

Outreach to Homeless Veterans in the Los Angeles County Jail:

The VA Greater Los Angeles Healthcare Story

Jncarcerated individuals represent a group with a high risk for homelessness (O’Flaherty, 1996). Released inmates may have few financial or social support resources. The stigma of a criminal record may also reduce their employability and ability to secure housing. Many incarcerated individuals suffer from mental health and substance abuse issues. These problems may hamper their ability to remain self-sufficient in the community.

In the 1990s, the U.S. Department of Veterans Affairs Greater Los Angeles Healthcare System (VA GLAHS) partnered with the Los Angeles County Sheriff’s Department (LASD) to provide assessment and pre-release planning for inmates in the downtown Los Angeles County Jail who were veterans. The hope was that, after leaving the jail, veterans would immediately start receiving VA care, including transitional housing, health care, mental health treatment, and vocational rehabilitation.

This article discusses the role of VA social work leaders in developing the jail outreach program. The authors use elements of Hasenfeld and Brock’s Political Economy Model (1991) to examine how the team took advantage of many fortunate political circumstances to overcome barriers associated with large institutions attempting to collaborate and innovate. The positive experience of VA GLAHS and Los Angeles County may serve as a model for other communities dealing with the problem of homelessness among released inmates.

Historical Perspective

The daily census of the Los Angeles County Jail system is approximately 22,000 inmates (Leonard, 2004), of which an estimated 10%, or 2,200 individuals, are veterans (U.S. Department of Justice, 2000). A study of veterans in the Los Angeles jail (McGuire, Rosenheck, and Kaspro, 2003) uncovered the following indicators:

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- Nearly three-quarters (73%) of veteran inmates had been unemployed in the past 3 years;
- Roughly one-third (35%) had some psychiatric illness;
- Nearly two-thirds (62%) had a drug abuse or dependence problem; and
- Thirty-seven percent (37%) had experienced homelessness periods of more than 6 months.

Since the late 1970s, a single VA outreach staff member had visited veteran inmates in the Los Angeles County Jail, providing information on VA services available upon their release. However, VA social work leaders believed that a larger, more formal jail outreach program would be useful. The envisioned program would link inmates to the growing range of services available to homeless veterans. In the jail itself, VA workers could screen veterans and develop an initial discharge plan. Once released, inmates could go to the nearby downtown outpatient clinic for a more thorough assessment and receive temporary housing, if needed. Later, veterans could be placed in homeless transitional housing and residential mental health/drug treatment programs. VA medical care and vocational rehabilitation services would also be available. The hope was that treated and housed veterans could transition back into society as employed, self-sufficient individuals—instead of ending up homeless or back in jail.

In the 1990s, VA GLAHS embarked on an ambitious project to provide services to an estimated 20,000 homeless veterans in its service area (Nakashima et al., 2004). Within 10 years, VA GLAHS created over 900 transitional housing beds, specialized mental health and substance abuse treatment programs, and vocational rehabilitation services. To find homeless veterans, VA outreach workers canvassed local shelters, soup kitchens, the Skid Row area of downtown Los Angeles, and the beach parks of Santa Monica. Social work discharge planners for VA's inpatient programs also referred many veterans to the VA homeless program. During their outreach, VA staff noticed that many homeless veterans had recently been released from the large downtown Los Angeles County Jail.

The VA jail outreach program envisioned by social work leaders was novel in its scale and scope, as it would place five full-time VA outreach workers in the Los Angeles County Jail system. Annually, hundreds of released veteran inmates could be linked to a healthcare system providing a full array of health and rehabilitative services.

Initial Barriers to the Jail Outreach Program

Initially, VA social work leaders faced major obstacles in promoting a jail outreach program to VA GLAHS and LASD officials. First, there was the issue of stigma. VA administrators feared that released inmates represented potential safety and treatment compliance problems. Also, some VA medical center administrators were still wary about the VA's role in providing social services (like housing and vocational rehabilitation) to its patients. They felt that taking on a non-medical role was going beyond the traditional scope of the institution.

Los Angeles County Sheriff staff identified their own concerns about a VA jail outreach program. Some staff believed that the jail's role was more custodial than rehabilitative: to keep the general public safe from criminals. Additionally, there were concerns that having non-law enforcement (VA workers) in a correctional facility posed safety hazards. For example, meetings between VA staff and inmates required transporting both across the jail, increasing the opportunity for security breaches. Also, VA workers—without law enforcement training—might be more likely than Sheriff's Department staff to be assaulted or held hostage. Finally, moving and securing individual inmates around the jail so that they could be seen by VA outreach workers required more staff time.

