



# VETERANS TREATMENT COURTS

BJA Drug Court Technical Assistance Project  
2015 Survey Results



JUSTICE PROGRAMS OFFICE  
SCHOOL of PUBLIC AFFAIRS



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# Foreword



As part of the services provided by the U.S. Department of Justice, Bureau of Justice Assistance's (BJA) Adult Drug Court Technical Assistance Project at American University (AU), a special initiative has been launched to provide focused technical assistance services to the more than 300 Veterans Treatment Courts (VTCs) in existence. These technical assistance services complement the training and outreach of the National Drug Court Institute's "Justice For Vets" and planning initiatives.



*We are grateful to all who took the time to complete the survey and to the following individuals who provided critical guidance in its development:*

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## Overview

To provide a framework for developing the parameters of the services that would be most useful to the field, as well as to develop a snapshot of the range of policies, practices and services reflected in VTC programs presently operating, American University's Justice Programs Office (AU-JPO) distributed a survey in March 2015 to all adult drug courts then operating. The purpose of the survey was to identify the VTCs in operation, either as independent programs or as tracks within existing drug courts, and to capture:

- (a) a snapshot of the salient features of the VTC programs in operation, including participant demographics, eligibility criteria, and services being provided; and
- (b) implementation issues that VTCs had encountered.

In identifying the data to be captured in the survey and the most appropriate process for capturing it, AU-JPO determined that development and distribution of a web-based survey instrument would be the most useful – and feasible – way to proceed. AU-JPO therefore developed a survey instrument drawing on our experience in providing technical assistance services to VTCs. AU-JPO also communicated with practitioners involved with current VTC programs and individuals with



The information presented provides a snapshot of Veterans Treatment Court programs which AU-JPO hopes will provide the foundation for further data refinement and development.

relevant military background who could provide suggestions regarding information that should be captured in the survey. These individuals are listed in the sidebar on the previous page. Their suggestions were reflected in the survey instrument that was distributed.

Our strategy for compiling this information took into account that:

- Most VTC programs do not have information readily available to provide precise statistics and related data; and
- In order to be useful, the information compiled needed to focus on programs, rather than the practitioners involved, and without reference to the program within which they were working.

The survey had 14 components to be completed by relevant practitioners within VTC programs. AU-JPO sent the survey to the drug court judge and coordinator of each of the 1,450+ drug courts listed in AU-JPO's Drug Court Database with the request that it be passed on to any VTCs operating within the same jurisdiction.

The report which follows provides an overview of the 129 responding VTC programs, with additional commentary drawing on available information derived from AU's relevant current

technical assistance experience. The information presented provides a snapshot of Veterans Treatment Court programs which AU-JPO hopes will serve as the foundation for further data refinement and development.

The results of the survey provide pertinent information on areas in which VTCs are excelling and areas where there is still room for improvement. According to the survey results, VTCs are following appropriate program length recommendations, dividing their program into phases, and maintaining key programmatic documents including policy and procedure manuals in accordance with Adult Drug Court Best Practice Standards (for more on these issues, see page 9). In addition, program responses reflected that these programs are developing public and private relationships to better assist their participants and enhance their sustainability through alternative funding sources. These relationships are integral to maintaining the high level of care and service that justice-involved veterans need and deserve.<sup>1</sup> Furthermore, while difficult to quantify, it is apparent from narrative responses that many of these programs understand the importance of maintaining a therapeutic focus throughout the process. For example, when discussing potential causes for termination,



*Evaluations are an ongoing process and require that programs continually maintain accurate data on programmatic aspects in order to ensure the reliability of any conducted evaluation.*

many programs indicated that they would attempt to adjust treatment and work with an individual to avoid termination. This therapeutic orientation is essential in assisting veterans through substance abuse issues, mental health problems, and service-related injuries, in which relapse and setbacks are part of the process.<sup>2</sup> The development and implementation of mentor programs in many of these VTCs is another area worth noting; the benefits of having a peer veteran mentor cannot be overstated. VTCs have made it a priority to provide mentor services to their participants and have engaged in a number of outreach strategies to identify and recruit mentors.

The results of the survey also pointed to some areas where potential improvements can be made, including:

### **Management Information System/Data Collection**

Based on AU's experience in providing technical assistance to VTCs, maintaining comprehensive information in one place regarding all components of a VTC is a crucial need. VTCs must also share, collect and maintain data from the VA.

### **Program Evaluations**

Program evaluations are vital to VTCs, especially considering the relatively recent emergence of these courts and thus the need to establish their efficacy. Evaluations can improve the functioning of the court through an analysis of program strengths and weaknesses (process evaluation), provide valuable information on the outcomes of participants (outcome evaluation), and potentially present strong evidence of cost-savings to enhance stakeholder support for continued funding (impact evaluation). Evaluations are an ongoing process and require that programs continually maintain accurate data on programmatic aspects in order to ensure the reliability of any conducted evaluation.

### **Defense Counsel**

Almost one-third of programs indicated that they do not provide legal representation for participants – an urgent issue warranting attention. Per Key Component #2 of the 10 Key



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Components for VTCs, it is of the utmost importance that individuals in VTCs are provided with legal representation throughout their participation in the program to ensure their constitutional rights are preserved at all times.<sup>3</sup>

### **Medication Assisted Treatment (MAT)**

According to the results of the survey, many courts are not utilizing MAT for their participants with substance use disorders. MAT is a valuable and necessary component of problem-solving courts, as it has been shown that MAT “reduces illicit drug use, disease rates, overdose, mortality, and criminal behavior.”<sup>4</sup> The importance of MAT for individuals dealing with addiction – and especially an opioid addiction – cannot be overstated. Studies have shown a 50% reduction in fatal overdoses for individuals receiving methadone or buprenorphine and another demonstrated a 75% reduction in opioid use for individuals receiving buprenorphine and counseling for one year.<sup>5</sup> Additionally, VTCs receiving federal funds are required to allow access to MAT for their participants.

### **Co-occurring Disorder Training**

The responses to the questions on this subject highlight the need for focused training and

technical assistance services to VTCs on the subject of co-occurring disorders, as well as the chronic nature of substance use disorders which require aftercare support. Such trainings could reduce, if not eliminate, the number of VTCs that disqualify otherwise eligible participants because of a co-occurring disorder or prior drug court participation. Almost half of the responding programs reported that the presence of a co-occurring disorder would bar participation despite the reported significant frequency of simultaneous PTSD and substance use among veteran populations.

### **Alumni Groups**

Alumni groups can be an important component of a VTC as they provide ongoing recovery support to participants after graduation. Furthermore, a strong alumni group can engage in community outreach and fundraising efforts, as well as recruitment of peer mentors for the VTC.

*AU-JPO hopes readers of this report will provide suggestions for additional issues that need to be addressed and information that could help Veterans Treatment Courts in fulfilling their vital mission.*

# Table of Contents



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<b>Veterans Treatment Courts (VTC)</b> .....	<b>I</b>
<b>Survey Overview</b> .....	<b>4</b>
Survey Background .....	4
Survey Responses by State and Relevant Demographics .....	5
Implementation Dates of Responding VTC Programs.....	8
Applicable Statutes Enacted by State Legislatures Relating to VTCs .....	8
State and Federal Case Law Relating to VTCs .....	8
<b>VTC Programs</b> .....	<b>9</b>
Program Length and Phases .....	9
Program Capacity .....	9
Program Enrollment .....	9
Provision of Services .....	10
1) Mentors .....	10
2) Legal Assistance .....	11
Funding Sources .....	11
Program Documents .....	11
Participant Fees .....	12
Program Evaluation .....	12
<b>VTC Process</b> .....	<b>13</b>
Locus of Program in Criminal Justice Process and Potential Dispositional Outcome(s) .....	13
Timeframe from Arrest and/or Probation Violation to Screening and Delivery of Treatment Services .....	13
Participant Eligibility for VTCs .....	13
1) Overview .....	13
2) Eligibility Criteria .....	14
3) Identifying Eligible Participants .....	15
Screening for Risk and Need.....	15
1) Frequency of Screening for Level of Risk and Need.....	15
2) Organizing Treatment Groups Based on Risk and Need .....	15
3) Use of Information Obtained at Screening.....	15
4) Points in the Adjudication Process at which Screening Is Conducted .....	15
5) Agency or Agencies Responsible for Screening and Assessment .....	15
Hearings .....	16
Staffings .....	16
Criteria for Termination.....	16
1) General .....	16
2) Specific Factors .....	16

---

Requirements for Graduation .....	17
1) Minimum Time Period of Required Participation .....	17
2) Minimum Time Period of Required Sobriety .....	17
3) Other Requirements for Graduation .....	17
4) Effect of Successful Program Completion on Criminal Record.....	17
5) Efforts by VTCs to Upgrade Military Discharge Status .....	17
Completion and Termination Rates (Aggregate) .....	17
<b>VTC Participants and Staff .....</b>	<b>18</b>
Participants.....	18
Personnel .....	18
1) Judges .....	18
2) Prosecutors/Defense Counsel .....	18
3) Coordinators .....	19
VTC Team’s Prior Experience .....	19
1) Prior Military Experience .....	19
2) Prior Experience with Problem-Solving Courts .....	19
Training for VTC Team .....	19
<b>Coordination Between the VA and the VTC .....</b>	<b>20</b>
Sharing of Information Between the VA and the VTC.....	20
VA Drug Testing.....	21
<b>Community and Other Outreach Activities .....</b>	<b>22</b>
Relationship of VTCs with Veterans and Military Service Organizations .....	22
Relationship of VTCs with State and Local Service Providers.....	22
Other Relationships Established with Community Service Organizations .....	22
Community Policy and/or Advisory Committees .....	23
1) Entities Represented on Community Policy/Advisory Committees .....	23
2) Frequency of Advisory Meetings .....	23
3) Role of the Advisory Committees .....	23
<b>Program Features to Highlight .....</b>	<b>24</b>
<b>Implementation Issues/Technical Assistance Needs .....</b>	<b>25</b>
Most Challenging Issues Encountered in Implementing the VTC Program .....	25
Enhancements VTCs Plan to make in the Next Six Months .....	25
Areas of Technical Assistance and Training That Would Be Helpful.....	25
Target Audience Most in Need of Training .....	25
Other Resources/Support That Would Be Useful to Sustain VTCs .....	25
<b>Advice to Jurisdictions Planning a VTC Program .....</b>	<b>26</b>
<b>Appendices.....</b>	<b>27</b>

# Index of Charts and Figures



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## CHARTS

Chart 1: Total Number of VTCs by State and Number of Survey Respondents .....	6, 7
Chart 2: Legal Services Provided to VTC Participants .....	11
Chart 3: Sources of Veterans Treatment Court Funding .....	11
Chart 4: Program Documents .....	12
Chart 5: Locus of Program in Criminal Case Disposition Process and Dispositional Outcome if Successful Completion .....	13
Chart 6: Points at which Screening to Identify Eligible Participants Is Conducted .....	15
Chart 7: Individuals who Regularly Attend Staffings .....	16
Chart 8: Length of Time Sobriety Is Required for Program Graduation .....	17
Chart 9: Availability of Dismissal/Sealing of Criminal Records if VTC Program Is Successfully Completed .....	17
Chart 10: Number of Assigned Hours for VTC Judges per Week .....	19
Chart 11: Sharing of Information Between VTC and VA .....	20
Chart 12: Timeframe when VA Reports Drug Test Results to Court .....	21
Chart 13: Entities Frequently Represented on Local VTC Community Policy/Advisory Committees .....	23

## FIGURES

Figure 1: Length of VTC Programs .....	9
Figure 2: Use of Program Phases .....	9
Figure 3: VTCs Planning to Increase Capacity in the Future .....	9
Figure 4: Program Capacity .....	10
Figure 5: Programs Requiring Showing of a Nexus Between Current Offense and Military Service .....	14
Figure 6: Gender of VTC Participants in 96 Reporting Programs .....	18
Figure 7: Age Ranges of Participants in 91 Reporting Programs .....	18
Figure 8: Prior Staff Experience with Problem-Solving Courts .....	19
Figure 9: Does VA Conduct Drug Testing? .....	20
Figure 10: Establishment of a Community Advisory/Policy Committee .....	23



# Veterans Treatment Courts



The first Veterans Treatment Court (VTC) was established in Buffalo, New York in 2008. Since their inception in Buffalo, there are now over 300 VTCs across the country. These programs have received bipartisan support in their mission of serving those who served in our nation's Armed Forces. Building upon the success of drug courts and other problem-solving courts (e.g., mental health courts, DUI courts, family courts, etc.), VTCs were created to address the specific needs of veterans involved in the criminal justice system, including navigating the resources available through the VA.



*Veteran – A current or former member of the active duty military, national guard, or reserves without consideration of deployment status, combat experience, legal veteran status, or GI Bill use.<sup>6</sup>*

While there are many similarities between VTCs and other problem-solving courts, there are a number of factors that differentiate VTCs. These factors include:

- The unique population of veterans with service-related needs;
- The lack of an extensive adult criminal history prior to entering the military for many participants, since significant criminal history would have disqualified them from military service;
- The “warrior mentality” of many veterans, which places an emphasis on self-reliance and makes it difficult to admit the need for help;
- The structure of rules and discipline that those in the military have already experienced and upon which the VTCs can build;
- The critical role of volunteer veteran mentors in providing ongoing support for each participant and developing a community of peers that is similar to what the veteran experienced in the military;
- The critical interplay between the Department of Veterans Affairs (VA) and the state and local courts where VTCs are housed;
- The wide array of community support for veterans that is often built in from the start of program development and the ongoing community resources that VTCs can call upon and to which mentors can refer participants; and
- A commitment from the judges and others involved with the program that the VTC is a reflection of the country's obligation to help those who served this country.

Although the responses to the survey provide some summary information regarding the service-related history of VTC participants regardless of when they served, the following information provides a brief snapshot of background information pertaining mainly to veterans who served in Iraq and Afghanistan after 2001.



Approximately 11-20% of veterans who served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have PTSD in any given year.<sup>17</sup>

### Number of Veterans Who Served in Iraq and Afghanistan

As of 2013, there were approximately 2,744,379 veterans who served in Iraq and Afghanistan.<sup>7</sup> U.S. Federal Regulations do not contain a defined end date for the “Gulf War” period, which includes Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).<sup>8</sup> The number of veterans will only continue to increase as operations continue in both areas.

### Number of Veterans Who Served Multiple Tours

According to an analysis of Army data, the number of veterans serving multiple tours is now “the largest in modern American history – more than 90,000 soldiers and Marines, many of them elite fighters who deployed four or more times.”<sup>9</sup> A 2013 report by the RAND Corporation also indicated an increase in the total time a servicemember spent deployed, as there was limited capacity within the military to deploy troops who had not already seen combat.<sup>10</sup> News outlets have covered various aspects of the challenges multiple deployments and long deployments pose, including declines in mental and physical health.<sup>11</sup>

### Service Members Wounded in Action

Throughout OIF and OEF there have been a total of 52,014 service members wounded in action.<sup>12</sup> Available data for other recent conflicts indicates that the number of service members wounded in action are as follows:

CONFLICT	NUMBER OF SERVICE MEMBERS WOUNDED IN ACTION
World War II	670,846 <sup>13</sup>
Korean War	103,284 <sup>14</sup>
Vietnam	153,303 <sup>15</sup>
Total	841,447

### Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is “a severe mental illness with symptoms that can start shortly after trauma or years later. Veterans with PTSD often relive their trauma, feel alert or in danger, have trouble sleeping, and avoid certain

places or activities...It can bring on depression, strain relationships, and make it hard to go to work and school.”<sup>16</sup> According to information available from the VA, approximately 11-20% of veterans who served in OIF and OEF have PTSD in any given year.<sup>17</sup> These numbers vary according to service period. For Gulf War veterans, approximately 12% of veterans are reported to have PTSD in a given year. For Vietnam war veterans, that number is 15%.<sup>18</sup> An approximate calculation using the number of veterans above would indicate that over 300,000 veterans who served in OIF and OEF may have PTSD.

