When I stumbled, they held me accountable. One of the most important parts of my journey was my mentor, Navy veteran and retired Rear Admiral Ed Phillips, who is here with me today. He stood by me every step of the way and showed me what recovery could look like.

Through the VA Vocational Rehabilitation Program, I went back to school and got an associate's degree in addiction counseling. I remember sitting at the kitchen table with my daughter doing our homework together, it was one of the small moments that helped us rebuild our relationship. This year, my wife and I will celebrate our 20th wedding anniversary, and we will also be taking our daughter to college at K-State, Kansas State University. My son and I are about to attend our sixth consecutive year attending NASCAR races at the Kansas Speedway.

I was nervous to graduate, but the program prepared me for this challenge. I am sharing my story today because there are countless veterans who do not have access to Veterans Treatment Courts. Veterans Treatment Courts are not a shortcut; these programs are rigorous. They demand honesty, discipline, and a willingness to change. But they work.

As you consider the future of Veterans Treatment Courts, I urge you to continue supporting and expanding these programs, because behind every statistic is a veteran like myself; someone who served, who struggled, and who, with the right combination of accountability and support, can find their way back. Or, as Ed would say, "Get your good name back."

Thank you for the opportunity to share my story. I look forward to your questions.

[The prepared statement of Mr. Schramm appears on pages 47–48 of the Appendix.]

Chairman MORAN. On the anniversary and off to college, and gratitude and expression of our support and thanks to the Admiral. General MacEwen, you are now recognized.

STATEMENT OF DAVID “MAC” MACEWEN, BRIGADIER GENERAL, U.S. ARMY (RET.), DIRECTOR, VETERANS JUSTICE COMMISSION, COUNCIL ON CRIMINAL JUSTICE

General MACEWEN. Thank you, Chairman Moran, Ranking Member Blumenthal, and Members of the Committee. I’m Matt MacEwen, I served in the Army for 33 years, and retired 11 years ago as the Adjutant General of the Army. I’m here today representing the Council on Criminal Justice, where I serve as the Director of the Veterans Justice Commission. The Council is an independent, nonpartisan think tank and invitational membership organization that advances the understanding of the Nation’s criminal justice policy choices and builds consensus for solutions.

In 2022, the Council assembled the Commission to figure out why so many men and women who have served our country are winding up in the criminal justice system. It issued 11 recommendations and several research publications. I’ve submitted the details of all the recommendations in my written testimony. Each year, about 200,000 service members leave the military. Most transition successfully, but some face challenges.

Veterans are more likely than nonveterans to be arrested, and tens of thousands are incarcerated. This involvement is often driven by combat-related trauma, traumatic brain injury, loss of benefits, and gaps in identification and intervention. The way we currently manage struggling veterans undermines recruitment, jeopardizes the health and safety of our veterans, their families, their communities, and ultimately, national security.

The Commission made several recommendations for changes at the Pentagon. One, creating an Under Secretary of Transition to mitigate the issues of fragmented delivery of services and creating accountability in one office. Two, creating a validated risk-needs assessment that identifies service members at the highest risk for post-transition problems, and incorporating evidence-based rehabilitative practices into the management of disciplinary and other performance issues. And three, establishing a network of joint transition centers, residential programs aligned with VA facilities to assist higher-risk service members before they leave service.

A critical element of the Commission’s plan addressed what we refer to as the “commanders dilemma”, the tension commanders face between maintaining unit readiness versus supporting underperforming service members or supporting transition. To prioritize operational readiness, commanders look for the fastest way to replace service members who are not available for unit transition, disciplinary, or medical reasons. A commander may not have the flexibility to allow an individual to participate in congressionally mandated TAP, or receive evidence-based support for the kinds of minor disciplinary infractions seen in the civilian justice system.

Instead, the system defaults to granting administrative discharges. An other-than-honorable discharge is an administrative death sentence, locking service members out of benefits that support a smooth transition. I speak from experience on this: I rec-

commended or approved without knowing the full impact those kinds of discharges, and I regret that to this very day.

The Commission made several recommendations for changes at the VA. First, Congress must direct a return to the plain text of the 1944 GI Bill, providing VA eligibility to all former service members not discharged under dishonorable conditions. Second, repeal of the 1999 rule change, and return to providing VA healthcare to incarcerated veterans. VA medical services are more appropriate and effective than standard correctional care. And third, eliminate administrative barriers to housing eligibility and prevent benefit arrearages.

When veterans do enter the criminal justice system, they confront a patchwork of interventions. These programs vary substantially across jurisdictions, and many fall through the cracks. VTCs have been pioneering life-saving interventions for thousands of veterans. Yet, despite their expansion, we found that only about 15 percent of the veterans were able to take advantage of these courts. We developed a complementary policy framework for those without access to a VTC. It's been adopted by the American Legislative Exchange Council, and is under consideration in several states.

Finally, regarding the National Center on Veterans Justice proposed by the Commission, Congress authorized \$4 million for the Center in January, and we're grateful for that. The Center should act as a hub for improving the success of justice-involved veterans by identifying and replicating best practices across the country and establishing proper program evaluation, so we can invest in what works. If implemented properly, it will revolutionize how the system treats the unique cases of our veterans.

Most veterans return stronger from their service, but too many still need our help. It's nothing short of tragic that those who once wore the cloth of our Nation, now wear the cloth of incarceration. We sent them, we used them, now we must do better and stand by them, ensuring that we have the support to return them to their families, their communities, and their country. Thank you.

[The prepared statement of General MacEwen appears on pages 49–130 of the Appendix.]

Chairman MORAN. Thank you, sir. Professor Goldberg.

**STATEMENT OF ROSE CARMEN GOLDBERG, ASSOCIATE
TEACHING PROFESSOR AND DIRECTOR OF THE VETERANS
CLINIC, UNIVERSITY OF WASHINGTON SCHOOL OF LAW**

Professor GOLDBERG. Chairman, Ranking Member, and Members of the Committee, thank you for the opportunity to testify today on the pressing topic of how we can better serve justice-involved veterans. The veterans clinic I teach at, the University of Washington School of Law, provides free legal services to low-income veterans. Many of our clients are justice-involved veterans. In this role, and my decade in veterans law, I have seen firsthand the significant harms and barriers that justice-involved veterans face, and how this too often results in incarceration.

While these barriers are many, I will use my time to focus on three main points. First, while Veterans Treatment Courts are a highly effective intervention that improves outcomes for justice-in-

volved veterans, not all veterans are allowed to participate. In some jurisdictions, veterans with less-than-honorable discharges are locked out. This runs counter to the spirit of Veterans Treatment Court, which recognize that post-service criminal conduct often stems from mental health conditions during service stemming from service traumas. The same is often true for military misconduct that results in a less-than-honorable discharge.

In addition, veterans with less-than-honorable discharges stand to gain the most, in many instances, from the integrated and structured treatment that Veterans Treatment Court provide. They have higher rates of incarceration, higher rates of homelessness, and are at higher risk of suicide than other veterans.

While many Veterans Treatment Courts connect veterans with VA services, there are a variety of options available for veterans with less-than-honorable discharges who the VA has not recognized as VA-eligible. VA provides care to other-than-honorably discharged veterans for military sexual trauma-related conditions, service-connected conditions, and to veterans who served at least 180 days and served in combat regardless of discharge status, with some very limited exceptions. Mental healthcare may also be available through local, state, and community sources.

Second, justice-involved veterans are deprived of earned benefits. VA is supposed to reduce incarcerated veterans' benefits under certain conditions. For instance, for veterans convicted of a felony who are incarcerated for more than 60 days, starting on day 61, if they are rated at 20 percent or more, their benefits are reduced all the way down to 10 percent.

However, VA does not consistently make these reductions. This results in what is known as an overpayment. Upon release, a veteran may receive the surprising news that they are indebted for these overpayments, and that VA is garnishing their benefits. Overpayments thus threaten veterans' successful reentry into society. In addition to preventing overpayments, VA should liberally waive overpayment debts linked to incarceration under its existing authority to waive debt as a matter of equity.

Third, incarcerated veterans are urgently in need of VA mental healthcare. Veterans with service-connected mental health conditions are more likely to be incarcerated, and confinement aggravates their conditions. VA's current position, however, is that it cannot provide this care. This exclusion from basic care is inequitable and harmful.

I was therefore pleased to see the Get Justice-Involved Veterans BACK HOME Act introduced recently and strongly support it.

Senator KING. By Senator King.

Professor GOLDBERG. By Senator King, yes. The most important part.

[Laughter.]

Professor GOLDBERG. This bill would create a pilot program under which VA provides telemental health treatment to incarcerated veterans. This would fill an important gap as mental healthcare in correctional facilities is inadequate. And only VA provides specialized treatment for conditions unique to military service, such as post-traumatic stress disorder and traumatic brain injury linked to military sexual trauma or combat. I encourage the

expansion of this important program to include veterans with less-than-honorable discharges. They stand to benefit greatly given their higher rates of incarceration and mental health conditions, and as noted, VA has options for providing this care.

I also applaud Senator King's bill for requiring automatic resumption of VA benefits after incarceration ends. Timely resumption of benefits can mean the difference between living on the streets and a high risk of recidivism, versus safe housing as a launchpad for a healthy life. Yet, it can take many months and much advocacy for veterans to get their full benefits back.

Finally, I enthusiastically support the launch of the National Center for Veterans Justice by DOJ as a hub for collecting and disseminating best practices. I hope this mission will encompass the different areas of policies that impact justice-involved veterans. I thank the Committee for your commitment to addressing the root causes of justice involvement by veterans. By focusing on building programs that heal veterans' service traumas instead of punishing them, we can truly achieve justice for veterans.

[The prepared statement of Professor Goldberg appears on pages 131–138 of the Appendix.]

Chairman MORAN. Professor, thank you as well.

I'm going to turn to Senator Blumenthal, the Ranking Member of the Committee, for his opening statement and the beginning of his questions.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. I apologize that I was late being here, and I have to leave to go to the floor to speak there. But I want to thank all of our witnesses for being here and your leadership on this critically important issue. Special thanks to Professor Goldberg, who served on my staff for a while. Thank you for your continued service.

You know, I became involved in this issue very hands-on through a veteran in New Haven. His name is Conley Monk. Conley, a Marine Corps veteran who served in Vietnam, got into trouble with his sergeant because he suffered from PTSD. Nobody knew what PTSD was at that time. Nobody had any idea that shell-shock, as it was called, or whatever the terminology of the time, might cause people to get into trouble. Conley got into a lot of trouble. He received a less-than-honorable discharge, and so he was ineligible for treatment.

When he had a drug problem, he was unemployed. He was on the streets. And he turned his life around, and then brought a lawsuit against the Department of Defense through the Yale Law Clinic. I partnered with the Yale Law Clinic, trying to help him with that action, and went through several secretaries of defense who were sympathetic but felt they couldn't do anything about a "bad paper" discharge—even though it was factually and morally unjust—until Chuck Hagel. And Secretary Hagel did the right thing: he established that people could more easily and more accessibly come to the boards of review. And Conley upgraded his discharge,

and he is now an advocate for all veterans. I saw him just a week or so ago.

But there are probably thousands of Conley Monks out there who messed up. You know, they got into trouble. Maybe it was caused by trauma from their service, underlying risk factors that were never treated, obstacles to successful transition, or lack of structured environment. Everybody thinks veterans are these paragons of virtue, and many are. But there are also a lot of guys who just, you know, they come out of the service, and they had problems before they went in, and those problems may not have manifested then.

So, my question to this panel is: how do we create more awareness about these opportunities? Because I find even now, years later, most veterans are unaware of the possibilities, the opportunities, to upgrade their discharges from less-than-honorable. Obviously, we're not talking about dishonorable discharge. We're talking about bad paper, less-than-honorable discharges. And one of my hopes is that we can create more awareness. So, I'll just maybe turn that question over to the panel. I don't know who might want to start the answer. Professor Goldberg?

Chairman MORAN. Answer your former boss, please.

[Laughter.]

Professor GOLDBERG. Yes. I must, yes. Thank you for the——

Senator BLUMENTHAL. She was my boss.

[Laughter.]

Professor GOLDBERG. No, no. Definitely not. Thank you for the great question, Senator. My clinic works on a lot of discharge upgrades. So, first, I want to confirm that there is a great need for increased awareness. There are, unfortunately, a lot of rumors going around that are quite prevalent. One is the automatic 6-month discharge upgrade. I've heard this from veterans discharged decades ago. I've heard this from recently discharged veterans. They are put through the administrative separation process, they're told, "Oh, don't worry, just sign on the line. No need to go to a hearing or anything. It'll be automatically upgraded. You'll get your benefits back." In fact, it was so prevalent—I'm not sure if it's still there—but for a while on the Navy Discharge Review Board website, it had a big notice "Beware. There is no automatic 6-month discharge upgrade." I have found that a lot of veterans are not aware that, as you mentioned, there are liberalized rules. There are memos known as the Hagel memo and the Kurta memo that require the discharge upgrade boards to provide liberal consideration to veterans who were discharged consequent to—say, an undiagnosed mental health condition, or who experienced military sexual trauma, and the effects of that resulted in what was misinterpreted as misconduct. So, I think there is a great need to spread awareness about both the availability of discharge upgrades and the fact that there have been improvements under the law, as you said, thanks to the Yale Law School Veterans Legal Clinic, in large part, such that veterans who may not have had hope now have some hope.

But I will say, I do think improvements need to be made in the process, and veterans are right to be somewhat hesitant. Wait times, I believe that the Army's right now is about four years, and

there are some very serious due process issues. So, I think we need to raise awareness, particularly for veterans who were discharged consequent to mental health conditions, that this may be available to you, but also make it more timely, and enhance the due process protections.

And just one additional point. I think a lot of awareness needs to be raised regarding an alternative remedy that I find very few veterans are aware of, which is that the VA has its own character-of-discharge review process that has its own issues, but tends to be faster. You have a right to a hearing. This process is where the VA makes an entirely separate determination where they can find a veteran what's called "honorable for VA purposes." They can't change the DD214, that's DoD property, but if they make this favorable finding, veterans gain access to disability benefits, healthcare, everything except the GI Bill. So, that can be literally life-changing for veterans, but there's very little information out there.

Senator BLUMENTHAL. Thank you. Thank you all. I apologize. Thank you, Mr. Chairman.

Chairman MORAN. Thank you. Let me call on Senator Tillis.

**HON. THOM TILLIS,
U.S. SENATOR FROM NORTH CAROLINA**

Senator TILLIS. Thank you, Mr. Chairman. Thank you all for being here. And congratulations, Corey. I've actually had a long relationship with Veterans Treatment Courts in North Carolina. In fact, the first one we had created there was back in 2013, when I was speaker of the House, and man, they work. And I tell you, if my colleagues haven't been to a graduation of a Veterans Treatment Court, you owe it to yourself. It's like the swearing-in ceremony for citizenship, and it's really heartwarming, and it's a lot of fun to speak to the graduates.

We actually—our strategy in North Carolina has been trying to encourage courts first, in and around VA facilities, because we know that they kind of work hand in hand. And I think we've done a good job of that all the way from near Fort Bragg out to Asheville. There's virtually no major VA facility in the State of North Carolina that doesn't have a VTC nearby, and I think it works. The thing that I think we need to do to get the scale and consistency, is start talking about best practices and models.

In the bipartisan Safer Communities Act, a bill that I was part of leading the negotiations, we established additional funding for Veterans Treatment Courts. We need to make sure that the take rate is as high as it can be. That was a \$14 billion investment in behavioral health, and I want to make sure that we spend that money, particularly in family courts and Veterans Treatment Courts, because the money is there.

And I should back up and say a part of that—this is a great cure for the veterans who can get access to it, but we've still got to work on prevention. And it goes back to what I've been saying for the 11 years that I've been on this Committee: we've got to get to a transition process that's an audience of one. We've got to get some stickiness, so that people like Corey, once he gets discharged, has some connection to a community. And we all know the ones who

are most likely to run into trouble are the ones who are least likely to be connected to the VA. That's indisputable.

So, you know, the question becomes: how can we—a lot of these things are initiated at the state and local level, although, as the example that I've used, we actually did congressional-directed spending for Rowan County just recently for another VTC in North Carolina. Is there some sort of a consensus around states that are doing it right? I'm not necessarily saying that North Carolina does it right. We're just one model that's creating good results. But how do we start coalescing around maybe a national standard based on best practices, since these courts have been out here for a while, and see to what extent we can do to encourage the state and local governments to build out more capabilities and provide more access?

And then my second question really relates to every hearing I've ever gone to on transition. We all say the same thing. I don't feel like we've made measurable progress. So, either validate my theory that we've still got a lot of work to do, to really get to where we have the stickiness with the at-risk service members, or tell me I'm all wrong, we're making real progress, we just got to build on it. Mr. Tate, we'll start with you. General Tate.

General TATE. Thank you. Excellent questions, both of them. I will tell you that the way we ensure fidelity to the model, the way we ensure best practices and evidence-based procedures, is through training and technical assistance. I can't understate the value that our training and technical assistance program creates when we talk to the teams about here's what works.

Senator TILLIS. And I think there's a clear correlation between that training and the efficacy of the court. People are well-intentioned, but they're not all executing as well, they're not getting the graduation rates we'd like to see. But please continue.

General TATE. Yes, sir. And sometimes, when they think they know the right way to do it, they actually may do more harm than good. And so, I think through training and technical assistance, we can certainly avoid that happening. The states that seem to be doing it better than others are those that invest the time in training and technical assistance. So, it's sort of a related answer, but I think that's how we ensure that we move forward in the right direction and try not to do more harm than good.

Senator TILLIS. My time is going to go over, and I appreciate the chair recognizing me. But what I'd really like, if you all could think about it, and even Senator Blumenthal and I have worked on the issue over the years on bad paper, we know one of the things here is that veterans may not think that they have an option. We know that the VA has allowed some people in on an exception basis with a less-than-honorable discharge. We need more of that. We need certainty. But we also need to know where these veterans are before a problem. So, if you all could maybe submit for the Committee, but at least for my office, some suggestions around best practice models, things that are working, we'd be very happy, in my remaining time in the Senate, to see if we can move the ball a little bit further along. Mr. Chair, you have my support to that end. Thank you all.

Chairman MORAN. Thank you, Senator Tillis. Senator Hirono.

**HON. MAZIE K. HIRONO,
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman. So, I know that there are a lot more veterans of—Justice Nuss said something like over 100,000 veterans are incarcerated, but maybe somebody has updated numbers, and only a small percentage of the incarcerated veterans go through this program. Can somebody explain to me why that is the case? And are there criteria for participating in the program? First of all, it sounds as though the program really works, and if so, more veterans should have the opportunity to participate. Would somebody like to respond?

Mr. NUSS. Yes, Senator.

Senator HIRONO. Justice Nuss.

Mr. NUSS. Yes. Thank you—

Senator HIRONO. Can you speak into the mic, please?

Mr. NUSS. Yes. Is that better? Now it's on. Someone's trying to tell me something [laughter.] Does it work now?

Senator HIRONO. No.

Mr. NUSS. Just have to be persistent. Several answers, I believe, Senator, to your question. First of all, there are just an awful lot of jails in this country where they have no idea if the people in their incarceration are veterans. And the simple matter of asking people when they are being booked, "Have you served in the military?" You don't say, "Are you a veteran?" Because the younger folks think it's old guys like General Tate and me. And then if you say "Have you served in the military?" Sometimes they will still lie, because they are ashamed, because they basically took an oath to support you and me when they entered the military. And some of them are also afraid that the mere fact they've been arrested means that they will lose their VA benefits. So, asking the question helps, but then the check on that is to use two VA electronic programs: one is called VRSS, and the other is called SQUARES. You can go online using that program and find out if the person who is an inmate in your jail actually served in the military.

The second thing is—and let me say that this then helps convince the local folks, the courts included, as to whether you have a need in your area for a VTC. As I said in my testimony, Johnson County thought we don't need one, and then they found out they had 60 veterans incarcerated in their jail. The same thing happens across the state—I'm sorry, across the country.

And so, once you have established a need, then you should go forward and try to put something together. And what I have talked with my colleagues is, you don't have to wait until you have the deluxe version before you open a VTC. You can start very small and then over time increase what you want to do for these folks. You can admit people to your program who have bad paper discharges. If you don't care about the VA providing benefits, and you have a local community health center or something like that, then you can proceed. For example, that's something that Johnson County does.

Senator HIRONO. Thank you. I note that from the summary of the Commission's report—I think this is the report—that they don't know how many veterans are incarcerated. You don't have this kind of information. So, there must be some way to do better in

terms of identifying the people who would benefit from this program. There are over 700 VTCs all across the country. There are four in Hawaii, and when they are participating in them—and I realize it's not one-size-fits-all—it really decreases the recidivism rate and all of that. So, the more veterans who are able to participate, the better, right?

General MACEWEN. Senator, we absolutely agree that more VTCs are better, but we also know that they simply don't reach enough of the population—

Senator HIRONO. Yes.

General MACEWEN [continuing]. As you've described. Many VTCs exclude people with violent behavior, which is oftentimes the type of behavior that some of our veterans get involved in. Thirty-five percent exclude those with what we call bad paper. And so, we came up with a complementary thing to help bridge that gap in our recommendation, a model policy that gives a judge in a non-VTC jurisdiction the ability to act like a VTC without the bells and whistles, so to speak, of a full VTC, because we know that the VTC system works. So, like Chief Nuss said, if you don't have the VA capabilities, use community-based stuff, and give a statutory background or backbone to a judge in a jurisdiction.

Senator HIRONO. So, we need to provide flexibility. So, for all of the panelists, I know that you all support VTCs, and so I will be reviewing the Commission's recommendations. And I take it that all of you would support the recommendations that the Commission came up with. Is that correct? Okay. Thank you, Mr. Chairman.

Chairman MORAN. Thank you. Senator Hassan.

**HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. Well, thank you, Mr. Chairman. I really appreciate this hearing, and I am grateful to all of the witnesses not only for being here today, but for your advocacy and for your service. Thank you very much.

I want to follow up really on the question that Senator Hirono had just posed to Chief Nuss. But I want to ask General Tate if he has anything to add, which is really we know the value of these courts, we know how they decrease recidivism, but we also know that not every jurisdiction, as we were just talking about, has one of these courts, and it can be hard to ensure that eligible veterans are identified and connected to treatment.

So, Chief Nuss, you just talked about some of the things we can do. General, I just wanted to kind of add on to that. Are there other things we can do to identify veterans who are eligible for these courts and for the connected services?

General TATE. Thank you. Excellent question, because that is an age-old problem.

Senator HASSAN. Yes.

General TATE. I think it starts with—again, I go back to training and technical assistance. Part of our training at All Rise includes law enforcement who are likely to be the parties at first contact with the offender, and training them to understand to ask the right questions, and training them to appreciate what this veteran may be going through. So, education is part of it. Advocacy is part of

it. We've talked about the National Center for Veterans Justice. Part of that will be a state and local engagement, it will be convening at the national level. It'll be all of these stakeholders who really, really want to make a difference coming together and learning: Okay, this is how we identify; this is how we assess; and this is how we treat. And I think that leads to success.

To Senator Tillis's question, he wanted to know when do we get to the bottom line? When are we there? I think the answer is, we are there when there is a veterans treatment court within reach of every eligible veteran. And to be sure, they are not for every veteran who's in trouble. That's where the assessment part comes in. The high-risk, high-need, that's who will benefit the most. If it's a veteran who isn't high-risk or high-need, then let's—don't put them through such a high-accountability, high-touch sort of environment. Let's get them treated; they don't have to face the same sort of accountability that someone embedded in that treatment program faces. So, it's not necessarily for every veteran who gets in trouble. We have to be careful on how we assess. Thank you.

Senator HASSAN. Well, I appreciate that very much, and I think that's something we can all work on together. I was struck—I think it was when Chief Nuss was talking about not asking somebody if they are a veteran. We found when we were trying to increase access to veteran-informed care in New Hampshire, that we had to really train medical providers to ask, "Have you ever served?" Or, "Were you ever in the military?" Not, "Are you a veteran?" And that was for me, a civilian, a revelation.

So, Chief Nuss, I wanted to ask you another question. You are doing incredible work, and I love the story about how the effort in Kansas has grown. You mentioned that grants from the Bureau of Justice Assistance have helped overcome funding obstacles. What more can Congress do to help facilitate the creation and operation of Veterans Treatment Courts? And Brigadier General, you were also talking about that. What can we do to support our state and local partners?

Mr. NUSS. Well, thank you, Senator. The first answer that comes to my mind is increase the appropriations that would go to BJA.

Senator HASSAN. Okay.

Mr. NUSS. And as the Chair pointed out, those recent figures came out, I think maybe three or four weeks ago, I believe \$26 million has been appropriated. And for some reason, there are some entities around the country who do not apply for those grants. I don't know why, but they somehow need to be educated that the money would be available.

I have also spoken with some federal court judges, and they are not covered by those appropriations. One of them told me that they don't have the money for an additional probation officer who can handle veterans and a Veterans Treatment Court program, and so they don't have any program for them other than trying to put that veteran defendant in contact with the VA—

Senator HASSAN. Okay.

Mr. NUSS [continuing]. So, a VJO can come provide some services. But they don't have a program where they say if you are a veteran, you come in, we can divert you from this crime if you go through our 18-month program.

Senator HASSAN. Okay.

Mr. NUSS. And several courts have said the federal courts don't get the benefit of those appropriations through BJA. And for some reason, even though the tribal nations are—and we have, I think, 575 federally recognized tribal nations in the country—very few of them apply for these funds. So, I don't know if Congress can do anything to try to stir their interest or their notice of this availability.

Senator HASSAN. All right. Well, I appreciate that. I'm going to submit one more question to the record for all of you. And just to kind of highlight something that I had hoped to get to is, we have been talking about Veterans Treatment Court for veterans who get involved with the criminal justice system. I think it's important to note that we often overlook how civil legal issues can impact veterans. So, I'm going to ask all of you for your thoughts about the benefits that veterans can gain from receiving help with civil legal issues, and how that can help reduce recidivism rates, and perhaps prevent involvement with the criminal justice system, too.

Senator HASSAN. Thank you very much. Thank you, Mr. Chair.

Senator KING [Off mic.]-fine with me.

Senator HASSAN. That'd be great. Thank you. Yes—I mean, it's everything from housing to—

Chairman MORAN. I'm interested in—like, is this legal aid? I mean, where does this go?

Senator HASSAN. Yes. It's housing, family law, I mean—so, I'd love to explore that.

General TATE. Senator, my experience is you won't find a veteran in veterans treatment court with just one problem.

Senator HASSAN. Right.

General TATE. You will find layers of problems, all of which led to that unfortunate intersection with law enforcement. We're talking housing, employment, education, counseling, substance use disorder treatment. Every possible—landlord-tenant issues, because; if I get kicked out on the street; I no longer have a place to live; my employer fired me because I don't have any place to live; I can't get to work; can't get my car; et cetera, so I've got to do something to feed my family, and that's how this happened.

So, that's why it's so critical to have the involvement of these community partners. As I said at the outset, I believe government, the judiciary, and community partners have never looked better than they look with Veterans Treatment Courts. So, we've got to get all those partners together, get them in the courtroom, along with the veterans justice outreach officer to start coordinating, to swarm, if you will, to remove those obstacles. So, you're exactly right, incredibly important to address those issues. And that's where the pro bono clinics, the law school clinics, all come in handy. Thank you.

Senator HASSAN. Thank you.

General MACEWEN. And, Senator, the one thing the Commission found was we start looking at this way too late.

Senator HASSAN. Yes.

General MACEWEN. We start looking at it when they become justice-involved, and we have to start looking at it while they're still in the military. Because when you think about it, we spend \$9 bil-

lion a year taking individual people, civilians, and transforming them into warriors——

Senator HASSAN. Right.

General MACEWEN [continuing]. Into 800 different specialties, from firefighters to fighter pilots, over a period of weeks. And then we put them in front of things, and do things to them, and expose them to things. And then at the end, we spend a couple of days—maybe 40 percent get through it—and we spend \$140 million on transition and don't spend any amount of effort to transition them from warrior back to civilian, and then we don't use any evidence-based process to look at who's at risk. So, then we're surprised that some have a problem. So, we ought to spend a little bit of time looking at those—and that's what the Commission found—we ought to spend some time looking at those things that could cause someone to turn into—have a problem with justice involvement.

Senator HASSAN. Well, again, first of all, Mr. Chair, thanks for the indulgence, and Senator King as well. And thank you all for your expertise, and I look forward to continuing to work with all of you.

Chairman MORAN. Senator King.

**HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE**

Senator KING. General, to follow up, I also serve on the Armed Services Committee. And for the last 10 or 12 years, my repeated urging is I believe that the Defense Department should spend as much time, money, and effort on transition out as they do on recruiting in. We're making some progress, but nothing like what it ought to be. Let me ask you about the bill that was mentioned, the "Get Justice-Involved Veterans BACK HOME" pilot program for VA to provide mental health services for incarcerated veterans. To me, that's a give me. I mean, that's obvious. But we have to start with a pilot program. I understand the Commission has recommended returning to the 1944 GI Bill, the plain language, which would allow most veterans to access VA services. Why did the Commission make that recommendation? Give me a little background on that.

General MACEWEN. Thank you, Senator. The Commission made that recommendation because there was a huge discussion. We had researchers take a look at this as the Commission did its work. In 1944, the Congress spent weeks looking at who should be eligible for VA benefits when they were establishing the original GI Bill, and they said only the worst of the worst should not get benefits: dishonorable discharge. That was——

Senator KING. That was the cutoff.

General MACEWEN. That was the cutoff. And so, that was the rule. And then over time, by rule, not by the intent of Congress, by rule, it's been chipped away. And so, all of a sudden——

Senator KING. Narrowing them.

General MACEWEN [continuing]. Narrowing the class of citizen who had served that no longer was eligible for benefits. So, what happened over time is those most in need of benefits are denied benefits. And so, we said, well——

Senator KING. Like someone that's incarcerated.

General MACEWEN [continuing]. That doesn't make sense. Well, someone incarcerated with a felony conviction loses it. But someone who—an example I would use for you, sir, someone who had military sexual trauma and then becomes a “bad soldier” because they're dealing with that military sexual trauma, and so they're not showing up to formation. And so, the commander says this is not a good soldier, and so they administratively discharge him and give him bad paper. They give him bad paper because he's not showing up at work, not because of the underlying condition, because they don't have an evidence-based process to take a look at them. They discharge him, and he or she doesn't get healthcare at the VA.

Senator KING. Well, just for the record, do all of you agree that VA mental health benefits should be available to incarcerated veterans?

Professor GOLDBERG. Yes, sir.

General MACEWEN. Yes.

Senator KING. That's a yes from everybody. Thank you. And the other thing that's in this bill, and it goes to one of the points we were talking about before, is requiring the VA to do the research to find out how many incarcerated veterans there are. I mean, to me, that makes a lot of sense. Does that—Chief, is that a sensible proposal?

Mr. NUSS. I believe it is. And as kind of a piggyback to that, Senator, I'm in favor. I'm not sure who had proposed this during the past year, but as you leave the military, you are automatically enrolled with the VA. You don't have to have that—

Senator KING. You're saying that should be the case.

Mr. NUSS. Should be the case.

Senator KING. It is not the case.

Mr. NUSS. It is not the case. Correct.

Senator KING. We're working on legislation to allow veterans to enroll in VA healthcare before they leave active duty. I think that's a sensible—

General MACEWEN. Senator, we—the Commission recommended automatic enrollment for a 2-year period.

Senator KING. Right.

General MACEWEN. Currently, they can voluntarily enroll on what's called an EZ form, which everyone that I've ever spoken to the form is called “easy” but it's not.

Senator KING. Well, the other thing, Professor, that I'm interested in is—I think you touched upon this—having the process of restoring benefits after release be automatic and timely. As I understand your testimony, that can often take months and a lot of paperwork and difficulty. Is that the case?

Professor GOLDBERG. Yes. What I've seen happen is the onus is on the veteran, both on the front end, to notify the VA that they are incarcerated as a change in life circumstances. You can imagine many veterans may not be aware that they are supposed to do this, and as they are incarcerated, it may not be easy to actually do that.

And then on the tail end, it is supposed to be an easy process for the veteran to notify the VA that they have been released. But what often happens is there is a very long tail to that. The veteran may call in, and then there's this very slow back-and-forth where

the VA is contacting correctional facilities. And again, the onus falls back on the veteran to go back to the prison to get some kind of documentation. It can just kind of spiral into months.

But, as has been mentioned, there are data-sharing capabilities that are underutilized. This is a government-to-government process. They are entitled to have that restoration on day one, and they do get—are supposed to get—back pay if it does take many months or a year, as it sometimes happens. But there's no reason that should be the case.

Senator KING. And I would mention that we made some progress, because it was in the Defense Bill that passed last year, it's now law, if the veteran has an opportunity to opt out of whether their home state veteran service organization is notified that they're coming home. In other words, instead of having to opt in—which people often don't do because they've got so many forms—now it's an opt out. And we think, we believe and hope, that that will significantly increase. My vision is to have somebody to meet them at the airport, have somebody from one of the VSOs or from the state veterans office, and start the process of here's what's available, here are the services, and is there a way we can help you find a job? Or all of those kinds of things. So, I did want to mention that. It was sort of an obscure provision in a 2,000-page bill, but I think that we're hoping that now that that's the law, we'll see some progress on that. Thank you very much, Mr. Chairman. Thank you for having this hearing.

Chairman MORAN. Thank you, Senator King. I just now have a few questions. Let me first start with this conversation that has involved several members, including Senator King's just recently. The Transition Assistance Program, TAP, is supposed to help veterans move from active duty to life after active duty. I don't think—I'll speak for myself, the program has not been sufficiently utilized, supported, or emphasized, and I think we're missing a lot of opportunity. And I never thought about this in regard to the veteran treatment court until today.

But we've been pushing, particularly the military, to have a higher priority in assisting their active-duty men and women during transition. And a lot of that conversation originates with the concern about at what point in time a service member, soon to be a veteran, most vulnerable to commit suicide or mental health issues? And I think the conclusion is that's the most fragile time. And so, for a different reason, we've been pushing greater efforts by the VA, but perhaps more importantly, greater efforts by the military, the Department of Defense, to implement a solid TAP program.