Applying the Political Economy Model

Despite the initial resistance of both the VA and Los Angeles County Sheriff officials, the VA social work leadership team successfully persuaded both institutions to collaborate on creating an expanded jail outreach program in 1999.

How did this happen? A useful way of explaining the process is through the use of a theoretical framework. We selected elements of the Political Economy Model (Hasenfeld and Brock, 1991) because the model synthesizes current methodological approaches to explain program implementation. As the name implies, it stresses the importance of authority, power, and resources in the implementation of social programming.

Particularly relevant to this paper is the model's concept of "driving forces": technological, economic, and power. Technological refers to the services provided to the client; the more rational and coherent the technology is (i.e., implementable, adequately addresses the client's needs), the better the chance for success. Economic refers to the importance of having sufficient resources for the implementing agency to begin and maintain a program. While there are many definitions of power (Astley & Sachdeva, 1984; Hood, 1983), power in the context of the model refers to the ability of the implementing agency to elicit cooperation and compliance from stakeholders. Hasenfeld and Brock (1991) conclude that implementation is a "non-issue" when there is technological certainty, economic stability, and a concentration of power in the hands of the implementing agency.

Further, the Political Economy Model implies that: 1) Favorable technological, economic, and political circumstances must not only exist in order for a social program to begin, they must also be acted upon or exploited; and 2) leaders must be able to manipulate the environment to influence and secure the cooperation of stakeholders. Stakeholders are individuals or entities that control a commodity (i.e., resources, services, authorization, an endorsement) needed for the program implementation. They may include, for example, a medical center director or the sheriff of a large urban jail.

Let us re-visit the implementation of the jail outreach program within the context of the three driving forces.

1) Technological influences—For its jail outreach program, VA GLAHS had a tested technology to treat individuals at risk for homelessness. It had medical

services and mental health and substance abuse treatment available at its three main service sites (West Los Angeles, downtown Los Angeles, and the San Fernando Valley) plus limited services at smaller VA clinics scattered throughout Southern California. In addition, VA GLAHS's hundreds of transitional housing beds made it one of the largest housing providers for the homeless in Los Angeles County. Thousands of homeless veterans were being seen and treated by VA staff annually. VA GLAHS also had a staff of experienced outreach workers, many of whom were formerly homeless and ex-felons. The idea was that this life-experienced staff could successfully relate to and engage incarcerated veterans.

Finally, the technology of providing VA outreach workers in the Los Angeles County Jail had already been piloted. Since the 1970s, one VA staff member had successfully provided outreach in the downtown Los Angeles County Jail on a limited basis. He had demonstrated the feasibility of a jail outreach program, and he had gained the trust and respect of many managers in the jail.

In short, VA brought to the proposed expanded jail outreach program a rich service technology to assist veterans at risk for homelessness. An experienced team of outreach workers was only the "tip of the spear" for an arsenal of VA health and social services.

2) Economic influences—As noted above, the VA had substantial housing, treatment, and staff resources to treat veterans released from jail. These resources were attractive to Los Angeles County Sheriff's Department officials in the 1990s because they were facing criticism for the Department's handling of another at-risk group—the mentally ill, many of whom were homeless. In 1997, both the U.S. Department of Justice and the American Civil Liberties Union threatened litigation, accusing LASD of providing inadequate care to inmates with mental illness. These actions were highlighted in a series of articles by the *Los Angeles Times* on mentally ill inmates in the Los Angeles County Jail (Daunt, 1997a; Daunt, 1997b; Daunt 1997c; Daunt, 1997d; Feldman & Lichtblau, 1996).

Moreover, public concerns about the jail heightened, as overcrowding forced the sheriff to release many inmates early. By 1996, budget cuts had provoked the closure of four county jails in 3 years, a retrenchment that resulted in 20% fewer jail beds than in 1991 (Feldman & Lichtblau, 1996). *Los Angeles Times* newspaper articles portrayed the early release policy as a risk to public safety by highlighting the violent acts committed by offenders who, if not for early release, would have been incarcerated at the time they committed their new crimes (Daunt & Saar, 1996; Feldman & Lichtblau, 1996). Concerns were heightened in 2002 to 2004, when budget constraints again resulted in the early release of thousands of inmates (Leonard, 2004).

