



Corrections and Community Supervision

INCARCERATED VETERANS PROGRAM

OFFICE OF GUIDANCE AND COUNSELING

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2020

INCARCERATED VETERANS PROGRAM

State of New York
Department of Corrections and Community Supervision
1220 Washington Avenue
State Office Building Campus
Albany, New York 12226-2050

Andrew M. Cuomo
Governor

Anthony J. Annucci
Acting Commissioner

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INTRODUCTION

The Veterans Residential Therapeutic Program (VRTP) offers comprehensive services in a specialized housing unit and program area within the correctional setting, where communal living and therapeutic services integrate with the provision of access to VA services. We are pleased to provide veterans with the unique opportunity to address their specialized needs within a dormitory setting in a correctional facility while developing an awareness of the benefits, entitlements, and resources afforded to them as a veteran of the United States Armed Forces. They are exposed to community re-integration planning specific to veterans, which involves the integration of resources from other State and Federal agencies that provide services to veterans such as the United States Department of Veterans Affairs (VA), the New York State Division of Veterans Services, and the New York State Department of Labor, to form a viable continuum of assistance for program participants.

Acknowledgment

Throughout the past three decades, the Incarcerated Veterans Program has served as a national model for learning, innovation and leadership that shapes, and advances services provided to Justice Involved Veterans throughout our country. The Incarcerated Veterans Program promotes safety, but also restoration, healing, and growth, by fostering an environment which inspires military culture, values, and a sense of esprit de corps. To quote Evan Seamone, LL.M., J.D., M.P.P. Author of Rescuing Soldiers of Misfortune, “the NYSDOCCS VRTP serves as a virtual center of excellence for other programs wishing to gain priceless insights on veterans programming”. (page, xvi)

The daily dedication and professionalism displayed by DOCCS staff for over 30 years is a beacon for all to see. They are all incredibly committed professionals and we are proud to be associated with all of their selfless contributions and noble work. To all our veterans, we thank you for your deep sense of patriotism, your courage to enlist in the United States Armed Forces, and for your service to our nation. The Department is committed to our continued dedication in providing the best possible services to the incarcerated veterans in our custody.

Purpose of Guidelines

The purpose of these guidelines is to promote and provide statewide standards, procedures, and information for the operation of the Incarcerated Veterans Program within the New York State Department of Corrections and Community Supervision (DOCCS).

This guide serves four basic functions:

- A. **Reference Guide:** Serves as a reference for facility policy and procedures and clarifies the mission of the Incarcerated Veterans Program.
- B. **Standardization:** Provides a uniform approach to the Incarcerated Veterans Program in accordance with DOCCS [Directive 4401](#).
- C. **Statewide Responsibilities:** Specifies the basic requirements of the Incarcerated Veterans Program.

- D. **New Staff Orientation:** Provides a fundamental understanding of the Incarcerated Veterans Program and training for new employees.

MISSION STATEMENT

Under the direction of professional staff, the New York State Department of Corrections and Community Supervision's Incarcerated Veterans Program provides individualized comprehensive and integrated services to veterans for the purpose of their successful re-integration into the community.

Our goal is to assist veterans in our custody to understand how their ideas and attitudes affect their thinking and ultimately, their decision-making process. By assisting them to actively change their ideas and attitudes, they, their families, and our communities can all benefit.

History

The official ending of the Vietnam War in 1975 started a general healing/reunification process among the American people. The vast majority of Vietnam Veterans wanted to forget what took place and put memories of the war far behind them; for many Vietnam Veterans, joining the process was not feasible. Many harbored unpleasant feelings from being ostracized and felt like victims of an ungrateful nation. For those unfortunate veterans who developed the newly identified Post-Traumatic Stress Disorder (PTSD), reintegration into mainstream society was especially difficult. Complicating those factors was the high incidence of veterans who developed addictions to alcohol and other drugs, finding reintegration nearly impossible.

