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## **FINAL REPORT**

### **National Institute of Justice's Multisite Evaluation of Veterans Treatment Courts**

#### *Systematic Assessment of Implementation and Intermediate Outcomes*

**June 17, 2022**

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## ABSTRACT

Extensive research indicates that a distinct constellation of issues and needs may be related to military service or training, and that veterans have a higher prevalence of specific challenges shown to be related to illegal or hostile behavior, potentially increasing their risk for contact with the criminal justice system. Of all the publicly funded responses to the intertwined problems of crime, mental illness, trauma, and substance misuse among veterans, the most recent programmatic innovation has been the rapid rise and diffusion of the veterans treatment court (VTC). VTCs are a type of problem-solving court program that targets persons with a history of military service (military veterans and servicemembers) who are in contact with the criminal justice system. Their purpose is to address participants' unique needs and the underlying causes of their criminal behavior through services and treatment, as well as enhanced supervision. VTCs aim to improve participants' quality of life, reduce recidivism, and improve community safety. There are now over 600 VTCs and veteran-focused court programs operating in the majority of the United States. Although VTCs continue to rapidly propagate, empirical research on these programs is significantly lacking.

### Research Questions

The purpose of this study was to better understand the various VTC program approaches, populations served, participant substance misuse and mental health needs, and basic program and participant outcomes. We conducted a comprehensive longitudinal multisite process, implementation, and short-term outcome evaluation. The study was designed to address four general research questions: (1) What are the structures of the VTC programs? (2) What are the policies and procedures of the VTC programs? (3) What populations are the VTCs serving? (4) What are the basic program and participant outcomes? Outcomes examined include graduation and termination rates, as well as recidivism in terms of self-reported arrests.

### Methods

This study is exploratory in its examination of a convenience sample of eight VTC programs across three Southern states (Florida, North Carolina, and Texas) between July 1, 2016, and June 30, 2019. Study sites were chosen due to differences in caseload, length of operation, eligibility and admission requirements, treatments and services provided, and county demographics. We triangulated information collected through program document review, researcher observation and survey, participant interviews, and VTC team member surveys across the eight sites, as well as data from archival records on participant characteristics and program status provided by seven of the VTC programs. The research protocol, including informed consent and all instrumentation, were approved by the appropriate university Institutional Review Board (IRB) and federal entities and archived with the desensitized data for public access.<sup>1</sup>

#### *Secondary Data*

Secondary data sources included program documentation, docket lists, and progress reports obtained from all eight VTCs, as well as archival agency records available in seven sites.

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<sup>1</sup> See data deposit at ICPSR (<https://www.icpsr.umich.edu/web/pages/NACJD/index.html>).

**Program Documentation.** All available program documentation (policy manuals, participant handbooks) was obtained before the field data collection began (July 2016), and new documentation was received as it was created or revised throughout the project period.

**Docket Lists and Progress Reports.** All eight VTCs provided the researchers with the courts' docket lists and/or progress reports. Progress reports typically provide the team with participant profiles (military branch, criminal offense, program phase, treatments mandated, and plea status), and compliance and progress information of those who were scheduled to appear in court that day (those who are listed on the docket). Some of these data were (and are still being) input into research datasets, which has become increasingly valuable as one of the eight VTCs was unable to provide archival data and recordkeeping was not standard across the other programs. These data are only minimally utilized in this report, specifically for comparative analyses between participants who were successfully recruited for interviews and the overall sampling frame.

**Agency Records.** Archival agency records were obtained from seven of the eight VTC programs between December 2019 and February 2020, after field data collection ended.<sup>2</sup> These data are comprised of information related to participant characteristics, progress, and compliance. The information contained varied by program as recordkeeping was not standard; variables ranged from participant demographics to military status and history to legal charges and VTC status (graduated, dropped out, or terminated). The agency records identified a total of 1,267 participants in seven of the programs during the full calendar years within which the study fell (2016-2019). Because this group was larger than the sample of 318 interviewed participants, this allowed us to create a more general depiction of the types of participants in these programs. The agency record data were used to both confirm self-report interview data and contribute additional variables for analysis.

### *Primary Data*

Primary data was collected through interviews with VTC participants, surveys of team members and research affiliates, and observations of both VTC sessions and VTC team meetings (staffings).

**Participant Interviews.** Across the eight VTCs, a total of 318 VTC participants completed in-depth baseline interviews for a response rate of 55%. A portion of participants also engaged in in-depth follow-up interviews at 12 and 24 months post-baseline. During the baseline interview recruitment phase, the Principal Investigators (PIs) worked with the on-site researchers to recruit study participants through in-court announcements and recruitment flyers. Incentives were gift cards in incremental amounts: \$20 at baseline, \$40 at 12-month follow-up, and \$60 at 24-month follow-up. Of the 318 participants who completed baseline interviews, 134 agreed to sit for a 12-month follow-up interview for a response rate of 42%. Finally, 48 of the participants interviewed

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<sup>2</sup> One site was unable to provide agency data in time for this research due to extenuating circumstances. In that program, only one team member had access to these data. Although the team and on-site researcher made extensive efforts to retrieve the data, their efforts were futile. Because information on all variables are not available across all courts, its use for outcome and comparative analyses is limited. Please see Chapter 1, as well as Chapter 9, of this Final Report for a detailed discussion.

in the study's first year participated in the 24-month follow-up interview. Interview lengths ranged from 45 to 120 minutes long. The length was dependent on participant responses in terms of how detailed their responses were and which skip patterns were triggered by their responses. Skip patterns were used to bypass or initiate items and ancillary packets. Interview topics include race/ethnicity and other demographics, military service, criminal case history, alcohol and other substance use and misuse, housing stability, mental health, and VTC program, treatment, and ancillary service experiences.

**VTC Team Surveys.** Surveys were completed by 99 team members in the eight VTCs (a response rate of 82%). Throughout the study period, each team member was asked to complete a confidential survey (once per team member). As new individuals joined VTC teams, they were asked to complete the survey. Surveys covered respondent demographics, VTC program information, contingency management procedures, interactions with the VTC, and perceptions of: the team and team dynamics, defense and prosecution, participant eligibility and referral, treatment and ancillary services access, alcohol and drug testing, monitoring and graduated sanctions, continuing education and VTC team improvement, community support for the program, and VTC program operation.

**Treatment Provider Surveys.** Surveys were constructed specifically for treatment providers with any VTC participants on their caseloads; each treatment provider serving VTC participants was asked to complete a confidential survey in the same fashion as the team member survey. However, these response rates were low with a total of 12 treatment providers across sites completing the survey, and these data are excluded from this study. Inability to obtain adequate response rates was likely due to the on-site researchers having little to no direct contact with the treatment providers, the vast majority of these providers having no part or connection to the VTC team, and their caseloads being largely comprised of non-VTC participants. In the rare cases where a treatment provider also served on a VTC team, they were requested to complete both a team member survey and a treatment provider survey.

**Fidelity of Implementation Surveys.** The fidelity of implementation (FOI) survey was developed independent of this study.<sup>3</sup> The instrument is comprised of 13 scaled items related to the Ten Key Components of VTCs, as well as the role that mentors play in participants' lives, whether the VTC uses a comprehensive assessment for treatment and trauma, and whether the VTC has relationships with the U.S. Department of Veterans Affairs (VA) and the Veterans Justice Outreach (VJO) Program. These surveys were completed quarterly by the team members and on-site research affiliates across the eight VTCs, resulting in 476 data points over 3 years.

**VTC Docket and Staffing Observations.** The on-site researchers observed staffings and dockets for the eight VTCs and recorded key elements using semi-structured instruments throughout the study period. Data are being compiled but are not yet analyzed.

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<sup>3</sup> Dr. Kevin Baldwin of Applied Research Services Inc. copyrighted the Veterans Treatment Court Fidelity of Implementation Goal Attainment Scale (2015) developed for the Georgia Criminal Justice Coordinating Council with support from the Bureau of Justice Assistance. He gave his express permission for the PI to utilize his instrument in the current study. The instrument was not altered for this study and has not been validated.

### *Analytic Plan*

Research analyses are ongoing with a portion of the data remaining to be examined. Data analyses conducted include content analysis, as well as thematic coding to quantify themes and other variables in qualitative information. Quantitative analyses include univariate and bivariate descriptive statistics that describe single and correlated variables, and Chi-square tests of hypothesized relationships between variables.

### **Results**

Results indicate both variabilities and similarities across programs. Across all eight VTCs, team members included the following roles: judge, prosecution, defense counsel, probation, court coordinator, and VJO. However, 11 additional roles were present on the VTC teams across sites. Programs used different eligibility and exclusion criteria across five areas: military discharge status, criminal history, current charges, extra-legal issues (underlying causes of the criminal behavior, such as substance use disorders and misuse, mental health issues, and homelessness), and nexus (offense or issue is related to military service). Although identification of potential participants varied, team members across many programs felt that the identification processes could use improvements. While all VTC programs utilized incentives and sanctions, issues reported related to the implementation of sanctions in a graduated or consistent manner, and to whether participants were fully aware of behaviors that would result in sanctions. Additionally, team members reported that their programs needed to identify a wider array of incentives. Across the eight VTCs, the majority of participants were required to participate in random drug and alcohol testing (90%), mental health treatment (73%), and substance abuse treatment (72%) as a condition of their VTC participation. Slightly less than half reported having to plead guilty to an offense (the offense they were charged or a lesser offense) to enter the VTC program, and nine out of ten reported receiving a written contract upon entering their respective VTC program.

The mean age and characteristics of program participants varied across the VTCs. Participant ages ranged from 22 to 91 years, with average age per program between 37 to 46 years. The majority overall were male and White, although a third or more were Black or Hispanic in any given program; one program had a majority of Hispanic participants. The majority of interviewed participants were veterans of the Army and recent conflicts (i.e., Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn); most had been in combat zones and reported both physical and psychological injuries as a result of their service. Half reported being arrested prior to the offense that brought them to the VTC program. Slightly more than half did not feel that their drug or alcohol use was a problem, but the majority of participants did think that at some point in their lifetime they had a drug or alcohol problem, with roughly half having previously been in a drug treatment program. Furthermore, nearly half agreed that their substance use was the cause of their legal problems, and more than a third agreed that the VTC treatment program might be their last chance to solve their drug problems. The majority of participants reported use of alcohol and marijuana; and a substantial number reported using stimulants at some point during and after their military service.

The most common mental health issues reported were aggression, depression, insomnia, and post-traumatic stress disorder (PTSD). Half of the participants reported they had experienced



hazing, with the majority of these experiences (77%) occurring while in the military. Approximately one third reported experiencing physical abuse in their lifetime. More than one quarter had experienced sexual harassment; just over half of those victims reported that the sexual harassment was experienced during their military service.

Regarding outcomes, archival program data reveal that graduation rates were above 75% for six of the eight VTC programs. Over half of those who participated in the follow-up interviews reported still using alcohol at both 12- and 24-month follow-up interviews; for marijuana, roughly one quarter of the participants reported still using at follow-ups. Among interviewed participants, 10% reported being re-arrested in 12-month follow-up interviews (n=134), and 2% reported re-arrests at 24-month follow up (n=48). Rates of re-arrest varied somewhat across programs.

## Discussion

This study was the first to focus on VTC processes using multi-site longitudinal data from VTC programs operating in different states. With the national landscape of VTCs being highly diverse, the eight VTCs were chosen based on the variability of numerous key characteristics to purposely produce an in-depth examination of a variety of programs. The varied research sites provide a diverse picture of VTC structures, processes, and participants, but the findings are not intended to be generalizable to every program. The PIs highly encourage readers to not only critically assess this study's findings and recommendations, but also consider them in conjunction with their own programs' characteristics, resources, and abilities.

Additionally, this study is the first to focus on the identification practices of multiple VTCs. In this examination, we acknowledge that not all persons arrested or convicted with a history of military service want to be identified. Furthermore, this study neither addresses: (1) the ethics of the identification of those with military service histories by the criminal justice system or the VA, nor (2) their feelings, perceptions, or beliefs regarding the identification of military status by any entity, including the criminal justice system or VA.

This study intended to obtain reliable and valid data regarding participant characteristics, program policies and practices, and participant and program outcomes for all eight VTC programs. Although useful, the agency record data had several limitations. First, agency records were only available at and obtained from seven of the eight VTCs; the agency record data was not retrievable by the VTC team in one site. Also, one of the VTC programs was unable to provide criminal history and other agency record data for 2016-2019, which inhibited our ability to examine the sample of participant interviews with the total population of program participants on available demographic and legal characteristics. These issues raise broader concerns regarding team access to, and availability of, participant data for internal program and external stakeholder purposes. VTC programs should ensure that more than one team member has access to, and knowledge of, all software programs and databases where participant information is stored.

Second, the data obtained from the seven remaining VTC programs were not recorded in a standard manner, so information available for analysis was uneven across the study sites. Four programs were not able to provide information on the military branch or criminal charges for

participants. One VTC did not provide data related to the race/ethnicity of the participants, and three sites provided information on race but not ethnicity. It is likely that Hispanic participants in some programs were counted as White, and the percentage of participants who are Hispanic may be slightly larger. Moreover, because information on a set of variables are not available across sites, analysis of participant characteristics and outcomes is limited by smaller sample sizes, and comparative analyses across the full set of VTC programs is not feasible.

The project was successful in collecting primary information via semi-structured site observation and program documentation review, as well as VTC team and fidelity of implementation surveys, but had mixed success regarding response rates for participant interviews and treatment staff surveys.

The study did not focus on those who were not identified as potential participants, were ineligible for VTC admission, or decided not to accept admission into the VTC program. Because we recruited participants to be included in our study from VTC court dockets, very few veterans who were still in the decision-making stage about enrolling in the VTC program are in the study. Future studies should endeavor to capture data on these groups of justice-involved veterans or servicemembers to determine any differences between them and VTC participants with respect to many of the characteristics that were examined here.

From a research standpoint, the descriptive results contained in this report are illustrative of the benefits of a mixed-methodological approach to field-based evaluation research. Because of such vast variation in programs, outcome and impact evaluations must be accompanied by process and implementation evaluations. This study identifies particular areas of program variability and challenges that face researchers, as well as practitioners interested in evaluating their programs. The project deliverables include a final report, executive summary, data package (methods write-up, data sets, code books), presentations (practitioner-oriented and scholarly), and peer-reviewed articles (academic and practitioner).<sup>4</sup>

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<sup>4</sup> The Executive Summary is archived for public access at the National Criminal Justice Reference Service (<https://www.ojp.gov/pdffiles1/nij/grants/305014.pdf>).

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**LIST OF ABBREVIATIONS**

ADA	Assistant District Attorney
ASA	Assistant State Attorney
CJS	Criminal Justice System
DA	District Attorney
DOC	Department of Corrections
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
FOI	Fidelity of Implementation
GED	General Education Development
MH	Mental Health
MST	Military Sexual Trauma
OEF	Operation Enduring Freedom (Afghanistan)
OIF	Operation Iraqi Freedom (Iraq)
OND	Operation New Dawn
PO	Probation Officer
PTSD	Post-Traumatic Stress Disorder
SA	Substance Abuse
SCRAM	Secure Continuous Remote Alcohol Monitor
SQUARES	Status Query and Response Exchange System
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
TCU-CTS	Texas Christian University Criminal Thinking Scale



VA	United States Department of Veterans Affairs
VBA	Veterans Benefit Administration
VBO	Veterans Benefits Officer
VTC	Veterans Treatment Court
VJO	Veterans Justice Outreach Specialist (through the Veterans Health Administration)
VRSS	Veterans Reentry Search Service
VSO	Veterans Service Officer

## **CHAPTER 1: STUDY AND REPORT OVERVIEW**

This chapter provides an overview of the impetus, purpose, and methodology for this longitudinal multisite study of veterans treatment courts (VTCs) and an introduction to the remaining chapters. Although additional research is referenced in subsequent chapters, the general state of knowledge on VTCs is reviewed in the first two sections, “About VTCs and Their Growth” and “Problem Statement.” The third section, “Purpose and Research Questions,” defines the scope of this study, as well as the rationale behind the study’s particular focus. Subsequently, the study methodology and where to find additional information are detailed in the “Design and Implementation” section. Finally, the chapter concludes with an introduction to chapters 2-9 in “Report Structure and Elements.” These last two sections also deserve particular attention as they present the full range of the project and its data, as well as what areas are addressed in this report.

### **About Veterans Treatment Courts and Their Growth**

Emerging in the mid-2000s, the VTC model represents a more recent type of problem-solving court in contrast to drug courts, mental health courts, domestic violence courts, and driving under the influence (DUI) or driving while intoxicated (DWI) courts. The ongoing problem-solving court movement is predicated on the notion that certain groups in contact with the criminal justice system require particular sets of services/responses and that these court programs can be the vehicles for connecting these individuals<sup>1</sup> to targeted services. Their purpose is to address a participant’s unique needs and circumstances in a comprehensive manner

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<sup>1</sup> Note, the terms “individuals” and “persons” are used to reference potential participants generically and may include criminal court defendants if the program has a track for pre-plea cases.

with the goal of reducing the likelihood of re-offense thereby improving both the participant's life circumstances and the community's safety (Miller & Johnson, 2009).

VTCs emerged in an effort to connect individuals who have a history of military service and are in contact with the criminal justice system to the treatments and/or services that they not only may need, but also to which they may not have ease of access or want to readily seek out or accept (Baldwin, 2013a; Russell, 2009). Proponents of VTCs have indicated that this population may have a higher prevalence of specific issues (e.g., those related to mental health, the transition to civilian life [formerly referred to as "reintegration"], and substance-misusing behavior) that may be related to military service/training (e.g., Russell, 2009). Research indicates that these specific issues may put them at a higher risk for incarceration than the general population (e.g., Greenberg & Rosenheck, 2009; McGuire, Rosenheck, & Kaspro, 2003; Saxon et al., 2001) as they are related to illegal, violent, and/or hostile behavior (Elbogen et al., 2012; Greenberg & Rosenheck, 2009). It has been estimated that approximately 17% of Operation Iraqi Freedom (OIF) returners were diagnosed with a serious mental health disorder, a twofold increase over pre-deployment levels (Hoge et al., 2004), and 25% to 40% of returned veterans have psychological and neurological injuries related to post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) (National Defense Council, 2009). Overall, estimates are that, of the 1.64 million Operation Enduring Freedom (OEF)/OIF veterans exposed to combat stress (Knudsen and Wingefeld, 2015), 20% have PTSD (Tanielian et al., 2008). Thus, PTSD- and TBI-related psychological and neurological injuries have been dubbed the "signature injuries of the Iraq War" (National Council on Disability, 2009).

These numbers could continue to increase based on the combination of the following factors (Baldwin, 2013a). First, the current era is the longest military engagement to date, and

military personnel and veterans from this era are continuing to return home and transition. Second, we are only currently aware of the problems facing veterans from research to date, meaning current and future research could identify additional challenges or the full extent of issues facing these veterans. The Institute of Medicine (2010) found that veteran requests from previous wars for disability and compensation peaked more than 30 years after service ended; as such, the issues of current-era veterans and families may not reach its maximum point until 2040 or later.

Jurisdictions across the country began implementing VTC programs once the concept became more widely publicized and gained traction with press around Judge Russell's Buffalo VTC,<sup>2</sup> as well as his 2009 law review article (see Russell, 2009). By 2012, there were 114 VTC programs operating across the U.S. (Baldwin, 2013a, 2013b, 2015); the U.S. Department of Veterans Affairs (VA) reports 623 VTCs and other veteran-focused court programs as of December 2021 (VA, 2022-March). The VTC concept was appealing to many stakeholders in the criminal justice system and communities who wanted to assist justice-involved veterans<sup>3</sup> and was in line with the already established problem-solving court movement. The idea was thought to be an effective solution to address the underlying needs associated with criminal behavior among criminal justice-involved persons with a history of military service. However, rigorous scientific research regarding their effectiveness did not exist.

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<sup>2</sup> Several veteran-focused court programs were operating in the mid-2000s (e.g., in Alaska and California in 2005), while Judge Russell's program began in 2008 and gained greater attention in the late 2000s to present.

<sup>3</sup> Scholars have discussed the relationship of the criminal justice system with popular moral judgment (Bibas, 2012) and alignment with community values (Robinson, 2013). In terms of VTCs specifically, these relationships have also been noted (see Baldwin & Brooke, 2019).

## Problem Statement

At the time of the current study's development, relatively little empirical research specific to VTCs existed despite numerous media and periodical reports and commentaries on the concept of VTCs. Some existing works provided an overview of VTC operation, criticism, and origins (Cartwright, 2011; Cavanaugh, 2010; Hawkins, 2009; Russell, 2009); explained the need for or rationale behind VTCs (Cartwright, 2011; Cavanaugh, 2010; Glynn et al., 2014; Hawkins, 2009; Russell, 2009; Totman, 2013; Walls, 2011); described VTCs (Hawkins, 2009; Smith, 2012); and discussed recidivism (Blonigen et al., 2014; Smith, 2012). Although a VTC conference (Vet Court Con) had just been established as part of the National Association of Drug Court Professionals (NADCP) Annual Training Conference and presentations at other annual scholarly and practitioner conferences were also emerging (e.g., Bowen-Hartung, 2012-March), Drapela, 2013-March; Drapela, 2014-February; Kim, 2013-March), guidance based on empirical data was rare.

Other research indicates that the VTC concept had emerged by 2005<sup>4</sup> and that significant variations in the adoption and implementation of the concept were evident by November 2012 in the 114 courts operating across 32 states (Baldwin, 2013a, 2013b, 2015). In addition to national-level research, research regarding theory, dynamics, and the perceptions of participants in specific VTCs was beginning to manifest. Using qualitative research methods (observation and interviews), researchers found VTC programs were based on theories of therapeutic jurisprudence (Harris, 2013-March) but also partially adhered to restorative justice ideals (Baldwin & Rukus, 2015).

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<sup>4</sup> Smith (2012) examined the operational Anchorage VTC and mentioned the ongoing operation of other VTC programs in California.

However, despite their rapid expansion, very little was known about the effect of VTC programs on behavioral health issues (e.g., substance use disorder (SUD)), mental health issues (e.g., PTSD, TBI), and the reduction of criminal behavior among VTC participants. Although some of the dearth of VTC research is due to the relative newness and the lack of available data on VTCs (Holbrook, 2010), a few VTCs across the country had collected data and reported positive results. However, the vast majority of these reports were developed by the programs themselves using self-reported court data and/or anecdotal evidence, did not control for other important factors related to recidivism, and/or included only a small number of participants (Holbrook & Anderson, 2011).

Absent clear data regarding outcomes and impact, the Ten Key Components of VTCs published in 2009 (Russell, 2009) remains the basic guidance for programs (Justice for Vets, 2017) and federal program funding (e.g., the Bureau of Justice Assistance's Adult Drug Court and Veterans Treatment Court Discretionary Grant Program, 2020). Although a large body of drug court meta-analyses and evaluation research generally indicated that drug courts reduce substance use and recidivism (e.g., Rossman et al., 2011; U.S. Government Accountability Office, 2011), it is unknown whether VTCs would achieve the same results.

There is also a growing collection of studies suggesting that the positive outcomes found for problem-solving courts might be due to population targeting and admission procedures or selection bias rather than the intervention itself (Belenko, Fabrikand, & Wolff 2011; Wolff, Fabrikant, & Belenko, 2011). Eligibility procedures implemented by problem-solving court programs result in participation being offered to a select group of justice-involved individuals who then self-select into program admission. Therefore, these eligibility and admission procedures directly influence the types of participants in a program, which then could affect

program outcomes. As such, Belenko and colleagues (2011) stressed for consumers to exercise caution when interpreting evaluation findings. Furthermore, researchers have argued that early identification and prompt placement into treatment are critical for drug court success (e.g., Cooper & Bartlett 1996; Granfield, Eby, & Brewster 1998). Therefore, it is not only vital to examine these procedures and account for them in outcome and impact evaluations but to also recognize that only those in a pool of potential participants are screened for program eligibility and admission.

Since this study began, more empirical research has emerged. With the expansion of VTCs across the U.S. and their continued growth in popularity, the wide variability in VTC program structure, policies (including eligibility criteria), and participant characteristics has been documented over time (see American University 2016; Baldwin 2015, 2017; Holbrook and Anderson 2011; Johnson et al. 2016; McGuire, Clark, and Blue-Howells 2013; Timko et al. 2017). Additionally, VTC program operations have been generally described to provide context for several single-site studies focusing on various aspects of VTCs, such as efficacy (Erickson, 2016), courtroom workgroups (Lucas & Hanrahan, 2016), program outcomes (Hartley & Baldwin, 2019; Knudsen & Wingenfeld, 2016), and theories such as restorative justice and therapeutic jurisprudence (Baldwin & Rukus, 2015; Huskey, 2017). Leaving much of the inner-workings of VTCs unknown, the extant body of VTC literature lacks process and implementation research, let alone the identification of any procedural models to investigate (Shannon et al., 2017).

Despite the lack of VTC-specific research and evidence-based policy and practice or critical inquiry, VTCs are operating in every state. These courts have quickly spread across the country, functioning on municipal, state, and federal government funding and public and private

donations (Baldwin, 2013a, 2013b, 2015). The naming of mentor courts and organization of conferences devoted to VTCs is evidence of their popularity, which also simultaneously furthers their expansion (Baldwin & Drapela, Forthcoming). This phenomenon was anticipated to continue as the U.S. has experienced an influx of returning veterans from OIF, OEF, and Operation New Dawn (OND) (White, et al., 2012).

### **Purpose and Research Questions**

As VTC programs were rapidly adopted across the country without a foundation in empirical research, it is critical to both identify the issues facing today's veterans and military personnel in contact with the criminal justice system and to understand the outcomes of these VTC programs. Acknowledging the call of researchers and programs for evidence-based practice guidance, the processes and implementations of these programs must also be systematically examined and accounted for in outcome and impact studies. The intention of this study is to expand the knowledge base on VTCs, as well as specialized courts in general, and address the limitations of prior research.

As such, the current study seeks to systematically develop an in-depth and nuanced understanding of VTC policies, practices, and participant populations, as well as their short-term effects on participant attitudes, behavior, and other outcomes. To do so, eight diverse VTC programs were selected as research indicates high variability across programs in terms of policy, practice, and target population. While some may consider this study basic, it was purposely designed to be a thorough and intensive examination of the inner workings of VTCs and their participants. Specifically, it sought to understand and document structure, policies, operations and processes, participant demographics and issues, and general outcomes.



This study was designed to address the research questions outlined below. This report addresses the majority of these elements, and ongoing analyses will address outstanding issues including the relationships between eligibility requirements, eligibility and admission screening models, and participant demographics and whether participant demographics align with those of the intended target populations.

1. What are the structures of the programs?
  - Team members
  - Services and treatments offered
  - Treatment providers and program partners
  - Program requirements
2. What are the policies and procedures of the VTC programs?
  - How operations follow or deviate
  - How they vary between programs
  - Whether and how they adhere or deviate from “The Ten Key Components of VTCs”?
3. What population are the VTCs serving?
  - Non-military demographics
  - Military demographics
  - Legal charges
  - Extra-legal needs
  - Service access prior to and in VTC
4. What are the basic program and participant outcomes?
  - Program graduation and termination rates
  - Recidivism rates
  - Substance-misusing behavior
  - Mental health
  - Housing stability
  - How they vary between programs
  - How they vary based on demographics

## **Research Design and Methods**

The present study sought to fill the current gap in VTC research by executing a comparative mixed-method process, implementation, and intermediate outcome evaluation of eight VTC programs. The integration of research methods, data collection strategies, and

evaluation types<sup>5</sup> assisted in overcoming the limitations inherent in single-method studies.

Moreover, the multisite design allows for the comparison of the same measures across VTCs to see how programs may vary.

Because VTC programs across the country greatly vary, eight VTC programs in three states were purposely selected based variations in key characteristics. They were chosen due to differences in caseload, length of operation, eligibility and admission requirements, treatments and services, and county demographics. Chapter 2 details the VTCs' program characteristics.

The eight VTC programs are listed below, and Table 1.1 lists the project personnel.

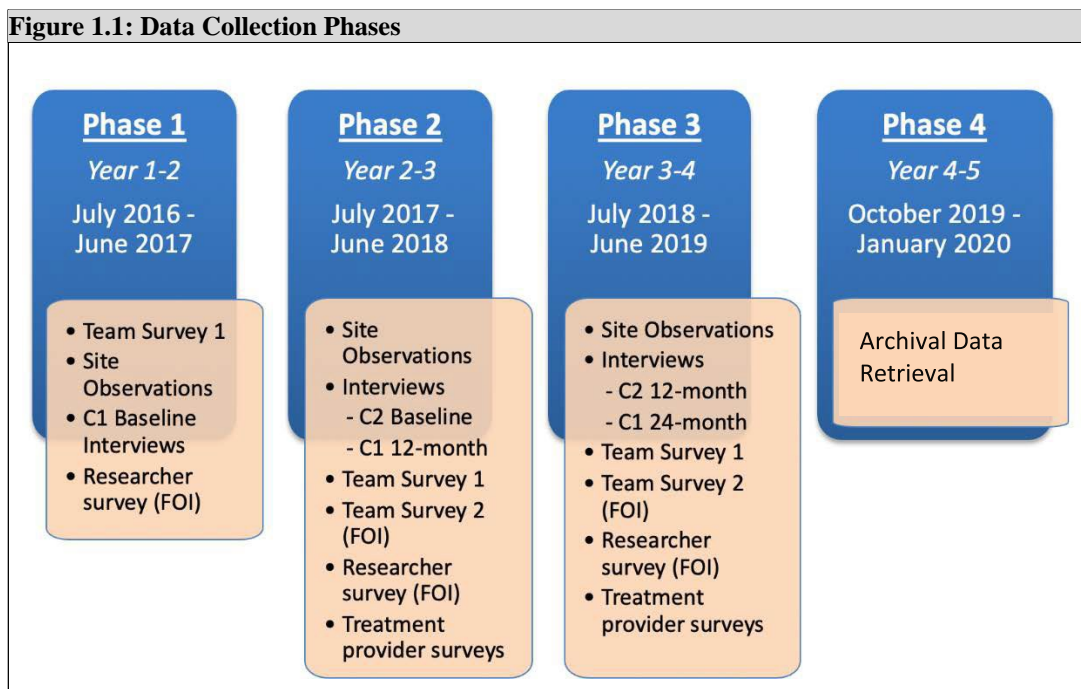
1. Bexar County VTC in San Antonio, Texas
2. Buncombe County VTC in Asheville, North Carolina
3. Cumberland County VTC in Fayetteville, North Carolina
4. Harris County Veterans Court in Houston, Texas
5. Orange County VTC in Orlando, Florida
6. Osceola County VTC in Kissimmee, Florida
7. Seminole County VTC in Sanford, Florida
8. Travis County VTC in Austin, Texas

**Table 1.1: Project Personnel**

Role	Personnel		
Principal Investigator <i>Missouri State University</i>	Julie Marie Baldwin, PhD		
Co-Principal Investigator <i>University of Texas at San Antonio</i>	Richard D. Hartley, PhD		
Research Consultants	Erika J. Brooke, PhD Robert Brown, PhD Natalie Lawson, MA	Bryan Lee Miller, PhD Clete Snell, PhD John M. Stogner, PhD	Michael Suttmoeller, PhD Jamie Vaske, PhD
Research Assistant <i>Missouri State University</i>	Amanda Muse, MS		
Graduate Assistants <i>University of Texas at San Antonio</i>	Thomas Crites Christine Galvan Thomas Garza	Marissa Hinton Ramon Quintanilla Iris Saldivar	Erin Williams

<sup>5</sup> Conducting both implementation and outcome evaluations as part of the analytic strategy allows for understanding mechanisms related to both aggregate program and individual participant success. Implementation and intermediate outcome evaluations are both important assessments of program quality and can offer a more comprehensive understanding of the effectiveness of an intervention (Latessa & Smith, 2015). Additionally, implementation must be a factor examined in impact evaluations, as the level of implementation has been shown to affect program outcomes (Durlak & Dupre, 2008). Researchers have stated that many evaluations often exclude an examination of implementation (e.g., Dane & Schneider, 1998; Durlak, 1997; Durlak & Dupre, 2008; Dusendbury, Brannigan, Falco, & Hansen, 2003), but this study both evaluated implementation and examined relationship(s) with intermediate outcomes.

With funding from the Bureau of Justice Assistance (BJA), the National Institute of Justice (NIJ) awarded a research grant in Fiscal Year 2016. The total project period was January 2016 through June 2020, which included 36 months of field data collection (July 2016-June 2019) and additional months obtaining archival information from the sites. The data collection was divided up into four phases (see Figure 1.1), and the collection methods are detailed below.<sup>6</sup>



Both qualitative and quantitative research techniques were applied consistently across sites for uniform data collection in this longitudinal multisite study. In addition to analysis of archival participant information from the program and partner agencies, this entailed: observation of program proceedings, and review of program documents; surveys of VTC teams, service providers, and researchers; and interviews with VTC participants (see Table 1.2). For

<sup>6</sup> Informed consent was obtained from respondents, and the research protocol and instrumentation were approved by the appropriate university and federal entities. The Missouri State University Internal Review Board (IRB) approved all research protocols (IRB-FY2016-83), including, but not limited to, consent forms, instrumentation, and recruitment materials and procedures, for the larger study of which the present is a component. NIJ's Human Subjects Protection Officer has approved MSU's privacy certificate concerning protection of data and other information. Given the involvement of the VA, approved research protocols and the instruments related to the current study were also reviewed by the Veterans Health Administration's Research and Development Office.

planned longitudinal analyses, some measures were repeated over time, including VTC participant interviews at 12- and 24-month time points post baseline and quarterly fidelity of implementation (FOI) surveys of team members and on-site researchers. This required primary data collection using tools developed for this study, and the observation, survey, and interview forms are available with the data posted for this NIJ grant.<sup>7</sup>

<b>Table 1.2: Data Collection Methods and Types of Data Obtained</b>		
	<b>Longitudinal</b>	<b>Cross-Sectional</b>
Semi-structured Staffing Observations	X	
Semi-structured Docket Observations	X	
Team Survey 1		X
Team Survey 2 (FOI)	X	
Researcher Survey (FOI)	X	
Treatment Provider Survey		X
Baseline Interview	X	X
12-Month Interview	X	
24-Month Interview	X	
Program Data on Participants	X	
Program Documentation (e.g., manuals)	X	X

Employing more than one method of data collection and using both quantitative and qualitative strategies enables a more complete picture of the operation and outcomes of VTCs. For example, the qualitative data provides context to the quantitative findings and insight into how and why things may or may not be occurring. Furthermore, this comprehensive strategy allows for the triangulation of findings to better assess the relationship between program features and fidelity, as well as participant characteristics and program intermediate outcomes.

Several analytic techniques were used in this report to answer the four research questions, including content analysis, as well as thematic coding to quantify themes and other variables in qualitative information. Quantitative analyses include univariate and bivariate descriptive

<sup>7</sup> See data deposit at ICPSR (<https://www.icpsr.umich.edu/web/pages/>). Instruments were developed specifically for this study and consisted of baseline and follow-up interviews with VTC participants, court docket observations, VTC team meeting (staffing) observations, and surveys of VTC team members, the on-site researchers, and treatment providers. Per security protocol and data archiving plan, interview transcripts are not included in the data deposit.

statistics that describe single and correlated variables, and Chi-square tests of hypothesized relationships between variables. The specific methods used to address the research questions are indicated in each chapter. Additional analyses using these and other techniques are ongoing and are detailed in forthcoming publications.

The Principal Investigator (PI) and Co-Principal Investigator (Co-PI) were responsible for project oversight and development of all deliverables. In addition to managing the overall project, the PI was responsible for onboarding all VTC teams, the Co-PI, and consultants; collecting data as needed across all sites; setting up and managing secure data transmission and storage; monitoring progress across sites; identifying and addressing issues across all sites; overseeing data entry; completing all progress reports; and developing the deliverables. The PI made site visits to meet all court teams, and made site visits and audiovisual conferences to train the Co-PI and consultants on the research protocol (data collection, transmission, and destruction). The PI had regular meetings with the funding agency and federal partners, the co-PI, and the consultants. The Co-PI was responsible for collecting and transferring data at two sites, cleaning the data, coordinating site visits with the PI, and developing work products. The research consultants were responsible for data collection and transfer of data to the PI; coordinating site visits with the PI; and alerting the PI to any issues on site. The data collection responsibilities of research team across the eight VTCs are listed below with those italicized on an as needed basis at the site.

- Bexar County, TX: Co-PI Hartley, *PI Baldwin*
- Buncombe County, NC: Vaske
- Cumberland County, NC: PI Baldwin, Miller, Stogner, *Brown (observations only)*
- Harris County, TX: Snell, *Suttmoeller, Vaske, PI Baldwin*
- Orange County, FL: Brooke, *Lawson, PI Baldwin*
- Osceola County, FL: Brooke, *Lawson, PI Baldwin*
- Seminole County, FL: Brooke, *Lawson, PI Baldwin*
- Travis County, TX: Co-PI Hartley, *PI Baldwin*

### *Archival Information: Program Documentation and Agency Records*

Two types of archival information were obtained from the VTC programs themselves and the on-site researchers: (1) program documentation (e.g., policy manuals, participant handbooks) and (2) agency records (VTC participant data). All available program documentation was obtained before the field data collection began (July 2016), and we received new documentation (e.g., revised policy manuals, new participant handbooks) as it was created throughout the project period. All eight programs had a participant handbook, a policy manual, or both. Specifically, four VTCs (50%) had both a participant handbook and a policy/procedure manual, while two VTCs each had only a participant handbook (25%) or a policy/procedure manual (25%). Table 1.3 indicates which programs had the specific documents.

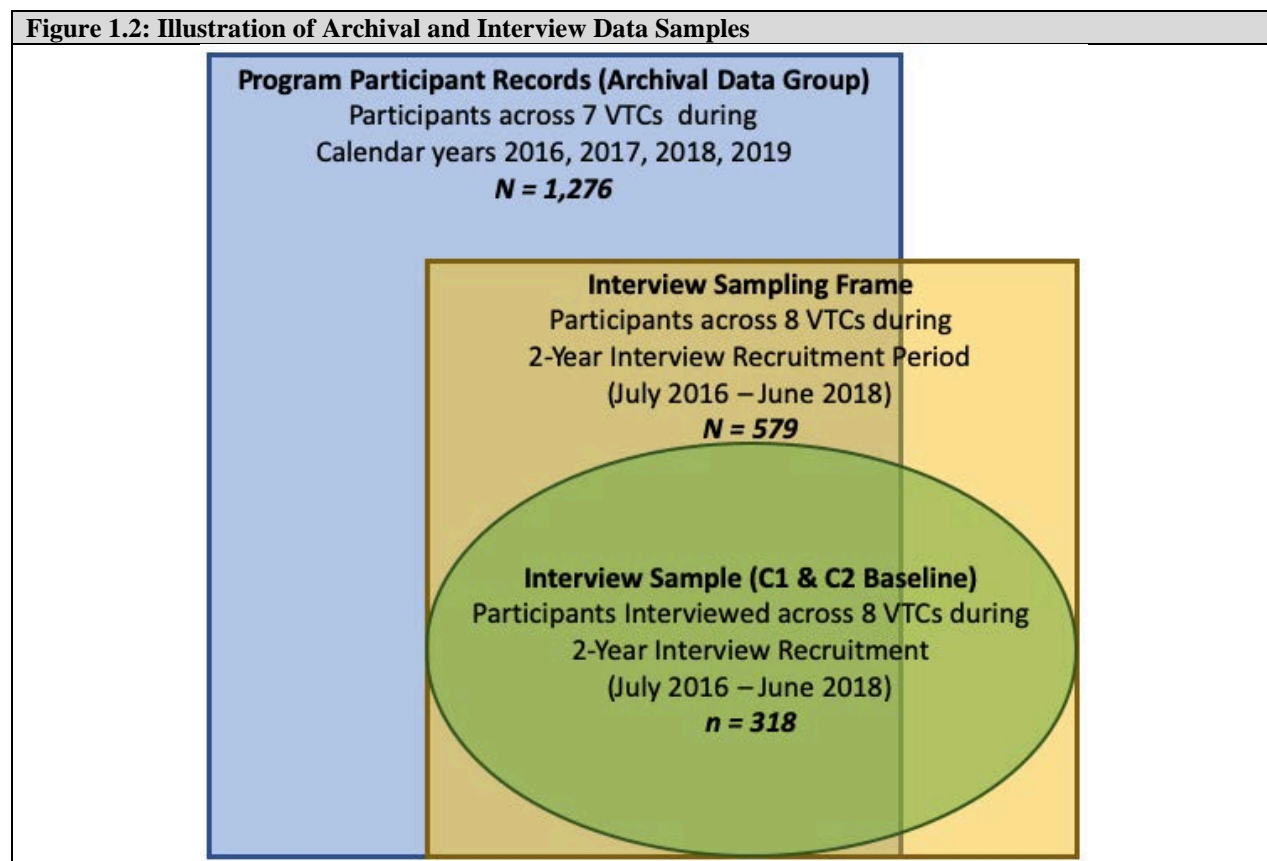
<b>Program</b>	<b>Participant Handbook</b>	<b>Policy Manual</b>
<b>VTC 1</b>	X	X
<b>VTC 2</b>	X	
<b>VTC 3</b>	X	
<b>VTC 4</b>	X	X
<b>VTC 5</b>		X
<b>VTC 6</b>	X	X
<b>VTC 7</b>	X	X
<b>VTC 8</b>		X

Agency records (e.g., VTC program datasets) were obtained between December 2019 and February 2020, after field data collection ended, from seven of the eight VTC programs.<sup>8</sup> These data are comprised of information related to participant characteristics, progress, and compliance. Information includes but is not limited to participant demographics, military status and experience (e.g., military service branch), and legal charges, as well as VTC status (graduation, dropped out, or termination). The agency records identify a total of 1,267 unique

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<sup>8</sup> One site was unable to provide agency data in time for this research due to staffing. In that program, only one team member had access to these data.

program participants between calendar years (CY) 2016-2019 for the seven programs (see Figure 1.2 below). This information allowed us to create a more general depiction of the types of participants in these programs. The agency record data were used to both confirm self-report interview data and contribute additional variables for analysis.