### Traumatic Brain Injury (TBI)

Traumatic Brain Injury (TBI) is defined as “the result of a blow or jolt to the head or a penetrating injury that disrupts brain functioning.”<sup>19</sup> The Defense and Veterans Brain Injury Center reports that from January 1, 2000 – March 31, 2015, there have been 327,299 instances of TBI. These numbers represent medical diagnoses of TBI “that occurred anywhere U.S. forces are located including the continental United States since 2000.”<sup>20</sup> The diagnoses range from “Mild” to “Penetrating.” A substantial majority of these diagnoses were for “Mild” TBI, making up 82.4% of all diagnoses. There were also 3,422 “Severe” and 4,865 “Penetrating” diagnoses. For OIF and OEF, it is estimated that 22% of all combat casualties result from brain injuries.<sup>21</sup>

### Co-Occurring PTSD and Substance Use Disorder (SUD)

While it is currently unknown whether veterans of OIF and OEF have higher rates of co-occurring PTSD and SUD than veterans of other conflicts, the VA indicates that “[t]he National Vietnam Veterans Readjustment Study, conducted in the 1980s, found 74% of Vietnam veterans with PTSD had comorbid SUD.”<sup>22</sup> The study also indicated that “a substantial majority of veterans with PTSD have met criteria for comorbid substance abuse at some point.”<sup>23</sup>

### Military Sexual Trauma (MST)

Military Sexual Trauma (MST) is defined by the VA as “the experience of sexual assault or repeated, threatening sexual harassment during military service.”<sup>24</sup> According to the VA, of



*While often overlooked, the families of veterans bear substantial mental, emotional, and financial costs.*

the women who used VA health care about 23 out of 100 reported sexual assault while in the military, while 55 out of 100 and 38 out of 100 men have experienced sexual harassment while in the military.<sup>25</sup> Given that “of the more than 2 million veterans who served in Iraq and Afghanistan, four in 10 have never used VA medical care,” it is likely that the reported numbers of individuals who have experienced MST is much higher.<sup>26</sup> To be clear, MST is not a specific syndrome or diagnosis; rather, “it represents a type of stressor”<sup>27</sup> that leads to negative health consequences. The combination of MST with service-related PTSD and/or previous trauma experiences – including those from childhood – form what is often referred to as cumulative trauma. This term takes into account the “additive and interactive effects of accumulated traumas” which is especially relevant given that “members of the active duty armed forces have significantly greater histories of pre-service sexual victimization than their civilian counterparts.”<sup>28</sup> The psychological and physiological effects of MST and cumulative trauma must be taken into account in order to effectively treat and rehabilitate veterans, especially those with mental health and substance use disorders.

### Homelessness

The National Coalition for Homeless Veterans reports that “approximately 12,700 veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) [the name for activities in Iraq since the end of combat in 2010] were homeless in 2010.”<sup>29</sup> While there is no current information on the number of veterans who served specifically in OEF or OIF who are homeless, the Housing and Urban Development 2016 Point-In-Time Estimate of Homeless Veterans reports that there were 39,471 homeless veterans.<sup>30</sup> Additionally, 1.4 million veterans are at risk of homelessness.<sup>31</sup>

### Suicide

The suicide rate for veterans is higher than that of the general population. As of 2014, “the suicide rate for active duty members of the Air Force, Army, Marine Corps and Navy was 19.9 per 100,000, compared to 12.9 per 100,000 for all Americans. Among guard members, the rate was 19.4 per 100,000.”<sup>32</sup> The first three years after an individual leaves the military are a critical time period during which the suicide rate is highest for both deployed and non-deployed veterans.<sup>33</sup>

### Families

While often overlooked, the families of veterans bear substantial mental, emotional, and financial costs.<sup>34</sup> As mentioned previously, the wars in Iraq and Afghanistan often required individuals to serve longer and more frequent deployments. When veterans return from these deployments, many of them rely on their families to help them navigate civilian life and assist with their service-related health needs, including potential substance use issues and mental health and trauma problems. Families need support in navigating these issues and taking care of their own health. In this regard, “because family members are not eligible for most VA services...programs are also reaching out to families to see if they need counseling or other help.”<sup>35</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed some core principles related to supporting military families including the need to provide suicide prevention services; integration of civilian, military, and veteran service systems; and stable housing for military families.<sup>36</sup>

# Survey Overview



In January 2015, the Bureau of Justice Assistance (BJA) Drug Court Technical Assistance Project at American University launched a special initiative to provide focused services to Veterans Treatment Courts (VTCs), in addition to the general technical assistance services provided to adult drug courts and other problem-solving courts.



*The survey was distributed during February and March 2015 to the 1,450+ active adult drug courts listed in the database maintained by the BJA Drug Court Technical Assistance Project at American University.*

## Survey Background

As part of this initiative, American University's Justice Programs Office (AU-JPO) distributed a survey to the 1,450+ currently-operating drug court programs known to the office to: determine the services that would be most useful to the field; develop a snapshot of the range of policies, practices and services reflected in VTC programs then operating; and explore the issues such programs were addressing. The survey instrument was drafted by AU-JPO staff, incorporating comments from approximately 20 VTC practitioners (judges and treatment professionals in particular) on critical issues and other information relevant to VTCs.

The survey was organized in 14 sections designed to capture information regarding the following:

- 1) Summary background information on the operational status of the responding program;
- 2) Program descriptive information relating to eligibility criteria;
- 3) Program capacity, present enrollment, and program status of participants;
- 4) Participant demographics;
- 5) Process for identifying eligible participants;
- 6) Information relating to substance abuse and mental health screening and assessment;
- 7) Information relating to the operations of each program;
- 8) Services provided to participants;
- 9) Judicial and coordination services provided;
- 10) Requisite participant fees;
- 11) Prior experience (military and other) and training of VTC judges and staff;
- 12) Noteworthy program features;
- 13) Implementation issues; and
- 14) Advice to others contemplating the development of a VTC program.



As of July 2016, the number of VTC programs operating has increased to 304, with at least 40 additional programs reported to be planning implementation.

The survey was distributed during February and March 2015 to the 1,450+ active adult drug courts listed in the database maintained by the BJA Drug Court Technical Assistance Project at American University. The survey was sent to the drug court judge of each of these programs, with the request that relevant segments of the survey be completed by others involved with the program (if a VTC program existed) and responses for the program be submitted in the electronic format provided. Of those jurisdictions with drug courts, 224 were already known to have operational VTCs at the time the survey was distributed based on the information in AU’s database.

As of June 2015, responses were received from 328 drug courts, which reported the following information regarding VTC operational status:

RESPONDING VTCs: <sup>37</sup>	
VTCs operating as a track within a mental health court program .....	9 (7%)
VTCs operating as a track within an adult drug court.....	23 (18%)
VTCs operating as a separate problem-solving court program .....	97 (75%)
<b>Total Number of operating VTC programs reported .....</b>	<b>129 (100%)</b>
<b>VTCS BEING PLANNED .....</b>	<b>35</b>
<b>NO VTCS OPERATING OR BEING PLANNED ....</b>	<b>164</b>
<b>TOTAL NUMBER OF RESPONSES TO SURVEY ..</b>	<b>328</b>

At the time of survey distribution, VTCs had been implemented in 42 states and Guam. Eight states, as well as the District of Columbia and Puerto Rico, reported no VTC related activity.<sup>38</sup>

The survey responses reflect information provided by 129 (58%) of the 224 VTCs known to be operating at the time of the survey distribution. Since respondents did not answer every question on the survey, a notation is made for each question to which only partial responses were received, so that an accurate “n” (n = number of programs who

responded to each question) is used in the analysis of survey responses. Generally, approximately 70% of the 129 responding programs provided answers to any one question. Due to variations in question responses from respondents, correlations regarding individual program characteristics and outcomes could not be discerned. Since the availability of data on program operations, services, and participants also varied significantly – with most programs having few readily available and precise statistics – the survey questions were framed to elicit best estimates from responding program officials. Responses were received from judges, defense attorneys, and treatment representatives, with most of the responses coming from coordinators.

In recognizing the limitations of existing available data and the need to provide as much precision as possible in reporting, JPO followed up with many of the responding programs to clarify ambiguities and address inconsistencies, eliminating some program responses in the process. The information presented in this report provides the resulting “snapshot” of VTC programs – operational design and services; demographics and characteristics of VTC participants; and the backgrounds of the judges and teams who serve them.

As of July 2016, the number of VTC programs operating has increased to 304, with at least 40 additional programs reported to be planning implementation.

### Survey Responses by State and Relevant Demographics

The following is a state-by-state summary of the number of VTCs operating as of July 2016, the number operating at the time of survey distribution in March 2015, and the number of programs in each state that responded to the survey, including a breakdown of the number of VTC programs operating as separate programs (97) versus those operating as tracks within existing drug courts (23) or mental health courts (9). AU-JPO maintains an active database of VTCs that is regularly updated. As new VTCs are continually being implemented, the actual number of VTCs may be higher. Also included is background information on the approximate number of military installations (excluding National Guard) in each state and the percent of the general population who are veterans, based on available U.S. Census data.

# CHART 1: TOTAL NUMBER OF VTCS BY STATE AND NUMBER OF SURVEY RESPONDENTS

STATE	NUMBER OF MILITARY INSTALLATIONS	PERCENTAGE OF VETERANS IN GENERAL POPULATION	TOTAL NUMBER OF VTC PROGRAMS OPERATING (AU DATABASE)		SURVEY RESPONSE			
			AS OF JANUARY 2015	AS OF JULY 2016	TOTAL SURVEY RESPONSES	NUMBER OF VTC PROGRAMS OPERATING AS TRACKS WITHIN EXISTING MENTAL HEALTH COURT PROGRAMS	NUMBER OF VTC PROGRAMS OPERATING AS TRACKS WITHIN EXISTING DRUG COURT PROGRAMS	NUMBER OF VTC PROGRAMS OPERATING AS SEPARATE PROGRAMS
UNITED STATES	258	6.0%	224	304	129	9	23	97
Alabama	6	8.5%	14	15	5	0	1	4
Alaska	5	9.9%	1	1	1	0	0	1
Arizona	6	8.1%	4	7	2	0	0	2
Arkansas	2	8.5%	3	4	1	1	0	0
California	29	4.9%	14	20	10	0	0	10
Colorado	6	7.9%	4	5	2	0	1	1
Connecticut	1	6.1%	0	0	0	0	0	0
Delaware	1	3.3%	1	2	1	0	0	1
District of Columbia	5	12.1%	0	0	0	0	0	0
Florida	16	8.2%	14	18	7	1	2	4
Georgia	10	7.5%	13	13	9	1	0	8
Guam	3	17.3%	1	1	1	0	0	1
Hawaii	4	8.6%	2	2	2	0	0	2
Idaho	1	8.2%	3	6	3	0	0	3
Illinois	5	5.7%	15	17	5	1	1	3
Indiana	1	7.4%	6	16	4	0	1	3
Iowa	0	7.6%	1	1	1	0	0	1
Kansas	3	7.7%	0	1	0	0	0	0
Kentucky	6	7.6%	4	7	4	0	3	1
Louisiana	4	7.2%	2	2	2	0	0	2
Maine	2	9.7%	2	2	1	0	1	0
Maryland	13	7.5%	0	1	0	0	0	0
Massachusetts	4	5.8%	3	5	2	0	0	2
Michigan	3	6.8%	10	22	2	0	1	1
Minnesota	1	6.9%	3	4	3	0	0	3

# CHART 1: TOTAL NUMBER OF VTCS BY STATE AND NUMBER OF SURVEY RESPONDENTS

STATE	NUMBER OF MILITARY INSTALLATIONS	PERCENTAGE OF VETERANS IN GENERAL POPULATION	TOTAL NUMBER OF VTC PROGRAMS OPERATING (AU DATABASE)		SURVEY RESPONSE			
			AS OF JANUARY 2015	AS OF JULY 2016	TOTAL SURVEY RESPONSES	NUMBER OF VTC PROGRAMS OPERATING AS TRACKS WITHIN EXISTING MENTAL HEALTH COURT PROGRAMS	NUMBER OF VTC PROGRAMS OPERATING AS TRACKS WITHIN EXISTING DRUG COURT PROGRAMS	NUMBER OF VTC PROGRAMS OPERATING AS SEPARATE PROGRAMS
Mississippi	5	7.4%	2	2	2	0	2	0
Missouri	3	8.3%	7	11	5	0	0	5
Montana	1	9.9%	3	3	3	1	0	2
Nebraska	1	7.8%	0	0	0	0	0	0
Nevada	4	8.3%	1	2	0	0	0	0
New Hampshire	1	8.8%	1	1	1	1	0	0
New Jersey	7	4.9%	0	0	0	0	0	0
New Mexico	4	8.3%	1	1	1	0	0	1
New York	7	4.7%	13	19	6	0	3	3
North Carolina	8	7.9%	3	3	3	0	0	3
North Dakota	2	7.9%	0	0	0	0	0	0
Ohio	4	7.7%	8	17	7	0	0	7
Oklahoma	6	8.8%	2	3	1	0	0	1
Oregon	1	8.6%	4	4	3	0	0	3
Pennsylvania	4	7.5%	14	14	8	0	0	8
Rhode Island	1	7.0%	1	1	1	0	0	1
South Carolina	8	8.7%	1	1	0	0	0	0
South Dakota	1	8.5%	1	1	1	0	0	1
Tennessee	3	7.8%	4	5	1	0	1	0
Texas	16	6.4%	13	17	5	0	1	4
Utah	3	5.3%	1	1	1	0	0	1
Vermont	0	7.9%	0	0	0	0	0	0
Virginia	22	9.4%	3	3	2	1	1	0
Washington	8	8.7%	6	7	3	1	1	1
West Virginia	1	9.0%	3	3	2	1	1	0
Wisconsin	2	7.3%	12	12	5	0	2	3
Wyoming	1	8.5%	0	1	0	0	0	0

Note: No correlation was noted between the number of military installations or the percent of veterans in the general population within a state (or territory) and the number of Veterans Treatment Court programs operating nor with the number of participants in each program.



At the time of survey distribution, 76% of the responding programs were less than five years old, and 24% of the programs had been implemented in 2014 and 2015.

### Implementation Dates of Responding VTC Programs

Appendix A provides a list of the VTCs that responded to the survey, with the date of their implementation, location, and an indication of whether they function as a track of an existing drug court or mental health court or as a separate program. For 6 of the 129 programs, the date of implementation was not available. At the time of survey distribution, 76% of the programs were less than five years old and 24% of the programs had been implemented in 2014 and 2015. Of the 129 VTCs listed, implementation dates fall into the following years:

YEAR IMPLEMENTED	NUMBER OF PROGRAMS
2008	3 (2%)
2009	7 (5%)
2010	15 (12%)
2011	22 (17%)
2012	16 (12%)
2013	29 (23%)
2014	22 (17%)
2015 (through June)	9 (7%)
Not Available	6 (5%)
<b>TOTAL</b>	<b>129 (100%)</b>

### Applicable Statutes Enacted by State Legislatures Relating to VTCs

Respondents in 13 states plus Guam provided citations to relevant statutes enacted in their respective jurisdictions.<sup>39</sup> To supplement this information, AU-JPO conducted a preliminary review of the statutes in the remaining 37 states and identified 5 additional states with statutes relevant to VTCs. Relevant excerpts from statutes in these 18 states, as well as Guam, are provided in Appendix B, along with a brief summary of the provisions of each statute and the relevant citation(s).

