Jail Diversion and Trauma Recovery Priority to Veterans (JDTR): Expansion Site Activities and Outcomes

October 2014

Texas Institute for Excellence in Mental Health

Advancing Resilience and Recovery in Systems of Care

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Acknowledgments: The Veterans Jail Diversion and Trauma Recovery (JDTR) project was supported by 1H79SMO59275 from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the Texas Department of State Health Services. The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA.

Stevens Manser, S., Daggett, P. & Adler, E.P. (October, 2014). Jail Diversion and Trauma Recovery Priority to Veterans (JDTR): Expansion Site Activities and Outcomes. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

Jail Diversion and Trauma Recovery Priority to Veterans (JDTR): Expansion Site Activities and Outcomes

Background

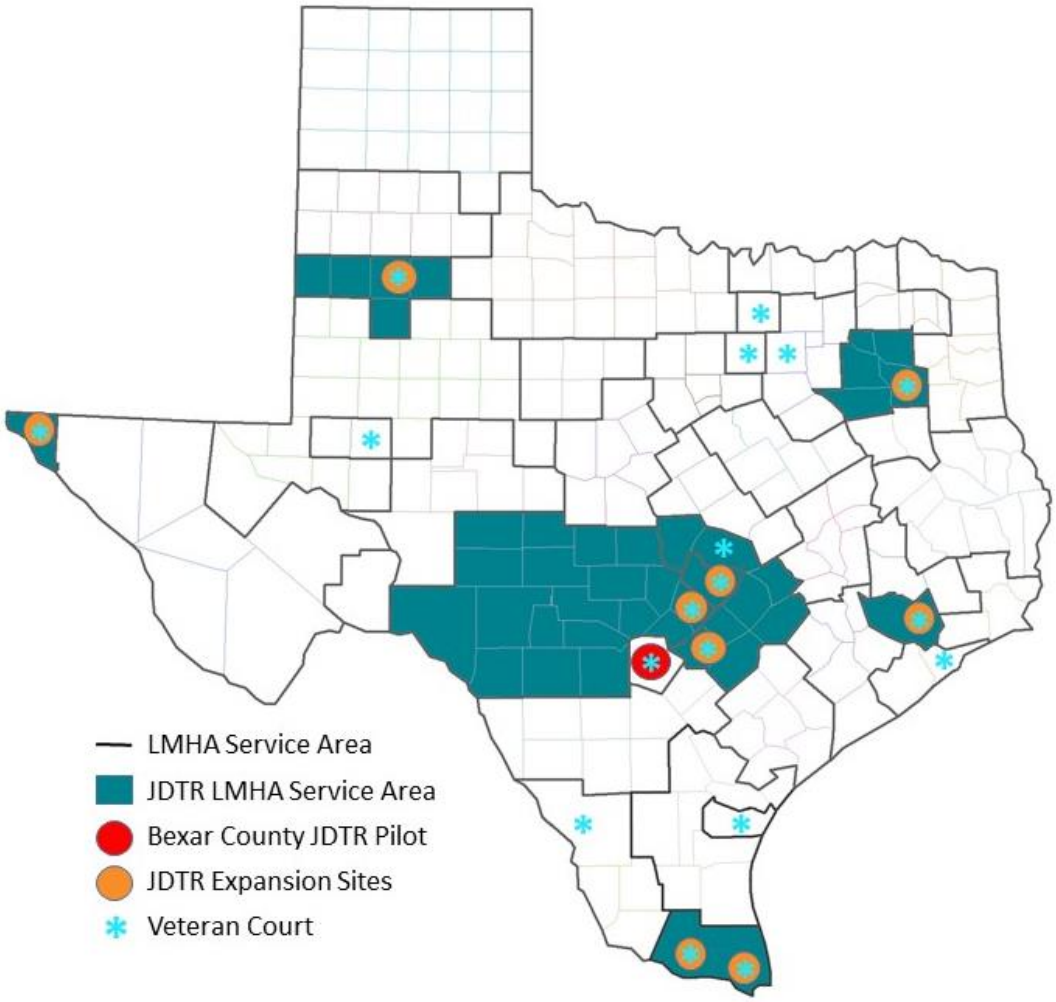
In 2009, the Texas Department of State Health Services received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Jail Diversion and Trauma Recovery - Priority to Veterans (JDTR). The intent of the initiative was to support a local implementation pilot to demonstrate approaches to divert veterans with trauma related issues from the criminal justice system into services, with the pilot implemented at the Center for Health Care Services in Bexar County. A limited amount of this grant funding was available in fiscal years 2013 and 2014 to support expansion of the veteran jail diversion trauma recovery approach in new community sites.