Although useful, the agency record data had several limitations. First, agency records were only available at and obtained from seven of the eight VTCs. Due to a staffing issue at one site, the agency record data was not available to the PI nor retrievable by the VTC team.<sup>9</sup> These issues raise broader concerns regarding team accessibility to, and availability of, participant data for internal program and external stakeholder purposes. VTC programs should ensure that more

<sup>9</sup> This site was one of the two smallest programs.

than one team member has access to, and knowledge of, all software programs and databases where participant information is stored, which is further discussed in Chapter 9.

Second, for the seven of the eight VTCs that were able to provide data, the recordkeeping was not standard across the study sites. Four programs were not able to provide information on the military branch or criminal charges for participants. One VTC did not provide data related to the race/ethnicity of the participants. Three sites provided information on race but not ethnicity, which makes it likely that Hispanic participants in these programs were counted as White. To the extent that this is the case, the percentage of participants who are White may be slightly smaller in reality, and the percentage of participants who are Hispanic may actually be slightly larger. Additionally, because the same variables are not available across all eight VTCs, data use for outcome and comparative analyses is limited because only variables that are uniform across VTC sites can be used for inter-court analysis. Finally, the agency record data was provided for calendar years 2016-2019 from only seven of the eight VTCs (see Figure 1.2 above), and this inhibited our ability to compare those successfully recruited for interviews with the archival data provided by the programs.

### *Dockets and Progress Reports*

As part of the staffing and docket observations (see the Semi-Structured Observations: Staffing and Docket subsection), all eight VTCs provided the researchers with the courts' docket lists and/or progress reports. These documents contained a variety of information on those who were scheduled to appear in court that day. These data include, but are not limited to, sex, military branch, criminal offense, program phase, treatments mandated, compliance and progress information, and plea status. Information from these documents were input into datasets maintained by the PI and Co-PI. These data became increasingly valuable as they provided



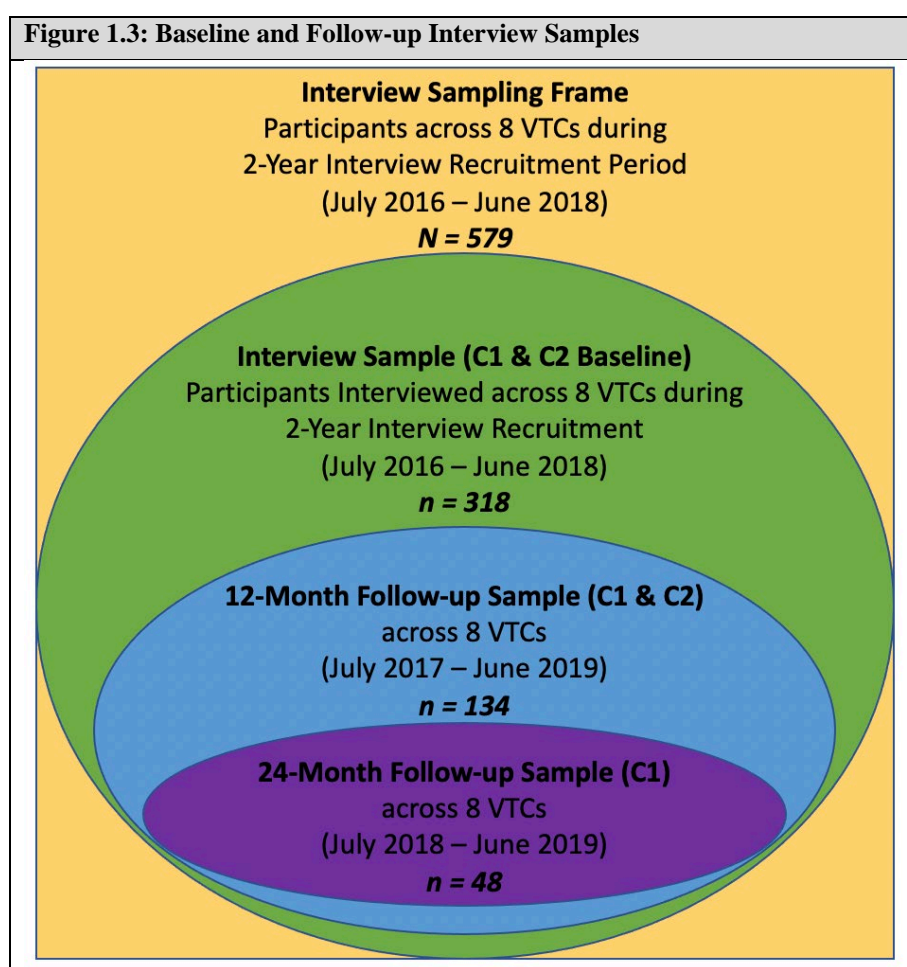
additional data not available from the archival data pulls—specifically, because only seven of the eight VTCs were able to provide archival data and those data were not complete. These data allowed for comparative analyses related to participants who were successfully recruited for interviews and the overall sampling frame (see information below in the Participant Interviews subsection for the selection criteria used to construct the sampling frame). To date, only the information most relevant to this report have been input.

### *Participant Interviews*

A total of 744 justice-involved persons with a history of military service had appeared at least once on the dockets of the eight VTCs during the first 2 years of data collection. Interview criteria were applied to those 744 individuals to create the interview sampling frame. The interview criteria were as follows: (1) the individual must have become a VTC participant (program status of “participant”) and (2) the participant must have had ongoing physical appearance in VTC court during the 2-year baseline interview recruitment phase (July 1, 2016 - June 30, 2018). While several were removed for program participation status, non-appearance by current participants further reduced the sample. Reasons for current participants not appearing in court included, but were not limited to, incarceration, hospitalization, transfer to another VTC program, failure to appear, death, and being in the final phases of the VTC program. These criteria resulted in an interview sampling frame of 579 VTC participants (see Figure 1.3 below).

During the baseline recruitment phase, the PIs and on-site researchers recruited participants for the baseline interview through in-court announcements and recruitment flyers. Incentives in the form of gift cards were advertised and used to increase study participation. Specifically, VTC participants were offered a \$20 gift card for participating in the baseline interview. The researchers were available before, during, and after the docket to gather contact

information and schedule baseline interviews. Those who completed baseline interviews in Year 1 (July 2016-June 2017) comprise Group or Cohort 1 (C1), while those who completed baseline interviews in Year 2 (July 2017-June 2018) constitute Group or Cohort 2 (C2) (see Figure 1.1). Of the 579 participants in the sampling frame, a total of 318 completed baseline interviews, resulting in a response rate of 54.9%. Reasons for non-participation among eligible study participants at baseline included not being interested in participating (declined), incarceration, and loss of working cell phones (non-working numbers).



Follow-up interviews were conducted for both C1 and C2. For C1, two follow-up interviews were administered: (1) 12 months post baseline (July 2017-June 2018) and (2) 24-months post baseline (July 2018-June 2019). C2 only received one follow-up interview 12

months post baseline (July 2018-June 2019). Incentives were also used to increase response rates for the follow-up interviews; \$40 and \$60 gift cards were provided for participation in the 12- and 24-month follow-up interviews, respectively. For follow-up interviews, previously interviewed veterans and servicemembers were contacted up to three times using the information they provided to the researcher at the time of the baseline interview.<sup>10</sup> Of the 318 participants who completed baseline interviews, 134 agreed to sit for a 12-month follow-up interview for a response rate of 42.1%. Finally, 48 of the C1 group participated in the 24-month follow-up interview. See Figure 1.3 below. Reasons for non-participation in the follow-up interviews included relocations to different states, non-working numbers, incarceration, and general non-response to contact attempts.

All interviews (baseline and follow-ups) were conducted in English<sup>11</sup> and took place in a variety of locations. The PI and on-site researchers provided potential respondents with location options, and the potential respondent chose the interview location from the options provided. The majority of the interviews were conducted in private rooms at the courthouses, university offices of the on-site researchers, and local public libraries. Several interviews were also conducted in public spaces such as coffee shops, parks, and restaurants.

For all interviews, voluntary consent was obtained and documented, and the interviewers used physical (paper) instruments and audio-recording devices to capture the quantitative and qualitative responses. The interviewer wrote the quantitative responses on the paper instruments, and the audio files were later transcribed. Interview lengths ranged from 45 to 120 minutes long.

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<sup>10</sup> Prior to providing current contact information at baseline interview, participants were made aware of the opportunity for follow-up interviews and that they would be contacted using the contact information they provided.

<sup>11</sup> Translators were available at each site coordinated by the PI if needed. On-site researchers were to notify the PI if translators were needed for any participant interview. However, no translators were needed throughout the study period.

The length was dependent on participant responses in terms of how detailed their responses were and which skip patterns were triggered by their responses. Skip patterns were used to bypass or initiate items and ancillary packets. Tables 1.4 and 1.5 illustrate the instrument sections, areas addressed within each section, and whom received each section, providing an overview of the full range of the interview data.

<b>Table 1.4: Baseline Instrument Components</b>		
<b>Instrument Section</b>	<b>Administered To</b>	<b>Areas Addressed</b>
Primary	All	Demographics, Military experience and status, Previous legal charges and criminal history, Current legal charges, VTC referral and decision process, Program knowledge, Program status, Program experience
Mentoring*	Participants with mentors	Mentor information, Communication, Relationship and perceptions
Housing	All	Current circumstances, History, VTC requirements/support
Housing Programs*	Participants participating in housing programs	Program information and experience
Substance Misuse	All	TCU CESI MOT**, Substance-using behavior history to current, Issue perceptions and beliefs, Temporal ordering, Substance abuse treatment, VTC requirements
Substance Abuse Treatment Programs*	Participants participating in SUD treatment	Treatment information and experience
Mental Health	All	TCU-CTSFORM***, Mental and physical health history, VTC requirements
Mental Health Treatment Programs*	Participants participating in MH treatment	Treatment information and experience

\*Triggered by interview responses.

\*\* *Texas Christian University Treatment Needs and Motivation (Institute of Behavioral Research, 2002)*

\*\*\* *Texas Christian University Criminal Thinking Scales (Institute of Behavioral Research, 2007)*

<b>Table 1.5: Follow-up Instrument Components (12- and 24-Month)</b>		
<b>Instrument Section</b>	<b>Administered To</b>	<b>Areas Addressed</b>
Primary	All	Demographic updates (non-military, military, extra-legal), Legal updates, Military attitudes
Deciding Participation*	Respondents who were deciding on participation at Baseline	Participation decisions, Current program status, Program knowledge, Program experience
Participant*	Respondents who were participants at Baseline	Program knowledge, Current program status, Program experience
Mentoring*	Participants who had a mentor since the last interview	Mentor information, Communication, Relationship and perceptions (covers time period from last interview)
Housing	All	Updates and events (covers time period from last interview)
Housing Programs*	Participants participating in housing programs since last interview	Program information and experience (covers time period from last interview)
Substance Misuse	All	TCU CESI MOT**, Substance-using behavior, Substance abuse treatment (covers time period from last interview), VTC requirements (covers time period from last interview)
Substance Abuse Treatment Programs*	Participants participating in SUD treatment	Treatment information and experience (covers time period from last interview)
Mental Health	All	TCU-CTSFORM***, Mental and physical health updates (covers time period from last interview), VTC requirements (covers time period from last interview)
Mental Health Treatment Programs*	Participants participating in MH treatment	Treatment information and experience (covers time period from last interview)

\*Triggered by interviewee program status or interview responses.

\*\* Texas Christian University Treatment Needs and Motivation (Institute of Behavioral Research, 2002)

\*\*\* Texas Christian University Criminal Thinking Scales (Institute of Behavioral Research, 2007)

### *VTC Team Survey (Survey 1)*

The PI, Co-PI, and on-site researchers requested each team member to complete a confidential survey. These surveys were administered throughout the study period once per team member. As new individuals became team members throughout the 3-year study period (July 1, 2016 – June 30, 2019), they were asked to complete the survey. The majority of surveys were completed in Year 1 (July 1, 2016 – June 30, 2017). Surveys covered the following areas:

- Respondent demographics
- VTC program information
- Contingency management procedures
- Interactions with the VTC
- Perceptions of:
  - Team and team dynamics
  - Defense and prosecution
  - Participant eligibility and referral
  - Treatment and ancillary services access

- Alcohol and drug testing
- Monitoring and graduated sanctions
- Continuing education and VTC team improvement
- Community support for the program
- The VTC program operation

The majority of surveys were paper surveys physically distributed by the on-site researcher at the team staffings. Several team members requested that a PDF version of the survey be emailed to them because they lost their paper copy. In those events, the on-site researcher directly emailed the PDF to the team member. After the voluntary consent was completed (first page of the survey packet), team members completed the survey in approximately 45 minutes. Team members either returned the completed survey in person to the on-site researcher on staffing or court days or electronically submitted by scanning and emailing the completed survey to the on-site researcher.

A total of 99 out of 121 VTC team members across the eight programs completed the team surveys, resulting in a response rate of 82%. Response rates by court are listed below in Table 1.6. Response rates range from 50% to 100% with the majority of programs (seven of the eight) having a response rate of at least 75%. Three quarters of the programs (six VTCs) had response rates above 80%. VTC 3 had the lowest rate of 50%, which is attributed to the high turnover of team members in that program.

<b>Program</b>	<b>Response Rate</b>	<b>Surveys Completed</b>	<b>Total Team Members</b>
<b>VTC 1</b>	85.71%	12	14
<b>VTC 2</b>	75.00%	9	12
<b>VTC 3</b>	50.00%	8	16
<b>VTC 4</b>	100.00%	12	12
<b>VTC 5</b>	84.62%	11	13
<b>VTC 6</b>	86.67%	13	15
<b>VTC 7</b>	82.35%	14	17
<b>VTC 8</b>	90.91%	20	22

Of the 99 respondents, 15% were probation/parole officers, 12% were defense counsel, 12% were case managers, 11% were court coordinators, 9% were prosecutors, 8% were court liaisons, 5% were VA service providers, 6% were judges, 5% were mentor coordinators, 4% were mentors, 4% were VJOs, 4% were treatment counselors, 2% were intake specialists, 2% were psychiatrists, and 1% were outreach specialists. The percentages are not related to response or non-response rates. They merely indicate the breakdown of respondent roles. Percentages are related to the type of roles and number of roles present on the teams across programs. For example, no program had more than 1 VJO on their teams; most programs did not have intake specialists, psychiatrists, and outreach specialists on their teams; and some programs had multiple probation/parole officers, defense attorneys, and prosecutors serving on their teams.

#### *Treatment Provider Survey*

Similar to the VTC Team Survey (above), a survey was constructed specifically for treatment providers (VA and non-VA). The on-site researchers also requested each treatment provider serving VTC participants to complete a confidential survey in the same fashion as the team member survey. However, these response rates were extremely low and have been excluded from this study. The primary challenge in obtaining adequate response rates was likely that the on-site researchers had little to no direct contact with the treatment providers. The VTC programs each have multiple treatment providers, and the vast majority of these providers are not part of the VTC teams. In the rare cases where a treatment provider also served on a VTC team, they were requested to complete both a team member survey and a treatment provider survey.

*Fidelity of Implementation (FOI, Survey 2)*

Prior to this study's development, Dr. Kevin Baldwin<sup>12</sup> at Applied Research Services, Inc. developed a fidelity of implementation measurement for an examination of VTCs in Georgia.<sup>13</sup> The fidelity of implementation (FOI) instrument is comprised of 13 scaled items related to the Ten Key Components of VTCs and the role that mentors play in participants' lives, whether the VTC uses a comprehensive assessment for treatment and trauma, and whether the VTC has relationships with the VA and the VJO. Figure 1.4 below provides four items as an example of the nature of the FOI questions. Negative scores correspond to a lack of fidelity to the key components, or that they are not being implemented at all, while positive scores correspond to components being implemented in varying degrees by the program. A score of "0" means that the key component is present but implementation is not guided by best practices. Dr. Baldwin gave his express permission for the PI to utilize his instrument in the current study.

In this study, the FOI instrument was administered to the team members and the on-site researchers. During Year 1 of data collection, the on-site researchers completed the FOIs quarterly. During Years 2 and 3 of data collection, the team members and on-site researchers completed the FOIs quarterly. Although we did not alter the items on the instrument, we made three changes related to coding and implementation. First, to aid in the interpretation of responses to these 13 items, scores were recoded from the original scale of -2 to +2 to a new scale of 1 to 5. Second, the FOIs were administered individually in this study and not in a group setting as it had been done in Dr. Kevin Baldwin's studies. Third, as previously described, the instruments were administered to the team members and researchers at multiple points over time,

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<sup>12</sup> There is no relation between Dr. Kevin Baldwin and the study's PI, Dr. Julie Baldwin.

<sup>13</sup> Dr. Kevin Baldwin copyrighted the Veterans Treatment Court Fidelity of Implementation Goal Attainment Scale (2015) developed for the Georgia Criminal Justice Coordinating Council with support from the Bureau of Justice Assistance. The instrument was not altered for this study and has not been validated.



while the instruments were administered only once to teams in Dr. Kevin Baldwin's studies.

Using the FOI instrument, a total of 476 data points were collected across the eight VTCs during the study period.

**Figure 1.4: Sample FOI Questions**

<b>1. VTCs integrate alcohol and other drug and/or mental health treatment services with justice system case processing.</b> The VTC depends upon the integration of substance abuse, mental health, and related treatment with judicial involvement.				
<b>-2</b>	<b>-1</b>	<b>0</b>	<b>+1</b>	<b>+2</b>
No communication or relationship between judge and treatment providers.	Strained or difficult working relationship between judge and treatment providers.	Judge and treatment providers have a good working relationship.	Judge and treatment providers meet at least quarterly to share opinions, recommendations.	Judge and treatment providers work collaboratively to make decisions regarding clients.
<b>2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</b> The VTC is characterized by a collaborative process focused on meeting clients' needs, as opposed to the more traditional adversarial system common to adult court.				
<b>-2</b>	<b>-1</b>	<b>0</b>	<b>+1</b>	<b>+2</b>
Prosecution and defense employ a traditional adversarial approach.	Prosecution and defense do not use adversarial approach, but are not considered team members.	Prosecution and defense work together and are formally identified as team members.	Prosecution and defense meet at least quarterly to share opinions and discuss client needs.	Prosecution and defense work collaboratively and share the goal of helping clients and their families.
<b>3. Eligible participants are identified early and promptly placed in the VTC program.</b> Regardless of point of entry, potential clients are identified early as potentially having a substance abuse and/or mental health problem. Appropriate screening processes follow, with rapid referral (when indicated based on screening) and entry into the VTC.				
<b>-2</b>	<b>-1</b>	<b>0</b>	<b>+1</b>	<b>+2</b>
No process in place of identifying, screening, and referring potential participants to the court.	Process is in place, but is generally not followed on a consistent basis.	Basic process of screening, identification, and referral are in place and consistently followed.	The screening, identification and referral process employs standardized measures and processes, effecting prompt identification and placement.	The screening, identification and referral process is fully integrated into the court, resulting in accurate identification and correspondingly prompt and appropriate referrals.
<b>4. The court provides access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.</b> The court has access to a variety of treatment and rehabilitation options that accurately reflect the levels of care needed by clients. These services include substance abuse treatment and also address other needs, such as mental health, educational and employment services, and housing assistance.				
<b>-2</b>	<b>-1</b>	<b>0</b>	<b>+1</b>	<b>+2</b>
Few treatment and rehabilitative services with little to no continuum of treatment services.	Treatment and rehabilitative services exist, but not across a continuum of services.	Treatment and rehabilitative services exist and represent a continuum of services.	A continuum of treatment and rehabilitative services exist, are integrated, and are of high quality.	Treatment and rehabilitative services are comprehensive, integrated, and work in partnership with the court.

Although the on-site researchers instructed the team members to complete the instruments individually, the judge in VTC-4 used this as a group exercise. During the FOI survey administration, the research affiliate (consistently) and the PI (on all site visits) noticed that the VTC-4 judge made the survey completion a group exercise by instructing the team on how to respond despite the written instructions and researcher attempts to adhere to the methodology. Despite the on-site researcher's instructions and attempts to correct the administration, the judge continued to lead the survey administration as a group exercise with him reading the items and discussing what the responses should be. As such, the results from

VTC 4 may be compromised in terms of integrity. However, it is unknown to what extent the judge may have influenced each respondents' answers because each individual team member still completed their survey individually although sitting through this group exercise led by the judge. Therefore, the results from VTC 4 may not be valid, and this issue should be noted in the interpretation of any FOI results in Chapter 5.

#### *Semi-Structured Observations: Staffing and Docket*

On-site researchers attended VTC team meetings and dockets during Years 1, 2, and 3 of the study. They completed paper semi-structured observation instruments, collecting quantitative and qualitative data on overall process, dynamics, and decision making in team meetings (meeting length, number of veterans discussed, decision-making processes) and court dockets (veteran behavior and interaction with the VTC team in court, numbers of participants on docket, time spent at bench with judge, team member interactions, fairness of outcomes). Data from these observations are not analyzed in this report, but the quantitative data from these observations are included in the data archived for this study.

#### **Report Elements and Structure**

While this study collected a wide array of highly detailed data, this report presents findings from several elements of the process and intermediate outcome evaluation and is not exhaustive of what has been or will be examined with these data. This report is organized into chapters, and each chapter begins with an "Overview" section. The "Overview" sections in the beginning of Chapters 2-8 summarize each chapter's purpose and indicate which samples, data sources, and analyses used for the results presented in the chapter. As these Overview sections are introductory summaries, they include references to where in Chapter 1 the reader can find more detail on the samples and data sources relevant to methodology of the specific chapter.

Chapters 2 through 8 present findings related to the following topics: program structure and requirements, identification processes, eligibility and admission processes, VTC participants, sanctions and incentives, outcomes, and fidelity of implementation. Chapter 9 wraps up the report with overall conclusions and future steps for research and practice. The references for Chapters 1 through 9 are located at the end of this report.

In effort to elicit the most access to the programs and obtain the most accurate data possible (interviews, queries, and surveys), the PI assured each program that the results would be confidential and constructed the IRB-approved research protocol to reflect these assurances; thus, these findings are de-identified in the remaining chapters of this report. Beyond Chapter 2 which describes general program characteristics, research findings are presented without identifying specific sites to protect confidentiality of staff and others. For ease of reference, we established the labels of VTC 1 - VTC 8 so that the results for a given site (e.g., VTC 1) can be followed across Chapters 3-8. Please note, the code numbers are consistent across Chapters 3-8 (meaning that they refer to the same programs), but the numbering scheme does not correspond to the order in which the VTCs are presented in Chapter 2, nor the numbered list contained in Chapter 1.

## **CHAPTER 2: PROGRAM STRUCTURE AND DESIGN**

### **Overview**

Beginning with research question 1, this chapter describes the structure and design of the eight VTC programs examined in this study, highlighting key similarities and differences. Because of the highly diverse nature of VTCs discovered through national VTC studies conducted prior to the development of the current study (see American University, 2016; Baldwin 2013a, 2013b, 2015; Holbrook & Anderson, 2011; McGuire, Clark, & Blue-Howells, 2013), the study sites were chosen based on variability across county demographics and program characteristics. The sample of eight VTCs purposefully varied in terms of geographic location, caseloads, years in operation, county veteran population, racial and ethnic makeups, structure, and resources, in addition to other characteristics. The PI obtained this information from publicly available data from the U.S. Census and VA, requests to on-site researchers and VTC coordinators, and VTC program materials (e.g., manuals, handbooks).

### **Catchment Area**

Three of the VTC sites are in Texas, three are in Florida, and two are in North Carolina. The primary catchment area for each of the eight programs was their respective county jurisdictions. However, three programs accepted transfer cases from other jurisdictions. The eight locations were a variety of urban and mixed (serving one urban and numerous rural areas) jurisdictions, had county veteran populations ranging from 4% to 13%, and were comprised of various racial and ethnic makeups ranging from 30% to 83% White, 7% to 38% Black, 6% to 59% Hispanic, and 1% to 7% Asian. Median household income spanned from \$41,361 to

\$58,175. The number of military bases within 150 miles of each location ranged from one to three. Details regarding these characteristics are displayed in Table 2.1 by county (next page).

### **Program Operations**

The eight VTCs also varied in program operations. As seen in Table 2.2 below, the sample represented both established and new programs (starting between 2010-2015), and large and small programs (current caseloads ranged from 7 to 159; graduates ranged from 0-270). Six of the eight held both staffing (team meetings) and court hearings/docket every other week. The Cumberland County VTC held staffing and court twice a month. The Harris County Veterans Court (VC) was the only program that had different schedules for staffing and court with staffing weekly but court twice a month.

Team member roles for each program are depicted in Table 2.3 below. The number of role types included on each of the VTC teams ranged from nine to eleven. Team roles are presented in Table 2.3 instead of team members because several VTC programs had multiple individuals with the same roles (e.g., treatment providers, prosecutors) serving on the team simultaneously and/or had multiple individuals rotating through a specific role. The following roles were present across all eight of the programs: Judge, Prosecution, Defense, Probation, Coordinator, and Veterans Justice Outreach (VJO) Specialist. While the majority of programs had mentor programs (seven or 87.5% as seen in Table 2.1), only four had mentor coordinators. Of those mentor coordinators, two were not permitted to attend program staffing meetings.

Table 2.1: Catchment Area Characteristics

	<b>Bexar County VTC</b>	<b>Buncombe County VTC</b>	<b>Cumberland County VTC</b>	<b>Harris County VC<sup>+</sup></b>	<b>Orange County VTC</b>	<b>Osceola County VTC</b>	<b>Seminole County VTC</b>	<b>Travis County VTC</b>
<b>Location</b>	San Antonio, Texas	Asheville, North Carolina	Fayetteville, North Carolina	Houston, Texas	Orange, Orlando, Florida	Osceola, Kissimmee, Florida	Sanford, Florida	Austin, Texas
<b>County Population</b>	1,855,866	254,344	326,328	4,441,370	1,253,001	295,553	442,516	1,151,145
<b>County Veteran Population</b>	151,376 (8.2%)	19,638 (7.7%)	42,332 (13.0%)	181,514 (4.1%)	66,314 (5.3%)	17,858 (6.0%)	30,528 (6.9%)	53,933 (4.7%)
<b>Rural/Urban</b>	Urban	Mix	Mix	Mix	Urban	Mix	Urban	Urban
<b>Race/Ethnicity</b>								
<b>White</b>	29.2%	83.3%	53.2%	31.4%	43.3%	31.9%	63.6%	49.7%
<b>Black</b>	8.3%	6.6%	37.6%	19.5%	21.2%	13%	10.2%	8.9%
<b>Hispanic</b>	59.3%	5.6%		41.8%	29.2%	48.6%	19.2%	33.9%
<b>Asian</b>	2.9%	1.1%	2.7%	7%	5.6%		4.1%	6.5%
<b>Indigenous</b>	1.2%	0.4%	2.2%		0.4%		0.4%	1.3%
<b>Other</b>		2.4%	4.3%	0.3%		6.5%	2.5%	
<b>Median Household Income</b>	\$50,112	\$44,190	\$44,924	\$53,137	\$47,581	\$41,361	\$58,175	\$58,025
<b>VA Medical Center</b>	1 local*	1 local*	1 local*	1 local*	1 local*	1 local*	1 local*	
<b>VA Hospital</b>	1 local*							68 miles
<b>VA Outpatient (Includes Vet Centers)</b>	1 local*				2 local* 2 <1 hour	2 <1 hour 2 <1.5 hours	2 local* 1 <1 hour 1 <1.5 hours	1 local*
<b>Military Bases &lt;150 miles</b>	Fort Sam Houston (5 mi) Lackland AFB (14 mi) Randolph AFB (22 mi)	US Army Merrill Camp (106 mi) McGhee Tyson Air National Guard Base (128 mi)	Fort Bragg (5 mi)	Ellington Field (27 mi)	Naval SAB (14 mi) Patrick AFB (67 mi) MacDill AFB (94 mi)	Naval SAB (34 mi) Patrick AFB (64 mi) MacDill AFB (82 mi)	Naval SAB (17 mi) Patrick AFB (78 mi) MacDill AFB (110 mi)	Fort Hood (68 mi)

<sup>+</sup> = Veterans Court

\* = Located within the jurisdiction.

**Table 2.2: Program Characteristics at Beginning of Study**

	<b>Bexar County VTC</b>	<b>Buncombe County VTC</b>	<b>Cumberland County VTC</b>	<b>Harris County VC</b>	<b>Orange County VTC</b>	<b>Osceola County VTC</b>	<b>Seminole County VTC</b>	<b>Travis County VTC</b>
<b>Year Established</b>	2011	2015	2014	2010	2013	2014	2012	2010
<b>Team Meetings</b>	Every other week	Every other week	Twice a month*	Weekly	Every other week	Every other week	Every other week	Every other week
<b>Court Dockets</b>	Every other week	Every other week	Twice a month*	Twice a month*	Every other week	Every other week	Every other week	Every other week
<b>Graduates</b>	270	0	9	44	115	21	58	124
<b>Current Caseload</b>	100	7	11	159	100	19	58	46
<b>Mentor Program</b>	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>External Funding</b>	SAMHSA and State grants	State grant	State grant	BJA	State funding	BJA	BJA	State and State orgs

\*Twice a month is distinct from every other week. Some months in a year may have five of the same days of the week in a month. For example, April 2021 has five Thursdays and five Fridays. This means that programs meeting every other week have the possibility of three meetings in a month.

Military status among team members is also illustrated in Table 2.3 below. Five of the judges (63%), four coordinators (50%), and one VJO (13%) were veterans themselves.<sup>14</sup> Three programs (38%) had at least one veteran in the roles of prosecution, defense, or probation. The following roles were present in only one VTC program: Law Clerk, Law Enforcement, Evaluator, VA Psychiatrist, and Public Defender (PD) Social Service Officer.

As depicted in Table 2.4 below, each program offers services provided by the VA and non-VA providers. All VTC programs provide mentoring services with the exception of the Bexar County VTC.

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<sup>14</sup> VTC team members, including the Judge and VJOs, are not required to be veterans themselves.



<b>Table 2.3: Team Members by Program</b>								
	<b>Bexar County VTC</b>	<b>Buncombe County VTC</b>	<b>Cumberland County VTC</b>	<b>Harris County VC</b>	<b>Orange County VTC</b>	<b>Osceola County VTC</b>	<b>Seminole County VTC</b>	<b>Travis County VTC</b>
<b>Judge</b>	X*	X	X*	X*	X	X	X*	X*
<b>Prosecution</b>	X*	X	X*	X*	X	X	X	X
<b>Defense</b>	X*	X	X*	X*	X	X	X	X*
<b>Probation</b>	X*	X	X	X*	X	X	X	X
<b>Project Director / Program Manager</b>	X*			X				
<b>Coordinator</b>	X*	X	X*	X*	X	X	X	X*
<b>Veterans Justice Outreach Specialist</b>	X	X	X	X	X*	X	X	X
<b>Veteran Service Officer</b>		X*	X	X*	X		X*	
<b>Veteran Benefit Officer</b>								X
<b>Mentor Coordinator</b>	X*		X*			X*±	X*±	X*
<b>Community Treatment Provider</b>	X*		X*			X	X	
<b>Case Manager</b>	X*				X	X	X	
<b>Law Clerk</b>		X						
<b>Law Enforcement</b>		X						
<b>Evaluator</b>		X						
<b>VA Psychiatrist</b>								X
<b>Vet Center Counselor</b>					X*	X*		
<b>Social Service (PD)</b>					X*			

\* = Veteran

± = Not present at staffing

**Table 2.4: Treatments and Services by Program**

	<b>Bexar County VTC</b>	<b>Buncombe County VTC<sup>15</sup></b>	<b>Cumberland County VTC</b>	<b>Harris County VC</b>	<b>Orange County VTC</b>	<b>Osceola County VTC</b>	<b>Seminole County VTC</b>	<b>Travis County VTC</b>
<b>Treatment Offered by VA</b>	SA; MH	SA and MH Inpatient and Outpatient; Transitional Housing; Detox; ACT team; Medication management; Aftercare; Peer Recovery Support; Yoga	SA (detox, outpatient); MH (also PTSD specific)	SA and MH (also PTSD and Trauma specific)	Inpatient and Outpatient Medical, SA, and MH; Anger management; Alternative therapies	Inpatient and Outpatient Medical, MH, and SA; Housing services	Inpatient and Outpatient Medical, MH, and SA; Housing services	SA; MH (also PTSD specific)
<b>Treatment Offered by Non-VA Provider</b>	SA; MH	SA and MH Inpatient and Outpatient; Aftercare; Medication management; MH Crisis response; ACT team; Community Support Team; Peer support	SA; MH (also combat, PTSD, and MST specific); Medication management; Peer support	Safety Net Program; Peer support	Inpatient and Outpatient Medical, SA, and MH; Anger management; Alternative therapies; Peer support	Inpatient and Outpatient Medical, MH, and SA; Housing services; Peer support	Peer support	Seeking Safety; Referral for family counseling; Peer support

ACT: Assertive Community Treatment

MH: Mental Health

MST: Military Sexual Trauma

PTSD: Post Traumatic Stress Disorder

SA: Substance Abuse

<sup>15</sup>For VA services: Inpatient, Transitional Housing, Detox, Outpatient Groups (Seeking Safety, Exploring Change/Motivational Enhancement, 12 Step, Aftercare, Veteran X, WRAP), Medication Management, Peer Recovery Support, Yoga, Inpatient Acute Psychiatric, Psychosocial Rehabilitation/Day Treatment Center, MH ACT team, Trauma Resiliency Model, Prolonged Exposure, Cognitive Processing Therapy. For non-VA providers: Detox, Inpatient, Day Reporting, SA Intensive Outpatient, Aftercare, Medication Management, MH Crisis response, ACT team, Community Support Team, Outpatient services (group therapy, individual therapy, peer support), and trauma therapy.

## **CHAPTER 3: IDENTIFYING POTENTIAL VTC PARTICIPANTS**

### **Overview**

Generating a pool of potential participants is the first procedural step of VTC operations. Despite the effect that these early processes (i.e., identification and admission) can have on a variety of outcomes (see Chapter 1; Belenko, Fabrikand, & Wolff 2011; Shannon et al., 2017; Wolff, Fabrikant, & Belenko 2011), they have yet to be a focus in VTC research. The process of identification creates a pool of potential participants who are then screened for program eligibility and admission. Early research revealed that a common concern among VTC personnel is the lack of protocol to identify and refer justice-involved persons with a history of military service to VTCs (Baldwin, 2013a, 2015; Shannon et al., 2017). A growing collection of studies suggest that the positive outcomes found for specialized courts might be due to targeting and admission procedures or selection bias rather than the intervention program (Belenko, Fabrikand, & Wolff, 2011; Wolff, Fabrikant, & Belenko 2011). Eligibility procedures implemented by the court result in participation being offered to a select group of individuals who then self-select program admission. These eligibility and admission procedures directly influence the types of participants in a program, which then could affect program outcomes.

Given the rapid expansion of VTC programs, researchers have expressed the need for process evaluations of the identification, as well as selection, of program participants to better inform program planning and evaluation (Douds et al., 2017; Slattery et al., 2013). Limited prior research (Luskin & Ray, 2015; Steadman et al., 2005) also indicated that there is no single model or standard procedure for identification and referral of potential program participants.

The lack of research on identification processes may be related to specialized court programs' target populations (Belenko, Fabrikand, & Wolff, 2011). Traditionally, specialized

court target populations are based on more observable characteristics, such as offense types. For example, in jurisdictions with operational drug courts or drug treatment diversion programs, the District or State Attorney's Office may automatically funnel drug cases to create a potential participant pool, which is then screened for program eligibility. This has also occurred for domestic violence cases for domestic violence courts, prostitution cases for prostitution courts, weapons offenses for gun courts, and sex offenses for sex offender courts. In these instances, identification procedures may be, in a sense, automated and initiated in early case processing based on offense type.

The unique VTC target population makes the identification of potential participants highly important yet equally challenging, arguably more so than for other types of specialized courts as the initial defining characteristic of their target population (military status) is not systematically collected at the intercepts of the criminal justice system. This initial criterion is not routinely found in criminal justice records. Therefore, VTCs must develop procedures to identify the military status of justice-involved individuals for the generation of potential participant pools. Despite their attempts to identify clients in the earliest stages of criminal processing (Holbrook & Anderson, 2011), national studies have revealed that the identification of potential participants remains a challenge for many VTCs (Baldwin, 2015). A majority of VTCs have reported the absence of a set procedure for identification (nearly 90%) and an informal reliance on other agencies to identify military service and share this information (Baldwin, 2013a, 2013b; Holbrook & Anderson, 2011), resulting in identification frequently occurring throughout different phases of the criminal justice process both within and across programs (Baldwin, 2015). While the majority of VTCs reported identification of military history during early phases of criminal justice processing (70% booking, 71% arraignment, 62%

pretrial services interviews), approximately half of VTCs (49%) also indicated that identification also occurs at later stages, including probation violation or revocation reviews, sentencing, and post-sentencing while incarcerated or on probation (Baldwin, 2015).

This study is the first to conduct an in-depth exploration of the procedures used to identify potential VTC participants, as well as the processes for admission (see Chapter 4). Research questions 2 and 3 concern program policies and populations served, and this chapter provides insight into the early stages of the VTC process, specifically the ways in which potential VTC participants are initially identified. Please note, the information and results presented in this chapter appear in a prior publication: “Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts” in the journal *Drug Court Review*.<sup>16</sup>

Results presented in this chapter were derived from process data obtained through field notes in the semi-structured observations, team surveys, and personal queries to VTC team members and on-site researchers at each of the eight sites.<sup>17</sup> Process data were deconstructed to ascertain how pools of potential VTC participants were created. In our initial analyses, we discerned three primary elements of the process of identification: (1) Identification agents, (2) Referral chains, and (3) Identification mechanisms. The following text defines these three elements.

1. **Identification agents:** Individuals who identify potential program participants based on history of military service (whether a justice-involved person has a history of military service)
2. **Referral chains:** The pathways in which the case made its way to the VTC (how the VTC became aware of the potential participant)

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<sup>16</sup> Baldwin, J. M., Hartley, R., & Brooke, E. J. (2018). Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts. *Drug Court Review* (Winter): 11-31.

<sup>17</sup> See Chapter 1 for information about data collection and instrumentation related to semi-structured observations and team surveys.

3. **Identification mechanisms:** What methods were used to identify the military status of potential participants

Content analysis (relational analysis to identify patterns in qualitative data) was employed to determine the identification agents and mechanisms and then develop identification models (or referral chains).<sup>18</sup> Identification agents were defined as those individuals who first discover the justice-involved person's history of military service, the most basic yet only universal requirement for program eligibility (Baldwin & Brooke, 2019). After determining the identification agents, we proceeded to construct the different pathways that led potential participants to the VTC and also distinguish the various mechanisms utilized by identification agents to ascertain justice-involved individuals' military status.

Inter-court themes were examined through comparative analyses of the site-specific results, revealing both similarities and variability in the elements of identification across the eight VTC programs. Procedural successes and challenges related to the identification processes were identified within each program. These were further examined within their specific contexts by incorporating additional information from field notes, data, and follow-up conversations with researchers and personnel.

We intended to investigate the congruence of policy and practice by comparing participant identification practices (identification agents, mechanisms, and pathways) with operational policies. We reviewed each program's policy manuals and handbooks for identification policies; however, how participants were to be or could be identified were not addressed in any of the program materials. Standard operating procedures most closely related to identification were those related to eligibility and admission screening of the pool of potential VTC participants, which occurs post-identification. The lack of identification-related policies

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<sup>18</sup> See Baldwin, Hartley, and Brooke (2018) for methodology details.

precluded an assessment of implementation fidelity and, therefore, a discussion of the previously presented findings in the context of fidelity successes and challenges.