Under ongoing governmental and public scrutiny for its handling of the mentally ill and the early release of inmates, LASD was receptive to the idea of VA GLAHS providing treatment to veteran inmates. A VA jail outreach program would demonstrate that the Sheriff's Department was attending to the needs of a sub-group of its mentally ill inmates and promoting their recovery after release. Such a program would help address critics' concerns about the lack of existing services in jails and public concerns about released inmates in the community.

If VA GLAHS represented an attractive resource to LASD for economic and political reasons, the reverse was also true—that is, there were economic benefits for the VA. In 1997, a new VA resource allocation model meant that the VA facility's annual funding would be based on the number of individual veterans seen during the year. This translated roughly into the medical center receiving a base amount per patient for care provided (Department of Veterans Affairs, 1999a). This rate could be increased substantially for “complex” patients who were diagnosed with severe mental illnesses, such as schizophrenia. Thus, accessing the Los Angeles County Jail as a source of such patients was a potentially compelling argument for an expanded VA outreach program.

In summary, both VA GLAHS and LASD had economic resources and needs that made a partnership attractive. VA GLAHS brought to LASD new resources to serve some of their released inmates with mental health and homelessness issues, and the jail represented to VA a steady source of new patients that would bring additional financial resources to the medical center.

3) Political influences—Within the context of the favorable technological and economic circumstances described above, the VA social work leadership team embarked on a mission to educate, influence, and secure cooperation from two main stakeholders: the Los Angeles County Sheriff's Department and the managers of VA GLAHS.

The power to influence these groups came in the form of a prominent Federal District Court judge, who was a former Marine Corps colonel and an advocate for homeless veterans. In addition, the judge and LA County Sheriff were personal friends. In 1999, the judge arranged a preliminary meeting between VA staff and Sheriff's staff to discuss the proposed jail outreach program. The Sheriff already had a reputation for wanting to rehabilitate criminal offenders and to test new programs to accomplish that goal. After the meeting, the Sheriff involved his managers in designing and implementing the program with VA staff.

A greater challenge, perhaps, was securing the cooperation of VA GLAHS leadership. As noted earlier, some VA facility managers did not believe the VA's mission included serving veteran inmates. To reduce the medical center's opposition, the social work leadership team prepared a white paper that described the proposed jail outreach program and its potential to help hundreds of released veteran inmates rehabilitate through the expanding VA homeless program. The paper also emphasized the program's potential to enroll new individuals in the VA system, which would mean more medical center funding under the resource allocation model. During a follow-up discussion, the social work leaders made a proposal to VA medical center facility managers: provide five temporary jail outreach staff positions, and if they did not pay for themselves in terms of enrolling new patients into the system within half a year, the positions would be re-allocated to a different VA GLAHS program. Managers accepted this offer and approved staffing for the program in 1999.

The judge used his influence to promote the new jail outreach program to the medical center and shepherd it through its early stages. For example, when a new VA GLAHS chief executive officer threatened to stop the jail outreach program, the judge arranged a meeting with the CEO's boss (the VA network

director) and the Los Angeles County Sheriff. The network director was so impressed by the program that the CEO decided it was politically unsafe to stop it. Also, by that time, the jail outreach program was “paying for itself” by bringing new patients into the VA system. On average, the expanded jail outreach program was enrolling 175 new patients in the VA system every month.

Challenges in Implementing the Jail Outreach Program

As described above, the VA social work leadership team was successful in convincing VA GLAHS and LASD to initiate the jail outreach program. The Political Economy Model explains how leaders acted to overcome resistance and barriers to the program’s start-up.

Like all new social programs—even those with considerable resources—the jail outreach program faced many challenges in its actual implementation. Lipsky (1980) notes there is often a disconnect between the vision and best intentions of upper-level policy makers and the “street level bureaucrats,” or line staff, who must attempt to implement the new public policy. There were three major challenges to the actual jail outreach implementation: access issues, post-release coordination, and staffing issues.

- **Access issues**—VA outreach workers faced many challenges in meeting with veteran inmates in the jail. Securing cooperation from jail line staff was sometimes an issue. Jail officers—usually sheriff’s deputies—frequently rotated through positions, and officers new to the system were often unaware of the cooperative jail outreach program. In addition, a few deputies did not believe in the concept of treating and rehabilitating inmates, and unaware or unsupportive deputies sometimes hindered or denied outreach workers’ access to the inmates. In response, VA staff periodically educated deputies about the program and developed personal working relationships. The Sheriff’s Department helped identify deputies who were veterans themselves, and he made them advocates of the program with their non-veteran peers. This strategy of educating deputies and identifying “champions” reduced line staff resistance to the program.