At the time the SAMHSA grant was received, the 81st Texas Legislature (2009) had authorized development of veteran's treatment courts. Twelve Texas communities had developed veteran's treatment courts by June of 2012, when this expansion project began. Nine communities where courts existed (or local sentiment favored development), were within LMHA service areas that had either received DSHS funding for veterans services or were members of collaboratives that had received other funding for veteran services. These nine LMHAs were invited to establish JDTR project expansion sites somewhere in their local service area. Since the funding available was $25,000 per site for each of two years, it was expected that sites would use expansion funds in conjunction with existing funds to implement trauma-informed jail diversion strategies for veterans.

Eight of nine LMHAs agreed to participate: Andrews Center (Tyler), Austin Travis County Integral Care (Austin), Bluebonnet Trails Community Services (Seguin), Emergence Health Network (El Paso), MHMRA of Harris County (Houston), StarCare Specialty Health System (Lubbock), Tropical Texas Behavioral Healthcare (Rio Grande Valley), and Hill Country MHDD Centers (San Marcos). Three of the LMHAs contracted with external partners to implement the project. The three contracted partners were Samaritan Center (Austin), the Disabled Veterans Center Chapter 61 (Seguin), and US Vets (Houston).

Figure 1 is a map of the JDTR pilot site, the eight JDTR expansion sites and the LMHA service areas in which they operate, and veteran courts operating in Texas.

Figure 1. Location of JDTR Pilot Site, Expansion Sites and Veteran Courts [1]



[1] The Bexar County pilot site began providing services to veterans in fiscal year 2010. The expansion sites were funded in fiscal years 2013 – 2014. The veteran courts on the map include the 18 in operation as of October 2014.

Veteran Jail Diversion and Trauma Recovery (JDTR) Expansion Sites

The eight LMHAs involved in the JDTR expansion are responsible for mental health services in 43 Texas counties. These 43 counties cover approximately 42,000 square miles[2] an area larger than the state of Tennessee or 15 other smaller states[3]. The population of these counties exceeds 9,700,000[4], roughly equivalent to the state of New Jersey, and are more populated than 39 states[5]. The veteran population in these 43 Texas counties is estimated to be 523,483[6]. These counties are diverse racially, ethnically, geographically and in terms of the issues they are facing. One county (Harris) is home to the City of Houston, the fourth largest city in the nation. Of the 43 counties, 28 are considered rural [7] with 11 of these considered frontier (less than 7 persons per square mile). Five counties are on Texas' border with Mexico. The population growth rate in eight[8] of these counties was greater than twice the national average[9].

The project expansion sites faced both common and unique issues, and collectively provided a fair representation of the state of Texas as a whole. Each LMHA developed a project that suited the needs of their respective communities.

Estimated Veteran Population by Site								
LMHA	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	StarCare	TTBH	Hill Country
Population	36, 981	60,324	71,007	47,936	186,000	19,742	46,331	54,562

[2] Index Mundi. (2010). *Texas Land Area by County.* Retrieved August 2014 from http://www.indexmundi.com/facts/united-states/quick-facts/texas/land-area#table

[3] Index Mundi. (2010) United States - Land area in square miles, 2010 by State. Retrieved August, 2014 http://www.indexmundi.com/facts/united-states/quick-facts/all-states/land-area#table

[4] Texas Department of State Health Services. (ND). *Texas Population, 2013 (Projections).* Retrieved August 2014: https://www.dshs.state.tx.us/chs/popdat/ST2013.shtm

[5] Infoplease.com. (2013). *State Population by Rank, 2013.* Retrieved August 2014: http://www.infoplease.com/us/states/population-by-rank.html

