



M E M O R A N D U M

Date: May 10, 2016

To: State Committee on Veteran Affairs
Oversight Hearing on Incarcerated Veterans
California State Capitol

Subject: Recommendations for serving our incarcerated veterans

I have served incarcerated veterans for almost 8 years. I am a veteran and a licensed clinical psychologist.

There are approximately 8 million Viet Nam Era veterans. As these veterans age, many face new problems added to their existing burden as they lose health due to wartime wear and tear, lose significant others, and lose their income as work becomes unsustainable. This has been described by some in the Veterans Affairs as an upcoming storm of need that will hit the VA, skilled nursing facilities, and other areas of health care. There has been an increase in incarceration amongst Viet Nam Era veterans as many are overwhelmed with their burden.

The numbers of affected veterans continue to increase due to the Middle East conflict. The number of veterans facing ongoing mental and physical health issues are higher than many previous conflicts as there are more deployments, less time to recover between deployments, and less distinction between combat and support staff. At least one in five of those who return suffer from Post-traumatic Stress and/or Major Depression. The introduction of body armor means that more soldiers are surviving with more injuries. New issues include the introduction of women to the combat arena. Although many veterans have returned home, their conflict endures as they learn of comrades who are hurt or killed.

The first phase of veteran support at Salinas Valley State Prison has been in effect for about 3 years. I help veterans with to access support and benefits for service related injuries. I also help veterans to build necessary skills to prevent recidivism that will help them to go home and stay home. I continue to help veterans access VA related benefits from the multitude of VA and non-VA organizations. For veterans with service related

disabilities, I help them to maintain their benefits for their families. I am exploring ways to build preventative resources to help veterans before incarceration occurs as well as to assist in continuity of care. One such preventative program is a proposed program where our incarcerated veterans will train service canines for non-incarcerated veterans who have disabilities related to physical trauma, traumatic brain injuries, and/or Posttraumatic Stress Disorder.

The second phase of the project was successfully started in the Fall of 2013. After four years of working with California Veterans Affairs, several SVSP clinicians were granted access to be the first non-VA staff to learn their Cognitive Processing Therapy (CPT), an evidenced based treatment for veterans who suffer from Post-traumatic Stress Disorder (PTSD) and related symptoms. The clinicians volunteered their time and paid for all travel, lodging, and 26 post-training supervision sessions for 6 months. The clinicians volunteered to provide CPT for incarcerated veterans in addition to their regularly assigned duties. One of the initial concerns for success was to be able to successfully treat PTSD within a high stress environment. We achieved success by offering and completing treatment with many veterans who suffered from PTSD related to their military service. Due to the severity of their traumas, many Viet Nam era veterans have been incarcerated for more years than they have been free. One graduate from CPT, a veteran who had served a 20 year sentence in prison, stated: "Now I am not afraid to go home." This veteran was released over a year ago and remains successfully reintegrated.

Many veterans do not know their entitlements for peacetime service that include hearing loss, joint injuries, etc. I provide education as many veterans do not know how to recognize signs and symptoms of issues such as Posttraumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), etc. I initiated 2 veteran support groups that reach a mere 20% of the capacity in 2 of our 5 facilities. These groups offer community building, education, group therapy/process, and peer support. Services include assistance with Veterans Affairs (VA) Compensation and Pension applications; an arduous process that involves the application process, scheduling medical/mental health Disability Benefits Questionnaires (DBQ), and assistance with the VA during their live evaluation process. I also help our veterans connect with Monterey County Veteran Service Office (VSO) for advocacy with VA. This involves scheduling VSO onsite visits, scheduling time/space with veterans, and related follow-up assistance. I also provide pre-release planning and support, Board of Parole Hearing preparation, and educating clinicians to the specific needs of the veteran culture. My goal is to provide fewer wait times for facilities with existing service and to extend services to the entire prison.

Special veteran pre-release support is provided for veterans needing VA assistance related to homelessness, benefits for military related disabilities, and for those who will need help with mental and/or physical health issues. To a very limited extent, veterans have access to short-term veteran oriented mental health support and Cognitive Processing Therapy (CPT) for PTSD treatment. With the advent of telemedicine, follow-up treatment for CPT remains available if the veteran transfers to another CDCR institution.

This basic level of veteran services is provided to 2 of the 5 facilities at SVSP. My goal is to be able to provide full services with minimal wait times to all 5 facilities.