It should also be noted that these findings constitute the primary identification agents, referral pathways, and identification methods for the majority of potential VTC participants. A potential participant of any of the programs may be identified by someone or referred in a way not presented herein; however, they did not occur enough to constitute a pattern of procedure. As such, these results are representative of the most typical identification agents, identification mechanisms, and referral chains that create the majority of potential participant pools across the eight VTC programs. These results are anticipated to be applicable to numerous VTCs due to the diversity of the eight programs and locations.

## **Results**

Beginning the process, identification agents were defined as those individuals who first discover as justice-involved person's history of military service. Our preliminary analyses revealed two types of identification agents: (1) Initial identification agents and (2) VTC identification agents. The initial identification agents were not associated with the VTC. Initial identification agents are those who identify justice-involved individual's military status and initiate the referral process to the VTC. The VTC identification agent is the VTC team member who is first notified of the potential participant; they are the first point of contact in the VTC. The initial identification agent begins the referral chain, and the VTC identifying agent ends the referral chain.

A total of six initial identification agents and six VTC identification agents were discovered across the eight sites. Regarding how initial identification occurs, four general mechanisms were found to be employed by the six initial identification agents at varying points

in the criminal justice process. Beginning with the initial identification agent and ending with the VTC-related identifying agent, 13 referral chains were constructed. Inter-program continuity and dissimilarity are evident in these agent, mechanism, and pathway results.

### *Initial Identification Agents*

Initial identification agents begin the identification process as the first individuals in, or who have access to, the criminal justice system that identify military status of justice-involved persons. A site can have multiple identification agents. A total of six initial identification agents were discovered across the eight VTCs. Table 3.1 lists the initial identification agents and also illustrates how prevalent the identification agents are across the eight court programs and the 13 constructed referral models (pathways).

<b>Initial Identification Agents</b>	<b>VTC Sites <i>n</i>=8</b>	<b>Referral Models <i>n</i>=13</b>
Attorney	8 (100.00%)	2 (15.38%)
Judge	7 (87.50%)	3 (23.07%)
Initial Detention	7 (87.50%)	5 (38.46%)
Potential Participant	4 (50.00%)	1 (7.69%)
Probation	1 (12.50%)	1 (7.69%)
Treatment Provider	1 (12.50%)	1 (7.69%)

Attorneys served as initial identification agents in all eight sites. Specifically, defense counsel served as the most prominent by acting as an initial identifier across all eight sites (100%); prosecuting attorneys contributed to initial identification in two VTCs (25%). Completing initial identification in seven of the sites (88%), the judiciary and initial detention personnel (e.g., central magistrate office or jail) were the second most prevalent roles across sites. The justice-involved persons themselves comprised the last initial identifier category common among sites as they self-initiated the referral chains in half of the sites (50%).

<sup>19</sup> Tables 3.1 and 3.2 appear in a single table on page 18 of the Baldwin et al. (2018) article; see footnote 13.



Less consistent were the initiators across the 13 referral chains. The most prevalent were those in the roles of initial detention for 38% of the models, followed by judges in 23% and attorneys in 15% of pathways. While diversity is evident across sites, it is important to note that none of the sites had a single identifying agent; instead, multiple agents identified justice-involved individuals' military history across various time points within each site.

### *VTC Identification Agents*

VTC identification agents are the first point of identification by the VTC program. Table 3.2 displays the prevalence of the VTC identification agents across the eight sites and the 13 referral chains. Similar to the results for initial identification agents, a single VTC identification agent was not evident in any of the sites—each site had multiple VTC identification agents.

In 63% of sites, VTC coordinators and Veterans Justice Outreach Specialists (VJOs) were each the first VTC team members to be notified of potential VTC participants. Other common VTC identification agents included the state or district attorney in more than a third of programs (38%) and their assistant state or district attorneys in a quarter of the sites (25%). Across referral chains, VTC coordinators were the most popular as they completed nearly a third of the referral chains (31%). State or district attorneys ended the identification paths in 23% of the models, followed by VJOs and assistant state or district attorneys who each did so in 15% of the referral chains.

VTC Identification Agents	VTC Sites	Referral Models
	<i>n=8</i>	<i>n=13</i>
Coordinator	5 (62.50%)	4 (30.77%)
VJO	5 (62.50%)	2 (15.38%)
State or District Attorney	3 (37.50%)	3 (23.07%)
Assistant State or District Attorney	2 (25.00%)	2 (15.38%)
Judge	1 (12.50%)	1 (7.69%)
Probation/Parole	1 (12.50%)	1 (7.69%)

<sup>20</sup> Tables 3.1 and 3.2 appear in a single table on page 18 of the Baldwin et al. (2018) article; see footnote 13.

### *Referral Chains*

Referral chains represent different pathways of case or justice-involved-person movement from initial identification to identification by the VTC. VTC identification completes the referral chain because it is the point at which the case/justice-involved person is a part of the VTC program's potential participant pool that then undergoes the eligibility screening process. In sum, we distinguished referral chains that begin with the identification agents and end with the first point of contact at the VTC.

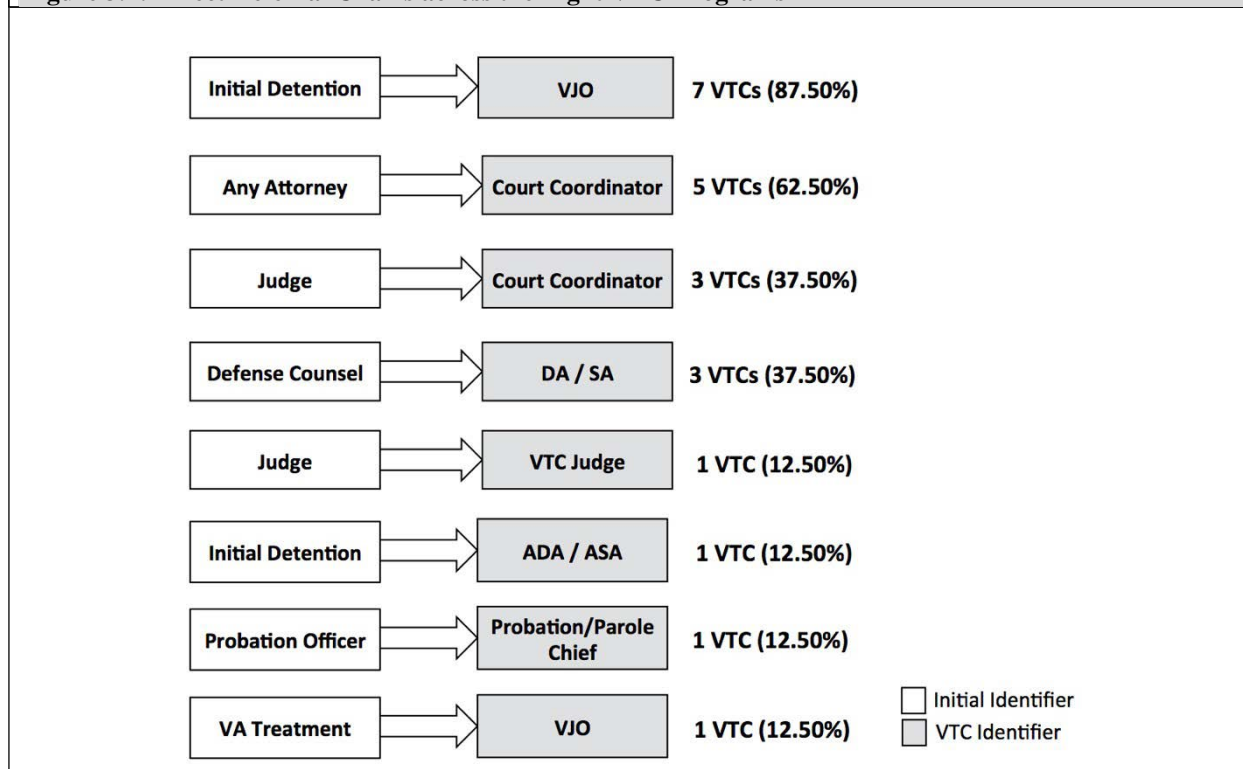
A total of 13 referral models were constructed to illustrate the identification processes occurring across the eight sites: eight direct pathways and five multi-stage pathways. The maximum number of referral chains present in a single program was five, and the minimum was three, meaning that numerous referral chains were evident within each VTC program. The 13 referral chains are illustrated in Figures 3.1 and 3.2 below.<sup>21</sup>

As seen in Figure 3.1, nearly all sites have a direct link from initial detention identification to the VJO (88%). The majority of VTCs also have a direct referral path from any attorney (as well as defense counsel more specifically) to the VTC coordinator (63%). Occurring in 38% of sites each, the following two direct links were third most prevalent: (1) judge to VTC coordinator and (2) defense counsel to the district or state attorney.

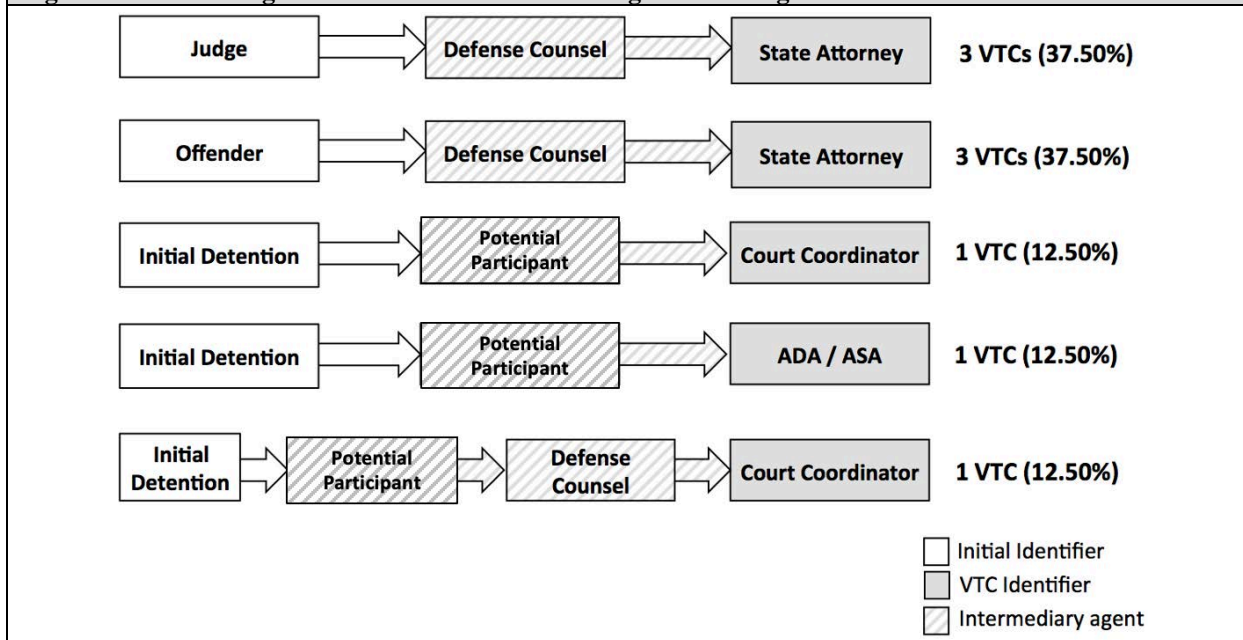
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<sup>21</sup> Figures 3.1 and 3.2 appear as Figures 1 and 2 on page 19 of the Baldwin et al. (2018) article; see footnote 13.

**Figure 3.1: Direct Referral Chains across the Eight VTC Programs**



**Figure 3.2: Multi-Stage Referral Chains across the Eight VTC Programs**



The remaining four direct referral pathways were only evident in one site each (Figure 3.1 above). In one site, non-VTC judges consistently contacted the VTC judge directly to notify him/her of potential justice-involved persons and cases for the VTC program. Initial detention agents in one site directly notified the prosecuting attorneys (i.e., assistant district attorneys, assistant state attorneys) on the VTC team. At one location, probation officers notified their chief probation and parole officer who was also a VTC team member. Finally, VA treatment providers in a site consistently notified the VJO of VA clients who had contact with the criminal justice system.

Figure 3.2 above illustrates the five multi-stage referral chains evident across the eight VTCs. Most multi-stage referral chains involved a single intermediary contact between the initial identifying agent and the VTC identifying agent, while the fifth pathway is comprised of four steps. More than a third of sites (38%) have a defense attorney as the intermediary before reaching the state attorney where VTC eligibility screening begins. These two most popular multi-stage pathways only differ in their initial identification agents (judge v. potential participant). Conversely, the remaining two chains with a single intermediary are only prevalent in one court each (13% of sites). In both of these pathways, the initial identifying agent is in the role of initial detention, and the potential participant is the intermediary. These chains only vary in their VTC identification agents (VTC coordinator v. prosecuting attorney). The last multi-stage referral chain involves two intermediaries, specifically the potential participant and defense counsel, both of which also served as intermediaries in the three-stage paths.

Although evident in only one site each, the last three referral chains warrant additional explanation. These three pathways begin with initial detention agents conducting initial identification by asking justice-involved persons whether they have a history of military service

based on a form the agents must complete. After noting the individuals' responses on the form, agents provide individuals identified with military service history with VTC information (either verbally or give them a VTC pamphlet) and instruct them to contact someone at the VTC. What the justice-involved person with a history of military service does next with the information is where the three paths diverge. As seen in Figure 3.2 above, the individual then either contacts: (1) the VTC Coordinator, (2) the prosecuting attorney on the VTC team, or (3) his/her defense counsel (not affiliated with the VTC) who then contacts the VTC coordinator (four-stage process).

### *Identification Mechanisms*

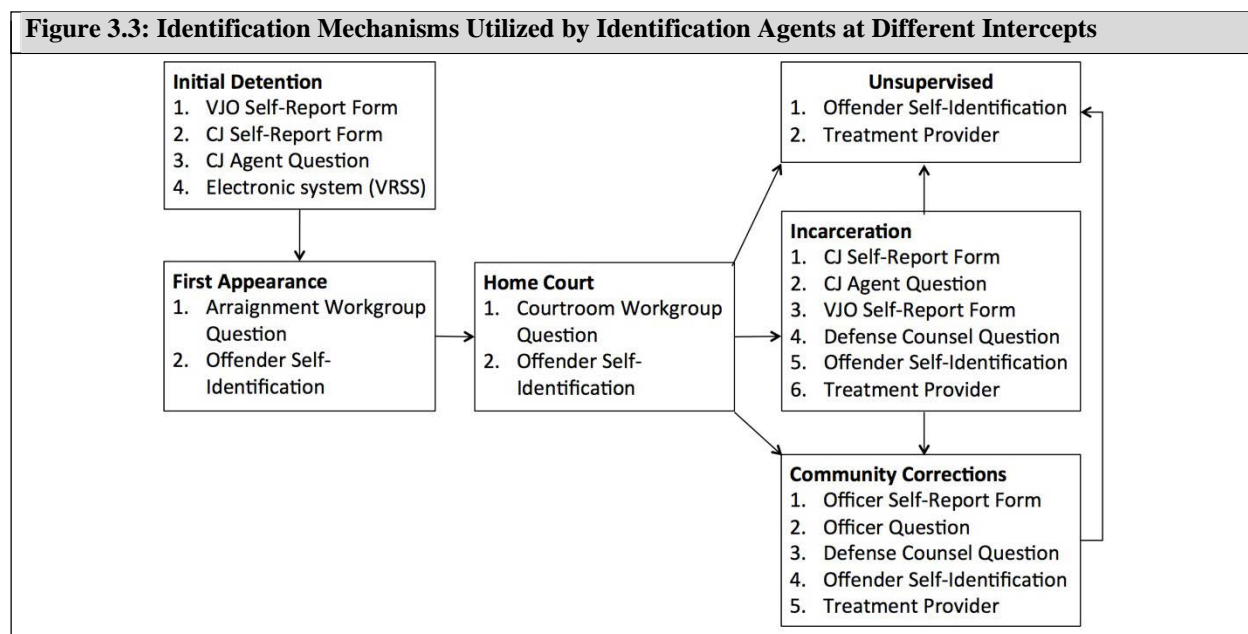
Identification mechanisms were used by initial identification agents at different stages in the criminal justice process to initiate the referral chains. Similar to the previous results, multiple methods were used at each site. Across the eight sites, four general mechanisms were discovered: (1) verbal questions and prompts, (2) written questionnaires, (3) criminal justice agent paperwork, and (4) Veterans Reentry Search Service (VRSS), an electronic database operated by the VA.<sup>22</sup> Because identification agents employed these mechanisms across various criminal justice intercepts, Figure 3.3<sup>23</sup> below was developed to illustrate which mechanisms were utilized by which agents at different phases of the criminal justice process. In other words, the flow chart (Figure 3.3) chronologically illustrates the post-arrest criminal justice process with the identification mechanisms and agents at each stage. The following results are reviewed in order of the initial identification agents' prevalence across the sites as reported in Table 3.1.

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<sup>22</sup> For more information on the Veterans Reentry Search Service (VRSS), please see the VRSS login website (<https://vrss.va.gov>), and User Guide ([https://vrss.va.gov/guides/VRSS\\_CFCS\\_UserGuide.pdf](https://vrss.va.gov/guides/VRSS_CFCS_UserGuide.pdf)). Note only VJOs access information including military discharge status.

<sup>23</sup> Figure 3.3 appears as Figure 3 on page 21 of the Baldwin et al. (2018) article; see footnote 13.

Using a variety of mechanisms, attorneys acted as initial identification agents in all eight VTC sites (100%), and judges did so in the majority of locations (88%). Figure 3.3 outlines when attorney and judicial initial identification can occur, which is across the majority of stages from first appearance throughout the adjudication process. Attorneys and the judiciary asked potential participants if they had a history of military service. In some cases, these individuals volunteered the information to defense counsel unprompted. In cases of continued contact, defense counsel also initially identified through solicited and unsolicited justice-involved persons' self-report post-sentencing during incarceration and probation. Additionally, one site maintained an identification form in the courthouse, which justice-involved individuals would pick up, complete, and submit to any attorney or the local bar association.



Initial detention agents were also primary initial identification agents across the majority of sites (88 %), and they used self-report cards/forms, questions, and an electronic database to obtain information on justice-involved persons' military history. At several jails, booking staff provided cards or self-report forms to justice-involved persons at initial detention that inquired

about military history; justice-involved persons then indicated their military status on these self-report cards/forms. Similarly, at several sites, booking staff verbally asked persons arrested about their military status. However, these self-report forms and questions were administered by both correctional staff and VJOs throughout incarceration periods while the case was being processed, as well as after sentencing. Additionally, some persons in prisons or jails mentioned their service history to correctional officers at initial detention and subsequent time points throughout incarceration. Finally, at two jails, booking agents submitted lists of booked individuals to an electronic database that cross-referenced those individuals with the VRSS to flag those with military history. These reports were then sent back to the jail and to the registered VJOs (see Baldwin, 2015).

Probation officers and treatment providers were the least prevalent initial identification agents (13% of sites each). Typically, those in the roles of probation or treatment became aware of their clients' history of military service post-sentencing. During their administration of services and supervision, some probation officers and treatment providers asked about military service and experience; additionally, some justice-involved persons would self-report these to probation and treatment unprompted.

The results above reveal diversity in who identifies a history of military service (initial identification agents) among justice-involved persons, how military history is identified (identification mechanisms), which member of the VTC becomes aware of potential participants (VTC identification agents), and how the VTC team member is notified (referral chain or pathway). Illustrating the actual identification practices transpiring across and within sites, these results alone do not equate to a lack of standardized identification procedures because the analyses to this point do not address the programs' policies for identification.

### *Identification Challenges and Successes*

Identification challenges and successes were then explored through team survey data and follow-ups with VTC staff and the on-site researchers. Data from three survey items directly related to potential participant identification and referral were analyzed, and responses to two potentially relevant items were also examined. Providing a five-point Likert scale to the respondents, the first item prompted VTC team members to indicate their level of agreement with the following statement: “Potential program participants are quickly identified for eligibility screening.” The second and third items were the following open-ended questions about the referral process: (1) “How do you think the referral process is working?” (2) “Are there barriers to the referral process?” Finally, the qualitative responses to two potentially relevant open-ended items were examined as they requested respondents to list program strengths and weaknesses.

Several team members noted the lack of a well- defined procedure for identification and referral of potential VTC participants. Two examples include:

*I feel there is no SOP [standard operating procedure] for the referral process. One needs to be created for it to be effective.*

*I think a spreadsheet or some type of document available to all would be helpful to track referrals as some get lost or confused with others.*

Our results indicate that identification was occurring across a variety of stages in the criminal justice process, but that most sites were identifying at initial detention, in addition to many other later stages. The responses from the team surveys appear to coincide with these findings. Overall, the majority of team members indicated that potential participants were quickly identified (58%). Approximately a third of team members neither agreed nor disagreed (29%) with that statement or did not know (3%) whether early identification was occurring, while a minority (8%) disagreed or strongly disagreed that early identification was happening.



Open-ended responses centered around difficulties in early and prompt identification and referral, such as: “Identifying potential participants early is [an] issue,” “Barriers – attorneys do not refer to VTC promptly,” and “The only barrier is getting referrals in a timely manner.”

Early identification and referral is a best practice for specialized courts and is component #3 of the Ten Key Components of VTCs (Justice for Vets, 2017). Arrest, booking, or initial detention are early stages in the criminal justice process where arrestees with military service could be efficiently and reliably identified and directly referred to a VTC program team member through established procedure. Despite the current lack of policy to guide practice in this study’s sites, early initial identifications occurred across the majority of sites with a total of seven sites having initial identification agents at initial detention. Additionally, these seven early identification sites all shared the direct referral pathway to the VJO. However, our analyses indicated direct initial detention to VJO referral chains varied in their identification mechanisms, as well as their reliability and efficiency. Two of the seven pathways that originated by initial detention agents and were referred directly to VJOs (Figure 3.1) used an electronic identification mechanism at booking (previously described). Theoretically, an electronic identification system at booking is efficient (resource non-intensive) and reliable (not reliant on self-identification), as well as achieves identification early in the criminal justice process (at booking). In practice, however, several limitations were discovered.

While the technological innovation of the VRSS eliminates the problematic reliance on self-identification, the electronic system is not automated. Relying on human intervention, it requires staff to manually submit the jail intake lists to the VRSS. Although the eight sites have access to the system, three sites were mandated by their state to utilize the VRSS, and only two of the three mandated sites used the mechanism due to staffing shortages. Furthermore, the

frequency of running the lists varied in the two sites, and there were delays in uploading intake lists to the system. Because the initial detention period can be short, some identified individuals were no longer in jail when the VJO arrived for contact. Additionally, the results are not automatically sent to the VJOs or other eligible entities. VJOs must sign up to have the reports emailed to them, and when they do, jurisdiction-specific results are not disseminated. Instead, registered VJOs receive system-wide results; they must sift through them to locate those in their jurisdiction, which can be burdensome in large jurisdictions. However, VJOs can create a rule in Microsoft Outlook™ to limit results to their jurisdictions, but this process was reported to be complicated. These challenges have resulted in some VJOs not registering to receive these reports.

Of the seven sites with direct referral chains from initial detention to VJO (Figure 3.1 above), the five sites that did not employ the VRSS used self-report cards/forms and flyers at the jail and questions by criminal justice staff (Figure 3.3 above). One of these seven sites also used these methods in their direct referral from initial detention to the prosecuting attorney on the VTC team. Several issues were identified with these methods. First, this mechanism solely relies on self-report. Stigmatization, potential loss of benefits, and non-recognition of veteran status by the veteran him/herself are threats to the reliability of self-identification (Baldwin, 2013a, 2017; Hartley & Baldwin, 2019). Additionally, these mechanisms require resources in terms of the self-report cards/forms themselves, as well as personnel for administration. Due to resource shortages and human error, card distribution/collection and agents' verbal inquiries may not be consistently implemented. Finally, the relay of information was found to be delayed as it relied on VJOs having to go to the jail to pick up the cards/forms or staff sending the information to the VJOs or VTC state or district attorneys. For example, one site regularly relayed the identification

information but did so every 2 weeks.

Also originating at initial detention, three indirect pathways were evident in one site (Figure 3.2 above). As the mechanism for identification was a question from the central magistrate soliciting individuals' self-report, these referral chains suffered from the limitations described above. Additionally, these three- and four-stage referral chains were then solely reliant on the self-identified individuals to complete or continue the link to VTC identification. Once the individual was identified in these processes, the information was not then relayed to any VTC team member, but instead, required the individual to contact the appropriate entities. Specifically, these processes merely provided identified arrestees with information on the VTC program. This challenges efficiency as it relies on the individual to read and keep this information upon release, and then either contact someone from the VTC team to inquire about the program or bring up the option with his/her defense counsel who must then contact a VTC team member for referral or inquire about eligibility requirements. Programs should examine their processes for more direct identification options and increased referral sources regardless of where the justice-involved individual is in case processing but especially at initial booking or detention.

Originating post-initial detention, the following three direct pathways warrant discussion: (1) any attorney to VTC coordinator, (2) non-VTC judge to VTC coordinator, and (3) non-VTC judge to VTC judge. A strength of these pathways is the direct referral to VTC coordinators and VTC judges. These three pathways were evident in VTCs that either have been around longer or were in smaller jurisdictions. This could indicate that more established VTCs had attained better recognition in their jurisdictions as legal actors unrelated to the VTC were aware of the VTC program and, as such, would ask justice-involved persons about their military history. Similarly,

because the legal actors in a smaller jurisdiction knew the VTC program existed, they would ask justice-involved persons about their military status. As these pathways were initiated by questions from counsel and the judiciary, they are still subject to the reliability issues related to self-report and consistency of inquiry.

Three referral chains ended with the state attorney, specifically, one direct (Figure 3.1 above) and two three-stage (Figure 3.2 above) pathways. The three-stage referral chain that was initiated by the justice-involved individual was also primarily evident in sites where the VTC program was well-established and known, indicating that publicizing the program may also increase self-identification. The two pathways originating from defense counsel and the judiciary are, again, reliant on consistency of questioning, language employed, and self-report. These pathways are unique in that the state attorney constitutes the VTC identifier and the eligibility gatekeeper. While this may appear efficient, research shows that this can produce lengthy delays in later eligibility and admission screening (see Chapter 4).

Finally, the last two referral chains yet to be discussed are both direct, and each occur in separate single sites. The probation officer to probation/parole chief pathway occurs late in the criminal justice process as the identified individuals are already on probation. Because the chief probation/parole officer is a member of the VTC team and the jurisdiction is smaller, the probation officers are well aware of the VTC program, which results in this identification pathway. However, if identification is initiated by probation, identification is occurring late in the criminal justice process. Furthermore, probation identification may not occur at initial placement but later on under supervision. For example, a team member noted in the survey that “many vets slip through the cracks and are placed on probation. Would like to see a better process for allowing probation officers to identify a vet before he/she violates probation.”

Conversely, referrals from VA treatment providers to the VJO occurred in a large jurisdiction throughout the criminal justice process from immediately after arrest through post-adjudication. This pathway may be attributed to the particular VJO being well-known and proactive within that VA site as other sites without this referral chain have noted that “the VA is not as engaged in the referral process as it should be.”

Several findings have centered on the inconsistency of identification and also resulted in the recommendations of developing systematic identification procedures and increasing awareness of operational VTC programs. Relatedly, team members provided responses specific to these issues, such as the program “needs to be publicized more to ensure no veterans are left out,” “defense bar not really aware of the VTC,” and “lawyers from home court need to know more. It’s the luck of the draw in terms of whether you get an attorney that knows the program.” While this study’s results indicate that the position of defense counsel was the most prominent initial identifier across programs, every defense attorney at each site did not initially identify potential participants. Furthermore, prosecuting attorneys were found to be initial identification agents in only two sites, and not all prosecutors at those two sites were initial identification agents. These findings would support the collaborative development of systematic identification procedures and efforts to increase awareness of VTC programs.

While the lack of program awareness is an issue in some locations, team survey respondents also acknowledged a reluctance on the part of some defense counsel to refer potential participants because it reduces their caseloads or “business” as private defense attorneys. Other responses involved how well these programs are accepted by other courts in the jurisdiction. One respondent exemplified this by stating, “Referrals are sporadic, not all agencies provide them, in-fighting, turf protection, prevents timely referrals.” Another reported that the

problem was “The court system itself. Any court of this nature is viewed as taking business from lawyers, thus there is some resistance in its growth.” These issues were reportedly tied to a “lack of referrals” and programs having a “hard time gaining new participants.” Even in a smaller jurisdiction where the VTC program was well known, a team member reported that the VTC “is extremely small. Attorneys, probation officers and specialty courts are not referring.”

## **CHAPTER 4: ELIGIBILITY AND ADMISSION**

### **Overview**

Because VTCs operate independently from the VA at all levels (e.g., county, regional, federal), each VTC program defines their own criteria for program entry and requirements for participation (Finlay et al., 2019) within the parameters of any state and local directives (e.g., state legislation, judicial orders). This chapter examines the eligibility requirements of the eight VTC programs and their processes of screening and admission as problem-solving courts exercise exclusion criteria to align target populations with local needs and resources. These operational elements are particularly important as they, in conjunction with identification, produce the final participant pools, which may prohibit programs from serving the broadest target population possible for VTC programs (i.e., all justice-involved persons with a history of military service). Similar to the previous chapter, this chapter relates to research questions 2 and 3 concerning program policies and populations served.

Chapter 3 illustrated how potential participants are identified and referred to the VTC programs. After the pool of potential participants is first limited by agency identification efforts and military status (see Chapter 3 regarding non-systematic identification processes and self-reporting challenges), the eligibility and admission processes then further reduce the potential participant pool to the final participant group. Specifically, once potential VTC participants are identified, they are screened for VTC program eligibility. We discovered that, once a veteran or servicemember was deemed eligible, a two-pronged admission approach was typically utilized: (1) the program determines which eligible justice-involved individuals will receive an offer of admission and then extends an admission offer to the eligible individual (2) eligible individuals must then accept the offer of admission.

Drug court admission processes have been found to be complex with various eligibility and admission criteria (formal and informal), decision points, gatekeepers, and refusal opportunities (Belenko, Fabrikant, & Wolff, 2011). Drug court and treatment diversion program research has shown that, of justice-involved persons eligible for programming, approximately one third are admitted, one third are denied admission, and the remaining third do not accept program admission offers (Belenko, 2002; Lang & Belenko, 2000). As such, it is clear that there is a difference between target populations and those who enroll in these types of programs, which directly affects program results. Targeting and admission procedures and selection bias may be the causal factors in some programs' effectiveness rather than the intended program intervention itself (Luskin, 2001; Wolff, Fabrikant, & Belenko, 2011; Wolff & Pogorzelski, 2005). As they can affect reaching and serving the appropriate target population, or realizing program outcomes and impact, it is paramount to document identification, eligibility screening, and admission processes to examine selection effects and to improve selection strategies.

The current study sought to model the eligibility and admission processes of its eight VTC programs, following Belenko and colleagues' previous work in drug courts (i.e., Belenko, Fabrikant, & Wolff, 2011). This chapter presents eligibility and admission process models that identify procedural stages, actors, gatekeepers, screening criteria, and information sources. Utilizing field observations, team surveys, program documents, and queries to team members and on-site researchers (see Chapter 1), qualitative methods and document review were employed to identify and analyze the procedural components of eligibility and admission in the eight VTCs to then deconstruct and model these processes.

As previously indicated, each VTC program defines its own criteria for program entry and requirements for participation. Eligibility criteria were already established by each program



up to 7 years prior to this study's start, so the development process was not within this study's scope. However, the tailoring of individualized program requirements is addressed, and this process is part of the admission process.

## Results

First, the eligibility requirements for each program were identified based on a review of program materials. Among the eight VTC programs, eligibility policies included requirements and/or exclusions that fell within the following categories: (1) military status (includes service experience), (2) criminal history, (3) current legal charges, and (4) extra-legal issues.

Additionally, a fifth criterion, the "nexus requirement," was applied by some programs. This nexus criterion requires some linkage or relationship between two to three of the following categories: current offense (current legal charge or reason for arrest), extra-legal issue (e.g., substance use disorder, mental health issue), and/or military service. For example, the mental health issue or substance use disorder must be the result of military service.

Table 4.1 below presents the eligibility criteria by category for each of the eight programs. Two programs had criteria in all five categories. Three programs had criteria in four areas, and three programs had criteria across three categories. All programs had eligibility criteria related to military status and current charges. Six programs had eligibility criteria related to criminal history. Five programs had criteria related to extra-legal issues (e.g., mental health, substance-abusing behavior, military sexual trauma or MST, traumatic brain injury or TBI). Additionally, five programs had a nexus requirement. Three nexus requirements were evident and involved the extra-legal issue(s). Specifically, the extra-legal issue(s) (mental health or substance abuse issue) had to have some relationship to: (1) to military service, (2) the offense, or (3) the offense and military service.

<b>Table 4.1: Eligibility Criteria by VTC Program</b>					
	<b>Military Status</b>	<b>Criminal History</b>	<b>Current Charges</b>	<b>Extra-Legal</b>	<b>Nexus</b>
<b>VTC 1</b>	<i>Requirements</i> Veteran	<i>Exclusions</i> Sex offense Gang-related offense	<i>Exclusions</i> Sex offense Child abuse Gang-related Violent felony Assault on staff	<i>Requirements</i> Mental health <b>or</b> substance abuse issue	
	<i>Exclusions</i> Dishonorable discharge	Violent felony Long-term absconder D or higher conviction*	<i>Requirements:</i> E or lower offense** Offense in target area		
<b>VTC 2</b>	<i>Requirements</i> VA eligible		<i>Requirements</i> Victim consent	<i>Requirements</i> Mental health <b>and/or</b> substance abuse issue	<i>Requirements</i> Issue x Service & Crime: Extra-legal issue resulted from military service and related to the criminal conduct
	<i>Exclusions</i> Dishonorable discharge				
<b>VTC 3</b>	<i>Requirements</i> VA eligible	<i>Exclusions</i> Violent crime Felony	<i>Exclusions</i> Sex offense Violent offense but some exceptions (simple assault)	<i>Requirements</i> Brain injury <b>or</b> Mental illness/disorder <b>or</b> Victim of MST	<i>Requirements</i> Issue x Service & Crime: Extra-legal issue resulted from military service and related to the criminal conduct
	<i>Exclusions</i> Dishonorable discharge		<i>Requirements:</i> Misdemeanor Victim consent		
<b>VTC 4</b>	<i>Requirements</i> Served at least 1 day in the military	<i>Exclusions</i> Violent felonies Drug trafficking Human trafficking	<i>Requirements:</i> Misdemeanor or H/I felony***	<i>Requirements</i> Must have 1 of the following: PTSD, TBI, MST, SUD, or Axis I diagnosis****	
			<i>Exclusions</i> Murder, Manslaughter Certain sex offenses Drug trafficking Human trafficking	<i>Exclusions</i> Medical or mental health issue inhibiting full VTC participation	

\*Prior felony convictions for classes A (most severe, sentences of death or life imprisonment) through D (sentence range of 38-160 months) are ineligible.

\*\*Potential participant must have a current charge of a class E felony (sentence range of 15-63 months) or below to be eligible.

\*\*\*H and I felonies are the lowest class of felonies, which have sentence ranges of 4-25 and 3-12 months, respectively.

\*\*\*\*SUD: Substance Use Disorder; Axis I diagnoses include but are not limited to anxiety, dissociative, mood, and psychotic disorders

<b>Table 4.1 (Continued): Eligibility Criteria</b>					
	<b>Military Status</b>	<b>Criminal History</b>	<b>Current Charges</b>	<b>Extra-Legal</b>	<b>Nexus</b>
<b>VTC 5</b>	<i>Requirements</i> VA eligible Honorable discharge <i>or</i> Active duty <i>or</i> Reserves	<i>Exclusions</i> Previously terminated from VTC Previously graduated from VTC Prior conviction or deferred adjudication for sexual assault Prior conviction or deferred adjudication for serious felony offense (exception of aggravated assault)	<i>Requirements</i> Pending eligible felony  <i>Exclusions</i> Sex offense Drug delivery Any serious felony offense (exception of aggravated assault)	<i>Exclusions</i> Seriously and persistently mentally ill and cannot participate	<i>Requirements</i> Issue x Crime: TBI <i>or</i> Mental health issue <i>or</i> SUD related to the criminal offense
	<i>Requirements</i> First-time offender <i>and/or</i> served in combat <i>and/or</i> hazard duty				
<b>VTC 6</b>	<i>Requirements</i> Veteran		<i>Requirements</i> Arrested in county		<i>Requirements</i> Crime x SUD/MH: Criminal misdemeanor or felony drug offense, <i>or</i> other misdemeanor/felony directly related to substance abuse or mental health issues
<b>VTC 7</b>	<i>Requirements</i> Served in military	<i>Exclusions</i> Sex offenses Life offenses	<i>Exclusions</i> Sex offenses Life offenses		
<b>VTC 8</b>	<i>Requirements</i> Veteran	<i>Exclusions</i> Crimes against children Sex crimes First degree felony	<i>Requirements</i> Arrested in county  <i>Exclusions</i> Crimes against children Sex offense First degree felony	<i>Requirements</i> Mental illness, TBI, SUD, or psychological problem	<i>Requirements</i> SUD/MH x Service: Mental illness, TBI, SUD, <i>or</i> psychological problem related to military service
			<i>Requirements</i> Arrested in county		

Post-identification, three stages were evident: (1) eligibility screening, (2) admission screening, and (3) client approval. The following roles and events were also identified: (1) eligibility gatekeepers, (2) participation terms decision makers, (3) admission gatekeepers. In Figures 4.1-4.8 below, these stages and decision-makers are illustrated, as well as what information is gathered and reviewed by whom.

For example, in Figure 4.1, the eligibility screening (stage 1), admission screening (stage 2), and client approval (stage 3) comprise the eligibility and admission process for VTC 1.

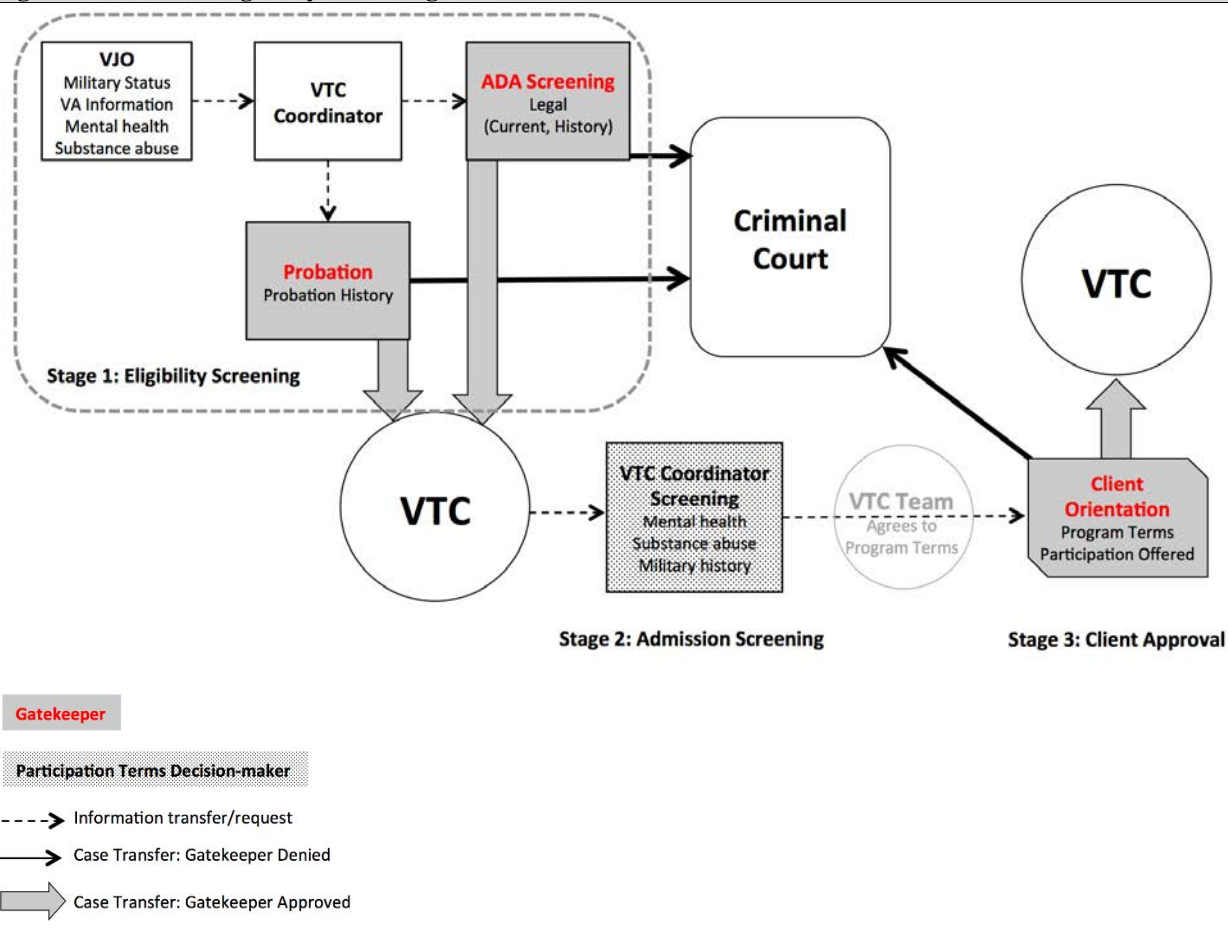
Figure 4.1 illustrates the following events, information, and gatekeepers in the eligibility phase (stage 1).