But the conversation we have been having suggests to me that there may be another opportunity or another purpose for TAP, related to what you all are trying to advocate for, is the connection between those who serve and the world after their service. Anyone want to assist me in fleshing out that thought?

General MACEWEN. Sir, if I could—I think two things on the TAP program and why it maybe doesn't work. And I ran the TAP program for the Army—excuse me for criticizing, and so I'm criticizing myself in some ways. When the Commission did its report, we understood that the military classified 41 percent who transitioned in

a year's period as not fully prepared through the TAP program. Twenty-two percent of those never even attended TAP, even though they were congressionally mandated to. TAP has never been fully, robustly evaluated. Many with other-than-honorable discharges don't attend TAP.

And so, we know that we don't use a validated risk-needs assessment tool. And part of the reason TAP doesn't exist is because of what we call the "commanders dilemma." I talked about it briefly. But what we do is we put the commanders in an impossible position. And it is a position where we say, "Commander, worry about readiness, and, oh, by the way, send them to TAP." I was talking to a staffer today whose husband works at Davidson Army Airfield. He's an aircraft crew chief now, and he's thinking of getting out. Is his commander going to say take care of your aircraft for missions, or is he going to send him to TAP? When push comes to shove, he's going to send him to take care of that aircraft, and he may not send him to TAP.

Now, what we said is, in the case where he really is at risk, if you do a valid risk-needs assessment tool, you pull him out of the operational force like he was in basic training, where he's not available for an operation. You've got to pull him out, put him in a joint transition center, get him the help he needs, and then send him on his way.

Chairman MORAN. Is the key, General, what you said is if they do a valid assessment?

General MACEWEN. It absolutely is, but you have to do it. This is revolutionary. It has to be revolutionary, because, otherwise, you can throw more money at it. You can say SkillBridge, and SkillBridge is a wonderful program, if you're available. That's always the caveat. Send them to SkillBridge, if operational readiness allows.

Senator KING. Under the law, aren't they required—[off mic.]

General MACEWEN. Sure, it does, but they don't comply. That's what we found time and time again.

Chairman MORAN. And I think I've heard this before about the dilemma. You had a phrase for it. I've heard this dilemma probably from generals I know in the neighborhood is that the focus is defending the country.

General MACEWEN. Yes. And so, what we've done is tried to come up with a logical solution that solves the problem, so you don't put this commander in a paradox that you're asking him to fail.

Chairman MORAN. So, is—let me go back. Even though TAP has its challenges today for this evident reason, you've got to prioritize what a soldier is doing in the last time of service. If TAP is occurring, if the transition program is taking place, is there a role in that process that affects veteran treatment court availability and knowledge?

General MACEWEN. I don't believe so. I'd leave that to your classmates to answer.

Chairman MORAN. They were smarter than I was then, too.

[Laughter.]

General TATE. I don't think so, because it'll be an issue of timing. I want us to also—

Chairman MORAN. At that point, the problems are not evident.

General TATE. They probably are, they just aren't discovered yet. Because even the service member and her family don't know the baggage that they are carrying. It will take time for that to manifest. And I think we also have to be sensitive to the notion that these service members just want to go home. Number one, you're going to put a burden on the commander: "Oh, here's something else to put on your list. This is top priority." I'll put it on there with all the other top priorities. But then second, the mindset of the service member: "I just want to go home. I don't know what all this stuff is about." So, that's why the solution has to be really carefully crafted. But I don't think part of the separation will be: "And hey, don't forget, there are Veterans Treatment Courts out there."

It'd just be really hard to do, but that sort of advocacy can come elsewhere. It can come from the creation of this Center, thanks to Congress. Part of that creation will be state and local convenings, national convenings, and advocacy, where it'll become more widespread that the existence of those courts would be a tool to assist that service member. Thank you, sir.

Chairman MORAN. If you all would help me, or help the Committee. In a moment, we're going to dismiss you and we're going to have two other witnesses take the table where you are. They are both high-level officials, one at the Department of Veterans Affairs, the other at the Department of Corrections. Is there something that you would want to make sure that we hear from you that would lend itself to an appropriate, useful question and answer from our next panel?

General TATE. I would simply like to highlight what an extraordinary program the VJO program is for the VA. These are young men and women who are dedicated, committed social workers who just every day get after it. So, it's a real plus for the VA, and that ought to be sung to the mountaintop about how good they are.

I think critical to their continued success, their sustained success, will be training tailored to the VJOs, so that we ensure that not only are they trained when they're new to the job because it's super demanding, especially if that VJO has not got military culture in their background. But it's not only that newcomer training, it's also the training to sustain their skill set. So, that's all I would ask. That really is, to me, a two-thumbs-up for the VA and that VJO program. Thank you, Senator.

Chairman MORAN. Yes, ma'am.

Professor GOLDBERG. If I may echo that, and add to that. I also would like to enthusiastically support VJOs and the critical role they play. The latest I've heard—and don't quote me on this—I believe there may be around 400 VJOs in the country, so I'd want to know from VA how many there are currently and whether the staffing is adequate?

My local VJO is amazing, does terrific work on the streets, in the jails, every step of the way with veterans in Veterans Treatment Court. This very much ties back to our conversation about Veterans Treatment Courts. And VJOs are largely part of the success of veterans going through that. My understanding is that they are understaffed and overworked, and I don't believe their numbers have been increased in a number of years. I know there have been

proposals, so I'd be interested to know both the number and whether there are plans to increase the number of VJOs?

Chairman MORAN. Thank you. Notes were being taken.

Mr. NUSS. Mr. Chairman, if I could add to what they both have said. I've told VJOs this to their face. I said, "What I like about you is that too many times a government agency says, 'Oh, you've come to us for help. Well, here's a stack of documents or pamphlets or booklets for you to read. And if you see something in here you think might apply to you, come back and tell me, and then we'll talk about it.'" The VJO takes the opposite approach. They say, 'Here's the stack of pamphlets and documents, but I've looked through them also, and based upon my interview of you, here are two programs that I think you could benefit from. Let's talk about them and see which one would work best for you.'"

The other thing I would say, I think Senator Tillis said earlier, if you've never been to a VTC graduation ceremony, it's well worth your time. And as far as the VJOs go, in Johnson County VTC, when the VTC graduate is allowed to speak and say how much it's meant to them, they always go over and hug their VJO—at least the ones I've been to. And I just think that speaks volumes for how important the VJOs are, how well-trained they should be, and how much they care about the veterans. And I'd like to see more of them. Thank you.

General MACEWEN. Yes. I would say to both government folks, as a former government folk, to please be involved in the process for the National Center with the Department of Justice, because this has to be a whole-of-government approach, and it can't be stovepiped inside DOJ. It has to involve everyone if it's going to work to take care of our veterans.

Chairman MORAN. Okay. Thank you. Mr. Schramm, we just heard how important certain people have had a role in your life in this process. I wanted to give you the chance to maybe do a couple of things. If you'd like to expand on what the program was like that you went through. And if you'd like to take a moment, how were you treated differently than someone who is not in the Veteran Treatment Court? You may not know that, but what were the aspects of that court that made a difference in your life? And it may just be that you want to tell us about your mentor, and I want to give you the chance to do that.

Mr. SCHRAMM. I think the program keeps you accountable. Like, I was on and off probation before I went to Veterans Treatment Court, and when I showed up to Veterans Treatment Court, I thought I was just going to play the system and go through the motions. And boy, was I ever wrong.

And to go back on what everyone was saying about VJOs, my VJO, Michelle Parsons, is the standard VJO. She's an amazing person. She gave me the best piece of advice when I was going through, when she told me I didn't have to do this. That wasn't really the words I was looking for, but it just showed me the path that I was going to take. And as far as Ed, Ed's a legend. He's a great human being. He's the reason why my tie looks so good today. And he was just an absolute—going through the program, he kept me guided. He used a term called "jungle rules" that I had to google because I didn't understand what it was, but it just

meant, you know, the court—that's their rules, and you just have to abide by it.

And that was a great deterrent, even from the smallest sanction. I couldn't believe how upset I got over the smallest sanction. But his words, "jungle rules," completely took my train of thought elsewhere and started thinking about my actions instead of the overall punishment—like, what could I do better. Thank you.

Chairman MORAN. All the questions, the story Senator Blumenthal told, your witness to the Committee, it reminds us—at least it reminds me, I speak for myself—that we changed the world one person, one soul at a time. And we need to have that kind of approach to how we deal with people. It's not about a process; it's about a relationship. And the Veterans Treatment Court demonstrates to me—and your testimony shows—that when people care about other people, you can change a life. And it's a great story for us to hear.

We're going to change panels. Incidentally, I'm trying to demonstrate my leadership. I think it's hot in here, and they turned off the air conditioning because there was some loud noise in the background. I said the loud noise was continuing—it's worth having the noise than to have the air conditioning. So, it's supposedly coming back on.

Mr. NUSS. Mr. Chairman, can I say one thing in response to Senator King's question about what can be done to make veterans aware? This story comes from a VTC graduate in Minnesota, and he later deployed after he had graduated and been rehabilitated. And he told the troops in his company about his experience in the VTC. And he said, "There is no shame in asking for help, but there is shame in being in handcuffs." And he was telling them, "if you are struggling, go seek help. Don't wait until it eats you up and you commit some crime." Thank you.

Chairman MORAN. Thank you. Senator Banks, we were ready to move to the second panel. That all right?

Senator BANKS. It's all right.

Chairman MORAN. Thank you all for your testimony. Thank you for being here, and thanks for the work that you do.

[Recess.]

Chairman MORAN. The Committee will reconvene for our second panel. The Senate has votes at 5:30, so. Dr. O'Toole is looking at his watch to see that he only has to be here—put up with this process for a short period of time. Let me welcome Ms. Dana DiGiacomo, assistant director of reentry services for the Federal Bureau of Prisons, United States Department of Justice, and Dr. Thomas O'Toole, welcome back. He's the Acting Assistant Under Secretary for Health and Clinical Services at the Department of Justice—I'm sorry, at the Department of Veterans Affairs. And I thank you both for your appearance here today. And we'll start with you, and let's hear what the Bureau of Prisons has to say, Ms. DiGiacomo.

PANEL II

STATEMENT OF DANA DIGIACOMO, ASSISTANT DIRECTOR, RE-ENTRY SERVICES DIVISION, FEDERAL BUREAU OF PRISONS, U.S. DEPARTMENT OF JUSTICE

Ms. DIGIACOMO. Good afternoon, Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee. It's a pleasure to appear before this Committee to share the work that the Federal Bureau of Prisons (BOP) is doing to meet the needs of our incarcerated veterans.

My name is Dana DiGiacomo, and I am a career employee with nearly 19 years of service in the Bureau of Prisons, including the last eight years in the Reentry Services Division, where I currently serve as the assistant director. On behalf of the Agency, I want to thank you for the opportunity to be here today. It's both an honor and a privilege to speak with you. I would also like to take a moment to acknowledge the many veterans who are part of my life, my family, friends, and colleagues within the Bureau of Prisons. Their service and sacrifice is deeply respected and appreciated.

The BOP recognizes veterans represent a unique population within our federal prison system. Currently, the Bureau of Prisons houses approximately 7,600 incarcerated veterans, many of whom face service-related challenges, including physical and mental health conditions, as well as difficulties adjusting to life after military service.

Veterans in the BOP reflect a diverse population across all security levels, with the majority classified as low or medium security. Many maintain strong family connections, and a significant portion have achieved a high school diploma or equivalent. These characteristics highlight both the needs and the potential of this population, reinforcing the importance of targeted programming and support.

The BOP's Program Statement on the "Management of Inmate Veterans" provides a framework for identifying and supporting incarcerated veterans. This policy outlines staff responsibilities, training requirements, and service delivery expectations to ensure veterans are properly identified and connected to resources. Identification begins early in our intake process, where staff verify veteran status through documentation such as pre-sentence reports and military discharge records. This information is entered into the BOP systems and tracked through a centralized database, allowing the agency to monitor trends and ensure continuity of care.

Once identified, veterans are supported through a structured three-tier service delivery model designed to meet their needs at every stage of incarceration. Tier One services provide a foundational support through self-help resources and informational sessions in collaboration with the Department of Veterans Affairs. Tier Two services include structured workshops and support groups that address resilience, wellness, and service-related challenges such as post-traumatic stress and traumatic brain injury. Psychology Services plays a key role in delivering individualized treatment based on these assessed needs.

Tier Three services represent the most intensive level of programming, through our Veterans Education Transitional Services, what we call our VETS Unit. This is a residential program that operates on a community-based model, where participants engage in daily programming focused on education, skill development, and peer support. Institutions such as FCI Englewood and the developing unit at FCI Seagoville demonstrate the BOP's commitment to expanding these structured environments, and improving continuity of care as veterans transition back into the community.

In addition to programming, the BOP emphasizes staff training to ensure employees understand military culture and the unique needs of our incarcerated veterans. This training supports consistent service delivery and reinforces the BOP's commitment to this population. Collaboration with external partners is also critical to the success. The BOP maintains strong partnerships with the Department of Veterans Affairs and the Department of Labor to help support reentry planning and access to benefits, employment services, and community resources.

Additionally, veterans transitioning to residential reentry centers or home confinement are provided the opportunity to engage in activity with the Veterans Affairs representatives to access benefits, secure services, and establish continuity of care upon release. These efforts align with the goals of the First Step Act by encouraging participation in recidivism-reducing programs and productive activities.

Veteran-specific programming supports skill development, strengthens support networks, and improves outcomes for individuals preparing to return to the community. Supporting justice-involved veterans is not just a policy priority, it's a responsibility. Every individual in our custody deserves a second chance and the opportunity to make meaningful change in their lives. Our goal is to ensure that the time in our care is not just time served, but time that serves a purpose, equipping them with the tools, the support, and the opportunities needed to successfully return to their communities.

And I'm happy to respond to any questions that the Committee may have.

[The prepared statement of Ms. DiGiacomo appears on pages 139–141 of the Appendix.]

Chairman MORAN. Thank you very much. Dr. O'Toole.

**STATEMENT OF THOMAS O'TOOLE, MD, ACTING ASSISTANT
UNDER SECRETARY FOR HEALTH FOR CLINICAL SERVICES,
U.S. DEPARTMENT OF VETERANS AFFAIRS**

Dr. O'TOOLE. Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, thank you for the opportunity to testify today. I'm honored to highlight the work the Department of Veterans Affairs is doing to support justice-involved veterans as they navigate the legal system and reenter their communities.

VA's Veterans Justice Program (VJP) ensures that justice-involved veterans are identified early and connected to VA services that support accountability, recovery, and long-term stability. VJP specialists engage veterans in courts, jails, prisons, or community

settings to encourage responsible decision-making, facilitate behavioral health, and other needed care, and support reintegration consistent with community safety. In fiscal year 2025, VJP served more than 60,000 veterans through more than 500 specialists nationwide. For many, meeting a VJP specialist can be a turning point that opens the door to recovery. Early engagement helps veterans take responsibility while accessing treatment and supporting rehabilitation.

For nonviolent offenders, the Veterans Treatment Court occupy a critical role in supporting justice-involved veterans by offering a structured, treatment-focused alternative to incarceration. These courts pair judicial oversight with VA-supported treatment and case management. VJP specialists work alongside court teams to ensure veterans receive the healthcare, housing, and support needed to complete their court-defined program successfully.

The Veterans Health Administration (VHA) Health Care for Reentry Veterans (HCRV) program conducts outreach in federal and state prisons or jails to support veterans preparing for release. HCRV specialists assist with healthcare enrollment, identification documents, follow-up appointments, and reconnection to VA systems that may have lapsed during incarceration. This pre-release engagement is essential to ensuring successful community reintegration.

VA's Legal Services for Veterans program strengthens access to civil legal assistance, helping veterans address outstanding legal issues such as housing disputes, benefits matters, or family law concerns that may impede stability and successful reintegration. These services do not remove lawful accountability, but rather, they assist veterans to better understand their rights and responsibilities under the law and navigate available resources so they can meet legal obligations, rebuild stability, and pursue self-sufficiency.

The VBA complements VHA's clinical and reentry services by ensuring justice-involved veterans receive information about VA benefits and how to apply. Through its justice-involved veteran coordinators and homeless veteran outreach coordinators, VBA tailors outreach to local needs and refers veterans to federal, state, and community organizations. All VA regional offices conduct quarterly in-person or virtual outreach to veterans who are incarcerated at federal, state, or local facilities. Benefit information is disseminated to incarcerated veterans. VBA also provides information and training on VA benefits and services to community service providers and correctional officials.

From October to March of this past year, VBA conducted 425 justice-related outreach events, reaching more than 14,000 participants. VBA outreach personnel also coordinate outreach efforts for veterans at risk for homelessness who are being discharged or released from a facility after imprisonment, coordinating with VHA to provide outreach within 60 days of release to assist with establishing eligibility for VA benefits and services.

VA strongly supports the Department of Justice's National Center for Veterans Justice. It provides a national opportunity to standardize veteran identification, strengthen data and research capacity, and improve coordination across the criminal justice sys-

tem. VA's long-standing collaboration with courts, jails, and prisons forms a strong foundation for this expanded effort, and these collaborations support VA's commitment to the rule of law, safe communities, and our commitment to veterans and their capacity to return to their communities. We appreciate the Committee's attention to these issues, and look forward to continuing our work with federal, state, and community organizations.

And this concludes my testimony. I'm happy to answer any questions.

[The prepared statement of Dr. O'Toole appears on pages 142–144 of the Appendix.]

Chairman MORAN. Thank you. Ms. DiGiacomo, do you believe the VA's engagement at the Bureau of Prisons is adequate, sufficient? How would you describe it?

Ms. DIGIACOMO. Thank you for that question. Yes, we have a great partnership with the Department of Veterans Affairs. Actually, their staff or their contracted staff come into our facilities quarterly to be able to meet the needs of our incarcerated veterans.

Chairman MORAN. And Dr. O'Toole, as evidenced by the number of times you appear before this Committee, you have lots of responsibilities. There's lots of things that you need to pay attention to. Tell me why I should be assured that Veterans Treatment Courts and the associated programs around them are not something that slips through the cracks.

Dr. O'TOOLE. Thank you, Senator, and it's a great question. The short answer is because they work, and because they work for our veterans in bringing them back into their communities, allowing them to lead their fullest lives possible, and it's important. We have 515 veteran justice outreach specialists currently who do God's work. And having been a primary care provider in the VA for 20 years, and a shout-out to Rich Flynn at the Providence VA, these guys make a huge difference in reconnecting veterans, keeping them from becoming homeless, getting them back into the workforce, bringing them back and connected with their communities. And I think our first panel really just reinforced all the reasons why this is what makes the VA a special place.

Chairman MORAN. Tell me about staffing. There's been a lot of talk in this Committee, since the beginning of last year, about staffing at the VA. We're assured by the Department of Veterans Affairs that the people necessary to fulfill the responsibilities are sufficient, adequate, and doing their job. Is that true in this program?

Dr. O'TOOLE. I think it is, sir. I think—you know, just to level set with some numbers, we currently have 515 veteran justice outreach specialists employed in the VA. We have about a 9 percent vacancy rate, which for most programs is kind of within the norm of expecting an influx and efflux out. Each medical center is required to have at least one veterans outreach specialist, and obviously, we have many more in most of our facilities. And we currently staff 747 Veteran Treatment Courts, as well as go to upwards of 3,000 prisons and jails with that staff.

We have a budget of \$75 million appropriated from Congress to be able to do that, and we spend all that money. The issue, how-

ever, I do want to emphasize is that this is a program we would love to see grow. Those 747 treatment courts, there is a capacity for many more. As the program grows, we will staff accordingly. This is a priority for us, and I do hope that we can grow this program.

Chairman MORAN. My understanding is that fiscal year 2025 is the \$75 million that you mentioned. Fiscal year 2026 is \$82 million. So, there is—and that's grown since the numbers I have go back to fiscal year 2022 when it was \$53 million. So, there is interest in Congress in support, through the appropriations process, for this program.

Let me ask you a couple of specific questions, and I'll turn to my colleague, Mr. Banks. Incarcerated veterans lose access to VA-delivered care while in custody. How does the VA provide continuity of care for veterans with serious mental health or substance use conditions upon release?

Dr. O'TOOLE. Thank you. And it's, obviously, with Senator King's legislation, that's something that he's looking at as well, and I appreciate Congress's interest on this. I know I previously testified on the Hill on the House side for similar legislation.

When a person is incarcerated, they become a ward of the state in where they are incarcerated, and so the VA does not, by legal authority, have the ability to provide direct clinical care while they are incarcerated. Our job, in the context of the Veterans Justice Outreach effort, is to make sure that we can create a seamless transition from when they are released to get them back into the VA as quickly and seamlessly as possible, and this is where the VJO specialists play a very, very critical role. And as I mentioned, in my own experience, having the VJO specialist directly participate in bringing that patient to clinic and making sure that they are plugged in and getting the care they need, is a critical case management step that really makes a difference. And that's just one element of all the work that they do to reconnect people, and that's why the program works.

Chairman MORAN. Finally, you mentioned your support for the National Center for Veterans Justice. Is there a plan in place to coordinate with DOJ in that effort?

Dr. O'TOOLE. There is. I can't speak to all of the specifics of that plan, but we have dedicated leadership within VA that have a long-standing history of working with DOJ and helping develop the center and staffing it to those needs, and we look forward to that continued collaboration.

Chairman MORAN. Thank you. Senator Banks.

**HON. JIM BANKS,
U.S. SENATOR FROM INDIANA**

Senator BANKS. Thank you, Mr. Chairman. Ms. DiGiacomo—did I say that right?

Ms. DIGIACOMO. Yes, sir—

Senator BANKS. Close?

Ms. DIGIACOMO [continuing]. DiGiacomo.

Senator BANKS. You talk more generally about the relationship between the Bureau and the VA, but can you be more specific? Is it just the two of you who communicate? Are there task forces be-

tween the two departments? Can you be more specific about what that rhythm of communication looks like between the two?

Ms. DiGIACOMO. Absolutely. So, as I mentioned in my opening statement, we have that three-tiered model. We have veterans scattered all across the Bureau of Prisons, and those that are at institutions under our tiered models. We have self-help resources. We have staff dedicated at our institutions, such as our special population coordinators. These are individuals helping our special populations such as our incarcerated veterans. We also have reentry affairs coordinators who are also assisting that population. So, those individuals are reaching out directly to those local VA points of contact that they have, who are working collaboratively together at that local level in the community in which our institutions reside.

Senator BANKS. Is this new or is this what we've always done? I mean, help me—

Ms. DiGIACOMO. Honestly, I don't know the history. I know that as long as I have been in the Reentry Services Division, this has happened as far as this collaboration and working directly with the VA. I think that's what separates the Bureau of Prisons, maybe, from some of the state systems, you know, that we are both at this federal level, so we have the ability to share data more easily such as when individuals come into our custody. You know, not only are we asking them if they served and looking at their pre-sentence report—but we're also making that outreach to the VA through data sharing to cross-reference (VRRS), which makes our communication between the two, I think, a little bit easier than maybe from at a state level.

Senator BANKS. Would you say it works?

Ms. DiGIACOMO. Absolutely.

Senator BANKS. And what would you say we need to do better? Where do we need to do better between communication and collaboration between the two?

Ms. DiGIACOMO. I think communication.

Senator BANKS. What are you working on?

Ms. DiGIACOMO. Well, I would say one of the things that we're working on is resources, right? I think it's no surprise the Bureau of Prisons is in desperate need of resources. We need more people to help in this area. What we'd love to have is special population coordinators at every single one of our institutions to be able to help the population, because—

Senator BANKS. Specifically, to work with veterans?

Ms. DiGIACOMO. Yes, sir.

Senator BANKS. Good. I think what you do is really important, and I know that you know this because you said homelessness drives incarceration, and incarceration leads to homelessness. So, it's true among veterans, true among everybody else. Can you talk about the Bureau of Prisons national reentry strategy, and how that aims to break that cycle?

Ms. DiGIACOMO. Absolutely. And this goes for everyone in our custody. The Bureau of Prisons takes a holistic approach to each individual that comes into our custody, looking at what their needs are. Everyone comes in with a different set of needs, and we try to build off the strengths that they have. So, we start there by looking at: what are the needs, what got them here, and what are the

gaps that need to be filled, and how do we approach filling those gaps? Whether it be with educational programming, programming as it relates to trauma or PTSD, or those things that do affect our incarcerated veterans, and making sure that they get the programming that's going to set them up.

Another great thing about the Bureau of Prisons, I think, that separates us from some of the state correction agencies is the fact that we do have a reentry transition into the community. Individuals in our custody, all of our offenders, have the ability under the Second Chance Act, to transition to their community before they actually release. So, we give them an opportunity to live in the community before they actually release, and that makes that transition and that reentry much easier.

Senator BANKS. Good. Dr. O'Toole, I introduced legislation to permanently authorize the Health Care for Homeless Veterans (HCHV) program. It provides medical care for homeless veterans and connects them to housing. How important is it to make that program permanent?

Dr. O'TOOLE. Thank you, Senator. I think it's very important. VA has made significant strides in reducing homelessness, and one of the reasons why is because we are an integrated system and an integrated model that is able to connect housing with needed healthcare services, needed legal services, as demonstrated here, and needed social services.

Just to emphasize that point. Within the context of the Veterans Justice Program, 81 percent of individuals enrolled in the Veterans Justice Program are diagnosed with a mental health problem, and 56 percent with a substance abuse problem. As a result of being enrolled in this program, 94 percent of those individuals with a mental health diagnosis go on to receive healthcare within the VA system. In mental health the previous year, that's 17 visits per patient. For substance use treatment, it's 15 visits per patient. That's a real, very meaningful, and significant difference that wouldn't occur if we didn't have an integrated approach. And so, absolutely, I endorse what you're saying.

Senator BANKS. Thank you. My time has expired.

Chairman MORAN. Let me make sure I understand something. Most of our conversation about Veterans Treatment Courts, the vast extent of it, is going to be about Veterans Treatment Courts in state courts. Is that true? This may not be the panel to ask this question, but I think that's true. And in fact, I think there are very few federal courts that have a Veteran Treatment Court. And so, what you're talking to us about federal corrections facilities, they are dealing with veterans absent a veteran treatment court. You are just taking care of veterans without the services that come in a courtroom, between a veteran and the state district court judge. That would be where we are. Is that right?

Ms. DIGIACOMO. Well, I'm probably not the appropriate person to speak about how the courts work. What I can say is, I'm sure some of these individuals may have made their way through some type of veterans court previously before coming into our system, but oftentimes, their military service is taken into account in any recommendation that's being given by that federal judge in regards to the services that that incarcerated veteran may need. The Bureau

of Prisons does our very best to make sure that we're responding to those recommendations from the court.

Chairman MORAN. So, the veterans you deal with in the Federal Bureau of Prisons are veterans who you learn are veterans and then try to provide them additional support and help, or you're trying to follow a federal judge's direction on how that veteran should be cared for?

Ms. DIGIACOMO. Yes, sir.

Chairman MORAN. Okay. Anything else, Senator Banks?

Senator BANKS. No, thank you.

Chairman MORAN. I want to once again thank our witnesses, both this panel and the previous, for their testimony today, our Committee, and Members that were here, and our audience that participated as well. Each member has five legislative days in which to submit statements or questions for the record. Any Senator who would like to submit a question for the record, please do so in a timely manner, and ask our witnesses to respond to any questions they have received following today's hearing in a timely manner as well.

With that, the hearing is adjourned. Thank you.

[Whereupon, at 5:29 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statements

**Senate Committee on Veterans' Affairs
Hearing on "Programs for Justice-Involved Veterans"**

April 15, 2026

Testimony by

*Major General Clyde J. "Butch" Tate II (U.S. Army, Ret.)
Chief Counsel, All Rise*

Chair Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans' Affairs, it is an honor to testify today.

It is also an honor to be here with such a distinguished panel of veterans, innovators, and thought leaders in our justice system, and with a veteran who has witnessed our justice system at its best.

As an Army veteran and the son of a 36-year, combat-wounded Army infantryman, no issue is more important to me than serving our veterans who have fought so bravely for our freedom. And no issue is more pressing than ensuring that justice-involved veterans get the services they need to recover, heal, and reintegrate into their community. Along with the efforts to put a veterans treatment court within reach of every veteran in need, today, I believe we have a clearer path forward to improve outcomes for our veterans because of the Congressional support for the National Center on Veterans Justice. Thank you.

When I served as the Army's Deputy Judge Advocate General, I witnessed countless examples of the unparalleled honor, sacrifice, and resilience of our military members. I also came to understand the many ways in which our service members can have difficulty transitioning to civilian life, and how, despite a myriad of local, state, and federal benefits and support, some fall through the cracks and become involved in the justice system. Too many veterans are impacted by substance use, mental health, trauma, and other medical conditions closely associated with their prior military service, and are increasingly at risk for justice involvement.

In 2014, as my retirement after 31 years of service drew closer, I found myself searching for some way to remain involved in supporting our military and veteran communities. Around this time, I was invited by the nonprofit All Rise to attend a training on veterans treatment courts (VTCs). I knew that VTCs were serving justice-involved veterans—those at the greatest risk of reoffending and with the highest need for services—and that VTCs were based on the success of the drug court model. I was not aware of the impact this training would have on my life. The training closed with the swearing-in of over 50 volunteer veterans who had been trained that week to serve as mentors in VTCs. Pride and dedication to the mission of recovery were evident on their faces as they pledged to serve veterans in need. The experience left a profound impact. For the past nine years, I have been honored to have a small hand in these efforts as chief counsel for All Rise.

Our mission at All Rise is to reduce crime and make communities safer and healthier by addressing the intersection of substance use, mental health, and crime at every stage of the justice system, serving civilians and veterans alike. We advance proven, accountability-driven responses that strengthen community safety, target the underlying factors that fuel repeat offending, and support broader public safety priorities. We ground our work in research, collaborate with practitioners in the field, and listen to the people, both civilians and veterans, who have direct experience with the justice system.

With the authorization of the Veterans Treatment Court Program in 2016, the Bureau of Justice Assistance (BJA), Office of Justice Programs, has provided indispensable leadership, clear policy guidance, and targeted funding, enabling courts to establish and strengthen VTCs. BJA's sustained investment in training and capacity building has been critical to equipping all VTC teams, with or without a grant award, with the skills and resources needed to improve outcomes for justice-involved veterans. Because of BJA's commitment to excellence, all VTCs have benefited from federal investment.

The impact of BJA's work has been broad and measurable: improved identification of veterans at arrest and intake, expanded access to court interventions for veterans, more timely linkage to behavioral health and social services, and stronger coordination among courts, the Department of Veterans Affairs (VA), community partners and providers, and local systems. BJA's support for training and peer-to-peer learning has professionalized VTC teams—judges, probation officers, prosecutors, defense counsel, treatment providers, and VA specialists—raising fidelity to best practices and promoting consistent, accountable program models that are replicable and sustainable. In short, BJA's leadership has been instrumental in transforming how the justice system serves veterans, strengthening public safety while honoring our obligations to those who have served.

For the past 16 years, and with BJA support, All Rise's training division for veterans, Justice for Vets has led training and services for VTCs through strengthening the knowledge, skills, and abilities of all those involved, from the judge to the probation officer, from the treatment provider to the VA Veterans Justice Outreach (VJO) specialist. Much like our military "schoolhouses" ensure the highest levels of operational proficiency for our service members, Justice for Vets' "mobile schoolhouse" ensures the same for those serving justice-involved veterans. Independent evaluations show that courts receiving pre-implementation training are twice as cost-effective and achieve up to a 50% greater reduction in recidivism compared with courts that do not receive training.

Additionally, since its establishment in 2009, the VJO Program has been an indispensable partner in VTCs. VJO Specialists at every VA medical center conduct proactive outreach to justice-involved veterans in jails, courts, probation and parole settings, and in the community to identify veterans in need and immediately connect them to VA health care, mental health and substance use treatment, housing assistance, and other benefits. By building and sustaining formal partnerships with prosecutors, defenders, judges, corrections, and community providers, the VJO Program ensures that veterans can access evidence-based services at the earliest possible point, reducing recidivism, improving health outcomes, and supporting long-term reintegration.

By integrating evidence-based approaches with military culture, Justice for Vets has played a significant role in helping jurisdictions reduce recidivism, support lasting recovery, and promote long-term success for those who have served.

Whom VTCs Serve

VTCs produce the greatest benefit for veterans with the most severe challenges. Research shows that VTCs are most effective when they serve veterans who are both high criminogenic risk (greater likelihood of reoffending) and high clinical need (substantial behavioral health or medical needs). Risk and need are determined through validated screening and assessment, a standard practice in VTCs and a foundational component of any system seeking to place veterans in alternative programming. These assessments enable efficient identification of eligible veterans, clarify clinical and criminogenic needs, and inform case supervision, treatment planning, and case trajectory. Critically, these assessments are essential for identifying individuals at heightened risk for overdose or death by suicide and expeditiously referring them to service providers, thus allowing courts and agencies to respond swiftly and save lives.

A veteran assessed as high risk is more likely to experience poor outcomes under standard community supervision or in traditional treatment settings, often because of antisocial behavior, antisocial thinking, and association with antisocial peers. These veterans also typically have high clinical need: multiple medical conditions, severe substance use or mental health disorders, and significant psychosocial challenges such as homelessness, unemployment, social isolation, or family estrangement. Tailored, intensive interventions within the VTC framework are therefore essential to address this confluence of risk and need and to improve public safety and veteran recovery.

Why VTCs Are Successful

These intensive programs pair close supervision and accountability with robust, evidence-based treatment. When VTCs adhere to evidence-based practices, serve the appropriate population, and ensure that team members receive continuous education and training, these courts have been proven to reduce recidivism, enhance individual outcomes, and save taxpayer dollars. They also improve housing stability, employment, and financial security, all strong indicators for lasting rehabilitation and reintegration. Their success lies in their collaborative approach: judges, prosecutors, defense attorneys, probation officers, and law enforcement working in concert with VA and community treatment providers, as well as local social and veteran service organizations. Participant progress is closely monitored, and interventions are adjusted in real time based on the individual's response to modification strategies directed by the court, service, or supervision, and treatment adjustments recommended by treatment clinicians.

