U.S. Department of Justice
National Institute of Corrections

Veterans Treatment Courts

IDENTIFYING KEY FINDINGS FROM A COLLABORATIVE SURVEY

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The National Institute of Corrections, in partnership with the Bureau of Justice Assistance (BJA), and the US Department of Veterans Affairs (VA), collaborated on the development of a survey of Veterans Treatment Courts.

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"What has been created through Veterans Treatment Courts is the most profound change in the attitude of our criminal justice system towards veterans in the history of this country."

PATRICK WELCH, VETERANS ADVOCATE, BUFFALO, NEW YORK

ABSTRACT

In an effort to begin developing best practices and standardized data collection protocols for evaluation within the Veteran Treatment Courts, the National Institute of Corrections surveyed 79 VTCs from across the country to answer a series of questions about their program operations, implementation practices, and current evaluation efforts. The survey results presented in this report describe VTC program practices, challenges, and innovations, and are to be shared with the field for future program and policy decision-making. It is our hope that this report and its findings will facilitate ongoing dialogue among VTC stakeholders, with the aim of enhancing VTC programs and their systematic evaluation initiatives, so that VTCs successes and growth opportunities will be empirically documented and used in improving care to veterans.

Currently, as evidenced by the responses of the VTCs surveyed, just under one-half reported that there has been no formal evaluation to date of their program, although the majority of these veterans courts do document participant recidivism. Almost one-third of the VTCs, however, reported no tracking of participants after they have completed, graduated, or otherwise left their program, nor is there any systematic tracking of mentor relationships and the effectiveness of mentors in influencing participant treatment outcomes. This indicates a need to evaluate mentor training programs, with a focus on their effect on mentor retention and participant outcomes. While a majority of programs agreed that resources are adequate overall, it does appear that staffing for data collection efforts and follow-up tracking is among their resource challenges. Several of the programs agreed that standard data collection protocols are needed in order to compare outcomes consistently across jurisdictions.

Veteran Treatment Courts (VTCs) were first developed in 2008 in Buffalo, New York, by Judge Robert Russell, as an alternative to incarceration for certain justice-involved veterans who have a diagnosis of mental health and/or substance abuse problem. These courts rely on comprehensive case management services to meet veterans' psychosocial treatment needs and to address underlying issues related to their military service.

There are now more than 300 VTCs in the United States, with scores more in various stages of planning and implementation. They promote sobriety, recovery and stability through a coordinated response that involves collaboration by judges, attorneys for both the prosecution and defense, community and veterans service organizations, Veterans Justice Outreach Specialists from the US Department of Veterans Affairs, and veterans who are trained to serve as peer mentors — volunteers who are what Judge Russell, "godfather" of the VTC movement, calls "the secret sauce."

VTCs focus on integrating drug and alcohol treatment with mental health services along with counseling and therapies. Abstinence and accountability are key facets of the program via frequent monitoring; coordinated care among multiple systems is the focal strategy and ongoing judicial monitoring and interaction are essential program components in preventing relapse and rearrest.

In order to better understand VTC program practices, challenges and innovations, the National Institute of Corrections (NIC) and Bureau of Justice Assistance (BJA), in consultation with the US Department of Veterans Affairs (VA), conducted a survey of 79 VTC programs across the country.

The survey sought to better understand these courts in practice by describing program characteristics, implementation processes, and current data tracking efforts. Survey results are to be shared with the field to contribute to future program and policy decision-making. The survey is an effort to pull together information on what the implementation science literature (see P. Nilsen's 2015 article, "Making Sense of Implementation Theories, Models and Frameworks" in Implementation Science 10 [53], pages 1–13) suggests are critical components to achieving program effectiveness.

Several areas of implementation interest are described by E. Proctor et al in "Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda" in the journal *Admin Policy Mental Health, 38,* pages 65–76. These include adoption, appropriateness, feasibility, fidelity, implementation costs, and sustainability.

It is of course necessary to first understand the operation and reach of the VTCs, for example the recruitment, training and retention of mentors, in order to know if and how the program itself affected VTC participant outcomes. With such documentation via data collection and follow-up tracking, there can be a strong empirical foundation from which to improve the efficiencies and effectiveness of VTCs.