Pre-release support for all inmates includes AB109 support, collaboration with County Mental Health, transportation evaluations, and the provision of where to find ex-felon friendly resources (i.e.: food, clothing, shelter, work, vocational, financial, SSI, tattoo removal, etc.) This service is provided to all facilities. My goal for pre-release services is to provide introduction, education, and therapeutic support 6, 12, 18, and 24 months leading up to release/parole.

For many of our veterans who suffer from military related Posttraumatic Stress Disorder (PTSD), part of the complex symptoms includes a sense of untreatable brokenness and/or the belief of being non-deserving of healing and/or redemption. These clinical symptoms commonly reinforce the persistence and longevity of PTSD. For these reasons and others, veterans are often seen by their clinicians as being "treatment resistant". Many veterans are not willing to help themselves, yet will readily take on a mission to serve others. Many of our incarcerated veterans have stated their urgent desire to prevent incarceration amongst veterans and to promote their healing process.

We recently started a veteran canine training program with the Monterey County SPCA. In our pilot program, we are currently training 4 veterans and 2 non-veterans in canine-rehabilitation. This hands-on project teaches through service to others. Learned skills include communication skills, substance abuse control, mood regulation, vocational skills, and gives the opportunity for participants to earn a certification. This program accepts individuals with and without release dates as long as there is no history of predatory behavior. There is no cost to the State for canines, SPCA trainers, food, veterinary bills, etc. The goal is to have a full program of trainers who are veterans and non-veterans and all levels of mental health, including CCCMS and EOP.

As with Walter Reed Medical Center for veterans, many veterans will take missions to serve others and experience healing and growth in the process. As the incarcerated veteran works to train service canines for disabled veterans on the home-front, they are able to receive a renewed sense of purpose, learn how to be positive, improve their relationships, and to reduce stress, depression and anxiety. Veterans learn necessary personal skills and heal from existing military related issues which contributed to their incarceration. Just having a canine present has proven to improve sleep considerably in veterans with PTSD without a change in psychiatric medicine or treatment. These clinically proven gains are all made through the service to others.

California Men's Colony in San Luis Obispo is the first California prison to successfully implement a service canine training program. This recent program is a successful partnership with Jack Gould of New Life K9 (<http://newlifek9s.org/>). Mr. Gould is a veteran, a retired Sheriff, and the creator of New Life K9 whose mission is to save lives. The commitment from New Life K9 is phenomenal in both the mission and that they

provide collaboration without cost to the State. For programs in the community, the canines cost upwards of \$25,000 to breed, purchase, and 2 years to train. The training involved for the trainers and related supervision is time intensive as these canines will serve as service canines for disabled veterans in the community.

Our goal is to implement the first-ever program for incarcerated veterans to train service canines for disabled veterans on the home-front. Jack Gould stated that New Life K9's interest in developing this program is based on a "veterans for veterans" model.

A similar organization, Warrior Canine Connection, is a nationally based program that trains service canines for disabled veterans. They have researched and summarized the proven impact that one service canine has on more than 60 warriors and the surrounding community. The training program recruits puppy petters from the community to help socialize the canine which includes officers, free staff, and other inmates. In a prison setting, this interaction has therapeutic benefit as merely petting a canine is proven to increase positive levels of Oxytocin, Prolactin, Dopamine, and decreases harmful Cortisol. This interaction also has been proven to lower blood pressure, mean arterial pressure, cardiac stress hormones, and decrease pain ratings.

When the SPCA pilot program is completed, the pilot for the New Life K9 service canine training program will be ready to begin.

Benefits of these canine training programs to the incarcerated community includes the centerpiece for the creation of a Veterans Honor Block (to be discussed later in this report) and decreased violence and recidivism.

We are working to initiate the first CDCR comprehensive veteran program that will meet the needs of the entire institution of SVSP. Services will be increased in existing facilities and made accessible throughout SVSP.

This veteran program will explore an alternative mental health program for veterans with PTSD. Many of these veterans need more than outpatient treatment that is provided in the Correctional Clinical Case Management System (CCCMS). The Enhanced Outpatient Program (EOP) is for inmates with chronic and severe mental health conditions that includes diagnoses such as Schizophrenia. Participants of this program are individuals who, when not incarcerated, are often placed in adult psychiatric board and care facilities. This program is not designed to treat veterans who have highly specific needs and may become "stuck" as their needs remain too intense for CCCMS, yet not met by EOP. The veteran community will offer enhanced treatment such as veteran-oriented 1x1s, peer support groups, canine programs, treatment for PTSD, etc.