### State and Federal Case Law Relating to VTCs

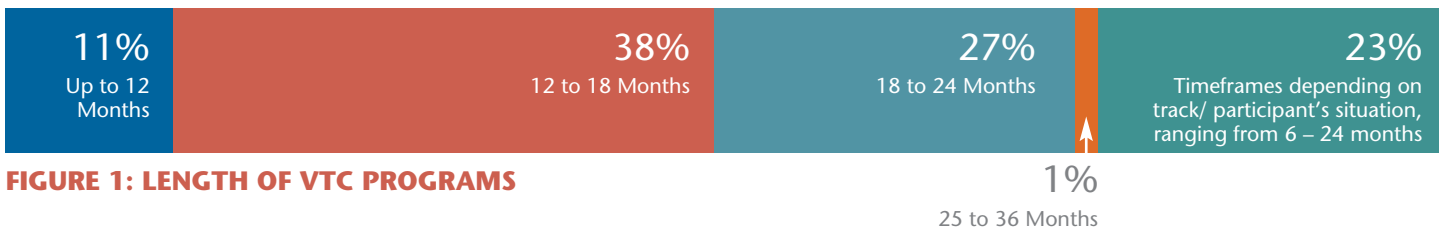
Respondents to the VTC survey were asked to indicate whether any case decisions regarding VTCs had been issued in their respective jurisdictions. Respondents from eight states indicated at least one case decision had been issued (Alabama, Arizona, California, Florida, Georgia, Illinois, Pennsylvania, and Texas) but none of the respondents provided citations to these decisions. AU-JPO subsequently conducted a preliminary search in an attempt to identify the case decisions and identified cases in four of the eight states cited by respondents that were decided as of July 1, 2015: Alabama, California, Illinois, and Texas. Excerpts from the case decisions, along with relevant facts and case citation, are provided in Appendix C.

# VTC Programs



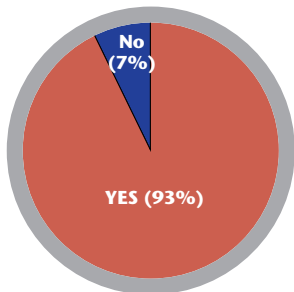
## Program Length and Phases

According to Adult Drug Court Best Practice Standard V on Substance Abuse Treatment, there is a correlation between participant outcomes and length of time in treatment. The best outcomes are achieved when participants attend a course of treatment that extends 9 to 12 months.<sup>40</sup> Of the 106 programs reporting information in our survey regarding the length of their programs, close to two-thirds indicated that they were between 12 and 24 months in length.

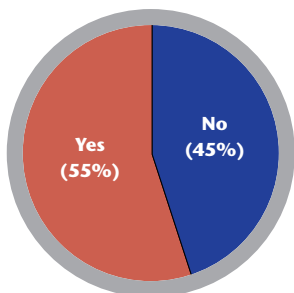


**FIGURE 1: LENGTH OF VTC PROGRAMS**

**FIGURE 2:  
USE OF PROGRAM PHASES**  
Is the Program divided into Phases?



**FIGURE 3:  
VTCs PLANNING TO INCREASE  
CAPACITY IN THE FUTURE**  
Plans to Increase Capacity in the Future?



Additionally, the outcomes of participants are significantly better when a program has a clearly defined phase structure and concrete behavioral requirements for advancement through phases.<sup>41</sup> Almost all (93%) of the 99 programs reporting indicated that their programs are divided into phases.

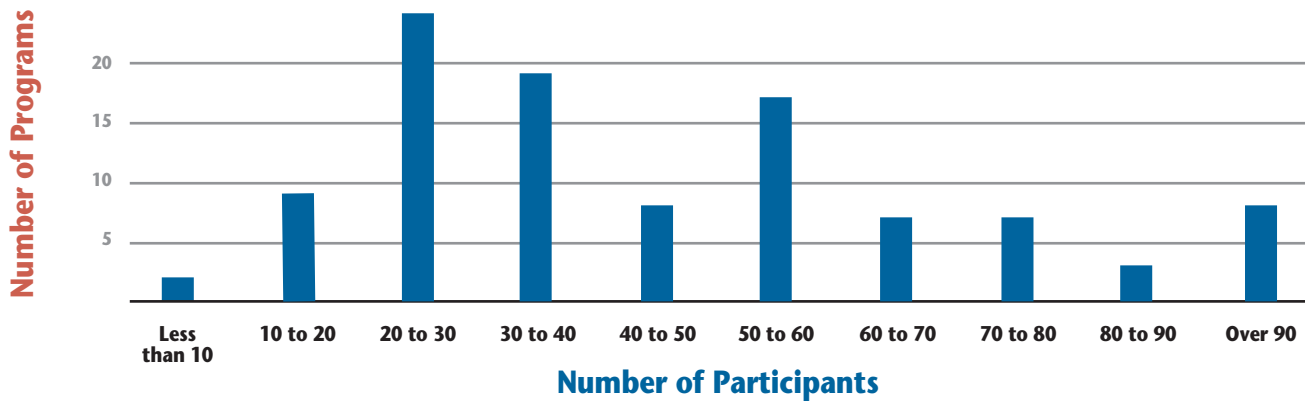
## Program Capacity

One hundred four VTC programs responded to a question about program capacity. In total, those 104 programs indicated they could accommodate 5,298 participants.<sup>42</sup> A plurality of the reporting programs indicated that their respective program capacity ranged between 20 and 40 participants (41% of reporting programs), while 20% of programs listed their capacity as 50-60 participants. The average number of participants who can be accommodated at any one time by a single program was 51, with the median being 35. Additionally, slightly over half of the reporting programs indicated plans to increase their capacity in the future.

## Program Enrollment

The total number of participants enrolled in the 104 VTCs that reported this information was 6,566 – slightly over half (52%) of the number of individuals referred. The 104 programs have a current total enrollment of 2,249, representing an average of 22 participants per program.

FIGURE 4: PROGRAM CAPACITY



*The active involvement of mentors throughout a participant's treatment increases the likelihood that the participant will remain in treatment.*

### Provision of Services

A hallmark of VTCs is the services they provide for their participants. These range from essential services, such as legal representation and supervision, to complementary services such as housing or pet therapy. These services are meant to address the constitutional rights of participants as well as the criminogenic and responsibility needs of VTC participants that are likely to interfere with compliance in the program, increase criminal recidivism, or diminish treatment gains.<sup>43</sup> Information about some of these services is provided in the following sections, although not all programs provide the services summarized below. Additionally, not all programs reported information about all services; therefore, the number of reporting programs varies from section to section.

Most programs (97%, 95 of 98) reported that they work to provide housing services for their participants, and 91% (89 of 98) reported that they provide educational services. Eighty-three percent (81 of 98) of programs provide their participants with access to Medication Assisted Treatment (MAT). Other frequently-provided services include family services (89%) and aftercare/recovery support (95%). Sixteen percent (16 of 98) of reporting programs indicate having an alumni group to support VTC graduates in their ongoing recovery.

### Mentors

The active involvement of mentors throughout a participant's treatment increases the likelihood that the participant will remain in treatment.<sup>44</sup> Eighty-five percent (82 of 97) of reporting programs indicated that they provide mentor services. Sixty percent (58 of 97) of reporting programs require that every participant have a mentor. In terms of the mentors themselves, the most common requirement is prior military service. About half (49%) of reporting programs require potential mentors to undergo a background check for criminal history; about 47% require mentors to undergo specific training.



*Services range from essential services, such as legal representation and supervision, to complementary services, such as housing or pet therapy.*

## Legal Assistance

Approximately two-thirds (68%, 68 of 100) of the reporting programs provide legal representation to participants in the VTC; close to half of the reporting programs provide other legal assistance to participants (e.g. accessing benefits). For those providing legal assistance for non-representational functions, programs indicated that these services are often provided by local law firms or other entities providing pro bono services.

**CHART 2: LEGAL SERVICES PROVIDED TO VTC PARTICIPANTS**

RESPONSE	FOR REPRESENTATION OF PARTICIPANTS IN THE VTC	TO ASSIST WITH NON-REPRESENTATION LEGAL NEEDS (E.G. ACCESSING BENEFITS, ETC.)
Yes	68%	49%
No	32%	51%

**CHART 3: SOURCES OF VETERANS TREATMENT COURT FUNDING**

FEDERAL	STATE	LOCAL/PUBLIC	LOCAL/PRIVATE
Bureau of Justice Assistance	State/Governor's Crime Commission	Local county grants	Private foundations
Substance Abuse and Mental Health Services Administration	State Legislatures	Local sales tax	Casino revenues
	State court administrative offices	Probation funds	United Way
	State Veterans Affairs offices	Special funds for problem-solving courts	Private donations
	State tax surcharge fees		Goodwill Industries

## Funding Sources

Responding programs cited a wide range of federal, state, local, and private funding sources to support VTC operations, identifying over 90 different funding sources that had been utilized; the most frequent of these are summarized above.

Over one-third of the responding programs reported receiving funding support from two or more sources. These funding sources were often in addition to "in-kind" support from other justice and related agencies.

## Program Documents

Most of the reporting VTCs have each of the following: formal mission statements; policy and procedures manuals; and written position descriptions of VTC team members' positions. Approximately two-thirds have mentor handbooks and/or training programs for mentors.

When asked which agency maintains programmatic information, over half (60%) of the 99 programs responding to this question indicated that the court is the prime agency maintaining information on the program. For the remaining 40% of the programs, a variety of agencies reportedly are responsible for maintaining various segments of program information including probation, treatment providers, and the VA.



Program evaluations are an essential component of maintaining an effective VTC program.



*Only 19% of reporting programs (18 out of 97) reported that an evaluation had been conducted.*

**CHART 4: PROGRAM DOCUMENTS**

<b>PROGRAM DOCUMENTS PREPARED BY VETERANS TREATMENT COURTS</b>	<b>YES</b>	<b>NO</b>
Formal Mission and Purpose Statement	93	6
Policies and Procedures Manual	91	8
Written descriptions defining roles and responsibilities of VTC team members	91	9
Written Memorandum of Understanding with the Veterans Administration	55	44
Written Memorandum of Understanding with other collaborating agencies	62	37
Participant Information/Handbook summarizing Veterans Treatment Court Program requirements	87	12
Forms for special Veterans Treatment Court pleadings and related documents	89	10
Mentor Handbook	65	34
Training program for mentors	66	33

### Participant Fees

Well over half (60%) of the 100 programs responding to this question indicated that they do not require participants to pay fees. Of those that do require participants to pay fees, the amount ranged considerably, often with multiple agencies assessing fees for various services (e.g. program entry fee, drug testing fee, probation monitoring fees, supervision fee, etc.<sup>45</sup>). The agencies most frequently charging fees to participants were the court, probation, and treatment.

### Program Evaluation

Program evaluations are an essential component of maintaining an effective VTC program. Programs that have engaged an independent evaluator and implemented at least some of the evaluator’s recommendations have been found to be twice as cost effective and nearly twice as effective in reducing recidivism than programs that have no evaluator.<sup>46</sup> Only 19% of reporting programs (18 out of 97) reported that an evaluation had been conducted.

# VTC Process



## Locus of Program in Criminal Justice Process and Potential Dispositional Outcome(s)

Most VTC programs reflect multiple operational options, ranging from pre-trial to post-adjudication. Programs responding to the question about this issue could choose more than one response (i.e. they could indicate that eligible participants were identified at multiple points in the criminal case disposition process). Programs operating post-plea, post-adjudication, and/or probation violation options were the most common, while pre-plea was the least commonly cited option (38% or 41 of 109) used by courts.

**CHART 5: LOCUS OF PROGRAM IN CRIMINAL CASE DISPOSITION PROCESS AND DISPOSITIONAL OUTCOME IF SUCCESSFUL COMPLETION**

DISPOSITIONAL OUTCOME	PERCENTAGE OF PROGRAMS
Pre-plea: no conviction if participant successfully completes program	38%
Post-plea/deferred judgment: charge can be dismissed if participant successfully completes program	58%
Post-adjudication: incarceration suspended if participant successfully completes program	59%
For Probation violators: incarceration suspended if participant successfully completes program	61%
All of the above	42%

### Timeframe from Arrest and/or Probation Violation to Screening and Delivery of Treatment Services

Initial screening of eligible VTC participants for substance dependency occurs in under 30 days following arrest for over half (59%, 54 of 92) of reporting programs. However, commencement of services only occurs within 30 days of arrest for 26% (24 of 91) of reporting programs. Although most programs (71%, 65 of 92) do report commencing services within 60 days following arrest, it does not appear that programs are systematically collecting data on the timeframe.

### Participant Eligibility for VTCs

#### OVERVIEW

Identifying defendants eligible for VTC programs has required the development of special screening processes that are not necessarily in place for eligibility determinations for other types of adult drug courts; VTCs frequently include screening at multiple points in the court process. Two factors, identified

through AU-JPO's technical assistance work with VTCs, particularly complicate the eligibility determination process: many defendants who have served in the military do not readily self-identify as "veterans;" and the eligibility requirements of some VTCs are closely tied to benefits for which the defendant is eligible.

In January 2013, AU-JPO prepared a "Frequently Asked Questions" memo, updated in 2016,<sup>47</sup> that compiled procedures for identifying eligible participants from 20 programs across 12 states, most of which were using multiple points in the process to identify defendants who were potential participants for their respective VTCs. In many instances, pre-trial interview and other related forms have been modified to add a question regarding veteran status. In Kentucky, efforts are underway to have an individual's veteran status noted on their driver's license. Three states (California, Massachusetts, and Minnesota) have enacted statutes which outline the treatment of justice-involved veterans, thereby requiring special efforts to identify them



## Identifying defendants eligible for VTC programs has required the development of special screening processes.

after charges are filed. Several VTCs report the establishment of procedures with the local jail to review inmate status daily for individuals who may be eligible for their respective programs so that the court can then follow up promptly.

Programs AU-JPO is working with are reporting increasing reference to the Servicemember Civil Relief Act (SCRA) website<sup>48</sup> to verify potential veteran status with local arrest-related records; based on survey responses, this had been infrequently referenced at the time the survey was distributed. Due to the lack of comprehensive arrestee data, it is unclear how prevalent veterans are in the arrestee population. However, according to the Bureau of Justice Statistics' (BJS) most recent report on incarcerated veterans, veterans make up around 8% of the total inmate population in the U.S.<sup>49</sup>

### ELIGIBILITY CRITERIA

#### ELIGIBILITY CRITERIA RELATING TO MILITARY SERVICE AND DISCHARGE STATUS

The categories of eligible participants most frequently reported by responding programs were:

- Veterans who have honorable discharges (108 out of 109 programs, 99%);
- Veterans who have general discharges (106 out of 107 programs, 99%);
- Veterans who have had combat service (109 out of 109 programs, 100%); and,
- National Guard/Reserve members who had combat experience (101 out of 104 programs, 97%).

Slightly over half of the responding programs (60% or 63 out of 105 programs) indicated that veterans with dishonorable discharges were eligible for VTC participation. In addition, 7% (7 of 105 programs) of respondents reported that their VTCs also provided services to spouses or significant others associated with eligible participants.

#### ELIGIBILITY CRITERIA RELATING TO THE CURRENT OFFENSE

One hundred twenty-nine programs responded to the question regarding current offenses. For each of the following offenses, over 70% of respondents indicated that they would admit veterans with each of the following types of charges:

theft, drug possession, DUI/DWI, forgery, and domestic violence (primarily misdemeanor charges). Slightly less than half of the reporting programs (46%) also admit defendants with charges relating to drug sales not involving trafficking. In some instances, for example Florida, the nature of offenses eligible for the VTC is defined by statute.

Approximately 20% of the responding programs reported that potentially eligible participants were required to show a nexus between their current charge and their military service. For those programs with this requirement, the requirement could reportedly be met with submission of a clinician's report to the court, testimony from the participant or expert testimony from a clinician at a hearing. Other mechanisms for satisfying the requirement included intake and probation officer reports and/or prior military records, including those relating to compensation.

### FIGURE 5: PROGRAMS REQUIRING SHOWING OF A NEXUS BETWEEN CURRENT OFFENSE AND MILITARY SERVICE



#### ELIGIBILITY CRITERIA RELATING TO PRIOR OFFENSES

About two in three (66%, 73 of 110) of responding programs indicated that a prior violent felony or misdemeanor conviction was not a bar to current participation in the VTC, while the remainder indicated a prior violent conviction would bar current participation.

With regard to prior convictions overall (violent and otherwise), only 18% of responding programs (19 of 105) indicated that they would only take first time offenders. Eighty percent (83 of 104) of responding programs reported that their programs set no limit on the number of prior offenses an otherwise eligible participant might have incurred.