Even when they received cooperation from deputies, though, VA outreach staff faced other logistical barriers. Time was lost attempting to locate hundreds of identified veteran inmates from a daily log provided by the Sheriff’s Department. Inmates were frequently shuttled back and forth across cells and units, so their exact locations weren’t always known. Given delays in access, many veterans identified in the county database—especially those who were held only a few days—could not be contacted before their release.

- **Post-release coordination issues**—Completing a post-release discharge plan with a veteran inmate did not guarantee the plan’s execution upon release. As stipulated by law, inmates could not be held for any longer than their sentences. Hundreds of inmates were released from the jail each day, and each release process took several hours. This meant that an inmate could be discharged any time during the week or

the 24-hour cycle (Fox, 2004). Inmates released on a weekend or during non-business hours could not immediately contact a VA staff person or visit the nearby VA downtown outpatient building about a mile away.

In response to the release problems, jail outreach staff worked with Sheriff's staff and the Los Angeles County Court system to arrange planned releases for some veteran inmates by getting the courts to agree to release inmates early if they immediately entered a VA-specific drug treatment or transitional housing program. These inmates were released during a pre-scheduled window of time and transported directly from jail to the VA program.

In addition, the VA partnered with a nearby agency that served homeless veterans to provide transportation and temporary shelter to newly released veteran inmates who did not have a planned release. This VA-funded agency provided van shuttle service during peak release hours (8:00 p.m. to 2:00 a.m.) from the jail to an overnight shelter. The next morning, veterans were transported to a VA downtown clinic for services.

Even when an inmate actually made it to the downtown VA clinic, there was no absolute assurance that he would receive treatment. Service delays were common. Due to staff shortages at the VA GLAHS, an appointment for an initial physical and mental health exam could take a week or two. (There was an original plan to conduct the exams in jail, but a 1999 VA regulation prohibited the provision of treatment in an institution that was already required to provide medical care. [See U.S. Department of Veterans Affairs, 1999b.]) And after the initial exam, there could be further delays in placing veterans in a long-term, transitional housing program. Many private community agency partners that provided VA transitional housing refused to accept individuals with a history of sex offenses or those who were using a legal but potentially abusable substance, such as methadone or painkillers.

Efforts to temporarily house veterans who were waiting for their VA health exam or transitional housing placement were uneven. Two VA-supported shelters were made available to veterans, with maximum stays of 2 to 3 months. One of the shelters, however, was perpetually full. The other was 8 miles away from the downtown VA clinic. There were non-VA shelters close to the downtown VA clinic in the Skid Row area, but some clients said these were too dangerous or too confining, particularly after they had just been released from jail. For various reasons, some veterans remained out on the streets while waiting for VA services. Many relapsed back to substance abuse or criminal activity.

- **Staff issues**—The work environment remained an ongoing issue for staff. Some staff found it difficult to work in conditions characterized by high security and perceived potential danger. Some worried that working with an incarcerated population raised their risk for diseases such as tuberculosis. Some paraprofessional outreach workers felt they should be paid more because they were working in the jail setting. (Eventually, retention bonuses were obtained for the paraprofessional workers.) As a

result, periodic staff turnover was common. Changes in VA outreach staff also meant, periodically, fewer staff to see inmates as well as down time as new staff were hired and trained.

In particular, the jail outreach program could not recruit or retain a licensed social worker to serve as program director because of the unattractiveness of the work environment. Thus, the program did not have a strong leader who could provide clinical expertise, professional supervision, and advocacy. In the absence of a jail outreach director, a team of VA homeless clinic managers shared management of the program. These individuals, however, did not have sufficient day-to-day knowledge to run the program optimally. Staff cohesion and their ability to work efficiently with Sheriff's staff suffered.

In summary, issues involving access to inmates, post-release coordination, and staffing remained ongoing challenges to the jail outreach program. Nevertheless, some implementation issues were addressed successfully. In fact, VA staff did develop a working relationship with Sheriff's Department staff over time, and salary bonuses did help in retaining some VA paraprofessional staff. In addition, the VA partnered with an agency to provide transportation and short-term shelter for released inmates and arranged planned releases for some inmates so they could be transferred immediately to a VA program.