[6] Texas Workforce Investment Council. (2012). *Veterans in Texas: A Demographic Study. R*etrieved August 2014: http://governor.state.tx.us/files/twic/Veterans_in_Texas.pdf

[7] U.S. Health Resources and Services Administration.(ND).*Rural Health Grants Eligibility Analyzer*. Retrieved August, 2014 from: http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx

[8] Index Mundi. (2010).*Texas Population Growth Rate by County*. Retrieved August: http://www.indexmundi.com/facts/united-states/quick-facts/texas/population-growth#table

[9] Index Mundi. (2010).*United States - Population Growth Rate by State.* Retrieved August 2014: http://www.indexmundi.com/facts/united-states/quick-facts/all-states/population-growth#table

Expansion Sites JDTR Activities

Based on the aim of the grant and pilot site in San Antonio, two particular activities were considered to implement in the expansion sites given the available resources: identifying a point to divert veterans from the criminal justice system – focusing on veterans courts – and providing an evidence-based treatment to address trauma-related symptoms. The development of relationships with law enforcement, the courts, and community providers was an important aspect contributing to the success of the pilot site. As such, the first project activity was training in the Sequential Intercept Model (SIM) as a tool to help all parties consider their community and jail diversion activities and identify opportunities to help troubled veterans find their way into treatment and avoid incarceration. The second activity implemented in the expansion sites was *Seeking Safety* [10] a treatment that has been demonstrated to be effective for clients with a history of trauma and substance use.

Sites were brought together from around the state three times in 2013 and once in 2014 for training and to interact and learn with their colleagues. In addition, monthly conference calls were held to maintain a supportive learning community and to document successes and challenges experienced in the expansion site communities.

Sequential Intercept Model (SIM) Mapping

During the first project meeting, the GAINS Center[10] provided training to representatives from the eight sites on the SIM model and how to implement a SIM mapping process in their communities. The Sequential Intercept Model (SIM) describes how individuals move through the criminal justice system and identifies points of interception at which an intervention can be made to prevent either entry to or deeper penetration into the criminal justice system[11]. SIM mapping brings together key community stakeholders to visually depict the local system according to the model, identify current strengths and opportunities as well as issues that are important across stakeholders. This exercise helps system stakeholders understand how they each fit in the model and identifies the intercept points where there are opportunities for cross-system intervention[12].

Seven of the eight local teams were charged with returning to their home communities and conducting a SIM mapping exercise with local partners during the spring of 2013. Sites started at different stages in the development of a relationship with local law enforcement and the judiciary. Some communities had well developed relationships between mental health/ law enforcement/ judiciary in place, and some sites brought these groups together for the first time during the mapping exercise. Each site viewed the mapping exercise as a success. For some

[10] The Substance Abuse Services and Mental Health Administration (SAMHSA). GAINS Center for Behavioral Health and Justice Transformation. http://gainscenter.samhsa.gov/.
[11] Munetz, M. & Griffin, P. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. Psychiatric Services, 57, 544 – 549.
[12] http://gainscenter.samhsa.gov/pdfs/integrating/GAINS_Sequential_Intercept.pdf

sites, tangible outcomes such as agreements could be attributed directly to the exercise. For other sites, the outcomes reported were less tangible, for example, development of an ongoing task force or improved communication across organizations.

Diversion Outcomes Reported with SIM Mapping Exercise								
LMHA Project Site	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	StarCare	TTBH	Hill Country
Tangible outcomes [1]	Y	N	Y	Y	NA*	N	Y	Y
Improved relationships [2]	Y	Y	Y	Y	NA*	Y	Y	Y

Note: Y = Yes and N = No

*NA: US Vets (project site) was exempted from this requirement. However, discussions regarding the SIM model appear to have played a role in the development of a Veterans Court in Galveston County.

1. Formal agreements, development of new Veterans Courts, referral relationships, etc. reported from mapping event
2. Improved relationships between Mental Health/Law Enforcement/Judiciary reported

Seeking Safety

Seeking Safety was developed by Lisa M. Najavits, professor of psychiatry at Boston University School of Medicine and a clinical research psychologist at Veterans Affairs Healthcare System in Boston. Seeking Safety focuses on developing coping skills and offers psychoeducation using a flexible curriculum of 25 topical sessions delivered in the order most appropriate to the needs of the group or individual participating in treatment. Sessions can be repeated, or skipped as appropriate. The treatment is designed for flexible use: group or individual, male or female clients, a variety of settings (e.g., outpatient, inpatient, residential), and no specific degree or license required for delivery[13].