#### OTHER FACTORS AFFECTING ELIGIBILITY

In addition to the nature of the current charge and the criminal history of a potentially eligible participant, other

factors can affect VTC eligibility. The most common other bar to program entry is that the participant is not a resident of the jurisdiction where the VTC operates; other reasons for ineligibility include other pending charges and/or prior participation in a drug court or VTC program.

**IDENTIFYING ELIGIBLE PARTICIPANTS**

Sixty-nine of the responding programs (53% of 123) indicated that a systematic process was in place to identify eligible veterans at the time of arrest (or probation violation) for participation in the VTC. Forty-three percent (40 out of 93 reporting programs) indicated that the number of eligible veterans identified was greater than the number being served by the VTC. While a few programs indicated that this discrepancy between the number of eligible participants identified and those accepted into the program was due to inadequate resources, most programs gave no reasons for this gap.

**Screening for Risk and Need**

**FREQUENCY OF SCREENING FOR LEVEL OF RISK AND NEED**

Almost all of the programs (79 of 94 programs; 84%) that answered this question reported screening for level of risk and need, although no additional information was available regarding which instruments are used.

**ORGANIZING TREATMENT GROUPS BASED ON RISK AND NEED**

Of the 79 programs that reportedly screened for level of risk and need, slightly under half (37 programs or 47%) reported that treatment groups are constituted to separate participants based on these factors.

**USE OF INFORMATION OBTAINED AT SCREENING**

Survey respondents were asked to indicate how they use participant information obtained at screening. Almost all of the 98 programs that answered this question indicated it was

used for eligibility determination. Almost all programs also responded it was used for treatment planning.

**POINTS IN THE ADJUDICATION PROCESS AT WHICH SCREENING IS CONDUCTED**

Recognizing that many potentially eligible participants do not “self-identify” as veterans<sup>50</sup>, 88 (90%) of the 98 programs that answered this question indicated that screening was conducted at multiple stages in the adjudication process in order to identify potentially eligible participants.

For the 95 responding programs that provided information regarding actual points in the adjudication process at which this screening occurred, the most frequent points were at the jail at the time of arrest, at arraignment, and/or at the time the violation notice was filed (for probation violators). Almost half of the responding programs also indicated that efforts were made by the judge to identify potentially eligible participants at each court hearing.

**AGENCY OR AGENCIES RESPONSIBLE FOR SCREENING AND ASSESSMENT**

For close to half of the reporting programs, no specific agency is designated to conduct screening and assessment of substance use and mental health disorders and/or to develop requisite treatment and case management plans.<sup>51</sup>

In terms of screening and assessment functions relating to treatment planning, if a single agency is designated to conduct screening for criminogenic risks, that agency is most frequently the VA (64% of the reporting programs). Screening for substance and mental health disorders is conducted by the local treatment provider for approximately 25% of the reporting programs; the clinical needs assessment is prepared by the treatment provider for one-third of the reporting programs. In approximately 40% of the programs, treatment plans are developed by the local treatment provider and, for 14% of the reporting programs, by the VA. For slightly over

**CHART 6: POINTS AT WHICH SCREENING TO IDENTIFY ELIGIBLE PARTICIPANTS IS CONDUCTED**

POINTS AT WHICH SCREENING IS CONDUCTED	YES	NO	DID NOT KNOW
At time of arrest through self-identification	47%	40%	13%
At time of arrest through a cross check with the DoD website	14%	67%	19%
At jail pretrial	73%	22%	5%
At time of arraignment	74%	22%	4%
At time violation of probation is filed	65%	29%	6%
At time of bond hearing	38%	48%	14%
At each court hearing	46%	39%	15%
At time of arrest through check of driver’s license if veteran’s status is included	17%	65%	18%

one-third of the reporting programs, case management and plans to address ancillary needs are developed by the VA.

## Hearings

Well over half (55%) of the 99 programs reported that they conduct hearings weekly during the initial phases of participation, with approximately one-third conducting hearings every other week during the initial period of program participation. This frequency drops off significantly during subsequent periods of an individual’s participation, with almost two-thirds (62%) of the reporting programs conducting hearings every other week during subsequent phases and, for approximately 80%, monthly during the final phase.

## Staffings

Staffings are an important component of VTC operations, as they allow for discussion of matters pertaining to participant progress, development of a plan to improve participant outcomes, and preparation for hearings. Staffings should be held frequently enough to ensure that the team has an opportunity to consider the needs of each case.<sup>52</sup> Of the 100 programs that indicated whether staffings were held, all but one indicated that they were.

### ATTENDANCE AT STAFFINGS

The most frequent attendees at staffings in VTCs are: the judge (in 96% of the reporting programs), the public defender and prosecutor (93% and 91%, respectively), and the treatment coordinator (92%). Also, many programs report that the probation agency representative and the Veterans Justice Outreach Specialist attend (85% and 86% of reporting programs, respectively).

**CHART 7: INDIVIDUALS WHO REGULARLY ATTEND STAFFINGS**

REGULAR ATTENDEES AT STAFFINGS	YES	NO
Judge	96%	4%
Veterans Treatment Court coordinator	92%	8%
Treatment representatives (other than those from the VA)	69%	31%
Treatment Representative - Department of Veterans Affairs	49%	51%
Veterans Justice Outreach Specialist*	86%	14%
Veterans mentor	54%	46%
Prosecutor	91%	9%
Public defender	93%	7%
Pretrial Services Agency rep. (if applicable)	18%	82%
Probation Agency rep. (if applicable)	85%	15%

*\*This percentage is based on 98 reporting programs; all other percentages based on 99 reporting programs.*

## Criteria for Termination

### GENERAL

Almost all of the 95 programs responding to this question indicated that the primary criteria used to determine if a participant should be terminated from the program were new arrests (75%) and/or convictions (83%), and nonappearance at treatment (85%) and/or at court hearings (87%). The basic approach, which appeared to dominate narrative program responses, was the need to determine a pattern of persistent noncompliant behavior, rather than relying on any one incident.

### SPECIFIC FACTORS

Eighty-one of the ninety-five reporting programs (85%) indicated that nonappearance at treatment would only trigger termination if the participant indicated willful avoidance of engaging in treatment services and refusal to attend. Similarly, in narrative responses, programs indicated that nonappearance at court hearings generally triggers the issuance of a warrant for the participant. It was reported that terminations tend to be used only if the participant continues to fail to appear or if their whereabouts become unknown.

Program responses to new arrests vary. Seventy-one of the ninety-five reporting programs (75%) reported that new felony arrests can be cause for termination. Some, however, indicated in narrative responses that whether the participant was terminated would depend on the nature of the charge, particularly if it was one involving violence which, in many cases, would make the participant ineligible for the program. Other program narrative responses indicated that an arrest alone would not be sufficient to trigger termination without a conviction, while others noted that action taken on an arrest would also be affected by whether the participant was out of custody and available to continue participating in the program.

Seventy-nine (83%) of reporting programs indicated that a new conviction is a criterion for program termination. Factors programs reported considering include the nature of the charge and whether the participant was still able to participate in the program. Other factors potentially leading to participant termination include: threatening behavior to program staff; severe illness of a participant that would prevent him/her from completing the program; and a demonstrated pattern of noncompliance. Many of the narrative program responses, however, referenced that a “case by case” approach was used regarding any potential termination decision.<sup>53</sup>

## Requirements for Graduation

### MINIMUM TIME PERIOD OF REQUIRED PARTICIPATION

Almost all (89%, 88 of 99) of the reporting programs indicated that a minimum time period of participation was required for graduation. For those programs that do require a minimum period of participation, over 60% of programs indicated a timeframe between 6-18 months. Twelve percent of programs indicated in narrative responses that they try to tailor the required time period for participation to the defendants' charges or level of offense.

### MINIMUM TIME PERIOD OF REQUIRED SOBRIETY

The vast majority of reporting programs (84%, 84 of 99) require a minimum period of sobriety for participants to graduate. Of the 84 programs that indicated a minimum period of sobriety was required, the length of time varies (see table to the left). An additional 18% of the reporting programs (15) have either longer periods required, gear the requirements to each program phase, or tailor the requirements to the level of offense with which the defendant is charged.

### OTHER REQUIREMENTS FOR GRADUATION

Almost three-quarters (72%, 70 of 97) of the reporting programs indicated their VTCs had special requirements in addition to a period of required sobriety. These requirements were most frequently: performance of community service; payment of all program fees; enrollment in educational program; and obtaining employment.

### EFFECT OF SUCCESSFUL PROGRAM COMPLETION ON CRIMINAL RECORD

For most (81%, 88 of 109) of the reporting VTC programs, participants who successfully complete the program will have their records relating to their current offense sealed or expunged. In addition, 15% (16) of responding programs provide this option for records related to prior criminal offenses.

### EFFORTS BY VTCs TO UPGRADE MILITARY DISCHARGE STATUS

Almost half (50 of the 107 programs or 47%) of respondents to this question indicated that they make an effort to upgrade the discharge status of those VTC participants who do not have an honorable discharge. For those programs, the success of these efforts are reported to be limited, with programs reporting that the upgrades are only sometimes or rarely successful.

An alternative route to the traditional discharge upgrade process through the Department of Defense is the Character of Discharge review conducted by the VA. For veterans with Other than Honorable, Undesirable or Bad Conduct discharges, the VA can conduct a review and potentially provide VA benefits to the veteran (except for access to the GI Bill).<sup>54</sup> While this review does not change the veteran's discharge status, it does allow him/her access to benefits to which they may not have previously had access.

## Completion and Termination Rates (Aggregate)

One hundred two programs provided program completion rates, reporting the total number of participants that graduated from the program as well as the number of participants who were terminated. Aggregating that data demonstrates that across the 102 programs, 70% of total participants graduated, while 30% were terminated. The average number of graduates per responding program was 25, with a median of 9. Conversely, the average number of terminations per responding program was 11 with a median of 4.

**CHART 8: LENGTH OF TIME SOBRIETY IS REQUIRED FOR PROGRAM GRADUATION**

LENGTH OF TIME FOR REQUIRED SOBRIETY	PERCENTAGE OF PROGRAMS
90 Days	25%
120 Days	34%
180 Days	23%
Other	18%

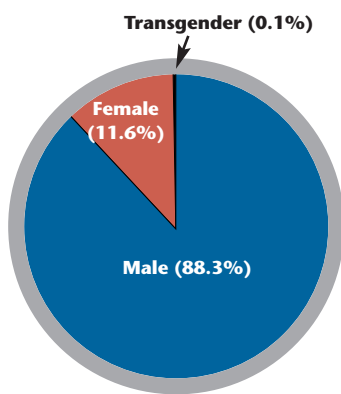
**CHART 9: AVAILABILITY OF DISMISSAL/SEALING OF CRIMINAL RECORDS IF VTC PROGRAM IS SUCCESSFULLY COMPLETED**

RESPONSE	FOR RECORDS RELATING TO THEIR CURRENT CHARGE	FOR RECORDS RELATING TO PRIOR CONVICTIONS
Yes	81%	15%
No	19%	85%

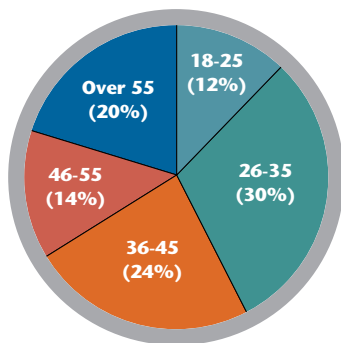
# VTC Participants & Staff



**FIGURE 6: GENDER OF VTC PARTICIPANTS IN 96 REPORTING PROGRAMS**



**FIGURE 7: AGE RANGES OF PARTICIPANTS IN 91 REPORTING PROGRAMS**



## Participants

### DEMOGRAPHIC INFORMATION

Most VTC programs were not able to provide precise data regarding participant demographics. Given this, approximations were compiled where possible. Despite the limitations of existing data regarding VTCs, 96 (74%) of the 129 responding programs provided some summary demographic information relating to the background of the participants who had been enrolled in their VTC programs. VTCs, as well as other treatment courts, have an obligation to determine whether groups of individuals are being disproportionately burdened or excluded from their programs, to take corrective action, and to evaluate the success of that action.<sup>55</sup>

### GENDER

Based on the aggregate data reported by 96 programs, the gender makeup of participants enrolled across these programs is overwhelmingly male – with the male population making up 88.3% of total participants reported to have ever been enrolled.

### AGE OF PARTICIPANTS

Ninety-one programs reported age range information for participants in their programs. In the aggregate, approximately 12% of program participants were between the ages of 18-25 and 20% of the participants were over 55 years of age at the time of program participation. Participants between the ages of 26-35 years old represented the highest percentage (30%) of total participants in the VTC programs that responded to this question.

### RACE

Of the 94 programs that provided information regarding race, 71 programs (76%) indicated that their participants were either all or mostly Caucasian. In comparison, among the overall population of veterans in the US, 81.4% of all veterans and 67.3% of post-9/11 veterans in 2014 were white and non-Hispanic.<sup>56</sup>

## Personnel

### JUDGES

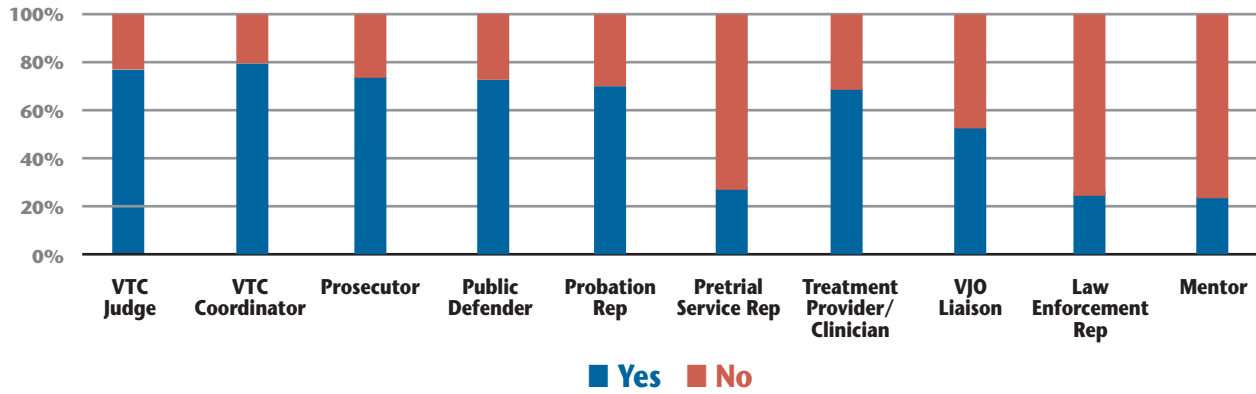
Most (84% or 84 of 100) of the reporting VTCs have one judge assigned; 13 programs have two judges assigned, and, for three of the reporting programs, three judges are assigned.

In slightly over 20% of the VTCs, the VTC judge serves full-time. By contrast, 68% of reporting programs indicated that their judge serves the VTC for ten hours a week or less.

### PROSECUTORS/DEFENSE COUNSEL

Prosecutors are assigned in 88% of the 99 VTC programs responding to this inquiry. Public defenders were reported to be assigned to a VTC in 95% (91 of 96) of responding programs. The questionnaire did not ask in what capacity defense counsel or prosecutors participated.

**FIGURE 8: PRIOR STAFF EXPERIENCE WITH PROBLEM-SOLVING COURTS**



**COORDINATORS**

Ninety-two of the 99 reporting programs (93%) indicated that a coordinator was assigned to the VTC. Fifty-one of the 92 programs (55%) indicated that the coordinator was assigned full-time. Thirty-eight percent indicated that their coordinator worked 20 hours or less.

**VTC Team’s Prior Experience**

**PRIOR STAFF MILITARY EXPERIENCE**

Survey responses indicated that a majority of respondent VTC personnel do not have prior military experience. A number of respondents indicated that their VTC judges (64% of respondents, 62 of 97), coordinators (68% of respondents, 65 of 95), and VJO liaisons (61% of respondents, 57 of 94) did not have prior military experience. Law Enforcement and mentors were shown to be the most common to have prior military experience, with 53% (46 of 86) of respondents indicating that their law enforcement representatives had prior military experience and 96% (90 of 94) of respondents indicating that their mentors had prior military experience. It should be noted that not all the same respondents answered all the questions regarding military experience.