Jail Outreach Outcomes

Despite the challenges it faced initially, the expanded jail outreach program has existed continuously since 1999. Approximately 1,300 veteran inmates are contacted in the jail each year.

Has the program had an impact? McGuire, Rosenheck, and Kaspro (2003) examined the outcomes of 1,676 veterans who were contacted while they were incarcerated in the Los Angeles County Jail between May 1, 1997 and October 1, 1999. Thirty-eight percent (38%) (640) received some kind of post-release VA service during the year after their contact in jail, with 30% receiving mental health outpatient services and 29% receiving medical and surgical outpatient services. These utilization rates are lower than the rates of homeless veterans contacted by VA outreach workers in the community. (For example, 84% of all veterans who received outreach in the community during the same time period were receiving some kind of VA service one year later.) One reason may be access: veterans contacted in the community could frequently be driven immediately to a VA clinic for care, an option not available to the incarcerated veterans who often had days in jail left to finish their sentences and were then released during non-business hours.

Positively, the success of the VA outreach program has encouraged Los Angeles County to develop other rehabilitative services for inmates. In 2000, the Los Angeles County Sheriff's Department opened its Community Transition Unit (CTU). The CTU's focus is to provide vocational and educational programs for inmates in the jail and to link released inmates to jobs, housing, and healthcare. Currently, the CTU works with many other public and private agencies besides VA to provide services for inmates in jail and after their release.

Challenges for Program Developers

The greatest challenge for the jail outreach program was to develop a seamless delivery of care for released inmates. The first few days of release are a critical time for inmates, and the risk of relapsing back to homelessness, substance abuse, and crime is very high. VA GLAHS and LASD envisioned an orderly transfer of released inmates to a VA transitional housing program. However, they faced many barriers, including 24-hour release scheduling, lack of sufficient shelter space to house veterans until they could be processed by VA, delays in the VA processing (assessment, examination) itself, and difficulties placing individuals with a history of sex offenses and narcotic use in transitional housing programs.

Program developers considering this model should identify potential barriers to care delivery in their implementation planning. For example, will systems enable released inmates to be picked up immediately and housed temporarily until they are processed into a treatment system? How can processing time be shortened to reduce client AWOLs and overcrowding at temporary shelters? What transitional housing/residential treatment resources are available for traditionally hard-to-place clients, such as those with a history of sex offenses?

Program developers should also ask what new partnerships could be created to address delivery issues that are beyond the scope and capability of a single agency. The jail outreach program at first relied on collaboration between two main partners, the VA GLAHS and the Sheriff's Department. When they identified an unmet need for transporting and housing recently released inmates, however, they brought in a third agency, a local community program, to provide shuttle and shelter services. Another important partner to engage is the local courts system. As noted, VA GLAHS had some success in arranging planned releases with the district attorney's office to ensure that veteran inmates would be released at a set time so they could be immediately transferred to a VA clinic.

Whether the implementation of the jail outreach program at VA GLAHS qualifies as a "success" remains open to discussion. There was no control or comparison site to see whether other strategies could have been more effective in serving veterans released from jail. In addition, our outcome data consists of primary treatment utilization data, which is, at best, a proxy variable. Receiving VA treatment itself is not a guarantee of a successful long-term outcome, e.g., staying sober, remaining independently housed, or not recidivating. Currently, the authors are completing a study that will examine the follow-up status of veterans who received outreach in jail and VA services after release.

Conclusion

This paper offers a case study in program implementation. We used the Hasenfeld and Brock (1991) Political Economy Model as a framework to explain the importance of technology, resources, and political power in program start-up. VA social work leaders were successful in persuading VA GLAHS and LASD managers to approve a jail outreach program that used existing technology (VA services) and benefited both the veteran inmates and the institutions (economically) as well. The jail outreach program has resulted in a number of homeless

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inmates being contacted in jail, with a sizable percentage of these actually receiving some kind of VA mental health or medical services after they were released.

It is clear that implementation problems—namely access, post-release, and staffing issues—have challenged the program's effectiveness. Implementation is an ongoing, iterative process. Establishing social policy is only a first step; translating the vision at the street or jail cell level requires a willingness to review programming constantly and take corrective actions when possible. The program must also be evaluated in terms of the impact it makes on the lives of its clients. The VA GLAHS jail outreach program will ultimately be measured by whether it improved the housing, health, and legal status of the veterans it served. ■

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