Additionally, the inclusion of trained volunteer veteran mentors provides essential peer support and camaraderie, reinforcing each participant's sense of identity and connection. These veteran mentors provide social connectedness well beyond program completion. As role models, they

positively influence an individual's sense of purpose, social responsibility, and commitment to a law-abiding lifestyle.

Today, there are approximately 600 court programs specifically designed for veterans who are at high risk of reoffending and who have high clinical and social needs.

The success of VTCs has catalyzed nationwide innovation and partnership. Developments range from the VA's VJO Program to improved arrest and booking procedures that more reliably identify veterans at intake, expanded community-based family services, and local crisis intervention teams. These advances have also strengthened collaboration with policy and research organizations. For example, All Rise has partnered with the Council on Criminal Justice. I participated in the Council's work and am honored to have been a part of the Council's Veterans Justice Commission, which has done vital work educating policymakers and practitioners about the challenges veterans face in the justice system. All Rise was proud to support the Commission's efforts to provide a blueprint for policy work that properly supports VTCs and, in 2024, endorsed the Veterans Justice Act: A Model Policy Framework.

Next Steps

VTCs are not appropriate for every veteran, as risk of reoffense and service needs vary, but they are a critical component of a community's continuum of care for justice-involved veterans. We are committed to partnering with state and local stakeholders to build and sustain coordinated, multidisciplinary systems of accountability at every stage of justice involvement and across the continuum of care.

Historically, VTCs have most often intervened at initial detainment, arraignment, or the pretrial phase. However, veterans can be effectively intercepted at multiple points: in the community through local law enforcement, at reentry from jail or prison, and within community corrections. The structured, evidence-informed approach that All Rise's Justice for Vets has implemented in jurisdictions nationwide can and should be replicated at these additional intercept points to improve outcomes for veterans and public safety.

As we support communities in building a comprehensive continuum of care for justice-involved veterans, we must address a range of nationwide needs: a central, national hub to develop and disseminate practice guidelines; targeted training, follow-up coaching, and hands-on implementation support for jurisdictions; and robust accountability through readiness assessments, performance metrics, and outcome tracking.

A successful national hub should be anchored by strategic partnerships with institutions of higher learning, including law school veterans legal clinics, military-affiliated student centers, and active local VTCs, to create an integrated ecosystem for rigorous research, practical training, student engagement, and real-world implementation. Such partnerships will expand workforce capacity, strengthen evidence generation, and accelerate replication of proven practices.

The broader impact of a national hub would be substantial: standardizing quality across programs, improving veteran access to behavioral health and social supports, reducing recidivism, generating cost savings for criminal justice and health systems, and enhancing public safety while promoting recovery and stability for veterans. Establishing this multidisciplinary, evidence-driven center is a strategic, high-impact investment we cannot afford to delay.

We ask much of those in uniform, and they ask little in return. All too often, they are the last to ask for help. Veterans treatment courts are not only more effective and efficient forms of justice, but they also help us meet our moral obligation to ensure that veterans receive the benefits and treatment they have earned.

Thank you, Chair Moran, Ranking Member Blumenthal, and committee members, for your time and your commitment to our nation's veterans, including those who are justice-involved. We appreciate your work to help us ensure that no veteran is left behind.

**U.S. Senate Committee on Veterans' Affairs
Hearing on "Programs for Justice-Involved Veterans"**

April 15, 2026

Testimony by

*Lawton R. Nuss
Chief Justice (Ret.), Kansas Supreme Court*

A combat veteran told me he would have been better off being killed in Afghanistan instead of coming home and being arrested for committing a civilian crime. As he described his shame, "I went from hero to villain."

This justice-involved veteran suffered from unhealed PTSD. As has been said about such veterans, the painful paradox is that fighting for one's country can render one unfit to be its citizen.

Fortunately, this veteran later became one of the first graduates of the veterans treatment court (VTC) in Johnson County, Kansas. I will talk more about this and other VTCs in Kansas. I do this because our experience could be a model for how other jurisdictions create and implement new VTCs and enhance existing ones.

Before doing that, let me say two things. First, I am Lawton Nuss, a Marine Corps veteran. Second, I am also the former chief justice of the Kansas Supreme Court — who left the Court with three years remaining in my term so I could devote more time to helping my fellow veterans. Chairman Moran, Ranking Member Blumenthal, and members of the Senate Committee on Veterans' Affairs, I am honored to speak before you today in both of those capacities.

Now to begin. In 2015, Kansas had no VTCs. Today, we have six, and we are working to establish more.

Johnson County was our first one. Some people insisted that because it is our state's wealthiest county (in the Kansas City Metro area), only a few of its veteran residents could possibly have committed crimes. Until someone called the sheriff, and he reported that 60 of his jail inmates were veterans. And that fact helped sell the need for a VTC.

Another VTC obstacle was funding. Some judges approached me, as chief justice and an old Marine, to ask for judicial branch funding. I replied that as much as I wanted to help, we had no funds. But these and other creators were so committed, agreeing to take on extra work for themselves, that they opened the first Kansas VTC in January 2016.

It has been thriving ever since, thanks in substantial part to later grants from the Bureau of Justice Assistance within the Department of Justice. For example, these funds have enabled the

court to broaden the pool of veterans eligible to be admitted to its program. So we thank Congress for those appropriations.

How do we know this VTC has been thriving? Consider that 89 veterans have graduated from the program during the last 10 years, and only five of them have been arrested for committing later crimes. That means 84 have been rehabilitated, a nearly 95% success rate. In other words, those are 84 people who, since their graduation, have stopped eating up any of the limited resources of the criminal justice system. More importantly, they are 84 people who returned to being contributing members of their families, local communities, and American society.

How did Kansas get five more VTCs? For starters, in 2020, the judicial branch hosted a VTC webinar where Chairman Moran and General Tate were some of the presenters. Additionally, the Johnson County VTC encourages all interested groups (from both inside and outside of Kansas) to come watch their court proceedings. And it encourages them to then talk one-on-one with peers, such as the VTC judge with the visiting judge and the VTC probation officer with the visiting probation officer. Along with that, this VTC reminds these visitors not only of how beneficial All Rise's training and technical assistance had been for it but also *will* be for their future VTCs. I participated in three or four of those training sessions in different counties before I joined the All Rise Board of Directors. As a result, I can independently attest to their value.

Also, BJA funding is helping to expand our VTCs statewide. The judicial branch's specialty court program manager and I both get notices from All Rise of BJA's funding opportunities. After discussion, she notifies all courts. She and her grant writer then help interested courts apply for these grants from BJA and other government sources to establish new VTCs and enhance existing ones.

The Kansas judicial branch also hosts a statewide specialty court conference each fall. Additionally, a supreme court justice acts as the specialty court liaison. She, or I, or both, attend the opening ceremonies and graduation ceremonies of our VTCs. And people like Chairman Moran, Congresswoman Sharice Davids, and General Tate accept our invitations to speak there. Because judges and court personnel share their information, word spreads of the supreme court's ongoing support for VTCs.

Admittedly, I can be zealous in this mission. I stay in touch with judges who have expressed interest in VTCs but for one reason or another have not yet created one. I stop by courthouses and check on their status with judges, prosecutors, and defense counsel. I share information about a VA computer program that can verify how many of their criminal defendants are veterans. And I give interviews with the media as well as speeches to lawyers' and judges' groups to encourage VTCs.

To further encourage more VTCs, I emphasize the money saved by avoiding incarceration and instead keeping a veteran in the community under court supervision, with access to rehabilitation. Keeping the veteran out of jail also typically prevents their family from needing public assistance, another cost savings. To judges, prosecutors and others in the criminal justice system, I also emphasize saving the *hidden* costs of recidivism — like the extra time now spent

investigating and arresting the veteran for their new offenses, drafting new charges, and ultimately trying the new cases to judges or juries.

Finally, I want to mention the Kansas Trifecta. Specifically, in Douglas County, which is the home of the University of Kansas (KU), three entities converge to help veterans. KU's campus contains the Lt. Gen. William K. Jones Military-Affiliated Student Center. There, students — including current and former military and their families — can come for services such as support from the VA's VetSuccess on Campus program, connections to campus and VA resources, and guidance and answers regarding GI Bill benefits. They also can enjoy the camaraderie found in a familiar, military-connected environment. The nearby KU Law School also maintains the new Veterans Legal Support Clinic, which offers free legal services to veterans across the state. Completing the trifecta is the new VTC of Douglas County.

Here is an example of how these entities can work together: A student comes to the Jones Student Center to discuss GI Bill education benefits. The Center then learns this veteran has an other-than-honorable (OTH) discharge, affecting their benefits eligibility. As a result, the Center refers them to the Veterans Legal Support Clinic. There, as the Clinic helps the veteran appeal their discharge, it learns of their criminal charges related to substance abuse. And it refers them to its contacts at the VTC. After the student obtains a discharge upgrade and becomes eligible for the GI Bill education benefits (and other VA benefits), the Clinic refers them back to the Center for help in understanding these services and navigating the process. Ideally, with the veteran now freed from these worries, they can focus on graduating from the VTC, where the charges may ultimately be dismissed, and their future made much brighter.

Kansas is demonstrating what it means to serve veterans from numerous angles. Many of these innovations would not be possible without Congressional support. So thank you, again, on behalf of my fellow veterans.

Senate Committee on Veterans' Affairs
Hearing on "Programs for Justice-Involved Veterans"

April 15, 2026

Testimony by

*Corey Schramm,
Veterans Treatment Court Graduate,
Adult Case Manager, Johnson County Mental Health Center, Kansas*

Chair Moran, Ranking Member Blumenthal, and members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to speak with you today. My name is Corey Schramm. I am a husband, a father of two great kids, and a proud veteran of the United States Army. Today, I serve as an adult case manager at the Johnson County Mental Health Center and a member of the Johnson County Criminal Justice Advisory Council.

I am also a grateful graduate of the Johnson County Veterans Treatment Court.

Growing up in Kansas, serving in the military was not just a goal; it was a family tradition. After 9/11, I joined the Army and was soon at Fort Hood, Texas, for my first assignment. Within a few months, I departed for my first deployment to Iraq. I am proud of my service. My battery was hand-selected to fight alongside Marines in Fallujah, and I stayed with the same platoon through all three of my deployments.

I got married after my first deployment. Shortly after my daughter was born, I deployed again. Leaving my family was one of the hardest things I've ever had to do.

In many ways, coming home was even harder.

In Iraq, we had structure and routine; someone was telling us where to be at all times. We knew we had each other's backs, and the mission kept us focused. Back home, I was still learning how to be a husband and a father. Just when I felt I was beginning to build a relationship with my daughter, I would have to leave again. After my final deployment, I tried to adjust to being home, but without the structure of the military, I drifted. I understand now that my drinking and drug use was my way of coping with a life I didn't know how to live.

I was on and off probation a few times, but in June of 2020, things came to a breaking point. I spent five hours in a destructive episode at my house, involving a weapon. I have no memory of the incident, but I woke up charged with a felony and facing incarceration. I didn't know if I would ever be welcomed back in my home again.

For too many veterans, this is where the story ends. But I was fortunate to meet a Veterans Justice Outreach specialist with the VA who introduced me to veterans treatment court. It changed my life and the lives of my wife and children.

I didn't walk into veterans treatment court ready for change. I was angry, and I didn't know who I could trust. But my first day in veterans treatment court happened to be a graduation ceremony. I watched veterans with backgrounds just like mine hug the judge and thank the police officers who arrested them. The graduates were applauded and thanked for their service. It was like nothing I had ever seen before.

The structure I received in veterans treatment court felt comfortable. Like in the military, I knew where I needed to be and what was expected of me. It held me accountable. I felt like part of a unit again.

Through a combination of community-based services and VA care, including treatment and group therapy, I started to see a future for myself and my family. The veterans treatment court team was with me every step of the way. When I needed more support, they were there to provide it. When I stumbled, they held me accountable.

One of the most important parts of veterans treatment court was my mentor, Navy veteran, Rear Admiral Ed Phillips (ret.). He was by my side every step of the way and showed me what recovery could look like.

During the program, I was able to access vocational rehabilitation through the VA to go back to school and get an associate's degree in addiction counseling. I remember sitting at the kitchen table with my daughter doing our homework together. It was one of the small moments that helped us rebuild our relationship. This year, my wife and I will celebrate our 20th wedding anniversary and take our daughter to college at Kansas State University; my son and I are about to attend our sixth NASCAR race at KS Speedway.

When I graduated from veterans treatment court, I was proud but also nervous about losing the structure that had helped me rebuild my life. But the program prepared me for this challenge.

Today, I often return to veterans treatment court to speak to participants and graduates. I do it for the new veteran in the program who might hear my story and know that they can make it through. I'm sharing my story today because I know there are countless veterans out there who are unable to receive the same opportunity I did, because a veterans treatment court is not available to them. My hope is that today's hearing can help change that.

Veterans treatment courts are not a shortcut through the justice system. These programs are rigorous. They demand honesty, discipline, and a willingness to change. But they work.

As you consider the future of veterans treatment courts, I urge you to continue supporting and expanding these programs. Because behind every statistic is a veteran like me; someone who served, who struggled, and who, with the right combination of accountability and support, can find their way back.

Thank you for the opportunity to share my story. I look forward to your questions.



Invited testimony of Brigadier General David "Mac" MacEwen
 Director, Veterans Justice Commission, Council on Criminal Justice
 Before the Senate Veterans Affairs Committee
 April 15, 2025

Thank you Chairman Moran, Ranking Member Blumenthal, and members of the committee for inviting me to speak today.

I am Brigadier General David "Mac" MacEwen. I am the grandson of a WWI veteran, the son of a WWII veteran, the husband of a Cold War veteran, the father-in-law of a veteran of the war in Afghanistan and I served in the Army for 33 years. I retired 11 years ago as the Adjutant General of the United States Army. Veterans and their needs are in my DNA.

I am here today representing the Council on Criminal Justice where I serve as Director of the Veterans Justice Commission. The Council is an independent, nonpartisan think tank and invitational membership organization. Our mission is to advance understanding of the nation's criminal justice policy choices and build consensus for solutions that enhance both safety and justice. Our work is rooted in facts, evidence, and fundamental principles of justice.

In 2022, the Council assembled the Commission to examine the extent and nature of veterans' involvement in the criminal justice system and build consensus for strategies that can improve outcomes from veterans and their families and communities. The Commission assessed the risk factors that drive veterans' justice-system involvement, the adequacy of transitional assistance for military service members as they reenter civilian life, and the effectiveness of the justice system response when veterans break the law. With 15 leaders representing veterans, the military, the Veterans Administration, community advocates, and various sectors of the justice system, the Commission issued three reports that included eleven findings and recommendations, all of which are detailed in this testimony. A summary of reports and recommendations are as follows. Each report and recommendation, with implementation steps, is detailed following the summary.

1. [From Duty to Dignity: Supporting Service Members in Their Transition to Civilian Life](#).¹ (Attached; see pages 8-39.) This report outlines the Commission's findings and three recommendations to ensure more service members transition successfully and avoid contact with the criminal justice system:
 - a. **Recommendation 1:** Make transition a core mission of the Department of Defense



- b. **Recommendation 2:** Integrate evidence-based practices into management of performance issues and specified military justice cases
 - c. **Recommendation 3:** Expand VA eligibility as directed by the GI Bill of 1944 and improve veterans services during transition
- 2. [Honoring Service, Advancing Safety: Supporting Veterans From Arrest Through Sentencing](#).² (Attached; see pages 40-57.) This report provides three recommendations focused on the “front end” of the justice system, from arrest through sentencing, to improve and expand support for veterans in the early stages of the criminal justice process.
 - a. **Recommendation 1:** Improve definition and identification of veterans involved in the criminal justice system
 - b. **Recommendation 2:** Create a continuum of alternatives to prosecution and incarceration for justice-involved veterans
 - c. **Recommendation 3:** Establish a national center on veterans justice to improve justice-involved veterans programs through research and coordination
- 3. [From Confinement to Community: Supporting Successful Veteran Reentry and Employment](#).³ (Attached; see pages 58-82.) To close out the third phase of its work, the Commission issued five recommendations to strengthen resources for veterans during incarceration, reentry, and community supervision.
 - a. **Recommendation 1:** Prioritize the recruiting and hiring of justice-involved veterans
 - b. **Recommendation 2:** Identify and provide VA healthcare to incarcerated veterans
 - c. **Recommendation 3:** Eliminate administrative barriers to housing eligibility and prevent benefit arrearages
 - d. **Recommendation 4:** Evaluate and develop best practices for veterans housing units
 - e. **Recommendation 5:** Create “Second Look” review processes that recognize military service

Research Publications

The Commission also produced several research reports to inform its recommendations and fill critical gaps in understanding of the unique challenges veterans face. These publications include:

1. [From Service Through Reentry: A Preliminary Assessment of Veterans in the Criminal Justice System](#)⁴ (August 2022)



2. [Who's a Veteran? Challenges in Defining and Identifying Veteran Status](#)⁵ (February 2023)
3. [Suicide Among Justice-Involved Veterans: Understanding Risk and Meeting Needs](#)⁶ (September 2023)
4. [From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans](#)⁷ (October 2023)
5. [Unwavering Intent: Congress' Enduring Commitment to Veterans Benefits](#)⁸ (January 2024)
6. [Racial Disparities Among Veterans](#)⁹
7. [Healing on the Inside: A History of Healthcare for Incarcerated Veterans](#)¹⁰ (July 2024)
8. [Reflections: A Conversation With Veterans About Transition and Their Experiences in the Criminal Justice System](#)¹¹ (August 2024)
9. [Exploring Biomarker Technology to Enhance the Diagnosis and Treatment of PTSD in Justice-Involved Veterans](#)¹² (August 2024)
10. [Can Suicide be Predicted for Justice-Involved Veterans? Evaluating the REACH VET Suicide Prediction Model](#)¹³ (December 2024)
11. [Invisible Warriors: Veterans in State Prisons](#)¹⁴ (August 2025)
12. [Falling Through the Cracks: Gaps in Identifying Veterans on Community Supervision](#)¹⁵ (April 2025)
13. [Outcomes from a Jail-Based Veterans Housing Unit](#)¹⁶ (August 2025)

The Commander's Dilemma: The Paradox of Operational Readiness and Transition Support

Each year, about 200,000 service members leave the military. Most transition successfully, but some face challenges. Veterans are more likely than non-veterans to be arrested, and tens of thousands are incarcerated. This involvement is often driven by combat-related trauma, traumatic brain injury, loss of benefits, and gaps in identification and intervention. The way we currently manage struggling veterans undermines recruitment, jeopardizes the health and safety of our veterans, their families, their communities, and ultimately national security.

A critical element of the Commission's plan addresses what the group refers to as the "commander's dilemma," the tension commanders face between maintaining unit readiness versus supporting underperforming service members or supporting transition.

To prioritize operational readiness, commanders look for the fastest way to replace service members who are not available to the unit for transition, disciplinary, or medical reasons. A commander may not have the flexibility to allow an individual to participate in



Congressionally mandated TAP or receive evidence-based support for the kinds of minor disciplinary infractions seen in the civilian justice system. Instead, the system defaults to granting administrative discharges. An other-than-honorable discharge is an administrative death sentence, locking service members out of benefits that support a smooth transition.

In recent years, innovations such as veterans treatment courts (VTCs) and veteran-only housing units in jails and prisons have emerged, seeking to improve support for former service members through specialized approaches. The Veterans Administration (VA), whose mission is to provide care and support for veterans and their families, has launched efforts to help justice agencies better identify veterans and to facilitate their access to programming. But many challenges—and opportunities—remain.

When veterans enter the civilian criminal justice system, they confront a patchwork of interventions. These programs vary substantially across jurisdictions, and many fall through the cracks. VTC's have been a pioneering, life-saving intervention for thousands of veterans, yet despite their expansion, the 600 such courts currently operating across the country vary widely in their approaches to legal incentives (e.g., allowing an individual to avoid a record of conviction) and eligibility.¹⁷ For example, a national survey of VTCs found that nearly 60% exclude veterans with at least one type of violent felony charge, while 35% do not permit veterans with "bad paper."¹⁸

The Commission developed a complementary policy framework for those without access to a VTC.¹⁹ The American Legislative Exchange Council has adopted it, and it is under consideration in several states.

The Commission also proposed a National Center on Veterans Justice. Congress authorized \$4 million for the Center in January and we are grateful. The Center should act as a hub for improving the success of justice-involved veterans by identifying and replicating best practices across the country and establishing proper program evaluation to invest in what works. If implemented properly, the Center can greatly improve how the justice system treats the unique cases of the nation's veterans.

The Commission's chair, Vietnam veteran and former senator and U.S. Secretary of Defense Charles Hagel, summarized the issue well:

"Too many veterans are ending up in our criminal justice system, and while they must be held accountable for their behavior, our nation has a responsibility to honor their service and help them address the factors that often drive them to break the law."



So, too, did Commission member Leon Panetta, who is a U.S. army veteran and former congressman and U.S. Secretary of Defense:

"We can and must do better for the men and women who put their lives at risk to serve our nation."

Most veterans return stronger from their service, but too many still need our help. It is nothing short of tragic that those who once wore the cloth of our nation now wear the cloth of incarceration. We sent them. We used them. Now we must do better and stand by them, ensuring they have the support to return their families, communities, and country.

Thank you.

¹ Council on Criminal Justice. (2024). From Duty to Dignity: Supporting Service Members in Their Transition to Civilian Life. Council on Criminal Justice.

<https://vjc.counciloncj.org/vjc-reports/transition>

² Council on Criminal Justice. (2023). Honoring Service, Advancing Safety: Supporting Veterans From Arrest Through Sentencing. Council on Criminal Justice.

<https://vjc.counciloncj.org/vjc-reports/arrest-through-sentencing>

³ Council on Criminal Justice (2022). From Service Through Reentry: A Preliminary Assessment of Veterans in the Criminal Justice System. Council on Criminal Justice.

<https://secure.counciloncj.org/np/viewDocument?orgId=counciloncj&id=2c918082829f83c70182b7c346ea0177>

⁴ Council on Criminal Justice (2022). From Service Through Reentry: A Preliminary Assessment of Veterans in the Criminal Justice System. Council on Criminal Justice.

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⁵ Seamone, E. R. (2023). Who's a veteran? Challenges in defining and identifying veteran status. Council on Criminal Justice. https://counciloncj.org/wp-content/uploads/2023/02/Whos_A_Veteran_Final.pdf

⁶ Holliday, R. (2023). Suicide Among Justice-Involved Veterans: Understanding Risk and Meeting Needs. Council on Criminal Justice. <https://counciloncj.org/suicide-among-justice-involved-veterans-understanding-risk-and-meeting-needs/>

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- ⁷ Orak, U. (2023). From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans. Council on Criminal Justice. <https://counciloncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/>
- ⁸ Mulligan, L. (2024). Unwavering Intent: Congress' Enduring Commitment to Veterans Benefits. Council on Criminal Justice. <https://counciloncj.org/unwavering-intent-congress-enduring-commitment-to-veterans-benefits/>
- ⁹ Council on Criminal Justice (n.d.). Racial Disparities Among Veterans. Council on Criminal Justice. <https://counciloncj.org/racial-disparities-among-veterans/>
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- ¹¹ Howley, S., Diba Rouzbahani and Stephanie Kennedy. (2024). Reflections: A Conversation With Veterans About Transition and Their Experiences in the Criminal Justice System. Council on Criminal Justice. Council on Criminal Justice. <https://vjc.counciloncj.org/reflections/>
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- ¹³ Harris, A. H. S., Andrea K. Finlay, and Esther L. Meerwijk. (2024). Can Suicide be Predicted for Justice-Involved Veterans? Evaluating the REACH VET Suicide Prediction Model. Council on Criminal Justice. <https://counciloncj.org/can-suicide-be-predicted-for-justice-involved-veterans/>
- ¹⁴ Hawken, A., Sandy Felkey Mullins, Lina Cook, and Elena Pereira. (2025). Invisible Warriors: Veterans in State Prisons. Council on Criminal Justice. <https://counciloncj.org/invisible-warriors-veterans-in-state-prisons/>
- ¹⁵ Mullins, S. F., Lina Cook, and Angela Hawken. (2025). Falling Through the Cracks: Gaps in Identifying Veterans on Community Supervision. Council on Criminal Justice. <https://counciloncj.org/falling-through-the-cracks/>
- ¹⁶ Cook, L., Sandy Felkey Mullins, Josh Doerner, Marlee Sherrod, and Angela Hawken. (2025). Outcomes from a Jail-Based Veterans Housing Unit. Council on Criminal Justice. <https://counciloncj.org/outcomes-from-a-jail-based-veterans-housing-unit/>

¹⁷ Note that the VA's method of counting differs from that of the National Drug Court Resource Center, which reported 495 VTCs nationwide as of 12/31/2021. See: National Drug Court Resource Center. (2022). *Treatment court maps*. <https://ndcrc.org/interactive-maps/>

¹⁸ Bad paper discharges refer to individuals who receive either an administrative "other than honorable" discharge or a punitive bad-conduct discharge. For statistics on exclusions within VTCs, see: Baldwin, J. (2015). Investigating the programmatic attack: A national survey of veterans treatment courts. *Journal of Criminal Law & Criminology*, 105(3), 705-751. <https://scholarlycommons.law.northwestern.edu/jclc/vol105/iss3/4/>

¹⁹ Council on Criminal Justice (n.d.). Alternatives to Prosecution and Incarceration for Justice-Involved Veterans: A Model Policy Framework. Council on Criminal Justice. <https://vjc.counciloncj.org/vjc-reports/model-policy-framework>

Report 1 – From Duty to Dignity: Supporting Service Members in Their Transition to Civilian Life

Introduction

Research shows that the challenges veterans face during their transition from military to civilian life can lead to contact with the criminal justice system. The military has made important changes in support of more successful reintegration, including the creation of the Transition Assistance Program (TAP). Despite these efforts, transition is still not treated as a priority by the Department of Defense. The result is a fragmented and under-resourced system that leaves too many service members ill-prepared for civilian life. This lack of preparation increases their vulnerability to involvement in the criminal justice system. Consider the experiences of veterans who have moved through the military in recent years. Many joined the armed forces following the 9/11 terrorist attacks, a period when our country experienced the biggest jump in military recruitment since Pearl Harbor.⁴ These men and women comprise a new generation of veterans, a group that is younger, more racially diverse, and more likely to have experienced trauma prior to their military enlistment,⁵ all factors associated with an increased likelihood of encountering the criminal justice system.

During their service, this generation of veterans underwent historically high rates of multiple deployments and combat exposure,⁶ experiences that have been consistently linked to the development of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).⁷ As many struggled with the effects of these conditions, the military increasingly turned to prescription drug treatment, as evidenced by the fourfold increase in the prescription of drugs for service members between 2001 and 2009.⁸ That reliance reflects the military's shortage of mental health workers, which requires service members to endure long waits for cognitive behavioral therapy and other care. One recent report found that 43% of behavioral healthcare jobs in the Defense Health Agency were vacant as of January 2023. The shift to heavier use of prescription drugs came in tandem with the documented culture of excessive alcohol use within the military.⁹ Each of these factors—PTSD, TBI, and Substance Use Disorder (SUD)—are linked to poor performance during service and criminal justice involvement after it.¹⁰ In recent years, commanders have increasingly relied on other than honorable discharges¹¹ to deal with performance issues, using these discharges to quickly remove service members whom they believe may jeopardize mission readiness.¹² Just 1% of World War II veterans received an other than honorable discharge, but 5.8% of post-9/11 service

members received the designation, representing more than 100,000 veterans discharged between 2003 and 2013.¹³

As a result of the rising use of this discharge characterization, a much larger share of post-9/11 veterans start their transition to civilian life without access to health care and other services from the Department of Veterans Affairs (VA). This denial is in direct conflict with legislation passed by Congress that codified the receipt of VA services for veterans with other than honorable discharges.¹⁴ Lacking benefits and care, post-9/11 veterans who received an other than honorable discharge have been found to be at increased risk of homelessness, suicide, and criminal justice system involvement.¹⁵ For example, while other than honorable discharges comprise approximately 6% of all discharges, they make up 18% of the discharges held by incarcerated veterans.

While other than honorable discharges are disproportionately represented among justice-involved veterans, those not assigned such a discharge still face a variety of other challenges in their transition out of the military. One reason may be that 70% of recent service members¹⁶ start their transition process less than a year before their separation from the armed forces, a timeline deemed too short under the military's own guidelines.¹⁷ In addition, many service members do not attend a class the military offers to ease their return to civilian life. In identifying service members' readiness for transition, the military classified 41% of all service members who transitioned between April 2021 and March 2022 as not fully prepared.¹⁸ Though a classification of "not fully prepared" is supposed to mandate attendance at a two-day class as part of the Transition Assistance Program (TAP), 22% of those identified as the least prepared to transition do not attend this required course.¹⁹ Even if they do attend, it is not clear that the program is effective, as TAP lacks a robust evaluation.

Given that many post-9/11 veterans lack VA services and did not receive much formal transitional support, it is not surprising that they are more likely than previous generations to report difficulties with their reentry to civilian life.²⁰ They are also more likely than non-veterans to end up in prison. This sets them apart from previous generations of veterans, who were less likely than their civilian counterparts to become incarcerated.²¹ In response to these troubling findings, the Council on Criminal Justice Veterans Justice Commission has developed three recommendations designed to improve the transition from military to civilian life, ensure more service members transition successfully, and reduce the number of veterans who land in the criminal justice system.²² Each recommendation is accompanied by a summary of findings as well as a list of detailed actions to guide implementation. To be clear: The Commission understands that there is a cost associated with adopting these changes, but we also

recognize the high cost of failing to do so. One estimate puts the cost of violent crime stemming from post-9/11 combat exposure at \$26.4 billion.²³ Combined with public expenditures associated with veterans' additional mental and physical health conditions, this figure represents just a sliver of the total costs incurred by federal, state, and local jurisdictions as they contend with the legacy of the military's insufficient support for the transition phase. As a Commission, we believe Congress and the executive branch must end the failed status quo, codify these recommendations, and engage in strong oversight to ensure these changes serve all future veterans. We stand ready and willing to provide technical assistance to aid this endeavor.

Recommendation 1. Make Transition a Core Mission of the Department of Defense

Summary of Findings: The nation's defense and veterans agencies are not identifying and adequately supporting vulnerable service members as they transition from military to civilian life, leaving many with untreated conditions that increase their risk of criminal behavior and other negative outcomes,

Recommendation: The Department of Defense should make successful transition a core priority mission and ensure this mission is conducted in coordination with the Department of Veterans Affairs, the Department of Labor, the Office of Personnel Management, the Small Business Administration, the Department of Education, and state and local public and private veterans agencies and Veteran Service Organizations/Non-Governmental Organizations

Detailed Findings:

The Commander's Dilemma

The military's insufficient emphasis on transition is manifested in its most crucial form among commanders, or those individuals tasked with leading military operations, organizations, and personnel. In short, supporting transition conflicts with these commanders' primary and most essential responsibility—maintaining mission readiness. When service members are valuable contributors to their units, the need to keep them on duty can seem of greater importance to a commander than the service member's post-military future. One example of this dilemma relates to service members' participation in a Department of Defense (DoD) program such as SkillBridge, which provides participants with work experience through job training, internships, or apprenticeships.²⁵ Participation in SkillBridge often requires a service member to spend

180 days away from the unit without a replacement. Some service members report²⁶ that commanders deny SkillBridge requests because of the importance of maintaining mission readiness, although data documenting reasons for such denials has not been systematically collected. A recent report from the Government Accountability Office (GAO)²⁷ found that service members face similar barriers when seeking access to the Transition Assistance Program (TAP), which may explain why so few complete this required program on time.

Low Prioritization

The federal government's current allocation of resources exemplifies the lack of emphasis placed on transition. While the DoD has budgeted more than \$2 billion for recruitment for 2024, just \$160 million was dedicated to TAP,²⁸ the DoD's program to help service members reenter civilian life. This imbalance underscores a problematic "recruit and replace" model²⁹ that has persisted in the military for decades, and the repercussions ripple across the country. Specifically, states and cities bear the costs associated with poorly managed transitions, such as untreated mental health issues, substance abuse, and criminal behavior. One study estimates a \$26.4-billion cumulative price tag just for violent crime resulting from post-9/11 combat exposure.³⁰

Jeopardizing Recruitment and National Security

The inadequate support for transition has immediate consequences for individual service members, such as high rates of suicide in the first year following transition.³¹ It also poses a long-term threat to the military's recruitment strategy. This is no small matter given the nation's current recruitment struggles, which have led to the smallest U.S. military force in more than 80 years.³² Over the last three years, the total number of service members has dropped by 64,000, down to 1,284,500, and lawmakers have blamed the reduction not on decreasing threats to national security, but on the growing difficulty of persuading young people to enlist. This decline in the size of the military makes a robust transition support system a strategic and national security necessity as well as an imperative for service members and their families and communities. When service members experience a seamless transition into civilian life, they are more likely to speak positively about their military experience,³³ becoming hometown recruiters for the armed forces and influential advocates for service. By contrast, the current dearth of effective transition programs helps perpetuate a disheartening trend, with veterans increasingly less inclined to encourage others within their networks to enlist.³⁴ A survey

conducted in 2021 documented this waning enthusiasm, finding that 63% of service members, veterans, retirees, and dependents would recommend military life to someone considering it, down from 75% in 2019.³⁵ By investing in and prioritizing transition support, the military can reverse this negative trajectory and foster a culture that makes veterans eager to actively promote military service as a viable and fulfilling career option. Such a reversal is essential to boost military recruitment numbers and ensure the reliable defense of our national security.