**PRIOR STAFF EXPERIENCE WITH PROBLEM-SOLVING COURTS**

Staff with prior problem-solving court experience were well represented amongst survey respondents, with a majority of respondents indicating that their judge(s), coordinator(s), and/or VJO liaison(s) had prior experience. Seventy-eight percent of respondents (76 of 98) indicated that their VTC judge had prior problem-solving court experience. Eighty-two percent of respondents (78 of 95) indicated that their VTC coordinator had prior problem-solving court experience, while fifty-three percent (50 of 95) of respondents indicated that their VJO liaison had prior problem-solving court experience.<sup>57</sup>

**Training for VTC Team**

Eighty-nine percent of the responding VTC programs indicated that their team had training on VTC principles (86 of 97). Of those 86 programs, two-thirds (64) indicated that VTC personnel received training prior to opening their VTC program. For more information on available trainings, please see the Resources in Appendix E.

**CHART 10: NUMBER OF ASSIGNED HOURS FOR VTC JUDGES PER WEEK**

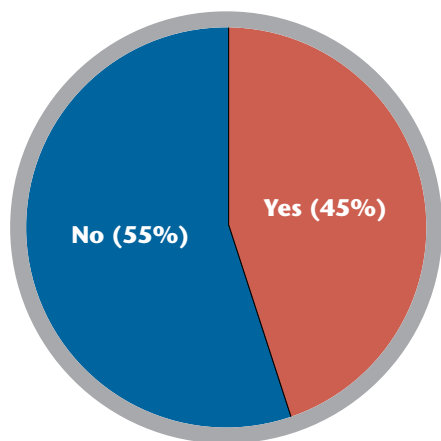
NUMBER OF HOURS JUDGE WORKS PER WEEK FOR THE VTC	PERCENTAGE OF PROGRAMS
Judge is assigned full-time	23%
1 to 5 hours	42%
6 to 10 hours	26%
11 to 15 hours	5%
16 to 20 hours	2%
More than 20 hours	2%

# Coordination Between the VA and the VTC



The relationship between VTCs and the VA is one of the primary features that distinguishes VTCs from other problem-solving courts. This relationship is often facilitated through the involvement of a Veterans Justice Outreach (VJO) Specialist. The VJO program was created with the purpose of assisting criminal justice involved veterans gain access to VA services and benefits that may help them in their recovery.<sup>58</sup> These services and benefits include medical and disability benefits, housing assistance, career resources, and mental health and substance abuse services, among others.<sup>59</sup> The active involvement of the VA and VJO Specialists in VTCs has been instrumental in assisting veterans in these programs and connecting them to resources.

**FIGURE 9:  
DOES VA CONDUCT  
DRUG TESTING?**



## Sharing of Information Between the VA and the VTC

Survey respondents were asked whether all relevant information regarding participants' treatment needs was shared between the VTC and the VA. While 91 (92%) of the 99 programs that answered this question indicated that information was shared, respondents also cited a number of qualifiers regarding factors that inhibited the free flow of information as well as how complete this information was (primarily relating to information regarding treatment assessments and/or services provided by the VA).

**CHART 11: SHARING OF INFORMATION BETWEEN VTC AND VA**

IS INFORMATION SHARED	REPORTING PROGRAMS
<b>Yes</b>	<b>92%</b>
<b>No</b>	<b>8%</b>

**COMMENTS:**

- Still trying to get VA to share their screening and treatment information.
- Inconsistent treatment and medication information.
- VA does not share psychological evaluations in their entirety. We get just verbal reports weekly but no written treatment plans or evaluations.
- Types of medication are shared since we do not currently have a local psychiatrist who sees our veterans. If the veterans are undergoing VA care the VJO assigned to our court shares the information with the treatment team. We tell our VJO about treatment services provided by local providers but if they are not utilizing VA services I'm not sure it gets reported to the VA.
- The VA does not share a lot of information with the court and treatment.

**CHART 12: TIMEFRAME WHEN VA REPORTS DRUG TEST RESULTS TO COURT**

TIMEFRAME	PERCENTAGE OF PROGRAMS
Less than 24 hours	11%
Between 24-48 hours	38%
More than 48 hours	51%

### VA Drug Testing

Drug testing is a fundamental component of a VTC. While there is no consensus on who should be conducting that testing, the Adult Drug Court Best Practice Standards (Standard VII) indicate that testing should be truly random, regular (at least twice per week), and observed.<sup>60</sup>

In AU-JPO’s survey, slightly less than half of the 99 reporting programs indicated that the VA provides drug testing for their VTC programs. Through AU-JPO’s technical assistance, the office has learned that other VTCs’ drug testing is conducted by the court, probation, and/or other treatment providers.

#### NATURE, FREQUENCY AND TIMEFRAME OF DRUG TESTING SERVICES CONDUCTED BY VA

Of those programs that reported that the VA conducts their drug testing, most (83%, 35 of 42) indicated that drug testing was random, and approximately two-thirds indicated that it was observed (66%, 27 of 41). All but one of the 43 programs indicated that the VA drug test results were reported to the court. Over one-third of these programs (41%, 17 of 41), however, reported that the drug tests conducted by the VA were not conducted with the frequency recommended for drug court programs. Over half of the 45 programs that have drug testing services provided by the VA reported that the timeframe for reporting the results to the court was in excess of 48 hours.

It is important to note that drug testing conducted by the VA differs from drug testing conducted by probation offices or other criminal justice entities. The testing done by the VA is not intended to conform to criminal justice standards and often may not satisfy a court's evidentiary or procedural requirements due to being relatively infrequent, often unobserved and lacking in a documented chain of custody for samples taken. With the consent of the veteran, the VA can share the results of the testing it conducts with the court for informational purposes, but a court seeking frequent, observed testing that will yield actionable results is encouraged to look to traditional sources, such as probation, for that service.

# Community and Other Outreach Activities



## Relationship of VTCs with Veterans and Military Service Organizations

Veterans and Military Service Organizations can be sources of support for VTCs. In addition, where allowed by law, these organizations can serve as a fiscal entity to accept donations and other funding the VTC may receive. Of the 99 reporting programs, 77 (78%) indicated that they have developed relationships with state or local veterans and/or military service organizations.



*One of the most crucial functions VTCs provide is linking participants with resources, including bus passes, housing, financial assistance, job readiness and other support.*

The responding VTCs cited over 75 different military organizations with which partnerships have been formed, ranging from local VA hospitals to veteran-specific organizations and local business groups. For example, VTCs reported relationships with their local County Veterans Service Office, Disabled American Veterans Charity, American Legion, AMVETS, Veterans of Foreign Wars (VFW), and Vietnam Veterans of America, to name a few.

For those VTCs that do not currently have relationships with military service organizations or would like to expand their outreach, the U.S. Department of Veterans Affairs maintains a directory of over 100 different Veterans Services Organizations.<sup>61</sup>

## Relationship of VTCs with State and Local Service Providers

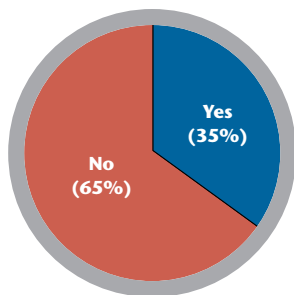
Of 97 reporting programs, 65 (67%) indicated that their VTCs had established relationships with state agencies providing veteran services. These state agencies included both veteran-specific agencies and other state and local agencies providing services veterans can access. Examples of state agencies reported by survey respondents include: Department of Education, Department of Employment, Governor's Committee for Veterans Affairs, Department of Housing, Veterans Affairs Office, Vocational Rehabilitation, and the Office of Behavioral Health.

## Other Relationships Established with Community Service Organizations

One of the most crucial functions VTCs provide is linking participants with resources, including bus passes, housing, financial assistance, job readiness and other support. Developing this capability requires the continual identification and development of community resources that can provide both funds and services. Responding programs cited a wide range of community agencies with which they were working to provide needed support services, many of which have already been noted above. These agencies/entities include:

- Volunteers of America
- AmeriCorps, sober houses
- Supplemental Nutrition Assistance Program (SNAP)
- Local universities
- United Way

**FIGURE 10:  
ESTABLISHMENT OF A COMMUNITY  
ADVISORY/POLICY COMMITTEE**



### Community Policy and/or Advisory Committees

Thirty-five of the 100 programs that responded to this inquiry indicated that an advisory committee had been established for their VTC.

#### ENTITIES REPRESENTED ON COMMUNITY POLICY/ADVISORY COMMITTEES

According to the results of the survey, membership on the local community policy and/or advisory committees that have been established for VTCs includes representatives from a wide range of justice agencies: local public health groups, social service, the VTC team, community organizations and veterans-related groups. The following table reflects the most frequently cited entities included on these committees:

**CHART 13: ENTITIES FREQUENTLY REPRESENTED ON LOCAL  
VTC COMMUNITY POLICY/ADVISORY COMMITTEES**

JUSTICE SYSTEM	PUBLIC HEALTH, SOCIAL SERVICES AND RELATED AGENCIES	OTHER COMMUNITY ENTITIES	VETERANS GROUPS
<ul style="list-style-type: none"> <li>• Prosecutor</li> <li>• Law enforcement</li> <li>• Public defender</li> <li>• Probation</li> <li>• Court – judges</li> <li>• Court – court administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health services provider(s)</li> <li>• Substance abuse treatment provider(s)</li> <li>• County administrator</li> <li>• County agency director(s)</li> <li>• Housing department</li> <li>• Disability legal services</li> <li>• Employment and vocational training agency(ies)</li> <li>• Sheriff/jail</li> <li>• Pretrial services agency</li> <li>• Social services agency</li> </ul>	<ul style="list-style-type: none"> <li>• Chamber of commerce</li> <li>• Faith organizations</li> <li>• Local nonprofits</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans Administration (VA public affairs, Vet Center, VJO, etc.)</li> <li>• VFW</li> <li>• County Veteran Service Commission</li> <li>• Retired Veterans</li> <li>• Veteran Mentors</li> </ul>

#### FREQUENCY OF ADVISORY MEETINGS

Forty-six percent (16 out of 35) of the VTCs that responded to this inquiry indicated that their committees met quarterly. Answers to this question varied widely, from annually to once a week. Some programs indicated that they met less often during their program’s implementation period.

#### ROLE OF THE ADVISORY COMMITTEES

The role of local community policy/advisory committees is reported to be broad. Areas of responsibility appear to range from policy development (admissions policies, treatment services, etc.) and providing program oversight to serving in a supportive and/or advisory capacity on a wide range of issues.

Examples of the functions of these committees include:

- Assisting with coordination of services for justice involved veterans;
- Assisting with acquisition of services and resources participants need;
- Providing community education and fundraising;
- Reviewing standards of practice;
- Assisting with the conduct of procedural reviews, intercept reviews and trainings;
- Strategic planning/guidance regarding the general direction of the program;
- Assisting in addressing the needs and status of veterans and their families; and
- Working to strengthen the program’s partnerships.

# Program Features to Highlight



## Special Services/Components of Potential Interest to Other VTCs

Survey respondents were asked to note any special components of their programs which might be of interest to other jurisdictions. Of the 97 programs that responded to this inquiry, 23 (24%) highlighted special features of their respective VTCs which they thought might be of interest to others.<sup>62</sup>



Many of the respondents highlighted the effectiveness of their mentor programs and their inclusion of the family and family services in the treatment plan. Programs indicated innovative partnerships with local colleges and law schools through which students could assist the program both clinically and legally. One program mentioned that they had fostered relationships with local real estate agents and landlords to assist their participants with housing. Another program detailed the structure of their “community give-back project,” which requires participants near the end of the program to develop a project that will help the community or individuals in the community (e.g., building a wheelchair accessible ramp for a disabled veteran’s home). Other VTCs highlighted initiatives to help broaden their reach and cover program expenses, including the use of videoconferencing or telemedicine, the establishment of a 501(c)(3) non-profit organization, and presentations on the VTC to the state legislature.

*One program mentioned that they had fostered relationships with local real estate agents and landlords to assist their participants with housing.*

# Implementation Issues/Technical Assistance Needs



## Most Challenging Issues Encountered in Implementing the VTC Program

Survey respondents were asked to note the most challenging issues encountered in implementing their VTC. The following list summarizes the most common challenges sites reported facing, in no particular order:

- Lack of systematic procedures for identifying eligible veterans, especially at time of arrest;
- Inadequate resources for ancillary services (housing, transportation, employment);
- Difficulties communicating with the VA and obtaining necessary information/records;
- Difficulties coordinating service delivery between the VA and community providers;
- Lack of local buy-in from court-involved individuals (e.g., prosecutor, judges, etc.) and the community;
- Issues related to the functioning of the VTC team (staff turnover, need for continuous training, coordination and sharing of information between team members, role definition and responsibilities, need for teambuilding opportunities);
- Lack of funding; and
- Developing and maintaining a mentor program.

## Enhancements VTCs Plan to Make in the Next Six Months

Survey respondents were asked what changes they planned to introduce in their VTCs during the next six months. Programs indicated that they planned to improve the administrative functioning as well as programmatic operations of their programs. Responses included: updating the policy and procedures manual, developing a participant handbook, developing multiple program tracks, and implementing validated risk and clinical assessments. Many programs indicated that they will be working to expand eligibility for their VTC and increase their program's capacity. Programs also indicated that they would be enhancing their community outreach through the development of community partnerships, MOUs, and advisory committees. Additionally, programs indicated that they would be working on their incentives/sanctions chart, developing program phases, increasing training opportunities, and implementing/expanding mentor and alumni programs.

## Areas of Technical Assistance and Training That Would Be Helpful

Survey respondents were asked to identify areas for training and

technical assistance that would be helpful. In regards to training, programs identified needs for training on Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), military culture, female veterans, addiction, Medication Assisted Treatment (MAT), families of veterans, and effective treatment options for the veteran population.

Many programs reported a need for technical assistance regarding program evaluations. For example, programs were interested in receiving assistance in conducting and structuring process and outcome evaluations. Similarly, programs expressed a need for assistance with case management software or a Management Information System (MIS). Desired assistance in this area was focused on which tools to use and what data the programs should track.

A significant area of need was noted in identifying eligible veterans at the time of arrest. As was noted previously, almost half of the responding programs indicated that they did not have a systematic process in place to identify eligible veterans at the time of arrest.

Other common areas of needed technical assistance identified by the programs related to structural components of the VTC. These areas included the need for assistance with developing a mentor program, determining proper incentives and sanctions, conducting risk/needs assessments and drug tests, and procuring alternative funding sources.

## Target Audience Most in Need of Training

Survey respondents were also asked to indicate the most appropriate target audience for the training and technical assistance services. The bulk of respondents indicated that the entire team – judge, coordinator, defense counsel, prosecutor, treatment providers, mentors, etc. – would benefit from the technical assistance and training, as well as the larger justice system stakeholders – law enforcement, probation, and the bar, in particular – and the broader community.

## Other Resources/Support That Would Be Useful to Sustain VTCs

Survey respondents were asked to identify other needs they felt would help sustain their VTCs over the long term. Their responses focused on obtaining continued funding, developing community partnerships, and securing on-going training opportunities. Other noted areas of support needed to help sustain VTCs included additional housing options and securing state legislative support for the programs.