As the years passed, a gradual transformation of public sentiment took place. It brought many changes including the much-deserved recognition and concern for the Vietnam Veteran and all veterans of our Armed Forces. The Vietnam War Memorial was dedicated in 1982 in Washington D.C. and later a Korean War Memorial was dedicated, some 30 years after the "conflict." The nation went to an all-volunteer Army, and the United States Congress along with most State Legislatures, enacted legislation benefiting veterans and their dependents.

What was happening across the country was also happening in New York State, particularly within the formerly named Department of Correctional Services ("DOCS"). In 1983, there was an increase in the number of inquiries from the Legislature, state agencies, and community groups to "DOCS" concerning incarcerated veterans. Those inquiries concerned the service-related program needs of incarcerated veterans, especially Vietnam Veterans. In response, Commissioner Thomas A. Coughlin ordered a survey of perceived program needs of self-reported incarcerated veterans. The Office of Guidance and Counseling and The Division of Program Planning, Research, and Evaluation collaborated on the survey, and issued a report of their findings in December 1984.

Initially, formal program topics reflected the perceived needs of the veterans, and closely followed the results of the 1984 self-reporting survey identified in the "Background" section of the report. Employment represented the greatest overall need, requiring partnership with three additional agencies to adequately address the need through seminars and guest speakers. They included the NYS Department of Labor, NYS Division of Veterans Services, and the Private Industries Council. Informal programming was also established with ongoing small groups of veterans in what were called "rap groups." Their purpose was to foster and encourage open communication and the free

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flow of ideas. Although these rap groups produced fewer tangible results, they have proven invaluable in creating an element of trust and camaraderie within the veteran community.

Veterans Administration benefits was an area of concern for the incarcerated veteran. Information was needed on the application, administration, distribution and availability of benefits and assistance. The lead agency for this subject matter was the NYS Division of Veterans Services. Their counselors maintained regular contact with the veterans participating in the program, primarily on an individual basis, to assist with disability claims and requests for military discharge upgrades when needed.

In 1986, limited program opportunities were available at a few correctional facilities for incarcerated veterans to address their veteran-specific needs. Since that time, DOCCS' Incarcerated Veterans Program has evolved into a comprehensive program administered on three levels. The three-level program provides veterans under DOCCS custody with the opportunity to acquire viable assistance to address their veteran specific needs including requests for personal documents and an opportunity to meet with a representative from the Veterans Administration.

Alcohol and substance abuse counseling was also a major concern. Mt. McGregor CF had an established Alcohol and Substance Abuse Treatment (ASAT) program, where veterans were able to participate in substance abuse treatment on a weekly basis.

The first Veterans Residential Therapeutic Program (VRTP) within "DOCS" began at Mt. McGregor CF on August 3, 1987. Since that time, four additional Veterans Residential Therapeutic Programs were established at Gouverneur CF, Groveland CF, Mid-State CF, and Clinton Annex. Upon the closure of Mt. McGregor CF, the VRTP was relocated to Gouverneur CF.

In March 1993, Dr. Terrence Keane, Director of the National Center for Behavioral Sciences and PTSD at the Boston Veterans Administration Medical Center, conducted a site review and stated, "The Groveland Correctional Facility Veterans Residential Program was clearly among the very best service delivery programs I have observed in the public or private sector. A high-quality program consisting of committed staff with important goals." Hubert Speckard, former Superintendent at Groveland Correctional Facility stated, "The Veterans Residential Program evolved over a short period of time from a small informal group, to a highly-structured therapeutic program, whose results speak for themselves." A former program participant stated, "The Veterans Residential Program at Groveland Correctional Facility is very unique. It helped me address issues of self-esteem, life trauma, relationships, and has enabled me to make a smooth transition with my family."