Disciplinary Issues Stemming from Service-Related Injuries

Since World War II, the fivefold increase in those receiving other than honorable discharges suggests that commanders are increasingly using these discharges to handle troops who are not performing to standard or who have disciplinary issues. Research has shown³⁶ that a disproportionate share of service members with other than honorable discharges have experienced military sexual trauma (MST) and/or suffer from PTSD or other mental health conditions,³⁷ traumatic brain injury (TBI), and substance use disorder (SUD), which may explain their poor performance. For example, one study of 443,000 veterans who deployed to Iraq or Afghanistan found that 45% of those discharged for misconduct were diagnosed with at least one mental health condition or SUD, compared to 20% of those discharged under routine conditions.³⁸

While the evidence clearly shows that commanders are increasingly turning to these discharges, it is not clear that they understand the consequences of doing so. Most importantly, these discharges result in a lifetime denial of essential VA care and benefits. Of the 122,000 service members separated for misconduct between 2001 and 2013, 117,000 were not recognized by the VA (and thus, were excluded from VA care and other benefits) because of their discharge characterization.³⁹ While this denial of benefits is likely intended to deter misbehavior, it also creates a paradox, wherein many of the veterans who are suffering from the invisible wounds of war and are most in need of targeted assistance are those least likely to receive it. Exemplifying this issue, recent evidence has found that service members are experiencing brain injuries due to exposure to blasts from their own weapons,⁴⁰ and then are frequently denied health benefits due to substance use, aggression, or other behavior stemming from these injuries. The results are alarming. Research shows that veterans with other than honorable discharges are three times more likely to be at risk of suicide⁴¹ than veterans who receive honorable

discharges. Similarly, veterans with other than honorable discharges face elevated rates of homelessness and incarceration.⁴²

Fragmented Leadership

There is no single primary entity or person accountable for the effectiveness of transition efforts. Several federal agencies have responsibilities for transition, including the DoD, VA, Department of Labor, Small Business Administration, Department of Homeland Security, and the Department of Education. However, the absence of a sole responsible entity to coordinate transition creates problems. While recent efforts have improved communication between agencies, those tasked with transition often fail to collaborate; as a result, some transitioning service members fail to receive mental health treatment and suicide prevention resources.⁴³ Executive Order 13822, issued in 2018,⁴⁴ called on the DoD, VA, and Department of Homeland Security to create a joint action plan to provide seamless access to treatment and services to address this issue. But an evaluation⁴⁵ of this plan in 2021 revealed ongoing challenges. These are perhaps best illustrated by the persistently high suicide rate among veterans, with an estimated 17⁴⁶ to 24⁴⁷ dying by suicide each day, a value that varies based on how service members are defined.

TAP Issues and the Lack of a Proper Risk Assessment Model

The decentralized approach to transition is also reflected in TAP, the DoD's primary program to help service members reenter civilian life. In a recent change to TAP, all service members are now evaluated for their level of preparedness for transition at the beginning of the program.⁴⁸ While this move to identify service members at greatest risk of failing in transition is commendable, the large number of entities responsible for managing the transition process remains a problem. In particular, each service branch is responsible for assessing transition preparedness, which has resulted in varying procedures and the inconsistent identification⁴⁹ of those most at risk. In addition, the military's response for those service members identified as being at the greatest risk is to require attendance at a two-day course to address their needs. Even if that requirement were a sufficient response, data indicate that more than one in five at-risk service members do not complete the course, and the military provides no additional interventions or services. This process deviates substantially from the principles underlying evidence-based risk assessments,⁵⁰ which emphasize the consistent identification of those most at risk. Moreover, the different identification methods

across the branches do not appear to draw on known risk factors for poor outcomes in civilian life, such as PTSD, TBI, MST, SUD, and other behavioral health conditions.⁵¹ Notably, information on the presence of such factors is collected by the DoD, meaning that the department has the necessary data to create and validate a risk-need assessment tool capable of identifying the service members most at risk of facing challenges in transition (e.g., suicide, criminal justice involvement). In short, the DoD has the tools and data to implement an evidence-based risk assessment among transitioning service members to identify those most at-risk and connect those individuals to services designed to effectively meet their needs, but is not doing so.

Failure to Coordinate with On-the-Ground Entities

Non-governmental organizations and state and local governments attempt to fill gaps in transition services but generally lack the necessary resources, expertise, and data to evaluate their effectiveness. State Departments of Veterans Affairs and local government offices offer transition assistance, but these efforts vary widely in services provided and whether those services are based on evidence or even evaluated. Similarly, because of a lack of coordination between federal agencies and these state and local entities, communities are unable to identify transitioning veterans and provide needed programs and services.⁵² Local non-profit organizations that assist in transition face similar challenges. These organizations tailor programs and services to the needs of the veterans in their communities. While this work has led to the development of promising and innovative smaller-scale programs, these programs may not be relevant to transitioning veterans in other communities. Additionally, many organizations lack the funding to conduct pilot programs, feasibility studies, or rigorous evaluations to identify the core program components that are effective and could be replicated in other communities.

Implementation Steps:

1. ***Congress and the President should establish an Under Secretary of Defense for Transition, mitigating the issue of fragmented delivery of services and creating accountability in one office.***
 - a. Enhancing the coordination of information, data, and best practices between and among programs serving justice-involved veterans.
 - b. Identifying research gaps in veterans' programs.

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- c. Funding original research and technical assistance to fill those gaps and encouraging programmatic innovation to expand evidence-based practice for justice-involved veteran interventions.
2. ***Congress should mandate that the DoD, through this new Under Secretary, create, validate, and implement a validated risk-needs assessment that identifies service members at highest risk for post-transition problems associated with criminal justice system involvement (e.g., the risk of suicide, homelessness, SUD, or mental health disorders).***
- a. This risk-needs assessment should be based on standardized data and processes and follow established evidence-based practices for the development, validation, and implementation of risk-need assessments.⁵³
 - i. Where possible, these assessments should rely on automated processes and objective data, ensuring greater consistency and efficiency in the identification of at-risk service members.⁵⁴
 - b. These risk-needs assessments should be completed for all service members voluntarily leaving military service 180 days prior to their scheduled transition date. (See (3)(j) for the transition process needed for service members undergoing an involuntary separation.)
3. ***Congress should mandate that the DoD establish regional Joint Transition Centers in the contiguous United States to ensure adequate time and resources are provided to transitioning service members.⁵⁵ These residential centers should employ highly trained personnel, preferably located near VA resources. This will alleviate the inconsistencies in programming and delivery of service and provide efficiencies in scale and distribution of resources. Further, Joint Transition Centers should make use of the best-known online tools for programming and telehealth, along with support for housing and employment.***
- a. Senior officials from DoD, VA, and DOL should be on the staff of each Joint Transition Center, ensuring significant effort and support from each department.⁵⁶
 - b. The utilization of the Joint Transition Centers by service members should be based on the results of their risk-needs assessment described above. At 90 days before transition:

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- i. Those identified as low risk should remain in their current station, complete an online transition course through the Joint Transition Centers, and be connected to evidence-based Veterans Service Organizations/Non-Governmental Organizations, such as Onward Ops, VECTR or the REBOOT Workshop, to help prepare them for transition.⁵⁷
 - ii. Those identified as medium risk should be transferred to a Joint Transition Center or complete transition in their assigned unit with individualized assistance, care, and coordination through the Joint Transition Center.
 - iii. Those identified as high risk should be transferred to a Joint Transition Center to complete their transition.
 - c. Service members who are transferred to a Joint Transition Center should be moved to a temporary status in accordance with the rules of their military branch and placed in the temporary roster of their branch.⁵⁸
 - i. This personnel reform is intended to ensure the mitigation of the commander's dilemma and must be implemented in this manner, for that purpose.
 - d. Service members facing general or special court-martial proceedings should remain under the command and authority of the convening authority and not be transferred to a Joint Transition Center. If there is a conviction, any transition programming following the court-martial proceeding should be provided only when appropriate under circumstances determined at the discretion of the military judge. If there is no conviction but there is a subsequent administrative separation, the appropriate commander should retain discretion.
 - i. Prior to the referral of charges to a general or special court-martial, each service member should be evaluated by a mental health professional to determine if evidence-based practices, as listed below in Recommendation 2, could result in treatment and retraining, unless it is waived in writing by the service member after consultation with defense counsel.

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- e. When service members are transferred to a Joint Transition Center, sole authority to determine the daily duties of the service members should be assumed by Joint Transition Center officials, rather than remaining with the service member's prior commander. (This removes the conflict involving commander's dual responsibilities for maintaining mission-readiness and supporting transition.)
 - i. Responsibility for discharge status should similarly move to Joint Transition Center officials, though input from the prior commander should be considered.
 - ii. Responsibility for SkillBridge and similar transition programs and requests should similarly be moved to Joint Transition Center officials, though input from the sending commander should be considered.
 - f. Joint Transition Centers should coordinate specialized diagnostics and evidence-based cognitive behavioral therapy, medical treatment, mental health care, and substance use disorder treatment with other facilities.
 - i. When possible, Joint Transition Centers should be located near existing entities that provide evidence-based healthcare for veterans, such as Cohen Veteran Network clinics⁵⁹ or VA hospitals.
 - ii. The scope of the VA should be revised to allow the VA to assist in the transition care plan for these service members.
 - iii. Joint Transition Centers should have the authority to extend a service member's time at the center to allow for appropriate programs (e.g., SkillBridge) and treatment.
 - iv. When health professionals deem it appropriate for a service member's care, family members should be involved in the treatment, including through mechanisms such as telehealth.
 - g. Joint Transition Centers should develop an individualized case plan for each service member based on the results of the member's risk-needs assessment and should offer evidence-based programs designed to address their specific risks and needs.
 - i. The goal of a service member's time at the Joint Transition Center should be the completion of this individualized case plan.

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- ii. Joint Transition Centers should develop public-private partnerships with NGOs offering transition services, such as Onward Ops, VECTR, or the REBOOT Workshop, to develop the case plans and provide evidence-based programming.
 - (1) Such partnerships should rely on evidence-based programs with a record of effectiveness; alternatively, the NGO should permit evaluation of the programs' effectiveness.
 - h. Joint Transition Centers should validate the location where the service member intends to live after discharge and ensure electronic transfer of information to state and local public VSOs.
 - i. Joint Transition Centers should work with state and local public VSOs to create appropriate memorandums of understanding to allow for this electronic transfer of information.
 - (1) Service members should be allowed to opt out of this electronic transfer of their information to state and local VSOs.
 - ii. When possible, transitioning service members should be placed in a Joint Transition Center that is as close as possible to where they intend to live after discharge, reducing the number of distant relocations.
 - i. DoD should target service members at Joint Transition Centers for intra-branch, cross-branch, Reserve, and National Guard retention, as some individuals may wish to continue serving the nation and the services may favor their reenlistment.
 - j. All service members given an involuntary separation (e.g., medical, misconduct, or administrative) should transfer to a Joint Transition Center 90 days before their separation date.
 - i. At the Joint Transition Center, these service members should undergo evidence-based medical and mental health screening and treatment, as well as evidence-based programming, with the goal of potentially continuing their service following program completion.
 - k. When possible, Joint Transition Centers should repurpose existing facilities, including the use of closed public and private facilities.

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- l.* Congress should provide funds to promote Joint Transition Center success:
 - i.* This should include grants for NGOs working with Joint Transition Centers to promote the use of evidence-based practices, innovation, and evaluation.
 - ii.* Funding should also be provided to evaluate and improve the effectiveness of the Joint Transition Center process.
 - iii.* Relevant federal agencies should collaborate with the Joint Transition Centers to identify appropriate programs and evaluation criteria.
 - m.* To ensure the reforms identified above become part of federal policy and withstand agency leadership changes:
 - i.* Congress should include these reforms in the United States Code.
 - ii.* Congress should give DoD broad statutory authority to implement these reforms and ensure accountability for cooperation and performance by all associated federal agencies.
 - n.* Congress should employ oversight powers to ensure that the DoD complies with these new provisions.

Recommendation 2. Integrate Evidence-Based Practices Into Management of Performance Issues and Specified Military Justice Cases

Summary of Findings: The military's punitive approach to performance issues and certain military justice cases stands in stark contrast to best practices in the civilian criminal justice field, where emphasis is placed on providing evidence-based rehabilitative services to individuals with the highest risk and need.

Recommendation: The Department of Defense should integrate evidence-based practices into its management of performance issues and specified military justice cases to promote the retention, treatment, and healing of active-duty and National Guard/Reserve service members.⁷⁹

Detailed Findings:

When service members fall short of performance standards, commanders find themselves with limited options to address problematic behavior; many resolve this dilemma by turning to the military justice system or administrative separations. While commanders must be able to maintain order and discipline to accomplish their assigned missions, this approach emphasizes punishment and swift removal and leaves little room for rehabilitation and retention. Indeed, one result of the military justice and administrative separation processes is that veterans can be denied care for an injury that was sustained in service of their country and caused the misconduct that led to their removal. These dynamics potentially endanger the life of the service member, put the service member's family and community at risk, and increase the likelihood of criminal justice system contact. This use of punitive measures is particularly problematic because individuals failing to meet performance standards are disproportionately more likely to be suffering from the invisible wounds of war, including conditions such as PTSD, TBI, SUD, MST, and mental health challenges.⁶⁰ As noted earlier, this issue has been highlighted recently by evidence of service members experiencing brain injuries due to exposure to blasts from their own weapons,⁶¹ and subsequently being denied health benefits due to behavior stemming from these injuries, such as increased levels of violence and aggression. While direct causal evidence linking a lack of VA care and benefits to justice system engagement has not been established, compelling reasons suggest a correlation. Research indicates that veterans without VA care tend to experience poorer health outcomes, particularly in the treatment of conditions that disproportionately affect veterans, such as PTSD, TBI, and MST.⁶² Given the heightened likelihood of multiple deployments, combat exposure, and associated injuries like PTSD, TBI, and MST in the post-9/11 generation of veterans, the absence of robust care increases the risk of insufficient treatment for these conditions,⁶³ leading, in turn, to an increased risk of violent and criminal behavior.⁶⁴ Veterans lacking VA care and benefits also are more likely to face financial insecurity,⁶⁵ a factor that has been linked to a greater propensity for criminal behavior.⁶⁶

Compounding these challenges are cultural issues within the military, such as a prevalent culture of excessive alcohol use⁶⁷ and an increasing reliance on prescription medication in the absence of sufficient behavioral health care resources.⁶⁸ These factors contribute to a complex web of challenges that affect the mental and physical well-being of service members and may lead to performance issues that are currently handled through the military justice system or administrative separations. In addition, evidence suggests that the military justice system and administrative separations⁶⁹ disproportionately affect lesbian, gay, bisexual, transgender, and queer service members, as well as service members of color, leading to the lifetime denial of VA benefits and services to these

veterans.⁷⁰ The use of punitive measures can lead to multiple poor outcomes. Evidence shows that veterans who receive other than honorable discharges are three times more likely than those without such a discharge designation to be at risk of suicide.⁷¹ Moreover, while only 6% of all veterans receive an other than honorable discharge, roughly 18% of incarcerated veterans are assigned this discharge characterization.⁷² Similarly, veterans with less than honorable discharges are more likely to experience homelessness and a range of behavioral and mental health challenges, issues of particular concern today given the 7% rise in the number of homeless veterans seen in the U.S. from 2022 to 2023.⁷³ A recent book on the invisible wounds of war⁷⁴ describes one impact of these challenges as a “military misconduct Catch-22”, wherein “it is simply too late to obtain treatment for military offenders with ongoing mental health needs because military offenders are too far along the pathway to punitive or administrative separation.” Furthermore, the application of punitive measures means the military is discharging thousands of service members annually at a time when maintaining adequate force levels is a significant challenge, with the total number of service members recently dropping to its lowest level in 80 years.⁷⁵

The military’s current punitive approach stands in stark contrast to best practices in the civilian criminal justice field, where emphasis is placed on providing evidence-based rehabilitative services to individuals with the highest risk and need.⁷⁶ These evidence-based practices recognize that such an approach provides the greatest economic and public safety benefits, preventing individuals from cycling in and out of the criminal justice system due to unaddressed issues that drive criminal behavior, and reducing the costs associated with this behavior.⁷⁷ For example, the current 4,000 treatment courts in operation serve more than 150,000 people each year, leading to a 58% reduction while saving taxpayers \$6,000 per treatment court participant.⁷⁸ By integrating evidence-based practices into its management of service members with behavior and performance issues, the military can support the well-being of individuals who have served their country, reduce the number of veterans who land in the criminal justice system, increase retention, and improve the strength and readiness of its overall force.

Implementation Steps:

- 1. *In eligible military justice cases, prior to the referral of charges to a general or special court-martial, each service member should be evaluated by healthcare professionals to determine whether evidence-based interventions could result in treatment and retraining, unless it is waived in writing by the service member after consultation with defense counsel.***

- a. Commanders or prosecutors should retain discretion over referral to a court-martial, but consideration should be given to amenability to treatment and the availability of evidence-based resources.
 - b. Eligible military justice cases should involve offenses that would normally be probation eligible in the civilian sector.
2. ***Congress should require the Department of Defense to identify and enable the use of evidence-based practices for eligible disciplinary and performance issues, allowing operational force commanders to rehabilitate and retain service members who are on active-duty or in National Guard/Reserve units.***
 - a. These practices should be consistent with evidence-based civilian accountability court practices (e.g. drug courts), such as the use of case planning, treatment, and supervision.⁸⁰
 - i. Eligibility criteria for this intervention should similarly be established in accordance with evidence-based civilian accountability court practices.⁸¹
 - ii. The military should create these court systems and/or should allow for partnerships with existing civilian accountability courts to operate these programs.
 - b. When a service member successfully completes a program, they should be allowed to return to service.⁸²
3. ***Congress should fund a study to explore whether administrative separations and military justice are used disproportionately across the dimensions of race, ethnicity, gender, and sexual orientation.***
4. ***Congress should employ oversight powers to ensure that the DoD complies with these new provisions.***

Recommendation 3. Expand VA Eligibility as Directed by the GI Bill of 1944 and Improve Veterans Services During Transition

Summary of Findings: Many service members transitioning out of the military fail to access VA healthcare and other vital services post-discharge, with some declared ineligible due to discharge status or incarceration and others deterred by a complex benefit enrollment process. While there is no direct evidence connecting a lack of VA benefits to justice system involvement, research suggests that veterans without VA care tend to experience poorer health outcomes, particularly those involving PTSD and

traumatic brain injuries. Such conditions, if untreated, have been linked to a greater propensity for criminal behavior.

Recommendation: The Department of Veterans Affairs (VA) should adopt regulations that follow the plain text of the 1944 GI Bill by providing VA eligibility to all former service members not discharged under dishonorable conditions, and Congress should mandate automated, nationwide enrollment in VA health care for all eligible transitioning service members.

Detailed Findings:

Many service members undergoing transition face significant challenges in accessing vital VA services post-discharge. Statistics show that just 44% of veterans are enrolled in health care provided by the VA,⁸³ indicating a substantial gap in service utilization. Multiple factors may explain this gap, from ineligibility for care because of discharge characterization or incarceration to a personal preference for another source of care (e.g., private health insurance). One key barrier to VA services is the absence of automated and immediate enrollment into care and benefits following transition, forcing service members to engage in a complex process to obtain care. The lack of a streamlined enrollment process creates a gap in care for service members as they leave active duty and reenter civilian life. While discontinuity of care undermines outcomes across populations,⁸⁴ it is of particular concern for service members during the initial year post-transition, when they are at a uniquely high risk for suicide.⁸⁵ Addressing this gap in enrollment is imperative to ensure transitioning veterans receive uninterrupted support during this vulnerable period.

Incomplete Electronic Health Modernization

The discontinuity of care during transition has been exacerbated by difficulties in updating the systems for veterans' health records. The National Defense Authorization Act, passed by Congress and implemented in 2008, directed the DoD and VA to jointly develop and roll out a common electronic health record system to connect VA medical facilities with the DoD, the U.S. Coast Guard, and participating community care providers. The goal was to allow clinicians to easily access a veteran's full medical history in one location, recognizing that the accuracy and portability of service members' health records from DoD to VA facilities is critical to facilitating consistent, quality health care and support throughout a veteran's transition to civilian life.⁸⁶ Unfortunately, this effort, known as the Electronic Health Record Modernization,⁸⁷ has been unsuccessful, with the

VA announcing in April 2023 that it was halting additional rollouts of its electronic health records.⁸⁸ As a result, VA providers may still face difficulties in accessing the full health history of veterans, making continuity of care a challenge.

Lack of Alignment With 1944 GI Bill of Rights

Another impediment to support is the denial of VA services based on discharge status, a practice at odds with the legislative framework governing VA eligibility.⁸⁹ In the 1944 G.I. Bill of Rights, Congress explicitly wrote that individuals who were not discharged under dishonorable conditions⁹⁰ should be eligible for VA care and benefits. However, the VA's implementation has not aligned with this plain text, resulting in the unlawful denial of services to hundreds of thousands of veterans with other than honorable discharges. As noted above, individuals receiving other than honorable discharges are disproportionately represented among justice-involved veterans, making up 6% of all discharges but 18% of all incarcerated veterans.⁹¹

In 2015, a group of legal experts petitioned the VA to align its eligibility requirements with the GI Bill's language.⁹² Despite pointing out the urgency of the issue by noting that the VA's interpretation of the law meant it was excluding more veterans from VA benefits than at any time in U.S. history, the petitioners have yet to receive a final rule in response. While the VA has taken some actions, such as seeking more public comments on the rule, the petition remains without a final response more than eight years after it was submitted. As noted earlier, while direct causal evidence linking a lack of VA care and benefits to justice system engagement is not established, research indicates that veterans without such care tend to experience poorer health outcomes,⁹³ particularly those involving conditions that disproportionately affect veterans (e.g., PTSD, TBI, and MST). Given the heightened likelihood of multiple deployments, combat exposure, and associated injuries like PTSD, TBI, and MST in the post-9/11 generation of veterans, the absence of robust care increases the risk that these conditions will not be sufficiently treated,⁹⁴ therefore leading to an elevated likelihood of violent and criminal behavior.⁹⁵ Additionally, veterans lacking VA care and benefits are more likely to face financial insecurity,⁹⁶ a factor that has been linked to a greater propensity for criminal behavior.⁹⁷ These findings underscore the urgent need to address the barriers preventing transitioning service members from accessing essential VA services. Failure to do so undermines the well-being of veterans and poses risks to public safety.

Implementation Steps

1. *The President should direct the VA to revise existing regulations and extend benefits eligibility to all the veterans that Congress intended the VA to serve, which includes all former service members with administrative separations (including with an other than honorable discharge) and those separated with a bad conduct discharge from a special court-martial.*⁹⁸
 - a. Congress and the President should provide oversight to ensure that the VA complies with these new regulations in a manner consistent with the congressional language in the 1944 GI Bill.
2. *Congress should mandate automated, nationwide enrollment in VA health care for all transitioning service members. This process should begin prior to discharge, allowing for continuity of care once a transitioning service member exits the force.*
 - a. VA health care should be automatically provided to all veterans during the first two years following their discharge, ensuring continuity of care during this particularly vulnerable time in a veteran's life. Veterans should be permitted to opt out of this enrollment.
3. *Congress should continue to oversee the Electronic Health Record Modernization process and hold leaders accountable at the Federal Electronic Health Record Modernization Program Office, VA, and DoD to ensure expeditious completion.*
 - a. Service members should be allowed to opt out of having their DoD medical records shared with the VA at the time of their discharge.
 - b. Congress should fund longitudinal research that draws on this new electronic data sharing to track service members through the transition process and evaluate the effectiveness of transition services in preventing criminal justice system involvement.
4. *The Congressional Budget Office or Government Accountability Office should prepare a report on congressional appropriations and actual expenditures for research on PTSD in the military from 2000 to the present, along with any results obtained from this research.*

Conclusion

The Commission's findings and recommendations reflect the urgent need for the Department of Defense to prioritize a targeted set of measures that address the transition of service members to civilian life. The challenges facing transitioning service members—ranging from financial insecurity to PTSD, SUD, and an array of mental health



issues—highlight the inadequacies of the current fragmented and under-resourced system and the resulting risks to the health and safety of veterans, their families, and their communities.

The establishment of an Undersecretary of Defense dedicated to transition, coupled with evidence-based risk assessments and Joint Transition Centers, offers a strategic framework that would allow the military to address these challenges comprehensively. Additionally, adopting evidence-based practices that prioritize rehabilitation and retention would help the military reduce the number of justice-involved veterans and enhance overall force readiness. Lastly, ensuring automated, nationwide enrollment in VA care for transitioning service members, and aligning benefit eligibility with the language of the 1944 GI Bill, can reduce disruptions in care and mitigate the heightened risks of suicide, homelessness, and criminal behavior among newly discharged veterans.

Taken together, these recommendations create a more proactive and coordinated effort that honors the commitment of those who have served our country and contributes to a safer society. These actions also will save lives and economic resources in communities across the country, as service members avoid the health complications and criminal behavior associated with failed transitions. Upon request, we stand by to assist Congress in putting these proposals into action.

Cost Estimates

The following is an estimate for costs related to various aspects of the Veterans Justice Commission's transition recommendations. Two important caveats should be considered along with these estimates. First, the figures below are designed to reflect a rough estimate of possible costs and should not be seen as exact projections. The estimates were developed through conversations with military and criminal justice experts and generally involved the identification of expenses that are analogous to the recommendations offered by the Commission. Second, these costs should be weighed against the benefits that might come from reducing the challenges faced by service members in their transition to civilian life. For example, studies investigating post-9/11 veterans suggest that violent crime among this generation of former service members has led to tens of billions of dollars in costs. The estimates below do not provide any estimated savings that would result from the implementation of the recommendations, but such benefits should be kept in mind when evaluating the cost of the Commission proposals.



Recommendation One

A. Congress and the President should establish an Under Secretary of Defense with leading responsibility for transition.

Estimated cost: \$7.9 million

Source: According to a memo to the Deputy Secretary of Defense, the 2024 projected cost for the Office of the Assistant Secretary of Defense for Legislative Affairs is \$7.9 million. This office serves a similar role to the one outlined for an Under Secretary of Defense in charge of transition.

B. Congress should mandate that the DoD, through this new Under Secretary, create, validate, and implement an objective risk-needs assessment that identifies service members at the highest risk for post-transition problems associated with criminal justice system involvement

Estimated cost: \$200,000 to \$500,000

Source: This estimate is based on testimony from Dr. Zachary Hamilton about risk assessment tools built in criminal justice settings. Dr. Hamilton is an expert on innovation in risk and needs assessments. He serves as the Associate Director of the Nebraska Center for Justice Research at the University of Nebraska Omaha.

C. Congress should mandate that the DoD establish regional Joint Transition Centers (JTCs) in the contiguous United States to ensure adequate time and resources are provided to transitioning service members.

Estimated cost: Unknown

Source: While the cost of the JTCs is unknown, we assume that these would operate in a manner similar to the Army's Recovery Care Programs¹⁰⁰ (formerly known as Warrior Care and Transition Programs). The budget for those programs is unknown, but if discovered, we believe that budget would serve as a useful starting point for estimating the cost of the JTCs.

Recommendation Two

A. Enable the use of evidence-based practices for disciplinary and performance issues, allowing for operational force commanders to rehabilitate and retain service members who are on active duty or in National Guard/Reserve units.

Estimated cost: Unknown

Source: The only analogous practice currently in operation is run by Judge Jeffrey Manske at Fort Cavazos.¹⁰¹ According to testimony delivered to the Commission by Judge Manske, that operation does not incur any cost to the Department of Defense, but instead is supported by funding outside of the military. Similar coordination with local entities could be replicated in establishing the programs and procedures outlined in this recommendation, but at this point, the prospects for doing so are unclear. Thus, providing a cost estimate is not possible at this point.

B. Congress should fund a study to identify the potentially disproportionate use of administrative separations and military justice across the dimensions of race, ethnicity, gender, and sexual orientation.

Estimated cost: \$300,000 to \$600,000

Source: This projection reflects testimony from Dr. Andrea Finlay, an expert on justice-involved veterans and the recipient of multiple large research grants. Dr. Finlay pointed to the costs of similar government-funded studies¹⁰² that have been aimed at understanding and reducing disparities.

Recommendation Three

A. The President should direct the VA to revise existing regulations to extend benefits eligibility to all the veterans that Congress intended the VA to serve, a group that includes all former service members with administrative separations (including with an other than honorable discharge) and those separated with a bad conduct discharge from a special court-martial.

Estimated cost: \$45.5 million annually

Source: A VA Waiver Request on Executive Order 13893 that called for administrative separations to generally be considered honorable estimated that such a change would cost approximately \$455.6 million over 10 years.

B. Congress should mandate automated, nationwide enrollment in VA health care for all transitioning service members during the first two years following their discharge.

Estimated cost: \$4.04 billion annually

Source: According to the Congressional Budget Office, the VA spends an average of \$14,750 per patient.¹⁰³ With 245,000 service members transitioning each year, the VA costs for each cohort would total \$3.6 billion. However, approximately 44% of those service members would enroll in VA care without this provision, suggesting the additional cost would actually be \$2.02 billion per cohort. With this recommendation mandating two years of care (i.e., two cohorts), the annual cost estimate totals \$4.04 billion.

C. Congress should fund longitudinal research that draws on this new data-sharing to track service members through the transition process in order to evaluate the effectiveness of transition services in preventing criminal justice system involvement.

Estimated cost: \$450,000 to \$1.5 million

Source: This projection is based on testimony from Dr. Andrea Finlay, an expert on justice-involved veterans and the recipient of multiple large research grants. Dr. Finlay pointed to the costs of similar government-funded longitudinal studies focused on veterans.¹⁰⁴

¹ Wilkie, R. (2018). *Joint action plan for supporting veterans during their transition from uniformed service to civilian life*. U.S. Department of Veterans Affairs. <https://www.va.gov/opa/docs/joint-action-plan-05-03-18.pdf>

² Morin, R. (2011). *The difficult transition from military to civilian life*. Pew Research Center. <https://www.pewresearch.org/social-trends/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>

³ Morin, 2011, *supra* note 2.

⁴ Aitken, P. (2021, September 7). 9/11 had the biggest effect on military recruiting since Pearl Harbor. Fox News. <https://www.foxnews.com/us/9-11-military-recruiting>

⁵ Orak, U. (2023). *From service to sentencing: Unraveling risk factors for criminal justice involvement among U.S. veterans*. Council on Criminal Justice. <https://counciloncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/>

⁶ Parker, K., Igielnik, R., Barroso, A., & Cilluffo, A. (2019). *The American veteran experience and the post-9/11 generation*. Pew Research Center.

<https://www.pewresearch.org/social-trends/2019/09/10/deployment-combat-and-their-consequences/>

⁷ Kline, A., Falca-Dodson, M., Sussner, B., Ciccone, D. S., Chandler, H., Callahan, L., & Losonczy, M. (2010). Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey Army National Guard troops: Implications for military readiness. *American Journal of Public Health*, 100(2), 276-283.

<https://doi.org/10.2105/AJPH.2009.162925>

⁸ National Institute on Drug Abuse. (2019). *Substance use and military life drugfacts: General risk of substance use disorders*.

<https://nida.nih.gov/publications/drugfacts/substance-use-military-life>

⁹ Meadows, S. O., Beckman, R., Engel, C. C., & Jeffery, D. D. (2023). The culture of alcohol in the U.S. military: Correlations with problematic drinking behaviors and negative consequences of alcohol use. *Armed Forces & Society*, 49(2), 531-555.

<https://doi.org/10.1177/0095327X211069162>

¹⁰ U.S. Government Accountability Office. (2017). *DOD Health: Actions needed to ensure post-traumatic stress disorder and traumatic brain injury are considered in misconduct separations*. <https://www.gao.gov/products/gao-17-260>

¹¹ Swords to Plowshares and National Veteran Services Program. (2022). *Underserved: How the VA wrongly excludes veterans with bad paper*. <https://www.swords-to-plowshares.org/research-publications/underserved>

¹² Throughout this document, we refer to "less than honorable" discharges as well as "other than honorable" discharges. A service member is issued one of six discharge statuses: honorable, general, other than honorable, bad conduct, dishonorable, and uncharacterized. For the purposes of this document, a "less than honorable" discharge is an umbrella term used to refer to all discharge statuses except a fully honorable discharge. The term "other than honorable" refers to that specific discharge status.

¹³ Swords to Plowshares and National Veteran Services Program, 2022, *supra* note 11.

¹⁴ Department of Veterans Affairs. (n.d.). *Requirement for service "under conditions other than dishonorable."* <https://assets-global.website-files.com/5ddda3d7ad8b1151b5d16c9f718786414b/Petition%20to%20>

[Oamend%20regulations%20implementing%2038%20USC%20101\(2\).pdf](#); Mulligan, L. (2024). *Unwavering intent: Congress' enduring commitment to veterans' benefits*. Council on Criminal Justice. <https://counciloncj.org/unwavering-intent-congress-enduring-commitment-to-veterans-benefits/>

¹⁵ Holliday, R. (2023). *Suicide among justice-involved veterans: Understanding risk and meeting needs*. Council on Criminal Justice. <https://counciloncj.org/suicide-among-justice-involved-veterans-understanding-risk-and-meeting-needs/>

¹⁶ U.S. Government Accountability Office. (2022). *Servicemembers transitioning to civilian life: DOD can better leverage performance information to improve participation in counseling pathways*. <https://www.gao.gov/products/gao-23-104538>

¹⁷ Office of the Under Secretary of Defense for Personnel and Readiness. (2019). *Transition assistance program (TAP) for military personnel*. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/133235p.pdf>

¹⁸ U.S. Government Accountability Office, 2022, *supra* note 16.

¹⁹ *Ibid.*

²⁰ Morin, 2011, *supra* note 2.