- The VJO collects military status, VA data, mental health, and substance abuse information on potential participants and sends the information to the VTC Coordinator.
- The VTC Coordinator then transfers the information to both the ADA and Probation for eligibility screening.
  - The ADA is an eligibility gatekeeper as the ADA reviews the file for legal eligibility (current charges, history) and then determines eligibility. The ADA then sends ineligible cases to criminal court and eligible cases to the VTC. This ends the eligibility stage.
  - Probation is also an eligibility gatekeeper and reviews the potential participant probation history. Long-term absconders are ineligible for the VTC program. If deemed ineligible, Probation sends the case to criminal court; if eligible, probation sends the case to the VTC. This also ends the eligibility stage.

For eligible cases transferred to VTC, the admission screening (stage 2) begins with the VTC Coordinator reviewing the information gathered by the VJO (military status, mental health, and substance abuse). The Coordinator then develops individualized program terms for the potential participant and informs the VTC Team of the developed program terms. The VTC Team agrees to the terms, and admission screening (stage 2) is now complete. Stage 3 is client approval in which the client becomes the decision-maker. The Coordinator presents the terms and admission offer to the potential participant/“client” at client orientation. The potential participant/“client” then decides whether to accept the offer and enter the VTC program, or to reject the offer and

proceed to criminal court. In this model, the eligibility gatekeepers are the ADA and Probation, and the admission gatekeepers are the Coordinator and the potential participant/“client”.

**Figure 4.1: VTC 1 Eligibility Screening and Admission Model**

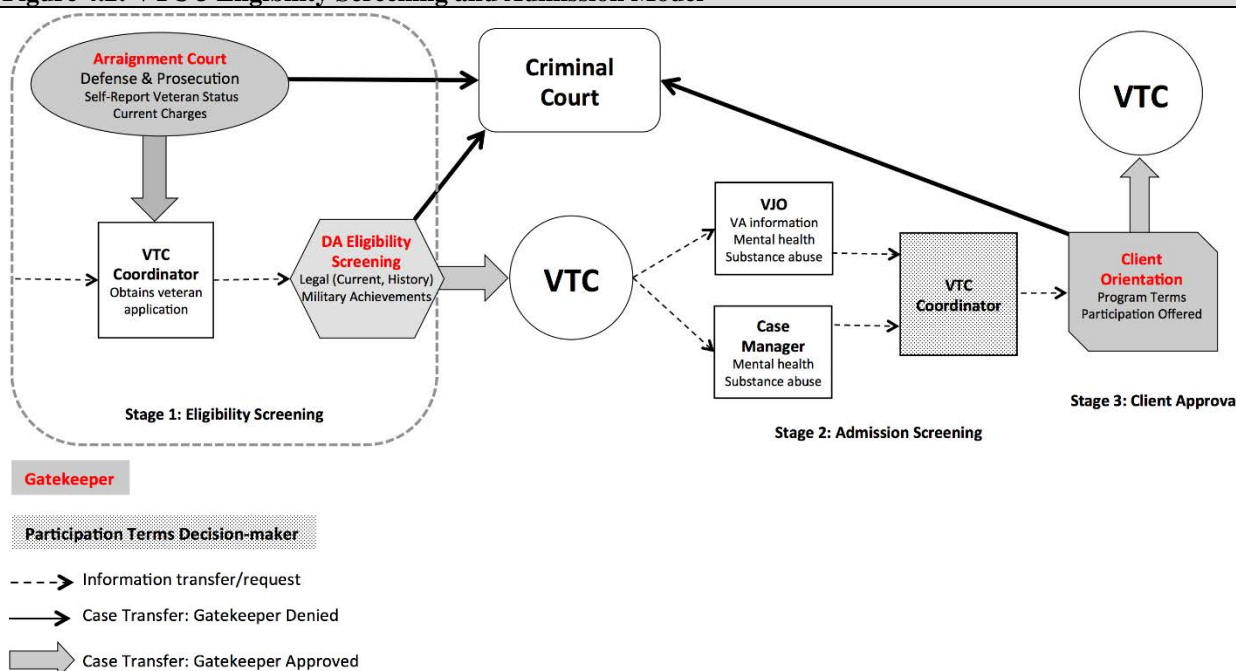


In Figure 4.2, there are either one or two eligibility gatekeepers based whether the initial case is identified in arraignment court by veteran self-report or an application is submitted to the VTC Coordinator. The two-gatekeeper eligibility version operates if a justice-involved individual’s military status is identified in arraignment court.

- The arraignment court is the first eligibility gatekeeper as it assesses the current charges and self-reported veteran status and then either moves the case to criminal court or passes the file to the VTC Coordinator. For cases that move to criminal court, this ends the eligibility screening (stage 1) in the two-gatekeeper eligibility screening.
- For those passed to the VTC Coordinator, the Coordinator makes contact with the justice-involved individual, has them fill out an application, and passes the file and application onto the District Attorney (DA), who is the second eligibility gatekeeper.

- In most cases, the eligibility screening decisions involve a back and forth between the Coordinator and the ADA or DA using legal and military information, but ultimately, the DA makes the decision about whether to transfer the case to criminal court or the VTC, making the DA the second eligibility gatekeeper. This ends the eligibility screening (stage 1) in the two-gatekeeper eligibility screening, making the DA the second eligibility gatekeeper. This ends the eligibility screening (stage 1) in the two-gatekeeper eligibility screening.

**Figure 4.2: VTC 3 Eligibility Screening and Admission Model**



Alternatively, in the single eligibility gatekeeper version, the VTC Coordinator receives an individual's VTC application from another source (see Chapter 3). The eligibility then continues on in a similar fashion as the two-gatekeeper version:

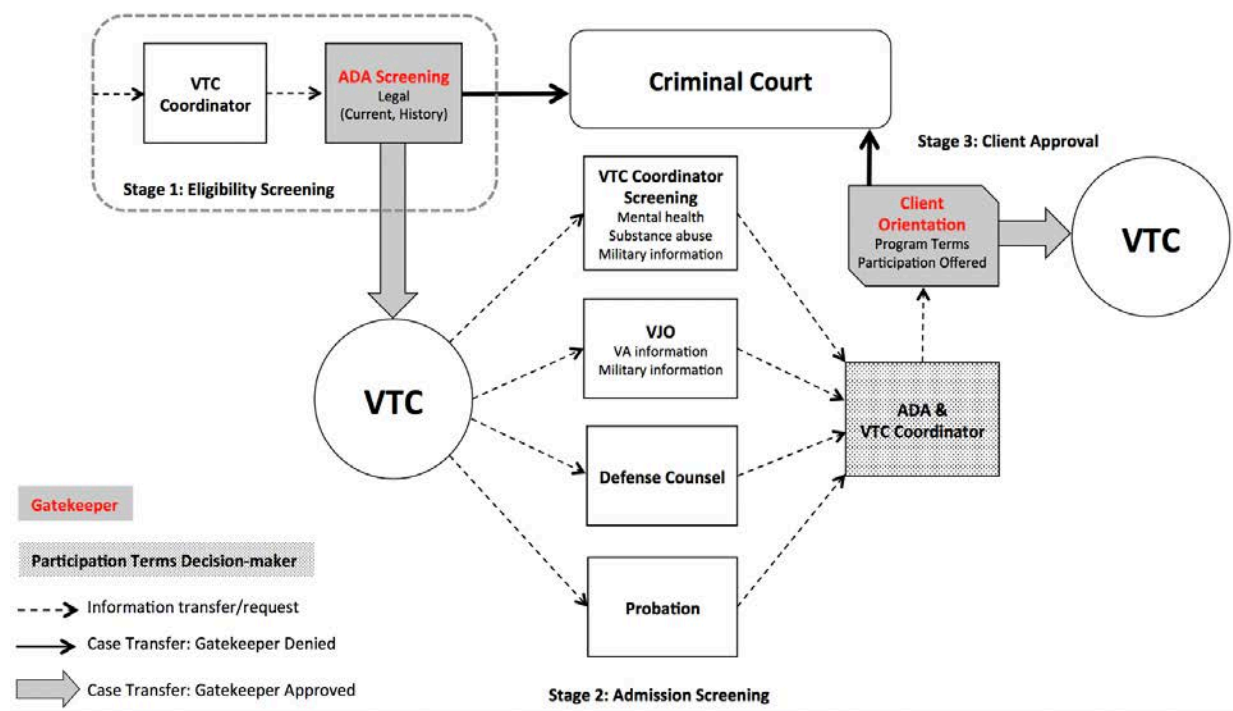
- The Coordinator passes the file and application onto the DA.
- Again, in most cases, the eligibility screening decisions involve a back and forth between the Coordinator and the ADA or DA using legal and military information, but ultimately, the DA makes the decision about whether to transfer the case to the VTC, making the DA the first eligibility gatekeeper in this version. This ends the eligibility screening (stage 1) in the one-gatekeeper eligibility screening.

For cases transferred to the VTC by the DA, admission screening (stage 2) begins. As seen in Figure 4.2, the VJO gathers information related to the VA, mental health, and substance

abuse to add to the file, and the Case Manager obtains additional mental health and substance abuse information for the file. The VJO and Case Manager send their files to the VTC Coordinator. The Coordinator assesses the needs based on information in the file and determines how the program will meet those needs by developing individualized program terms. The Coordinator then extends the admission offer and program terms to the justice-involved individual in client orientation, which are discussed by the veteran and defense attorney. The individual either accepts the offer and enters the VTC or opt outs and moves onto criminal court.

In Figure 4.3, the eligibility screening is similar to the single-gatekeeper version in model 4.2. The VTC Coordinator receives the case from a variety of sources (see Chapter 3) post-arraignment and sends it to the ADA for eligibility screening. As the eligibility gatekeeper, the ADA determines eligibility based on legal information (current and historical), sending ineligible cases to criminal court and eligible ones to the VTC, which ends eligibility screening (stage 1).

**Figure 4.3: VTC 2 VTC Eligibility Screening and Admission Model**



For admission screening in model 4.3, four team members gather information for review by the ADA and VTC Coordinator:

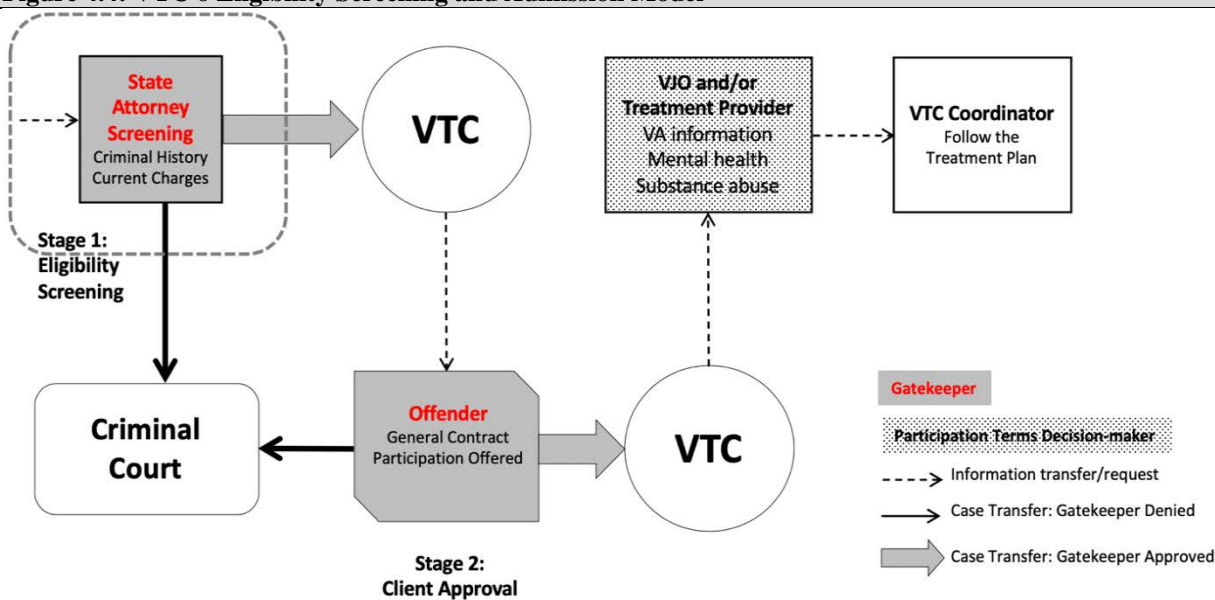
1. VTC Coordinator obtains mental health, substance abuse, and military information.
2. VJO amasses information related to the VA and military status and history information.
3. Defense counsel obtain additional information
4. Probation obtains additional information.

The latter three provide the VTC Coordinator with their information, and the VTC Coordinator compiles all information and shares with the ADA. The Coordinator and ADA review the file and information and collaboratively develop the individualized program requirements. Similar to models 4.1 and 4.2, the VTC Coordinator presents the program terms and admission offer to the justice-involved individual who is the admission gatekeeper, determining whether to accept the terms and participate in the VTC or opt out and proceed to criminal court.

Model 4.4 below is in line with models 4.1-4.3, the state attorney's office screening potential participant cases for eligibility, focusing on criminal history and current charges. As the eligibility gatekeeper, the state attorney then refers the case to either criminal court (if deemed ineligible) or the VTC (if eligible), completing the eligibility screening. However, when eligible individuals transfer into the VTC, the VTC offers them a general participation contract.

Therefore, Stage 2 is actually client approval in Model 4.4, but the admissions gatekeeper is still the justice-involved individual/"offender". Defendants who decline to participate move onto criminal court (similar to all models thus far). Those who agree to participate sign the general contracts and move onto be evaluated by treatment providers who develop treatment recommendations, which are sent to the VTC Coordinator who incorporates it into the participation plan.



**Figure 4.4: VTC 6 Eligibility Screening and Admission Model**

Models 4.5 and 4.6 are similar to each other but differ from the previous process models in that the eligibility screening is more complex with additional stakeholders, including three eligibility gatekeepers (VTC Coordinator, VTC Team, and Assistant State Attorney (ASA)), and different eligibility gatekeepers can refer ineligible justice-involved persons/“offenders” to either mental health court or criminal court. In Models 4.5 and 4.6, the VTC Coordinator receives the potential participant referrals and immediately screens for the nexus requirement (extra-legal issue such as substance abuse or mental health issues are related to military service). The Coordinator then moves ineligible cases to either the mental health court or the criminal court and sends the eligible potential participants to be evaluated by the VA or Community Treatment Provider. The clinical evaluation results are then sent to the VTC. Models 4.5 and 4.6 are the first to have the clinical evaluations occur during the eligibility screening stage. Similar to model 4.4, Stage 2 in models 4.5 and 4.6 is client approval. As in all the models, the client is the final admission gatekeeper, determining whether to opt out or accept the VTC program offer.

**Figure 4.5: VTC 8 Eligibility Screening and Admission Model**

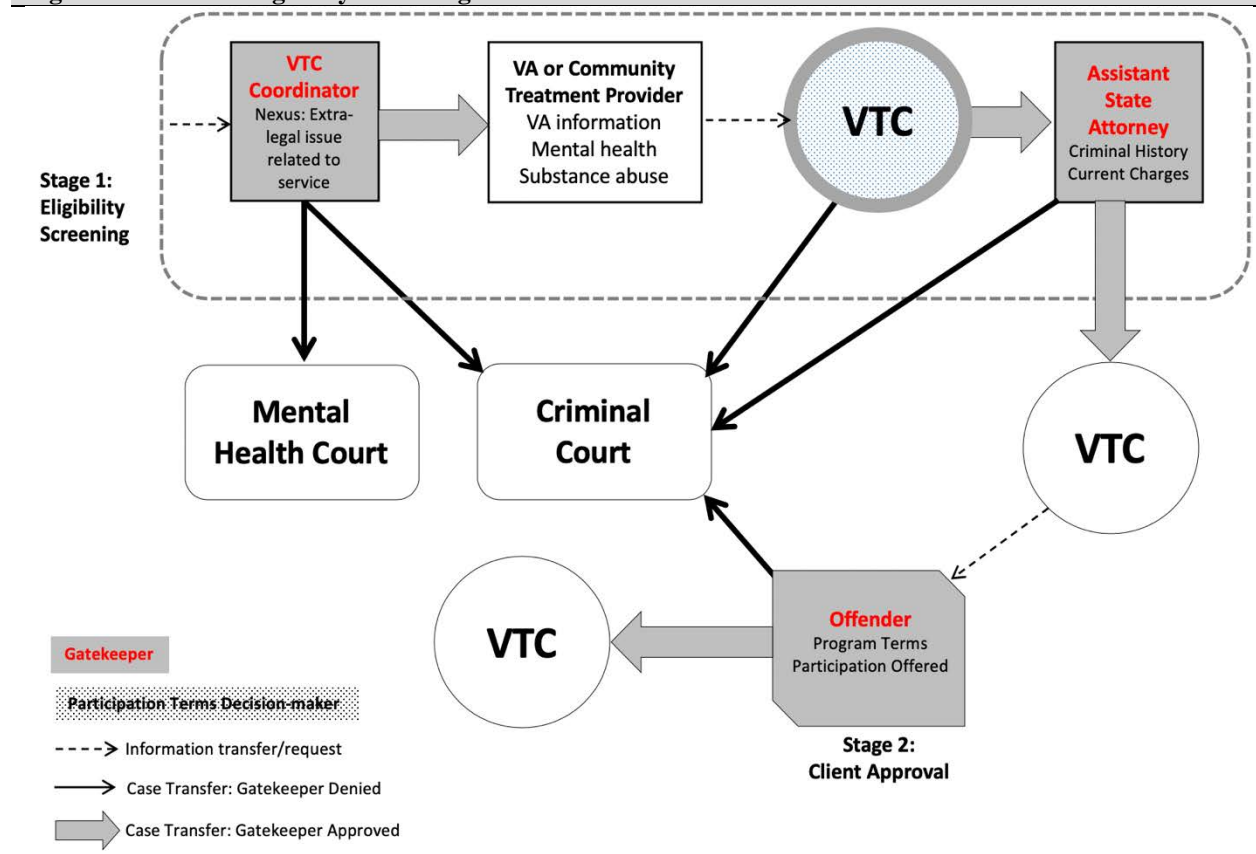
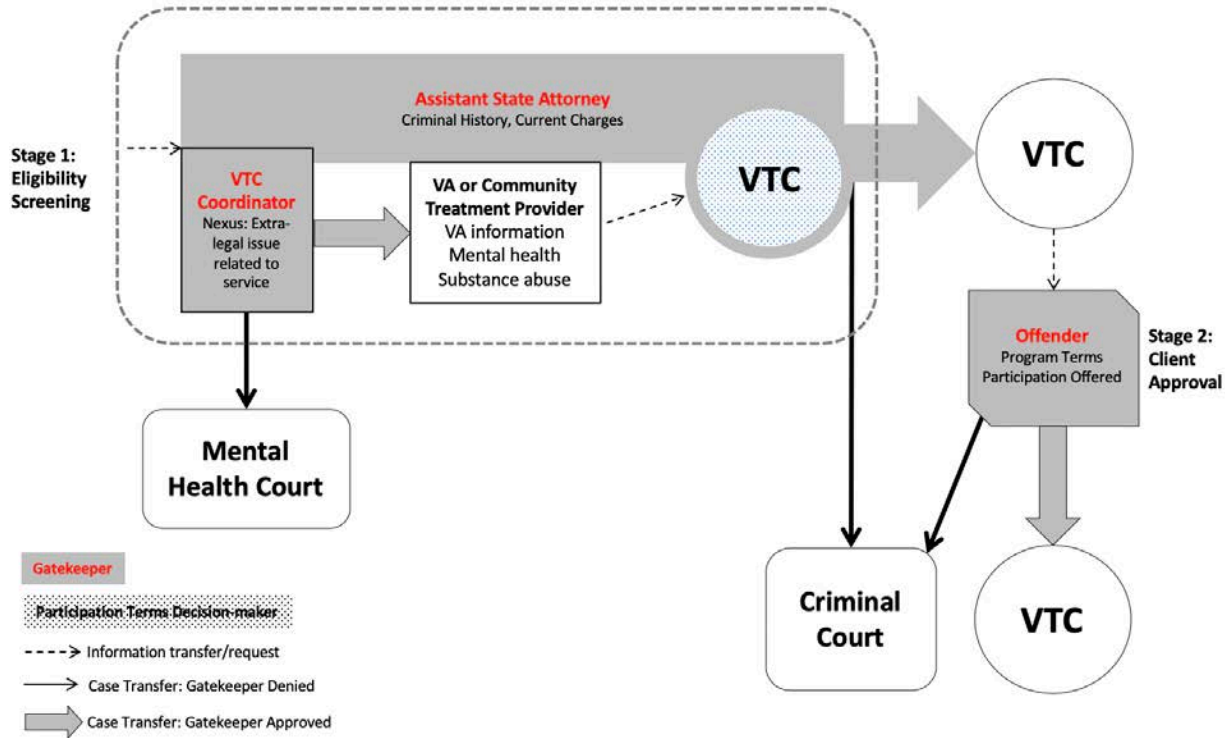
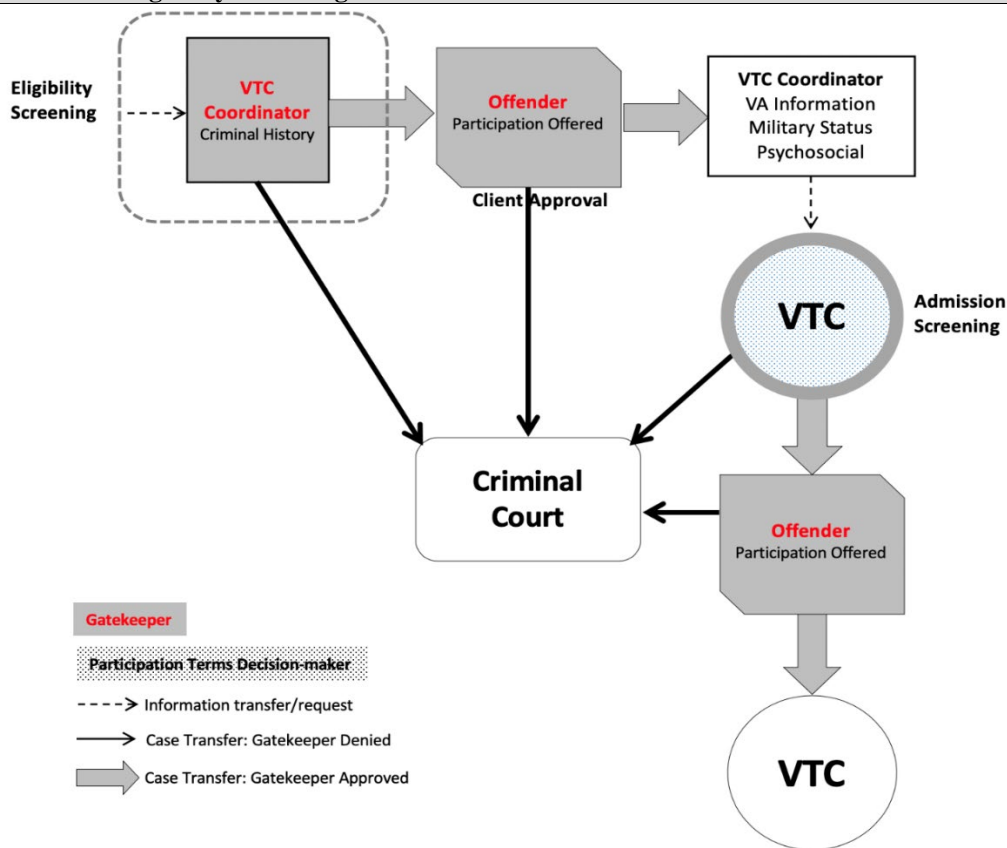


Figure 4.6: VTC 7 Eligibility Screening and Admission Model



The primary difference in the eligibility screening process between models 4.5 and 4.6 is the timing of the ASA's screening. In Model 4.5, the ASA is the final eligibility gatekeeper, screening for eligibility based on criminal history and current charges after the Coordinator screening, the clinical evaluations, and the VTC screening. Whereas in Model 4.6, the ASA's screening also focuses on criminal history and current charges but occurs at the same time as the VTC Coordinator's screening, the clinical evaluations, and the VTC's screening. In this model, the last eligibility decision is collaborative between the VTC and ASA, meaning that both sides must deem the case eligible for it to move to the VTC. Additionally, the VTC Coordinator and ASA receive the case simultaneously and begin eligibility review at the same time.

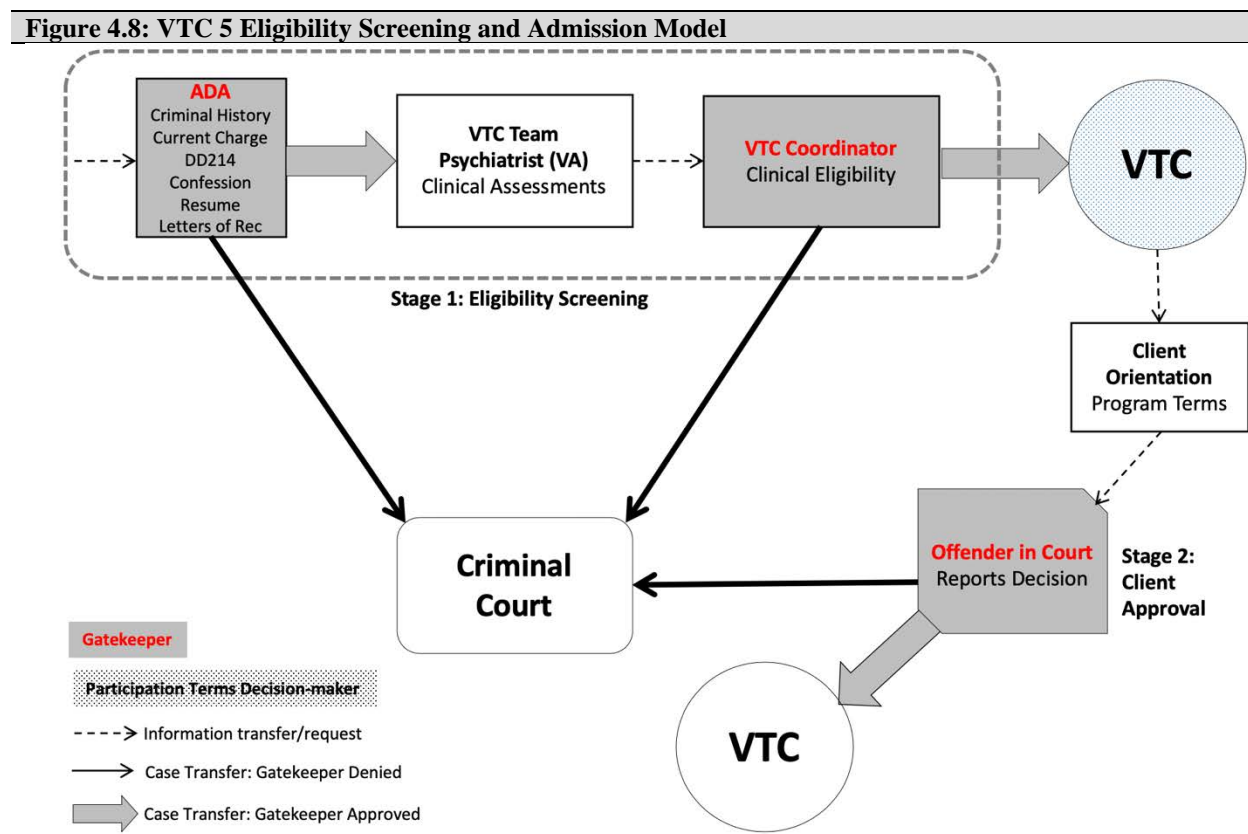
Figure 4.7: VTC 4 Eligibility Screening and Admission Model



Model 4.7 is similar to models 4.3 and 4.4 in that there is only one eligibility gatekeeper. However, the eligibility gatekeeper in model 4.7 is the VTC Coordinator, while it is the prosecution in 4.3 and 4.4. Different from all previous models, model 4.7 has two decision points for the justice-involved person/“offender” (immediately after eligibility is determined and after admission is determined). After the Coordinator determines eligibility in model 4.7, the coordinator describes the VTC program to potential participants and lets them know they have 24 hours to decide whether they are interested in participating in the VTC program. The coordinator sends the cases of those uninterested in enrolling over to the criminal court docket. For interested veterans or servicemembers, the coordinator conducts assessments and sends the information and file to the VTC team. The full VTC team obtains additional information on the potential participants and discusses the information at staffing, ultimately determining whether

an admission offer should be made. If the team decides not to offer admission, the case moves to criminal court. For those offered admission, the second decision point comes into play—whether to accept the admission offer to continue on to the VTC program or reject it and move to criminal court.

Finally, Model 4.8 has two eligibility gatekeepers, which is in line with several other models; includes clinical assessments in the eligibility screening stage similar to models 4.5 and 4.6; and has client approval as stage 2, which is the same as models 4.4, 4.5, 4.6, 4.7).



Across the eight programs, there were five categories of eligibility requirements: (1) military status, (2) criminal history, (3) current legal charges, (4) extra-legal issues, and (5) nexus. Most programs excluded current or historical charges of sex offenses, child abuse, and severe violent offenses or those carrying life sentences. Regarding military status, some

programs only accepted justice-involved persons who had separated from the military, while others also accepted those currently enlisted. VA eligibility was a requirement for some; dishonorable discharges were excluded from some programs. Three types of nexus requirements were also identified. As shown in Table 4.1 above, some programs also considered "nexus requirements." In general, these required the following relationships for eligibility: (1) the extra-legal issue(s) had to be related to military service, (2) the offense had to be related to some type of extra-legal issue(s), or (3) the extra-legal issue(s) had to be resultant from military service *and* related to the criminal conduct. Discussions about whether potential participants met the nexus requirements were observed in the staffings of all programs that required them. While it may appear that these nexus requirements would be difficult to prove, the VTC teams in the majority of programs with these nexus requirements had great leeway in their determinations of whether potential participants met the nexus requirement.

As seen in the models and comparative review in this chapter, the processes for eligibility and identification screening greatly varied across the programs, although a few trends emerged. Many times, the admissions gatekeeper is the justice-involved individual. Essentially, once a potential participant is deemed eligible, it is highly likely that an admission offer will be made. While the eligibility criteria were utilized in the processes illustrated above, when the criteria are considered, whom considers it, and, sometimes, for what purpose, varied across programs.

## **CHAPTER 5: PARTICIPANTS IN VETERANS TREATMENT COURTS**

### **Overview**

As seen in Chapters 2-4, the eight VTC programs not only varied in the size of their caseloads (Chapter 2), but also in their eligibility requirements (Chapter 2), identification processes (Chapter 3), and admissions screening procedures (Chapter 4). These latter elements can directly affect the types of participants who enter their VTC programs. To address research question 3—what population are the VTCs serving, this chapter examines the characteristics of the participant pools in the study’s eight VTC programs. We do so first in the aggregate across programs, and then in contrast between programs. Three sources of data were analyzed: (1) program and agency records, (2) participant interviews, and (3) dockets and progress reports. Please see Research Design and Methods in Chapter 1 for details including figures that illustrate overlapping groups of program participants versus participant interview samples.

Agency record data were requested from the programs in an effort to create a more complete view of the types of participants in the programs beyond just those interviewed (see Chapter 1: Archival Information). Those data contain information on participant characteristics and program progress as available for individual participants who were in seven of the eight programs during 2016-2019. We identified a total of 1,267 unique participants over those four calendar years. Additionally, the participants in the interview sampling frame are examined using the agency record data provided by seven programs. A total of 579 participants met the baseline interview eligibility criteria, constituting the interview sampling frame. We conducted one-on-one in-depth baseline interviews with a total of 318 participants across all eight sites over 2 years: Year 1 (July 2016-June 2017) and Year 2 (July 2017-June 2018).

The use of the various data sources were part of the project's triangulation approach of employing quantitative and qualitative research methods to interpret findings in context. Please note, data on these variables were not provided by all program sites, limiting use for outcome and comparative analyses. When possible, based on data availability,<sup>24</sup> we investigate whether there are significant differences between the sampling frame (n=579) and the interviewed baseline sample (n=318).

### **Participant Snapshot Using Archival Data: Program Participants in Seven VTCs (2016-2019)**

VTC programs in the current study were of varying size with respect to both their caseload capacity and overall number of veterans served (see Chapter 2). Seven of the programs provided archival data on the information requested, however, their recordkeeping was not uniform. The archival data we were able to obtain revealed that the seven VTCs had a total of 1,267 participants accepted into their programs from 2016 through 2019, not just the 2-year interview recruitment period (see Chapter 1: Figure 1.2 and Archival Information subsection).

Table 5.1 below displays the information available for the total 1,267 participants who were active in the seven sites during 2016-2019. The number of participants in these programs ranged from a low of 35 participants in VTC 1, to a high of 456 participants in VTC 8. The mean age of participants across VTCs ranged from 37 to 46 years, and the majority of participants were male (89% to 100%). Overall, regarding race and ethnicity, the majority of participants were White, followed by Black or Hispanic; very few of the VTC participants were Asian or Native American. Ethnicity did somewhat vary across the VTC programs studied; at least two of the programs had a sizable number of participants who were Hispanic. However, as noted in

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<sup>24</sup> As noted in Chapter 1, seven of the eight VTCs were able to provide agency record data. The one program unable to provide these records was one of the two smallest programs. Comparisons regard only the seven programs that were able to provide those data.



Chapter 1 (see Research Design and Methods), it is likely that the three programs that did not record ethnicity recorded any Hispanic participants as White. Because the extent to which this occurred is unknown, there may be an over-representation of Whites and an under-representation of Hispanics in the presented findings.

For the three VTCs that provided military branch information, the majority of participants served in the Army, followed by the Marines, then Navy, and Air Force. Three VTCs provided information on current charges. The majority of participants were facing driving while intoxicated (DWI) charges in two of the three programs. Property offenses (thefts) and drug offenses (possession of a controlled substance) were most prevalent in the third program, followed by charges for DWI. Some participants were also facing charges for violent offenses; the majority of which were assault with bodily injury and weapons offenses (most unlawful carrying of a weapon). These data, however, are of limited use as four of the seven courts did not provide information on military branch and charge.

**Table 5.1: Participant Demographics across Seven VTC Programs\* (N=1,267, 7 VTCs)**

	VTC 1 (N=35)	VTC 2 (N=163)	VTC 3 (N=352)	VTC 5 (N=141)	VTC 6 (N=55)	VTC 7 (N=65)	VTC 8 (N=456)
<b>Age - mean</b>	43.9	36.9	39	38.8	42.2	42.4	46.3
<b>(min - max)</b>	(26-67)	(26-73)	(23-74)	(22-77)	(24-72)	(24-70)	(22-91)
<b>Gender (%)</b>							
Male	35 (100.0)	154 (94.5)	312 (88.6)	132 (93.6)	51 (92.7)	61 (93.8)	432 (94.7)
Female	0	9 (5.5)	40 (11.4)	9 (6.4)	4 (7.3)	4 (6.2)	24 (5.3)
<b>Race/Ethnicity (%)</b>							
White	23 (65.7)	-	116 (33)	62 (44)	43 (78.2)	46 (70.8)	246 (53.9)
Black	11 (31.4)	-	45 (12.8)	39 (27.7)	10 (18.2)	14 (21.5)	180 (39.5)
Hispanic†	1 (2.9)	-	167 (47.4)	35 (24.8)	0	0	0
Asian	0	-	5 (1.4)	4 (2.8)	0	0	3 (0.7)
Native American	0	-	0	0	2 (3.6)	5 (7.7)	0
Other	0	-	0	0	0	0	27 (5.9)
Missing	0	-	19 (5.4)	1 (0.7)	0	0	0
<b>Military Branch (%)</b>							
Army	16 (45.7)	105 (64.4)	175 (49.7)	-	-	-	-
Navy	5 (14.3)	12 (7.4)	29 (8.2)	-	-	-	-
Marines	10 (28.6)	39 (23.9)	58 (16.5)	-	-	-	-
Air Force	1 (2.9)	6 (3.7)	69 (19.6)	-	-	-	-
Missing	0	0	21 (6)	-	-	-	-
<b>Charge (%)</b>							
DWI	9 (25.7)	124 (76.1)	294 (83.3)	-	-	-	-
Property	11 (31.4)	3 (1.8)	1 (0.3)	-	-	-	-
Drug	11 (31.4)	8 (4.9)	3 (0.9)	-	-	-	-
Violent	3 (8.6)	8 (4.9)	20 (5.7)	-	-	-	-
Weapon		4 (2.5)	13 (3.7)	-	-	-	-
Other	1 (2.9)	8 (4.9)	2 (0.6)	-	-	-	-
Missing		8 (4.9)	19 (5.4)	-	-	-	-

\* Percentages may not add to 100 due to missing values on some variables.

† VTC Sites 6, 7, and 8 provided information on race and did not indicate the ethnicity of participants. It is possible that Hispanic participants in these VTC programs were categorized as White. To the extent that this is the case, in these three programs, the percentage of participants who are White may be slightly smaller than what is reported here and the percentage of participants who are Hispanic may be slightly larger than shown here.

## Participant Snapshot Using Dockets, Progress Reports, and Archival Data: Sampling Frame from Eight VTCs (July 1, 2016 – June 30, 2018)

A total of 579 participants comprised the interview sampling frame across the eight VTC sites. Using the archival program data and information collected from dockets and progress reports, the characteristics of the sampling frame were examined. Please see Chapter 1 Research Design and Methods for figures and information on the creation of the sampling frame.

Table 5.2a below displays the frequency distribution for variables recorded about participants from the sampling frame data collection: the gender and military branch of the participant, the offense charged, and whether they were accepted into the VTC pre-plea (diversion) or post-plea. Similar to the archival data, the majority of the participants in the sampling frame are male (92%), and over half served in the Army (57%). The most prevalent charge is a DWI offense (55%), followed by a violent offense (16%). Drug, property, and other offenses were the least prevalent and represented 11%, 8%, and 8% of charges, respectively. The other category includes mostly public order offenses, such as resisting arrest and driving with a revoked license.

Regarding the limited information obtained on the 579 participants in these programs, the only significant differences between those who agreed to participate in baseline interviews and those who did not related to their offense charged and plea status.<sup>25</sup> VTC participants charged

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<sup>25</sup> A series of Chi-square statistics were calculated to examine whether any statistically significant differences on these variables existed between participants who completed interviews and those who did not. The results reveal that a slightly larger proportion of females completed interviews (56% versus 55% for males), but this difference was not statistically significant,  $\chi^2(1, N=579) = .008, p = .929$ . Likewise, there were differences in the proportion of participants who completed interviews across the branches of military (Army = 55%, Navy = 61%, Marines = 48%, Air Force = 45%). However, these differences were also not statistically significant,  $\chi^2(3, N=538) = 4.68, p = .197$ . For the offense charged and plea status variables, there were some statistically significant differences in the proportion between the two groups. A significantly smaller proportion of participants charged with DWI and other offenses completed the baseline interview (DWI = 38%, property = 70%, drug = 67%, violent = 74%, other = 47%),  $\chi^2(4, N=487) = 50.39, p = .000$ . Finally, a larger proportion of post-plea participants completed baseline interviews (64% versus 48% for pre-plea), and this difference was statistically significant at the 0.05 level,  $\chi^2(1, N=579) = 11.74, p = .001$ .

with a DWI or other offense were less likely to complete an interview, and those who were accepted into the VTC with pre-plea (diversion) status were also significantly less likely to participate in an interview than those who were accepted into the VTC with post-plea (plead guilty) status. Generally, therefore, it appears that VTC participants charged with DWI and Other offenses were less likely to participate in an interview. With this difference in mind, the results discussed below provided by the participants interviewed may not be fully representative of those who were charged with DWI or Other offenses and those who were given an offer of diversion as part of their participation in the VTC program.

<b>Table 5.2a: VTC Participant Sampling Frame Characteristics (n=579, 8 VTCs)</b>			
	<b>Frequency (Percent)</b>		<b>Total (Percent)</b>
	<b>Not Interviewed</b>	<b>Interviewed</b>	
<b>Gender</b>			
Male	241 (45.1)	293 (55.0)	534 (92.2)
Female	20 (44.4)	25 (56.0)	45 (7.8)
<b>Military Branch*</b>			
Army	138 (45.0)	169 (55.0)	307 (57.1)
Navy	28 (38.9)	44 (61.1)	72 (13.4)
Marines	49 (51.6)	46 (48.4)	95 (17.6)
Air Force	35 (54.7)	29 (45.3)	64 (11.9)
<b>Charge** †</b>			
DWI	168 (62.2)	102 (37.8)	270 (55.4)
Property	12 (30.0)	28 (70.0)	40 (8.2)
Drug	17 (33.3)	34 (66.7)	51 (10.5)
Violent	20 (26.0)	57 (74.0)	77 (15.8)
Other	20 (52.6)	18 (47.4)	38 (7.8)
<b>Plea Status**</b>			
Pre-Plea	188 (51.5)	177 (48.5)	379 (67.4)
Post-Plea	61 (35.7)	110 (64.3)	183 (32.6)

\* n=538, 40 cases were missing information on the military branch variable; the 1 case where the participant was a veteran of the Coast Guard was removed from the analysis.