DOCUMENTATION

Military Records

Documentation of military service is essential because veterans utilize federal resources, rather than state resources when they re-enter their communities. All incarcerated persons should be asked if they have ever served in the U. S. military. Each veteran who served must be encouraged to request their military records using Standard Form 180 (SF 180) to obtain their Defense Department form 214 (DD214). This discharge information must be entered into our DOCCS computer system at Reception through the Reception and Classification System (F451), which will interface with the Population Management System (FPMS), Community Supervision Case Management System

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(CMS), and the Veterans Monthly Report. Offender Rehabilitation Coordinators (ORC) must also document this information in the veteran's case plan which interfaces with KGNC. Any questions regarding this procedure should be directed to the Central Office Guidance Specialist for Veterans Affairs.

Veterans Re-entry Search Service (VRSS)

The Department of Veteran Affairs has developed an automated system to verify the military service of veterans who are incarcerated or under community supervision nationwide. Each month DOCCS exchanges pertinent information with the VRSS to verify incarcerated veteran's military service. This process has increased identification of veterans in DOCCS' custody and allows for broader distribution of services. [VRSS Memo](#).

Monthly Reports

Each month the Office of Program Planning, Research and Evaluation generates four veteran reports:

- Facility List for Verified Veterans
- List of Veterans with no Era Code
- Self-Identified Veterans (unverified)
- Verified Veterans within 3 Months to Expected Release

The above reports are distributed monthly by the Guidance Specialist for Veteran Affairs to each facility's Deputy Superintendent for Program Services along with SF 180. It is then their responsibility to distribute the reports to designated facility staff members with a copy of the current SF 180, Request for Military Record.

FACILITY SERVICES

Reception

Upon arrival at a Reception Center and during each facility orientation, incarcerated veterans view the video "**Suits: Veterans Administration Support for Incarcerated Veterans.**" In the four-minute video produced and directed by a veteran who served in Iraq, an incarcerated veteran tells his life story revolving around the various "suits" he has worn throughout his life. He notes that it was his military uniform that allowed him to be assisted by the Department of Veteran Affairs both while incarcerated and upon his release, highlighting the efforts on the part of the VA to assist all incarcerated veterans.

All incarcerated veterans participate in an intake interview with an ORC. Each is asked if they have ever served in the United States Armed Services or a foreign armed service. If so, they are then asked in which branch of service they served, what month and year their service started and ended, and what type of discharge they received. All eligible incarcerated veterans are automatically screened for the Shock Incarceration Program. After completion of the reception process, incarcerated veterans are automatically screened for placement at preferred facilities. Veterans classified for maximum security are preferred for Clinton Annex, Attica, and Auburn Correctional

Facilities. Medium security veterans are preferred for Groveland, Gouverneur, and Mid-State Correctional Facilities. Veterans that are eligible to participate in the Shock Incarceration Program are transferred to Lakeview Shock Incarceration Correctional Facility.

General Confinement Facility

Upon arrival at their first general confinement facility, Veterans Liaisons should encourage veterans to request their military records (DD214). The application form SF 180 is to be properly filled out and signed by the veteran. The Liaison should list their name as the contact person, along with the facility name and address in Section III #3 and send to the appropriate address indicated on the form. The DD214 is returned to the Veterans Liaison for placement in the incarcerated veteran's personal property in the Inmate Record Coordinator's office. The veteran is not to have a copy of the DD214 in their possession; they will receive it when released.

The address for the New York National Guard is not listed on the application (SF180) and is provided below:

New York National Guard
Department of the Army
Attn: MNP Bldg. 25
NYANG
1 Buffington Street
Watervliet, NY 12189-4000

The veteran's assigned ORC will need to be notified when the application is sent by the facility. The ORC will complete an Unscheduled Inmate Review (UIR) to update KGNC, section 9, to reflect "R" for requested with the date. If a current case plan is pending, the update should occur in the custom fields to interface with the current review; no additional UIR is needed. If the veteran refuses to apply, an "F" should be entered in Section 9.

Once the DD214 is received, the ORC shall again update Section 9, via the custom fields for a pending case plan, or a UIR in KGNC, by entering "Y" and the date received. Veterans should never have a code entered in this section indicating "confirmed" or "inapplicable." Inapplicable is used for incarcerated persons who have served in a foreign nation's armed forces. The facility list for veterans is sent every month and the pages relative to your facility should be printed and checked for both inaccurate codes and veterans still listed as "N" who need to request their military records.