²¹ Culp, R., Youstin, T. J., Englander, K., & Lynch, J. (2013). From war to prison: Examining the relationship between military service and criminal activity. *Justice Quarterly*, 30(4), 651-680. <https://doi.org/10.1080/07418825.2011.615755>

²² As defined by the Department of Defense, a successful transition is understood as one in which "[s]ervice members transitioning from active duty are prepared for their next step in life, whether pursuing additional education, a vocational trade, finding a job in the public or private sector, or starting a business." For more detail, see: <https://www.dodtap.mil/dodtap/app/about/DoDTAP>

²³ Cesur, R., Sabia, J. J., & Tekin, E. (2022). Post-September 11 war deployments and crime among veterans. *The Journal of Law & Economics*, 65(2), 279-310. <https://doi.org/10.1086/718352>

²⁴ See, for example: Pew. (2017). *How states engage in evidence-based policymaking*. <https://www.pewtrusts.org/en/research-and-analysis/reports/2017/01/how-states-engage-in-evidence-based-policymaking>; Washington State Institute for Public Policy. (2006). *Evidence-based public policy options to reduce future prison construction, criminal*

justice costs, and crime rates.

https://www.wsipp.wa.gov/ReportFile/952/Wsipp_Evidence-Based-Public-Policy-Options-to-Reduce-Future-Prison-Construction-Criminal-Justice-Costs-and-Crime-Rates_Full-Report.pdf

²⁶ For details, see: DODSkillBridge. (2023). *Program overview*.

<https://skillbridge.osd.mil/program-overview.htm>

²⁶ Quinn, M. (2022, November 7). *Commanders considering service member's SkillBridge request*. LinkedIn. <https://www.linkedin.com/pulse/commanders-considering-service-members-skillbridge-request->

²⁷ U.S. Government Accountability Office, 2022, *supra* note 16.

²⁸ Under Secretary of Defense (Comptroller). DoD budget request.

<https://comptroller.defense.gov/Budget-Materials/Budget2024/>; U.S. Government Accountability Office. (2023). *Military and veteran support: Programs to help service members and new veterans transition to civilian life could be enhanced*. https://www.armed-services.senate.gov/imo/media/doc/sawyer_statement.pdf

²⁹ Toropin, K. (2021, November 3). The corps' new plan aims to treat marines "like human beings instead of inventory." *Military.com*. <https://www.military.com/daily-news/2021/11/03/corps-new-plan-aims-treat-marines-human-beings-instead-of-inventory.html>

³⁰ Cesur *et al.*, 2022, *supra* note 23.

³¹ U.S. Department of Veterans Affairs. (2022). *National veterans suicide prevention annual report*. <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

³² Shane, L. (2023, December 14). Amid recruiting woes, active duty end strength to drop again in 2024. *Military Times*. <https://www.militarytimes.com/news/pentagon-congress/2023/12/14/amid-recruiting-woes-active-duty-end-strength-to-drop-again-in-2024/>

³³ Military Family Advisory Network. (2022). *Military family support programming survey: 2021 results*. <https://www.mfan.org/wp-content/uploads/2022/07/MFAN-Programming-Survey-Results.pdf>

³⁴ Kime, P. (2022, July 14). Military families less likely to recommend joining up, survey finds. *Military.com*. <https://www.military.com/daily-news/2022/07/14/military-families-less-likely-recommend-joining-survey-finds.html>

³⁵ Kime, 2022, *supra* note 34.

³⁶ U.S. Government Accountability Office, 2017, *supra* note 10.

³⁷ An additional challenge is the lack of a definitive biological diagnosis for PTSD. Given that common PTSD symptoms mirror issues expressed by servicemembers with discipline challenges, administrative separations often fail to identify the cause of perceived misconduct as PTSD. PTSD research should focus on reliable diagnostics.

³⁸ Brignone, E., Fargo, J. D., Blais, R. K., Carter, M. E., Samore, M. H., & Gundlapalli, A. V. (2017). Non-routine discharge from military service: Mental illness, substance use disorders, and suicidality. *American Journal of Preventive Medicine*, 52(5), 557-565. <https://doi.org/10.1016/j.amepre.2016.11.015>

³⁹ McDaniel, J. T., Seamone, E. R., & Xenakis, S. N. (Eds.). (2023). *Preventing and treating the invisible wounds of war: Combat trauma, moral injury, and psychological health*. Oxford University Press.

⁴⁰ Philipps, D. (2023, December 14). Pentagon starts veteran outreach program on blast risks from weapons use. *The New York Times*. <https://www.nytimes.com/2023/12/13/us/veterans-weapons-blast-exposure.html?se>

⁴¹ Barr, N., Kintzle, S., Alday, E., & Castro, C. (2019). How does discharge status impact suicide risk in military veterans? *Social Work in Mental Health*, 17(1), 48-58. <https://www.tandfonline.com/doi/full/10.1080/15332985.2018.1503214>

⁴² Orak, 2023, *supra* note 5.

⁴³ Department of Defense Office of Inspector General. (2021). *Evaluation of the Department of Defense's implementation of suicide prevention resources for transitioning uniformed service members* (DODIG-2022-030). <https://www.dodig.mil/reports.html/article/2841764/evaluation-of-the-department-of-defenses-implementation-of-suicide-prevention-r/>

⁴⁴ Wilkie, 2018, *supra* note 1.

⁴⁵ Department of Defense Office of Inspector General, 2021, *supra* note 43.

⁴⁶ U.S. Department of Veterans Affairs, 2022, *supra* note 31.

⁴⁷ America's Warrior Partnership. (n.d.). *Operation Deep Dive summary of interim report*. https://e55c5558-502f-457d-8a07-a49806f5ff14.usrfiles.com/ugd/e55c55_1cd5b99bea734bb295762263a003e767.pdf

⁴⁸ U.S. Government Accountability Office, 2022, *supra* note 16.

⁴⁹ *Ibid.*

⁵⁰ Bureau of Justice Assistance. (n.d.). *What is risk assessment*. <https://bja.ojp.gov/program/psrac/basics/what-is-risk-assessment>

⁵¹ For example, the self-assessment that transitioning service members complete does not include questions about mental health conditions. See the *Transition Assistance Initial Self-Assessment Worksheet* at <https://5thforcesupport.com/wp-content/uploads/2022/01/TAP-IP-Questionnaire-and-SOU.pdf>

⁵² Testimony from General Mike Eastman, Executive Director of Onward Ops, provided to the VJC's Transition Advisory Committee validated this lack of coordination with state and local entities. The Department of Defense is also piloting new ways to coordinate with local governments, demonstrating a desire to improve this issue.

⁵³ Guidance for creating a risk assessment tool for veterans can be found at: VETERANetwork. (n.d.). *Veteran-transition assessment tool*. <https://veteranetwork.psu.edu/projects/veteran-transition-assessment-tool/> and at: The Veterans Metrics Initiative. (n.d.). *Identifying the needs of transitioning veterans*. <https://veteranetwork.psu.edu/wp-content/uploads/2021/02/tvmi-study-final-report-20201104.pdf>. Guidance on how to use artificial intelligence to identify suicide risk can be found at: Booz Allen Hamilton. (n.d.). *Analyzing suicide risk with artificial intelligence*. <https://www.boozallen.com/c/insight/blog/analyzing-suicide-risk-with-artificial-intelligence.html>. Information on private-sector collaborative software solutions being used in the United Kingdom for transitioning service members can be found at: Productive Project Solutions. (n.d.). *Smartsheet for armed forces leavers programme*. <https://www.productive.co.uk/forces-leavers>

⁵⁴ See, for example, the Bureau of Prison's development, validation, and annual re-validation of the PATTERN risk assessment tool: Federal Bureau of Prisons. (n.d.). *PATTERN risk assessment*. <https://www.bop.gov/inmates/fsa/pattern.jsp>

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- ⁵⁵ Joint Transition Centers refers serve people from multiple military branches. See: Joint Chiefs of Staff. (n.d.). *Origin of joint concepts*. <https://www.jcs.mil/About/Origin-of-Joint-Concepts/>
- ⁵⁶ Officials should coordinate with the Department of Homeland Security to ensure that transitioning veterans who are interested in becoming U.S. citizens via the Naturalization Through Military Service process are given the assistance they need in their application. For details, see: U.S. Citizenship and Immigration Services. (2023). *Naturalization through military service*. <https://www.uscis.gov/military/naturalization-through-military-service>
- ⁵⁷ For information on Onward Ops, see: <https://onwardops.org/>; for information on VECTR, see <https://gavectr.org/>; for information on REBOOT, see <https://www.nvtsti.org/workshop/>
- ⁵⁸ For information on temporary status and accounts, see: Department of Defense. (2015). Instruction (Number 1120.11). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/112011p.pdf>
- ⁵⁹ Cohen Veterans Network. (n.d.). Post-9/11 veterans. <https://www.ojp.gov/pdffiles1/nij/248701.pdf>
- ⁶⁰ U.S. Government Accountability Office, 2017, *supra* note 10.
- ⁶¹ Philipps, 2023, *supra* note 40.
- ⁶² O'Hanlon, C., Huang, C., Sloss, E., Anhang Price, R., Hussey, P., Farmer, C., & Gidengil, C. (2017). Comparing VA and non-VA quality of care: A systematic review. *Journal of General Internal Medicine*, 32, 105-121. <https://doi.org/10.1007/s11606-016-3775-2>
- ⁶³ Smith, B. A. (2018). Impact of veteran status and timing of PTSD diagnosis on criminal justice outcomes. *Healthcare*, 6(3), 80. <https://doi.org/10.3390/healthcare6030080>
- ⁶⁴ Taylor, E. N., Timko, C., Nash, A., Owens, M. D., Harris, H. S., & Finlay, A. K. (2020). Posttraumatic stress disorder and justice involvement among military veterans: A systematic review and meta-analysis. *Journal of Traumatic Stress*, 33(5), 804-812. <https://doi.org/10.1002/jts.22526>
- ⁶⁵ Cohen, R. A. & Boersma, P. (2023). *Financial burden of medical care among veterans aged 25–64, by health insurance coverage: United States, 2019–2021* (Number 182). <https://www.cdc.gov/nchs/data/nhsr/nhsr182.pdf>

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- ⁶⁶ Western, B. (2019). Poverty, criminal justice, and social justice. *Institute for Research on Poverty: Focus*, 35(3), 3-13. <https://www.irp.wisc.edu/wp/wp-content/uploads/2019/11/Focus-35-3b.pdf>
- ⁶⁷ Meadows, S. O., Beckman, R., Engel, C. C., & Jeffery, D. D. (2022). The culture of alcohol in the U.S. military: Correlations with problematic drinking behaviors and negative consequences of alcohol use. *Armed Forces & Society*, 49(2), 531-555. <https://doi.org/10.1177/0095327X211069162>
- ⁶⁸ Jeffery, D. D., Babeu, L. A., Nelson, L. E., Kloc, M., & Klette, K. (2013). Prescription drug misuse among U.S. active duty military personnel: A secondary analysis of the 2008 DoD survey of health related behaviors. *Military Medicine*, 178(2), 180-195. <https://doi.org/10.7205/MILMED-D-12-00192>
- ⁶⁹ Department of Veterans Affairs, n.d., *supra* note 14.
- ⁷⁰ Protect Our Defenders. (n.d.). *Racial disparity in military justice*. <https://www.protectourdefenders.com/wp-content/uploads/2017/05/Disparity-Report-One-Page-2.pdf>
- ⁷¹ Barr *et al.*, 2019, *supra* note 41.
- ⁷² Bronson, J., Carson, E. A., Noonan, M., & Berzofsky, M. (2015). *Veterans in prison and jail, 2011-12* (NCJ 249144). Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/vpj1112.pdf>
- ⁷³ Brennan, M., & Graham, E. (2023). *Serving those who served: Renegotiating support and benefits for veterans with less than honorable discharges* (Issue Brief #64). <https://surface.syr.edu/cgi/viewcontent.cgi?article=1231&context=lerner>
- ⁷⁴ McDaniel *et al.*, 2023, *supra* note 39.
- ⁷⁵ Rogin, A., & Corkery, A. (2023, August 14). Why recruiting and confidence in America's armed forces is so low right now. *PBS NewsHour*. <https://www.pbs.org/newshour/show/why-recruiting-and-confidence-in-americas-armed-forces-is-so-low-right-now>
- ⁷⁶ For examples of evidence-based practices, see note 24.
- ⁷⁷ Washington State Institute for Public Policy. (2023). *Benefit-cost results*. <https://www.wsipp.wa.gov/BenefitCost?topicId=2>

⁷⁰ All Rise. (n.d.). *About treatment courts*. <https://allrise.org/about/treatment-courts/>

⁷⁹ “Certain misconduct” refers to eligible offenses, as detailed in Implementation Step 1(b).

⁸⁰ Many best practices from adult drug courts have been found to apply to other adult treatment court models, such as co-occurring disorders courts, DWI courts, mental health courts, reentry drug courts, tribal healing to wellness courts, veterans treatment courts, and family treatment courts. See: All Rise. (n.d.). *Adult treatment court best practice standards*. <https://allrise.org/publications/standards/>

⁸¹ For an example of evidence-based practices, see eligibility criteria provided by All Rise (formerly known as the National Association for Drug Court Professionals). All Rise. (2023). *Adult treatment court best practice standards: Definitive guide for treatment court practitioners*. https://allrise.org/wp-content/uploads/2023/12/All-Rise-Adult-Treatment-Court-Best-Practice-Standards-2nd-Ed.-I-VI_final.pdf They note how accountability courts “are most effective and cost-efficient when they serve high-risk and high-need persons who require an intensive combination of treatment and supervision... Treatment courts are also discouraged from imposing unwarranted admissions requirements that do not improve outcomes or protect public safety and disproportionately exclude members of some sociodemographic or sociocultural groups,” such as the utilization of blanket criminal history disqualifications or resource requirements that burden low income individuals.

⁸² For examples of this arrangement, see: Patrick Robinson. (2017, July 11). *Fort Hood veterans treatment court: Veterans endeavor for treatment and support* [Video]. YouTube. https://youtu.be/CX5OK6_J9M?si=QwzU4r8YiqR9-xGg which describes an existing process being run by Judge Jeffrey Manske at Fort Cavazos; see also: Seamone, E. (2022). Addendum: Intercept O-M for active duty military. In S. Vanek, R. M. Brown, H. Busby, & G. Crawford (Eds.), *Veteran intercepts in the criminal justice system* (pp. 91-108). National Institute of Corrections. report from the National Institute of Corrections. <https://s3.amazonaws.com/static.nicic.gov/Library/033665.pdf>

⁸³ Cohen & Boersma, 2023, *supra* note 65.

⁸⁴ Beadles, C. A., Voils, C. I., Crowley, M. J., Farley, J. F., & Maciejewski, M. L. (2014). Continuity of medication management and continuity of care: Conceptual and operational considerations. *SAGE Open Medicine*, 2, 2050312114559261. <https://doi.org/10.1177/2050312114559261>

- ⁸⁵ U.S. Department of Veterans Affairs. (n.d.). *Help with readjustment and social support needed for veterans transitioning from military service*. https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_Military_Separation_508_FINAL_05-24-2019.pdf
- ⁸⁶ Congress first directed Electronic Health Records Modernization in the FY2008 National Defense Authorization Act (NDAA) and re-addressed this process in the FY2014 and FY2020 NDAA. In 2021, Congress mandated that the VA submit quarterly reports on progress and costs: Congress.gov. (2021). *H.R. 4691 – VA electronic health record transparency act of 2021*. <https://www.congress.gov/bill/117th-congress/house-bill/4591#:~:text=This%20bill%20requires%20the%20Department,and%20outcomes%20of%20the%20program>. Historical background can be found at: Inspector General. (2022). *Joint audit of the Department of Defense and the Department of Veterans Affairs efforts to achieve electronic health record system interoperability* (DODIG-2022-089). https://media.defense.gov/2022/May/17/2002999634/-1/-1/1/DODIG-2022-089_508.PDF
- ⁸⁷ U.S. Department of Veterans Affairs. (2023). *Transforming health care for all veterans, revolutionizing health care for all*. <https://digital.va.gov/ehr-modernization/>
- ⁸⁸ Electronic Health Record Modernization was halted in 2023 until the system could be improved. See: U.S. Department of Veterans Affairs. (2023). *EHR deployment schedule*. <https://digital.va.gov/ehr-modernization/resources/ehr-deployment-schedule/>. Implementation challenges are described in: U.S. Government Accountability Office. (2023). *Electronic health records: Challenges with VA's new system call for management improvements* (GAO-23-106785). <https://www.gao.gov/products/gao-23-106785> and Inspector General, 2022, *supra* note 86.
- ⁸⁹ Mulligan, 2024, *supra* note 14.
- ⁹⁰ Department of Veterans Affairs, n.d., *supra* note 14.
- ⁹¹ Bronson et al., 2015, *supra* note 72.
- ⁹² Swords to Plowshares. (2021). *VA rulemaking petition to amend regulations interpreting 38 USC 101(2)*. <https://www.swords-to-plowshares.org/research-publications/va-rulemaking-petition>
- ⁹³ O'Hanlon et al., 2017, *supra* note 62.

⁹⁴ Smith, 2018, *supra* note 63.

⁹⁵ Taylor et al., 2020, *supra* note 64.

⁹⁶ Cohen & Boersma, 2023, *supra* note 65.

⁹⁷ Western, 2019, *supra* note 66.

⁹⁸ Mulligan, 2024, *supra* note 14.

⁹⁹ Council on Criminal Justice. (2023). *Honoring service, advancing safety: Supporting veterans from arrest through sentencing*. <https://counciloncj.foleon.com/veterans-commission/report-1/>

¹⁰⁰ U.S. Army. (2023). *Army recovery care program (ARCP) (formerly known as warrior care and transition program): Benefit fact sheet*. [https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-\(ARCP\)-\(formerly-known-as-Warrior-Care-and-Transition-Program\)?serv=128](https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-(ARCP)-(formerly-known-as-Warrior-Care-and-Transition-Program)?serv=128)

¹⁰¹ See: Robinson, 2017, *supra* note 82.

¹⁰² See, for example: National Institute of Justice. (2023). *Building equity in objective prison classification: A model for reducing racial and ethnic disparities – award Information*. <https://nij.ojp.gov/funding/awards/15pnij-23-gg-01363-nijb>

¹⁰³ Congressional Budget Office. (2021). *The veterans community care program: Background and early effects*. <https://www.cbo.gov/publication/57583#:~:text=VHA%20projects%20that%20spending%20will,expected%20to%20surpass%20new%20enrollment>.

¹⁰⁴ NIH RePorter. (n.d.). *Integrating signals of suicide risk from DoD and VHA data to improve upon suicide risk prevention strategies for combat veterans: Project details*. <https://reporter.nih.gov/search/XUALO1sYUWzKh-mwj3GPA/project-details/10437762>

Report 2 – Honoring Service, Advancing Safety: Supporting Veterans From Arrest Through Sentencing

Veterans returning home face multiple challenges as they leave the structure of military life and attempt to reintegrate with civilian society. Most weather that transition admirably, but many struggle with addiction, mental health challenges, traumatic brain injuries, or PTSD. Studies show that deployment-related trauma exposure, combined with increased incidence of mental health and substance use disorders, elevate veterans' risk of contact with the justice system. One in three of the nation's 19 million veterans report having been arrested and booked in their lifetime, and more than 181,000 are behind bars. Once ensnared by the system, veterans often present a complex set of needs and risk factors that are distinctive from those characteristic of civilians without a military background. But multiple barriers prevent many veterans from receiving the targeted interventions they need.

The Veterans Justice Commission is assessing the extent and nature of veterans' justice-system involvement, the adequacy of transitional assistance for service members as they return home, and the effectiveness of the justice system response when veterans break the law. Chaired by former U.S. Defense Secretary and U.S. Senator Chuck Hagel, the Commission includes former U.S. Defense Secretary and White House Chief of Staff Leon Panetta and 13 other leaders in science, the judiciary, the recovery field, healthcare, corrections, law enforcement, veterans' affairs, and the military. This report provides recommendations focused on the "front end" of the justice system, covering everything from arrest through criminal sentencing. These early stages of the criminal justice process are critical, as they provide a key opportunity to identify the challenges facing veterans and to connect them to services and benefits tailored to help them address those challenges.

While mechanisms targeting justice-involved veterans on the system's front end exist, the Commission's careful consideration of current federal, state, and local policy suggests that they are relatively scarce, disconnected, and localized. Moreover, where existing initiatives have shown promise in early assessments, there is a lack of rigorous evaluation to guide the development and proliferation of best practices. Finally, data on justice-involved veterans is limited, making it difficult to identify the full scope of the problem.

Recommendation 1: Improve Definition and Identification of Veterans Involved in the Criminal Justice System

Summary of Findings: There are no reliable estimates of how many veterans are incarcerated, or have come in contact with the justice system more generally, and data-based tools designed to help law enforcement, correctional facilities, and courts verify veteran status are rarely used. Additionally, federal and state statutory frameworks and regulations use different definitions of veteran, which complicates the task of identifying them.

Recommendation: Federal, state, and local criminal justice agencies and courts should improve processes for identifying veterans in the criminal justice system and adopt a uniform definition of “military veteran” for use in those processes.

Detailed Findings:

Forty-five years ago, President Jimmy Carter issued a Presidential Review Memorandum on Vietnam Era Veterans. The President noted that “we lack comprehensive information about imprisoned veterans” and subsequently directed federal agencies to collect accurate data on this population.¹ Sixteen years later, Congress began requiring that states have a policy for identifying the veteran status of incarcerated people in order to be eligible for certain correctional grants.² Despite these and other actions through the years, reliable estimates of how many veterans are currently incarcerated-or have come into contact with the criminal justice system more generally-do not exist.

This lack of knowledge is the product of several interrelated complications. First, criminal justice agencies and courts tend to rely on individuals to self-report their veteran status. Studies show that when asked about their status by law enforcement, many former service members are hesitant to identify as veterans. Some worry about losing benefits, while others report feeling a sense of shame or fear being viewed as a threat.³ Research in California found that two out of three incarcerated veterans failed to self-identify as a veteran when asked.⁴

The Department of Veterans Affairs (VA) has created tools that allow law enforcement, jails, and courts to independently verify the veteran status of individuals, but usage of these systems is extremely low. The Veterans Reentry Search Service (VRSS), designed for correctional facilities and courts, has been adopted by only 11% of the 3,100 local jails nationwide.⁵ Among law enforcement, the Status Query and Response Exchange System (SQUARES) similarly can be utilized for veteran status identification, but is currently used in just 9 of the country’s 18,000 police agencies.⁶ Little is known about

why adoption of these systems is low, but outreach by the Commission to those working in the criminal justice system has identified lack of awareness and the absence of incentives to use the systems as key factors.⁷

Further complicating the identification challenge is an inconsistent definition of the term *veteran*. Federal and state statutory frameworks and regulations use different definitions. For example, being defined as a veteran for federal hiring preference requires 180 days of continuous, active-duty service, but it's 90 days for state hiring preference in Idaho and 30 days in Rhode Island.

Among those frequently excluded from eligibility for veteran benefits are individuals who received an administrative "other than honorable" discharge or a punitive bad-conduct discharge, often grouped together under the characterization "bad paper" discharges.⁸ This exclusion presents a challenge for an increasingly large portion of America's veterans. Since World War II, the share of service members receiving an other than honorable discharge has increased fivefold. More than 6% of post-9/11 veterans receive such discharges annually,⁹ with 10% of Marines being discharged under other than honorable conditions in 2011.¹⁰ Overall, more than 548,000 service members, representing roughly 7% of all characterized discharges, have received some type of bad paper discharge since 1980.¹¹

Implementation Steps

1. ***Congress and state legislatures should codify the following definition of a military veteran for the purposes of criminal justice system identification: A military "veteran" is defined as a person who:***
 - a. Swore an oath and entered any branch of the Armed Forces, including the National Guard or Reserve; and is either
 - i. Currently serving in such branch and has not been discharged; or
 - ii. Was discharged or released from such service under any characterization of discharge that was not a dishonorable discharge, unless the individual receiving the dishonorable discharge has been diagnosed with Substance Use Disorder, Military Sexual Trauma, Traumatic Brain Injury, Post-Traumatic Stress Disorder, or a mental health condition.¹⁸
2. ***Congress should authorize and appropriate funding for a comprehensive study of SQUARES and VRSS. The study should focus on a wide range of questions, including:***

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- a. *Can SQUARES and VRSS serve as databases that can be used effectively by law enforcement agencies, jails, and courts to accurately determine whether a person they encounter is a veteran, as defined in implementation step one?*
 - b. *What changes or improvements must be made to ensure these databases are effective for this purpose? For example:*
 - i. *Why have so few agencies adopted these systems (particularly SQUARES)? What incentives and/or resources could be offered to increase the number of agencies using these systems effectively?*
 - ii. *What difficulties exist for agencies that have adopted the systems?*
 - iii. *What resources are required to make these systems work effectively and efficiently?*
 - iv. *Instead of a contract with individual law enforcement agencies, could access and a requirement to use these systems be part of 911 and 988 system requirements?*
 - v. *How accurately do the databases capture veteran status? What types of service members are being missed by the current databases? What needs to change to make the databases accurate and capable of identifying veterans (as defined in implementation step one) for criminal justice system purposes? What needs to change to allow linkages to persistent individual identification tracking numbers at the federal and state level?*
 - c. *Who should have access to SQUARES and VRSS data?*
3. ***Upon completion of the study, Congress should require the Departments of Defense and Veterans Affairs to use the findings to improve SQUARES and VRSS.***
 4. ***Congress should incentivize the use of these improved systems by state and local law enforcement officers, jail staff, and court personnel (including non-criminal courts),¹⁹ by requiring the adoption and implementation of the systems before certain federal funds and other resources (such as federal justice grants or the use of VA personnel in Veterans Treatment Courts) can be accessed.***

Recommendation 2: Create a Continuum of Alternatives to Prosecution and Incarceration for Justice-Involved Veterans

Summary of Findings: Research demonstrates an association between combat exposure and negative behavioral outcomes. The nation has a responsibility to manage all veterans

in a fashion that honors their service and helps them address the challenges their military service can create, including involvement in the justice system.

Recommendation: Federal and state governments should adopt statutory frameworks that incentivize and improve veterans' diversion, deferred adjudication, participation in treatment courts, sentencing mitigation, and record clearance.

Detailed Findings

Veterans who commit offenses as a result of a service-related condition represent a unique class of defendant in our criminal justice system. Put simply, the conditions of their underlying criminality are partially created by the government that prosecutes them.²⁰ Research demonstrating an association between combat exposure and negative behavioral outcomes suggests that America sends its men and women to war with an understanding that some will bring the war home with them in the form of criminal conduct against the fellow citizens they once fought to protect.²¹ America, in turn, has a responsibility to manage all veterans in a fashion that honors their service and helps them address the multiple challenges that service can create.

Combat training advancements by the U.S. military have produced soldiers and other service members who are more effective than ever at winning the nation's wars.²² For most veterans, such training translates into a professionalism and resourcefulness that can be significant assets in the civilian world. However, for veterans who transition to a civilian life that includes criminal justice involvement, these skills can pose a significant public safety risk, highlighting the importance of therapeutic interventions and accountability to minimize this threat.

Research on the sentencing and supervision of veterans in the justice system is sparse. The few studies that have compared state prison sentences for veterans with non-veterans indicate that veterans are 22% more likely to be sentenced for violent crimes. That finding may explain why veterans are also 11% more likely than non-veterans to receive sentences of ten years or more, and 78% more likely to receive life sentences or the death penalty.²³

Veterans Treatment Courts (VTCs) have become a popular approach to diverting veterans from incarceration, but the 600 such courts currently operating across the country vary widely in their approaches to legal incentives (e.g., allowing an individual to avoid a record of conviction) and eligibility.²⁴ For example, a national survey of VTCs found that nearly 60% exclude veterans with at least one type of violent felony charge, while 35% do not permit veterans with "bad paper."²⁵

Twelve states have created post-conviction statutory schemes, separate from VTCs, that recognize veteran status as a mitigating factor in sentencing. Many of these statutes, however, are now antiquated, in that they do not take sufficient account of mental health considerations and do not allow veterans the opportunity to avoid conviction records.²⁶ While the Commission knows of no research that has been done on these veteran statutes specifically, a study of expungement among the general population in Michigan highlights the importance of laws allowing veterans to avoid a conviction record. This study found that people receiving criminal record expungement had five-year rearrest rates of 7.1%,²⁷ indicating a relatively low public safety impact. In addition, those receiving criminal record expungement in Michigan saw their wages increase by 22%.²⁸

More broadly, some states have codified rehabilitative best practices for justice-involved veterans in statutes that cast a wider net. Such laws ensure that all veterans have access to rehabilitative interventions, sentencing mitigation, probation, or parole considerations, when appropriate. California and Minnesota have adopted two of the most comprehensive and well-developed veterans sentencing statutes.²⁹ Notably, both provide veterans with significant legal incentives to address conditions underlying their criminal behavior. The California law does so by allowing a conviction to be expunged upon a showing of rehabilitation. The Minnesota statute accomplishes this by permitting veterans to avoid a record of conviction on non-prison cases and to avoid prison on some more serious offenses.

The Commission finds that these two state laws provide useful frameworks and common elements that should inform statutory efforts to better support the nation's justice-involved veterans.

Implementation Steps

1. *State and federal statutes should create or expand judicial diversion³⁰ and deferred adjudication programs that incentivize veterans to take responsibility for their actions and help them resolve the issues underlying their criminal behavior.³¹ These programs should:*

- a. Permit participation using a broad definition of "veteran" (e.g., the definition provided in Commission Recommendation One³²) and include veterans charged with felonies and most violent crimes (except those that would require predatory offender registration), as well as veterans who are not eligible for a VTC.

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- b. Ensure judges retain discretion to decide eligibility in individual cases.³³
 - c. Clearly define the individualized behavioral goals that veterans must meet to successfully complete the programs, including restoration of victims/survivors.
 - d. Offer strong legal incentives, such as early termination of supervision and case dismissal, to encourage veterans to complete their individualized case plans and avoid the collateral consequences of a criminal conviction.
 - e. Allow veterans to transfer supervision to their county of residence.
 - f. Ensure opportunities for victims/survivors and family members to be involved in the supervision and treatment process, including the opportunity to be heard at final case dismissal hearings.³⁴
- 2. *States should establish statutory authorization for VTCs that specifies eligibility criteria, best-practice standards, evaluation requirements, and other parameters.***³⁵
- a. The U.S. Department of Justice should give federal funding priority to state, local, and tribal VTCs that work with individuals who would be diverted from prison, including diverting those under threat of revocation for violating the terms of their probation, parole, or other supervised release.³⁶
 - b. Congress should eliminate the prohibition on treatment-court participation by people who have committed violent offenses and allow states to set eligibility based on their criminal codes and public safety needs.³⁷
 - c. The federal judiciary should create a VTC in each U.S. Magistrate Court that has a military installation within its jurisdiction and permit the participation of active-duty service members.
- 3. *State and federal statutes should permit courts to take veterans' national service and military experiences into account at sentencing.***
- a. Courts (and corrections agencies) should consider whether and how military service, including combat exposure, is connected to the criminal offense in determining appropriate case dispositions and establishing individualized case plans.
 - b. Veteran status should be considered as a potential mitigating factor in sentencing decisions, including enumerating veteran status as a mitigating factor in systems with sentencing guidelines.³⁸

4. *State and federal statutes should establish or expand record clearance (“clean slate”) policies for veterans.*
5. *Law enforcement, court (judges, prosecutors, and public defenders), and corrections personnel should receive special training in the handling of cases involving veterans, including their exposure to violence, trauma, and PTSD/TBI.*
6. *The federal government should encourage states to adopt the state statutory frameworks described above through incentives for states receiving Department of Justice, VA, and other related federal grants.*

Recommendation 3: Establish a National Center on Veterans Justice to Improve Justice-Involved Veterans Programs Through Research and Coordination

Summary of Findings: A lack of coordination among programs for justice-involved veterans results in the duplication of efforts, a lack of proper program evaluation, and an inability to disseminate best practices. As a result, justice-involved veterans seeking assistance often confront a confusing and disjointed network of untested interventions.

Recommendation: The federal government should create a National Center for Veterans Justice to lead a coordinated effort to improve outcomes for veterans in the criminal justice system.

Detailed Findings

Assessing how well our nation is managing justice-involved veterans requires determining the size of the affected populations. Unfortunately, we have few clues. Approximately one third of veterans indicate that they have been arrested at least once in their lifetime, but that statistic relies on self-reported data.³⁹ In addition, the most recent estimate of incarcerated veterans comes from 2011; it identified 181,500 veterans in state and federal prisons and local jails.⁴⁰ These two findings underscore an unfortunate truth: reliable data on justice-involved veterans and the circumstances surrounding their criminal offending is sorely lacking.

Despite that fact, there has been tremendous growth in the number of organizations dedicated to the problem, and to veterans generally. Estimates place the number of veteran support organizations in the U.S. between 20,000 and 60,000. Many are doing commendable work, but duplication of effort, and a lack of structured connectivity, hamper their potential broad-scale impacts. While there have been initiatives to coordinate the efforts of these groups at a local level, the Commission knows of no



national organization with the mission or capacity to facilitate coordination on a broader scale, or between veterans' organizations and federal and state agencies.⁴¹

Within this criminal justice system, some police, prosecutors, courts, and corrections agencies have modified their policies and programs to address military veterans' criminogenic risks and needs. Still, veteran-specific interventions are rare, and program approaches vary substantially. For example, in a 2021 national scan of more than 2,300 prosecutors' offices, only 36 reported operating veteran-specific diversion programs.⁴² Similarly, of the 3,100 local jails nationwide, only 46 operate special veteran housing units.⁴³

While veteran-specific interventions are few, some that do exist have been widely replicated without the benefit of rigorous program evaluation. Law enforcement Veteran Response Teams, Veteran Treatment Courts (now numbering more than 600),⁴⁴ and VA Veterans Justice Outreach (with nearly 400 Veteran Justice Outreach specialists)⁴⁵ are examples of veteran-specific programs that have spread across the U.S. over the last decade but lack proper study. Champions of each of these interventions share powerful stories highlighting the success of individual participants, and many contend that the programs are based on analogous best practices established among a general justice-involved population (e.g., drug treatment courts as a basis for Veterans Treatment Courts). The Commission does not dispute that many positive outcomes appear to flow from such initiatives. But while it makes sense to gradually expand veteran access to these programs, the Commission cannot unequivocally endorse their rapid spread absent validation by research.

The Commission finds that the lack of coordination between programs for justice-involved veterans results in the duplication of efforts, a lack of proper program evaluation, and an inability to disseminate best practices. As a result, justice-involved veterans seeking assistance often confront a confusing and disjointed network of untested interventions.