"Based on statistical evidence and anecdotal reports, by far the majority of justice-involved veterans who participate in—and complete—a regimen in a Veterans Treatment Court find personal redemption, learn to deal with their demons from deployment to a combat zone, reunite with often estranged family members, become productive members of their community, and avoid falling back into the behaviors that got them into trouble in the first place. Of course, more rigorous studies over time that evaluate the effectiveness of such courts are to be welcomed. I have little doubt that they will confirm what we've already come to see, that VTCs, borne of the very successful drug court model, are saving lives."

BERNARD EDELMAN

VETERANS TREATMENT COURTS: A SECOND CHANCE FOR VETS WHO HAVE LOST THEIR WAY

RESULTS

The basic reason for conducting program evaluation, in any policy or practice arena, is to determine what works. As described in a 2010 paper by Dr. Thomas Feucht, "Cultivating Evidence: Linking Knowledge from Innovation to Program Evaluation and Multi-Site Replication" in a presentation to the American Society of Criminology: "The goal is to show that a specific intervention or program — a literacy program, an offender reentry program, and addiction treatment — has demonstrable causal effects on specific, desired outcomes. Knowing what works — as well as what doesn't work — is the responsibility of those entrusted with addressing a social problem like crime, addiction, or illiteracy. Increasingly, those who shoulder the responsibility for confronting these problems — the police, courts, therapists, and educators— recognize the utility of program evaluation for determining whether a particular intervention in fact 'works' as expected (Feucht, 2010)."

We surveyed 79 VTC programs to examine program operations, implementation innovations and challenges, and the extent to which program evaluation was being conducted, the type of designs used and data collected. Programs responded to survey questions using Survey Monkey software. IBM SPSS Statistics 22.0 was used to analyze the descriptive survey data. Tables 1–7 summarize the operating characteristics of the 79 VTC programs that participated in the survey. Tables 8–14 summarize the data collection and evaluation efforts of these programs (See Appendix). A summary of current evaluation efforts suggests a need for impact evaluation as a universal next step, that would allow for causal inference in understanding "what works." However, our survey findings illuminate the need for significant infrastructure development before the VTC's will be able to carry such impact evaluation designs.

Of the 79 programs surveyed, 39, or just under half, reported that there has been no formal evaluation to date; 19, or one quarter, responded that both internal and external evaluations have taken place; 14 reported only internal evaluations; and 7 stated that only external evaluations have been conducted. For data tracking, 50, or almost two-thirds of the programs, employ a sophisticated and ongoing case management system; the others use spreadsheets or paper records/ case files to track the data. (Table 8 runs down the key elements of data that are tracked, along with several other measures of interest).

The majority of the VTCs document participant recidivism; other data tracked include employment, housing, and substance use relapse. Programs also reported tracking education, hospitalizations, and incidents of violence towards others. Programs offered suggestions on other performance or outcome measures not addressed in the survey that would be important to collect (See Table 9).

Almost one-third of VTCs, however, reported no tracking of participants after program completion. In addition, there does not seem to be systematic tracking of mentor relationship/engagement of effectiveness and the impact of the mentor relationship on VTC participant treatment outcomes. Only one-third of the VTCs continue to track recidivism, documenting new arrests and/or convictions (See Tables 10 and 11). Of those VTCs that track post-program data, most gather data for more than two years (See Table 12).

Overall, a majority of programs agree that resources are adequate. However, it appears that staffing for data collection efforts and flow-up tracking is among the resource challenges for VTCs (See Table 13).

Those programs that reported struggles with data collection stated that the lacked personnel capacity: "We do not have a database or dedicated person to assist with entry," one program noted. Another reported, "We are dependent on volunteers to ensure the data is communicated." Other programs suggested that the VTCs should move towards establishing standard data collection protocols in order to compare outcomes consistently across jurisdictions.

SUMMARY OF CHALLENGES

Service connection challenges were discussed by the VTCs, with barriers experienced in services location, program or services funding, and staffing capacity. One program offered this: "Our VTC was started as a track of our drug court. Our drug court provides SUD (Substance Use Disorder) treatment in-house. This allowed the VTC to start more quickly and have the infrastructure in place and shared resources. While we will still share resources, we are now ready to begin making changes to have two separate programs."