Additionally, at least one person in the facility's Guidance Unit is to have update access to the F451 system, code 82 Personal Characteristics. The information entered at reception should be updated, if applicable, and verified with the information on the DD214.

The following codes are available for use in F451:

Branch of Service	Discharge Type
01 Air Force	1 Honorable
02 Army	2 General
03 Coast Guard	3 Undesirable

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04 Marine Corps	4 Bad Conduct
05 Navy	5 Dishonorable
06 Never Served	6 Non-vet
07 Multiple Branches	
08 Foreign	

Level I Services

All DOCCS correctional facilities provide Level I veteran services. Level I services ensure veterans obtain a copy of their Military Records (DD214), and that appropriate referrals are made through the VA for ongoing treatment, vocational training, education, housing, and employment when a veteran is nearing release. Each facility assigns a Facility Veterans Liaison whose responsibility it is to interact with the Central Office Veterans Guidance Specialist to address the readjustment and reentry needs of the veterans within each facility. The Veterans Liaison may be any staff member. The designated staff member will participate in annual training with the Veterans Guidance Specialist.

The VA Re-entry Specialists provide transitional services and conduct re-entry plans for eligible veterans within 6 months of release at all facilities. They provide copies of the [VA Guidebook for Re-entry Veterans in New York State](#) and other administrative materials deemed necessary for incarcerated veterans to apply for VA benefits and services.

Operation Recognition, created by Section 305 of New York's Education Law, recognizes the devotion and sacrifice of World War II, Korean War, and Vietnam Era veterans. Certain veterans who left high school without graduating are eligible to earn New York State high school diplomas.

To be eligible, a Veteran must meet the following requirements:

1. Be a New York State resident.
2. Engaged in active duty service for at least one day during one of the following wartime periods:
 - a. World War II: December 7, 1941 - December 31, 1946
 - b. Korea: June 27, 1950 - January 31, 1955
 - c. Vietnam: May 1, 1961 - April 30, 1975
3. Received a satisfactory discharge from military service.

Qualifying veterans must be able to produce evidence of their military service.

Level II Services

Facilities which provide Level II services have a Veterans Inmate Organization in accordance with [Directive 4760](#) or a Veterans Education Group that meets on a regular basis providing education, camaraderie and support for each other. There is often a community group involved, such as a local American Legion or Veterans of Foreign Wars Post. Level II facilities often hold a Veterans Day Recognition Ceremony and banquet to honor the military service of staff and incarcerated veterans. Inmate organizations are supervised by a Staff Advisor under the auspices of a facility Inmate Organization Coordinator who reports to the Special Subjects Coordinator in Central Office Education. Level II facilities are directed to submit a [Veterans Facility Monthly Report](#).

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New Freedom Level II Curriculum

A new addition in 2020 to Level II facilities is a set of resources intended to enhance the experience of the incarcerated veterans involved in the Veterans Inmate Organization or Veterans Education Group. The resources are contained in a Level II Curriculum designed for peer to peer facilitation. Below is a brief outline of the Veterans Group Resource Sets.

Four (4) ten-session units are provided which focus on military experience. Each unit includes ten (10) group discussion topics, assigned to provide a topical focus for each of the ten scheduled sessions.

The peer leader can assign the worksheets in advance and build on the responses for group discussion. This resource is a natural vehicle for group members to learn positive things about each other.