Conclusion

With these recommendations, the Commission has provided a roadmap to help policymakers and other leaders strengthen and expand support for veterans as they encounter and move through the first phase of the justice system. As detailed above, identification of veterans is the crucial foundation for this work. Improving systems that allow local, state, and federal agencies to identify individuals who have served in the military will enable a larger number of veterans to benefit from interventions that have been tailored to address their unique challenges. As more veterans access these

interventions, a greater number of jurisdictions should adopt frameworks that provide veterans with an alternative to prosecution and incarceration. Finally, the creation of a National Center for Veterans Justice is needed to provide rigorous evaluations of these interventions, accelerate the proliferation of those that are effective, and coordinate the vast array of resources committed to aiding justice-involved veterans.

Implementation Steps

1. *The National Center for Veterans Justice should be responsible for:*
 - a. Enhancing the coordination of information, data, and best practices between and among programs serving justice-involved veterans.
 - b. Identifying research gaps in veterans' programs.
 - c. Funding original research and technical assistance to fill those gaps and encouraging programmatic innovation to expand evidence-based practice for justice-involved veteran interventions.
2. *The U.S. Department of Justice's Office of Justice Programs, in collaboration with the Department of Veterans Affairs (VA), Department of Defense (DOD), Department of Justice (DOJ), Social Security Administration (SSA), Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), and law enforcement agencies, should issue a Request for Proposal to support the creation of a National Center for Veterans Justice. Proposals should be assessed based on how effectively they address the center's ability to:*
 - a. Hold, organize, and maintain for review current information about governmental and nongovernmental programs serving justice-involved veterans. This information should be made easily accessible, allowing justice-involved veterans to identify practitioners and organizations listed by specialty and geographic region.
 - b. Maintain systems used to identify justice-involved veterans (per Recommendation One) and permit review by anyone entitled to that information.
 - c. Establish practices to allow veteran service programs to coordinate with each other, including greater sharing of data and best practices identified through program evaluation.
 - d. Establish data sharing arrangements with the VA, DOD, DOJ, SSA, DHS, ICE, law enforcement agencies, prosecutors, jails, and courts.
 - i. Explain how this data sharing will be utilized to identify how many veterans are encountering the criminal justice system.

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- ii. Explain how the National Center will analyze the disparities and outcomes among these veterans and address those disparities and outcomes.
 - e. Establish sources of funding for the National Center's ongoing operations, including support from the VA, DOD, DOJ, SSA, DHS, and ICE.
 - f. Provide technical assistance grants to support the innovation, expansion, and evaluation of new and existing interventions for justice-involved veterans.
 - g. Conduct, support, and oversee research on current levels of justice involvement among veterans, as well as evaluations of existing interventions designed to aid this population. Initial research and evaluation should cover the following topics related to the front end of the criminal justice system:
 - i. The number of veterans experiencing different contact points at the front end of the criminal justice system (e.g., arrest, pretrial detention, jail) overall and by race, ethnicity, gender, benefit eligibility, employment and housing status, and other demographic characteristics.
 - ii. The pathways to criminal justice involvement by veterans overall and by veterans with specific demographic characteristics, such as race, ethnicity, and gender.
 - iii. The pathways to criminal justice involvement by veterans' employment and housing status, benefit eligibility, character of discharge, and non-criminal court involvement (such as child custody, family law, and domestic violence matters).
 - iv. The number of veterans reached by, and the effectiveness of, interventions at different stages of the front end of the criminal justice system (diversion, arrest, detention, prosecution, sentencing).⁴⁶

¹ Carter, J. (1979). *Presidential review memorandum on Vietnam era veterans*, October 10, 1978. Washington, DC: United States Government Printing Office.

<https://babel.hathitrust.org/cgi/pt?id=uc1.31210006071078&view=1up&seq=1>

² Violent Crime Control and Law Enforcement Act of 1994, 42 U.S.C. § 13701(b)(7) (1994). <https://www.govinfo.gov/app/details/USCODE-2015-title42/USCODE-2015-title42-chap136-subchapl-partA-sec13701>

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- ⁶ S.C. Clark, National Director, Veterans Justice Programs, U.S. Department of Veterans Affairs, personal communication, January 6, 2023.
- ⁷ D. Stephens, Co-Director of Policing, Security Technology, and Private Security Research and Policy Institute, Former Chief of Police Charlotte Mecklenburg Police Department, personal communication, December 20, 2022.
- ⁸ The Veterans Legal Clinic at the Legal Services Center of Harvard Law School. (2020). *Turned away: How VA unlawfully denies health care to veterans with bad paper discharges*. OUTVETS, Legal Services Center of Harvard Law School, and Veterans Legal Services. <https://www.legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>
- ⁹ The Veterans Legal Clinic at the Legal Services Center of Harvard Law School. (2020). *Turned away: How VA unlawfully denies health care to veterans with bad paper discharges*. OUTVETS, Legal Services Center of Harvard Law School, and Veterans Legal Services. <https://www.legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>
- ¹⁰ Swords to Plowshares and National Veteran Services Program. (2022). *Underserved: How the VA wrongly excludes veterans with bad paper*. <https://www.swords-to-plowshares.org/research-publications/underserved>

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- ¹¹ The Veterans Legal Clinic at the Legal Services Center of Harvard Law School. (2020). *Turned away: How VA unlawfully denies health care to veterans with bad paper discharges*. OUTVETS, Legal Services Center of Harvard Law School, and Veterans Legal Services. <https://www.legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>
- ¹² U.S. Government Accountability Office. (2017). *DOD health: Actions needed to ensure post-traumatic stress disorder and traumatic brain injury are considered in misconduct separations* (Report no. GAO-17-260). Washington, DC: U.S. Government Printing Office. <https://www.gao.gov/products/gao-17-260>
- ¹³ Brignone, E., Fargo, J. D., Blais, R. K., Carter, M. E., Samore, M. H., & Gundlapalli, A. V. (2017). Non-routine discharge from military service: Mental illness, substance use disorders, and suicidality. *American Journal of Preventive Medicine*, 52(5), 557-565. <https://doi.org/10.1016/j.amepre.2016.11.015>
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- ¹⁶ Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198 § 502 (Jul. 22, 2016). <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>; Codified in: Adult and Juvenile Collaboration Programs – Assisting Veterans - Definitions, 34 U.S.C. § 10651(i)(1)(B)(i)-(ii) (2022). <https://www.law.cornell.edu/uscode/text/34/10651>
- ¹⁷ American Bar Association Criminal Justice Standards for Diversion define “diversion” as “any opportunity for a person to avoid arrest, to decline or reduce charges, to avoid a conviction, or to reduce a sentence, by fulfilling a prescribed set of conditions, by agreeing to a referral to services, or by receiving assistance or release with no further criminal consequences. ‘Diversion’ also refers to efforts to bring a public health approach to incidents traditionally addressed by the criminal legal system, or formalized efforts to identify circumstances in which further criminal legal system intervention is outweighed by concerns regarding over-incarceration and other harms.” For a full explanation of the

diversion standards, see: American Bar Association. (2022). *Diversion*.
https://www.americanbar.org/groups/criminal_justice/standards/diversion-standards/

¹⁸ This definition of a veteran does not impact the definition of a veteran for any other purpose and does not create any rights or benefits.

¹⁹ Veteran status identification and consideration in non-criminal courts, such as family courts, may be important given findings showing that veterans with PTSD have been found to perpetrate intimate partner violence at much higher rates than the national average. See: Sherman, M. D., Sautter, F., Jackson, H. M., Lyons, J. A., & Han, X. (2006). Domestic violence in veterans with posttraumatic stress disorder who seek couples therapy. *Journal of Marital and Family Therapy*, 32, 479–490.
<https://doi.org/10.1111/j.1752-0606.2006.tb01622>

²⁰ Lee, Y. (2013). Military veterans, culpability, and blame. *Criminal Law & Philosophy*, 7, 285–307. <https://www.doi.org/10.1007/s11572-013-9207-z>

²¹ U.S. Army Center for Health Promotion and Preventive Medicine. (2009). *Epidemiologic consultation no. 14-HK-OB1U-09: Investigation of homicides at Fort Carson, Colorado November 2008-May 2009*. <https://apps.dtic.mil/sti/pdfs/ADA515975.pdf>

²² Brown, W. B. (2008). Another emerging “storm”: Iraq and Afghanistan veterans with PTSD in the criminal justice system. *Justice Policy Journal*, 5(2), 1–37.
<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=21f0a0d88fec3bfe03ab31e1a620e1f41394949a>; Grossman, D. & Siddle, B. (2008). Psychological effects of combat. In L. Kurtz (Eds.), *Encyclopedia of Violence, Peace, and Conflict* (2nd ed., pp. 1796–1805). Academic Press. <https://doi.org/10.1016/B978-012373985-8.00148-3>;
 Grossman, D. (1996). *On Killing: The psychological cost of learning to kill in war and society* (Revised ed.). Little, Brown and Co. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/killing-psychological-cost-learning-kill-war-and-society>

²³ Maruschak, L.M., Bronson, J., & Alper, M. (2021). *Survey of prison inmates, 2016: Veterans in prison* (NCJ 252646). Washington, DC: Bureau of Justice Statistics.
<https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf>

²⁴ Note that the VA’s method of counting differs from that of the National Drug Court Resource Center, which reported 495 VTCs nationwide as of 12/31/2021. See: National Drug Court Resource Center. (2022). *Treatment court maps*.
<https://ndcrc.org/interactive-maps/>

²⁵ Bad paper discharges refer to individuals who receive either an administrative “other than honorable” discharge or a punitive bad-conduct discharge. For statistics on exclusions within VTCs, see: Baldwin, J. (2015). Investigating the programmatic attack: A national survey of veterans treatment courts. *Journal of Criminal Law & Criminology*, 105(3), 705-751. <https://scholarlycommons.law.northwestern.edu/jclc/vol105/iss3/4/>

²⁶ The following 12 states consider veteran status in some way after conviction and separate from VTC participation: Alaska, Alabama, California, Kansas, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon, and Rhode Island. See: Seamone, E. R. (2021). *Memorandum: Summary of state sentencing statutes considering veteran status as a mitigating factor*. Available upon request from the author.

²⁷ Prescott, J. J., & Starr, S. B. (2020). Expungement of criminal convictions: An empirical study. *Harvard Law Review*, 133(8), 2460–2555. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3353620

²⁸ Prescott, J. J., & Starr, S. B. (2020). Expungement of criminal convictions: An empirical study. *Harvard Law Review*, 133(8), 2460–2555. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3353620

²⁹ California Penal Code § 1170.9 (2020). https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1170.9&lawCode=PEN; Veterans Restorative Justice Act, Mn. Statutes § 609.1056 (2021). <https://www.revisor.mn.gov/statutes/cite/609.1056>

³⁰ As discussed in note 17, the American Bar Association Criminal Justice Standards for Diversion define “diversion” as “any opportunity for a person to avoid arrest, to decline or reduce charges, to avoid a conviction, or to reduce a sentence, by fulfilling a prescribed set of conditions, by agreeing to a referral to services, or by receiving assistance or release with no further criminal consequences. ‘Diversion’ also refers to efforts to bring a public health approach to incidents traditionally addressed by the criminal legal system, or formalized efforts to identify circumstances in which further criminal legal system intervention is outweighed by concerns regarding over-incarceration and other harms.” For a full explanation of the diversion standards, see: American Bar Association. (2022). *Diversion*. https://www.americanbar.org/groups/criminal_justice/standards/diversion-standards/

³¹ Use of the term “states” in Recommendation Two is meant to be inclusive of the District of Columbia, tribal jurisdictions, and the five U.S. territories, meaning that it is

recommended that these jurisdictions also adopt the statutory frameworks, with such adoption encouraged through Department of Justice and other federal justice grants.

These statutory enactments are not designed to replace veterans treatment courts or the rules that govern them. The enactments addressed herein will provide veterans another alternative in cases where a veterans treatment court restricts access to the court based on the offense level or the discharge type, provides insufficient legal benefit to promote full veteran participation, or in one of the vast majority of U.S. jurisdictions where no veterans treatment court exists currently.

³² As seen in Recommendation One, the proposed definition of a military “veteran” is a person who: Swore an oath and entered any branch of the Armed Forces, including the National Guard or Reserve; and is either (i) Currently serving in such branch and has not been discharged; or (ii) Was discharged or released from such service under any characterization of discharge that was not a dishonorable discharge, unless the individual receiving the dishonorable discharge has been diagnosed with Substance Use Disorder, Military Sexual Trauma, Traumatic Brain Injury, Post-Traumatic Stress Disorder, or a mental health condition.

³³ As an example of this form of judicial discretion, Subdivision 2(C) in Minnesota’s Veterans Restorative Justice Act specifies that the court determines eligibility by making a finding of whether the veteran suffers a service-related condition and whether that condition caused the offense. See: Military Veterans; Crimes Committed because of Conditions Resulting from Service; Discharge and Dismissal - Discharge and Dismissal, Mn. Stat. § 609.1056 (2C) (2022). <https://www.revisor.mn.gov/statutes/cite/609.1056>

³⁴ For an example of what these opportunities can look like, Minnesota’s Veterans Restorative Justice Act reads: “The court shall provide notice to any identifiable victim of the offense at least 15 days before the hearing is held. Notice to victims of the offense under this subdivision must specifically inform the victim of the right to submit an oral or written statement to the court at the time of the hearing describing the harm suffered by the victim as a result of the crime and the victim’s recommendation on whether dismissal should be granted or denied. The judge shall consider the victim’s statement when making a decision. If a victim notifies the prosecutor of an objection to dismissal and is not present at the hearing, the prosecutor shall make the objections known to the court.” See: Military Veterans; Crimes Committed because of Conditions Resulting from Service;

Discharge and Dismissal - Discharge and Dismissal, Mn. Stat. § 609.1056 (3)(b) (2022).
<https://www.revisor.mn.gov/statutes/cite/609.1056>

³⁵ Aspects of this recommendation are similar to the Veterans Treatment Court Act, although this recommendation goes further in addressing more than VTCs (e.g., sentencing mitigation). See: Uniform Law Commission. (2017). *Veterans treatment court act*. <https://www.uniformlaws.org/committees/community-home?CommunityKey=3c91a212-1d3d-4768-9adf-ce809a43f66b>

³⁶ For more information on this practice, see recommendation 12 from the Council on Criminal Justice's Task Force on Federal Priorities:
<https://counciloncj.foleon.com/taskforce/federal-priorities/rec12/>

³⁷ As noted in [Recommendation 12 from the Council on Criminal Justice's Task Force on Federal Priorities](#), the 1994 Crime Bill “prohibited the use of federal funds for cases involving violent offenders, and that ban remains in force. But in the decades since the law's passage, [research has indicated](#) that the combination of judicial oversight, drug testing, treatment, and other key components can be effective with high-risk, high-need cases, including those involving violent conduct. In addition, many courts have become far more comprehensive and sophisticated in their practices than they were a quarter century ago, enhancing their ability to effectively manage people with more serious criminal involvement.”

³⁸ For an example of sentencing guidelines that include veteran status as a mitigating factor, see Subd. 4 of Minnesota's Veterans Restorative Justice Act. Military Veterans; Crimes Committed because of Conditions Resulting from Service; Discharge and Dismissal - Sentencing Departure; Waiver of Mandatory Sentence, Mn. Stat. § 609.1056 (4)(b)(2) (2022). <https://www.revisor.mn.gov/statutes/cite/609.1056>

³⁹ Snowden, D. L., Oh, S., Salas-Wright, C. P., Vaughn, M. G., & King, E. (2017). Military service and crime: New evidence. *Social Psychiatry & Psychiatric Epidemiology*, 52(5), 605-615. <http://doi.org/10.1007/s00127-017-1342-8>; Timko, C., Nash, A., Owens, M. D., Taylor, E., & Finlay, A. K. (2020). Systematic review of criminal and legal involvement after substance use and mental health treatment among veterans: Building toward needed research. *Substance Abuse: Research & Treatment*, 14, 1-13.
<https://doi.org/10.1177/1178221819901281>

⁴⁰ Bronson, J., Carson, A., Noonan, M., & Berzofsky, M. (2015). *Veterans in prison and jail, 2011-12* (NCJ 249144). Washington, DC: Bureau of Justice Statistics.

<https://www.bjs.gov/content/pub/pdf/vpi1112.pdf>

⁴¹ For examples of these efforts, see the San Diego Veterans Coalition, which works to improve the coordination of the 165 veterans organizations in San Diego County. San Diego Veterans Coalition. (2023). *Serving veterans and their families*.

<https://sdvetscoalition.org>

⁴² Data drawn from National District Attorneys Association and Urban Institute project, Mapping prosecutor-led diversion that catalogues hundreds of prosecutor diversion programs across the country and provides thematic and case study reports available at: www.diversion.ndaa.org; Olsen, R., & Bunn, N. (2022, Aug. 9). *Prosecutor Diversion*. Presentation to the Front-End Advisory Committee of the Veterans Justice Commission.

⁴³ For a map of the location of these housing units, see: National Institute of Corrections. (2023). *Prisons and jails with dorms for veterans*. <https://info.nicic.gov/jiv/node/27>

⁴⁴ Note that the VA's method of counting differs from that of the National Drug Court Resource Center, which reported 495 VTCs nationwide as of 12/31/2021. See: National Drug Court Resource Center. (2022). *Treatment court maps*.

<https://ndcrc.org/interactive-maps/>

⁴⁵ Government Accountability Office. (2021). *Veterans justice outreach program: Further actions to identify and address barriers to participation would promote access to services* (Report no. GAO-21-564). Washington, DC. <https://www.gao.gov/products/gao-21-564>

⁴⁶ Evaluations here should cover the outcomes associated with reforms made by states based on the statutory changes outlined in Recommendation Two.

⁴⁷ Parker, K., Igielnik, R., Barroso, A., & Cilluffo, A. (2019). *The American veteran experience and the post-9/11 generation*. Pew Research Center.

<https://www.pewresearch.org/social-trends/2019/09/10/the-american-veteran-experience-and-the-post-9-11-generation/>

Report 3 – From Confinement to Community: Supporting Successful Veteran Reentry and Employment

Introduction

American veterans who land in the criminal justice system have a unique set of experiences and needs, and they face challenges that often differ from those of other people behind bars. For incarcerated veterans struggling with post-traumatic stress disorder (PTSD) and/or other forms of trauma, many elements of life in prison can resemble deployment to a combat zone; researchers say that incarcerated combat veterans, in particular, often adopt survival mode characteristics of those engaged in combat operations.¹ Studies have documented high rates of mental health and substance use disorders among incarcerated veterans.² An analysis of corrections data from Washington state found that veterans who self-reported a traumatic brain injury (TBI) had increased use of in-prison medical services, higher rates of violent in-prison misconduct, and an increased likelihood of experiencing solitary confinement.³

Other troubles surface during reentry, when veterans, like most formerly incarcerated people, face multiple barriers to success as they seek to rebuild their lives. Securing stable housing and a job are two key challenges. In a national sample of veterans connected to a VA outreach program, 30% had experienced homelessness within the past three years, a rate five times that of men in the general population.⁴ While national rates of employment for previously incarcerated veterans are not tracked, factors such as substance use and longer incarceration episodes are correlated with a decreased likelihood of securing a job interview among veterans.⁵ Veterans and other formerly incarcerated people also are at high risk of death from substance use disorders, homicide, suicide, and other factors during reentry. Among veterans who connected with a post-release VA outreach program, 57% were diagnosed with a mental health disorder, and nearly half (47%) were diagnosed with a substance use disorder. About one third (35%) were diagnosed with co-occurring mental health and substance use disorders.⁶

Beyond such data, critical gaps remain in what is known about the population of veterans who are in prison or are on post-prison supervision in the community. Most states do not track or publish current data on the number of veterans who are incarcerated or reentering society, or on their unique array of challenges. The absence of reliable, comprehensive information complicates efforts to understand and address

veterans' risks and needs and hinders the development of policies and programs to provide them with tailored interventions and other support.

Some Promising Developments

In its assessment, the Commission found pockets of encouraging progress. One is the establishment of veteran-specific housing units in correctional settings. These units aim to improve veterans' outcomes by encouraging peer support related to shared military experience. While their use has expanded rapidly in the past several years, they remain relatively rare and have not been evaluated for effectiveness. Multiple correctional leaders, however, say the specialized housing provides valuable benefits for veterans and the incarcerated population overall.⁷ A handful of other correctional programs target the unique needs of veterans, including those that partner with the VA to help incarcerated veterans apply for benefits prior to release; focus on incarcerated women veterans; provide educational opportunities; and offer individual and group therapy for mental health and substance use disorders. Still other programs engage incarcerated veterans through peer support networks. Unfortunately, very few of these efforts have been rigorously assessed.

Another promising advancement can be seen in California, which passed legislation allowing incarcerated veterans to petition for readjudication of their cases through a process that permits consideration of their military service. While this is a fairly recent development, the approach could be a model for other states, providing a fresh chance for veterans whose service and related trauma may not have been sufficiently examined during their initial sentencing.

Building on these and other positive initiatives, the Commission's recommendations address the challenges facing justice-involved veterans to ensure they are better equipped to lead productive lives in the country they fought to protect.

Recommendation 1: Prioritize the Recruiting and Hiring of Justice-Involved Veterans

Summary of Findings: While the cause of second chance employment is attracting growing support in the business sector, there is no large-scale collaboration among industry and government leaders focused on hiring people with criminal convictions who served in our nation's military.

Recommendation: The American business community, as well as government entities at all levels, should implement policies that directly promote the hiring of second chance



veterans. Small businesses and large corporations, along with non-governmental organizations, should collaborate with correctional facilities, technology platforms, and community supervision agencies to support this initiative.

To support its recommendation, the Commission developed a model hiring policy for businesses that outlines a set of core principles and best practices for hiring second chance veterans. Model Hiring Policy is available at: <https://vjc.counciloncj.org/vjc-reports/hiring-policy>

Detailed Findings

A Growing Movement

The hiring of people with criminal records, a practice often referred to as “second chance” or “fair chance” employment, has become increasingly popular within the American business community in recent years. Organizations such as the Second Chance Business Coalition have championed the benefits of such hiring and have encouraged employers to rethink hiring requirements that may be keeping talented employees off their radar.

Under the fair chance hiring approach, employers are encouraged to lower hiring barriers, in part by removing criminal background questions from job applications. Additional fair chance hiring policies include targeted recruiting, skills-based interviews, evaluating the relevance of a conviction to the specific job role, and providing supportive onboarding. More than 50 corporations, including The Home Depot, JPMorgan Chase, Target, Walmart, and United Airlines, have adopted second chance hiring practices.⁸ LinkedIn is another leader in this area. In 2020, the company created a fair chance filter for its search engine, which identifies employers who are open to hiring people with criminal backgrounds.

Many companies have also increased efforts to hire veterans. The Veterans Jobs Mission brings together leaders in the business community to promote the hiring of veterans and their spouses. The group, originally called the “100,000 Jobs Mission,” was started in 2011 with 11 companies. By 2024, the effort included more than 315 companies, which have hired more than 900,000 veterans and military spouses in all.⁹ Although veterans generally experience lower unemployment rates than non-veterans, joblessness among former service members spiked between 2009 and 2014, with unemployment for Gulf War veterans peaking at 12.1% (compared to 9% for non-veterans) in 2011.¹⁰ In response, the federal government and private sector began coordinated initiatives. The

Obama White House launched the “Joining Forces” initiative, which reportedly placed more than 1.2 million veterans and their family members in corporate jobs by the end of the Obama presidency.¹¹ The Bush Institute partnered with the U.S. Chamber of Commerce Foundation's Hiring Our Heroes program to put forth seven recommendations to support veterans in finding fulfilling employment.¹² They included greater data collection and the creation and expansion of Department of Defense programs.¹³ Hiring Our Heroes has continued to fuel veteran employment efforts, resulting in 505,000 confirmed veteran hires as of 2021.¹⁴ More recently, the Veterans Jobs Mission has committed to hiring two million veterans and 200,000 military spouses through its corporate coalition.

Focusing on Justice-Involved Veterans

While these examples show the substantial effort made to boost employment for justice-involved individuals and veterans, they reveal a gap at their intersection: the absence of a large-scale initiative to hire veterans with a criminal background. Hire Heroes USA is one group that has stepped in to address this gap. Tailoring its outreach to justice-involved veterans, the organization provides education on legal rights, prepares veterans for interview questions related to their criminal records, and connects job seekers with fair chance employers. The organization also offers mentorship through its Battle Buddies Program. As of May 2024, Hire Heroes USA had supported 688 justice-involved veterans, with nearly half (48%) securing employment.¹⁵

This laudable work is making a difference in many veterans' lives, but a broader effort is needed to match the scope of the problem. Research has consistently shown that employment, especially stable and meaningful employment, is crucial to successful reentry.¹⁶ With coordination spanning government agencies, community organizations, and the business community, the nation can dramatically expand second chance hiring to more justice-involved veterans, reduce future criminal behavior, and improve health safety, and justice for veterans, their families, and communities. To help accelerate this change, the Commission developed the following recommendation.

Implementation Steps

1. Federal and state governments should hire more second chance veterans.

- a.*** Existing state and federal preferences for hiring veterans should be amended to directly address second chance veterans.

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- b. The U.S. Department of Labor and the Veterans Administration should promote second chance veteran hiring to their membership, constituents, and the public.
 - 2. *The American business community should incorporate the following best practices into their existing hiring policies.*
 - a. **Remove Barriers:** A business will remove questions about criminal records from initial job applications and delay inquiries until later stages of the hiring process, such as after a conditional job offer.
 - b. **Individualized Assessments:** Each candidate with a criminal background will be evaluated individually, with consideration given to the nature and severity of the offense, time elapsed since the offense, and its relevance to the job role. Candidates will have the opportunity to explain the circumstances surrounding their criminal record.
 - c. **Thorough Background Checks:** Where applicable, a business will conduct criminal and non-criminal background checks that comply with Fair Credit Reporting Act (FCRA) requirements. Any third-party background check service used by a business will also comply with the FCRA. For positions dealing with vulnerable populations, businesses may conduct fingerprint-based FBI background checks in addition to standard checks. Businesses will not ask for a copy of a service member's military record (e.g., DD214) until after a conditional offer is made, and only if necessary. A negative discharge characterization will not be an automatic bar to employment. Businesses will also verify military service and discharge status through official channels. If something is unclear in a veteran's military record, a business will review it with a veteran or someone familiar with military records so that businesses can accurately understand any findings.
 - d. **Hiring Channels:** Businesses will actively promote open positions through channels reaching justice-involved veterans and will partner with organizations that provide job readiness training and support for this talent pool. Where job requirements allow, a business will actively work to create a talent pipeline or facilitate initiatives focused on justice-involved veterans.
 - 3. *The Second Chance Business Coalition, the Veterans Jobs Mission, the U.S. Chamber of Commerce, the Society for Human Resources Management, and other leading business organizations should raise awareness of the benefits of second chance veteran hiring among their members, constituents, and the public.*
 - 4. *American businesses with second chance veterans hiring policies should promote their policies in partnership with veteran service and criminal justice organizations.*

5. *American businesses with second chance veterans hiring policies should consider investing in correctional agencies' vocational training and work-force development programs and should collaborate on job placement efforts for justice-involved veterans, including those on parole or probation either prior to or following a period of incarceration.*
6. *Employers should take advantage of the Work Opportunity Tax Credit.*

Recommendation 2: Identify and Provide VA Healthcare to Incarcerated Veterans

Summary of Findings: Identifying veterans in all phases of the justice system remains essential to understanding the nature and extent of veterans' justice involvement and driving development of tailored interventions for veterans in prison and on community supervision. An administrative rule formalized in 1999 prohibited incarcerated veterans from receiving care from the Veterans Administration, eliminating a longstanding benefit. As a result, incarcerated veterans are dependent on institutional care that may not fully address their unique service-related needs, particularly post-traumatic stress and traumatic brain injury.

Recommendation: Congress should require the use of the VA's veteran identification databases by all entities in the criminal justice system that receive federal funds. Further, Congress should approve and fund VA-provided medical and mental health care for all incarcerated veterans during their confinement.

Detailed Findings

A Lack of Identification

In its report *Honoring Service, Advancing Safety*, the Commission noted that reliable estimates of the number of veterans in prisons and jails and on community supervision are rare.¹⁷ Official incarceration figures are outdated and only available at the national level. Specifically, the most recent government estimate showed that 181,000 veterans were in U.S. prisons and jails, but this figure is from 2016—and uses 2011 data. There are no exact figures for each state prison and local jail. In addition, while there were approximately 3.7 million adults under some form of community supervision in the U.S. as of 2022, no data exist to show how many of them were veterans.¹⁸ One obstacle to reliable numbers is that agencies in many states tend to rely on people to self-report their veteran status. As highlighted in previous Commission reports, this is a faulty measure because many former service members hesitate to disclose their status. Some

worry about losing benefits, while others report feeling a sense of shame or fear being viewed as a threat.¹⁹ Research in California suggests that nearly two out of three incarcerated veterans do not self-identify when asked.²⁰ While prisons are able to run their populations against existing data systems—the Veterans Reentry Search Service (VRSS) to determine who has served in the military, few state prisons use them.²¹

To obtain a more accurate picture of the concentration of veterans in state prisons and better understand how corrections agencies identify veterans as part of their classification process, the Commission partnered with researchers at New York University (NYU). Based on state reporting, the researchers estimated that there were 52,000 veterans in state prisons in 2023, representing about 5% of the nation's total state prison population.²² This number is below the Bureau of Justice Statistics (BJS) estimate released seven years earlier, which found 98,000 veterans in state prisons, representing about 8% of that year's total state prison population.²³

One reason for the gap may be the decline in the prison population overall. Expanding efforts to divert some veterans from incarceration via treatment courts could have reduced numbers as well. But the NYU researchers also believe their 2023 estimate is an undercount, in part because many states rely on self-reporting by veterans, an approach known to be problematic because many veterans are reluctant to self-identify out of shame or fear of potential loss of benefits. In contrast, the BJS uses more rigorous, resource-intensive, nationally representative survey methods for its periodic counts.²⁴

Whatever the explanation, this difference in population numbers underscores the need for reliable identification of incarcerated veterans and the consistent use of the VA's identification systems. The absence of a concerted, comprehensive, and federally managed effort by correctional facilities to identify veterans means that many do not receive targeted interventions that could better address service-related conditions that can contribute to their criminal behavior. Early identification also would help with the creation of reentry plans that include links to veteran resources in the community, including housing assistance, the restoration of VA benefits, and other support.

Healthcare During Incarceration

Identifying veterans in correctional custody is particularly important to enable institutions to tailor healthcare for those who need specialized treatment for PTSD, TBIs, and other service-related trauma. Currently, veterans incarcerated in jails and prisons do

not have access to VA-specific healthcare, which means they rely on medical care provided by their institutions, like the rest of the population behind bars.

The absence of VA care can be traced back to 1999. That year brought the formalization of a federal regulation proposed by the VA that prohibited the VA from providing healthcare to veterans under the care of another government agency. This regulation terminated a significant benefit and reversed nearly 70 years of VA practice.²⁵ The change also left non-VA providers responsible for the care of incarcerated veterans. This has raised concerns because it means veterans receive care from medical staff who may lack the specialized training that VA providers receive. For example, research specifically focused on this issue, conducted in New York, shows that non-VA providers are often poorly trained in evidence-based care for veterans' issues, such as using Cognitive Processing Therapy to treat PTSD.²⁶ PTSD can elevate the risk that veterans will engage in criminal behavior, making specialized VA-provided care particularly important for those in prison and jail.²⁷

Before the 1999 rule change, the VA could provide healthcare to incarcerated veterans, either within correctional facilities or by coordinating with correctional staff to bring patients to VA facilities. Restoring VA healthcare access for incarcerated veterans could improve their rehabilitation and ensure a smoother transition to post-incarceration life. Eligible veterans could also seamlessly continue their healthcare after release without the need to reestablish their VA connections.

The Commission was not able to find or calculate what the VA spent on care for incarcerated veterans before the 1999 regulation change. In order to benchmark what resumption of VA funding might cost, the Commission partnered again with researchers at New York University to generate an estimate of current expenditures on healthcare services for veterans in state prisons. The researchers gathered data on the average healthcare cost for imprisoned people in each of the 50 states and multiplied that figure by the estimated number of veterans in each state. They estimated that the total national expenditure on healthcare for veterans in state prisons in 2023 was \$472 million.²⁸

Prison health costs at the state level varied widely. The average per person cost was \$9,700. California's costs were the highest, at \$28,000 per incarcerated individual, while Louisiana spent the least, \$1,200.²⁹ These figures reflect health services provided by state prisons but not other entities that might also supply or pay for care. How much a

state prison can spend on healthcare varies widely due to budget, availability of care, differences in population health needs, and various regional factors.

While these costs reflect current state spending levels, they would not necessarily mirror what the VA would need to spend if it resumed providing services to incarcerated veterans across the nation. Total VA costs could be less if the department covered only certain services, such as behavioral health. On the other hand, since prison health services are widely regarded as insufficient,³⁰ the VA might expand services and expenditures. Further exploration of the impact on the VA's budget is warranted. But in the Commission's view, the 1999 rule change should be reversed on the grounds that veterans have served the nation and in return deserve the best health services the nation can deliver.

Beyond reverting back to a 70-year norm, it is important to consider the timing of the 1999 rule change. In particular, it occurred just before the 9/11 terrorist attacks. In the aftermath of the attacks, millions of American troops deployed, many of whom went on to serve multiple combat tours. Today's veterans experienced historically high rates of deployment and combat exposure, raising their risk of PTSD and TBI, which are linked to criminal justice involvement.³¹ Put simply, VA coverage was taken away from incarcerated veterans at a time when veterans became more likely to experience risk factors associated with criminal behavior, making it more difficult for them to receive proper care for those factors. The Commission believes the 1999 rule change should be reversed and that the VA should resume providing care to incarcerated veterans. This is the best way to honor veterans' sacrifices to the nation and enhance their health and public safety upon release.