# Advice to Jurisdictions Planning a VTC Program



At the conclusion of the survey, respondents were asked to indicate any advice they would offer to jurisdictions planning a VTC. The following is a composite summary of their responses, reflecting both the complexity of planning entailed as well as the importance of continually fine-tuning the program design once it is implemented:

- *Do your homework, study the population and VTCs*
- *Don't reinvent the wheel; there are a large number of resources in the field*
- *Visit other VTCs*
- *Learn best practices*
- *Attend a planning initiative training prior to implementation*
- *Attend NADCP training and plan for ongoing training*
- *Identify specific needs of the target population*
- *Create a strong team based on collaboration and trust and with clearly defined roles*
- *Involve the VA right away and develop a good relationship with the VJO*
- *Develop a mentor program*
- *Get the community involved*
- *Educate local bar associations*

# Appendices



**Appendix A:** List of Responding Programs

**Appendix B:** Applicable Statutes Enacted by State Legislatures Relating to Veterans Treatment Courts

- Citations to VTC-relevant Statutes
- Statutory Excerpts

**Appendix C:** State and Federal Case Law Relating to Veterans Treatment Courts

**Appendix D:** Highlighted Program Features

**Appendix E:** Resources

**Appendix F:** Adult Drug Court Best Practice Standards

**Appendix G:** Ten Key Components of VTCs

## APPENDIX A: LIST OF RESPONDING VTCS

with Implementation Date and Organizational Locus for Program

STATE	COURT NAME	YEAR IMPLEMENTED <sup>63</sup>	MH TRACK	DC TRACK	SEPARATE PROGRAM
AK	Anchorage Veterans Court	2008			X
AL	Dallas County Veteran Treatment Court	2014		X	
AL	Jefferson County Veterans Drug Treatment Court	2013			X
AL	Marshall County Veterans Treatment Court	2013			X
AL	St. Clair County Veterans Treatment Court	2013			X
AL	Walker County Veterans Court	2014			X
AR	Crittenden County Drug Court and St. Francis County Drug Court	NA	X		X
AZ	Maricopa County Superior Court	2011			X
AZ	Pima County	2012			X
CA	Adult Drug Court, San Luis Obispo	2013			X
CA	Orange County Veterans Treatment Court	2008			X
CA	Riverside County Veterans Treatment Court	2012			X
CA	San Bernardino Veteran Treatment Court	2010			X
CA	San Diego Superior Court	2014			X
CA	Santa Barbara County Veterans Treatment Court	2011			X
CA	Superior Court of California, County of Sacramento	2014			X
CA	Superior Court of California, County of Solano	2014			X
CA	Ventura County Veterans Treatment Court	2012			X
CA	Veterans Justice Court (San Francisco County)	2015			X
CO	Adams County Court for Veterans	2014			X
CO	Denver Adult Drug Court Veterans Track	2011		X	
DE	Veterans Treatment Court, Kent County	2011			X
FL	Alachua County Veterans Treatment Court	2013			X
FL	Criminal division – Veterans court	2013			X
FL	Fourth Judicial Circuit Veterans Treatment Court	2013			X
FL	Lee County Veterans Track	2015	X		
FL	Okaloosa County Veterans Court	2010			X
FL	Pasco County Veterans Treatment Court	2013		X	
FL	Pinellas Veterans Treatment Court	2010		X	
GA	Appalachian Judicial Circuit Veterans Court	2013			X
GA	Augusta Judicial Circuit Veteran’s Treatment Court	2014			X
GA	Cobb County Veterans Court	2014			X
GA	Gwinnett County Veteran’s Treatment Court	2015			X
GA	Judicial Council of Georgia/AOC	NA			X
GA	Macon Judicial Circuit Veteran’s Court	2013	X		
GA	Newton County Resource Court	2014			X
GA	Savannah-Chatham Veterans Treatment Court	2011			X
GA	Veterans Treatment Court–Western Judicial Circuit (Athens-Clarke & Oconee Counties)	2013			X
GU	Judiciary of Guam	2014			X
HI	Big Island Veterans Treatment Court	2014			X
HI	Oahu Veterans Treatment Court	2013			X
IA	Woodbury County Veterans’ Treatment Court	2011			X
ID	Ada County Veterans Treatment Court	2012			X
ID	Canyon County Veterans Treatment Court	2011			X
ID	Nez Perce County Drug Court – Latah County Drug Court	NA			X

## APPENDIX A: LIST OF RESPONDING VTCS

with Implementation Date and Organizational Locus for Program

STATE	COURT NAME	YEAR IMPLEMENTED <sup>63</sup>	MH TRACK	DC TRACK	SEPARATE PROGRAM
IL	Champaign County Drug Court	2011		X	
IL	DuPage County Wellness Courts	2012	X		
IL	Lake County Veterans Treatment and Assistance Court	2011			X
IL	Madison County Veteran Treatment Court	2009			X
IL	Will County Veteran's Court	2012			X
IN	Grant County Drug Court	2013			X
IN	Greenwood City Court	2013		X	
IN	Porter Superior Court III; Porter County Adult Drug Court; Porter County Veterans Treatment Court	2011			X
IN	St. Joseph County Veterans Court	2013			X
KY	Christian Co. Veterans Treatment Court	2014		X	
KY	Fayette Veterans Treatment Court	2013		X	
KY	Hardin County Veterans Treatment Court	2015			X
KY	Jefferson County Veteran's Treatment Court	2012		X	
LA	24th Judicial District Court, Parish of Jefferson, State of Louisiana	2014			X
LA	Orleans Parish Criminal District Court	2010			X
MA	Norfolk County Veterans Treatment Court	2009			X
MA	Plymouth Trial Court	NA			X
ME	Co-Occurring Disorders and Veterans Court	2011		X	
MI	10th District Veterans Treatment Court	2013			X
MI	Jackson County Recovery Court	2015		X	
MN	5th Judicial District Veterans Court	2013			X
MN	Hennepin County Veterans Court	2010			X
MN	Ramsey County Veterans Treatment Court	2014			X
MO	13th Judicial Circuit Veterans Treatment Court	2013			X
MO	25th Circuit Veterans Courts/Pulaski County	NA			X
MO	Clay County Veterans Court	2014			X
MO	SEMO Veterans Treatment Court Program	2011			X
MO	St. Louis Veterans Treatment Court	2010			X
MS	Eighth Judicial District Drug Court	2010		X	
MS	Forrest/Perry Counties Drug-DUI-Veteran's Court	2011		X	
MT	Missoula Veteran Co-occurring Treatment Court	2012	X		
MT	Montana Eighth Judicial District Veteran Treatment Court	2013			X
MT	Yellowstone County Veterans Court (CAMO)	2011			X
NC	Cumberland County Veterans Treatment Court – District 12	2014			X
NC	District 11A Veterans Treatment Court	2013			X
NC	<i>Respondent provided no program name</i>	2013			X
NH	Veterans Behavioral Health Track	2014	X		
NM	2nd Judicial District Court	2011			X
NY	Brooklyn Treatment Court	2013			X
NY	Buffalo Treatment Court	2008			X
NY	Essex County Veterans Court	2013		X	
NY	Jefferson County Court	2013		X	
NY	Rochester Veterans Court	2009			X
NY	Sullivan County Drug Court/Track	2010		X	
OH	Cleveland Municipal Court	2011			X

## APPENDIX A: LIST OF RESPONDING VTCS

with Implementation Date and Organizational Locus for Program

STATE	COURT NAME	YEAR IMPLEMENTED <sup>63</sup>	MH TRACK	DC TRACK	SEPARATE PROGRAM
OH	Franklin County Municipal Court	2012			X
OH	Hamilton County Veterans Treatment Court	2013			X
OH	Marion County Court of Common Pleas – General Division	2011			X
OH	Montgomery County Common Pleas Court	2013			X
OH	Stark County Honor Court	2011			X
OH	Youngstown Municipal	2011			X
OK	Garfield County Drug Court	2013			X
OR	Klamath County Veterans Treatment Court	2010			X
OR	Lane County Veterans Treatment Court Program	2011			X
OR	Malheur County Circuit Court	2014			X
PA	Allegheny County Veterans Court	2009			X
PA	Berks County Veterans Treatment Court	2010			X
PA	Butler County Court of Common Pleas	2015			X
PA	Chester County Veteran’s Court	2010			X
PA	Erie County Veterans Treatment Court	2015			X
PA	Lackawanna County Veterans Court	2010			X
PA	Montgomery County Veterans Treatment Court	2011			X
PA	Washington County Veterans Court	2011			X
RI	RI Veterans Treatment Court	2011			X
SD	Codington County Veteran’s Court	2014			X
TN	Knox Recovery Court / Knox County Veterans Treatment Court	2014		X	
TX	406th & 341st District Court Veterans Treatment Program	2009		X	
TX	Denton County Veteran’s Court	2012			X
TX	Galveston County Veteran’s Treatment Court	2014			X
TX	Harris County Veteran’s Court	2009			X
TX	Tarrant County Veterans Court Diversion Program	2010			X
UT	Utah Fourth Judicial District	2015			X
VA	Hampton Drug Treatment Court Veterans Track	2014	X		
VA	Norfolk Circuit Court	2013		X	
WA	King County Regional Veterans Court	2012	X		
WA	Pierce County Superior Court	2009		X	
WA	Spokane County Veterans Court	2010			X
WI	2nd Judicial District of Wisconsin Veterans Treatment Court	2012			X
WI	La Crosse Area Veterans Court (LAVC)	2010			X
WI	Milwaukee County Veterans Treatment Initiative	2012		X	
WI	Outagamie County Veterans Treatment Court	2012			X
WI	Trempealeau County Circuit Court	NA		X	
WV	Northern Panhandle Mental Health and Veterans Treatment Court	2012	X		
WV	Wayne County Adult Drug/Veteran’s Treatment Court	2012		X	

## Appendix B: Applicable Statutes Enacted by State Legislatures Relating to Veterans Treatment Courts<sup>64</sup>

### Statutory Excerpts

Programs were asked to provide applicable statutes enacted by their respective state legislatures. Respondents in 13 states plus Guam provided such statutes. AU-JPO staff supplemented this list by identifying five additional states with statutes relevant to VTCs. Below is provided brief summaries of and citations to statutes in those 18 states plus Guam. Those marked with asterisks were identified by survey respondents.

#### ALABAMA

**Code of Ala. § 15-27-2. Petition for expungement of record of a felony offense:** Allows for expungement of records after a defendant has completed a veterans court program.

#### ARIZONA

**\*A.R.S. § 22-601. Homeless, veterans and mental health courts; establishment; eligibility for referral:** Allows the presiding judge of the superior court to establish a veterans court and establish eligibility criteria. The justice of peace or municipal court judge can refer a case that meets eligibility criteria to the veterans court. The originating court shall notify the prosecutor of any criminal case referred to veterans court.

#### CALIFORNIA

**\*PC 1170.9. Convicted felon with problems resulting from service in United States military; Commitment to treatment program:** If defendant alleges that they committed their crime due to conditions stemming from service in the military, the court shall make a determination whether the defendant was or is currently in the military, and whether the conditions resulted from their service. If so and they are eligible for probation, the court can send them to an alternative treatment program.

#### COLORADO

**C.R.S. 13-5-144; Chief Judge - veterans treatment court authority:** Authorizes the chief judge of a judicial district to establish “an appropriate program for the treatment of veterans and members of the military.”

#### FLORIDA

**\*Fla. Stat. § 394.7891. Military veterans and service members court programs:** Authorizes the chief judge of each judicial circuit to establish a VTC which serves veterans and service members who are convicted of criminal offenses and suffer from “military related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem.” It establishes that those service members can be sentenced in a manner that appropriately addresses the severity of the issue through services tailored to the needs of the individual. Entry

must be based on “assessment of the defendant’s criminal history, military service, substance abuse treatment needs, mental health treatment needs, amenability to the services of the program, the recommendation of the state attorney and the victim, if any, and the defendant’s agreement to enter the program.”

**\*Fla. Stat. § 394.47891. Military veterans and service members court programs:** Expands eligibility for veterans in VTCs to include veterans who were discharged or released under a general discharge.

**\*Fla. Stat. § 948.08. Pretrial intervention program:** Veterans and service members are eligible for pretrial intervention programs provided they have not previously turned down an offer to be in a program nor previously entered into a program.

**\*Fla. Stat. § 948.16. Misdemeanor pretrial substance abuse education and treatment intervention program; misdemeanor pretrial veterans' treatment intervention program:** Similar to 948.08, mainly dealing with misdemeanor programs.

#### GEORGIA

**\*O.C.G.A. § 15-1-17. Veterans Court divisions:** Authorizes any court with jurisdiction over criminal cases to establish a veterans court division “to provide an alternative to the traditional judicial system for disposition of cases in which the defendant is a veteran.”<sup>65</sup> Defendant can be referred, if meeting eligibility requirements, “prior to the entry of the sentence if prosecuting attorney consents,” “as part of the sentence,” “or upon consideration of the petition to revoke probation.”<sup>66</sup> Each veterans court division has to establish a work plan that is written by a group that includes the judges, prosecuting attorneys, sheriffs or their designees, public defenders, probation officer, and persons having expertise in services available to veterans. The plan shall include policies and procedures related to implementing practices and standards. It also will include eligibility criteria for entry. The Judicial Circuit of Georgia will adopt standards and practices for veterans court divisions. Lays out personnel decisions for staffing the court. Provides how the court may be paid for. Every veterans court division is responsible for creating written criteria for completing the program, and if a participant successfully completes the program, their sentence may be reduced or modified. Any statements made during the program cannot be used against the participant in any proceedings, however if the participant is removed from the program the reasons for the violation/termination can be used in sentencing, sanctioning, or otherwise disposing of the participant’s case.

**O.C.G.A. § 40-5-76. Restoration or suspension of defendant's driver's license or issuance of limited driving permit:** Authorizes the judge presiding over a veterans court to order the defendant's driver's license to be restored.

## **GUAM**

**\*7 GCA § 2101. Courts of Justice in General:** Authorizes the Judicial Council of the Judiciary of Guam to establish a veterans treatment court program as either an independent court or a program of a specialized treatment court; also authorizes the Judicial Council to also establish a fee schedule to supplement the cost of the court.

## **ILLINOIS**

**330 ILCS 135; Purposes:** Establishes a Military and Veterans Courts Task Force "to investigate and develop a statutory basis for a specialized military and veterans court system with the necessary flexibility to meet unique service-related problems in the State of Illinois."<sup>67</sup>

### **\*730 ILCS 167; Veterans and Service Members Court Treatment Act:**

**Section 5.** Creates specialized veteran and service member courts or programs.

**Section 10.** Definitions, including veterans and service members.

**Section 15.** Authorizes the Chief Judge of each judicial circuit to establish a court. It can either be a separate court or a track of a different problem-solving court, and can also be operated on a circuit basis, allowing all those in the encompassed counties to participate.

**Section 20.** Defendants are eligible if the prosecutor and defendant agree, along with approval of the court. The defendant is not eligible if: "the crime is a crime of violence;" "the defendant does not demonstrate a willingness to enter the program;" "the defendant has been convicted of a crime of violence in the last 10 years, excluding incarceration time;" "the crime for which the defendant has been convicted is non-probationable;" or "the sentence imposed on the defendant, either by plea or finding of guilt, renders them ineligible for probation."<sup>68</sup>

**Section 25.** The court can order the defendant to have screening and assessments done on their veteran status and mental health/substance abuse status. The court also has to inform the defendant of the consequences of not completing the program, and requires the defendant to enter into a written agreement with the court over the program's terms and conditions.

**Section 30.** The court may maintain a network of substance abuse treatment programs commensurate with the needs of the defendants. Any program must conform to Illinois law. The court may also employ additional services or interventions as it deems necessary on a case-by-case basis. As above, the court may maintain or collaborate with a network of mental health treatment programs.

## **INDIANA**

**\*Burns Ind. Code Ann. § 33-23-16-10. "Veterans' court" defined:** Defines veterans courts, noting that they address the needs of veterans by bringing together various professionals and linking eligible veterans to tailored services or programs.

## **LOUISIANA**

**\*La. R.S. § 13:5362-7.**

**(5362; Purpose)** Legislature seeks to create specialized veterans courts.

**(5363; Goals)** Goals are "to reduce drug abuse and alcoholism and dependency among offenders;" "to reduce the alcohol and drug related workload of the courts;" "to reduce criminal recidivism;" "to diagnose undiagnosed mental health problems and provide assistance;" "to increase the personal, familial, and societal accountability of offenders;" "to reduce prison overcrowding;" "to provide employment and job training for veterans;" "to provide housing assistance for veterans;" and "to provide benefits counseling."<sup>69</sup>

**(5364; Definitions)** Defines the key characteristics of a VTC including monitoring, testing, non-adversarial approaches, etc.