\*\* Significant at  $P < 0.05$ .

† n=487, 81 cases were missing information on the charge variable; the 11 weapons offenses were removed from the analysis due to small cell sizes.

### **Participant Snapshot Using Interviews, Dockets, Progress Reports, and Archival Data: Interviewed Participants in Eight VTCs (July 1, 2016 – June 30, 2018)**

A total of 318 VTC participants (approximately 55% of the sampling frame) across eight VTC programs participated in baseline interviews with the research team. Please see Chapter 1: Research Design and Methods for details on the methodology for participant interviews.

*Demographics, Including Military Characteristics*

Table 5.2b below displays age and other demographic information self-reported by the 318 participants who completed baseline interviews; responses are noted as “Missing” if the participant did not answer the question.<sup>26</sup> They were in their early 40s, mostly male; half were White while just over one quarter each were Black or Hispanic. Of the 318 participants interviewed, 42% were employed, 26% were unemployed, and 13% were retired or medically retired. Approximately 20% are not reported here as the qualitative data needs to be analyzed to determine whether they fall into the medially retired or receiving disability group, as well as what specifics were provided regarding the Other category in which qualitative information was captured.

Regarding education, half of the participants had a high school diploma or GED equivalent, and another 16% and 13% had associate or bachelor’s degrees, respectively. Approximately 6% had a master’s degree, while 8.5% had some technical training outside the military. Just over half of those interviewed also had some form of certification or licensing credentials. On the subject of family, just over 30% of participants were single and had no children. Another 24% were married, while 28% and 11% were either divorced or separated, respectively. Roughly 24% had only one child, while about 20% and 12% of the participants had 2 or 3 children, respectively. Approximately 13% had at least four children.

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<sup>26</sup> One of the 318 participants interviewed was eventually deemed ineligible for admission into the VTC program at VTC 6. This veteran’s interview responses were nonetheless included in the frequencies reported here and represent 0.31% of the sample. In future analyses, these responses will be removed.

<b>Table 5.2b: Demographic Information of Interviewed Participants (n=318, 8 VTCs)</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Missing</b>
<b>Mean Age</b>	41.3		
<b>Gender</b>			
Male	292	91.8	
Female	25	7.8	
Transgender	1	0.3	
<b>Race/Ethnicity*</b>			4
White	151	47.5	
Black	84	26.3	
Hispanic	86	26.9	
Asian	10	3.1	
Native American	13	4.1	
<b>Employment Status</b>			62
Employed	133	41.8	
Unemployed	83	26.1	
Retired	35	11.0	
Medically Retired	5	1.6	
<b>Education</b>			21
High School	135	42.5	
GED	24	7.5	
Associate's	51	16.0	
Bachelor's	42	13.2	
Master's	18	5.7	
Technical – Inside Military	4	1.3	
Technical – Outside Military	23	7.2	
<b>Certifications or Licenses</b>	163	50.9	1
<b>Marital Status</b>			2
Single	98	30.8	
Engaged	9	2.8	
Married	75	23.6	
Separated	35	11.0	
Divorced	89	28.0	
Widowed	10	3.1	
<b>Children</b>			12
0	89	28.0	
1	77	24.2	
2	63	19.8	
3	37	11.6	
4+	40	12.5	

\* Percentages add to more than 100% due to some participants selecting more than one race/ethnicity.

Questions pertaining to the military and legal history of the participants were also included in the face-to-face interviews. Table 5.3 below displays information regarding their military service history. Average age of entry into the military was approximately 20 years of age. Regarding the branch of military served, results from the interview data are similar to those from the sampling frame data. The majority of interviewees (69%) served in the Army, Army Reserves, or the Army National Guard. The next most represented branch was Marine Corps or Marine Corps Reserves with 19% of interviewees. Approximately 17% served in the Navy or Navy Reserves. Almost 10% served in the Air Force, Air Force Reserve, or Air National Guard. Because several interviewees served in multiple branches, the percentages for branch sum to over 100%.

The majority of the interviewees were veterans (95%) and volunteered to enlist (95%). However, 5% of interviewed participants were active duty (5%) at the time of their baseline interviews. Seven (2%) were drafted, and four (1%) were given the option to join the military as an alternative to a criminal justice punishment. Regarding era of service, many participants served in multiple or overlapping eras, but the highest percentage of participants interviewed served during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) (approximately 50% each), followed by Operation New Dawn (OND) in Iraq (20%). Fewer served in older conflicts such as Vietnam (10%), Lebanon and Grenada (8%), and in the Persian Gulf (16%). Participants reported multiple tours of duty (not in table). Approximately 67% had been deployed to a combat zone, while just over 69% had received hazard pay.

**Table 5.3: Military Background Information of Interviewed Participants (n=318, 8 VTCs)**

	Frequency (Mean)	Percent	Missing
<b>Military Branch (Includes Reserves and National Guard)*</b>			
Army	219	68.9	
Navy	53	16.6	
Marines	61	19.1	
Air Force	30	9.4	
<b>Age Entered Military</b>	(19.9)		5
<b>How Entered Military</b>			
Volunteered	303	95.3	4
Drafted	7	2.2	
Alternative to Punishment	4	1.3	
<b>Veteran Status</b>			
Veteran	301	94.7	1
Enlisted	16	5.0	
<b>Discharge Status</b>			
Honorable	239	75.2	29
Other than Honorable	9	2.8	
General	22	6.9	
Dishonorable	2	0.6	
Bad Conduct	1	0.3	
N/A	16	5.0	
<b>Era of Service*</b>			
Vietnam	33	10.4	
Post-Vietnam	15	4.7	
Lebanon/Grenada	25	7.9	
Persian Gulf	52	16.4	
Afghanistan – Enduring Freedom	162	50.9	
Afghanistan – Freedom’s Sentinel	29	9.1	
Iraq – Iraqi Freedom	161	50.6	
Iraq – New Dawn	62	19.5	
Other	9	2.7	
<b>Ever Deployed to Combat Zone</b>	212	66.7	2
<b>Ever Received Hazard Pay</b>	220	69.2	2
<b>Physical or Psychological Injury</b>	269	84.6	6
<b>Discharged Due to Injury (n=275)</b>	61	22.1	12
<b>Receive Compensation for Injury (n=275)</b>	192	69.8	7

\* Percentages add to over 100 because veterans were asked to select all that apply.

Several of these statistics correspond with the results presented in previous chapters. Method of entry and era of service results are in accord with the average age of the interviewee sample, which is younger than the U.S. veteran population. Military status results reveal that this study’s VTCs may allow current active duty military personnel to participate in their programs, which also aligns with results in Chapter 4. As reported in chapter 4, one of the eligibility requirements for many of the VTC programs in the study is an honorable discharge status, or an



exclusion of those with a dishonorable discharge status. The majority of the interviewees (75%) received an honorable discharge from the military (see Table 5.3). Far fewer were had a general (7%), other than honorable (3%), dishonorable (<1%), or bad conduct (<1%) discharge status.

A majority of interviewed participants (85%) reported having incurred injuries as a result of their military service or combat deployments, either physical or psychological. Roughly 22% of those who reported injuries also reported being discharged from the military due to those injuries, and approximately 70% of the participants interviewed reported receiving some type of compensation for their injuries. Clearly, a large number of veterans in contact with VTCs are struggling with injuries (both physical and psychological) suffered from their military service and/or combat deployments. As verification to the seriousness of their injuries, almost 70% of these participants are receiving some type of compensation for these injuries.

Table 5.4 displays information regarding participants' self-reported criminal history. These statistics reveal that about two thirds of the participants interviewed report previously being arrested prior to the current offense that brought them to the VTC. This finding indicates that as many as one-third of the VTC participants had no criminal justice system involvement prior to entering the VTC program. Essentially, VTCs are accepting individuals with first-time offenses as well as those with criminal histories. As noted previously, the eight programs are mixed in pre- and post-plea status cases, and participants in pre-plea status were less likely to complete an interview. Therefore, the self-reported criminal history figure is perhaps an overestimate, and the average participant (including more diversion cases) may be less likely to report prior arrests.

Approximately half of the participants who reported prior arrests were previously arrested for the same offense as the current offense that brought them to the VTC program

(several were charged with second and third DWIs). Additionally, 40% of interviewees also reported having been in trouble while in the military. Almost four out of five participants reported that their current arrest was related to issues they were dealing with or experiencing at the time, and almost half stated that the arrest was related to issues stemming from military service. Over two thirds of the participants reported that they felt completely responsible for the behavior that led to their arrest, and roughly 13% each reported that they were mostly or somewhat responsible for their arrest. Only 5% reported that they were not at all responsible for their arrest.

	<b>Frequency</b>	<b>Percent</b>	<b>Missing</b>
Been previously arrested	209	65.7	2
Previously arrested for same offense that brought you to VTC (n=209)	106	50.7	2
Ever in trouble in the Military (excluding arrests)	127	39.9	16
The arrest that brought you to VTC was related to issues or problems you were having	252	79.2	6
The arrest that brought you to VTC was related to your military service	156	49.1	10
Level of responsibility felt for the arrest that brought you to VTC			
Not at all responsible	17	5.3	4
Somewhat responsible	40	12.6	
Mostly responsible	41	12.9	
Completely responsible	215	67.6	

### *VTC Program Conditions and Requirements*

Participants were also queried about the individual court and treatment requirements mandated as part of their acceptance into the VTC program. Table 5.5 below lists this information. Of the 318 participants interviewed, almost 44% of them reported having to plead guilty to an offense (the offense they were charged or a lesser offense) to enter the VTC program; another 12% could not remember if they had pled guilty. Nearly 90% reported that they had been given a written contract upon entering their respective programs, and almost 94% of those who reported receiving a contract stated that someone went through the contract with them.

Approximately three quarters of participants (76%) had contact with a VJO, and a little over half (53%) met with a VJO.

<b>Table 5.5: VTC Program Conditions and Requirements (n=318, 8 VTCs)</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Missing</b>
Pled guilty to enter VTC	139	43.7	10
Cannot remember if plead guilty to enter VTC	37	11.6	
Were you provided a written contract	285	89.6	3
Someone reviewed the contract with you (N=286)	267	93.7	4
Had contact with a VJO	240	75.5	11
Met with VJO upon acceptance into VTC	167	52.5	14
<b>Program Treatment and Rehabilitation Support*</b>			
Mental Health Treatment	231	72.6	11
Substance Abuse Treatment	228	71.7	
Have a Mentor	83	26.1	
Take Prescribed Medication	70	22.0	
Job Training/Employment Matching	50	15.7	
Physical Medical Treatment	34	10.7	
Housing Program	20	6.3	
Domestic Violence Treatment	9	2.9	
<b>Program Supervision Requirements*</b>			
Drug Testing	288	90.6	6
Probation	273	85.8	
Electronic Monitoring (Ankle or cell phone)	62	19.5	
Curfew	51	16.0	
SCRAM – alcohol monitoring	46	14.5	
In Car Breathalyzer	40	12.6	
Medication Testing	32	10.1	
Day Reporting	15	4.7	
Have a mentor in the VTC program	123	38.7	7

\* Percentages add to over 100 because some veterans had multiple VTC program requirements.

Among treatment and other rehabilitative support services provided as part of VTC participation (see Table 5.5), the majority of participants were required to participate in mental health (73%) and/or substance abuse (72%) treatment programs. Despite that just over 26% of participants were required to have a mentor in the program,<sup>27</sup> nearly 40% reported having a mentor in their VTC program. Twenty-two percent reported taking prescribed medication, and almost 11% reported having to get treatment for a physical health issue. Roughly 16% reported having to participate in a job training or employment matching program, and a small number of

<sup>27</sup> Not all of the VTC programs in the current study support mentoring services which is likely the reason that just over one in four reported it as a requirement of participation.

participants (6%) were engaged with housing assistance services as part of the VTC programs due to issues with housing instability; another 3% were required to participate in a domestic violence treatment program. While the percentage of participants receiving housing assistance as part of the VTC programs may appear low given the veteran population, this statistic does not address housing services received prior to VTC assistance or outside the VTC.

Table 5.5 above also lists the court supervision requirements of the various VTC programs. The majority of participants were required to submit to random drug testing (91%), which is more than those required to participate in substance abuse treatment (72%). Only a small number (10%) had to submit to medication testing, approximately half of the 22% who were prescribed medication. Despite that only about 44% of participants stated that they had pled guilty to enter the VTC program, the majority of participants reported being on probation and having to report to a probation officer as a condition of their enrollment in VTC (86%). Other common supervision requirements included electronic monitoring, both ankle and cell phone (20%), curfew (16%), and alcohol (SCRAM) monitoring (15%). Additionally, 13% of participants were required to have interlock ignition devices installed in their vehicles (common for those charged with DWI), and 5% stated they were subject to day reporting.

One caveat related to the finding that 86% of interviewed participants report mandated probation check-ins is that a higher percentage of them (as compared to those who did not complete interviews) entered their program post-plea and are, therefore, more subject to probation supervision. This finding, however, also reveals that some of the VTC programs studied here also require supervision of pre-plea participants by probation officers while they are in the program. This may be a condition of some county attorneys' offices for entering into a pre-plea agreement

(pre-trial supervision), as a participant could have their pre-plea offer revoked if they were to test positive for substance use, abscond, or reoffend.

#### *Participant Information by VTC Program*

Tables 5.1 through 5.5 above provide information on the types of participants in VTC programs, as well as the court conditions and treatment requirements mandated, according to participants interviewed. Those statistics are reported in the aggregate to give a broad idea of the characteristics of VTC programs and their participants overall. To show how some of this information also varies between the eight VTC programs in our study, Table 5.6 below displays cross-tabulations of certain military, legal, and program requirement variables by VTC site. As shown in Table 5.6, although most VTC participants served in the Army, a few courts also had a considerable number of participants serve in the Marine Corps, as well as the Air Force. Additionally, roughly 20% of the participants in two VTCs served in the Navy. Table 5.6 also indicates that the percentage of participants who report combat deployments varies by VTC, from just under half of participants in one court to 96% in another. The percentage of participants with physical or psychological injuries across courts ranges from 70% to 96%.

**Table 5.6: Participant Demographic Information, Program Information, and Attitudes by VTC Site\* (n=318, 8 VTCs)**

	<b>VTC 1</b> (n=20)	<b>VTC 2</b> (n=25)	<b>VTC 3</b> (n=59)	<b>VTC 4</b> (n=28)	<b>VTC 5</b> (n=50)	<b>VTC 6</b> (n=46)	<b>VTC 7</b> (n=28)	<b>VTC 8</b> (n=62)
<b>Military Branch†</b>								
Army	13 (65.0%)	17 (68.0%)	33 (55.9%)	24 (88.9%)	28 (58.0%)	31 (68.9%)	23 (82.2%)	49 (79.3%)
Navy	6 (30.0%)	5 (20.0%)	8 (13.6%)	2 (7.4%)	10 (20.0%)	9 (19.6%)	4 (14.3%)	9 (14.5)
Marines	4 (20.0%)	5 (20.0%)	10 (17.0%)	4 (14.8%)	16 (32.0%)	10 (21.7%)	4 (14.3%)	8 (12.9%)
Air Force	2 (10.0%)	1 (4.0%)	13 (22.0%)	1 (3.7%)	3 (6.0%)	2 (4.3%)	3 (10.7%)	5 (8.2%)
<b>Deployed to Combat Zone</b>	10 (50.0%)	24 (96.0%)	46 (79.3%)	19 (67.9%)	38 (77.6%)	28 (60.9%)	17 (60.7%)	30 (48.4%)
<b>Physical or Psychological Injury</b>	14 (70.0%)	22 (95.7%)	52 (92.9%)	25 (89.3%)	46 (90.0%)	38 (84.4%)	23 (82.1%)	49 (79.0%)
<b>Discharged Due to Injuries</b>	4 (20.0%)	4 (20.0%)	9 (15.8%)	9 (33.3%)	12 (24.0%)	5 (11.4%)	8 (28.6%)	10 (16.7%)
<b>Honorable Discharge</b>	13 (65.0%)	19 (86.4%)	46 (82.1%)	12 (60.0%)	43 (86.0%)	33 (84.6%)	19 (70.4%)	54 (88.5%)
<b>Previously Arrested</b>	17 (85.0%)	16 (64.0%)	24 (42.1%)	21 (75.0%)	34 (68.0%)	32 (69.6%)	24 (85.7%)	41 (66.1%)
<b>Felt Current Arrest Is Related to Military Service</b>	7 (35.0%)	18 (78.3%)	40 (72.7%)	14 (53.8%)	34 (69.4%)	13 (28.9%)	11 (39.3%)	19 (30.6%)
<b>Feel Completely Responsible for Current Arrest</b>	17 (85.0%)	19 (79.2%)	48 (81.4%)	22 (78.6%)	32 (65.3%)	26 (59.1%)	14 (50.0%)	37 (59.7%)
<b>Met with VJO</b>	19 (95.0%)	12 (54.5%)	34 (64.2%)	12 (44.4%)	44 (88.0%)	14 (32.6%)	11 (40.7%)	21 (33.9%)
<b>Had a mentor in VTC</b>	18 (90.0%)	10 (40.0%)	2 (3.4%)	21 (77.8%)	36 (72.0%)	22 (50.0%)	8 (29.6%)	6 (10.0%)
<b>Participate in Substance Abuse Treatment</b>	19 (95.0%)	20 (87.0%)	44 (78.6%)	22 (78.6%)	41 (83.7%)	24 (55.8%)	17 (63.0%)	41 (67.2%)
<b>Participate in Mental Health Treatment</b>	12 (60.0%)	21 (91.3%)	32 (57.1%)	20 (71.4%)	43 (87.8%)	33 (76.7%)	19 (70.4%)	51 (83.6%)
<b>On Probation in Program</b>	20 (100.0%)	6 (24.0%)	52 (91.2%)	25 (89.3%)	46 (93.9%)	42 (93.3%)	22 (78.6%)	60 (98.4%)
<b>Random Drug Testing</b>	20 (100.0%)	22 (88.0%)	57 (100.0%)	25 (89.3%)	46 (93.9%)	38 (84.4%)	24 (85.7%)	56 (91.8%)

\* Percentages may not add to 100 due to missing values on some variables.

† Some participants reported serving in more than one branch.

The proportion of participants discharged from the military due to their injuries also somewhat varies from 11% to 33%. Likewise, the majority of participants received an honorable discharge from the military, but some courts accept veterans who have a discharge that is other than honorable. In one VTC, only 60% of participants had an honorable discharge whereas 89% of participants in another VTC were honorably discharged. Regarding contact with the criminal justice system, whether participants had a criminal arrest history prior to the instant offense that led to their VTC program admission varied widely across the courts from a low of 42% in one program to 85% in two other programs.

There is also variability in whether the participant believes that the behavior that led to their arrest and VTC program admission is related in some way to their military service (29% to 78%), or whether they feel completely responsible for their arrest (50% to 85%). As for program processes and requirements, we also see differences by VTC program. The percentage of participants who had contact with a VJO varies from only 32% in one VTC to 95% in another. The presence of mentors across the VTC programs varies widely from 3% to 90% of participants. Not all VTCs had mentoring programs, yet some participants in those programs still reported having a mentor. It is likely that some participants interpreted this question broadly and may have had mentors via other programming and agencies they were engaged with (Alcoholics Anonymous, Narcotics Anonymous, or Veteran Peer Mentoring Network).

Since VTCs are focused on treatment and other rehabilitation support services, one might hypothesize that a majority of participants would be mandated to enroll in a substance abuse or mental health treatment program, or both. This appears to be the case across the eight VTCs here as large percentages of participants reported these requirements. It is also the case that the majority of participants in all of the programs reported being required to submit to random drug

and alcohol testing (84% to 100%). Finally, a majority of the participants report being on probation while in the VTC program, with the exception of one court (VTC 2) where only 24% of participants reported probation as a condition of their participation. VTC 2 did not require formal supervision of its pre-plea participants. For most of the courts, however, even participants accepted into VTC programs through a pre-plea (diversion) agreement were subject to community supervision by probation.

### *Substance Use, Mental Health Issues, and Trauma*

We also queried participants about their past and current substance use, as well as mental health issues with which they have struggled. Table 5.7 below displays information on substance use behavior for the participants who completed baseline interviews. These questions were designed to gauge their awareness of their substance use issues, as well as their readiness for treatment. For these questions, drug use includes all illicit drugs, alcohol, and drugs that require a prescription.

More than 70% of participants were required to engage in some type of substance abuse treatment program; however, participants self-reported different levels of problem recognition, desire for help, and treatment readiness. For example, only 35% of the interviewed participants agreed or strongly agreed that their drug or alcohol use was a problem; almost 55% disagreed or disagreed strongly, with 40% reporting the latter. Nearly the same proportion (42%) agreed that they need help dealing with their drug use, but 49% disagreed with that statement. Nearly half (49%) agreed that their drug use was causing them legal problems. Roughly 30%, 21%, and 42% agreed that their drug use was causing problems at work, in finding or keeping a job, and health problems, respectively. Finally, 39% agreed (22% strongly agreed, 17% agreed) that the VTC treatment program might be their last chance to solve their drug problems.



**Table 5.7: Substance Use of Interviewed VTC Participants (n=315, 8 VTCs)**

	Frequency	Percent	Missing
<b>Your drug use is a problem</b>			
Disagree strongly	122	38.7	11
Disagree	52	16.5	
Uncertain	20	6.3	
Agree	43	13.7	
Agree Strongly	67	21.3	
<b>You need help dealing with drug use</b>			
Disagree strongly	107	34.0	13
Disagree	47	14.9	
Uncertain	17	5.4	
Agree	67	21.3	
Agree Strongly	64	20.3	
<b>Your drug use is causing legal problems</b>			
Disagree strongly	101	32.1	17
Disagree	37	11.7	
Uncertain	5	1.6	
Agree	58	18.4	
Agree Strongly	96	30.5	
<b>Your drug use is causing problems with work</b>			
Disagree strongly	133	42.2	16
Disagree	63	20.0	
Disagree	9	2.9	
Uncertain	52	16.5	
Agree	41	13.0	
Agree Strongly			
<b>Your drug use is causing problems finding or keeping a job</b>			
Disagree strongly	153	48.6	17
Disagree	59	18.7	
Uncertain	12	3.8	
Agree	25	7.9	
Agree Strongly	42	13.3	
<b>Your drug use is causing problems with your health</b>			
Disagree strongly	97	30.8	15
Disagree	42	13.3	
Uncertain	25	7.9	
Agree	65	20.6	
Agree Strongly	67	21.3	
<b>This treatment program may be your last chance to solve your drug problems</b>			
Disagree strongly	105	33.3	18
Disagree	46	14.6	
Uncertain	17	5.4	
Agree	54	17.1	
Agree Strongly	69	21.9	

Participant interviews reveal that the VTC participants are experiencing considerable substance use (Table 5.8) and mental health (Table 5.9) issues. Some of these issues became

more prevalent after joining the military and, in some cases, especially after they separated from the military. We asked participants about specific types of drugs they were currently using or had used in the past. Table 5.8 below displays information from the interviewees about their substance use and misuse. By far, the two most widely used substances were alcohol and marijuana. At some point in their lifetimes, nearly all (98%) reported using alcohol, and 81% reported using marijuana. Approximately 58% reported using stimulants (cocaine, amphetamines, methamphetamines, Ritalin, Adderall, MDMA/Ecstasy) in their lifetime with roughly 33% of those reporting use in the past year, 20% in the last 6 months, and about 15% and 9% in the past 3 months and 1 month, respectively. Only around 7% reported that they had a prescription for the use of those drugs. Of the 183 who reported the use of stimulants, the majority reported use after their military service. Specifically, 43% reported using before they joined the military, about 32% reported using them while in the military, and 78% report that they used stimulants after they separated from the military.

Of those who had used alcohol (98%), marijuana (81%), or hallucinogens (34%) in their lifetimes, the majority used alcohol (79%), marijuana (78%), or hallucinogens (61%) prior to joining the military. The percentage of those who used marijuana (81%), stimulants (58%), or hallucinogens (34%) in their lifetimes decreased during military service and then increased post-service. However, the percentage of participants who indicated ever using alcohol, depressants (opiates, opioids, heroin, codeine, oxycodone, methadone, morphine, opium, barbiturates), synthetic marijuana, and fentanyl increased during the military service period and then again in the post-military period with the exception of alcohol which stayed relatively the same post-military.

Approximately 45% of VTC participants reported using depressants in their lifetime with approximately 40% of those having a prescription. Despite this, fewer (under 20%) were using depressants in the past 6, 3, and 1 months. Similar to alcohol, depressant use increased after joining the military, which could stem from having medical attention, the stress of service, and/or experiencing trauma.

Only about a third of those interviewed reported using hallucinogens or psychedelic drugs in their lifetimes (34%), and a very small percentage of those had used these in the past year (8%). Similar to marijuana usage, participant reports of hallucinogen use decreased after they joined the military but increased after they had separated. Unlike marijuana usage, however, synthetic marijuana use was reported by about one fifth of those interviewed,<sup>28</sup> with only about 9% having used synthetic marijuana prior to joining the military. That percentage went up to 39% of participants using after they joined the military and 66% using after they separated from the military. Finally, about 20 veterans (6%) reported having used fentanyl<sup>29</sup> with about 40% of those using it in the last year, and one interviewee using in the last month. In this sample, the proportion of those who ever used fentanyl increased once they joined the military (25%) and especially after separation from the military (80%).<sup>30</sup>

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<sup>28</sup> It should be noted that synthetic marijuana is not marijuana but a synthetic cannabinoid. Our instrument, however, used the terminology “synthetic marijuana.”

<sup>29</sup> Fentanyl-specific items were included in the interview because there was a surge in the illegal fentanyl supply at the start of the study period. Heroin and other opiates were included in the Depressants category.

<sup>30</sup> Note, fentanyl is more widely available at the time of this report than when baseline interviews were conducted in 2016-2018.

<b>Table 5.8: Participant Substance Use (8 VTCs)</b>							
	<b>Stimulants</b> Frequency (%)	<b>Marijuana</b> Frequency (%)	<b>Alcohol</b> Frequency (%)	<b>Depressants</b> Frequency (%)	<b>Hallucinogens</b> Frequency (%)	<b>Synthetic Marijuana</b> Frequency (%)	<b>Fentanyl</b> Frequency (%)
<b>In your lifetime, ever use (n=313)</b>	183 (58.1)	256 (81.3)	308 (97.8)	142 (45.1)	107 (34.0)	65 (20.6)	20 (6.3)
<b>Participant use*</b>							
In the past year	61 (33.3)	75 (29.3)	198 (64.3)	48 (33.8)	8 (7.5)	7 (10.8)	8 (40.0)
In the past 6 months	36 (19.7)	40 (15.6)	129 (41.9)	25 (17.6)	4 (3.7)	2 (3.1)	3 (15.0)
In the past 3 months	28 (15.3)	33 (12.9)	79 (25.6)	23 (16.2)	2 (1.9)	2 (3.1)	1 (5.0)
In the past month	16 (8.7)	20 (7.8)	56 (18.2)	18 (12.7)	1 (0.09)	2 (3.1)	1 (5.0)
<b>Had prescription for each use*</b>	13 (7.1)	1 (0.4)	N/A	57 (40.1)	N/A	N/A	4 (20.0)
<b>Timing of Use*</b>							
Before joining military	78 (42.6)	199 (77.7)	243 (78.9)	37 (26.1)	65 (60.7)	6 (9.2)	2 (10.0)
While in the military	59 (32.2)	79 (30.9)	296 (96.1)	74 (52.1)	30 (28.0)	25 (38.5)	5 (25.0)
After separated from military	143 (78.1)	165 (64.5)	290 (94.2)	110 (77.5)	55 (51.4)	43 (66.2)	16 (80.0)

\* These percentages are based on the N from lifetime ever use results.

**Table 5.9: Mental Health Issues and Negative Experiences**

	<b>Ever in Lifetime</b> ( <i>n</i> =313)	<b>Before</b> <b>Military*</b>	<b>During</b> <b>Military*</b>	<b>After</b> <b>Military*</b>
Aggression	275 (87.9)	153 (55.0)	218 (78.4)	216 (77.7)
Anxiety	230 (73.5)	31 (13.2)	127 (54.3)	216 (92.3)
Bipolar	80 (25.6)	12 (14.0)	36 (41.9)	76 (88.3)
Concussion	147 (47.0)	49 (32.2)	112 (73.7)	65 (42.8)
Depression	275 (87.9)	51 (18.3)	163 (58.4)	262 (93.9)
Hazing	157 (50.2)	25 (15.9)	121 (77.0)	11 (7.0)
Insomnia	263 (84.0)	34 (12.8)	162 (60.9)	248 (93.2)
Obsessive-Compulsive Disorder	121 (38.7)	30 (24.1)	78 (62.9)	109 (87.9)
Panic Disorder	168 (53.7)	8 (4.7)	81 (47.4)	159 (93.0)
Paranoia	158 (50.5)	10 (6.2)	90 (55.9)	149 (92.5)
Phobias	82 (26.2)	20 (23.5)	42 (49.4)	75 (88.2)
Physical Abuse	107 (34.2)	46 (43.0)	45 (42.1)	16 (15.0)
Post-Traumatic Stress Disorder	263 (84.0)	24 (8.9)	153 (57.3)	253 (94.8)
Sexual Harassment	88 (28.0)	28 (31.8)	46 (52.3)	14 (15.9)
Suicide Ideation	169 (54.0)	17 (9.8)	78 (44.8)	142 (81.6)
Traumatic Brain Injury	112 (35.8)	13 (10.9)	80 (67.2)	74 (62.1)

\* These percentages are based on the *N* from lifetime ever results.

Mental health issues are also prevalent among VTC participants. Table 5.9 above displays information collected from VTC participants related to mental health issues they have experienced. Similar to substance-use reporting, participants reported higher incidences of mental health issues after they joined the military, and especially after their military career was over. More than 80% of VTC participants reported that they have experienced aggression, insomnia, post-traumatic stress disorder (PTSD), and depression. After separation from the military, more than 90% reported experiencing insomnia, PTSD symptoms, paranoia, depression, panic disorder, and anxiety. Over 80% of the participants interviewed also reported suicide ideation after military separation. Similarly, over 80% of participants reported that, after separation from the military, they experienced symptoms of obsessive-compulsive disorder, bipolar disorder, and phobias. A considerable number of veterans also reported having received concussions (47%) and traumatic brain injuries (TBIs, 36%) in their lifetimes. Of those, 67% experienced TBI during military service, and 74% experience a concussion during military service.

Finally, we asked veterans about experiences with hazing, physical abuse, and sexual harassment, before military service, during military service, and after separating from the military. Half of the veterans stated that they had experienced hazing, with the majority of these experiences (77%) occurring while in the military as compared to prior (16%) or post (7%) military experience. A smaller percentage reported any experiences of physical abuse (34%) or sexual harassment (28%). Physical abuse after military service was reported by 15% of participants but by 43% pre-military and 42% during military service. Just over half reported that the sexual harassment was experienced during their military service, which was higher than experience prior to (32%) or post (16%) their time in the military.

## Summary

Archival program records provided by seven of the eight VTCs (Table 5.1 above) indicates that the number of justice-involved veterans and active military enrolled in the eight VTC programs for the 2016-2019 study timeframe ranged from a low of 35 in one VTC to a high of 456 in another. These data also reveal that the VTC participants in these programs were similar in many ways (e.g., majority males who mostly served in the Army, had deployments to combat zones, suffered physical and psychological injuries, reported substance use and mental health issues) and different in other ways (e.g., prior criminal record, current criminal offense, marital status, children).

From interviews with 318 participants recruited from a population of 579 participants in contact with the eight VTCs in the first 2 years of the project, we were able to collect more comprehensive information related to their personal backgrounds (family, education, military and legal history), as well as specific information about the nature of participating in a VTC program (court supervisory conditions and treatment and support services). Similar to the archival program records provided by the courts, the participants in our sampling frame, and those who completed in-depth interviews, were over 90% male, and most had served in the Army. The information we were able to collect from the interviews with participants gave us some insight into the nature of the characteristics of the veterans and active military being served by the eight VTCs, as well as a better understanding of the main issues they faced. Finally, the interviews allowed us to explore the types of treatment and rehabilitation support services these VTCs provided to meet the needs of justice involved veterans and active military.

As stated above, the majority of the participants we interviewed were male, and almost half were white. Twenty-five female participants completed interviews, and roughly 25% of the

interviewees were Black and Hispanic; only 3% and 4% were Asian and Native American respectively. Although there is not a good source for statistics on the racial, ethnic, and sex make-up of justice-involved persons with a history of military service, according to the U.S. Department of Veterans Affairs (2020), females comprised roughly 10% of veterans, and Black and Hispanic veterans made up approximately 13% and 8%, respectively, of the veteran population in 2020. Using this national level data, it appears that females are under-represented and Blacks and Hispanics are overrepresented in the population of VTC participants in our study compared to their proportions in the overall veteran population. The racial/ethnic make-up of the VTC population also somewhat matched the county demography where the VTC was located (See Table 2.1 in Chapter 2). The research team plans to explore the wide-ranging information we collected (including qualitative responses) disaggregated by sex and race to examine whether there are contextual differences in the experiences of female and minority participants.

Other information gathered via the interviews confirmed that the overwhelming majority of VTC participants are in fact veterans (Table 5.3 above), and the majority (75%) had received an honorable discharge from the military. There were, however, some participants who were still active-duty military (5%), and some who received a general (7%), other than honorable (3%), dishonorable (1%), or a bad conduct (1%) discharge. This reveals that some VTCs allow current active-duty military personnel to participate in their programs, as well as veterans who do not have an honorable discharge, which is in line with the program eligibility requirements reviewed in Chapter 4.

Related to criminogenic risk and needs, roughly one quarter of the participants reported being unemployed (Table 5.2b), while only about 16% reported participating in a job training or employment matching program (Table 5.5). Almost two thirds had prior arrests (Table 5.4), and



for half of those, the arrest that brought them to the VTC was for the same offense as their previous arrest. Just over 6% of participants report being connected with a housing assistance program (Tables 5.5) revealing that a small number of veterans in contact with the VTCs studied here are experiencing issues with homelessness. As previously discussed, while some may find this low percentage surprising, it may be the result of the item focusing on housing assistance in connection with the VTC program. According to the U.S. Interagency Council on Homelessness (2018), a little over 9% of the U.S. homeless population are veterans but that only one third of those are living unsheltered (on the street); the other two-thirds are in shelters or transitional housing.

Almost 85% of participants reported experiencing physical or psychological issues as a result of their military service (Table 5.3), and many of the VTC participants interviewed admitted experiencing substance use and mental health issues. The two most widely used substances reported by participants were alcohol and marijuana (98% reported ever using alcohol, and 81% reported ever using marijuana, Table 5.8). Approximately 58% reported ever using cocaine or other stimulants, roughly 33% of those reported use in the past year, and only about 7% reported they had a prescription for those drugs. The most commonly reported were depression, aggression, PTSD, and insomnia—each reported as ever experienced by 80% or more of the participants interviewed (Table 5.9). Over 70% of the participants also reported that they were required to participate in substance abuse and in mental health treatment (not the same participants, Table 5.5). Related to questions about substance abuse recognition and treatment readiness, however, only 35% of those interviewed agreed or strongly agreed that their drug or alcohol use was a problem, while half agreed that their drug use was causing them legal problems (Table 5.7).

Overall, those interviewed as part of this project were experiencing considerable substance use, mental health, and legal issues. Their VTC programs appear to be providing services and treatment in response to their needs, which ranged by program. Because of the high number of participants reporting multiple mental health issues, VTCs should also ensure that participants have access to individual substance use and mental health counseling in addition to group-based treatments.

VTCs are a type of problem-solving court established in response to military veteran and servicemember populations having an increased risk of specific issues (e.g., mental health issues, substance use disorders) that may be related to military service/training (Russell, 2009). In contrast to the current best-practice drug court literature, however, some of the data gathered in this project suggests that although the majority of participants in the VTCs studied here have both substance use and mental health issues, many are charged with DWI and other low-level offenses (possession of controlled substance, theft, resisting arrest, driving without a license). One VTC, the smallest program in this study, accounting for 4% of the sampling frame, accepted high risk/high need veterans and this may correspond to their relatively lower graduation (success) rate of 44% (See Chapter 7 for more detail). For further inquiry into those relationships, the research team is planning future research that will examine the relationships between eligibility requirements, eligibility and admission screening models, and participant demographics and assess whether participant demographics align with those of the intended target populations.

## CHAPTER 6: SANCTIONS AND INCENTIVES Policies, Implementation Fidelity, and Perception

### Overview

As a problem-solving court, the VTC model includes the utilization of a system of graduated incentives and sanctions in response to participants' compliance and noncompliance with program requirements. This coordinated strategy is addressed in Key Component #6 of the Ten Key Components of Veterans Treatment Courts:

*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. (Justice for Vets, 2017: Page 1)

Additionally, the use of a graduated system of sanctions and incentives is important to the success of problem-solving courts in practice (Bureau of Justice Assistance, 2004) and in line with notions of procedural and distributive justice (National Institute of Justice, 2019).

To ensure participant accountability, and eventual successful completion of drug court programs, most drug court teams administer incentives for compliant behavior and sanctions for non-compliance. Marlowe (2011) has noted that incentives and sanctions serve different but complementary functions. Incentives should be used to increase desirable behaviors, whereas sanctions should be used to reduce unwanted behaviors (Marlowe & Wong, 2008). A key component of problem-solving courts is to administer sanctions in a way that aligns with deterrence theory. In particular, sanctions should be graduated in response to continual noncompliance and proportional to the severity of the offense (Taxman, Soule, & Gelb, 1999). Research has shown that failure to adhere to these principles may lead to higher dropout and

termination rates, as well as higher recidivism in the long term (Goldkamp, White, & Robinson, 2001; Kushner, Peters, & Cooper, 2014; Shaffer, 2011).

Many problem-solving courts may lean upon sanctioning as a way to deter criminal behavior and promote compliance, but research also shows that participants who receive harsh sanctions often have worse outcomes than those who receive no sanctions (Marlowe, 2011). Although problem-solving courts have achieved desirable outcomes for participants and their jurisdictions, the rules governing response to program violation varies widely among courts and is not grounded in the substance use disorder literature (Tauber & Huddleston, 1999).

While national surveys have shown that sanctions and incentives are reportedly used in the majority of VTC programs across the country (Baldwin, 2015), little empirical research has examined anything beyond their prevalence and integration by programs. Therefore, this study specifically focused on the sanction and incentive policies within VTCs, team member perceptions of fidelity to best practices in incentivizing and sanctioning, and team member perceptions of incentives and sanctions administration and impact. Additionally, we were interested in the perceptions among VTC team members on what types of incentives and sanctions their court used and whether a list of possible sanctions and incentives was included in their programs' policy handbook and available to participants.

To address research question 2—what are the policies and procedures of the VTC programs, this chapter triangulates quantitative and qualitative information obtained from a variety of sources. Specifically, we examined the program manuals in each of the VTC programs (see Chapter 1: Archival Information) and analyzed responses to the VTC team surveys including structured rating scale and open-ended comments (see Chapter 1: VTC Team Survey). For the written policies on sanctioning noncompliant behavior and incentivizing compliant

behavior, we examined both the existence of the information in the eight VTCs' program and policy manuals, as well as team members' awareness of their inclusion in the manuals. We also examined team members' perceptions regarding the administration of sanctions and incentives in their program. Findings are presented in the aggregate for overall trends, and then by VTC to contrast program practices and policies.

All eight programs had some type of policy and/or program/participant manual, and team members in all eight VTCs completed the team surveys. A total of 99 VTC team members (82% of all team members) across the eight programs completed the team surveys.<sup>31</sup> Of the 99 respondents, 15% were probation/parole officers, 12% were defense counsel, 12% were case managers, 11% were court coordinators, 9% were prosecutors, 8% were court liaisons, 5% were VA service providers, 6% were judges, 5% were mentor coordinators, 4% were mentors, 4% were VJOs, 4% were treatment counselors, 2% were intake specialists, 2% were psychiatrists, and 1% were outreach specialists. In other words, these results represent every type of team member and program, but some team members in some courts did not participate in the survey.

## **Results**

### *Policy Manuals and Participant Handbooks*

As problem-solving courts have better outcomes when policy manuals clearly specify protocol for incentives and sanctions (Carey, Finigan, & Pukstas, 2008), we first examined the VTC policy manuals across the programs. This process revealed that all eight programs had a participant handbook, a policy manual, or both. Each document gave examples of both incentives and sanctions that the court had available for use. All programs also listed some behaviors that would result in an incentive or sanction being applied and stated that incentives and sanctions

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<sup>31</sup> Please see Chapter 1: VTC Team Survey for the relevant research methodology.

would be used in a graduated manner. Only one program, however, specifically listed the number of sanctions that would be allowed per phase before a participant would be terminated from the VTC program.