Training in *Seeking Safety* was provided at each of the local sites in the late spring and summer of 2013. Following training, representatives from the sites were provided Seeking Safety manuals, and a set of training CDs recommended by Dr. Najavits to assist in refresher training. Sites were encouraged to invite all potential providers of *Seeking Safety* (including those not likely to be working with veterans) to participate in the event. In addition to training in *Seeking Safety*, a half-day training in Trauma-Informed Care was also provided. Sites were encouraged to invite law enforcement and other community partners to participate in the Trauma-Informed Care training.

Attendance at Seeking Safety/Trauma Informed Care Training Events								
LMHA Project Site	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	StarCare	TTBH	Hill Country
Seeking Safety	32	27	36	35	23	14	78	47
Trauma-Informed Care	16	28	25	34	22	14	92	48

[13] Najavits, L. (2007). Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In KA Witkiewitz & GA Marlatt (Eds.) Therapists' Guide to Evidence-Based Relapse Prevention: Practical Resources for the Mental Health Professional, 141-167, San Diego: Elsevier Press.

Sites were directed to implement *Seeking Safety* using existing infrastructure and staff, in the setting that made the most sense in their community to attract veterans likely to be in need of the service. Three sites (Austin, Seguin, Rio Grande Valley) implemented *Seeking Safety* groups in conjunction with a Veterans Court, with mandated attendance. The site in the Rio Grande Valley also offered *Seeking Safety* to individuals referred by a post-adjudication court that targeted the family members of veterans.

The remaining five sites did not focus on a specific intercept point but offered groups to voluntary participants in existing programs. Two sites (El Paso and San Marcos) changed the location and focus of *Seeking Safety* services after finding the initial plan did not attract sufficient numbers of veterans to facilitate groups. A Veterans Court became operational in Hays County in January 2014, and recently began making referrals to the San Marcos site. The El Paso site had planned to offer *Seeking Safety* through existing peer facilitators, but reported that facilitators were not comfortable delivering or facilitating the curriculum material. *Seeking Safety* is now offered in El Paso in a voluntary group facilitated by interns and staff affiliated with a mental health crisis unit. Referrals come from the veteran peer network and from the crisis unit.

Seeking Safety Participation: Mandatory or Voluntary								
LMHA Project Site	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	StarCare	TTBH	Hill Country
Voluntary participation	Y	N	Y	Y	Y	Y	N	Y*
Mandatory participation	N	Y	Y	N	N	N	Y	Y*

Note: Y = Yes and N = No; * Seeking Safety had been provided individually to those referred through the MVPN until the Hays County Veterans Court became operational in January 2014

The eight sites reported different experiences regarding implementation of *Seeking Safety*. The three sites (Austin, Rio Grande Valley, and Seguin) that accepted referrals from the court since the project started reported the material to be well-received and of great benefit to participants. The fourth site accepting court referrals (San Marcos) has just begun receiving these referrals recently. All four sites that receive court referrals intend to continue to provide *Seeking Safety* and have expanded or plan to expand the number of groups offered using other funding sources.

The other four sites (El Paso, Houston, Lubbock, and Tyler) struggled to have sufficient attendance to maintain a *Seeking Safety* group. One site (Lubbock) shifted their focus to providing *Seeking Safety* on an individual basis. Two sites (Tyler and Houston) stopped offering *Seeking Safety* after reasonable promotion efforts produced no interest among veterans. Tyler staff reported that those attending the program (located in a drop-in center) are transitory program attendees and won't or can't commit to a course of treatment. Houston staff reported that potential participants for *Seeking Safety* (located in a housing program) were already participating in required clinical work (including *Seeking Safety* through VA programs) and were

not interested in additional *Seeking Safety* participation. As a result, Houston and Tyler have discontinued offering *Seeking Safety.* El Paso and Lubbock intend to continue to offer *Seeking Safety* services that were begun under the grant.