**(5365; Eligibility, process)** Proof of defendant's military service must be submitted to the court in any form the court deems appropriate. The court must make a determination on record of whether the defendant is eligible for the veterans court.

**(5366; The Veterans Court program)** Authorizes each district court to "designate as a Veterans Court program one or more divisions of the district court to which veterans are assigned and may establish a probation program to be administered by the presiding judge or judges thereof or by an employee designated by the court."<sup>70</sup> The section lists out requirements for probation, what the court should inform the participant of, and regulations regarding notification of participation. It also includes a requirement for the program to develop a system of evaluation.

**(5367; Additional veteran indicator documents)** Provides additional documents that can be used to verify defendants' veteran status.

## **MAINE**

**\*4 M.R.S. § 433. Veterans treatment courts:** Defines a veterans court as "a specialized sentencing docket in select criminal cases" in which the defendant is a veteran or service member. The chief justice may establish a VTC. Groups can seek funding for VTCs when available from state, federal, etc. sources.

## **MASSACHUSETTS**

**Session Laws 2014. C. 62 section 33:** Provides for a 2-year veteran court program and study in order to develop a model that can be implemented across the commonwealth.

**\*General Laws Part IV, Title II, Chapter 276A:**

**Section 10:** A probation officer shall inquire whether a defendant is a veteran prior to arraignment. If s/he is determined to be a veteran, the court has jurisdiction to divert the veteran to a program as long as s/he has not previously been convicted of an offense for which punishment was potentially imprisonment and has no outstanding warrants.

**Section 11:** If a defendant is found to be eligible, then the court can issue a 14-day continuance to seek an assessment from the VA or other agency on the treatment options available to the defendant.

**MICHIGAN**

**MCLS § 600.1082; Drug treatment court advisory committee:** Establishes a drug treatment court advisory committee that has a member from an existing veterans court and monitors the effectiveness of veterans courts.

**\*MCLS § 600.1201-12.**

**(1201; Veterans treatment court; compliance; characteristics; memorandum of understanding; training; participants from other jurisdiction; validity of transfer:** “A veterans court shall comply with the modified 10 key components as promulgated by the Buffalo veterans treatment court.”<sup>71</sup>

**(1202; Hiring or contracting with treatment providers)**

**(1203; Admission to veterans treatment court)** “A veterans treatment court shall determine whether an individual may be admitted to the veterans treatment court. No individual has a right to be admitted into a veterans treatment court. However, an individual is not eligible for admission into a veterans treatment court if he or she is a violent offender.”<sup>72</sup> “To be eligible for admission to a veterans treatment court, an individual shall cooperate with and complete a preadmissions screening and evaluation assessment and shall agree to cooperate with any future evaluation assessment as directed by the veterans treatment court.”<sup>73</sup> This information is confidential and cannot be used in a criminal prosecution except for a statement or information that reveals criminal acts other than drug use.

**(1204; Findings or statement)** Before an individual is admitted into a veterans treatment court, the court shall establish the following: “That the individual is a veteran;” “That the individual is dependent upon or abusing drugs or alcohol, or suffers from a mental illness, and is an appropriate candidate for participation in the veterans treatment court;” “That the individual understands the consequences of entering the veterans treatment court and agrees to comply with all court orders and requirements of the court’s program and treatment providers;” “That the individual is not an unwarranted or substantial risk to the safety of the public or any individual, based upon the screening and assessment or other information presented to the court;” “That the individual is not a violent offender;” “That the individual has completed a preadmission screening and evaluation assessment under section 1203(3) and has agreed to

cooperate with any future evaluation assessment as directed by the veterans treatment court;” “That the individual meets the requirements, if applicable, of a statute listed under section 1203(2);” “The terms, conditions, and duration of the agreement between the parties, and the outcome for the participant of the veterans treatment court upon successful completion by the participant or termination of participation.”<sup>74</sup>

**(1205; Admission of individual charged in criminal case; conditions)** Admission into the VTC is subject to the following conditions: “The offense or offenses allegedly committed by the individual are generally related to the military service of the individual, including the abuse, illegal use, or possession of a controlled substance or alcohol, or mental illness that arises as a result of service;” “The individual pleads guilty to the charge or charges on the record;” “The individual waives in writing the right to a speedy trial, the right to representation by an attorney at veterans treatment court review hearings, and, with the agreement of the prosecutor, the right to a preliminary examination;” and “The individual signs a written agreement to participate in the veterans treatment court.” An individual who may be eligible for discharge and dismissal of an offense, delayed sentence, deferred entry of judgment, or deviation from the sentencing guidelines shall not be admitted to a veterans treatment court unless the prosecutor first approves the admission of the individual into the veterans treatment court in conformity with the memorandum of understanding under section 1201(2). A veteran who pleads guilty as part of their application to the VTC and then is not admitted into the program shall be permitted to withdraw their plea and is entitled to a preliminary examination.

**(1206; Admission to veterans treatment court; conditions; length of jurisdiction; collaboration; fee; information contained in L.E.I.N. pertaining to criminal history)**

**(1207; Veterans treatment court; responsibilities to individual)**

**(1208; Duties of individual; notification of new crime; payment of fines, fees, and costs)**

**(1209; Veterans treatment court program; finding or statement upon completion or termination of program; discharge or dismissal of proceedings; duties of court upon successful completion of probation or court supervision; termination or failure to successfully complete program; duties of court)**

**(1210; Collection of data)**

**(1211; Funds; report)**

**(1212; State drug treatment court advisory committee; monitoring; recommendations)**

**MINNESOTA**

**\*Minn. Stat. § 609.115 subd. 10. Military Veterans:** When a defendant appears in court, it shall be inquired whether they are a veteran or currently serving in the military. If they are,

and suffering from a diagnosed mental illness, the court may explore treatment options available to the defendant.

### MISSOURI

**\*§ 478.008 R.S.Mo. Veterans treatment courts authorized, requirements:** Veterans Treatment Courts may be established by any circuit court, or combination of circuit courts, upon agreement from the presiding judges. “A veterans treatment court shall combine judicial supervision, drug testing, and substance abuse and mental health treatment to participants who have served or are currently serving the United States Armed Forces, including members of the Reserves, National Guard, or state guard.”<sup>75</sup> Each court will develop conditions for referral of proceedings and enter into a MOU with each participating prosecuting attorney in the circuit court. This will specify a list of felony offenses ineligible for referral. Any statements made during the program cannot be used in any proceedings against the participant.

### MISSISSIPPI:

**Miss. Code Ann. § 9-23-11; Uniform certification process for drug and certain other courts; minimum standards for drug court operation; collection and reporting of certain data:** “The Administrative Office of Courts shall establish, implement and operate a uniform certification process for all drug courts and other problem-solving courts including juvenile courts, veterans courts or any other court designed to adjudicate criminal actions involving an identified classification of criminal defendant to ensure funding for drug courts supports effective and proven practices that reduce recidivism and substance dependency among their participants.”<sup>76</sup>

**Miss. Code Ann. § 9-25-1; Veterans Treatment Courts; legislative intent; authorization; eligibility for participation; Administrative Office of Courts to oversee; development of statewide rules and policies by State Drug Court Advisory Committee; funding; immunity:** A circuit court judge can establish a VTC, and it can be either a track or a separate program. It can be operated in one county in the circuit and allow participants from all counties within the circuit. In order to be eligible the attorney representing the state must give approval for the defendant’s admission into the program. Further, defendant must be proven a veteran as set out in USCS Title 38. “A defendant shall be excluded from participating in a Veterans Treatment Court program if any one (1) of the following applies:

- (i) The crime before the court is a crime of violence
- (ii) The defendant does not demonstrate a willingness to participate in a treatment program.
- (iii) The defendant has been previously convicted of a felony crime of violence including, but not limited to: murder, rape, sexual battery, statutory rape of a child under the age of sixteen (16), armed robbery, arson, aggravated kidnapping, aggravated assault, stalking, or any offense involving the discharge of a firearm or where serious bodily injury or death resulted to any person.”<sup>77</sup>

### NEVADA

**Nev. Rev. Stat. Ann. § 176.015; Prompt hearing; court may commit defendant or continue or alter bail before hearing; statement by defendant; presentation of mitigating evidence; rights of victim; notice of hearing:** Before imposing sentence, the court must inquire to see whether the defendant is a veteran, and meets the qualifications listed in “paragraphs (b) and (c) of subsection 2 of NRS 176A.285 may assign the defendant to an alternative program.”<sup>78</sup>

**Nev. Rev. Stat. Ann. § 176A.280; Establishment of program for treatment of veterans and members of military; assignment of defendant to program; progress reports:** “A court may establish an appropriate program for the treatment of veterans and members of the military to which it may assign a defendant pursuant to NRS 176A.290. The assignment must include the terms and conditions for successful completion of the program and provide for progress reports at intervals set by the court to ensure that the defendant is making satisfactory progress towards completion of the program.”

**Nev. Rev. Stat. Ann. § 176A.285; Transfer of jurisdiction from justice court or municipal court to district court for assignment of defendant to program:** Eligibility requirements for a veteran include:

“(a) Has not tendered a plea of guilty, guilty but mentally ill or *nolo contendere* to, or been found guilty or guilty but mentally ill of, an offense that is a misdemeanor;

(b) Appears to suffer from mental illness, alcohol or drug abuse or posttraumatic stress disorder, any of which appear to be related to military service, including, without limitation, any readjustment to civilian life which is necessary after combat service; and

(c) Would benefit from assignment to a program established pursuant to NRS 176A.280.”<sup>79</sup>

**Nev. Rev. Stat. Ann. § 176A.290; Conditions and limitations on assignment of defendant to program; effect of violation of terms and conditions; discharge of defendant upon fulfillment of terms and conditions; effect of discharge:** “If a defendant who is a veteran or a member of the military and who suffers from mental illness, alcohol or drug abuse or posttraumatic stress disorder as described in NRS 176A.285 tenders a plea of guilty, guilty but mentally ill or *nolo contendere* to, or is found guilty or guilty but mentally ill of, any offense for which the suspension of sentence or the granting of probation is not prohibited by statute, the court may, without entering a judgment of conviction and with the consent of the defendant, suspend further proceedings and place the defendant on probation upon terms and conditions that must include attendance and successful completion of a program established pursuant to NRS 176A.280.”<sup>80</sup> If the offense involved violence, program entry only allowed with prosecutor’s approval. If the terms or conditions are violated the court can proceed with the conviction on the offense with

which the defendant was charged. Upon completion of the program, the court will discharge the defendant and dismiss the proceedings.

**Nev. Rev. Stat. Ann. § 176A.295; Sealing of records after discharge:** After completing the program, all records relating to the case are to be sealed.

#### **SOUTH CAROLINA:**

**S.C. Code Ann. § 14-29-30. Veterans treatment court programs may be established:** “Each circuit solicitor may establish a veterans treatment court program. Each circuit solicitor that accepts state funding for the implementation of a veterans treatment court program must establish and administer at least one veterans treatment court program for the circuit within one hundred eighty days of receipt of funding. The circuit solicitor must administer the program and ensure that all eligible persons are permitted to apply for admission to the program.”

#### **TEXAS:**

**Tex. Gov’t Code § 103.0271. Additional Miscellaneous Fees and Costs: Government Code:** Sets up a fee for the VTC program, not to be more than \$1,000. Also sets up fees for drug testing, etc., conducted by the VTC program.

**\*Tex. Gov’t Code § 124.001-005. Veterans Court Program: (001; Veterans Court Program Defined; Procedures for Certain Defendants)** Veterans courts have the following characteristics:

- “(1) the integration of services in the processing of cases in the judicial system;
- (2) the use of a nonadversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants;
- (3) early identification and prompt placement of eligible participants in the program;
- (4) access to a continuum of alcohol, controlled substance, mental health, and other related treatment and rehabilitative services;
- (5) careful monitoring of treatment and services provided to program participants;
- (6) a coordinated strategy to govern program responses to participants’ compliance;
- (7) ongoing judicial interaction with program participants;
- (8) monitoring and evaluation of program goals and effectiveness;

(9) continuing interdisciplinary education to promote effective program planning, implementation, and operations; and (10) development of partnerships with public agencies and community organizations, including the United States Department of Veterans Affairs.”<sup>81</sup>

If a defendant successfully completes the program the court shall dismiss the case.

**(002; Authority to Establish Program; Eligibility)** Authorizes the commissioners court of the county to establish a VTC for those charged with a felony or misdemeanor. A defendant is eligible to participate if the attorney representing the state agrees and the court housing the program finds that the defendant is a veteran, has an issue relating to their military service, and that issue played a role in the offense committed. The court will give a choice to the defendant about entering the program or proceeding normally in the criminal justice system.

**(003; Duties of Veterans Court)** “A veterans court program established under this chapter must:

- (1) ensure a person eligible for the program is provided legal counsel before volunteering to proceed through the program and while participating in the program;
- (2) allow a participant to withdraw from the program at any time before a trial on the merits has been initiated;
- (3) provide a participant with a court-ordered individualized treatment plan indicating the services that will be provided to the participant; and
- (4) ensure that the jurisdiction of the veterans court continues for a period of not less than six months but does not continue beyond the period of community supervision for the offense charged.”<sup>82</sup>

**(004; Establishment of Regional Program)** The commissioners courts of two or more counties may elect to establish a regional veterans court program under this chapter for the participating counties.

**(005; Fees)** Fees may be collected from participants not to exceed \$1,000. Costs can also be collected for treatment, testing, etc. The fees must be based on the participant’s ability to pay and used only for specific purposes to the program.

## Appendix C: State and Federal Case Law relating to Veterans Treatment Courts: Compilation of Preliminary Information from Survey Responses

Respondents to the Veterans Treatment Court Survey were asked to indicate whether any case decisions regarding veterans treatment courts had been issued in their respective jurisdictions. Respondents from the following eight states indicated at least one case decision had been issued (Alabama, Arizona, California, Florida, Georgia, Illinois, Pennsylvania and Texas) but none of the respondents provided citations to these decisions. American University staff subsequently conducted a preliminary search in an attempt to identify the case decisions and identified cases in four of the eight states cited by respondents and decided as of July 1, 2015: Alabama, California, Illinois, and Texas. This listing will be updated in the annual Drug Court Caselaw Review American University will publish in early 2017.

### Alabama:

***Elmore Cook, Jr., Plaintiff, v. James Butler, Defendant. United States District Court for the Northern District of Alabama, Southern Division. Decided and Filed March 16, 2015.***

Plaintiff's claim of being denied entry into the veterans court program due to racial discrimination dismissed without prejudice because plaintiff failed to provide any facts to substantiate his claim. The court also noted "[t]he plaintiff must at least allege that he has a statutory right to participate in Veterans Court or that he was not approved for the program for some statutorily impermissible reason."

### California:

***The People, Plaintiff and Respondent, v. Elijah Leigh Ferguson, Defendant and Appellant. Court of Appeal of California, Fourth Appellate District, Division Three. Filed April 28, 2011.***

Defendant claimed trial court abused its discretion under PC 1170.9 for not deeming him eligible for probation and therefore making him ineligible for veterans court (he was serving in the Marines at the time of the incident). The trial court's decision was upheld on the grounds that the trial court's declining to utilize section 1170.9's alternative sentencing scheme was not an abuse of discretion. The trial court's finding that the appellant was 'statutorily ineligible for probation under section 12022.53, subdivision (g), ...was only one of three reasons the court gave for denying probation. [HN18] A single valid reason suffices to justify a sentencing choice.' The court also found that the trial court concluded appellant had not established he committed the offenses [\*\*\*47] as a result of combat-service-related PTSD.

***(Unpublished) The People, Plaintiff and Respondent, v. Shean Wardell Collins, Defendant and Appellant. Court of Appeal of California, Second Appellate District, Division Two. Filed February 25, 2015.***

Defendant claimed the trial court abused its discretion "by denying him probation pursuant to Penal Code section 1170.9." "Reviewing a trial court's determination whether to grant or deny probation, it is not the appellate court's function to substitute its judgment for that of the trial court or to reweigh the pertinent factors. Its function is to determine whether the trial court's order is arbitrary or capricious or exceeds the bounds of reason. (People v. Weaver (2007) 149 Cal.App.4th 1301, 1311.) Under the circumstances presented here, the trial court's order was not arbitrary, capricious, or unreasonable." The court also held that "there was no abuse of discretion in the trial court's determination that defendant's circumstances were not so "unusual" as to overcome the statutory limitation on probation."