30 HOURS OF CORE DISCUSSION TOPICS	
RESOURCE	DESCRIPTION
Veterans Group Resource Set 1	10 group discussion topics designed for approximately one hour of discussion each. The first set of resources addresses common military experiences and provides an opening for members of each branch to speak about that area of service.
Veterans Group Resource Set 2	The second set of 10 group discussion topics builds on the first unit. Again, common experiences form the focus of discussion on issues and values: teamwork, esprit, responsibilities, personal qualities and strengths, etc.
Veterans Group Resource Set 3	The third set of 10 group discussion topics focuses on key individual traits and strengths built on their military experiences. This can be especially beneficial in the use of these traits and strengths going forward.
CRITICAL INTRODUCTORY ELEMENT	
RESOURCE	DESCRIPTION
A couple of thoughts - Intro Orientation and Adjustment.pdf	This discussion resource introduces the concept of group programming from the unique perspective of veterans. It is recommended that each new veteran to enter the program do this first.

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Level III Services – Veterans Residential Therapeutic Program

The Level III Veterans Residential Therapeutic Program (VRTP) facilities are strategically located within the Department to provide optimal services to all qualified veterans in accordance with available resources, offering veterans the opportunity to be housed together in residential settings. The Department strives to offer all eligible veterans in our custody the opportunity to participate in the Veterans Residential Therapeutic Program.

OBJECTIVE

To help incarcerated veterans become aware of their entitlements, benefits, and available community resources. To assist them in verifying their veteran status and to provide a healing and peaceful environment so they can address their service-related issues.

The VRTP is a six-month program that addresses readjustment issues with a focus on continuing recovery from substance abuse, anger and aggression management, education on Post-Traumatic Stress Disorder (PTSD), personal enhancement, and contact with community providers. When nearing release from incarceration, referrals are made through the VA for appropriate levels of care. Informational seminars for veteran related issues are provided as the need arises. Sessions are scheduled when representatives from agencies, community organizations and professional groups are available. In addition to conducting re-entry plans, the VA Health Care for Re-entry Specialists conduct quarterly visits to the VRTPs.

The VRTP is overseen by a Licensed Master Social Worker II (LMSW II) who facilitates the New Freedom (NF) Program and supervises Inmate Program Associates (IPA) who facilitate various portions of the NF program. IPAs are typically veterans who have successfully completed the program. The assigned ORC preferably has a caseload consisting of veterans both in the VRTP as well as the facility in general up to the recommended caseload ratios. In addition to providing Guidance and Counseling services to the veterans on their caseload, the ORC has general oversight of the VRTP in conjunction with the LMSW II, utilizing a team approach.

Admission requirements include verification of veteran status (ability to produce a copy of DD214), a signed VRTP participation agreement, signifying willingness to participate in activities and groups throughout the process, and commitment to follow through on therapeutic assignments. Veterans will have the opportunity to participate in the VRTP one time per term of incarceration.

VRTP Referral Process

A request to participate in the VRTP that requires a transfer to another facility shall be initiated by the incarcerated veteran. The veteran may request from their assigned ORC or from the Facility Veterans Liaison a [Veterans Residential Program Participation Contract](#). When the veteran agrees and signs the contract to participate, staff will complete and submit the [Veterans Residential Therapeutic Program Referral](#) to [Doccs.sm.VeteransCO](#).

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If approved, the Veterans Guidance Specialist will notify the facility of the decision and give direction to submit an Unscheduled Transfer Review. If the request is denied, the Veterans Guidance Specialist will advise the facility of the reason for denial. Please refer to the VRTP [Referral Process Flowchart](#) for direction.

VRTP Phases

270 hours of programming divided into 10-session units, designed to be done sequentially in a closed group. Each session is designed for 60 minutes.

With 4 days of programming each week, 3-hours a day, the core program supports a 6-month schedule.

Intensive intervention based on cognitive-behavioral therapy, (CBT) motivational interviewing (MI), and social learning philosophies will:

- (1) reduce resistance to behavioral change.
- (2) increase successful management of the most critical internal and external risk factors for re-offending (recidivism).
- (3) increase understanding and insight into past life experiences.
- (4) build on that insight and available internal and external protective factors; increase resilience and motivation to make positive changes going forward.
- (5) build specifically on strengths (assets) developed in their prior military service.
- (6) provide opportunities for specific action planning while in the facility, and going forward.