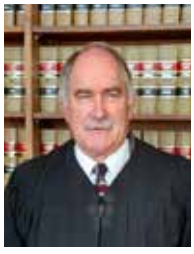
Some VTCs expressed concern in not being able to get veterans the treatment program help they need if they have a domestic violence charge for which the VA does not currently pay for batterers programs. In some geographic locations, the nearest VA medical center may be too many miles away. One VTC noted: "In Wayne County the large majority of substance abuse/treatment/inpatient/residential services are located in the city of Detroit. The places where the treatment facilities are located are overrun with drugs and other crime… Wayne County needs residential facilities that are not in known drug-infested areas."

Still, there is a need for more intense and lengthy substance abuse treatment programs offered through the VA. Additional service needs include treatment facilities for women; community treatment providers for those veterans who are ineligible for or otherwise without VA health care; community residential treatment facilities, closer partnership with local or regional VA, more transitional and permanent housing and housing for veterans with felony convictions.

For some VTCs, funding is also needed for psychological evaluations, alcohol and drug monitoring, and transportation. In addition, many VTCs are experiencing increased demand, which requires more staffing, particularly for mental health workers and case managers. This likely suggests a need for a thorough and formal assessment of community/court demand and available treatment resources. Other VTCs stated that with limited budgets, handling community outreach and caseload management responsibilities is a challenge.

SUMMARY OF INNOVATIONS AND OPPORTUNITIES

There can be no doubt that VTC programs are resourceful in engaging veterans, peer mentors, and community service partners despite limited staffing and budgets. One VTC discussed the importance of having a licensed professional counselor on site, along with a case manager; another reported that all staff, except defense counsel, had served in the Armed Forces. One VTC reported that accept veterans even with an other than honorable discharge; many VTCs, however, do not accommodate veterans with a dishonorable discharge.



"For Veterans in Distress talking to another veteran is the best therapy. The value of a mentor veteran in this situation cannot be overstated. In the simplest terms the mentor becomes the "buddy" that all veterans had during the course of their training and service and that relationship is seldom duplicated in the civilian world. Properly trained, with a keen understanding of the boundaries involved, the mentor veteran can be the catalyst for the full reintegration of his or her distressed veteran charge."

HONORABLE VANCE PETERSON
SPOKANE COUNTY, WASHINGTON,
DISTRICT COURT JUDGE

A standardized set of performance indicators to be developed and deployed across jurisdictions would allow VTCs to empirically examine the relationship between participant service and activity engagement and identified outcomes of interest when they graduate or otherwise leave a program. For example, does completion of substance use treatment decrease participants' substance use risk? Is provision of housing assistance and transportation resources associated with housing and employment stability? Does completion of individual and/or group counseling associated with mental health improvement carry over?

Data tracking for every program participant ought to include the following: services received; extent of service participation and completion; participation in other positive or healthy lifestyle activities; behavioral risk profile assessed pre- and post-VTC program participation; health and mental health profile assessed by a uniform set of standardized measures at pre- and post-VTC program participation; and case-management outcomes that include housing status, employment status, substance use relapse and arrest and incarceration for additional illegal activities.

Many programs reported a need for more mentor training or funding to support local training initiatives. Almost half of programs felt that the number of mentors was insufficient, and a focus on enhancing mentor retention was echoed across many programs. When queried specifically about training, programs suggested that the mentor coordinator needs to be a recognized full-time position responsible for recruiting, training, organizing, and education, and that there should be training courses for all members of the VTC.

VTC survey respondents also reported the need for more mentors, especially when current mentors need a leave of absence to prevent burnout. Mentor retention and training generally seem to be of concern. While mentor coordinators receive direct training, peer mentors themselves are often lacking in training. Many participate in some form of mentor training at enrollment but not much beyond this initial training.