Implementation Steps

- 1. Congress should mandate the adoption, use, and data reporting of Department of Veterans Affairs (VA) identification databases—the Veterans Reentry Search Service (VRSS) and the Status Query and Response Exchange System (SQUARES)—by all federal, state, local, and tribal criminal justice agencies that receive federal funds.**
 - a.** The administrators of VRSS and SQUARES and state correctional leaders should collaborate to ensure that data systems allow them to effectively share information.
 - b.** The VA should also keep its databases up to date to ensure accuracy.
- 2. Congress and the VA should make medical and mental healthcare available to all incarcerated veterans through the Veterans Health Administration (VHA). State**

correctional facilities should coordinate with the VHA to arrange for such care, to include hosting VA specialists, redirecting transportation from correctional to health facilities, and providing telehealth options.

- a. Congress should repeal the law that eliminated this right and pass new legislation requiring VA provided medical and mental health care for incarcerated veterans.
- b. Congress should repeal the necessary sections of the Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262.³²
- c. The VA should amend the rule 38 CFR § 17.38(c)(5) to confirm this crucial benefit is once again in effect.
- d. Funding should also be provided to the VHA to ensure necessary staffing requirements are met so that there is no degradation of care to non-incarcerated veterans.

Recommendation 3: Eliminate Administrative Barriers to Housing Eligibility and Prevent Benefit Arrearages

Summary of Findings: Conflicting legal definitions of “homeless” and their application to veterans returning home after incarceration create barriers that can substantially complicate veterans' efforts to secure housing during reentry. Some reentering veterans also struggle with accumulated debt caused by the VA's erroneous payment of benefits during their confinement.

Recommendation: The Department of Housing and Urban Development and other federal agencies should remove administrative barriers that restrict housing opportunities for formerly incarcerated veterans. Additionally, Congress should pass legislation to prevent benefit arrearages for veterans who notify the VA or Social Security Administration of any felony incarceration lasting, or expected to last, more than 60 days.

Detailed Findings

Homeless Definitions and Housing Eligibility

Housing is often cited as an especially daunting hurdle for formerly incarcerated veterans. Many struggle with homelessness,³³ and in the 1980s, data revealed that veterans were overrepresented in the nation's homeless population.³⁴ Homeless veterans and non-veterans share many similar experiences that lead them to become homeless.³⁵ For veterans, the most consistent risk factors are substance use disorder and

mental illness, in addition to low income.³⁶ Many of these factors lead veterans to criminality as well.

Navigating government-funded housing programs presents a formidable challenge for some justice-involved veterans beginning a reentry journey. Many apply for programs offered through the Department of Housing and Urban Development (HUD), the Department of Labor, and the VA, which offer assistance for those who are homeless or at risk of homelessness. Unfortunately, conflicting definitions of homelessness among these agencies create confusion for many veterans as they seek to comply with program requirements.

The Department of Labor's Homeless Veterans' Reintegration Program (HVRP) and the HUD-VA Supportive Housing program (HUD-VASH) both use the HEARTH Act definition of homeless, which includes people "exiting an institution where they temporarily resided."³⁷ This ambiguous definition fails to clarify when a veteran is considered to be "exiting" an institution and what qualifies as "temporarily resided." The act also explicitly excludes people who are imprisoned or detained, meaning that incarcerated veterans cannot apply for housing programs before release. This puts them at risk of leaving jail or prison with nowhere to live and can unnecessarily prolong veterans' time behind bars.

The VA's Supportive Services for Veteran Families program includes a "RapidReHousing" waiver that can expedite the housing application process, but its eligibility requirement—being "literally homeless"—is narrow.³⁸ Veterans exiting institutions after long-term sentences often do not qualify. The HUD-VA Supportive Housing program uses the same homelessness definition as HVRP, further contributing to confusion and inconsistencies across programs.

The Commission finds that conflicting definitions and application of program standards can sow confusion and create unnecessary obstacles to veterans' reentry. This confusion increases the potential for veterans to become homeless upon leaving jail or prison, which, in turn, can increase the odds of reoffending, put veterans at increased risk for suicide, or, in light of a recent U.S. Supreme Court decision, expose them to rearrest for simply being homeless.³⁹ The Commission strongly urges federal agencies to consider refining the definition of "homeless" in relevant program materials to ensure that more returning veterans can apply for and obtain housing.

Erroneous Benefit Payments and Associated Debt

A second critical barrier to successful reentry for some formerly incarcerated veterans is accumulated debt related to VA benefit payments that occur during their confinement. In 1980, Congress passed the Veterans' Disability Compensation, Housing, and Memorial Benefits Amendment, which reduced or eliminated VA compensation for veterans imprisoned for more than 60 days.⁴⁰ Section 5313 of the amendment says that any veteran who is entitled to VA compensation and is imprisoned for a felony for more than 60 days at a local, state, or federal correctional facility will face a reduction or elimination of compensation on the 61st day of incarceration.⁴¹ For incarcerated veterans without a disability, this rule means the termination of benefit checks. For those who are rated at 20% disabled or greater, monthly payment rates are reduced to 10% of the total benefit (\$171.23 as of June 2024), and for veterans rated at 10% disabled, the payment is reduced even more (\$85.61 as of June 2024).⁴²

The VA identifies veterans for benefit reduction or termination by matching Social Security numbers with databases from the federal Bureau of Prisons, the Department of Justice, and the Social Security Administration.⁴³ This system, however, has significant flaws. In some instances, veterans who should retain their benefits, such as those who are incarcerated for a misdemeanor and are thus not subject to benefit reduction, may be erroneously flagged. In other cases, even those veterans who notify the VA of their incarceration, continue to receive benefits.⁴⁴ This scenario leads to overpayments—sometimes extending for years—and, once the government becomes aware of its error, subsequent actions to recover dispersed funds.

The Commission finds that the erroneous payment of benefits to incarcerated veterans, sometimes over many years, can leave those exiting jail or prison saddled with substantial debt at a time when they are readjusting to free society and rebuilding their lives. In some cases, the government will garner the full amount of a veteran's benefit check to recover the debt. Compounding the financial stress, the process of appealing or requesting waivers for these debts is complex and time-sensitive. That challenge, coupled with the onerous task of reinstating VA benefits after release, creates considerable financial instability for many formerly incarcerated veterans as they attempt to reintegrate with families, find housing and employment, and chart a new course forward. The Commission recommends that Congress take action to ensure these erroneous payments do not continue.

Implementation Steps

1. *The Department of Housing and Urban Development (HUD) should revise the "homeless" definition in 24 CFR 576.2 to state that an individual who is exiting a publicly funded institution or system of care (such as a health care facility, a mental health facility, a foster care or other youth facility, or a correction program or institution) should qualify as homeless, provided that:*
 - a. The individual will be exiting within 30 days of the date of application for homeless assistance;
 - b. No subsequent residence has been identified; and
 - c. The individual or family lacks the resources or support networks (e.g., family, friends, faith-based or other social networks) needed to obtain other permanent housing.
2. *The Department of Veterans Affairs (VA) should cease its practice of recouping monies erroneously paid to a veteran after the VA was provided actual written notice of the veteran's incarceration, whether the source of the notice is the veteran, the correctional facility, or another government entity.*
3. *Regarding debt waivers, the VA should adopt the following policies, to be included in its training and adjudication manuals:*
 - a. Recoupment of a debt following release from incarceration would very likely constitute "undue hardship" per 38 CFR 1.965, given the innumerable difficulties veterans face upon release; thus, adjudicators should consider this factor when adjudicating waiver requests due to incarceration.
 - b. Recoupment of debts due to incarceration shall begin no sooner than 24 months following release to help facilitate veterans' successful reentry. The VA should provide veterans with the date upon which their benefits will be reduced and communicate clear instructions for the filing of a waiver.
 - c. The VA should create a form specifically for requesting waivers and should include the following within the form:
 - i. Sections for the veteran to provide information regarding each of the factors considered per 38 CFR 1.965.

- ii. Sections to indicate when the veteran had actual knowledge of the debt so that the VA can calculate the waiver deadline per 38 USC 5302(a)(1), which allows for the VA to start the 180-day deadline from the date of actual knowledge of the debt.
- iii. Sections to indicate the veteran's recent incarceration and their date of release, information the adjudicator can use in analyzing whether recoupment would cause "undue hardship" per 38 CFR 1.965.

4. *Further, the processes outlined in recommendation No. 2 show that it may be prudent to leverage a technology solution to ensure that the VA becomes aware of veteran incarceration in a timely manner to reduce the likelihood and impact of veterans' arrearages.*⁴⁵

Recommendation 4: Evaluate and Develop Best Practices for Veterans Housing Units

Summary of Findings: Veteran-specific housing units in prisons and jails have become increasingly popular, gaining support with correctional leaders for their perceived positive impact. Rigorous study of the units is needed to fully understand their effectiveness.

Recommendation: Congress should fund and direct the Department of Justice, through the proposed National Center for Veterans Justice, to coordinate research on veterans housing units and develop best practices for their use.

Detailed Findings

Veteran-specific housing units have gained popularity across the country in recent years, with both federal and state correctional systems adopting variations. Sometimes called veteran pods, or HUMVs (Housing Units for Military Veterans), these units typically aim to create a supportive environment for veterans, encourage peer mentoring, and facilitate the delivery of tailored programs. The units are often staffed with officers who have special training in veterans' issues.

The first veteran housing unit was established in 1987 by the New York Department of Corrections, and the National Institute of Corrections (NIC) has identified about 100 to date.⁴⁶ These units vary widely in structure and operation, ranging from basic communal living spaces to units requiring extensive program participation. The NIC report Barracks

Behind Bars highlighted the diverse array of units and their management across the country.⁴⁷ Correctional leaders widely praise these units for improving population management, allowing for more effective program delivery, and violence reduction. Maine Corrections Commissioner Randall Liberty is a strong advocate for veterans' housing units, having introduced the first jail-level unit in Augusta and expanded the model throughout the state. In a meeting with Commission advisers, he explained his support this way: "One data point I'm most proud of is in 2017 we had 80 assaults on staff. Last year [2023], we had seven, just by providing that therapeutic environment where people can be redeemed and give back to the community."

Adding to this anecdotal support is research focused on the San Diego County Sheriff's Department Veterans Moving Forward program. A study of the program's housing unit for male veterans found that participants had fewer rule violations and were less likely to be rearrested within 12 months of release than a historical group of veterans who did not participate in the program.⁴⁸

While these findings are suggestive, a non-causal analysis of one housing unit cannot be taken as conclusive evidence of the intervention's effectiveness. Moreover, such units vary widely in the scope of their entry requirements and their programming strategies, making it difficult to draw general conclusions about their effectiveness. And because of differences between veterans who join the units and veterans who do not, analyses cannot rule out the possibility that people who seek to live in the housing units are already more likely to successfully reenter the community, regardless of the unit's impact.

Notably, there are no standard practices for veterans housing units. Incarcerated veterans have diverse needs and strengths, many of which are similar to—but perhaps more pronounced than—those of the general prison population. The prison experiences of veterans also are not fundamentally different from those of non-veterans. Consequently, many veterans' housing units either offer programs similar to those available to the general population or serve as specialty housing without distinct programming. There is significant room for innovation to determine what can make these programs work for veterans' successful reentry. Along with this innovation, more rigorous evaluations across different regions are needed to gain a comprehensive understanding of how these specialized units affect participants and how removing veterans from general prison housing affects the broader population. Systematic reviews and meta-analyses of randomized controlled trials and high-quality observational studies, specifically, are needed to determine the benefits of such programming.

Cost is also an important factor to consider. In some cases, veterans housing units do not require augmenting expenditures. For example, the Middlesex Sheriff's Office funded its HUMV unit through its general operating budget and with nominal impact to the budget. The jail was able to repurpose an existing housing unit to suit the veterans' needs and partnered with local service providers for programmatic support.⁴⁹ In Maine, Commissioner Liberty shared a similar experience, noting that "it's about management of the population" and that costs need not be a barrier. Despite those examples, costs and budgets vary by jurisdiction, and an efficient population management solution that is workable for a small agency might not be for a larger one.

Finally, in addition to questions of their potential efficacy and cost, veterans housing units may be seen as impractical by correctional managers whose systems contain a relatively small number of incarcerated veterans. In that scenario, officials are forced to balance the benefits of dedicated veterans' units against the need for general population bedspace. This is particularly true for women's facilities, where incarcerated female veterans often lack access to veteran-specific programs and housing.

The Commission finds that veterans housing units show promising results and enjoy substantial support from correctional leaders who have implemented them in their facilities. However, before the units are adopted on a larger scale, further evaluation is needed to confirm their effectiveness.

Implementation Steps

1. *The National Center for Veterans Justice, the creation of which was recommended in the Commission's report [Honoring Service, Advancing Safety: Supporting Veterans From Arrest Through Sentencing](#),⁵⁰ should review existing research on veterans housing units. It should coordinate information and data sharing as well as best practices for veterans housing units (including gender responsive care).*
 - a. State and local corrections agencies should consult with Center and affiliated researchers to determine how to establish veterans units for rigorous evaluation.
 - b. Once this set up is complete, veteran housing unit programs should be evaluated.
 - c. Center and affiliated researchers should determine what processes and conditions make the units most successful for veterans' reentry.

- i. The National Center for Veterans Justice should coordinate with the National Institute of Corrections on ideal processes and conditions.

Recommendation 5: Create “Second Look” review processes that recognize military service

Summary of Findings: “Second look” policies have been adopted in 12 states and the District of Columbia, but incarcerated veterans have few opportunities to request resentencing based on facts related to their military service.

Recommendation: Congress and the states should enact second look legislation that creates mitigation considerations for military service in resentencing, parole, and clemency processes.

Detailed Findings

In [Honoring Service, Advancing Safety: Supporting Veterans From Arrest Through Sentencing](#), the Commission recommended that state and federal governments adopt frameworks to divert veterans from the justice system and consider their military history in holding them accountable for their crimes.⁵¹ Here, the Commission extends this approach to incarcerated veterans whose military service was not taken into account at the time of their sentencing.

“Second look” policies allow judges to review cases after a designated portion of a prison sentence has been served. These policies are slowly proliferating, with 12 states and the District of Columbia enacting laws that provide opportunities for incarcerated people—regardless of their veteran status—to petition for an opportunity to return to their communities.⁵²

At the federal level, the U.S. Sentencing Commission voted in 2023 to allow judges to reduce sentences for eligible individuals, an action with the potential to affect as many as 18,000 people in the federal correctional system.⁵³ Also in 2023, the Council on Criminal Justice Task Force on Long Sentences recommended that state legislatures and Congress consider creating selective second look opportunities for those serving 10 or more years, with input from victims and survivors.

Within this push for second looks, little has been done to consider opportunities for incarcerated veterans to request resentencing based on facts related to their military service. California is an exception. In 2022, the legislature passed a penal code amendment that allows veterans suffering from one or more specified service-related conditions to seek resentencing.⁵⁴ The code now states that to be eligible for

resentencing, a person must “have served in the US military and have one or more of the following conditions or trauma related to their military service: sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, and/or mental health problems as a result of the defendant’s military service.” If one of those conditions is present, the code further states that the “the court shall consider the circumstance as a factor in mitigation when imposing a sentence.”⁵⁵ The amendment applies to veterans incarcerated for felonies or those who are on probation, parole, or any form of post-release community supervision. Individuals who are required to register as a sex offender, or those with certain types of felonies (including homicide or any serious or violent felony that is punishable by life imprisonment or death), are not eligible.⁵⁶

Beyond resentencing, the consideration of military service might also be extended to the parole, pardon, and clemency processes, where it is often overlooked. By not fully and formally considering military service as part of release decisions, crucial context may be missed, potentially denying veterans opportunities for parole, pardon, or clemency. The Commission finds that addressing this gap is essential to ensure that a veteran’s service, and the role such service can play in driving criminal behavior, receives appropriate recognition.

Implementation Steps

1. ***Congress and the states should enact second look legislation for veterans, requiring that the veteran’s military service record and/or a condition resulting from military service must be considered in mitigation, with shorter prison/jail sentences and/or treatment and accountability in the community as options. These policies should cover the sentencing court, the parole process, and clemency proceedings or policies.***
 - a. State legislatures, Congress, and policymakers should consider creating selective opportunities for people whose military service was not considered during adjudication to receive judicial second looks consistent with the purposes of sentencing.⁵⁷
 - b. Participation in veteran housing units should be considered a part of the second look process as it demonstrates a return to military roots and values.

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⁶ Finlay, A. K., Stimmel, M., Blue-Howells, J., Rosenthal, J., McGuire, J., Binswanger, I., ... & Timko, C. (2017). Use of Veterans Health Administration mental health and substance use disorder treatment after exiting prison: The Health Care for Reentry Veterans program. *Administration and Policy in Mental Health & Mental Health Services Research*, 44(2), 177-187. <https://doi.org/10.1007/s10488-015-0708-z>

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¹³ George W. Bush Presidential Center, 2017.

¹⁴ U.S. Chamber of Commerce. (2023, October 19). *Hiring our heroes celebrates a decade of impact*. U.S. Chamber of Commerce Foundation.

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any veteran count for jails due to the large number of jails and limited resource. For veterans in state prisons in 2016, see Appendix Table 1: Maruschak, L. M., & Bronson, J. (2021). *Survey of prison inmates, 2016: Veterans in prison* (NCJ 252646). Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf>. For all people in state prisons in 2016 and 2022, see Table 1: Carson, E. A., & Kluckow, R. (2023). *National prisoner statistics, 2012–2022* (NCJ 307149). Bureau of Justice Statistics. <https://bjs.ojp.gov/document/p22st.pdf>. For the historical decline, see page 1: Noonan, M. E., & Mumola, C. J. (2007). *Veterans in state and federal prison, 2004* (NCJ 217199). Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/vsfp04.pdf>.

²³ See Appendix Table 1 for the number of veterans and Table 2 for veterans as a percentage of all people in state prisons: Maruschak, & Bronson, 2021.

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- ³⁵ National Coalition for Homeless Veterans. (n.d.). *Veteran homelessness*. <https://nchv.org/veteran-homelessness/>
- ³⁶ Tsai, J., & Rosenheck, R. A. (2015). Risk factors for homelessness among US veterans. *Epidemiologic reviews*, 37, 177-195. <https://doi.org/10.1093/epirev/mxu004>
- ³⁷ Helping Families Save Their Homes (HEARTH) Act, S.896, 111th Cong. (2009). <https://www.congress.gov/bill/111th-congress/senate-bill/896>
- ³⁸ U.S. Department of Veterans Affairs. (2023). *Department of Veterans Affairs supportive services for veterans families (SSVF) program*. https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide.pdf
- ³⁹ *City of Grants Pass v. Johnson et al.*, 23 U.S. 175 (2024). https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf
- ⁴⁰ Veterans' Disability Compensation and Housing Benefits Amendments of 1980 § 504.
- ⁴¹ 38 U.S. Code 5313. <https://www.govinfo.gov/app/details/USCODE-2023-title38/USCODE-2023-title38-partIV-chap53-sec5313>
- ⁴² *Current veterans disability compensation rates*. U.S. Department of Veterans Affairs. <https://www.va.gov/disability/compensation-rates/veteran-rates/>; 38 U.S. Code 5313.

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⁴³ U.S. Department of Veterans Affairs. (2024). *M21-1, part XIV, chapter 7 - data-matching programs that identify incarcerated beneficiaries and dependents*.

https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/554400000173307/M21-1-Part-XIV-Chapter-7-Data-Matching-Programs-That-Identify-Incarcerated-Beneficiaries-and-Dependents?query=felony

⁴⁴ *Supra* note 37.

⁴⁵ There is well-established precedence of state and federal entities creating systems intended to link and analyze information between jurisdictions. For instance, the FBI National Data Exchange (N-DeX) is used by criminal justice entities across the country to link individual records in their own jurisdiction to those in national databases. Additionally, some states currently leverage the VRSS to identify veterans who are involved with their criminal justice system. However, in both cases these processes often require an individual to link state and federal data manually – a process which can be time consuming when considering state agencies may have hundreds or thousands of new records a month. Therefore, it may be prudent to establish a more automated process. This may take the form of an application programming interface (API), or middleware specifically established to create an automatic data exchange between state criminal justice information systems and the VA. Such a system will facilitate the timely identification of incarcerated veterans and may be used to minimize veteran arrearages by the VA and the targeting of veterans for responsive, veteran-focused rehabilitation programs by state correctional agencies.

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- ⁵⁴ Cal. Penal Code § 1170.91; See also: Office of the Public Defender, State of California. (n.d.). *Veteran resentencing information SB 1209*. <https://www.ospd.ca.gov/wp-content/uploads/2023/06/SB-1209-Veterans-resentencing-information-Accessible.pdf>
- ⁵⁵ *Ibid.*
- ⁵⁶ Veteran Resentencing Information: SB 1209 (2023). Office o <https://www.ospd.ca.gov/wp-content/uploads/2023/06/SB-1209-Veterans-resentencing-information-Accessible.pdf>
- ⁵⁷ See a previous recommendation from the Council on Criminal Justice Task Force on Long Sentences for specific criteria beyond military service that second look policies should also consider addressing: Council on Criminal Justice. (2023b). *Recommendation 12 promote accountability and rehabilitation through selective second look opportunities*. <https://counciloncj.foleon.com/tfils/long-sentences-final-report/recommendation-12>

*Senate Committee on Veterans' Affairs***Hearing: Programs for Justice-Involved Veterans****April 15, 2026***Statement for the Record of Professor Rose Carmen Goldberg***Introduction**

Chairman Moran, Ranking Member Blumenthal, and members of the Committee, I thank you for the opportunity to testify today on the pressing topic of how we can better serve justice-involved veterans.

My name is Rose Carmen Goldberg. I am an Associate Teaching Professor and Director of the Veterans Clinic (Clinic) at the University of Washington School of Law.¹ The Clinic provides free legal assistance to low-income veterans in a range of U.S. Department of Veterans Affairs (VA) disability benefits matters and in U.S. Department of Defense discharge upgrade applications. Many of the Clinic's clients are justice-involved veterans. In my role directing the Clinic and during my decade of work in the veterans law field, I have seen firsthand the significant barriers that justice-involved veterans face to healing from service traumas, which too often lead to incarceration. This perpetuates the cycle of trauma, aggravating invisible wounds we have a duty to treat.

I write today to highlight policies and practices that harm justice-involved veterans, acknowledge successes, and to share recommendations for improvements.

Veterans Treatment Courts

Many justice-involved veterans carry invisible wounds from their service and struggle to reintegrate into civilian society.² Veterans Treatment Courts (VTC) are a highly effective intervention that improves outcomes for justice-involved veterans and serves public safety interests.³ They do so by addressing the root causes of many veterans' justice involvement: mental health conditions originating in service traumas that lead to criminal behavior. These traumas and conditions often include combat, Military Sexual Trauma (MST), Post-Traumatic Stress Disorder (PTSD), and traumatic brain injuries (TBI).⁴

¹ The views set forth below are my own and do not reflect the views of the University of Washington.

² Nina A. Sayer, et al., *Iraq and Afghanistan War Veterans with Reintegration Problems: Differences by Veterans Affairs Healthcare User Status*, 42 Admin. Pol'y Mental Health 493 (2014), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4452614/>.

³ Katherine J. Knudsen & Stephanie Wingenfled, *A Specialized Treatment Court for Veterans with Trauma Exposure: Implications for the Field*, 52 Cmty. Mental Health J. 127 (2016), <https://pubmed.ncbi.nlm.nih.gov/25682282/>.

⁴ U.S. Dep't of Just., *Fact Sheet: Access to Justice Is Access for Veterans* (2025), <http://www.justice.gov/archives/atj/fact-sheet-access-justice-access-veterans>.

VTCs use a combination of judicial supervision, mental health and substance use treatment, peer mentoring, and structured accountability to stabilize veteran participants and reduce incidences of recidivism.⁵ VTCs are rigorous, often consisting of one to two years of intensive treatment and supervision of veterans.⁶ Part of VTCs' power is their wraparound approach, through which they bring together community, local, state, and federal resources to assist veterans in accessing essential services like healthcare and housing. In linking justice-involved veterans with these services, VTCs contribute to VA's twin goals of reducing veteran homelessness and suicide.⁷

Unfortunately, not all veterans are permitted to participate in VTCs. Approximately 35% of VTCs do not extend eligibility to veterans with less-than-honorable discharges.⁸ This is problematic for several reasons. First, this runs counter to the spirit of VTCs, which are grounded in the recognition that post-service criminal conduct often stems from mental health conditions resulting from service traumas. The same can often be said about military misconduct that results in a less-than-honorable discharge. Having a mental health condition makes it more likely that a servicemember will receive a less-than-honorable discharge.⁹ The Government Accountability Office found that over a four-year period, 62% of servicemembers discharged for misconduct had diagnosed mental health conditions.¹⁰ Many servicemembers have been unfairly discharged when undiagnosed mental health conditions, MST, or TBI manifest in behavior that is misinterpreted as misconduct.¹¹ These veterans deserve a second chance like any other veteran.

Furthermore, veterans with less-than-honorable discharges are often most in need of the integrated and structured treatment that VTCs provide. They are at significantly higher risk of

⁵ See U.S. Dep't of Just., Off. of Just. Programs, Bureau of Just. Assistance, *FY25 Veterans Treatment Court Program* (2025), <https://www.ojp.gov/funding/docs/bja-2025-172484.pdf>; Nat'l Treatment Court Res. Ctr., *Ten Key Components of Veterans Treatment Courts* (2022), https://ntcrc.org/wp-content/uploads/2022/02/Ten_Key_Components_of_Veterans_Treatment_Courts.pdf.

⁶ Jack Tsai, et al., *A National Study of Veterans Treatment Court Participants: Who Benefits and Who Recidivates*, 45 Admin. Pol'y Mental Health 236 (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5776060/>.

⁷ Monica Diaz, *VA's Goal to Prevent and End Veteran Homelessness in 2023*, VA News (Apr. 11, 2023), <https://news.va.gov/118026/vas-goal-to-prevent-end-veteran-homelessness/>; Audrey Bhullar, *VA Collaborates on National Effort to Reduce Veteran Suicide by 2032*, VA News (Mar. 31, 2026), <https://news.va.gov/145844/va-national-reduce-veteran-suicide-2032/>.

⁸ Julie Marie Baldwin, *Investigating the Programmatic Attack: A National Survey of Veterans Treatment Courts*, 105(3) J. of Crim. L. & Criminology 705, 723 (2015), <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7568&context=jclc>; see also Evan R. Seamone, *Who's a Veteran? Challenges in Defining and Identifying Veteran Status*, Council on Crim. Just. (Feb. 2023), https://counciloncj.org/wp-content/uploads/2024/04/Whos_A_Veteran_Final.pdf.

⁹ Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open (2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12102701>; Stephanie Brooks Holliday & Eric R. Pedersen, *The Association Between Discharge Status, Mental Health, and Substance Misuse Among Young Adult Veterans*, 256 Psychiatry Research 428 (2017), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5603389/>.

¹⁰ U.S. Gov't Accountability Off., GAO-17-260, *DOD Health: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations* 14 (2017), <https://www.gao.gov/assets/gao-17-260.pdf>.

¹¹ Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>.

suicide than other veterans.¹² Veterans with an Other Than Honorable or punitive discharge are four times more likely to be unhoused than honorably discharged veterans.¹³ Homelessness, mental health struggles, and substance use increase the risk of contact with law enforcement and the justice system.¹⁴ VTCs that exclude veterans with less-than-honorable discharges are therefore screening out veterans who often have the highest behavioral-health intervention needs.

VTCs can utilize a variety of treatment options for veterans with less-than-honorable discharges who are not recognized as VA-eligible because of their discharge status. Veterans who served at least 100 days and served in a combat theater or piloted a drone in combat can receive VA mental healthcare regardless of discharge status.¹⁵ VA also provides treatment for MST-related injuries to veterans irrespective of discharge status.¹⁶ Veterans with mental health conditions VA has recognized as service connected are eligible for VA treatment for these conditions, even if they are not eligible for VA compensation because of their discharge status.¹⁷ VA Vet Centers provide mental healthcare to veterans regardless of discharge status in certain circumstances.¹⁸ Treatment may also be available through private insurance, or state, local, or community-based sources. VTCs should feel confident that veterans with less-than-honorable discharges can access the treatment necessary to successfully complete the VTC program.

The success of the numerous and well-established VTCs at the state level should be used as a springboard for encouraging more federal courts to start VTCs. Specialty courts that offer alternatives to incarceration have existed at the state level for almost thirty years but are a newer addition to the federal court system.¹⁹ The first federal VTC is believed to have started in Utah in 2010, and several other federal courts, including in New Jersey, Ohio, and California, have followed suit.²⁰ Veterans should not lose out on the healing power of VTCs just because of where their case lands.

Incarcerated Veterans: Deprivation of VA Benefits

VA deprives justice-involved veterans of earned disability benefits in three primary ways. First, regaining access to their full entitlement upon release from incarceration is often a second

¹² Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open (2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12102701>.

¹³ *Id.*

¹⁴ Bardis Vakili, Jennie Pasquarella & Tony Marciano, *Discharged, Then Discarded: How U.S. Veterans Are Banished by the Country They Swore to Protect*, ACLU of Cal. 2 (2016), <https://www.aclusocal.org/publications/discharged-then-discarded>.

¹⁵ 38 U.S.C. § 1720I.

¹⁶ *Id.*

¹⁷ 38 C.F.R. § 3.360.

¹⁸ U.S. Dep't of Veterans Affs., *Vet Centers (Readjustment Counseling), Vet Center Eligibility*, <https://www.vetcenter.va.gov/eligibility.asp>.

¹⁹ Laura Baber, et al., *Expanding the Analysis: Alternatives to Incarceration Across 13 Federal Districts*, 85 Fed. Probation 3 (2021), https://www.uscourts.gov/sites/default/files/85_3_1_0.pdf.

²⁰ Veterans Court, U.S. Prob. & Pretrial Servs., Dist. Utah, <https://www.utp.uscourts.gov/veterans-court>; Federal Bar Association National Council Meeting Materials 139 (2017), <https://www.fedbar.org/wp-content/uploads/2019/12/NC-Meeting-Materials-9-16-17-pdf.pdf>; William Cracraft, *Veterans Treatment Court Provides Second Chance to Offenders*, U.S. Cts. for the Ninth Cir. (Apr. 17, 2023), <https://www.ca9.uscourts.gov/circuit-executive/veterans-treatment-court-provides-second-chance-to-offenders/>; *Veterans Court*, U.S. Dist. Ct. for the Dist. of N.J., <https://www.njd.uscourts.gov/veterans-court>.

battle.²¹ VA reduces veterans' benefits during periods of incarceration under certain conditions. For veterans convicted of a felony and incarcerated for more than sixty days, at day sixty-one VA cuts benefit payments for ratings of 20% or higher to 10%.²² Veterans rated 10% see their benefits cut in half.²³ This means that a veteran without dependents rated 100% for service-connected PTSD sees their benefits drop from \$3,938.58 to \$180.42 a month.²⁴ This is a big difference. In addition, VA discontinues pension benefits for veterans convicted of a misdemeanor or felony upon day sixty-one of confinement.²⁵ Veterans are entitled to full restoration of their benefits upon release, but this can take many months of advocacy. Veterans should not have to fight through red tape to get their earned benefits back during the delicate reentry period. VA should automatically resume paying veterans' full benefits upon their release, as provided in the Get Justice-Involved Veterans BACK HOME Act discussed further below.

Second, VA fails to consistently reduce incarcerated veterans' benefits, which results in overpayments.²⁶ While VA has access to data to determine if a veteran is incarcerated, its matching process is incomplete.²⁷ The onus falls on veterans to notify VA of their incarceration so that their benefits can be adjusted accordingly.²⁸ However, the conditions of incarceration do not make this easy, nor are veterans necessarily aware they should do so. As a result, upon release, or many years later, a veteran may receive the surprising news that VA has deemed them indebted for overpayment of benefits and is garnishing their benefits going forward. Overpayment debts can be significant and threaten successful reentry into society.²⁹

For veterans who get hit with an overpayment, VA should use its existing authority to waive debt as a matter of "equity and good conscience" to liberally waive the debts of justice-involved veterans.³⁰ Incarcerated veterans face high barriers to notifying VA of their change in circumstance, and serious challenges with reentry if deprived of their benefits. Waiver is thus warranted in the interest of fairness.

VA should also act preventively and improve its systems to stay informed of veterans' incarceration status, and promptly make any needed benefits adjustments. This would help with

²¹ U.S. Dep't of Veterans Affs., *VA Ingenuity Affords Formerly Incarcerated Veterans Valuable Resources for Rehabilitation* (Apr. 6, 2022) ("Currently, Veterans bear the administrative burden of restoring benefits post-incarceration. . . . This multi-step process causes a delay in the restoration of a wide range of health, rehabilitation and subsistence benefits for Veterans."), <https://news.va.gov/press-room/va-ingenuity-affords-formerly-incarcerated-veterans-valuable-resources-for-rehabilitation/>.

²² 38 U.S.C. § 5313; 38 C.F.R. § 3.665.

²³ *Id.*

²⁴ U.S. Dep't of Veterans Affs., *Current Veterans Disability Compensation Rates*, <https://www.va.gov/disability/compensation-rates/veteran-rates/>.

²⁵ 38 C.F.R. § 3.666.

²⁶ See U.S. Dep't of Veterans Affs. Office of Inspector General, 13-02255-276, *Veterans Benefits Administration Audit of Compensation and Pension Benefit Payments to Incarcerated Veterans* (June 28, 2016), https://www.prisonlegalnews.org/media/publications/VBA_Audit_of_Compensation_and_Pension_Benefit_Payments_to_Incarcerated_Veterans__VA_OIG_2016.pdf.

²⁷ See Nikki Wentling, *VA Attempts to Recoup Money Paid to Veterans in Prison*, Stars & Stripes (Sept. 27, 2016), <https://www.stripes.com/news/va-attempts-to-recoup-money-paid-to-veterans-in-prison-1.431225>.

²⁸ *Id.*

²⁹ See, e.g., Patricia Murphy, *After Overpayment of Benefits, VA Wanted \$38,000 Back*, NPR (Jan. 27, 2016), <https://www.npr.org/2016/01/27/464348017/after-overpayment-of-benefits-va-wanted-38-000-back>.