Pre-program Phase - veterans can remain in this phase for 1-3 months

Introduction to the program	Program rules, group norms, community contracts, norms, etc..	May be scheduled for convenience. Goal is to increase engagement in the treatment process and assess readiness.
Workbook-based "holding" unit	Brief workbook and journaling resources. Led by veteran peer IPAs	Provides unstructured programming element prior to their starting Phase 1A.

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- Phases #1, #2, and #3 below each includes 90 class hours (estimated to take approximately 2 months at 3 hours per class day, 4 days a week, with holidays, etc.).

PHASE #1 (mandatory to be done first)	Phase 1A (10 class days) - mandatory first unit	Phase 1B (10 class days)	Phase 1C (10 class days)
Class (first hour)	Orientation/Adjustment (doing your time - and the program – successfully)	Knowing yourself better (introductory self-awareness group) (X)	Bridge (behavioral health) Unit A
Class (second hour)	Vets Group resource set #1 (introductory)	Handling difficult feelings DF-2 (Anxiety)	Handling difficult feelings (Anger)
Class (third hour)	Open to Change (risk factors) Unit A	Open to Change (risk factors) Unit B	Open to Change (risk factors) Unit C
At completion of Phase #1, review of individual progress using the Progress Evaluation Model resource. May promote, re-cycle, or provide additional MI-based 1:1 enhancement.			

PHASE #2	Phase 2A (10 class days)	Phase 2B (10 class days)	Phase 2C (10 class days)
Class (first hour)	Bridge (behavioral health) Unit C	Bridge (behavioral health) Unit B	Criminal thinking - CT1
Class (second hour)	Vets Group resource set #2 (training and service)	Interpersonal problem solving and Managing aggression and violence (MAV skills)	Reducing your risk (Y)
Class (third hour)	Handling difficult feelings DF-3 (Grief/Loss & Sleep)	Handling difficult feelings DF-1 (Depression)	Handling difficult feelings DF-4 (guilt, shame, loneliness, boredom)
At completion of Phase #2, review of individual progress using the Progress Evaluation Model resource. May promote, re-cycle, or provide additional MI-based 1:1 enhancement.			

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PHASE #3 (final phase)	Phase 1A (10 class days)	Phase 1B (10 class days)	Phase 1C (10 class days)
Class (first hour)	Returning Home Unit RH (key recidivism and relapse, prevention)	Open to Change Unit D (risk factors and warning signs RH13)	Life experiences and Resilience (Trauma Unit)
Class (second hour)	VETS 3	Focusing forward (Z)	Returning Home Unit RE (responsibilities and avoiding problems)
Class (third hour)	Open to Change Unit E (RH5 lapses and relapse)	Returning Home Unit RD (key transitions and recidivism)	Returning Home RF (summary pre-release review unit)
	At completion of Phase #3, review of individual progress using the Progress Evaluation Model resource. May select for Inmate Program Associate, or re-cycle.		

SPECIAL GROUP: VETS 4 (Deployed vets only). Led by qualified staff member (LMSW II)

EXTENDED STAY RESOURCES

- For veterans who remain in the unit past the six-month program
- For veterans who have completed the program and remain as IPAs.
- Shaped for independent work, with a monthly group
- Model provides one workbook per month for one year (approximately 35-40 pages per month).
- Model includes weekly journaling element and/or recovery or action planning worksheet.

Discharge

Program participants may be discharged from the VRTP for the following reasons:

1. Successful completion of the program (300 hours/6 months)
2. Transfer
3. Poor custodial adjustment
4. Release from DOCCS custody
5. Medical purposes
6. Poor program participation
7. Inability to verify Veteran status
8. Voluntary withdrawal

Advanced Veterans Programming

The advanced portion of the program is available to participants that successfully complete the program and have exhibited the willingness to further their recovery, and openly discuss the nature of their criminal activity. The future peer facilitators (IPAs) are culled from this group of participants. The advanced portion is more intense and thought provoking in its scope and experience. Here, the participants learn to be accountable to themselves and the program on a higher level.