Seeking Safety Retention/Service Sustainability and Expansion								
LMHA Project Site	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	StarCare	TTBH	Hill Country
Attendance sufficient to maintain a group?	N	Y	Y	N/Y*	N	N	Y	N/Y *
Participants provided pre-post data?	N	Y	Y	N	N	Y	Y	Y
Services expanded?	N	Y	Y	N	N	N	Y	Y
Will continue post project?	N	Y**	Y	Y	N	Y	Y**	Y

Note: Y = Yes and N = No

*Both El Paso and San Marcos changed their approach toward the end of the project. El Paso reports they now have a group running in conjunction with the crisis unit that will continue. San Marcos has begun accepting referrals from the Hays County Court that was not operational until 2014. Prior to that, Seeking Safety was offered individually. Existing groups will continue.

**Both Austin and Rio Grande Valley want to continue services as provided under the grant, but have yet to secure funding to replace project funds. Sites report that there may be some reduction from current offerings, but that Seeking Safety groups for veterans will continue to operate at their sites.

Seeking Safety Data

Veteran Participants Description. Demographic and service information was recorded for veterans entering *Seeking Safety* services. Sites were also asked to ensure that *Seeking Safety* participants voluntarily complete a Post-Traumatic Stress Disorder Checklist (PCL) assessment prior to providing *Seeking Safety* and again after 6 months of service provision for open-ended programs or upon program completion. Sites submitted data for 194 veterans entering their programs. The descriptive data for these 194 veterans is illustrated in the following table:

Race/Ethnicity of Population			
White	**American Indian**	**Black/African American**	**Hispanic/Latino**
46.4%	3.1%	17%	30.9%
Age of Population			
Youngest	**Oldest**	**Average**	**Missing***
19	75	43.7	16 people
Gender of Population			
Male	**Female**	**Missing***	
94%	4%	2%	

Service Branch					
Army	**Navy**	**Air Force**	**Marines**	**National Guard**	**Missing***
59.9%	12%	9.9%	15.1%	0.5%	2.6%

Combat Veterans		
Combat Assignment	**No Combat Assignment**	**Response Missing****
80	63	51

*"Missing" data elements indicate that no response was provided. **44 of 51 missing responses came from one site that routinely did not collect these data. This site had pre-existing data collection methods and restructuring the existing method to add this item would have placed an undue burden on the site.

Seeking Safety Outcomes. The PCL was administered to each veteran entering the program and again following a period of service, assuming they remained in service and follow-up assessment was possible. Of the 194 veterans admitted to the program and completing the PCL, 128 (66%) had scores indicating a positive assessment for post-traumatic stress disorder (PTSD). Forty-two veterans (33%) completed a second PCL assessment following a period of treatment and 32 (76%) of these had improved scores at follow-up, with 24 (57%) showing clinically significant improvement. These findings were also statistically significant, indicating improvement is likely a result of the intervention.

Comparison data was provided at a much higher rate for the three sites working with courts since the beginning of the project, indicating improved capacity to retain veterans in service when participation was required.

Veterans Post Traumatic Stress Disorder Checklist (PCL) Data					
	PCLs Completed	**Average PCL Score***	**Highest Score***	**Lowest Score**	**Number assessing positive for PTSD***
PCL at Baseline	194	49.5	73	17	128
PCL at Follow-up	42	40.19	75	18	18

*A PCL score of 50 or above indicates a positive assessment for PTSD.

	Severity: Number with clinically significant score improvement*	**Average pre-post PCL score difference**	**Higher PCL scores at follow-up**
Pre-Post Comparison	24	(9.31)	8