### *Team Member Perceptions of Implementation (Aggregate)*

To provide an idea of which sanctions the programs applied in practice and team members' perceptions of their use and effectiveness, Figures 6.1 to 6.4 below illustrate results from the VTC team member survey.

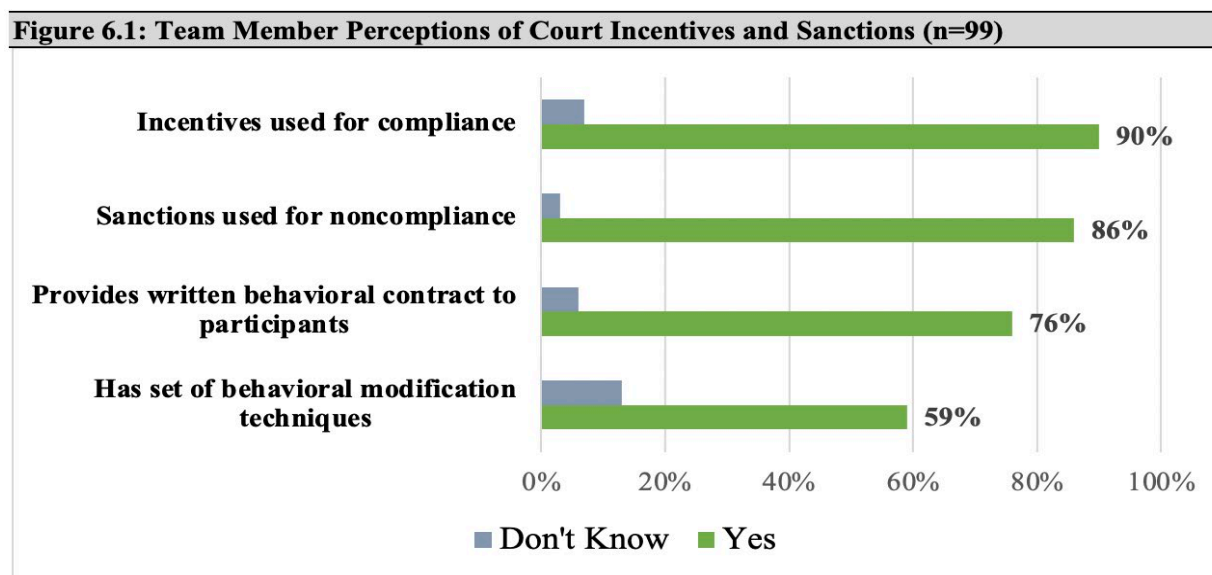


Figure 6.1 above reveals that overall, 90% of team members reported that their VTC used incentives in response to compliant behaviors, and 86% reported that sanctions were used for non-compliant behavior. Previous research indicates that even low-level incentives can be very effective in modeling desirable behavior (Marlowe, 2011). The results demonstrate that 90% of team members in some of the programs (VTC 3 and VTC 6) reported that they strongly disagree, disagree, or are neutral on this question, meaning that team members in some of the programs do not believe that best practices are being followed toward increased compliant behavior and success through higher graduation rates. However, somewhat fewer team members (76%)

believed their VTC provides participants with a written behavioral contract, and fewer still (59%) believed that the court has a set of behavioral modification techniques in place. Some team members also responded that they did not know whether incentives and sanctions were used (7% and 3%, respectively), behavioral contracts were provided (6%), or modification techniques were available (13%).

Figure 6.2 below shows team members' responses to a question about the types of sanctions used in their VTCs. Only 3% of team members reported that their VTC used jail or community service as a sanction, and 7% reported removal of credits or financial consequences as sanctions. Such a low percentage of team members reported that jail has been used as a sanction is encouraging as best practices indicate that incarceration should either not be used or imposed judiciously and sparingly (National Association of Drug Court Professionals, 2018). About one-third to one-half of the team members reported homework, extra VTC attendance, loss of privileges, and/or extra treatment were used as sanctions. A majority of team members (71%) reported the use of increased drug testing as a sanction. This latter statistic may be an indication that much of the non-compliant behavior may be continued substance use or misuse.

**Figure 6.2: Reported Types of Sanctions Used across VTCs (n=99)**

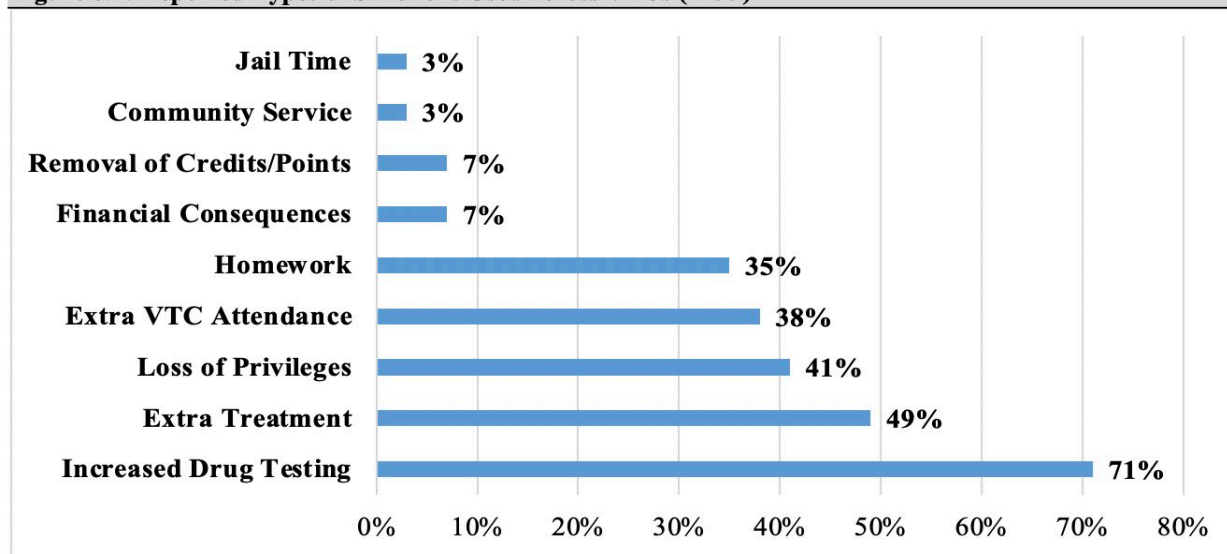
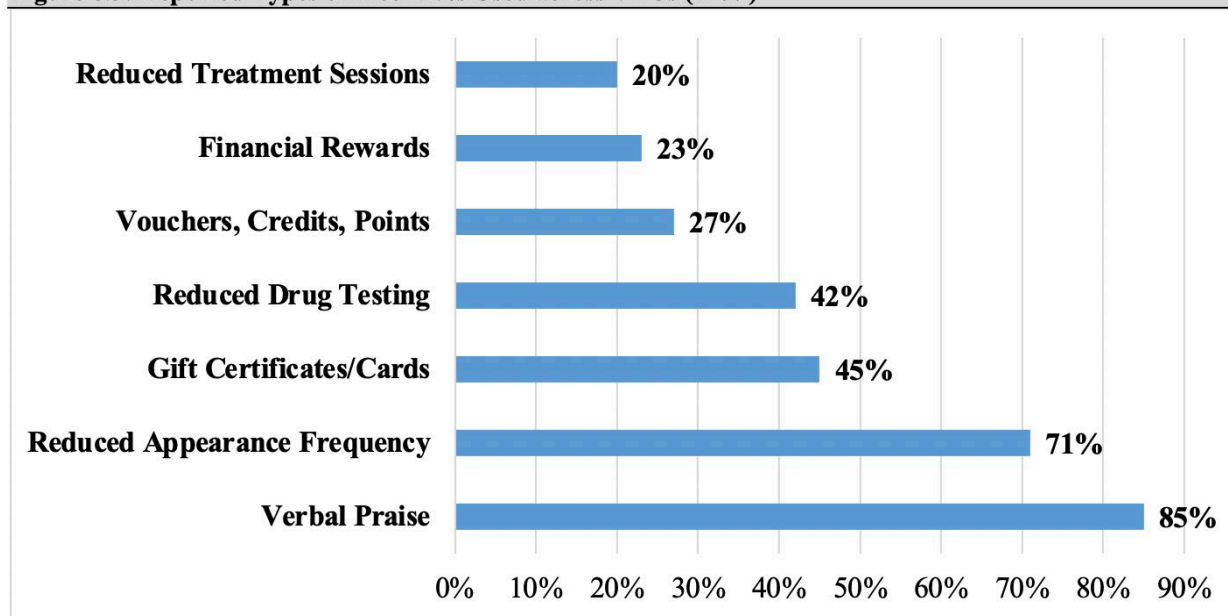


Figure 6.3 below depicts the different types of incentives described by team members across the eight VTCs. The majority of members affirmed that their programs used verbal praise (85%) and reduced the frequency of court appearances (71%) as incentives for compliant behavior. Just under half (45%) reported that their VTCs used gift cards or gift certificates. Less than half stated that reduced drug testing (42%), and less than one quarter stated that reduced treatment sessions (20%), were used to reward compliance. Roughly one quarter (27%) of the team members reported that their VTC used financial rewards or vouchers, credits, or points as incentives.

**Figure 6.3: Reported Types of Incentives Used across VTCs (n=99)**

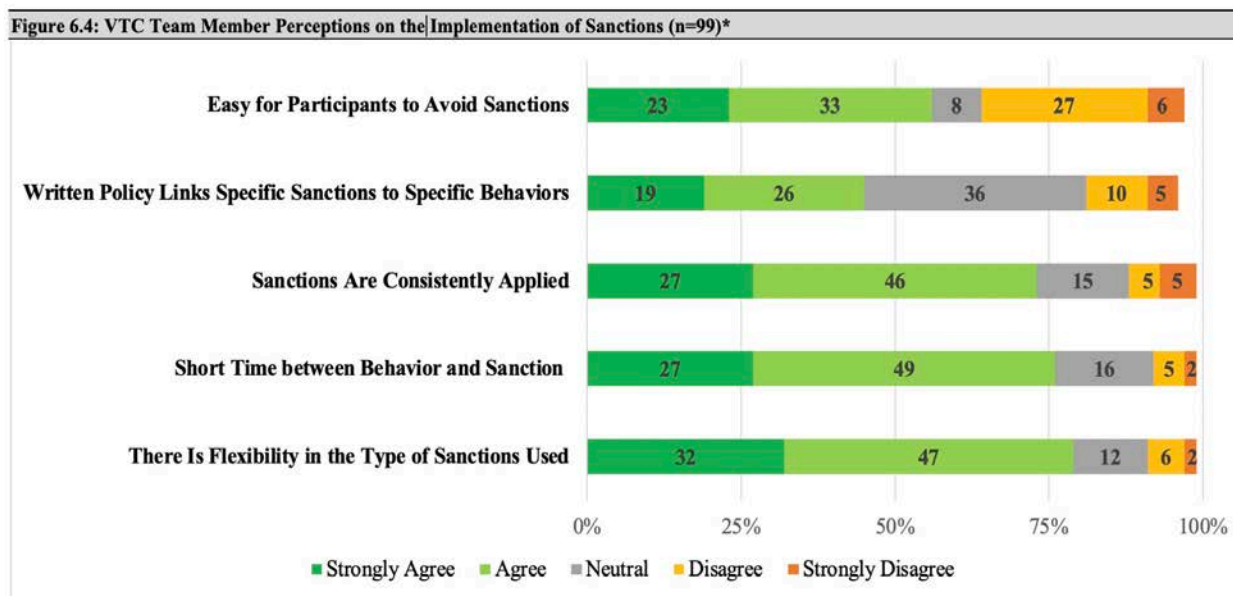


Previous drug court research has found that fidelity to the Ten Key Components of Drug Courts, including Key Component #6 (A coordinated strategy governs drug court responses to participants' compliance), enables drug courts to be successful in reforming individuals and reducing recidivism (Marlowe, 2010). In some drug courts, the contract outlines violations and the sanctions that they trigger. In many courts, however, the contract is silent on when sanctions will be imposed, leaving broad discretion to the judge and team to determine sanctions on a case-



by-case basis (Burdon et al., 2001; Lindquist et al., 2006). In this vein, this study's team surveys also asked VTC team members about their perceptions of the implementation of incentives and sanctions in their programs.

Figure 6.4 below displays information on surveyed team members' perceptions related to the implementation of sanctions and incentives in their VTC programs. The majority agreed that there is flexibility in the types of sanctions used (79%), a short time elapses between the sanction and when the non-compliant behavior occurred (76%), and sanctions were consistently applied (73%). A little more than half (56%) of the team members agreed that it was easy for participants to avoid sanctions, while just under half (45%) stated that their VTCs' written policy links specific sanctions to specific behaviors.



\* Some questions do not add to 100% due to missing values.

### *Team Member Perceptions of Impact (Aggregate)*

We queried VTC team members about their perceptions of the impact of the use of incentives and sanctions in their programs, and their responses provide some context to the preceding survey results that are based on structured questions and scaled responses.

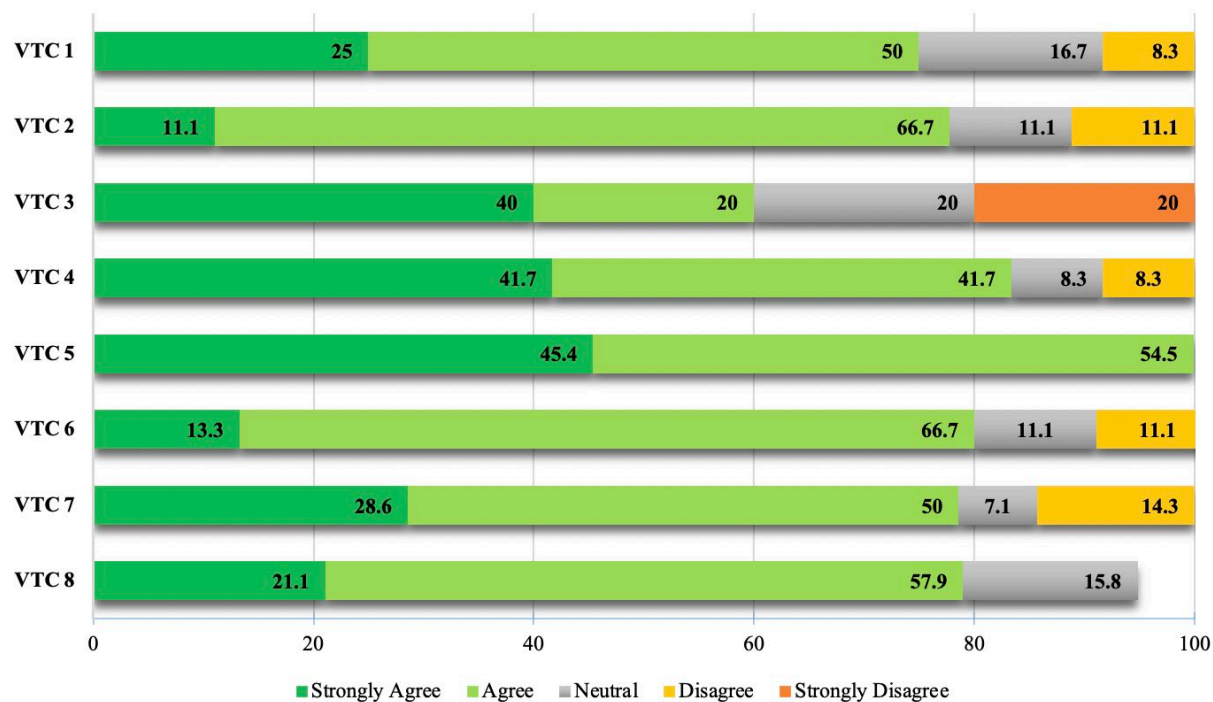
Specifically, we asked team members the following question: “Do you think sanctions and incentives have been effective at changing behavior?” Responses were categorized into three views: *Yes*, *No*, and *Somewhat*. Table 6.1 below lists a sampling of the open-ended responses.

<b>Table 6.1: Do You Think Sanctions and Incentives Have Been Effective at Changing Behavior?</b>	
<b>“YES . . .”</b>	<ul style="list-style-type: none"> <li>▪ “Because it is similar to counseling in the military”</li> <li>▪ “It changes their perspective of the court and helps start the rebuilding process in their lives”</li> <li>▪ “Both motivate the offender to change behavior”</li> <li>▪ “I believe consequences are important in assisting individuals to develop more positive and functional behaviors”</li> <li>▪ “Countless veterans have testified about the process changing their lives”</li> </ul>
<b>“NO . . .”</b>	<ul style="list-style-type: none"> <li>▪ “The sanctions are too lenient, frequently the judge doesn’t impose sanctions, even when the team wants to impose”</li> <li>▪ “There should be more incentives, and the importance of incentives and sanctions should be emphasized”</li> <li>▪ “This court does not use sanctions”</li> <li>▪ “We need a more uniform system of sanctions and incentives - I don’t believe jail is an effective sanction”</li> <li>▪ “Because not used consistently”</li> </ul>
<b>“SOMEWHAT”</b>	<ul style="list-style-type: none"> <li>▪ “Some change their behavior quickly after the first sanction. Others do not even when sanctioned to jail time”</li> <li>▪ “To a certain extent. There is always a need to be more creative with both”</li> <li>▪ “I think sanctions and incentives can only change behavior for people who genuinely want to get better and complete the program”</li> <li>▪ “I think that jail isn’t necessarily a good sanction . . . rewards are a better motivator”</li> <li>▪ “Short term, yes but maybe not long term”</li> <li>▪ “Sometimes, yes but for people with the most serious addiction and dependency issues, I don’t think so”</li> </ul>

### *Team Member Perceptions by VTC Program*

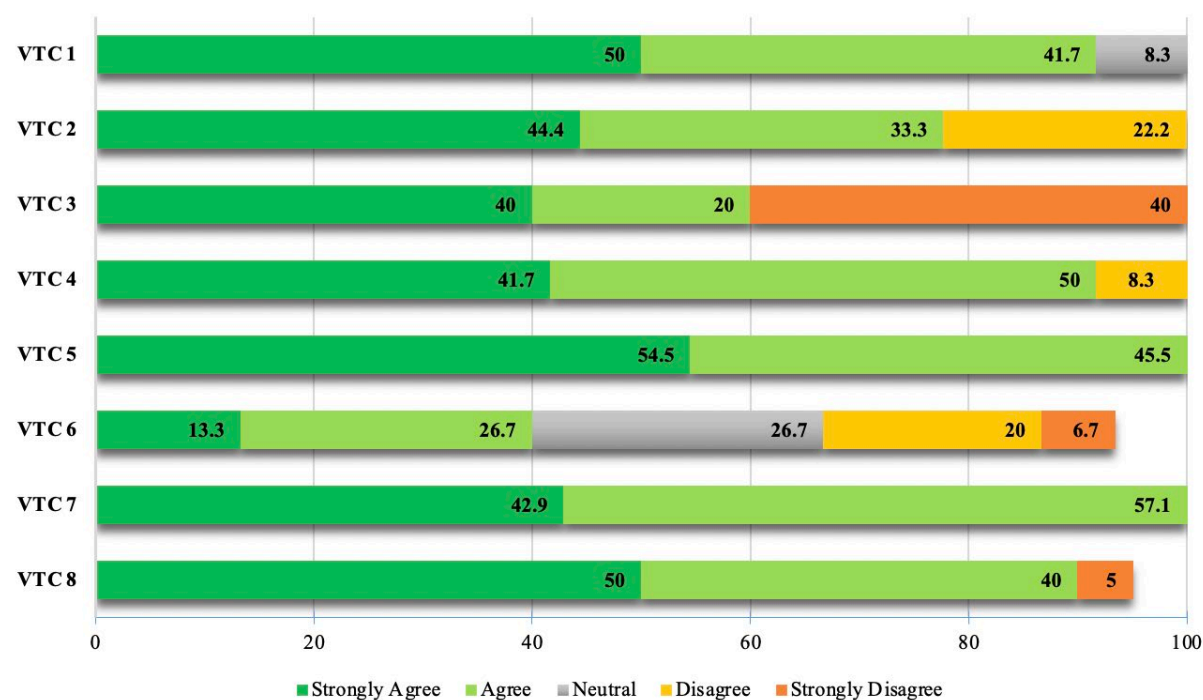
We also examined some team member survey responses disaggregated by the eight VTC programs to assess similarities and differences across the programs with respect to incentives and sanctions. Although a majority of team members across the programs agreed that a short time elapses between a participant’s non-compliant behavior and the sanction being imposed and that the court uses a system of graduated sanctions, some team members disagreed that sanctions were being used in a graduated manner within VTC programs as seen in Figures 6.5 and 6.6 below. Across all programs, with the exception of VTC 3, team members agreed sanctions were applied swiftly for non-compliant behavior.

**Figure 6.5: A Short Time Elapses between the Non-Compliant Behavior and the Sanction\* (n=99)**



\* Some questions do not add to 100% due to missing values

**Figure 6.6: Court Uses a System of Graduated Sanctions\* (n=99)**

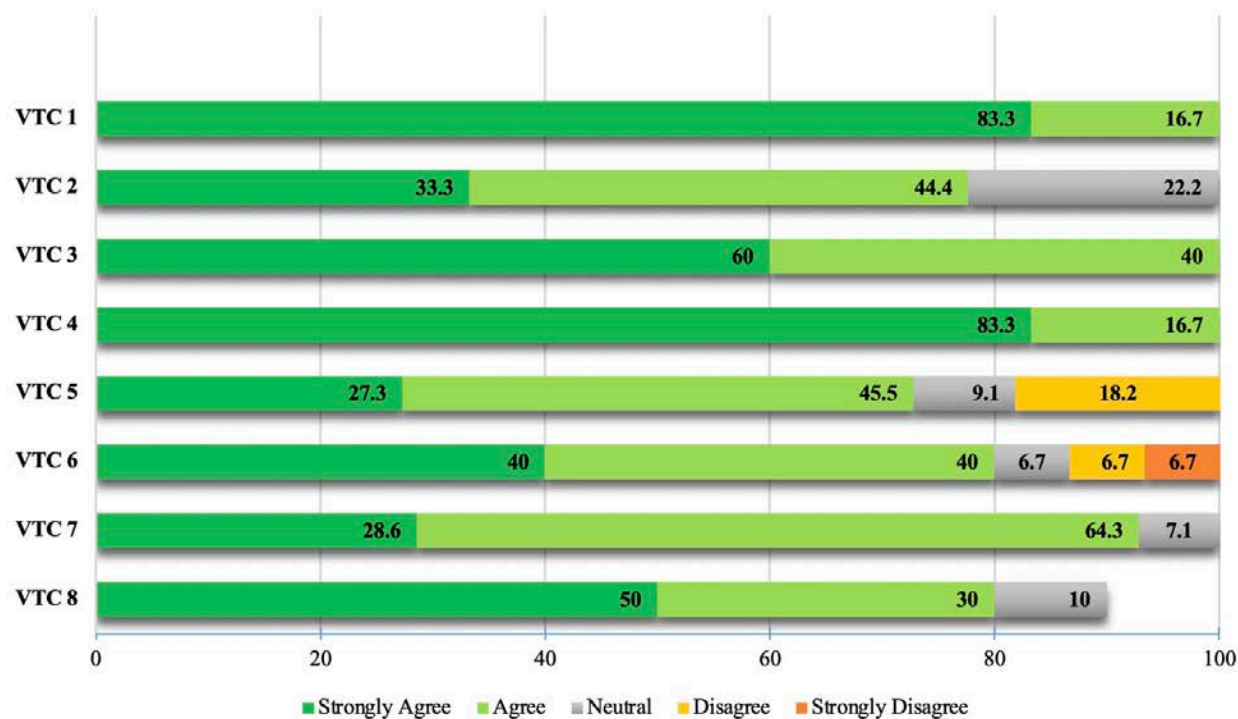


\* Some questions do not add to 100% due to missing values

While a majority of team members across the eight VTCs agreed or strongly agreed that their programs used a system of graduated sanctions, more than half did not agree in VTC 6 (27% neutral, 20% disagree, 7% strongly disagree), as well as 40% strongly disagreed in VTC 3. In only one VTC (VTC 5), team members either all agreed or strongly agreed that their VTC used a system of graduated sanctions and had swift responses to non-compliance.

Figure 6.7 below displays the responses related to team member perceptions about whether participants are frequently drug tested. The majority of team members across all of the courts agreed or strongly agreed that participants were frequently drug tested in their program (up to 100% in VTC 1, VTC 3, VTC 4). In only two VTCs did some team members disagree that this was the case: 18% disagreed in VTC 5 and 13% at least disagreed in VTC 6 (6.7% disagreed, 6.7% strongly disagreed).

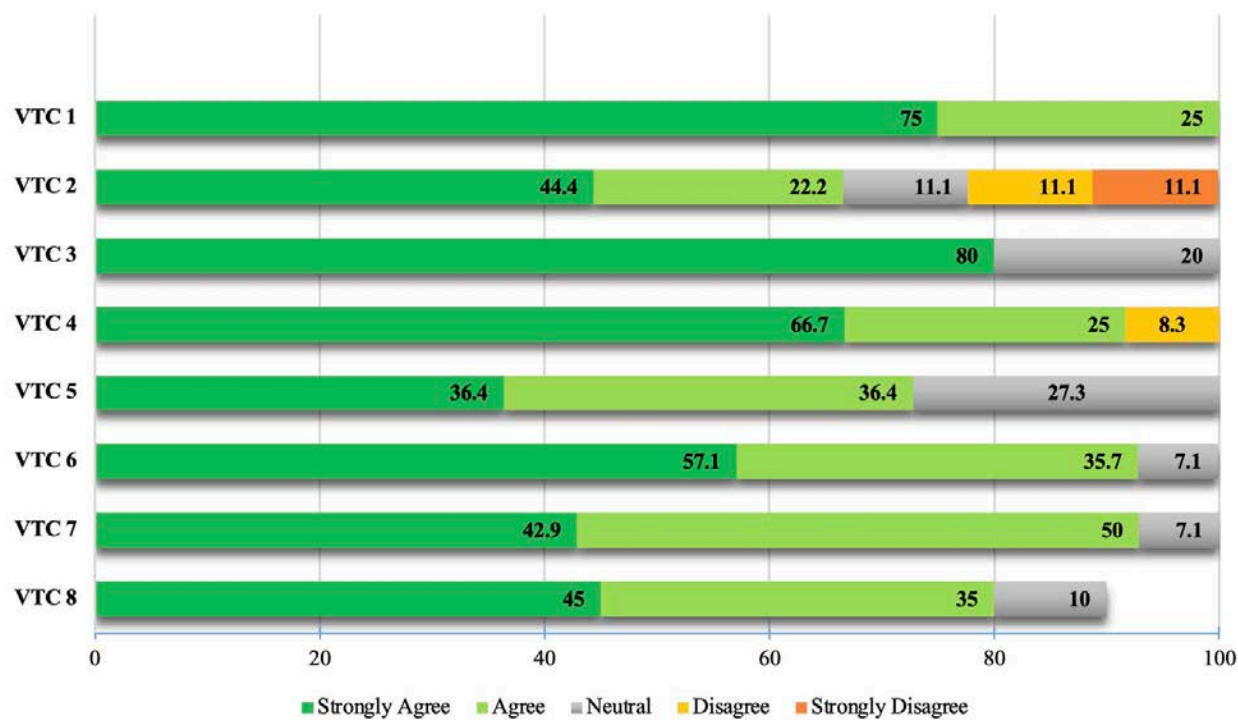
**Figure 6.7: Participants Are Frequently Drug Tested (n=99)\***



\* Some questions do not add to 100% due to missing values

Relatedly, the survey addressed perceptions about whether drug test results were quickly communicated to the VTC. Figure 6.8 below shows that a majority of team members across all the VTC programs agreed that the VTC was quickly notified of the results. Only two programs had some team members disagree (8% in VTC 4, 22% in VTC 2). Five programs had team members with neutral opinions with two of them having at least 20% of team members with neutral responses (27% in VTC 5, 20% in VTC 3).

**Figure 6.8: Drug Test Results Are Quickly Communicated to the VTC Team (n=99)\***

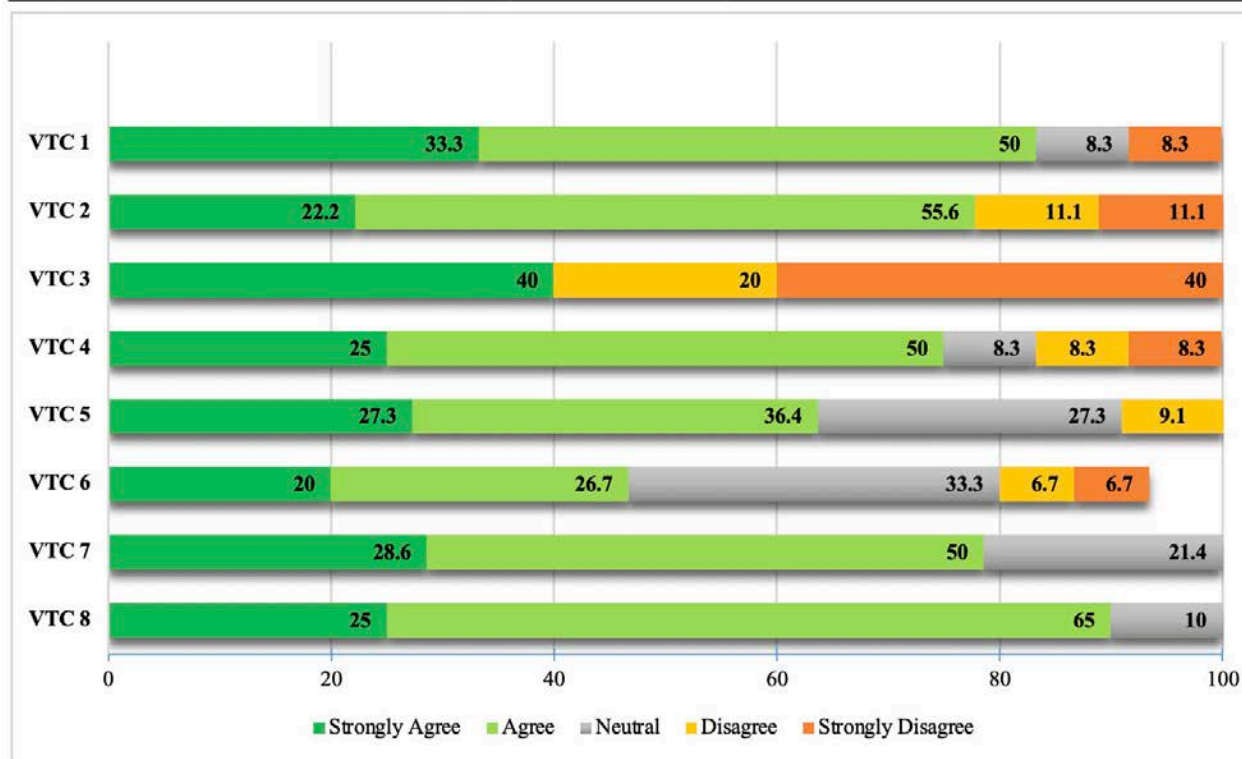


\*Some questions do not add to 100% due to missing values

Figure 6.9 below displays the disaggregated results of team member perceptions of whether the court consistently applied sanctions for non-compliant behaviors. Here, we see disagreement emerge amongst several programs. The majority of team members in VTC 3 (60%) disagreed or strongly disagreed with this statement. Disagreement is also evident in VTC 2 (22%), VTC 4 (16%), VTC 6 (13%), and VTC 1 (8%). There were also many more team

members reporting a neutral stance on this question indicating that they are not sure whether sanctions are consistently applied with 33% in VTC 6, 27% in VTC 5, and 21% in VTC 7, as well as 11% in VTC 2, 10% in VTC 8, and 7% each in VTC 6 and VTC 7. Similar to past research on drug courts (e.g., Tauber & Snavely, 1999), although sanctions appear to be part of every court program, how they are perceived to be applied across the VTCs varies here.

**Figure 6.9: Sanctions Are Consistently Applied for Non-Compliant Behavior\* (n=99)**

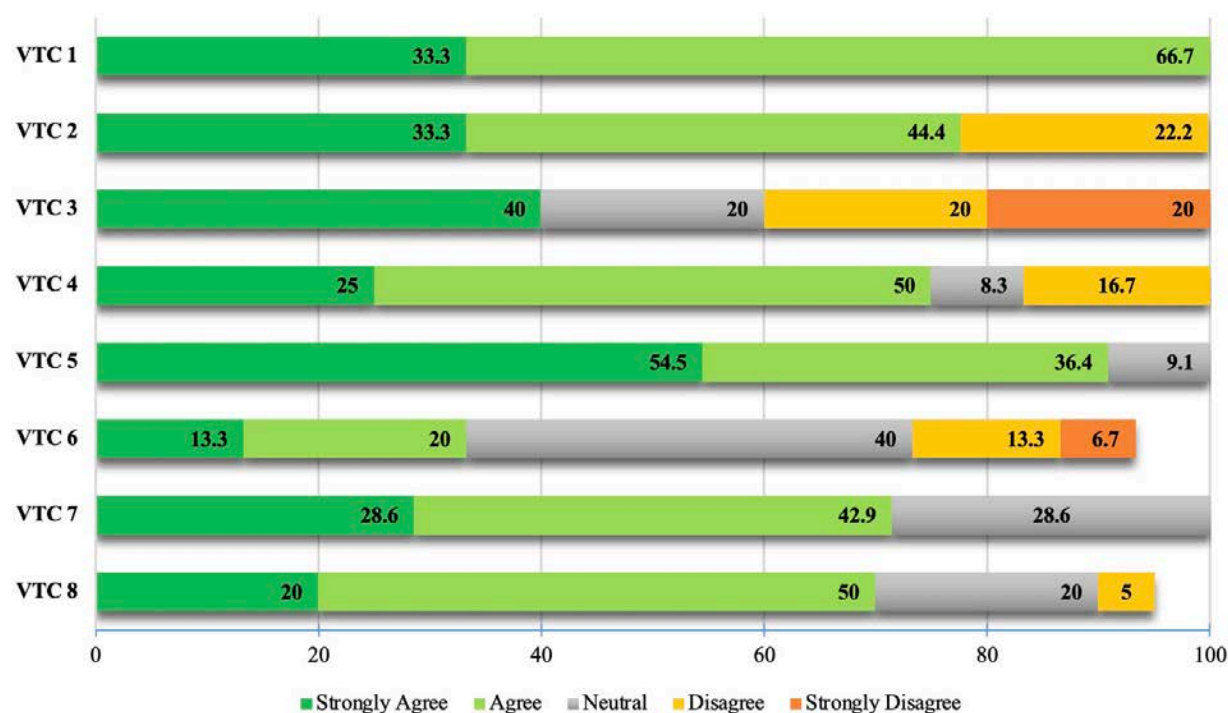


\* Some questions do not add to 100% due to missing values

Regarding a system of incentives being used, there were variations among team members' perceptions across VTCs, which are displayed in Figure 6.10 below. Six of the VTCs had a majority of team members (70%-100%) who agreed or strongly agreed that a system of incentives was used to recognize positive behavior in their program: 100% in VTC 1, 91% in VTC 5, 78% in VTC 2, 75% in VTC 4, 72% in VTC 7, 72% in VTC 8. Five VTCs had some team members disagree or strongly disagree that their VTC used an incentive system to

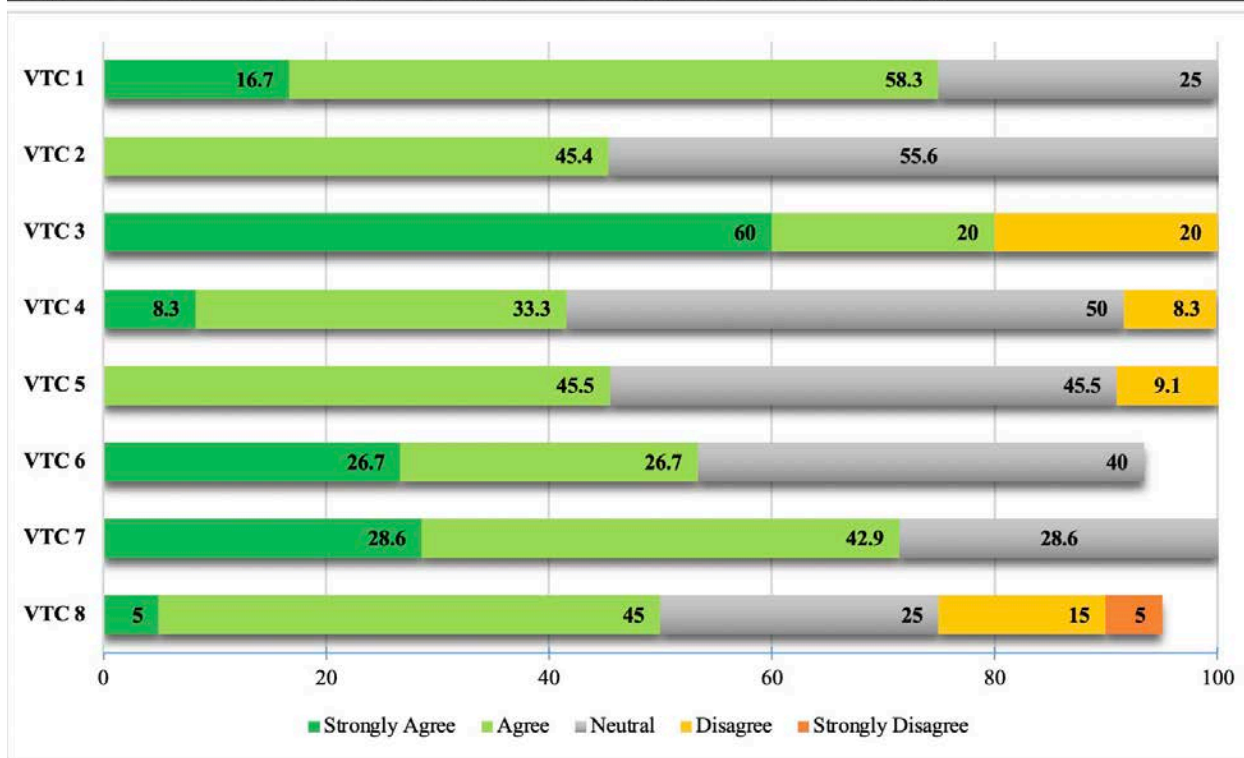
recognize positive behavior: 40% in VTC 3, 22% in VTC 2, 20% in VTC 6, 17% in VTC 4, and 5% in VTC 8. Neutral responses varied across programs from none (0%) of team members (VTC 1, VTC 2) to up to 40% (VTC 6).

**Figure 6.10: Court Uses a Specific System of Incentives to Recognize Positive Behavior\* (n=99)**



\* Some questions do not add to 100% due to missing values

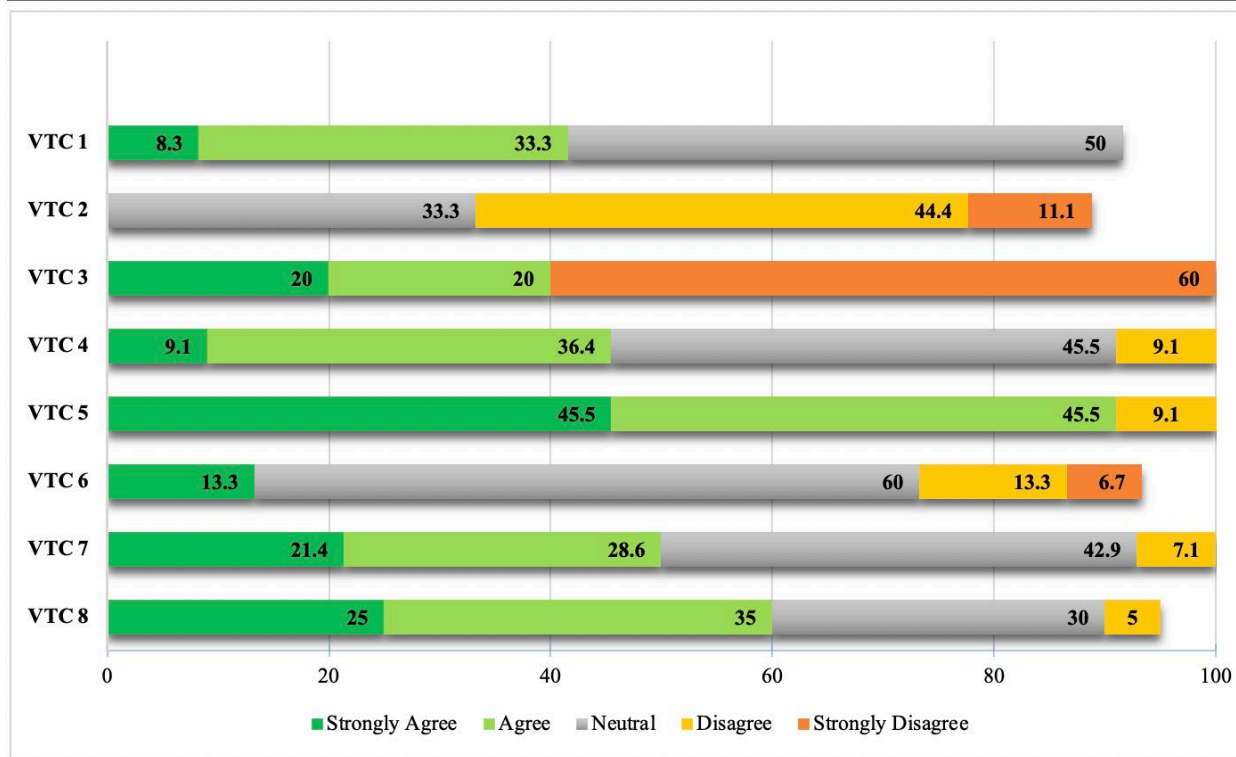
Regarding the types of incentives used by programs, Figure 6.11 below reveals that more than half of team members across four VTCs believe that new types of incentives should be added to their programs: 80% in VTC 3, 75% in VTC 1, 72% in VTC 7, and 53% in VTC 6. Half of team members in VTC 8 also felt that additional types of incentives should be developed. The largest percentage of neutral responses appeared in response to this question, ranging from 25% to 56% of team members reporting neutral responses.