Objectives

1. Continue to develop skills necessary to live a drug-free lifestyle with reference to their military experience.
2. Continue to address and develop skills necessary to effectively manage thoughts, feelings and behaviors that contribute to inappropriate interpersonal interactions.
3. Continue to develop competencies in all areas necessary to secure employment and maintain self-sufficiency.
4. Continue to maximize awareness and utilization of benefits, entitlements and resources to develop a viable release plan.

Methodologies/Activities

1. Group Discussions
2. Classes
3. Group Counseling
4. Audio/Visual Presentations
5. Self-Help groups

Level III Correctional Facilities – Clinton Annex, Gouverneur, Groveland, and Mid-State. Level III facilities are directed to submit a [Veterans Facility Monthly Report](#).

VETERANS ADMINISTRATION

History

There is a strong history of collaboration between NYS DOCCS and the Department of Veterans Affairs to provide coordinated re-entry planning and services to veterans as they transition back to the community. In 1999, a Memo of Understanding (MOU) was signed between DOCCS and the VA to provide services for the Veterans in NYS DOCCS custody. Those identified as veterans were grouped according to facility location to allow for more coordinated services and programming. While the structure of the Incarcerated Veterans Program has evolved over time, it has been evident that grouping large numbers of veterans together has been highly effective in providing more intensive services to the veterans in our custody.

Memorandum of Understanding with Veterans Administration

The VA will provide three Health Care for Re-entry Specialists to provide transitional services and create re-entry plans for eligible veterans in DOCCS custody. They will provide copies of the VA Guidebook for Re-entry Veterans in New York State and other administrative materials necessary for veterans to apply for VA benefits and services. It is essential the VA Specialist's contact with the veteran be recorded in CMS and on the Chronological Entry Sheet to assist in re-entry planning to link veterans determined to be eligible for VA services, including medical and mental healthcare, substance abuse treatment, housing, vocational training, and employment services. The VA Specialists conduct visits at DOCCS VRTPs on a quarterly basis. To schedule the VA Health Care for Re-entry Veterans Program Representatives for a visit or interview, please contact the facility Veterans Liaison or Central Office Guidance Specialist for Veterans Affairs. At the end of each month, the Re-entry Specialist reports to the Guidance Specialist for Veterans Affairs those facilities which were visited that month and if any other organizations accompanied them.

Pension and Compensation Examinations

If a veteran is disabled due to their military service and they apply for VA service-connected compensation from the Veterans Benefits Administration, DOCCS will attempt to accommodate a credentialed VA medical or psychological provider request to examine any veteran in DOCCS custody. Incarcerated veterans receiving compensation for a military service-related disability may receive up to 10% of their compensation while incarcerated; financially dependent family members may receive the balance.

TRAINING

Facility Veteran Liaison

Each facility will assign a Facility Veteran Liaison who will interact with the Central Office Guidance Specialist for Veterans Affairs to address the readjustment and re-entry needs of veterans within the facility. The facility Veteran Liaison can be any staff member; however, if this is not a Guidance and Counseling staff member, someone in Guidance will be assigned to ensure each veteran's documentation is updated on a monthly basis.

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The liaison does not have to be a veteran per [Directive 4401](#). The designated staff member will participate in training with the Guidance Specialist for Veterans Affairs on an annual basis.

Liaison Duties

- Ensure veterans obtain their military records
- Assist eligible and interested veterans in applying for the Veterans Residential Therapeutic Program
- Ensure the veterans video is being presented during the facility orientation
- Facilitate access of the Veterans Administration Health care for Re-entry Specialists to veterans who will be re-entering the community as specified in the Memorandum of Understanding with the Veterans Administration
- Be the facility point of contact for the VA Re-entry Specialists and Pension and Compensation exams
- Ensure the VA contact with the veterans is being accurately documented in the veterans Chronological Entry Sheet and CMS

Guidance Specialist for Veterans Affairs Contact Information

Office of Guidance and Counseling, Central Office

518-402-1813

Doccs.sm.VeteransCO