This program will also liaise with existing programs such as the VA, CALVET, and local County Veteran Service Office. The team will be responsible for all pre-release support and education beginning at 24 months prior to release for all facilities within the prison. Veteran program staff will provide veteran services including veterans groups, 1x1 support for general military related mental health issues, screening/education for military

related conditions (i.e.: PTSD, TBI, etc.), clinical DBQ evaluations, VSO and VA support and collaboration, BPH hearings, treatment for PTSD, homelessness prevention and all military related pre-release supportive needs. This program will also be able to arrange post-release services with the VA. Veteran support and education will also be made available to the countless custodial staff veterans at SVSP, who are peacetime or combat veterans.

I propose that veterans with Posttraumatic Stress Disorder be recognized under provisions of the Americans with Disability Act of 1990. To qualify for this, individuals will provide proof of service through their DD214 (military separation record). Veterans would undergo evaluation through the VA to establish military related PTSD to Federal standards. Veterans with a Federally recognized diagnosis of PTSD would be provided with accommodations for that disability similar to accommodations granted to inmates with physical disabilities and limitations. These accommodations might include living away from firing ranges and other housing considerations that would compensate for environmental stressors that exacerbate symptoms of PTSD/post-traumatic stress.

Lastly, I propose a pilot Veterans' Honor Block within a Californian prison. A recent report by Major Evan Seamone, an Army veteran/Army reservist and attorney, along with a division of the U.S. Department of Justice, stated that within the last few years, numerous states and local jurisdictions have successfully developed and implemented specialized housing units for veterans in prisons and jails. Correctional institutions have implemented these units to mitigate the common affect to incarcerated veterans with PTSD who unwittingly approach their time in confinement like time deployed in enemy territory. This occurrence of a "second tour" has been shown to promote recidivism and extend existing sentences due to behavioral symptoms of extreme adaptation.

Currently, 14 States have prison programs and 16 States have jail programs (totaling 24 States as many have both.) There are 25 total jails and 36 total prisons with successful Veterans' Honor Blocks. Whether they are called "Vet pods," "Veterans Dorms," "Veterans Blocks," or other names, each of these programs has proven many benefits by placing incarcerated veterans in a dedicated area of a correctional institution. These housing units provide a safe and trusting environment to discuss sensitive military experiences and issues which many have not shared even with wives, friends, and families. This enables a successful outlet for suppressed experiences and feelings. These programs instill a sense of accountability in each member for the entire program's success. When every participant feels like they have a stake in the program, there is more incentive to follow the rules. This notion of community belonging also promotes effective re-entry into the civilian community. As veterans progress in the community, they are provided increased responsibility to self and others through leadership roles and duties. Correctional Officers who work in veterans' units commonly observe how veterans are safer to oversee and more polite and respectful than inmates without military service. For delivery of service from the prison, concentrating the veteran population allows increased delivery of veteran-specific services. Veterans' Honor Blocks enable better detection of behavioral changes and needs by Correctional staff and their veteran peers. Veteran programs utilize existing resources more efficiently. These resources include inmate peer counselors, Correctional Officers with

prior military experience as veteran mentors, creative inmates to design murals, and access by veteran community based organizations. This program is not preferential treatment; rather, it has been proven to be an effective program that has successfully treated veterans and helped them with more successful reintegration into society after they have served their prison sentences. In addition, the program is an earned opportunity that rewards veterans for their honorable military service to our country.

It has been said that men and women who volunteer for military service write a blank check to the government rendering their time, energy, and even their life in service to our Country. That statement does not cover loss of freedom so prevalent for those with untreated traumatic brain injuries, PTSD, or loss of physical functioning. This proposal seeks to establish and model a paradigm of service to honor their service, fulfill their trust, help disabled veterans to avoid incarceration, and help our incarcerated veterans to finally go and stay home.

Please do not hesitate to contact me if you have any comments, questions, or ideas. My goal is to meet and exceed your expectations in the creation of the first CDCR Mental Health Service department/Veterans HUB to comprehensively work to meet the needs of our veterans.



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