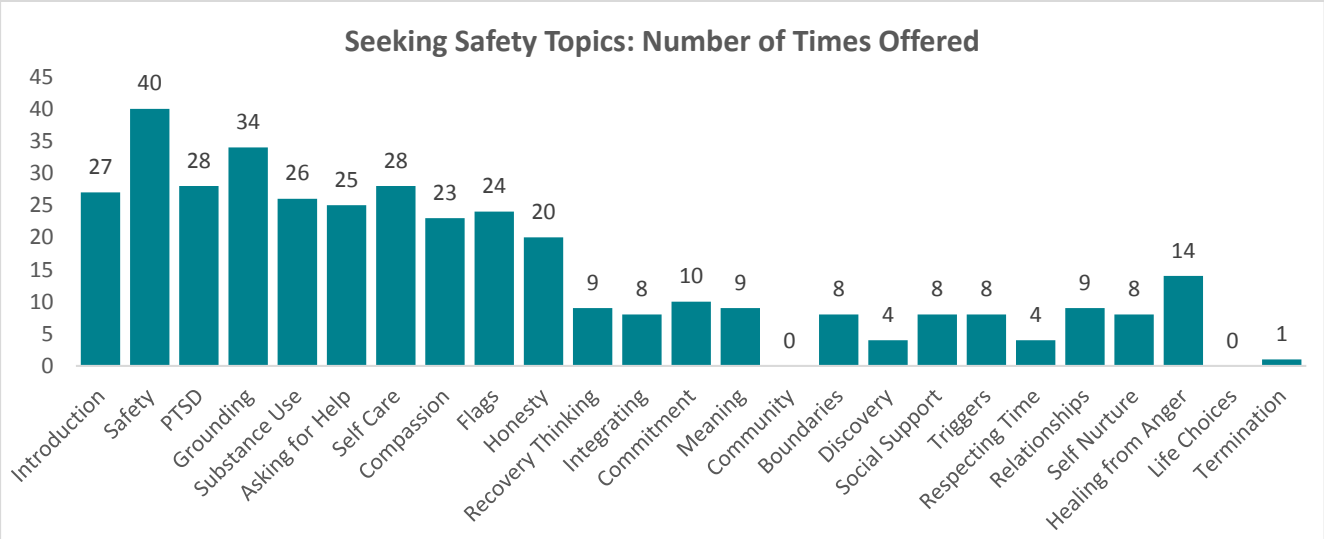
*A decrease of at least 10-points from pre- to post-PCL indicates clinically significant improvement.[14]

Eight veterans reported slightly higher PCL scores at follow-up. The most common reason cited was that these veterans (all court ordered) under-reported symptoms initially, and a period of treatment resulted in a more realistic assessment. Two of those veterans with higher scores experienced major life losses (e.g. death of a spouse) during the period of treatment. Five of the eight were referred for additional treatment, and all eight continued to be monitored by the veteran court. A majority of veterans who completed a pre-PCL and assessed positive for

[14] 17-item PCL scoring based on the DSM-IV was used during this project. Scoring and interpretation guidelines can be retrieved from the Veteran Affairs National Center for PTSD (www.ptsd.va.gov): http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/PCL-handout.pdf

PTSD did not complete a post-PCL. It is unknown if or what services these veterans accessed but they may have benefitted from treatment to address their symptoms of trauma.

Expansion sites were also asked to keep records to document which *Seeking Safety* sessions were offered. There were a total of 379 *Seeking Safety* sessions offered by four sites during the project. Three of the 25 topics were offered more frequently (Detaching, Safety, and PTSD). Each of these topics focus on creating an internal environment of safety and preparing individuals to fully engage in services. Other research has found that creating an internal atmosphere of safety is the first critical phase of recovery from PTSD and is necessary before other treatment can succeed[15].



Additional Services Targeted to Veterans

The LMHAs and their contracted partners targeted a variety of services to veterans. The most broadly available services were peer counseling, peer groups, and information and referral services, which were most often available through the Military Veterans Peer Network (MVPN). Six of the eight LMHAs or contracted partners operate drop-in centers. A number of other services were targeted to veterans and these are presented in the following table.

[15] Najavits, L. (2007). Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In KA Witkiewitz & GA Marlatt (Eds.) Therapists' Guide to Evidence-Based Relapse Prevention: Practical Resources for the Mental Health Professional, 141-167, San Diego: Elsevier Press
Herman, J. (1997). Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror. Basic Books: New York, NY.