**Figure 6.11: The Court Needs to Develop Additional Types of Incentives\* (n=99)**

\* Some questions do not add to 100% due to missing values

Figure 6.12 below displays the disaggregated results of team members' responses to the question of whether their program has a written policy linking behaviors to incentives and sanctions. The answers to this question varied across the VTC programs with many team members staying neutral in whether they agreed or disagreed with the statement. More than half of the team members disagreed or strongly disagreed in VTC 2 (56%) and VTC 3 (60%) that their program has a policy in place that links incentives and sanctions to participant behaviors; in VTC 6, 20% of team members expressed these sentiments. Only three VTCs had a majority of their team members indicate that this policy existed for their programs (91% in VTC 5, 60% in VTC 8, 53% in VTC 7). Similar to Table 6.11 (need for additional types of incentives), neutral responses were also common answers across programs, ranging from 30% to 60%,



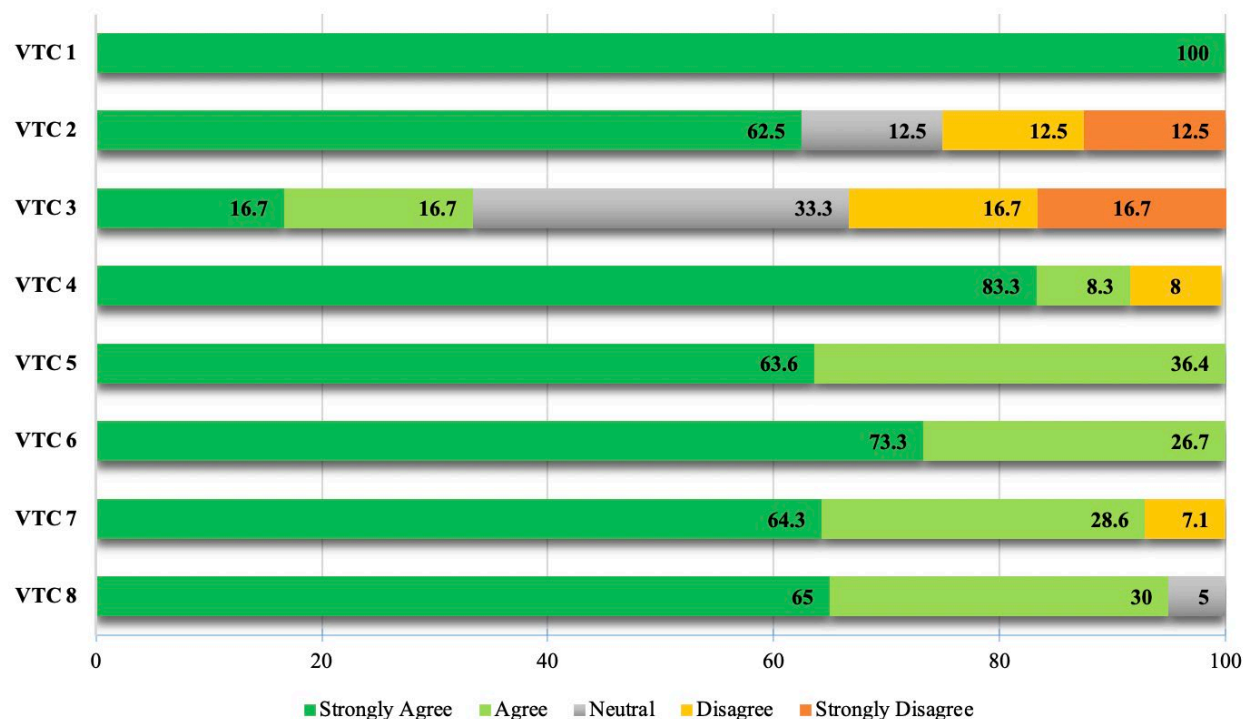
**Figure 6.12: A Written Policy Links Behavior to Incentives and Sanctions\* (n=99)**

\* Some questions do not add to 100% due to missing values

The final question sought to solicit information on whether the court adheres to a team-centered approach in decision-making regarding the application of incentives and sanctions for compliant and non-compliant behavior. Specifically, we asked team members whether the judge values the team members' recommendations regarding incentives and sanctions, and these results are illustrated in Figure 6.13 below. More than one third of VTCs had their entire teams at least agree that the judge valued their recommendations regarding participants. Specifically, one VTC (VTC 1) had 100% of team members strongly agreeing with this statement, and two VTCs (VTC 5, VTC 6) had 100% of team members at least agree with the statement. Additionally, the majority of team members (63%-95%) agreed or strongly agreed that their sanction/incentive recommendations were valued by the judge. Conversely, one third of team members in VTC 3 and a quarter of team members in VTC 2 disagreed or strongly

disagreed that their judge valued their input. Further, these two VTCs were also the only ones in which greater than 10% of team members were neutral in response to that question: VTC 3 had 33% neutral and VTC 2 had 13% neutral. A few team members also disagreed with the statement in VTC 4 (8%) and VTC 7 (7%).

**Figure 6.13: Judge Values the Team Members Recommendations Regarding Participants\***



\* Some questions do not add to 100% due to missing values.

## Summary

National surveys have revealed that most VTCs utilize sanctions and incentives in their programs to assist in behavior modification, while empirical research questions remain as to whether problem-solving courts are following best practices for implementation.

In their program handbooks and policy manuals, each VTC provided examples of both incentives and sanctions that could be administered and also listed some behaviors that would result in an incentive or sanction being applied. All documents stated that incentives and

sanctions would be used in a graduated manner. However, only one VTC specifically listed the number of sanctions that would be allowed per phase before a participant would be terminated from the program.

Our survey of VTC team members found that 90% and 86% of team members indicated that their programs utilized incentives and sanctions, respectively (see Table 6.1 above). However, the majority of team members across the majority of programs did not agree or strongly agree that their program had a written policy that linked participant behavior to incentives and sanctions (Table 6.12)—only two VTCs had the majority of respondents (91% in VTC 5, 60% in VTC 8) indicated their programs had these policies. Despite an explicit policy linking behaviors to incentives and sanctions, the majority of team members in six VTCs felt that sanctions were consistently applied in response to non-compliant behavior. Results in Chapter 8 further explore fidelity of VTCs having a coordinated strategy in response to compliance.

Such a low percentage of team members (3%) reported that their VTC jail as a sanction has been used as a sanction is a positive finding for several reasons. As previously noted, best practices indicate that incarceration should either not be used or imposed judiciously and sparingly (National Association of Drug Court Professionals, 2018). Additionally, it is a good thing the programs are not relying upon short-term incarceration as a mechanism for sanctioning noncompliance due to today's public health concerns and other practical and ethical reasons.

This glimpse into the existence of sanction and incentive policies in program materials and team member perceptions of their existence, implementation, and impact reveal that there is much to be explored in terms of sanctions and incentives in VTC programs. Research indicates that sanctions and incentives are more effective if employed with notions of procedural and distributive justice. Therefore, VTC programs should ensure that participants are informed of the

positive and negative consequences of behaviors, as well as the incentives and sanctions used to reinforce compliant behavior and improve program outcomes.

## **CHAPTER 7: TREATMENT BACKGROUNDS, PROGRAM STATUS AND OUTCOMES, AND RECIDIVISM**

### **Overview**

As described in Chapter 5, the majority of VTC participants in the current study were required to attend either substance abuse treatment, mental health treatment, or both. Close to 85% of interviewed participants reported physical or psychological issues resulting from their service; many also reported having issues with substance use. Regarding substance abuse recognition and treatment readiness, however, only 35% of them agreed or strongly agreed that their substance (drug or alcohol) use was a problem; half, however, admitted their drug or alcohol use was causing them legal problems.

In this chapter we address research question 4—what are the basic program and participant outcomes? We report on participant substance use attitudes, treatment backgrounds, and self-reported recidivism and continued substance use. The data analyzed come from the participant interviews, specifically, the baseline, 12-month follow-up, and 24-month follow-up interviews. Please see Chapter 1: Participant Interviews for the relevant research methodology, as well as Chapter 5 for participant demographics and other background information. We also report graduation rates for the programs studied using the archival court data provided by seven of the eight VTCs (see Chapter 1: Archival Information).

### **Results**

#### *Substance Use/Misuse and Treatment Attitudes and Treatment History*

During the baseline interviews, researchers queried the VTC participants about their attitudes toward substance use and their historical and current substance use/misuse behavior and mental health issues, as well as substance abuse and mental health treatment. Table 7.1 below

<b>Table 7.1: VTC Participants Substance Abuse Attitudes and Treatment History (n=315)</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Missing</b>
<b>This treatment program seems too demanding for you</b>			
Disagree strongly	144	45.7	14
Disagree	101	32.1	
Uncertain	24	7.6	
Agree	17	5.4	
Agree Strongly	7	2.2	
<b>You want to be in drug treatment</b>			
Disagree strongly	85	27.0	16
Disagree	44	14.0	
Uncertain	20	6.3	
Agree	56	17.8	
Agree Strongly	93	29.5	
<b>You plan to stay in this treatment program for a while</b>			
Disagree strongly	48	15.2	16
Disagree	16	5.1	
Uncertain	28	8.9	
Agree	77	24.4	
Agree Strongly	121	38.4	
<b>You can quit using drugs without help</b>			
Disagree strongly	76	24.1	18
Disagree	53	16.8	
Uncertain	31	9.8	
Agree	46	14.6	
Agree Strongly	83	26.3	
<b>Ever thought you may have a drug/alcohol problem in your lifetime</b>			
	235	74.6	5
<b>Previously participated in drug/alcohol treatment before VTC</b>			
	160	50.8	12
<b>Felt that treatment was helpful (n=160)</b>			
	110	68.8	14
<b>Still participate in that treatment (n=160)</b>			
	69	43.1	15

displays the results for the VTC participants who completed the substance use (n=315) and mental health (n=313) sections as part of the baseline interview.<sup>32</sup> At baseline, a small percentage of participants (8%) thought that the drug treatment program would be too demanding, and almost half (47%) at least agreed that they wanted to be in drug treatment.

Although 41% disagreed that they wanted to be in drug treatment, a higher percentage (63%)

<sup>32</sup> All 318 baseline interview participants were to be administered both the substance use/misuse and mental health ancillaries. Unfortunately, three VTC participants were not administered the substance use/misuse ancillary, and five participants were not administered the mental health ancillary. The specific reasons for this deviation from research protocol are unknown and attributed to human error.

stated that they planned to stay in the VTC treatment program for a while. Many participants were less certain, however, about their ability to stop their misuse of alcohol or other drugs without help. While 41% of participants thought they could quit on their own, another 41% disagreed, while 10% were uncertain, that they could cease using without assistance.

More generally, the majority (75%) of participants thought at some point in their lifetime that they had a drug or alcohol problem, and roughly half (51%) had previously been in a drug treatment program. A total of 69% believed that their prior drug treatment was helpful for them, and 43% were still in the previous program upon entry to the VTC. Recall in Chapter 5 (Table 5.5) that just over 70% of the participants reported having to participate in mental health and/or substance abuse treatment but that over 90% reported being subject to drug testing. These findings together demonstrate that although not all participants reported substance abuse issues, they are required to submit to drug testing as part of their community supervision requirements in their VTC programs.

Table 7.2 below displays information from VTC participants interviewed regarding their mental health history. A little over two thirds of the participants interviewed (69%) reported previously participating in mental health counseling prior to being accepted into the VTC. A similar percentage (67%) reported being prescribed medication for a mental health issue prior to their contact with their VTC program. Slightly fewer (55%), however, reported having to participate in a mental health treatment program as part of the requirements of their VTC participation. Note, more participants reported in a different section of the interview having to participate in mental health treatment as a requirement of their participation in the VTC program (72.6%, see Table 5.5 in Chapter 5).<sup>33</sup> It may be that some participants who were

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<sup>33</sup> The initial question asked participants to respond to the following question: “What treatments/services are/were you REQUIRED to participate in for veterans court?” and to mark all that applied out of a series of responses, one

already in mental health treatment prior to entering the VTC were allowed to continue in that program to satisfy the VTC treatment requirements, and therefore responded they are not required to participate in a VTC mandated program. Another possibility is that some participants misunderstood the REQUIRED portion of the initial question related to mental health treatment/counseling, and thus a greater number responded in the affirmative. What the results do reveal is that more than half of the participants reported they are required by the VTC to access mental health services, and at least as many reported a history of accessing mental health treatment or being prescribed medication for mental health issues prior to VTC admission.

**Table 7.2: VTC Participants Mental Health History (n=313)**

	Frequency	Percent	Missing
<b>Participated in any mental health counseling before VTC</b>	215	68.7	5
<b>Prescribed medication for any mental health issue before VTC</b>	211	67.4	8
<b>Required to participate in mental health services in VTC</b>	172	55	11

### *Program Outcomes*

For seven of the VTC programs, we obtained program status data on individual participants, including program graduation (successful program completion). We identified 1,267 unique participants accepted into the seven programs during the calendar years of 2016-2019 (See Chapter 1: Archival Information). Table 7.3 below displays the program status of the VTC participants as of the end of the study period (for the seven VTCs that provided these information).

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of which was mental health treatment/counseling. The question reported on in this chapter was part of the mental health packet of the baseline interview that asked more directly “As PART of your VETERANS TREATMENT COURT PARTICIPATION, were you EVER required to participate in any mental health services (examples – treatment, counseling, medication, inpatient, outpatient)?”



At the end of 2019, the seven VTCs collectively reported 263 (21%) active participants, 758 (60%) graduated participants, and 212 (17%) terminated participants (either removed from or voluntarily dropped out of the programs) among the 1,267 participants who were active in their programs since January of 2016 (See Table 7.3). Another 33 (3%) were transferred to another jurisdiction not included in the study or died while enrolled in the VTC. Excluding participants who were still actively participating in their respective programs, as well as those who were transferred or deceased, we compared those who successfully completed the VTC program (graduated) to those who did not (terminated or withdrew from the program) to estimate a graduation rate (ratio of graduated to terminated). Average time in the VTC in order to be eligible to graduate varied across programs, but for most participants, it was generally 12-18 months. Some participants took longer to graduate (24 months or longer) due to relapses and not completing treatment or supervision conditions in a timely manner. The overall average program success (or graduation) rate for these seven VTC programs is 78%.

<b>Table 7.3: Participant Program Status by VTC Site (N=1,267)*</b>					
<b>VTC</b>	<b>Active Participants</b>	<b>Graduated</b>	<b>Terminated/ Dropped-Out</b>	<b>Transferred/ Deceased</b>	<b>Success Rate</b>
VTC 1	10 (28.6%)	11 (31.4%)	14 (40.0%)	-	<b>44.0</b>
VTC 2	-	134 (82.7%)	28 (17.3%)	-	<b>82.7</b>
VTC 3	112 (31.8%)	202 (57.4%)	38 (10.8%)	-	<b>84.2</b>
VTC 5	51 (36.2%)	62 (44.0%)	28 (19.9%)	-	<b>68.8</b>
VTC 6	21 (38.2%)	27 (49.1%)	6 (10.9%)	1 (1.8%)	<b>81.8</b>
VTC 7	15 (23.1%)	33 (50.8%)	6 (9.3%)	11 (16.9%)	<b>84.6</b>
VTC 8	54 (11.8%)	289 (63.4%)	92 (20.1%)	21 (4.6%)	<b>75.9</b>
<b>Total</b>	<b>263</b>	<b>758</b>	<b>212</b>	<b>33</b>	<b>78.1</b>

\* VTC 2 did not report the number of active participants, and VTCs 1, 2, 3, and 5 did not report whether any of their participants had been transferred or deceased. As noted in Chapter 1, archival data was only provided by seven of the eight programs and were not standard.

Successful completion of the VTC program, however, varied somewhat across the seven VTC sites. Four of the seven VTCs have graduation rates in the low- to mid-80% range, while two others have rates of 69% and 76%; one site has a relatively low graduation rate of

44%. Generally, termination from the program can be the result of re-arrest or continued non-compliance with program requirements or court supervision conditions, such as continued missed court dockets, absences in treatment, and positive drug tests. Recall in Chapter 5 (Table 5.1) that VTC site 1 had a higher percentage of participants charged with property or drug offenses (each 31.4%). In consultation with the research affiliate associated with this VTC program and the program information, it was noted that VTC 1 accepted high-risk, high-need individuals who had criminal charges that were connected to serious substance addiction.

#### *Recidivism Outcomes and Continued Substance Use Issues*

As part of the 12- and 24-month follow-up interviews, participants were asked about any re-arrests since program admission as well as any substance-using behavior. As shown in Table 7.4 below, of the 134 participants who completed 12-month follow-ups, 13 (10%) reported being re-arrested. Among the 48 interviewed at the 24-month mark, 2 participants (4%) reported being re-arrested between 12 and 24 months post-baseline interview. As discussed in Chapter 5, one of the reasons for these low self-reported arrest findings may be that the sample of veterans in contact with the VTCs that were part of this study were high-need but low-risk participants. Another possibility is that those who agreed to complete follow-up interviews were more likely to be well after graduation from VTC and therefore no longer justice-involved.

**Table 7.4: Self-Reported Participant Re-Arrest by VTC Site**

	VTC 1	VTC 2	VTC 3	VTC 4	VTC 5	VTC 6	VTC 7	VTC 8	Total
<i>12-Month (n)</i>	<i>(n=7)</i>	<i>(n=10)</i>	<i>(n=21)</i>	<i>(n=14)</i>	<i>(n=25)</i>	<i>(n=23)</i>	<i>(n=10)</i>	<i>(n=23)</i>	<i>(n=133)</i>
Re-arrested within 12 Months	1 (14.3%)	1 (10%)	0	4 (28.6%)	2 (8%)	1 (4.3%)	2 (20%)	2 (8.7%)	<b>13</b> <b>(9.7%)</b>
<i>24-Month (n)</i>	<i>(n=5)</i>	<i>(n=3)</i>	<i>(n=3)</i>	<i>(n=0)</i>	<i>(n=9)</i>	<i>(n=7)</i>	<i>(n=7)</i>	<i>(n=14)</i>	<i>(n=48)</i>
Re-arrested between 12-24 Months	0	0	0	0	1 (11%)	0	0	1 (7%)	<b>2</b> <b>(4.2%)</b>

Self-reported re-arrest outcomes also varied somewhat across programs. Among those interviewed, at least one participant in each program reported a new arrest at the 12-month follow-up, with the exception of VTC 3 in which no participants reported a new arrest. The highest self-reported re-arrest rates were between 20% (VTC 7) and 29% (VTC 4); otherwise, 10% or fewer of the participants interviewed self-reported new arrests at 12 months. Again, a qualification with these re-arrest results is that VTC participants who were re-arrested and released from incarceration could have been less likely to agree to a follow-up interview due to issues they were dealing with and their continued legal situations. Thus, the re-arrest rate is potentially greater to some unknown degree than these self-report results indicate based on our convenience sample of interviewed participants. Unfortunately, we could not examine re-arrest outcomes using information provided by the programs because they did not track post-program re-arrests. While archival criminal history data may have validated self-reported re-arrest information, criminal justice agency record systems are often missing low-level offenses and those that occurred outside of the jurisdiction.

Table 7.5 below displays the results of participant interviews regarding self-reported substance use at 12- and 24-months post-baseline. At 12-month follow-up, about 20% of participants reported using stimulants since their last interview with about one third of those having a prescription for their use; 37% of those had used within the last 3 months. At the 24-month follow-up, only about 13% had used stimulants since the 12-month follow-up; two-thirds of those had used within the past 3 months, and the same number had a prescription for using. If we compare these numbers to those for the baseline interviews from Chapter 5 (Table 5.8), stimulant use by participants was down at follow-up as 33% reported using in the past year at baseline. What is also evident is that the rate of those who had a prescription for use of

stimulants increased after contact with VTCs, only 7% who reported using in the last year had a prescription at baseline, whereas 33% and 66% reported to having a prescription for use at 12- and 24-month follow-up.

Similar to the baseline numbers, marijuana and alcohol were the most widely used substances on 12-month follow-up, whereby 25% and 54% (respectively) reported use since the last interview; and the majority of those had used in the last 3 months (59% marijuana and 67% alcohol). Both self-reported alcohol and marijuana use, however, were lower compared to baseline reporting. On 12- and 24-month follow-ups, more participants had a prescription (15% and 20%, respectively) for their marijuana use versus only 1% at baseline reporting. This may be evidence that VTC participants residing in or near states where marijuana is legal for medical purposes are seeking to get prescriptions for use as part of their mental or physical health treatment. However, the VTC programs in the study did not promote or condone the use of either medical or recreational marijuana use.

Although very few participants reported using depressants at both the 12- and 24-month follow-up (10% and 13%, respectively), many participants reported they had a prescription for their use (79% at 12 months, 50% at 24 months). Comparing these numbers with those reported at baseline in Chapter 5 (Table 5.8), a higher percentage of participants reported past year depressant use at baseline (34%) but a smaller percentage reported having a prescription (40%). Finally, very few participants reported using hallucinogens, synthetic marijuana, or fentanyl on follow-up.

<b>Table 7.5 Participant Substance Use Follow-Up</b>							
<b>Substance used</b>	<b>Stimulants</b> Frequency (%)	<b>Marijuana</b> Frequency (%)	<b>Alcohol</b> Frequency (%)	<b>Depressants</b> Frequency (%)	<b>Hallucinogens</b> Frequency (%)	<b>Synthetic Marijuana</b> Frequency (%)	<b>Fentanyl</b> Frequency (%)
<b>12-month follow-up (n=134)</b>							
Since last interview	27 (20.1)	34 (25.4)	73 (54.5)	14 (10.4)	2 (1.5)	1 (0.7)	0
In the past 3 months*	10 (37.0)	20 (58.8)	49 (67.1)	5 (35.7)	1 (50)	1 (100.0)	
Had prescription for use*	9 (33.3)	5 (14.7)	---	11 (78.6)	---	---	
<b>24-month follow-up (n=48)</b>							
Since last interview	6 (12.5)	15 (31.2)	30 (62.5)	6 (12.5)	3 (6.3)	2 (4.2)	1 (2.1)
In the past 3 months*	4 (66.6)	9 (60.0)	26 (86.7)	3 (50.0)	0 (0.0)	2 (100.0)	0 (0.0)
Had prescription for use*	4 (66.6)	3 (20.0)	---	3 (50.0)	---	---	0(0.0)

\* Percentages are based on the *n* for those who reported using since the last interview.

## Summary

Overall, the results of our interviews with VTC participants demonstrate that a large percentage reported both substance use and mental health issues, and many had a history of prior participation in treatment programs for these issues. The follow-up interviews reveal that some participants report still using drugs and alcohol, regardless of whether they are prohibited and/or illegal. For stimulant and depressant use, it appears that a larger percentage of participants report having prescriptions for use at 12- and 24-month follow-up points perhaps as a result of getting the services and treatments they needed as part of their VTC participation.

Archival data received from seven of the programs showed that, on average, four out of five participants successfully completed their program requirements and graduated from the VTC program. This success rate, however, varied across the seven VTCs: four VTCs had graduation rates in the low- to mid-80% range, two VTCs had rates of 69% and 76%, and one VTC had a relatively low graduation rate of 44% (likely related to their target population). Finally, the results from questions about criminal recidivism reveal that a relatively low number of those who completed the follow-up interviews reported being re-arrested (10% on 12-month follow-up); unfortunately, these figures were not validated using criminal history records.

Finally, any comparisons of baseline to follow-up sample responses above are for descriptive purposes only as they are biased without statistical weighting to adjust for response and selection bias. When focusing on results for just a subset who responded to follow-up interviews, the results are not generalizable to the full baseline sample or the program participant group. As such, our forthcoming analyses examine the baseline participants who also completed 12-month and/or 24-month year follow-ups and their changes over time.

## **CHAPTER 8: TEN KEY COMPONENTS OF VETERANS TREATMENT COURT AND FIDELITY OF IMPLEMENTATION**

### **Overview**

As stated in Chapter 1, problem-solving courts operate under a holistic approach mandating both treatment and supervision components to address underlying conditions related to criminal behavior and closely monitor participants for community safety. Under this model, the traditional courtroom actors work collaboratively with treatment providers to develop an individualized treatment and program plan, meaning that it is tailored to the individual. As an alternative to traditional criminal case processing, this model necessitates frequent continued court appearances to monitor treatment and supervise progress with judicial interaction. The purpose of this holistic approach is ultimately to address each participant's unique needs and circumstances in a comprehensive manner through monitoring and supervision, thereby reducing the likelihood of continued justice system involvement. Building on preceding chapters that describe program structures and policies, in Chapter 8, we address research question 2 concerning policies and procedures from the perspective of adherence to currently promoted best practices.

Judge Russell of the Buffalo Veterans Treatment Court modified the Ten Key Components of Drug Courts (Bureau of Justice Assistance or BJA, 2004) to create the Ten Key Components of VTCs (Justice For Vets, 2017; Russell, 2009). Figure 8.1 below lists the components for both drug courts and VTCs. The main differences between the programs are underlined. For example, mental health services are added to Key Components #1 and #4, VTCs, Key Component #7 specifically lists the veteran as the client, and the VA is added to the list of partnering agencies in Key Component #10 (Baldwin & Drapela, Forthcoming).

<b>Table 8.1: The Ten Key Components of Drug Courts and the Ten Key Components of VTCs</b>	
<b>DC-10 KEY*</b>	<b>VTC 10 Key†</b>
<u>Key Component #1:</u> DCs integrate alcohol and other drug treatment services with justice system case processing.	<u>Key Component #1:</u> VTCs integrate alcohol, drug treatment, and mental health services with justice system case processing.
<u>Key Component #2:</u> Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights	<u>Key Component #2:</u> Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
<u>Key Component #3:</u> Eligible participants are identified early and promptly placed in the DC program.	<u>Key Component #3:</u> Eligible participants are identified early and promptly placed in the VTC program.
<u>Key Component #4:</u> DCs provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	<u>Key Component #4:</u> VTCs provide access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services.
<u>Key Component #5:</u> Abstinence is monitored by frequent alcohol and other drug testing.	<u>Key Component #5:</u> Abstinence is monitored by frequent alcohol and other drug testing.
<u>Key Component #6:</u> A coordinated strategy governs DC responses to participants' compliance.	<u>Key Component #6:</u> A coordinated strategy governs VTC responses to participants' compliance.
<u>Key Component #7:</u> Ongoing judicial interaction with each DC participant is essential.	<u>Key Component #7:</u> Ongoing judicial interaction with each Veteran is essential.
<u>Key Component #8:</u> Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	<u>Key Component #8:</u> Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
<u>Key Component #9:</u> Continuing interdisciplinary education promotes effective DC planning, implementation, and operations.	<u>Key Component #9:</u> Continuing interdisciplinary education promotes effective VTC planning, implementation, and operations.
<u>Key Component #10:</u> Forging partnerships among DCs, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	<u>Key Component #10:</u> Forging partnerships among VTCs, Veterans Administration, public agencies, and community-based organizations generates local support and enhances VTC effectiveness.
*(NADCP-DCSC, 1997/2004:iii)	† (Russell, 2009:365-367)

Table taken from Baldwin and Drapela (Forthcoming, Table 2).



As described in Chapter 1 under Research Design and Methods, we used a Fidelity of Implementation (FOI) instrument developed by Dr. Kevin Baldwin (2015) to measure the perceptions of the team members and on-site researchers about the adherence of the programs to the key components, as well as to several other VTC-specific practices. A total of 476 data points were collected across the eight VTCs because the FOI scale was administered quarterly. To aid in the interpretation of responses to these 13 items, scores were recoded for from the original scale of -2 to +2, to a new scale of 1 (low) to 5 (high, where 3 is neutral).

## Results

### *Team Member Perceptions of Fidelity*

Table 8.2 below displays the mean for the 13 FOI items for the sample of team members. These broad-based average ratings were calculated to the items/components to each other, not to compare VTCs to the grand mean.<sup>34</sup> The highest mean scores are related to the VTC having collaborative relationships with the U.S. Department of Veterans Affairs (VA) and Veterans Justice Outreach (VJO) specialist (4.68), the court integrating substance use and mental health treatment into criminal justice system (CJS) processing (4.56), and the program providing a continuum of treatment and rehabilitation services (4.46). The lowest mean scores were related to the components of mentors playing an active role in participant's lives (3.80), the team members receiving continuing interdisciplinary education (3.91), and eligible participants being identified early and promptly entering the program (4.00).

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<sup>34</sup> Note, averages are susceptible to items with large statistical deviations. See Summary section at the end of this chapter.

**Table 8.2: Mean Scores for All VTC Team Members Fidelity of Implementation Scale**

<b>Items</b> <i>(n=476; varies by question due to missing values)</i>	<b>Mean</b>
#1: Integrate substance use and mental health treatment into CJS processing.	4.56
#2: Use a non-adversarial approach.	4.33
#3: Eligible participants are identified early and promptly enter.	4.00
#4: Provides a continuum of treatment and rehabilitation services.	4.46
#5: Abstinence is monitored by frequent testing.	4.29
#6: Use a coordinated strategy to respond to compliance.	4.21
#7: Ongoing judicial interaction with each court participant.	4.33
#8: Monitoring and evaluation is used to gauge effectiveness.	4.30
#9: Continuing interdisciplinary education is used.	3.91
#10: Forges partnerships with local and community organizations.	4.20
#11: Mentors play an active role in participants' lives and in the court.	3.80
#12: Uses comprehensive assessment and treatment for trauma.	4.16
#13: Has collaborative relationships with the VA and VJO.	4.68

Because these data were collected across all 3 years of the study, it was possible to examine whether average team member responses to the FOI questions increased or decreased over time. Table 8.3 below displays this information by year. A review of these results reveals fairly stable responses across the study period, but there were slight increases for some of the components. For example, items 2, 3, 5, 6, 8, and 9 showed slight increases during the 3-year period. These results are positive in the sense that some of the components that received the lowest scores overall saw increases, such as improvement in the identification and prompt acceptance of eligible participants into the program and that the team was receiving continuing education. Other areas that increased were: abstinence is monitored by frequent testing, their programs were getting better at using a coordinated strategy to respond to compliance, and monitoring and evaluation were being used to gauge effectiveness. The last may be confounded

by the program’s participation in this study in that the team members surveyed may not distinguish this project from other program evaluation activities independent of this research. As previously noted, we did not adjust any of the items in FOI for this particular study, and this includes the last item which does not differentiate between participating in this multisite evaluation and formative evaluations initiated by the programs.

**Table 8.3: Mean Team Member FOI Responses by Year of Study**

<b>Items</b> <i>(N varies by question due to missing values)</i>	<b>Year 1</b> <i>(n=118)</i>	<b>Year 2</b> <i>(n=256)</i>	<b>Year 3</b> <i>(n=102)</i>
#1: Integrate substance use and mental health treatment into CJS processing.	4.56	4.53	4.64
#2: Use a non-adversarial approach.	4.26	4.40	4.67
#3: Eligible participants are identified early and promptly enter.	3.83	3.98	4.25
#4: Provides a continuum of treatment and rehabilitation services.	4.48	4.44	4.52
#5: Abstinence is monitored by frequent testing.	4.26	4.28	4.34
#6: Use a coordinated strategy to respond to compliance.	4.12	4.19	4.36
#7: Ongoing judicial interaction with each court participant.	4.34	4.33	4.35
#8: Monitoring and evaluation is used to gauge effectiveness.	4.26	4.28	4.40
#9: Continuing interdisciplinary education is used.	3.80	3.93	4.01
#10: Forges partnerships with local and community organizations.	4.23	4.14	4.32
#11: Mentors play an active role in participants’ lives and in the court.	3.80	3.72	4.01
#12: Uses comprehensive assessment and treatment for trauma.	4.24	4.08	4.26
#13: Has collaborative relationships with the VA and VJO.	4.80	4.63	4.67

### *Researcher Perceptions of Fidelity*

In addition to the responses provided by the team members, research affiliates assigned to each VTC site also filled out the FOI instruments quarterly in order to provide an outside perspective. Research affiliates, who were present at all staffings and dockets during the study period, assigned scores based on their observations also at the end of each quarter. Table 8.4 below displays the average score per FOI survey item across programs and time (2016-2018), comparing average scores for researchers versus team members. With the exception of item 13,

researchers rated all the items lower in fidelity as compared to the team members. In some cases, researchers rated the fidelity of implementation substantially lower. For example, the researchers rated item 6 almost 2 points lower on average, meaning the team members surveyed more often assessed the programs as coordinating compliance responses in contrast to the researchers who did not.

**Table 8.4: Mean Scores for Fidelity of Implementation Scale – Researchers Compared to Team Members**

<b>Key Components</b>	<b>Researcher Response Mean (N=86)*</b>	<b>Team Member Response Mean (N=476)*</b>
#1: Integrate substance use and mental health treatment into CJS processing.	3.44	4.56
#2: Use a non-adversarial approach.	3.65	4.33
#3: Eligible participants are identified early and promptly enter.	2.95	4.00
#4: Provides a continuum of treatment and rehabilitation services.	4.08	4.46
#5: Abstinence is monitored by frequent testing.	3.80	4.29
#6: Use a coordinated strategy to respond to compliance.	2.41	4.21
#7: Ongoing judicial interaction with each court participant.	3.93	4.33
#8: Monitoring and evaluation is used to gauge effectiveness.	2.54	4.30
#9: Continuing interdisciplinary education is used.	2.78	3.91
#10: Forges partnerships with local and community organizations.	3.98	4.20
#11: Mentors play an active role in participants' lives and in the court.	2.98	3.80
#12: Uses comprehensive assessment and treatment for trauma.	3.60	4.16
#13: Has collaborative relationships with the VA and VJO.	4.93	4.68

*\*There were a total of 86 researcher-completed FOI surveys and a total of 476 team member-completed surveys over the study period. N varies by question due to missing values per item.*

### *Results Disaggregated by Program*

Table 8.5 below displays the mean team member FOI scores for each item by VTC program. These results show a fair amount of consistency across the VTC programs. The lowest scores tend to be for items 3, 6, and 9, which concern: identifying and promptly getting

participants into treatment, having a coordinated strategy in place to respond to compliance, and continuing educational opportunities for team members.

**Table 8.5: Mean Team Member FOI Scores by VTC Program**

<i>Component</i>	<i>#1</i>	<i>#2</i>	<i>#3</i>	<i>#4</i>	<i>#5</i>	<i>#6</i>	<i>#7</i>	<i>#8</i>	<i>#9</i>	<i>#10</i>	<i>#11</i>	<i>#12</i>	<i>#13</i>
VTC 1	4.73	4.62	3.62	4.61	4.78	4.31	4.76	4.68	3.92	4.53	3.68	4.30	4.85
VTC 2	4.55	4.53	4.16	4.71	4.25	4.12	4.39	4.18	3.84	4.12	4.30	4.28	4.81
VTC 3	4.06	3.97	3.50	3.85	4.21	3.44	3.74	3.73	3.42	3.52	1.79	3.36	4.12
VTC 4	4.88	5.00	3.88	5.00	4.44	3.33	4.89	4.22	3.56	4.00	4.67	4.22	4.89
VTC 5	4.80	4.53	4.05	4.48	3.87	4.28	4.52	4.59	4.17	4.72	4.82	4.58	4.88
VTC 6	4.84	4.87	4.14	4.73	4.27	4.29	4.41	4.74	4.47	4.61	4.75	4.59	4.93
VTC 7	4.69	4.39	4.24	4.47	4.42	4.45	4.30	4.37	3.99	4.12	3.61	4.25	4.53
VTC 8	4.13	3.99	4.07	4.20	4.11	4.24	3.98	3.74	3.54	3.66	3.10	3.62	4.48

Item 11 about mentors playing a role in participants' lives also had fairly low ratings across the programs. Finally, VTC 3 and VTC 8 appear to have the lowest average ratings across the components; these are both fairly large programs with more participants enrolled at any given time; perhaps that could explain some of their perceptions related to the lack of fidelity to some of the best practices. VTC 3 is especially low related to item 11 likely because the program has no mentors or mentoring component.

## Summary

This project utilized the FOI scale instrument to gauge perceived fidelity to the Ten Key Components of VTCs (Justice For Vets, 2017; Russell, 2009), best practices for mentoring, assessments of treatment for treatment, and relationships with the VA and VJO as perceived by each VTC program's team members and on-site researchers. The most striking finding is that research affiliates at the VTC sites reported that some team members in their programs were not even aware of the Ten Key Components of VTCs. It is important that VTC team members and affiliated stakeholder organization members understand how the Ten Key Components and the best practices for problem-solving courts can be tailored to VTCs.

The lowest perceived FOI scores across all courts were for: early identification and prompt placement of eligible participants into the VTC (item 3), having a coordinated strategy to respond to compliance (item 6), and receipt of continuing interdisciplinary education to promote effective court planning, implementation, and operation (item 9). Related to items 3 and 6 here, findings from this study on the identification and admission process are presented in Chapters 3 and 4, and Chapter 6 examines findings on sanctions and incentives. VTC programs should consider the strategies outlined in those chapters, including examining eligibility criteria and needs of veterans in their jurisdictions, developing participant identification and referral protocols, and communicating and reinforcing systems of sanctions and incentives. VTC coordinators should also ensure that all team members and stakeholders have access to best practice resources regarding interdisciplinary education. In addition to trainings and conferences, there are many online resources and publications supported by BJA and the Substance Abuse and Mental Health Services Administration (SAMHSA), including the National Drug Court Resource Center and Justice for Vets websites.<sup>35</sup>

Additionally, larger programs in the study had lower average ratings across the items. Large VTCs should be especially attentive to the best practices of problem-solving courts as they are probably the most susceptible to becoming complacent in implementation due to higher caseload and more routinized processes and practices. Also, the research affiliates consistently rated VTCs lower on fidelity than did the team members. It is therefore also critical that VTCs establish researcher-practitioner partnerships to gain the perspective of experts outside the team, who can empirically measure and identify ways to improve upon these program elements.

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<sup>35</sup> VTC training and technical assistance resources include the National Association of Drug Court Professionals annual training conference (<https://www.nadcp.org/conference/>), the National Drug Court Resource Center (<https://ndcrc.org>), and Justice for Vets (<https://justiceforvets.org/>); VA resources include the Veterans Justice Outreach Program (<https://www.va.gov/homeless/vjo.asp>).

Again, the broad-based averages were provided to only compare the overall item/component ratings to each other. We plan to explore means more in depth via deviation scores. Additionally, our preliminary results revealed that perceived ratings of FOI to certain components increased over time. Forthcoming data analyses include the disaggregated examination by program of changes across smaller increments of time such as by quarter instead of year. These forthcoming analyses and interpretation include the examination of additional programmatic data and events. over time in conjunction with program data and events we collected. We also plan to examine trends in ratings by team member roles across programs and over time in tandem with programmatic data.

## CHAPTER 9: CONCLUSIONS AND RECOMMENDATIONS

### Overview

Of all the publicly funded responses to the intertwined problems of crime, mental illness, trauma, and substance misuse among veterans, the most recent programmatic innovation has been the rapid rise and diffusion of the veterans treatment court (VTC). VTCs are a type of problem-solving court program that targets persons with a history of military service (military veterans and servicemembers) who are in contact with the criminal justice system. Their purpose is to address their participants' unique needs and the underlying causes of their criminal behavior through services and treatment, as well as enhanced supervision. VTCs aim to improve participants' quality of life, reduce recidivism, and improve community safety.

The VTC concept is one of the newer problem-solving court programs but has undergone rapid dissemination and been operating in jurisdictions across the U.S. for over a decade. There are now over 600 VTCs and veteran-focused court programs operating in the majority of states in the U.S. (Department of Veterans Affairs or VA, 2021-January). Although VTCs continue to rapidly propagate, empirical research on these programs is significantly lacking. A systematic examination of the processes and outcomes of these rapidly expanding programs, as well as their participant populations, is overdue.