One program has graduates who express an interest in becoming mentors themselves, but there are no established criteria currently in place to facilitate this process. Another program suggested that local veterans service organizations are important to sustain as well as develop the mentor program. Another program wished they could afford to send all of their mentors to a National Association of Drug Court Professionals/Vet Court Con mentor boot camp, and another said they are attempting to get funding assistance to pay for a local mentor boot camp.

There is also a need to evaluate mentor training programs, examining their effect on mentor retention and program outcomes. Systematically tracking and documenting the impact of mentors on VTC participant outcomes is an important next step. A standardized assessment tool should be developed to measure mentor training outcomes as part of a larger assessment protocol that evaluates the mentoring relationship over time and its influence on participant outcomes.

New research and evaluation efforts should specifically examine the factors associated with mentor retention, burnout reduction, and quality of mentor relationship, and identify those mentor relationship factors that are most associated with participant success. Because many VTCs are currently in the stage of building or rebuilding their mentor program, it is timely to introduce such training and assessment protocols and to include evaluation of the oversight and ongoing mentor support to assess what makes a difference to the mentors and how that translates into positive outcomes for program participants.

Among other recommendations are to:

- Collect both individual- and systems-level data for each VTC participant, to include physical health, mental health, and availability of community services;
- Track recidivism comprehensively, inasmuch as the majority of programs identify this as a significant outcome, although different programs may define “recidivism” in different ways;
- Evaluate the mentor relationship and its impact on VTC participant outcomes.

APPENDIX

TABLE 1

Number of Volunteer Mentors

RANGE	PERCENTAGES	FREQUENCY
0	7.6%	(n=6)
1–5	43.0%	(n=34)
6–9	13.9%	(n=11)
10–15	16.5%	(n=13)
16+ (16–75)	12.7%	(n=10)
No Response/Unknown	6.3%	(n=5)

TABLE 2

Number of Annual Mentor Training Hours

	AGREE		DISAGREE	
SUFFICIENT VS. ADEQUATE	PERCENTAGES	FREQUENCY	PERCENTAGES	FREQUENCY
# of Mentors Sufficient	36.7%	(n=29)	46.8%	(n=37)
Mentors Receive Adequate Training	35.5%	(n=28)	29.1%	(n=23)

(Missing=10.1%; n=8; Neutral=25.3%; n=20)

TABLE 3

Current Enrollment Participants

RANGE	PERCENTAGES	FREQUENCY
1–20	58.2%	(n=46)
21–50	26.6%	(n=21)
51–75	7.6%	(n=6)
76–100	2.5%	(n=2)
100+	3.8%	(n=3)
No response	1.3%	(n=1)

TABLE 4

Justice-Involved Veterans Excluded from VTC

TYPE OF OFFENSE	PERCENTAGES	FREQUENCY
Violent Offense	49.4%	(n=39)
Drug Offense	3.8%	(n=3)
Sex Offenses	75.9%	(n=60)
Domestic Violence	6.3%	(n=5)
Gun Possession	16.5%	(n=13)
Felony Offense	13.9%	(n=11)

TABLE 5

Number of Graduates Past 12 Months

RANGE	PERCENTAGES	FREQUENCY
0	17.7%	(n=14)
1–5	30.4%	(n=24)
6–20	38.1%	(n=30)
21+	11.4%	(n=9)
No Response	2.5%	(n=2)

TABLE 6

Number of Failures/Dropouts in Past 12 Months

RANGE	PERCENTAGES	FREQUENCY
0	22.8%	(n=18)
1–5	49.4%	(n=39)
6–30	22.8%	(n=18)

TABLE 7

Frequency of Meeting with VTC Judge, Justice-Involved Veteran, and Staff

RANGE	PERCENTAGES	FREQUENCY
Never	2.5%	(n=2)
Once Per Week	40.5%	(n=32)
Multiple Per Week	2.5%	(n=2)
Once Every 2 Weeks	43%	(n=34)
Once Every 3 Weeks	3.8%	(n=3)
Once Per Month	7.6%	(n=6)

More than three-quarters of programs (77.2%; n=61) have one judge assigned to the VTC. Less than one judge (part-time judges) are assigned in only 4 programs (5.1%); 2–3 judges are assigned in 13 programs (16.5%).