Additional Services in LMHA/Contracted Provider Veteran's Programs								
LMHA	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	Star Care	TTBH	Hill Country
Peer Groups, Counseling, Info and Referral	Y	Y	Y	Y	Y	Y	Y	Y
Drop-In Centers	Y	N	Y	N	Y	Y	Y	Y
Homeless Services	Y	Y	N	N	Y	N	N	Y
Professional Counseling and/or Therapy	Y	Y	N	N	N	N	Y	N
Jail In-Reach	N	N	N	N	Y	Y	Y	N
Veterans Court Peer Mentors	N	Y*	N	Y	Y	N	N	N
Wellness Recovery Action Planning (WRAP)	N	N	N	N	N	N	N	Y
Short-term financial assistance and financial planning	N	N	N	N	N	Y	N	N
Organized service opportunities	N	Y*	N	N	N	Y	N	N
Integrative Medicine: acupuncture, biofeedback, tai chi, herbs, yoga, Reiki, hippotherapy, or other nontraditional therapies	N	Y	N	N	N	Y	N	Y

Note: Y = Yes and N = No; *The Samaritan Center offers organized service opportunities. Additionally, ATCIC began planning with the court for a peer mentor program in October 2014 that is expected to begin in January 2015.

Other Identified Needs

Representatives from the eight expansion sites were asked about additional needs of the veterans served. Four of the eight sites reported that improved access to services through the Department of Veterans Affairs (VA) was needed, and three of the remaining four sites reported a need for professional services that may be available at the VA including professional counseling, drug and alcohol treatment, trauma treatment, and dental care. Two sites identified transportation as a critical need, along with other instrumental supports (e.g. short-term financial assistance, access to furniture and other items to establish households, etc.). Another two sites identified access to living wage employment to be the single most critical need. One site working with homeless veterans identified a need for support in accessing appropriate identification documents (e.g., a birth certificate, DD214, etc.) as many veterans arrive at the shelter without identifying documents. These documents are needed to determine additional service eligibility and often require substantial effort to access. Finally, one site mentioned that multiple organizations are available to help meet the needs of veterans, but coordination across these organizations needs improvement.

Staff from several sites identified stigma associated with mental illness to be a barrier to seeking treatment. A failure to understand that many of the symptoms that veterans experience are often linked to PTSD was also reported by staff at sites (e.g. insomnia, irritability, hypervigilance). Staff from one site suggested that a public awareness campaign emphasizing the symptoms of PTSD, and common issues faced by those with PTSD, could play a

role in bringing veterans into treatment earlier. This same staff reported seeing "a light bulb come on" for several veterans in the court-committed *Seeking Safety* group when they discussed PTSD and its' impact.

Additional issues identified by staff in the eight sites included a need for additional resources to expand hours and outreach for services already being provided. One staff found *Seeking Safety* to be flexible and helpful, but felt that other facilitators might not have the skill and experience needed to allow flexibility in selection and delivery of topics and followed the curriculum more rigidly. Related to this issue, the same staff reported that several veterans who participated in *Seeking Safety* groups reported that facilitators did not focus on listening and that groups felt like the facilitator needed to "check off a box on a checklist". These issues were echoed by staff at another site who commented that while *Seeking Safety* was flexible and required no particular facilitator credentials, additional training in the intervention and facilitation is necessary if effective large scale expansion is the goal. Staff turnover is often high, and although DVDs of *Seeking Safety* training were given to sites, these were not believed to be adequate preparation for implementation.

Identified Service Needs of Veterans in LMHA/Contracted Provider Programs

LMHA	Andrews	ATCIC	Bluebonnet	EHN	MHMRA Harris Co.	Star Care	TTBH	Hill Country
VA Access	N	N	Y	Y	Y	N	N	Y
Substance use treatment	Y	N	N	Y	N	Y	N	N
Professional counselors/trauma treatment	N	N	N	Y	N	Y	N	N
Living wage employment and/or employment consistent with skills	N	N	N	N	Y	N	Y	N
Transportation	Y	N	N	Y	N	N	N	N
Short-term financial assistance or other instrumental need resources	Y	N	N	N	N	Y	N	N

Note: Y = Yes and N = No
A "No" response above does not indicate the need does not exist, only that it was not identified by the site as a need.