***(Unpublished) The People, Plaintiff and Respondent, v. Tyler Torres, Defendant and Appellant. Court of Appeal of California, Fourth Appellate District, Division One. Filed March 3, 2015.***

Dismisses appellant's claim that the trial court abused its discretion under PC 1170.9 by denying him probation, finding that "[o]n the record before us, we are satisfied that the trial court appropriately exercised its discretion. It properly considered the relevant materials before it (including Torres's sentencing brief, Michel's evaluation of Torres, and the probation report), heard testimony from various individuals, and considered argument from counsel. Despite Torres's assertion to the contrary, the court seriously considered Torres's allegation of qualification to probation and the Veterans Court. "...it is not our function to substitute our judgment for that of the trial court. Our function is to determine whether the trial court's order granting [or denying] probation is arbitrary or capricious or exceeds the bounds of reason considering all the facts and circumstances.'" (People v. Weaver (2007) 149 Cal.App.4th 1301, 1311.) We cannot conclude the court's denial of probation was "'arbitrary or capricious'" or that it exceeded "'the bounds of reason.'" (Ibid.)."

***(Unpublished) The People, Plaintiff and Respondent, v. Robert Gonzales Roman, Defendant and Appellant. Court of Appeal of California, Fifth Appellate District. Filed October 29, 2013.***

Defendant claimed trial court abused its discretion under PC 1170.9 in denying him probation, because it “relied only on the assessment from probation.” The appellate court found no error, citing the conclusion of the probation officer who noted defendant neither claimed to have endured an event that caused PTSD, nor did he identify any job or position he may have held during his military service that would explain PTSD. It also found there was no evidence of substance abuse arising from defendant's service in the military, agreeing with the probation report that noted defendant's substance abuse issues arose well before his military service as evidenced by his personal and criminal histories. The court disagreed with defendant's assertion that the trial court relied only on the probation officer's report. “It is clear from the record that the court considered the probation report, defense counsel's argument, and the statements proffered by defendant's mother. No error occurred.”

### Illinois:

***The People of the State of Illinois, Plaintiff-Appellee, v. Rodney McKinney, Defendant-Appellant. Appellate Court of Illinois, First District, Third Division. Decided August 8, 2012.***

Defendant pled guilty to burglary because he mistakenly believed that he would be ineligible for veterans treatment court because he would not be eligible for probation. When he learned that he could be eligible for the VTC, he made a motion to withdraw his guilty plea, which the trial court denied. The appellate court reversed the decision, saying there was no statutory requirement that a participant be eligible for probation. The lower court's denial of the defendant's motion to withdraw his guilty plea was reversed and the case was remanded for further proceedings.

***(Unpublished) The People of the State of Illinois, Plaintiff-Appellee, v. Foster Johnson, Defendant-Appellant. Appellate Court of Illinois, First District, Fifth Division. Decided June 27, 2014.***

Upholds trial court sentence which did not involve veterans treatment court participation, finding no abuse of discretion. “... [a]lthough the trial court did not specifically state that it had considered this option, the trial court specifically noted that it had considered the evidence in mitigation. Moreover, the trial court was not required to “detail precisely” its findings and reasoning supporting its sentencing disposition; we presume that the trial court considered all the mitigating information before it, and defendant has not demonstrated

otherwise.” Powell, 2013 IL App (1st) 111654, ¶ 32. The court also found “... that defendant was never eligible for the veterans program because the State never consented to it, and there was therefore no discretion for the trial court to exercise in determining whether to approve of defendant's participation in the program.”

### Texas:

***(Unpublished) Elton James Peterson, Appellant v. The State of Texas, Appellee. Court of Appeals of Texas, Fifth District, Dallas. Filed October 24, 2013.***

Dismisses defendant's claim that comments by the judge during sentencing reflected bias which “precluded any consideration of a sentence other than a term of years.” Held: “.... from our review of the record none of the complained-of comments rise to the level of fundamental error obviating the need to object in the trial court. See Jasper, 61 S.W.3d at 421; cf. McIntosh v. State, 855 S.W.2d 753, 760 (Tex. App.--Dallas 1993, pet. ref'd “Fundamental error must be so egregious and create such harm that the defendant has not had a fair and impartial trial.”).”

## Appendix D: Highlighted Program Features

The following is a representative list of notable features reporting programs provided. Identifying information has been deleted if it was provided. Sample materials provided are posted at: [www.american.edu/justice](http://www.american.edu/justice). Requests for additional information on any of the program components listed should be submitted to: [justice@american.edu](mailto:justice@american.edu).



*Our family counselor, who is a team member, conducts home visits to update the team of any family issues/concerns that need to be addressed by the treatment team.*

- Our court has implemented the Hyperbaric Oxygen therapy which has greatly increased memory and other functions of the brain in 90% of its participants.
- Our team members were asked to make a presentation to the Senate and House Judiciary Committee in January 2015 at the State Capitol in January at their Veteran's Day session. Our program was well received. There was then a House file introduced that same day asking for Veteran's Court to be implemented in all Judicial Districts in our state.
- Our mentor program pairs the mentor veteran with the participant veteran to form lasting relationships and reduce the isolation of Veterans. Mentors meet quarterly for training and discuss mentee issues. Third level participants often become "mentors in training" as a way to stay connected.
- The veterans along with the mentors have weekly sessions among themselves and discuss any and all issues.
- We use the Division of Aging Volunteers that is there to pass out questionnaires to the Veterans, provide support during graduations and is there to help. We also have an intern program with the local college that has MSWs come in as assist with case management.
- A Community Give-Back Project must be completed in Phase 3 or 4 of the program in order to successfully complete the Honor Court Program. This project is a community project that must be completed in addition to the court-ordered community service hours. Ideally, it will benefit a community veteran in need and it will be their responsibility to think of an idea and obtain approval for the project. They can ask their mentor or the Mentor Coordinator for help in determining a Give-Back Project and it must be approved by the Mentor Coordinator prior to completion of the program. It must be supervised by a team member OR a mentor. There is no specific number of required hours for a give-back project. However, it generally consists of 1-3 full days of community service that helps the community or an individual in the community. Past projects include: building a wheel-chair accessible ramp for a disabled veteran's home; home projects for a deceased veteran's widow; chopping wood for heating a home; park and veteran memorial beautification projects; and establishing and running a support group for a substance abuse or mental health issue.
- Our VA Medical Center is 75 miles from Court over a 5100-foot mountain pass. When VTC participants require care there they are able to attend court status hearings via videoconferencing.



## The Community Give-Back Project is a community project that must be completed in addition to the court-ordered community service hours.

- Our program provides a menu of resources for participants:

The Veterans Clinic provides law student assistance to veterans accepted into the program. Eligible students are certified by the Supreme Court of our state to appear in court. The clinic trains law students in a holistic approach to the law focusing on the problem-solving philosophy and recidivism-reducing techniques. Many of the clients served suffer from Post-Traumatic Stress Disorder (PTSD), traumatic brain injuries and other mental health disorders and/or addictions. The students prepare and present cases for disposition and stay in touch with the clients to ensure that the veterans are following court-ordered treatment plans offered as alternatives to incarceration.

Veterans Leadership Program provides comprehensive human services solutions focused on Veterans and their families, including temporary and permanent housing, employment, supportive services, qualified referrals, and intensive case management services. Every Veteran coming to our office meets with an Intake Specialist. The Intake Specialist will carefully and confidentially assess needs and determine which of our programs can provide the best services.

The housing programs Veterans Leadership Program offers are located in safe neighborhoods, close to community amenities and transportation. Clients are placed in these areas with thoughtful regard to disabilities and individual circumstances. We've made valuable relationships with local real estate agents and landlords who are familiar with our programs and help us to better serve clients' needs. Once clients have obtained housing, Veterans Leadership Program continues to assist them with life skills training to provide them with basic instruction in day-to-day living, fostering ongoing success. With several individual housing programs, we are able to meet the diverse needs of our homeless veteran population.

A partner office provides case management for all persons with mental illness referred to Veterans Court. This resource is made available to veterans that are not eligible for VA benefits. This office's collaboration with Veterans Courts allows for no veterans to be left behind and ensures those persons willing to receive services are referred and connected.

- Utilized a vast array of referrals/social services through AmeriCorps assets. Combined treatment (community providers) with criminogenic (Pretrial Services) service providers to jointly facilitate MRT programming. Treatment and criminogenic providers will jointly train together.
- We established a 501(c) (3) to cover small expenses not covered by any other agency.
- We require all of our participants to complete a family study prior to admittance into our program. The family plan is then integrated into the veterans treatment program. Our family counselor, who is team member, conducts home visits to update the team of any family issues/concerns that need to be addressed by the treatment team. It is essential that the veterans core family/friends support group understand the veterans integrated treatment plan and work with the treatment team to ensure the veterans home life is stabilized during the veterans ongoing participation in the program and also after the veterans has graduated.
- The Case Managers hired to do work with the participants are veterans and each have their license as Professional Counselors. Mental Health Counseling is done in house.
- We are a self-contained program. All services are provided in house and services not offered are referred out.
- Implementation of Risk and Need assessment (RANT) and implementation of Trauma treatment (TAMAR) which were developed and trained by the SAMHSA and NADCP.
- This court has local funding through sales taxes.

## Appendix E: Resources

### Center for Court Innovation

The Center for Court Innovation provides state-based training and technical assistance to treatment courts across the United States, including adult drug courts, juvenile drug courts, family treatment courts, DWI/DUI courts, veterans treatment courts, and other models.

The Center for Court Innovation also maintains the National Drug Court Online Learning System, which provides lessons and resources on a wide array of topics relevant to Veterans Treatment Courts. This includes an eight-part course on VTCs and a virtual site visit to the first VTC in Buffalo, NY.

<http://www.courtinnovation.org/expert-assistance/drug-court-assistance>

<http://drugcourtonline.org/>

### Justice Programs Office, School of Public Affairs, American University

The Justice Programs Office in the School of Public Affairs at American University has provided technical assistance and training services to treatment courts nationwide. These services include a special Veterans Treatment Court initiative to support these courts through training, research, fact sheets, webinars and more.

<http://www.american.edu/spa/jpo/initiatives/drug-court/veterans-court.cfm>

### Justice for Vets

Justice For Vets is a professional services division of the National Association of Drug Court professionals, a 501(c)3 non-profit organization based in Alexandria, VA. Justice For Vets will ensure that the criminal justice system effectively identifies, assesses, and responds to all justice-involved veterans appropriately, and will lead the national effort to establish Veterans Treatment Courts within reach of every veteran in need. As the national leader, Justice For Vets will aggressively advocate for Veterans Treatment Courts and mobilize the public to take action to join us in ensuring that no veteran is left behind.

<http://justiceforvets.org/resources>

### National Association of Drug Court Professionals

The National Association of Drug Court Professionals provides site specific training and technical assistance to treatment courts nationwide.

<http://www.nadcp.org/>

### National Drug Court Institute

The National Drug Court Institute (NDCI) is a non-profit organization involved in sculpting the movement of drug courts and other treatment courts within the U.S. and internationally. NDCI has developed and implemented the Drug Court Planning Initiative (DCPI) to educate interdisciplinary teams on how to effectively plan and implement VTCs (as well as drug courts and tribal courts).

<http://www.ndci.org/>

<http://www.ndci.org/training/design-drug-court-0>

### National Drug Court Resource Center

The National Drug Court Resource Center is a policy and evidence-based online practice center with a variety of training resources on treatment courts, including Veterans Treatment Courts.

<http://www.ndcrc.org/>

### Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration leads efforts to ensure that American service men and women and their families can access behavioral health treatment and services.

<http://www.samhsa.gov/>

### U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs supports efforts that may prove helpful to veterans involved in the justice system, such as Veterans Treatment Courts and the VA's Veterans Justice Outreach program.

<http://www.ptsd.va.gov/public/community/keeping-PTSD-vets-out-JS.asp>

# Appendix F: Adult Drug Court Best Practice Standards

## I. Target Population

Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.

## II. Historically Disadvantaged Groups

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

## III. Roles and Responsibilities of the Judge

The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

## IV. Incentives, Sanctions, and Therapeutic Adjustments

Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

## V. Substance Abuse Treatment

Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

## VI. Complementary Treatment and Social Services

Participants receive complementary treatment and social services for conditions that cooccur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.

## VII. Drug and Alcohol Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

## VIII. Multidisciplinary Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

## IX. Census and Caseloads

The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.

## X. Monitoring and Evaluation

The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

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National Association of Drug Court Professionals. (2013). Adult Drug Court Best Practice Standards: Volume I. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

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## Appendix G: Ten Key Components of Veterans Treatment Courts

### KEY COMPONENT #1

#### VETERANS TREATMENT COURT INTEGRATE ALCOHOL, DRUG TREATMENT, AND MENTAL HEALTH SERVICES WITH JUSTICE SYSTEM CASE PROCESSING

Veterans Treatment Courts promotes sobriety, recovery and stability through a coordinated response to veteran's dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

### KEY COMPONENT #2

#### USING A NONADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

### KEY COMPONENT #3

#### ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE VETERANS TREATMENT COURT PROGRAM

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

### KEY COMPONENT #4

#### VETERANS TREATMENT COURT PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG, MENTAL HEALTH AND OTHER RELATED TREATMENT AND REHABILITATION SERVICES

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma.

Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

### KEY COMPONENT #5

#### ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

### KEY COMPONENT #6

#### A COORDINATED STRATEGY GOVERNS VETERANS TREATMENT COURT RESPONSES TO PARTICIPANTS' COMPLIANCE

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

#### KEY COMPONENT #7

##### ONGOING JUDICIAL INTERACTION WITH EACH VETERAN IS ESSENTIAL

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

#### KEY COMPONENT #8

##### MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

#### KEY COMPONENT #9

##### CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE VETERANS TREATMENT COURT PLANNING, IMPLEMENTATION, AND OPERATIONS

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum

for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

#### KEY COMPONENT #10

##### FORGING PARTNERSHIPS AMONG VETERANS TREATMENT COURT, VETERANS ADMINISTRATION, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES VETERAN TREATMENT COURT EFFECTIVENESS

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

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# End Notes



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- 38 The eight states that reportedly did not have any VTC-related activity at the time of the survey distribution include: Connecticut, Kansas, Maryland, Nebraska, New Jersey, North Dakota, Vermont, and Wyoming. As of July 2016, Kansas, Maryland, and Wyoming had implemented VTCs.
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- 63 NA = Not available. Years in italics denote implementation years drawn not from a survey response but from the American University Drug Court Project database.
- 64 Those marked with an asterisk indicate those provided by survey respondents; the remainder were identified by American University staff.
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- 66 O.C.G.A. § 15-1-17 (b)(2) (A-C)
- 67 330 ILCS 135 sec. 5.
- 68 730 ILCS 167/20 (b) (1-6)
- 69 La. R.S. § 13:5363 (1-9)
- 70 La. R.S. § 13:5366 (A)
- 71 MCLS § 600.1201 (1)
- 72 MCLS § 600.1203 (1)
- 73 MCLS § 600.1203 (3)
- 74 MCLS § 600.1204 (a-h)
- 75 § 478.008 R.S. Mo. (2)
- 76 Miss. Code Ann. § 9-23-11 (1)
- 77 Miss. Code Ann. § 9-25-1 (e)(i-iii)
- 78 Nev. Rev. Stat. Ann. § 176.015 sec. 2(b)(2)
- 79 Nev. Rev. Stat. Ann. § 176A.285 sec. 2(a-c)
- 80 Nev. Rev. Stat. Ann. § 176A.290 sec. 1
- 81 Tex. Gov’t Code § 124.001 (a) (1-10)
- 82 Tex. Gov’t Code § 124.003 a (1-4)



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