TABLE 8

Types of Data Tracked

DATA TYPE	PERCENTAGES	FREQUENCY
Service Referral by type (E.g. substance abuse)	72.2.%	(n=57)
Service attendance/ Completion	89.9%	(n=71)
Drug Tests (Administered and results)	92.4%	(n=73)
Relapse	78.5%	(n=62)
Sanctions	83.5%	(n=66)
Incentives	73.4%	(n=58)
Enrollment Date	94.9%	(n=75)
Exit Date	91.1%	(n=72)
Reason for Program Exit	86.1%	(n=68)

Other data collected on individuals participating in some VTC programs include:

- assessment information;
- time between application and acceptance breakdowns;
- self-help groups;
- court appearances;
- basic demographics;
- military demographics;
- drug of choice;
- mental health diagnosis;
- indication of trauma;
- offense category;
- prior treatment history;
- education history;
- job history;
- utilization of VA resources/services;
- new convictions;
- phase progression;
- housing;
- child support;
- driver's license;
- jail time spent prior to enrollment;
- court attendance
- RANT (Risk and Needs Triage) risk score; and
- time in residential treatment

TABLE 9

Data Tracked After Successful Program Exit

POST PROGRAM DATA	PERCENTAGES	FREQUENCY
Employment Status	31.6%	(n=25)
Housing Status	30.4%	(n=24)
Substance Relapse	26.6%	(n=21)
Recidivism (Arrest)	57%	(n=45)
Does Not Track After Program Exit	31.6%	(n=25)

These data include:

- community supervision violations
- drug screening and breathalyzer test results with PO and presiding judge notified when results are positive
- improvement in benefits with the VA (service connection benefits)
- veteran participant benefit upgrades while in program
- completion of drug/alcohol treatment program and mental health program participation
- completion of other referred service programs
- vocational/educational goal attainment; and
- duration of sobriety

TABLE 10

Data Tracked After Unsuccessful Program Exit

POST PROGRAM DATA	PERCENTAGES	FREQUENCY
Employment Status	19.0.%	(n=15)
Housing Status	17.7%	(n=14)
Substance Relapse	19.0%	(n=15)
Recidivism (Arrest)	34.2%	(n=27)
Does not track after Program exit	54.4%	(n=43)

TABLE 11

Type of Post-Program Recidivism Tracked

RECIDIVISM TYPE	PERCENTAGES	FREQUENCY
New Arrest	31.6%	(n=25)
New Criminal Charge	22.8%	(n=18)
Violation of Supervision Agreement	8.9%	(n=7)
Continued Illegal Substance Use	6.3%	(n=5)
New Convictions	30.4%	(n=24)

TABLE 12

Length of Post-Program Tracking

RANGE	PERCENTAGES	FREQUENCY
Less than 6 months	3.8%	(n=3)
6 months	2.5%	(n=2)
12 months	6.3%	(n=5)
18 months	1.3%	(n=1)
24 months	11.4%	(n=9)
More than 24 months	21.5%	(n=17)
No Tracking	53.2%	(n=42)

Of those programs that track post-program data, most gather data for more than two years. Those programs that reported struggles with data collection cited a lack of personnel capacity.

Other programs suggested the VTCs move towards establishing standard data collection protocols in order to compare outcomes consistently across jurisdictions.

TABLE 13

Are VTC Resources and Training Adequate?

	AGREE		DISAGREE	
RESOURCES	PERCENTAGES	FREQUENCY	PERCENTAGES	FREQUENCY
Are Resources Adequate?	58.2%	(n=46)	31.7%	(n=25)
TRAINING	PERCENTAGES	FREQUENCY	PERCENTAGES	FREQUENCY
Is VTC Training Adequate?	63.3%	(n=50)	22.8%	(n=18)

TABLE 14

Reasons for VTC Data Collection

REASON	PERCENTAGES	FREQUENCY
Required by Statute	27.8%	(n=22)
Required for Grant Reporting	51.9%	(n=41)
Used in Budget Justifications	48.1%	(n=38)
Used for Internal Program Purposes	89.9%	(n=71)

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LEAVE NO VETERAN BEHIND.

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