The purpose of this study was to better understand the various VTC program approaches, populations served, substance misuse and mental health needs, and basic program and participant outcomes. We conducted a comprehensive longitudinal multisite process, implementation, and short-term outcome evaluation to address four general research questions:

- (1) What are the structures of the VTC programs?
- (2) What are the policies and procedures of the VTC programs?
- (3) What populations are the VTCs serving?



(4) What are the basic program and participant outcomes?<sup>36</sup>

This study is exploratory in nature and examined a convenience sample of eight VTC programs across three Southern states—three in Florida, two in North Carolina, and three in Texas. The study sites were selected based on program and jurisdiction characteristics to produce a sample that varied on key elements such as caseload, length of operation, eligibility and admission requirements, treatments/services, and county demographics. The study period was from January 2016 through June 2020, which included 36 months of primary data collection from July 1, 2016 through June 30, 2019. We triangulated information collected through program document review, researcher observation and survey, participant interviews, and VTC team member surveys across the eight sites, as well as data from archival records on participant characteristics and program status provided by seven of the VTC programs. The study design and methodology are detailed in Chapter 1 of this Final Report, as well as summarized in the accompanying Executive Summary and Research Abstract.

This final chapter provides a summary of research findings with a discussion of key findings and practice/policy recommendations; study limitations and future research recommendations; and plans for dissemination and data analysis. Research analyses are ongoing, and only a portion of the data have been examined thus far for this Final Report and accompanying Executive Summary.

### **Discussion of Key Findings with Recommendations**

What follows are several conclusions and related recommendations for VTC-specific practice and policy based on the results of our study. These observations are related to the specific topical areas addressed in this report that include: identification and referral of potential

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<sup>36</sup> Outcomes examined include graduation and termination rates, as well as recidivism in terms of self-reported arrests.

program participants, eligibility and admission processes, VTC participant characteristics and needs, sanction and incentive policy and practice, intermediate outcomes (program and recidivism), and fidelity of implementation related to the Ten Key Components of VTCs (Justice For Vets, 2017). Detailed findings in these areas are located in the respective preceding chapters of this Final Report.

### *Potential Participant Identification and Referral*

As the initial defining characteristic of their target population (i.e., military service) is not systematically collected at various intercepts of the criminal justice system, this information is not easily accessible in criminal justice records for VTC programs to identify potential program participants. This study revealed a general lack of specified policies and procedures on potential participant identification. Formalized identification protocols were nonexistent in the eight VTCs, and policy manuals or handbooks did not provide an identification process. Several team members noted identification as a challenge, as well as the need for more explicit policies on identification procedures.

From our observations across the 8 VTC programs, the process of identifying potential VTC participants is comprised of three elements: (1) Identification agents (who identify a history of military service among justice-involved individuals), (2) Referral chains (pathways in which the case made its way to the VTC), and (3) Identification mechanisms (methods used to identify the military status of potential participants). Across the eight VTCs, there were six initial identification agents<sup>37</sup> and six VTC identification agents.<sup>38</sup> A total of four mechanisms were

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<sup>37</sup> Initial identification agents are those who identify an individual's military status and initiate the referral process to the VTC. Initial identification agents begin the identification process as the first individuals in, or who have access to, the criminal justice system that identify military status; they are typically not part of the VTC team. See Final Report Chapter 3: Initial Identification Agents for detailed information.

<sup>38</sup> VTC identification agents are the first point of identification by the VTC program; the VTC identification agent is the VTC team member who is first notified of the potential participant. The VTC identification agent is the first

used by the six initial identification agents to discover military status. Only one mechanism, the Veterans Reentry Search Service (VRSS),<sup>39</sup> did not rely on individual self-report. A total of 13 referral chains were evident among the eight VTC programs: eight direct pathways and five multi-stage pathways. Three of the five multi-stage pathways require the justice-involved veterans to contact the VTC or request a referral to the VTC themselves.

The inability to systematically identify potential participants, and collect basic data, prohibit programs from understanding the full extent of their potential participant populations—numbers, characteristics, issues, and needs. Without this information, programs and research partners cannot determine whether: programs are successful in reaching their target populations, their available resources are sufficient and appropriate, or there are disparities in referral, eligibility, and admission selection (self-selection and by program). Therefore, VTCs should develop procedures to identify the military status of justice-involved individuals<sup>40</sup> for the generation of potential participant pools and collect demographic data on potential participants.

#### Recommendations:

- VTC teams should determine how identification does and can occur in their jurisdictions and formalize those procedures in their policy manual or handbook.
- VTCs should invest in some data collection on a regular basis for self-monitoring and reporting to funders, including legislature (discussed further in next set of findings).

While the majority of VTC programs in the study did not utilize the VRSS as an identification mechanism, this and other military service query resources are currently available tools that could improve both the efficiency and reliability of the identification of justice-

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point of contact in the VTC and, as such, ends the referral chain. See Chapter 3: VTC Identification Agents for additional information.

<sup>39</sup> The VRSS is an electronic database operated by the VA. For more information, please see the VRSS User Guide (<https://vrss.va.gov>).

<sup>40</sup> Note the term “justice-involved persons/individuals” is used to reference potential participants generically and may include criminal court defendants if the program has a track for pre-plea cases.

involved persons' military status and identifying new potential participants. Five of the VTCs, including VJOs, were not aware of the VRSS (that it existed and was available for them to use). Of the three VTCs that were aware of its existence and availability, only one site utilized it due to the program not being as user-friendly as expected. In the one program that utilized the VRSS, only one team member had access (the VJO), but they could not use it daily due to other role responsibilities. The combination of non-daily use and the limited amount of time spent in jail by individuals means contact could not be made with all potential participants.

#### Recommendations:

- VTC programs should strive to use identification mechanisms other than self-identification.
- VTCs should assess whether they can incorporate the use of the VRSS into their identification procedures as it does not solely rely on self-report.<sup>41</sup>
- VTC programs may also consider the VA's Status Query and Response Exchange System (SQUARES) currently used by law enforcement and community-based organizations.<sup>42</sup>

Once VTCs understand their identification processes and elements (identification agents, referral chains, and identification mechanisms), they can make concerted efforts to improve them to achieve earlier, quicker, and consistent identification and referral. As an example, take the VTC program that primarily relied on self-identified individuals to complete or continue the link to VTC identification (See Chapter 3: Figure 3.2). Once the individual was identified in these

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<sup>41</sup> For more information on the Veterans Reentry Search Service (VRSS), please see the VRSS login website (<https://vrss.va.gov>), and User Guide([https://vrss.va.gov/guides/VRSS\\_CFCS\\_UserGuide.pdf](https://vrss.va.gov/guides/VRSS_CFCS_UserGuide.pdf)). Note only VJOs access information including military discharge status.

<sup>42</sup> SQUARES 2.0 is a web-based tool that allows VA employees, VA Homeless Program Grantees associated with Supportive Services for Veteran Families (SSVF), Grant and Per Diem (GPD), Contract Emergency Residential Services (CERS), and other external organizations to quickly determine military status, as well as veterans' eligibility for homeless programs. Users submit identity attributes for homeless individuals (name, date of birth, social security number, gender), and SQUARES returns information regarding their Veteran status and eligibility for homeless programs. For more information on the Status Query and Response Exchange System (SQUARES), see the SQUARES website (<https://www.va.gov/homeless/squares/index.asp>).

processes, the information was not then relayed to any VTC team member but, instead, required the individual to contact the appropriate entities. Specifically, these processes merely provided identified arrestees with information on the VTC program. This challenges efficiency as it relies on the individual to read and keep this information upon release, and then either eventually contact someone from the VTC team to inquire about the program (e.g., self-identification and self-referral, or bring the option up for discussion with his/her defense counsel who must then contact a VTC team member for referral). This process likely results in not only delays in referral but also many potential participants not contacting the VTC. Therefore, it should be replaced by direct referral chains that identify veterans via alternative methods, as well as begin at initial detention.

Recommendation:

- VTC programs should strive to develop direct referral chains or at least referral chains that do not rely on self-referral.

Team members on certain VTC teams noted that various criminal justice and community agencies were not aware of their VTC programs. Programs should advertise and promote their programs in their own and surrounding jurisdictions. This could increase the number of initial identification agents.

*Eligibility and Admission*

The study also modeled the eligibility and admission processes of the eight VTC programs, identifying procedural stages, actors, gatekeepers, screening criteria, and sources of information. These the procedures varied across the eight VTCs. However, all include three stages (eligibility screening, admission screening, and program admission/client approval) with a gatekeeper at each stage. Each program had criteria that were used in assessing referred individuals for eligibility.

While the eligibility requirements and/or exclusions varied across the eight VTC programs, we identified several themes or categories: (1) military status, (2) criminal history, (3) current legal charges, (4) extra-legal issues,<sup>43</sup> and (5) nexus.<sup>44</sup> Eligibility criteria by category for each program are illustrated in Final Report: Table 4.1. Two VTCs had criteria in all five categories, three VTCs had criteria in four categories, and three VTCs had criteria across three categories. All programs had eligibility criteria related to military status and current charges. Six VTCs had eligibility criteria related to criminal history. Five programs had criteria related to extra-legal issues, and five VTCs had a nexus requirement. Among the five VTCs with a nexus requirement, three nexus requirements were evident and involved the extra-legal issue(s). Specifically, the extra-legal issue(s)—typically mental health or substance abuse issues—had to have some relationship to: (1) military service, (2) the offense, or (3) the offense and military service. On the surface, it may appear that nexus requirements would be difficult to prove or document. However, most gatekeepers had broad flexibility and discretion in assessing this requirement among potential participants.

#### Recommendations:

- If programs use a nexus requirement, the nexus criteria should be clearly defined in the programs' policy and procedure manuals and their participant handbooks.
- Future research should focus on whether nexus determinations are made uniformly, as well as whether they are used to accept or deny more potential participants.

Several procedural successes and challenges were identified through observation and team member self-report. For the singular VTC in which the District or State Attorney (not the

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<sup>43</sup> Extra-legal issues are those considered to be the underlying causes of the criminal behavior, such as substance use disorders, mental health issues, and housing instability.

<sup>44</sup> This nexus criterion requires some linkage or relationship between two to three of the following categories: current offense (current legal charge or reason for arrest), extra-legal issue (e.g., substance use disorder, mental health issue), and/or military service. For example, the substance use disorder or criminal behavior is related to a mental health issue that is a result of or affected by military service.

Assistant District/State Attorneys) was the gatekeeper, delays resulted from waiting on approvals from the District/State Attorney. This is problematic as prompt program placement is part of the Key Component #3 of the Ten Key Components of VTCs. Additionally, all programs had individualized program plans for their participants as part of the admission stage. However, some team members indicated that treatment plans were not widely discussed with the full VTC teams, despite waivers that had been executed to allow such information sharing.

Eligibility and admission models can be complex but must be understood and accounted for because research indicates that these requirements and processes may be more influential on program success than the intended program intervention. Programs can make improvements once these processes are deconstructed and time in stages is examined.

#### Recommendations:

- VTC programs should work with research and agency partners to model eligibility and admission processes, track the length of time for each stage, and then collaboratively determine where processes can be made more efficient so that early program entry can be achieved (best practice).
- VTCs should collect demographic and other data on all potential participants referred to their program, and track their eligibility and admission decisions as these data can be used to identify disparities in eligibility and admission.
- Once developed, the individualized plan should be reviewed and regularly reassessed in staffing with the full team, so everyone is aware of the program and treatment plan and requirements.

VTC programs are encouraged to visit the National Drug Court Resource Center website for information on a collaboration of the National Institute of Corrections, the Bureau of Justice Assistance, and other agencies to develop and validate specialized screening, assessment, and case planning tools for VTCs.<sup>45</sup>

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<sup>45</sup> Veterans Treatment Court Risk and Need Enhancement Initiative (<https://ndcrc.org/resources-by-court-type/veterans-treatment-courts/>).

### *VTC Participant Demographics from Agency Records*

For calendar years 2016-2019, seven of the eight VTCs<sup>46</sup> had a total of 1,267 participants admitted into their programs with their 3-year caseloads ranging from 35 to 456 participants. Overall, the majority of participants were male and White. In six of the seven VTC programs with archival data, the majority of participants were White, followed by Black participants. Two VTC programs also had a considerable number of Hispanic participants, three programs did not collect information on ethnicity, and one did not track participants' race or ethnicity. Furthermore, only three VTCs provided information on the instant offense that led to program admission; of these, two programs reported the majority of participants had DWI charges, and the other program reported more drug and property offenders.

#### Recommendation:

- VTCs should systematically track race and ethnicity of participants to assess cultural competency and equitable service access. These data can be used, in conjunction with other data, to determine disparities in program eligibility, admission, sanctions, incentives, and termination and graduation rates, as well as program progress and other outcomes.

### *VTC Participant Military Characteristics from Interview Sample*

As described in Chapter 5, we utilized data from participant interviews to examine military, as well as other, characteristics because not all of the VTCs systematically tracked participant demographic data. Of the 318 interviewees, the majority (69%) served or were serving in the Army, Army Reserves, or Army National Guard, followed by the Marine Corps or the Marine Corps Reserves (19%) and then the Navy or Navy Reserves (17%). Fewer participants (10%) served or were serving in the Air Force, Air Force Reserve, or Air National Guard.

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<sup>46</sup> As previously indicated, one of the eight VTCs could not provide the requested participant information.



Aligning with a prevalent VTC eligibility requirement, the majority of interviewed participants (75%) reported that they had been honorably discharged from the military.<sup>47</sup> Many participants served in multiple or overlapping eras, but the highest percentage of participants interviewed served during OEF and OIF eras, followed by OND, which relates to the younger age trend in the participant population. Some veterans served in older conflicts such as the Persian Gulf (16%) and Vietnam (10%). Additionally, the majority had been deployed to a combat zone (67%), received hazard pay (69%), and reported having incurred injuries, either physical or psychological, as a result of their military service (85%). Of the 269 who reported injuries, 22% reported that they were discharged from the military due to those injuries, and 70% reported receiving some type of compensation for those injuries.

Recommendation:

- VTC programs should collect data on military service variables to further understand their participants' histories, assess whether they are obtaining their target populations, and tailor treatment and program plans, including mentor assignment.

*Participant Legal and Extra-Legal Issues, Supervision, and Treatment*

The majority of participants reported ongoing extra-legal issues (e.g., substance misuse, mental health issues) that brought them in contact with the criminal justice system, and although criminal history was not validated with external records, two-thirds of interviewed participants reported prior arrests. Of those with prior arrests, slightly more than half were previously arrested for the same offense that brought them to the VTC.

Participants were also queried about their views on the relationships between military service, extra-legal issues, and their arrest. Almost four out of five veterans reported that their current arrest was related to issues they were dealing with or experiencing at the time, and almost

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<sup>47</sup> Several interviewed participants had statuses of general discharge (7%) and other than honorable (3%). Less than 1% had a dishonorable (0.6%) or a bad conduct (<1%) discharge.

half stated that the arrest was related to issues stemming from military service. Despite this, the majority took responsibility for their behavior. Over two thirds of the participants reported that they felt completely responsible for their arrest, and another roughly 13% each reported that they were mostly or somewhat responsible for their arrest. Only 5% reported that they were not at all responsible for their arrest.

The majority of participants reported being on probation and having to report to a probation officer as a condition of their enrollment in VTC (86%) despite that only about 44% stated that they had to plead guilty to enter the VTC program. The majority of participants were also required to submit to random drug testing (91%). Other common supervision requirements included electronic monitoring (both ankle and cell phone at 20%), curfew (16%), and alcohol (Secure Continuous Remote Alcohol Monitor (SCRAM) System) monitoring (15%), interlock ignition devices in their vehicles (13%), and day reporting (5%). Finally, 39% of participants had a mentor in the VTC program despite only about 26% being required to have one.

The most common types of mandated treatments included substance abuse treatment and mental health treatment. Mentorship was not a component of all programs, and not all participants in programs with a mentor component had peer mentors. Participant contact with the VJO was inconsistent across programs; the percentage of participants who met with a VJO varied from only 32% in one VTC to 95% in another.

Many VTC participants also reported substance use/misuse and mental health issues or symptoms. Some issues became more prevalent after joining the military, and for some, more so after they separated from the military. The percentage of those who used alcohol increased while in the military and remained relatively stable after separation. The percentage of those who used

marijuana, stimulants, or hallucinogens decreased during military service and then increased post-service.

The two most widely used substances reported ever used by participants were alcohol (98%) and marijuana (81%). Over half (58%) reported ever using cocaine or other stimulants, roughly 33% of those reported use in the past year, and only about 7% reported they had a prescription for stimulants. Approximately three-quarters of the interviewed VTC participants self-reported that they believed they had a drug problem,<sup>48</sup> and almost 90% of those believed that this was the case after leaving the military. A large number of participants also responded to drug use issues in a manner that indicated that they were aware that their drug use was causing problems in their lives.

A substantial number of participants were also aware of their own mental health issues. The most commonly reported were depression, aggression, PTSD, and insomnia—each was reported as ever experienced by 80% or more of the participants interviewed. Half of the participants also reported experiencing hazing, with the majority of these experiences (77%) occurring while in the military. A smaller percentage (34.2%) reported experiencing physical abuse, and sexual harassment (28%); just over half reporting that the sexual harassment was experienced during their military service. Many had already participated in, or were attending, substance abuse (51%) and/or mental health treatment (69%) prior to entering the VTC. On average, about 70% of participants interviewed reported current participation in substance abuse treatment and in mental health treatment (not necessarily the same participants); however, this varied by program (56%-95% substance abuse, and 57%-91% mental health treatment).

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<sup>48</sup> Drug problem includes issues with prescribed and illicit substances, as well as alcohol.

Regarding assisting VTC participants with treatment and other services tailored to their needs, programs should consider the following.

Recommendations:

- VTCs should ensure accepted participants meet with the assigned VJO to discuss diagnoses and other issues related to services supported by the VA (for VA-eligible participants) and the VTC (for all participants). This could inform veterans on the types of VA services/programming that could be beneficial or to which they are entitled.
- Given prior substance abuse treatment histories, programs should ensure that treatment history is documented and taken into account when working with treatment providers who are developing individualized treatment plans and other rehabilitative service plans for the court participants.<sup>49</sup>

*Program and Participant Outcomes*

Analysis of agency records for seven of the VTCs revealed that, on average, almost 80% of participants successfully graduated from their VTC program. As discussed in Chapter 7, however, success rates varied somewhat by VTC site. Four VTCs had graduation rates in the low- to mid-80% range, which were followed by two others with graduation rates of 76% and 69%. One site had a relatively lower graduation rate of 44%; as previously discussed, this program accepted high-risk, high-need individuals.

The VTC participant self-reported re-arrest rate at the 12-month follow-up interview was approximately 10%, and the re-arrest rate fell to roughly 4% at the 24-month follow-up for those interviewed. Note, however, that the interview sample is biased toward active participants. Comparisons across the eight VTCs reveal that, in the first 12-month follow-up period, arrest rates ranged from 0% (VTC 3) to 29% (VTC 4). VTC 7 had one in five respondents (20%) report they were re-arrested within the first 12 months. VTCs 1 and 2 had approximately one in 10

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<sup>49</sup> Several programs in this study either had the court coordinator obtain this information at intake and share with treatment providers, or had the treatment providers note this information and use as rationale for part of their treatment plan development.

participants report being re-arrested; all other sites had re-arrest rates below 10%. The obvious qualification with these re-arrest statistics is that VTC participants who were re-arrested could have been less likely to agree to a follow-up interview due to issues they were dealing with and their current situation. Thus, the re-arrest rate is potentially greater to some unknown degree than these self-report results indicate.<sup>50</sup>

Regarding program engagement and retention—and relatedly participant relapse, recidivism, and other outcomes, recommendations for VTCs include the following.

Recommendations:

- VTCs should be able to examine whether there are individual characteristics related to program termination, drop out, and graduation. If there are characteristics that correspond with a lower likelihood of success, then programs can work to ensure that those types of participants are getting the support and resources they need to be successful. Programs and researchers should examine these program outcomes with more complete information on all participants to analyze time to program failure, which may be a function of any number of program policies, practices, or resources.
- VTC programs should be able to examine participant alcohol and other substance use relapse and re-arrest. Programs and researchers should develop systems to collect robust data including measures of criminogenic risk, clinical and other needs, and responsivity to treatment and other services, as well as race/ethnicity and criminal history which correlate with likelihood of re-arrest.

### *Fidelity of Implementation and Ten Key Components*

Program adherence to the Ten Key Components of VTCs was examined using survey data from the VTC team members and the on-site researchers, as well as on-site researcher observations. VTCs that rated high on fidelity to the Ten Key Components of VTCs reported having collaborative relationships with the VA and VJO, integrating substance use and mental health treatment into criminal justice system processing, and providing a continuum of treatment

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<sup>50</sup> Independent criminal history data were not accessed to validate interview responses. The baseline interview sample is biased toward active (not terminated) participants, and preliminary analyses indicate that participants charged with a DWI (versus drug, property, or violent offense), and those admitted with pre-plea (diversion, versus post-plea) status, were significantly less likely to complete an interview (see Final Report: Chapter 5).

and rehabilitation services. Among the FOI scores, the lowest scores across programs centered around identifying and promptly getting participants into treatment, having a coordinated strategy in place to respond to compliance, and continuing interdisciplinary education for team members. Finally, some team members were not aware of the Ten Key Components of VTCs.

#### Recommendations:

- VTC programs should provide a copy of the Ten Key Components of VTCs to all team members, including those who may not be employed by the court or do not regularly attend staffings or docket hearings but are nonetheless part of the team (e.g., probation, law enforcement, and community treatment providers). All may benefit from discussion of the components, especially those for which they are the most essential in affecting.
- As continuing education was an issue, VTC program coordinators might consider becoming familiar with resources available to VTC programs and then making their teams aware of them. Such resources are available both online and through conferences and trainings.<sup>51</sup>
- VTC program coordinators and stakeholders should make sure all team members and interested parties are aware of VTC-specific resources available to them.<sup>51</sup> As team members become aware of role-specific continuing education opportunities, they should share them with their teams and agency colleagues.
- As team members also rated Key Component #3 (early identification and prompt placement into VTC) as one of the lowest, VTC programs should endeavor to implement some of the previous recommendations related to identification, eligibility, and admission.

#### *Sanctions and Incentives Policies in VTCs*

In their policy manuals or participant handbooks, all eight VTC programs provided examples of sanctions and incentives, listed some behaviors that would result in an incentive or sanction, and stated that incentives and sanctions would be used in a graduated manner. However, the

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<sup>51</sup> VTC training and technical assistance resources include the National Association of Drug Court Professionals annual training conference (<https://www.nadcp.org/conference/>), the National Drug Court Resource Center (<https://ndcrc.org>), and Justice for Vets (<https://justiceforvets.org/>); VA resources include the Veterans Justice Outreach Program (<https://www.va.gov/homeless/vjo.asp>).

majority of team members in only half of the VTCs reported there was a written policy that linked behavior to sanctions and rewards. Additionally, only one program listed the number of sanctions that would be allowed per phase before a participant would be terminated from the program.

Similar to past research on drug courts, although sanctions and incentives appear to be part of every VTC program, the types and how they are administered varied from program to program. In six of the eight VTCs, the majority of team members felt their program consistently applied sanctions for non-compliant behaviors. Chapter 7 lists the variety of rewards and sanctions used by programs. Only 3% of team members reported that their VTC used jail as a sanction. This finding is positive as best practices indicate that jail should not be used as a sanction. The majority of team members in four VTCs, and approximately half of team members in three VTCs, felt that their programs needed to develop additional types of incentives.

This study only provided a glimpse into the black box of sanctions and incentives in VTCs as it centered on policy and team member perceptions. Yet, it revealed that there is much to be scientifically explored in terms of implementation and impact of sanctions and incentives in VTC programs.

#### Recommendations:

- VTCs should monitor how sanctions and incentives are being communicated and administered. The system should comport with deterrence theory, whereby sanctions and incentives are known and administered with certainty, in appropriate severity, and quickly after the behavior. Relevant information should be available to those responsible to ensure graduated responses to repeated non/compliance and proportionate to the severity of the behavior.
- A sanctions and incentives matrix is recommended to promote graduated responses, as well as to minimize disparities in administration, and actual responses must be consistently recorded for individual participant and overall system assessment.

- VTCs should strive to use more incentive options in addition to their set of sanctions. Research reveals that incentives must be used along with sanctions to be effective and that the incentive-to-sanction ratio should be at least equal, or optimally 2:1, 3:1, or 4:1. Studies have also shown that even small incentives can be effective, and team members reported that their programs needed to adopt more incentive options.<sup>52</sup>
- The list of incentives and sanctions developed by the National Drug Court Institute may be helpful to VTC programs in developing a system of graduated sanctions and incentives.<sup>53</sup>

## Conclusions, Limitations, and Future Research Recommendations

NIJ's multisite evaluation of VTCs was designed to address the following general research questions: (1) What are the structures of the VTC programs? (2) What are the policies and procedures of the VTC programs? (3) What populations are the VTCs serving? and (4) What are the basic program and participant outcomes? We triangulated information collected through program document review, researcher observation and survey, participant interviews, and VTC team member surveys across the eight VTC sites, as well as data from archival records on participant characteristics and program status provided by seven of the VTC programs.

This study was the first to focus on VTC processes using multi-site longitudinal data from VTC programs operating in different states. With the national landscape of VTCs being highly diverse, the eight VTCs were chosen based on the variability of numerous key characteristics to purposely produce an in-depth examination of a variety of programs. The varied nature of the VTCs purposely chosen here should provide a diverse picture of VTC structures, processes, and participants. We encourage readers to not only critically assess this study's findings and recommendations, but also consider them in conjunction with their own programs' characteristics, resources, and abilities.

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<sup>52</sup> VTC sites in the current study utilized an array of incentives from verbal praise to financial rewards including vouchers and gift cards/certificates to big box retail, and grocery, stores as well as popular restaurants.

<sup>53</sup> See Lists of Incentives and Sanctions (<https://www.ndci.org/wp-content/uploads/2020/12/Incentives-and-Sanctions-List.pdf>).



Results indicate both variabilities and similarities across programs. Across all eight VTCs, team members included the following roles: judge, prosecution, defense counsel, probation, court coordinator, and VJO. An additional 11 roles<sup>54</sup> were present on the VTC teams across the programs. Programs used different eligibility and exclusion criteria across five areas: (1) military discharge status, (2) criminal history, (3) current charges, (4) extra-legal issues, and (5) nexus. Although, identification of potential participants varied across programs, team members across many programs felt that the identification processes could use improvement. While all VTC programs utilized incentives and sanctions, there were reported issues related to the implementation of sanctions in a graduated manner, as well as in a consistent manner, and whether participants were fully aware of behaviors that would result in sanctions. Additionally, team members reported that their programs needed to come up with a wider array of incentives. Across the eight VTCs, the majority of participants were required to participate in random drug and alcohol testing (90%), mental health treatment (73%), and substance abuse treatment (72%) as a condition of their VTC participation. Slightly less than half reported having to plead guilty to an offense (the offense on which they were charged or a lesser offense) to enter the VTC program, and nine out of 10 participants reported receiving a written contract upon entering their respective VTC program.

The mean age and characteristics of program participants varied across the VTCs; the majority were male and White, but a third or more were Black or Hispanic. The majority of interviewed participants were veterans of the Army and recent conflicts (i.e., OIF, OEF, and OND); most had been in combat zones and reported both physical and psychological injuries as a

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<sup>54</sup> The following 11 additional roles were found on at least one VTC Team: project director/program manager, Veteran Service Officer, Veteran Benefit Officer, mentor coordinator, community treatment provider, case manager, law clerk, law enforcement, evaluator, Vet Center counselor, and social service provider. Please see Final Report Chapter 2 (Table 2.3) for additional information.

result of their service. Half reported being arrested prior to the offense that brought them to the VTC program. Slightly more than half did not feel that their drug or alcohol use was a problem, but the majority of participants did think that at some point in their lifetime they had a drug or alcohol problem; and roughly half reported previously being in a drug treatment program. Furthermore, nearly half agreed that their substance use was the cause of their legal problems, and more than a third agreed that the VTC program might be their last chance to solve their drug problems. The majority of participants reported use of alcohol and marijuana, and a substantial number reported using stimulants and other drugs at some point during and after military service.

The most common mental health issues reported were aggression, depression, insomnia, and PTSD. Half of the participants reported they had experienced hazing, with the majority of these experiences (77%) occurring while in the military. Approximately one third reported experiencing physical abuse in their lifetime. More than one quarter had experienced sexual harassment, and just over half of those victims reported that the sexual harassment was experienced during their military service.

Regarding outcomes, archival program data reveal that graduation rates were above 75% for six of the eight VTC programs. Concerning relapse, over half of those who participated in the follow-up interviews reported still using alcohol at both 12- and 24-month follow-up interviews; for marijuana, roughly one quarter of the participants report still using at follow-up time points. Among interviewed participants, 10% reported being re-arrested in 12-month follow-up interviews (n=134), and 2% reported re-arrests at 24-month follow up (n=48). Rates of re-arrest varied somewhat across programs.

To begin to understand the black box of VTC operations, research must focus on the initial processes of these programs, which begin with the identification of potential program

participants. The process of identification creates a pool of potential participants who are then screened for program eligibility and admission. As described in Chapter 3, Douds and colleagues (2017) found VTCs in Pennsylvania used up to five different identification agents: (1) VJO specialists, (2) police and corrections, (3) district attorneys, (4) defense counsel, and (5) self (justice-involved individual with a history of military service). This study is the first to provide an in-depth examination on the identification practices of multiple VTCs. Providing insight into identification and referral processes for specialized courts, specifically VTCs, the current study's results show that there is both variance and similarity in who the primary identifying agents are, the types of identification mechanisms, and the referral chains for potential participants. In line with results from national studies (e.g., Baldwin 2015; Holbrook & Anderson, 2011), our analyses revealed that most sites were conducting initial identification early in the criminal justice process, and that it also continued to occur throughout the criminal justice process. Additionally, the current examination identified several issues related to both identification and referral and revealed a heavy reliance on the self-report of military status.

In this examination, we acknowledge that not all justice-involved persons with a history of military service want to be identified (see Baldwin 2015, 2017; Douds et al., 2017). The current study discovered that military service members' reluctance to self-identify their military status was a major barrier to the identification process, supporting earlier assertions of challenges facing research focused on VTCs and the relationships between military experience and crime or criminal justice system contact (e.g. Baldwin 2015, 2017).<sup>55</sup> However, this study neither addresses: (1) the ethics of the identification of military service among justice-involved persons

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<sup>55</sup> For example, reasons behind not self-identifying include: 1) not all who have served in the U.S. armed forces identify with the term "veteran" as various definitions exist objectively and subjectively, 2) potential loss or reduction of VA benefits resulting from various contacts with the criminal justice system, and 3) stigmatization (Baldwin 2015, 2017).

by the criminal justice system or the VA, nor (2) their feelings, perceptions, or beliefs regarding the identification of military status by any entity, including the criminal justice system or VA.

The data collection strategy of this study was extensive. Multiple types of data from many different groups were gathered using numerous methodologies and instruments, which resulted in a large number of data sets. The findings also come with some caveats. As previously noted, this study intended to obtain reliable and valid data regarding participant characteristics, program policies and practices, and participant and program outcomes for all eight VTC programs. Although useful, the agency record data had several limitations. First, agency records were only available at and obtained from seven of the eight VTCs; the agency record data was not retrievable by the VTC team in one site. These issues raise broader concerns regarding team accessibility to, and availability of, participant data for internal program and external stakeholder purposes. VTC programs should ensure that more than one team member has access to, and knowledge of, all software programs and databases where participant information is stored. Second, the data obtained from the seven remaining VTC programs were not standard, so information available for analysis was uneven across the study sites. For example, four programs were not able to provide information on the military branch or criminal charges for participants, one VTC did not provide data related to the race/ethnicity of the participants, and three other programs provided information on race but not ethnicity. As information on a uniform set of variables are not available across sites, analysis of participant characteristics and outcomes is limited by smaller sample sizes, and comparative analyses across the full set of VTC programs is not feasible. Finally, one of the VTC programs was unable to provide criminal history and other agency record data for 2016-2019, which inhibited our ability to examine the sample of

participant interviews with the overall population of program participants on available demographic and legal characteristics.

Furthermore, none of the programs maintained information on eligible veterans who were not yet admitted. Lacking this information, we could not examine those who were not identified as potential participants, were ineligible for VTC admission, or decided not to accept admission into the VTC program. Additionally, the programs did not produce criminal history information apart from three programs that recorded the instant offense that led to VTC participation. We relied on self-reported criminal history information from participant interviews and did not validate priors or re-arrests with archival records through the programs or other agencies. VTC programs and future studies should endeavor to capture data on these groups of justice-involved veterans and active military to determine any differences between them and VTC participants with respect to criminal history and other characteristics. While the results would have been interesting, future research should also determine whether programs are reaching their target populations and whether there are disparities in eligibility and admission (both on whom is offered admission and who accepts admission offers).

The project was successful in collecting primary information via semi-structured site observation and program documentation review, as well as VTC team and fidelity of implementation surveys, but had mixed success regarding response rates for participant interviews and treatment staff surveys. Incentives were helpful in participant interview recruitment, but many who had busy schedules (such as those with employment and/or school responsibilities) in addition to court and treatment requirements or who did not have consistent access to phone service were unable to schedule. These recruitment difficulties will likely be an issue for many problem-solving court researchers. Devising short self-administered surveys for

participants to complete at court sessions may be an option for studies with a more limited scope. Regarding treatment staff surveys, we believe the low response rates were resultant from large caseloads, which are common among mental and behavioral health providers, and the fact that they were far removed from the programs. Meaning, these providers neither sat on the VTC Teams nor had interaction with the VTC program in general; they only had at least one VTC participant on their treatment caseloads.

Additionally, the available datasets suffer from some missing data that are currently being manually recovered. We recommend future researchers create digital/electronic instrumentation with the interviewers administering the instruments and recording responses on tablets. The automatic capturing of data in this manner would reduce the amount of initial missing data that needs to be recovered from the physical instruments, which requires manual checking and updates to the datasets. The use of electronic/digital instrumentation would reduce the effort required for data entry, which was substantial in the current study, and also minimize error related to skip patterns.

The study did not focus on those who were not identified as potential participants, were ineligible for VTC admission, or decided not to accept admission into the VTC program. Because we recruited participants to be included in our study from VTC court dockets, very few veterans who were still in the decision-making stage about enrolling in the VTC program are in the study. Future studies should endeavor to capture data on these groups of justice-involved veterans to determine any differences between them and VTC participants with respect to many of the characteristics that were examined here.

We conducted baseline interviews with 318 program participants over 2 years. This represents 58% of the participants who were active in the eight VTC programs during the study.

Our analyses indicate that participants charged with a DWI (versus drug, property, or violent offense) and those admitted with pre-plea (diversion, versus post-plea) status were significantly less likely to complete an interview (see Chapter 5). Follow-up interviews were completed at the 12-month mark for C1 and C2 and the 24-month mark for C1 (see Chapter 1). The 12-month follow-up interview response rate was 42.1%.

Although all research affiliates were trained on interview administration and data collection, some of the completed interview instruments contained missing data to varying degrees across the VTC sites. Therefore, some of the archived data sets contain missing data. It is our hope that we will continue to rectify the issue of missing data. Currently, we are pulling the missing data from the qualitative transcripts and updating the quantitative data sets.

Finally, the purpose of this study was not on the impact of these programs on the target population or on cost-efficiency. Therefore, the research design did not include a “business-as-usual” comparison group of eligible justice-involved persons with a history of military service who had no contact with the VTCs. Limited research has been conducted utilizing comparison groups of justice-involved veterans (Hartley & Baldwin, 2019). Therefore, future research striving to address impact should include the appropriate type of comparison group and also must take into account program processes and implementation in the VTCs studied as these can affect outcomes, and greatly vary from program to program as seen in this study.

Process-focused research is also much needed yet lacking in the specialized court program literature. Although most evaluation research is focused on outcomes or impacts, process evaluations focused on identification and referral, such as the current study, are highly important as process and implementation may directly affect program success, more so than the intervention itself. Some previous research purports that the success of specialized courts might

be linked to identification and admission procedures (Belenko, Fabrikand, & Wolff, 2011). Therefore, process evaluation research, such as the current study, is critical to truly understand the impact and outcomes of specialized court programs. The current study revealed that there are similarities and differences in identification models across the eight VTC programs studied, and these factors must be accounted for in the later outcome and impact studies of the specific programs for reasons previously discussed above.

### **Dissemination and Data Analysis Plans**

To date, results have been disseminated in a variety of formats, and data has been submitted for archiving. The study's preliminary results have been primarily disseminated in conference presentations, which are listed below.

- “NIJ's Multisite Evaluation of Veterans Treatment Courts: Sanctions and Incentives Research.” (2019). Baldwin, Hartley, Truitt, Rumley, and Elkins at the National Association of Drug Court Professionals Annual Training Conference in National Harbor, MD.
- “Hitting the Target: Models of Screening and Admission in Veterans Treatment Courts.” (2019). Baldwin and Hartley at the American Society of Criminology Annual Conference in San Francisco, CA.
- “Do We Agree on Our Weaknesses?: A Study of Team Members' Ratings of Fidelity in Veterans Treatment Courts.” (2019). Vaske and Baldwin at the American Society of Criminology Annual Conference in San Francisco, CA.
- “Analyzing Sanctioning Policies and Implementation Fidelity: Results from Phase 1 of NIJ's Multi-Site Evaluation of VTCs.” (2018). Baldwin and Hartley at the American Society of Criminology Annual Conference in Atlanta, GA.
- “Process Results from NIJ's Multi-Site Evaluation of Veterans Treatment Courts.” (2018). Baldwin, Hartley, Brooke, and Vaske at the Academy of Criminal Justice Sciences Annual Conference in New Orleans, LA.
- “Admission and Operation Results from NIJ's Multisite Evaluation of Veterans Treatment Courts.” (2018). Baldwin, Hartley, Truitt, and Grajczyk at the National Association of Drug Court Professionals Annual Training Conference in Houston, TX.
- “NIJ's Multi-site Evaluation of Veterans Treatment Courts: Preliminary Results on Program Similarities, Differences, and Challenges.” (2017). Baldwin, Hartley, and Vaske at the National Association of Drug Court Professionals Annual Training Conference in National Harbor, MD.



In addition to the Executive Summary, two peer-reviewed publications are available.

- Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts. Baldwin, Hartley, and Brooke. (2018). *Drug Court Review*, Winter: 11-31.
- Does Cannabis Testing in the Military Drive Synthetic Cannabinoids Use? Self-Reported Use Motivations among Justice-Involved Veterans. Santangelo, Baldwin, and Stogner. (2022) *International Journal of Drug Policy*, 106: Article 103756.
- Executive Summary: National Institute of Justice's Multisite Evaluation of Veterans Treatment Courts. Baldwin and Hartley. (2022).

Finally, much of the data collected under this NIJ research grant has been de-identified and is being made available for research purposes at the National Archive of Criminal Justice Data.<sup>56</sup>

The descriptive results contained in this report are illustrative of the benefits of a mixed-methodological approach to field-based evaluation research. Because of the large amount of data collected and the ongoing reconciliation of missing data, we have not yet been able to analyze all data collected. We are planning future publications that will expand the current analyses in a correlational and multivariate context, as well as add qualitative and mixed-method analytic methodologies. These publications will be in the format of academic articles and practitioner-friendly white papers, as well as both scholarly and practitioner presentations. Some of this planned future research includes: an assessment of eligibility and admission models; analysis of change in fidelity of implementation over time; modeling of courtroom workgroup procedures in VTCs; examination of sanction severity and program requirements among VTC participants; modeling program operation; analysis of voluntariness and coercion among VTC participants; an examination of relationships between eligibility requirements, eligibility and admission screening models, and participant demographics; an assessment of whether participant demographics align with those of the intended target populations; analysis of procedural justice

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<sup>56</sup> See National Archive of Criminal Justice Data (<https://www.icpsr.umich.edu/web/pages/NACJD/index.html>).

and program satisfaction; evaluation of nexus requirement implementation and disparities; analysis of treatment readiness and program completion; examination of access and experience in program and ancillary rehabilitative services and their relationships to program success; analysis of substance use, mental health, and housing intermediate outcomes; examination of experience, success, and challenges with mentorship. We will ensure that later publications, presentations, and other products are catalogued on NIJ's webpage for this study<sup>57</sup> and the American University website.<sup>58</sup>

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<sup>57</sup> See Multi-Site Evaluations of Courts on the Frontline: Systematically Assessing Implementation and Intermediate Outcomes in Veterans Treatment Courts (<https://nij.ojp.gov/funding/awards/2015-vv-bx-k020>).

<sup>58</sup> See NIJ's Multisite Evaluation of Veterans Treatment Courts (<https://www.american.edu/spa/jpo/nij-multisite-evaluation.cfm>).

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