³⁰ 38 C.F.R. § 1.965.

the related problem of underpayments, whereby VA inappropriately reduces justice-involved veterans' benefits when they do not meet reduction criteria. For instance, VA sometimes incorrectly believes a veteran is a fugitive felon³¹ or misconstrues a misdemeanor as a felony.

Third, veterans have limited access to Compensation & Pension exams (C&P) while incarcerated, an essential step in the service-connection process. When veterans, including incarcerated veterans, present evidence showing a reasonable probability of a valid claim, VA must conduct a C&P exam if the evidence of record is not sufficient.³² For incarcerated veterans, VA is required to consider alternative methods of conducting the exam as warranted by the circumstances of incarceration.³³ This could include arranging transport to a VA facility, having correctional facility medical personnel conduct the exam, or sending a VA examiner to the facility. Yet veterans and their representatives are often left to struggle to coordinate C&P exams between VA and correctional facilities, a process that can take many months, if successful at all. As a result, incarcerated veterans are too often denied for failure to participate in C&P exams they are physically unable to attend.

VA's difficulty providing C&P exams to incarcerated veterans is puzzling given the relative ease of contacting incarcerated veterans compared to other veterans, such as unhoused veterans and those who move frequently. Incarcerated veterans are in one place, at a government facility with which VA can communicate directly. Providing C&Ps to incarcerated veterans can and should be a success story for VA. To this end, VA should solidify and consistently implement sound practices for providing C&P exams to incarcerated veterans.

S. 4162, Get Justice-Involved Veterans Behavioral Assistance and Care for Key Health Outcomes to Maintain Empowerment (BACK HOME) Act

I was pleased to see the Get Justice-Involved Veterans BACK HOME Act introduced recently and strongly support this bill. It contains several important reforms that would improve justice-involved veterans' access to the VA services they earned through their service. These changes are urgently needed as veterans are often most in need of VA support during and following incarceration.

One of the most important parts of the bill is the creation of a pilot program under which VA would provide telemental health treatment to incarcerated veterans. Currently, VA's position is that it does not have a duty to provide mental healthcare to incarcerated veterans.³⁴ This breaks with VA's long history of recognizing the connection between military traumas and incarceration, and providing mental healthcare to incarcerated veterans.³⁵ The relatively recent exclusion of incarcerated veterans from standard VA care is both inequitable and harmful.

³¹ *Jones v. Shinseki*, No. 08-3245, 2009 LEXIS 249, at *5 (Vet. App. Mar. 4, 2009).

³² 38 C.F.R. § 3.326; see *Wood v. Derwinski*, 1 Vet. App. 190, 193 (1991).

³³ *Bolton v. Brown*, 8 Vet. App. 185, 191 (1995).

³⁴ 38 C.F.R. § 17.38(c)(5).

³⁵ Evan R. Seamone, *Healing on the Inside: A History of Healthcare for Incarcerated Veterans*, Council on Crim. Just. (July 2024), <https://counciloncj.org/healing-on-the-inside-a-history-of-healthcare-for-incarcerated-veterans/>.

The non-VA mental healthcare available to incarcerated veterans is inadequate. Access to mental healthcare in jails and prisons is inconsistent, and it is challenging to remain on mental health medication regimens once incarcerated.³⁶ Limited resources and mental health screening capabilities contribute to the dearth of mental health treatment in jails and prisons.³⁷ Of incarcerated individuals with a history of mental illness, only 63% of state and 58% of federal inmates report receiving any treatment since their confinement.³⁸ This gap in care exacerbates incarcerated veterans' service-connected mental health conditions. Unsurprisingly, veterans recently released from incarceration have higher rates of serious psychiatric conditions than other veterans.³⁹ They are also almost twice as likely to die than other veterans.⁴⁰

I commend the bill for specifying that the mental healthcare to be provided to incarcerated veterans be provided directly by VA, not a third-party provider. VA-furnished mental healthcare is critical because it is more effective than private sector care.⁴¹ Specialized care that accounts for the unique military experience is an integral component of VA mental health services. VA provides specialized treatment for combat-related traumas, MST, and the conditions that often stem from these injuries, notably, PTSD and TBI. Part of the success of VA mental health services is VA's practice of identifying and providing tailored treatment when a veteran with PTSD has complex needs because of a co-morbid substance use disorder, TBI, or experience of MST.⁴² Indeed, access to VA mental healthcare can literally be lifesaving. Veterans with a less-than-honorable discharge who are unable to access VA mental healthcare have a significantly elevated risk of suicide, a difference that disappears if they gain access.⁴³

I encourage expansion of the telemental health pilot program to include less-than-honorably discharged veterans. Veterans with less-than-honorable discharges have higher rates of incarceration than other veterans.⁴⁴ While only accounting for 6% of all discharges, they

³⁶ Jennifer M. Reingle Gonzalez & Nadine M. Connell, *Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity*, 104 Am. J. Pub. Health 2328, 2328 (2014), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4232131/>.

³⁷ *Id.* at 2330.

³⁸ Laura M. Maruschak & Jennifer Bronson, *Indicators of Mental Health Problems Reported by Prisoners*, Bureau Just. Stat. 2 (2021), <https://bjs.ojp.gov/media/44841/download>.

³⁹ J.P. LePage, et al., *The Association Between Recent Incarceration and Inpatient Resource Use and Death Rates: Evaluation of a US Veteran Sample*, 134 Pub. Health 109, 112 (2016), <https://www.sciencedirect.com/science/article/abs/pii/S0033350616000123>.

⁴⁰ *Id.*

⁴¹ See Eric A. Apaydin, et al., *Veterans Health Administration (VA) vs. Non-VA Healthcare Quality: A Systematic Review*, 38 J. Gen. Internal Med., 2179-88 (2023), <https://pubmed.ncbi.nlm.nih.gov/37076605/>.

⁴² Lauren E. Walker, et al., *Longitudinal Mental Health Outcomes of Combat-Injured Service Members*, 11 Brain & Behavior 2 (2021), <https://pubmed.ncbi.nlm.nih.gov/33662185/>; Rachel Kimerling, et al., *The Veterans Health Administration and Military Sexual Trauma*, 97 Am. J. Pub. Health 2160, 2160 (2007), <https://pmc.ncbi.nlm.nih.gov/articles/PMC2089100/>.

⁴³ See Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* 10 (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>; see also Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open 8 (May 2025), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2834370>.

⁴⁴ Ugur Orak, *From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans*, Council on Crim. Just. (Oct. 2023), <https://counciloncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/>.

comprise 18% of all incarcerated veterans.⁴⁵ Veterans with less-than-honorable discharges also have higher rates of mental health conditions, homelessness, and suicide.⁴⁶ They are thus positioned to benefit greatly from this reform. VA has several avenues for providing telemental healthcare to incarcerated veterans who are not VA eligible because of their discharge status. For example, VA Vet Centers, already part of the mental health treatment plan in the bill, provide therapy to veterans with less-than-honorable discharges.⁴⁷ VA also provides mental healthcare regardless of discharge status for conditions it has recognized as service-connected even if a veteran is not receiving compensation,⁴⁸ for MST-related conditions,⁴⁹ and to veterans who served at least 100 days and served in a combat theater or piloted a drone in combat.⁵⁰ Given the heightened risks incarcerated veterans with less-than-honorable discharges face, it is crucial that we provide them with the mental health support key to breaking the justice-involvement cycle.

Finally, the bill is also laudable in providing for automatic resumption of VA benefits as incarceration ends for veterans whose benefits were reduced during confinement. This ensures veterans have essential financial support upon release, allowing them to focus on reintegrating into society. Timely resumption of earned benefits can be the difference between living on the streets and a high risk of recidivism, and safe housing as a launchpad to a healthy life. Automatic resumption of benefits is also consistent with the spirit of VA's duty to assist veterans,⁵¹ which applies equally to incarcerated and non-incarcerated veterans.⁵²

National Center for Veterans Justice

I applaud Congress' decision to establish a National Center for Veterans Justice (National Center). In January 2026, as part of the Commerce, Justice, Science, Energy and Water Development, and Interior and Environmental Appropriations Act of 2026 (H.R. 6938), Congress appropriated \$4 million to the U.S. Department of Justice (DOJ) for the launch of this important initiative. The National Center is poised to serve as a hub for collection and dissemination of best practices, and to support on the ground technical assistance for implementation of innovation reforms that better serve justice-involved veterans. I urge DOJ to move expeditiously on launching the National Center, and to include within its mission the wide-ranging areas of policy discussed above in need of improvement.

The National Center is much needed. Currently, the programs and services available to justice-involved veterans across the country are a patchwork. For instance, as discussed above,

⁴⁵ Jennifer Bronson, et al., *Veterans in Prison and Jail*, 2011-12, Bureau Just. Stat. 7 (Dec. 2015), <https://www.bjs.gov/content/pub/pdf/vpj1112.pdf>.

⁴⁶ Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* 1 (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>.

⁴⁷ *What Benefits Can I Get if I Have an Other Than Honorable Discharge?*, U.S. Dep't of Veterans Affs., <https://www.va.gov/resources/what-benefits-can-i-get-if-i-have-an-other-than-honorable-discharge/>.

⁴⁸ 38 C.F.R. § 3.360.

⁴⁹ 38 U.S.C. § 1720l(b)(4)(B); 38 U.S.C. § 1720D.

⁵⁰ 38 U.S.C. § 1720l(b)(4)(A).

⁵¹ 38 U.S.C. § 5103A; 38 C.F.R. § 3.159.

⁵² See *Wood v. Derwinski*, 1 Vet. App. 190, 193 (1991) (providing that the duty to assist incarcerated veterans requires VA to "tailor [its] assistance to the peculiar circumstances of confinement" as incarcerated veterans are entitled to "the same care and consideration given to their fellow veterans").

while some VTCs welcome veterans regardless of discharge status, others lock out veterans with less-than-honorable discharges. And while some incarcerated veterans can access C&Ps to establish service connection, others in different facilities, states, and localities cannot. Their claims are too often denied for failure to attend a C&P that they physically were unable to attend. Justice-involved veterans' access to life-saving benefits and programs should not depend on their zip code or where they happen to be incarcerated. The National Center is positioned to help address such inequities by promoting consistent access to proven programs and earned benefits.

The National Center can also play a central role in improving the justice system's identification of veterans in the first instance. Justice systems across the country use varying procedures, to the extent they have procedures, to identify veterans that come into contact with their system.⁵³ Unfortunately, some veterans fall through the cracks.⁵⁴ As one example, a veteran I spoke with was only identified as a veteran and able to participate in VTC after he happened to mention to his public defender that he was unable to meet at a certain time because of a meeting about his VA benefits. Whether a veteran is incarcerated or receives treatment should not be left to chance. The National Center can help ensure that sound practices for identifying veterans and connecting them to services become a cornerstone of every justice system.

Veterans Justice Outreach Specialists (VJOs)

I would be remiss if I did not acknowledge VA VJOs for their indispensable role in meeting justice-involved veterans where they are at. VJOs contribute to prevention by linking justice-involved veterans with the supports they need at the earliest possible point, minimizing their contact with the justice system and its harms.⁵⁵ VJOs serve as navigators, helping individual justice-involved veterans every step of the way to succeed in VTCs, as well as in accessing housing and healthcare. Importantly, they also serve as the bridge between VA and the justice system, helping ensure that justice-involved veterans maintain maximum access to the VA services to which they are entitled. Put simply, VJOs make sure programs designed to help justice-involved veterans actually do. I encourage Congress to continue and expand its support of VJOs, including funding increased staffing of this critical role. The VJO Program should also be consulted in the design of the National Center for its invaluable boots on the ground perspective.

Conclusion

In closing, I want to thank Chairman Moran, Ranking Member Blumenthal, and members of the Committee for your continued commitment to addressing the root causes of justice-involvement by veterans. By focusing on building programs that heal veterans' service traumas instead of punishing them, we can truly achieve justice for veterans.

⁵³ Angela Hawken, et al., *Invisible Warriors: Veterans in State Prisons*, Council on Crim. Just. (Aug. 2025), <https://counciloncj.org/invisible-warriors-veterans-in-state-prisons/>.

⁵⁴ *Id.*

⁵⁵ *Veterans Justice Outreach Program*, U.S. Dep't of Veterans Affs., <https://department.va.gov/homeless/vjp/vjo/>.

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STATEMENT OF

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ASSISTANT DIRECTOR
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FEDERAL BUREAU OF PRISONS
UNITED STATES DEPARTMENT OF JUSTICE

BEFORE THE
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AT A HEARING ENTITLED

"PROGRAMS FOR JUSTICE-INVOLVED VETERANS"

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Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you for the opportunity to present testimony on behalf of the Federal Bureau of Prisons (BOP) regarding efforts to support incarcerated veterans.

BOP appreciates the Committee’s continued interest in ensuring incarcerated veterans receive appropriate services, programming, and reentry support.

BOP recognizes that veterans represent a distinct population within the federal correctional system. BOP currently houses approximately 7,652 veterans, many of whom experience service-related physical and mental health challenges, as well as difficulties transitioning from military to civilian life.

This population spans all security levels, with the majority classified as low- and medium-security offenders. Many maintain strong family connections, and a high percentage have attained a high school diploma or its equivalent. These characteristics underscore both the needs and the potential of this population, reinforcing the importance of targeted programming and reentry planning.

BOP’s efforts are guided by Program Statement 5242.01, *Management of Inmate Veterans*, which establishes the framework for identifying, tracking, and supporting incarcerated veterans.

Veteran identification begins at intake, where staff verify service history through available documentation, including presentence investigation reports and military discharge records. This information is entered into BOP systems and maintained within a centralized veterans database, allowing for consistent tracking and service delivery across institutions.

BOP utilizes a structured, three-tiered service delivery model to support incarcerated veterans throughout their time in federal custody.

Tier One services provide self-help resources and informational support in collaboration with the Department of Veterans Affairs (VA). These services assist veterans in understanding and accessing benefits, including healthcare and compensation programs. Institutions also facilitate Compensation and Pension examinations to determine eligibility for service-connected benefits.

Tier Two services expand this support through structured outpatient workshops and support groups. These groups are designed to meet weekly or periodically throughout the quarter, depending on the facility, and cover a range of needs, from physical wellness to resilience training. Examples include Soldier On Peer Support Groups, Service Fit Wellness Groups, and Veterans Resilience Support Groups. These services are particularly impactful in facilities with larger veteran populations, ensuring participants can build peer networks, share experiences, and develop skills that will serve them both during incarceration and beyond.

Tier Three services represent the most intensive level of support through the Veterans Education Transitional Services Unit. This residential program provides a structured, community-based environment focused on education, skill development, and peer engagement. Facilities such as the federal correctional institution in Englewood, Colorado, and the developing unit at the federal correctional institution in Seagoville, Texas, demonstrate BOP's commitment to expanding these efforts.

BOP requires staff training on the unique needs of incarcerated veterans, including military culture, available benefits, and service delivery expectations. Institutions are responsible for ensuring veterans have access to appropriate resources and reentry planning support.

Collaboration is a cornerstone of this work. BOP partners closely with the VA and the Department of Labor. Through memoranda of understanding and coordinated efforts, these agencies provide reentry outreach, compensation examinations, career training, and supportive services. These partnerships allow veterans to access resources that not only address their immediate needs but also help them plan for long-term success. The goal is clear: to ensure that every veteran, regardless of their current circumstances, has access to the support and guidance they need to reintegrate successfully, pursue meaningful employment, and continue contributing to their communities. Veterans transitioning to residential reentry centers or home confinement also are provided opportunities to engage with VA representatives to ensure continuity of care and access to benefits upon release.

In addition, veteran-specific programming furthers the goals of the First Step Act by encouraging participation in recidivism-reduction programs and productive activities, strengthening support networks, and improving reentry outcomes.

Veterans Treatment Court Programs are routinely utilized by state, local, and tribal jurisdictions to treat substance use disorders as well as post-traumatic stress and other mental health disorders for justice-involved veterans. While BOP does not have a role in these programs, the continuity of care throughout the criminal justice system is key, and BOP is supportive of such treatment. BOP offers both substance use and mental health treatment for all inmates in its custody, including veterans. This voluntary participation is frequently based on judicial recommendations, and BOP is always happy to engage in initiatives to continue the work initiated in Veterans Treatment Courts.

Supporting incarcerated veterans is both a policy priority and a serious responsibility. BOP remains committed to ensuring individuals in our custody have access to the tools, resources, and support necessary to successfully return to their communities.

BOP appreciates the opportunity to provide this written statement and looks forward to continued collaboration with the Committee on these important efforts.

**STATEMENT OF
THOMAS O'TOOLE, M.D.
ACTING ASSISTANT UNDER SECRETARY FOR HEALTH FOR CLINICAL
SERVICES
VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
PROGRAMS FOR JUSTICE-INVOLVED VETERANS
APRIL 15, 2026**

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, thank you for the opportunity to testify today. I am honored to highlight the work the Department of Veterans Affairs (VA) is doing to support justice-involved Veterans as they navigate the legal system and reenter their communities.

VA's Veterans Justice Programs (VJP) ensures that justice-involved Veterans are identified early and connected to VA services that support accountability, rehabilitation and long-term stability. VJP specialists engage Veterans in courts, jails, prisons, or community settings to encourage responsible decision-making, facilitate behavioral health or other needed care, and support reintegration consistent with community safety.

In fiscal year 2025, VJP served more than 60,000 Veterans through more than 500 specialists nationwide. For many, meeting a VJP specialist can be a turning point that opens the door to recovery. Early engagement helps Veterans take responsibility for their actions while accessing treatment and support that promotes rehabilitation.

For non-violent offenders, Veterans Treatment Courts occupy a critical role in supporting justice-involved Veterans by offering a structured, treatment-focused alternative to incarceration. These courts pair judicial oversight with VA-supported

treatment and case management. VJP specialists work alongside court teams to ensure Veterans receive the health care, housing, and support needed to complete their programs successfully.

The Veterans Health Administration's (VHA) Health Care for Reentry Veterans (HCRV) program conducts outreach in Federal and state prisons or jails to support Veterans preparing for release. HCRV specialists assist with health care enrollment, identification documents, follow-up appointments, and reconnection to VA systems that may have lapsed during incarceration. This pre-release engagement is essential to ensuring successful community reintegration.

VA's Legal Services for Veterans program strengthens access to civil legal assistance helping Veterans address outstanding legal issues—such as housing disputes, benefits matters, or family law concerns—that may impede stability and successful reintegration. These services do not remove lawful accountability; rather, they assist Veterans to better understand their responsibilities under the law and navigate available resources so they can meet legal obligations, rebuild stability, and pursue self-sufficiency.

The Veterans Benefits Administration (VBA) complements VHA's clinical and reentry services by ensuring justice-involved Veterans receive information about VA benefits and how to apply. Through its Justice-Involved Veteran Coordinators and Homeless Veteran Outreach Coordinators, VBA tailors outreach to local needs, referring Veterans to Federal, state, and community organizations.

All VA regional offices conduct quarterly, in-person or virtual outreach to Veterans incarcerated at Federal, state, and local facilities. Benefit information, including benefit fact sheets and flyers and contact information for local VA facilities, are disseminated to incarcerated Veterans. Further, VBA outreach personnel provide information and training on VA benefits and services to community service providers and correctional officials. From October 1, 2025, through March 31, 2026, VBA conducted 425 justice-related outreach events, reaching more than 14,000 participants.

VBA outreach personnel also coordinate outreach efforts for Veterans at risk of homelessness who are being discharged or released from a facility after imprisonment. They work closely with VA medical center mental health staff, Vet Center staff, HCRV

staff, the U.S. Department of Housing and Urban Development-VA Supportive Housing Program coordinators, and Veterans Justice Outreach staff, as necessary. VBA further assists these Veterans by coordinating with VHA to provide outreach to Veterans who are within 60 days of release to assist with establishing eligibility for VA benefits and services.

VA strongly supports the Department of Justice's National Center for Veterans Justice, which provides a national opportunity to standardize Veteran identification, strengthen data and research capacity, and improve coordination across the criminal justice system. VA's longstanding collaboration with courts, jails, and prisons form a strong foundation for expanded efforts. These collaborations demonstrate VA's commitment to the rule of law, safe communities, justice for victims, and the civic commitment that Veterans possess as a result of their service.

We appreciate the Committee's attention to these issues and look forward to continuing our work with Federal, state, and community organizations.

This concludes my testimony. I am pleased to answer any questions the Committee may have.

Questions for the Record

Department of Veterans Affairs (VA)
Questions for the Record submitted to
Dr. Thomas O'Toole, MD, Acting Deputy Under Secretary for Health, Veterans
Health Administration
Committee on Veterans Affairs
United States Senate
"Programs for Justice-Involved Veterans"

April 15, 2026

Questions for the Record from Ranking Member Richard Blumenthal:

Question 1: As of today, the Legal Assistance for Access to VA Programs program has not been implemented. VA published a proposed rule to establish the grant program in October 2024 - prior to the end of the last administration. The current administration has yet to finalize the rule. What is causing the delay in finalizing the rule and administering these important grants?

VA Response: VA is committed to implementing the Legal Assistance for Access to VA Programs grant program in a way that effectively supports Veterans and ensures responsible stewardship of Federal resources. Following publication of the proposed rule in October 2024, VA has been conducting a thorough review of the regulatory framework, including evaluating public comments and assessing implementation considerations.

U.S. Department of Veterans Affairs
May 2026

Statement for the Record

STATEMENT FOR THE RECORD

Manuel “Manny” Gomez

U.S. Navy Veteran | IAVA Cavalry Member

Senate Committee on Veterans’ Affairs

“Programs for Justice-Involved Veterans”

April 15, 2026

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

My name is Manuel Gomez, a U.S. Navy veteran, doctoral candidate and applied researcher, and Cavalry Member at Iraq and Afghanistan Veterans of America. I am submitting this statement for the record in my capacity as an IAVA member. In my personal and professional capacity, I have engaged this issue across correctional, clinical, academic, and policy settings, including my own incarceration. I am grateful for the opportunity to provide a statement for the record that will complement the testimony before this Committee by identifying where the existing infrastructure, which represents real and meaningful progress, requires additional investment, standardization, and structural reform to reach the veterans it was built to serve.

The population at stake is significant. Bureau of Justice Statistics estimates identified 181,500 veterans in prisons and jails in 2011 and 2012, representing approximately 8 percent of the incarcerated population despite veterans comprising roughly 6 percent of the U.S. adult population (BJS, 2015). The Veterans Justice Commission reports that 31 percent of veterans have been arrested at least once, compared to 18 percent of the general population. Veterans with a PTSD diagnosis are 61 percent more likely to experience criminal justice involvement; veterans with a traumatic brain injury face a 59 percent higher likelihood (Veterans Justice Commission, 2023). The programs this Committee has invested in were built for this population. The question this statement addresses is whether the current policy framework fully enables those programs to reach them.

Behind every number is a face – one just like mine. So as the Committee considers these issues, I urge you to not just think about statistics and dollars and sense, but to understand the human experience, and how your decisions can help shape them. In this statement, I not only highlight the progress that has been made and the gaps that needs to be addressed, but also indicate how lived experiences, including my own, are essential for making evidence based decisions that center the veteran.

I. The Lived Experiences of Incarcerated Veterans Matters

Like thousands of others, my story did not begin in a courtroom or a jail. It began in service, with injury, and with the kind of harm that can alter how a veteran moves through the world long after the uniform comes off. Like many veterans, I did not always have the language, support, or institutional response I needed when those injuries began shaping my life. What should have been recognized as pain, trauma, and dislocation was too often discounted, misunderstood, or reduced to personal failure. That is a familiar story in our community. Veterans are often honored for service when we appear strong, but doubted when service leaves us wounded in ways that are harder for others to see.

I know what it feels like to have your service treated like a closed chapter while its consequences are still unfolding inside you. I know what it means to carry injury, stigma, accountability, and isolation at the same time. I also know the arc of transformation, because I have lived that too. I

fought my way back through mentorship, education, research, service, and a commitment to make sure the path I had to fight for becomes wider for the veterans coming behind me. That transformation is real, but it should not require near-catastrophe to become possible.

Being a veteran does not stop at a cell door. The oath is not erased by confinement. Service-connected injuries do not disappear because a person is incarcerated. The need for treatment, benefits navigation, family stabilization, housing planning, and accountable support does not pause simply because a veteran enters a correctional setting. Yet current policy too often behaves as though veteran status ends at the door.

By the 61st day of incarceration after felony conviction, VA disability compensation is reduced under 38 U.S.C. § 5313, and VA's medical benefits package generally excludes routine hospital and outpatient care for incarcerated veterans when another government agency has a duty to provide that care under 38 C.F.R. § 17.38. On paper, another system is supposed to absorb the need. In practice, that rarely means veteran-specific, trauma-informed, service-connected care at the depth required. The result is not continuity. It is rupture.

For me, that gap is not theoretical. My lived experience revealed how quickly a veteran can move from being seen as someone who served to someone a system merely manages. The country says, "thank you for your service," but policy still too often says, "your veteranhood stops here." It does not. A veteran remains a veteran before arrest, during incarceration, in court supervision, in reentry, and long after release. Our policy framework should reflect that truth.

II. The Federal Benefit Cliff at Incarceration Undermines Treatment Investment

Congress has invested substantially in treatment-based intervention for justice-involved veterans because the evidence supports it. However, the reality of the law does not always match the positive intent. Veterans Treatment Courts, VA mental health services, and substance use disorder treatment work when veterans can access them. Yet the current statutory and regulatory framework too often withdraws those resources at the point of incarceration, precisely when service-connected conditions are most in need of intervention.

As noted above, under 38 U.S.C. § 5313, disability compensation is reduced to the 10 percent rate beginning on the 61st day of incarceration for a felony conviction, regardless of the veteran's actual service-connected disability rating. Concurrently, VA-delivered healthcare, including mental health treatment and substance use disorder care, becomes inaccessible under VA regulation. Veterans with PTSD are 61 percent more likely to experience criminal justice involvement; veterans with TBI face a 59 percent higher likelihood (Veterans Justice Commission, 2023). The conditions most likely to drive incarceration are the same conditions for which access to treatment is suspended during incarceration. Aligning the benefit structure with the treatment investment Congress has already made requires revisiting that framework.

VA has also built tools specifically designed to identify veterans inside correctional facilities and connect them to services. The Veterans Re-Entry Search Service enables facilities to match inmate rosters against VA and DoD records. The Status Query and Response Exchange System allows partner organizations to verify veteran eligibility. The GAO found in 2021, however, that VRSS had only 389 active users nationwide in fiscal year 2020, compared to 359 in fiscal year 2017 (GAO, 2021). The same report found that VA's mandatory reporting to Congress on the Veterans Justice Outreach program was submitted late, was incomplete, and did not include the number of veterans lacking access to a VJO specialist or the barriers to accessing existing services. Strengthening utilization of these tools and improving the quality of congressional

reporting would substantially improve the pipeline to the courts and programs this Committee supports.

III. Veterans Treatment Courts Require Expanded Reach, Consistent Standards, and a Stronger Evidence Base

Veterans Treatment Courts are among the most promising developments in justice-involved veteran services in the past two decades. The model, coordinating judicial supervision with treatment access, VA partnership, mentorship, and accountability, produces outcomes that standard criminal processing does not. All Rise reports a national treatment court completion rate of nearly 60 percent, approximately two-thirds higher than probation and more than twice the rate of probationers with substance use disorders. IAVA fully supports the continued expansion and federal investment in Veterans Treatment Courts. The following observations are offered to strengthen the model, not to diminish it.

Coverage remains insufficient. As of December 2025, VA identifies 745 VTCs operating nationwide across a country of more than 3,000 counties. The majority of justice-involved veterans are in jurisdictions with no Veterans Treatment Court. A veteran's access to a treatment-based intervention rather than a purely punitive response continues to depend substantially on geography. Expanding coverage to underserved jurisdictions, including rural and high-incarceration communities, is the most direct way to extend the benefits of the model to the veterans who need it most.

Eligibility standards vary significantly across courts and are not consistently grounded in research. The largest multi-site study of Veterans Treatment Courts conducted to date, by Byrne, Hummer, Kras, Rapisarda, and Socia (2024), interviewed 145 VTC team members across 20 jurisdictions nationwide. The study found that eligibility criteria across courts are not driven by empirical evidence about which veterans benefit, under what conditions, or at which stage of intervention. Hummer and colleagues (2024) found that 50 percent of sampled courts applied no military discharge exclusions, while other courts excluded veterans with other-than-honorable discharges entirely. The result is that access to a federally supported, evidence-grounded model varies by local discretion rather than by clinical need or service-connected nexus. Establishing minimum federal eligibility standards for courts receiving federal funding would bring consistency and equity to the model's reach.

IV. The National Center for Veterans Justice Should Be Designed for Independence and Innovation

The \$4 million appropriated to establish the National Center for Veterans Justice is a well-grounded response to the Veterans Justice Commission's 2023 recommendation. The Commission correctly identified that the absence of coordinated data, shared research, and disseminated best practices has left justice-involved veterans navigating a fragmented system. A national center is the right institutional response. IAVA's recommendation concerns how that center should be structured to fulfill its mandate.

DOJ's current implementation plan envisions the Center primarily as a web-based coordination resource. IAVA recommends the Committee press for a more ambitious design. Organizations like All Rise and the Veterans Justice Commission have built the operational and policy infrastructure this field depends on. What the ecosystem currently lacks is a dedicated, formalized research function with the institutional continuity to produce knowledge over time. The most consequential findings in this field have come from independent academic research, such as the Byrne and Hummer project funded through NIH's JCOIN initiative, which produced the field's most rigorous examination of VTC operations to date. A National Center designed with a dedicated

research mandate would systematize that kind of inquiry, producing findings that strengthen the work of All Rise, the Veterans Justice Commission, and the courts themselves.

IAVA recommends that the authorizing language specify: a governance structure that includes academic, practitioner, and veteran-serving representation; authority to commission original research on populations underserved by existing programs; and a direct reporting requirement to Congress. Critically, a formalized research center with stable, multi-year funding would have the institutional continuity to support a longitudinal study of Veterans Treatment Courts, tracking veteran outcomes across multiple years and jurisdictions in a way that no short-term grant-funded project can sustain. That kind of long-term evidence is what the field needs to know which courts work, for whom, and under what conditions. It does not currently exist anywhere in the ecosystem. A well-designed National Center is the right vehicle to produce it, in service of the programs and organizations already doing this work.

The Center must also be designed to address the full reentry pipeline, including post-release transition, where the federal infrastructure is currently thinnest. VA's Health Care for Reentry Veterans program provides outreach to veterans nearing release from incarceration. Research found that only 56 percent of veterans who received HCRV outreach had any VA healthcare contact following release (Finlay et al., 2017). The Center should be mandated to evaluate that outcome, understand the barriers producing it, and develop evidence-based approaches to improve it.

V. IAVA Cavalry Policy Recommendations

The country does not need more symbolic concern for justice-involved veterans. It needs structure equal to the problem. Congress should start from a simple principle: a veteran remains a veteran during incarceration, through diversion, through court supervision, and after release. That principle should drive policy. It is on these principles that we present our recommendations.

1. Revisit the benefit framework at incarceration to better support treatment continuity. The current reduction in disability compensation and the suspension of VA healthcare access at day 61 of incarceration works against the treatment investment Congress has made through Veterans Treatment Courts and related programs. The Veterans Justice Commission has recommended that Congress reverse the ban on VA-delivered healthcare during incarceration. IAVA supports that recommendation and encourages the Committee to examine options for greater alignment between the benefit structure and treatment goals.

2. Strengthen utilization of VA's veteran identification tools. VA's Veterans Re-Entry Search Service and Status Query and Response Exchange System were built to connect justice-involved veterans to services. GAO found in 2021 that VRSS had only 389 active users nationwide, and that VA's mandatory reporting to Congress on the VJO program was incomplete. Expanding utilization of these tools and improving the quality of congressional reporting would strengthen the pipeline to the courts and programs this Committee has invested in.

3. Support consistent, evidence-based eligibility standards across federally funded Veterans Treatment Courts. Research by Byrne, Hummer, and colleagues (2024) found that eligibility criteria vary significantly across courts and are not consistently grounded in evidence about who benefits. IAVA encourages the Committee to support the development of shared, research-based eligibility standards, including a consistent approach to veterans with other-than-honorable discharges where a service-connected nexus to the offense exists, so that access to the model reflects need rather than jurisdiction.

4. Design the National Center for Veterans Justice with a dedicated longitudinal research mandate. IAVA recommends the Center be structured to include academic and practitioner

representation and the capacity to support multi-year, multi-site research on veteran outcomes across the justice pipeline. A longitudinal study of Veterans Treatment Courts, tracking who is served, under what conditions, and with what results over time, would fill the most significant evidence gap in the field and strengthen the work of every organization operating in this space.

5. Invest in structured prerelease planning and postrelease transition support. Research found that only 56 percent of veterans who received outreach through the Health Care for Reentry Veterans program had any VA healthcare contact following release (Finlay et al., 2017). Strengthening prerelease care coordination and ensuring veterans exit custody with confirmed appointments, benefits status reviews, and housing plans in place would improve reentry outcomes and reduce recidivism.

6. Examine eligibility barriers for veterans whose discharge reflects untreated service-connected conditions. The Veterans Justice Commission has raised the question of whether denying VA benefits based on discharge character is consistent with congressional intent when that discharge was shaped by conditions that remain untreated. IAVA encourages the Committee to examine whether targeted legislative or regulatory remedies are warranted for this population.

The infrastructure this Committee has built, Veterans Treatment Courts, the Veterans Justice Outreach program, the Health Care for Reentry Veterans program, and now the National Center for Veterans Justice, represents a genuine commitment to this population. IAVA's purpose in submitting this statement is to help ensure that commitment is matched by reach, consistency, and evidence. Every veteran who enters the criminal legal system is still a veteran. The policy framework surrounding them should reflect that at every stage of their involvement, from arrest through release and beyond.

Nemo Resideo. Leave No One Behind.

Respectfully submitted,

Manuel "Manny" Gomez

U.S. Navy Veteran | IAVA Cavalry Member

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