Public mental health services have historically been limited in Texas to only those with the most severe mental illnesses, including diagnoses of schizophrenia, bi-polar disorder and clinically severe depression. This definition may have left out large numbers of veterans with trauma related disorders who were in need of psychiatric services, medications, and/or other services that might have been available to them at LMHAs. However, HB3793 from the 83rd Texas Legislature (2013) has now expanded the priority population definition to include post-traumatic stress disorder, and anxiety disorders, an action that will increase access to publicly funded mental health services for troubled veterans. This is a positive step, but LMHAs may not have licensed mental health professionals that are skilled and experienced in the treatment of post-traumatic stress disorder or familiar with elements of military culture that are critical to

effective treatment. Both budget and workforce shortages contribute to the limitations of services that may be available to veterans through community mental health centers.

Summary of Findings

The eight communities who participated in the Jail Diversion and Trauma Recovery for Veterans project had some significant achievements despite receiving a limited amount of funds. These were accomplished by leveraging the funding received with other projects and funding for veterans that were ongoing in the community. In the future, it would be helpful for the various project funders to communicate on project goals, outcomes, and reporting expectations to reduce the burden on communities and allow project staff to focus on achieving project goals.

Jail Diversion for Veterans

Staff at sites reported that the project afforded opportunities to communicate and build relationships with law enforcement and the judiciary in their communities.

Recommendation:

1. Continue offering support for broad community conversations and planning around jail diversion efforts, including pre-diversion, specifically focused on veterans.

Seeking Safety

A majority of veterans who participated in *Seeking Safety* and completed pre- and post-PCL assessments demonstrated improvement in symptoms. Those who did not improve continued to engage in services.

Recommendation:

1. Universal access to *Seeking Safety* can be an effective way to address the first stage of treatment for trauma. For many, the tools provided by *Seeking Safety* may be sufficient to support recovery from trauma.
2. Continue funding *Seeking Safety* services for veterans and make referrals to further treatment if needed. Further study of this treatment in veteran populations is needed.
3. There is a dearth of professionals who understand military culture and are trained to provide *Seeking Safety* or treatments that address the subsequent stages of trauma recovery, such as Cognitive Processing Therapy. Steps could be taken to increase availability of these professional services.

Seeking Safety attendance was higher in groups mandated by the court and improvements in symptoms occurred in a majority of these veteran participants.

Recommendation:

1. *Seeking Safety*, or other evidenced-based trauma treatments, should be available to veterans receiving services through veteran courts.

2. Mandated treatment will always have higher participation rates. Sharing lessons learned from the pilot site or other sites that were successful with voluntary participation may be helpful for all communities.

Location of *Seeking Safety* groups and the comfort level of individuals in delivering the intervention and in facilitating groups may have impacted voluntary attendance.

Recommendations:

1. Offering *Seeking Safety* groups in locations other than the community mental health center, e.g. veteran's drop-in centers, may increase participation.
2. Additional facilitation training may increase the comfort level of veteran peers to provide *Seeking Safety*.
3. Describing other *Seeking Safety* delivery options, i.e. one-on-one, may have facilitated the intervention being offered and increased facilitator comfort level with the material.
4. A public awareness campaign emphasizing the symptoms of PTSD, and common problems faced by those with PTSD, could reduce stigma and play a role in bringing veterans into treatment earlier.

Seeking Safety provided to family members at one site resulted in unanticipated benefits.

1. Family members may have experienced secondary trauma that has led them into legal difficulties. Participation in *Seeking Safety* groups appeared to help them personally and will likely lead to more understanding of the issues their veteran family members have experienced. In addition to personal gains, family members who experience recovery from their own trauma-related issues may also play a role in encouraging veterans to seek treatment.

Other Services Provided

The project focused on jail diversion and *Seeking Safety*, but other veteran's issues were identified and often addressed by the expansion sites.

Recommendation:

1. Many of the veteran participants needed assistance with basic needs, e.g. short-term financial assistance, access to furniture and other items to establish households, housing, living wage employment, and support to access identifying documents to establish service eligibility. Multiple organizations may be available to meet these needs, but coordination across organizations could be improved.
2. Given the project focus and limited funding, additional staff resources would be helpful in making these other resource connections. Having basic needs met will likely result in engagement and retention in trauma-focused services.