Veterans Treatment Courts – An Analysis

No Veteran Left Behind!

Steven Ferraris

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Instructor: Ursula Heinrich

Abstract

Veterans Treatment Courts (VTCs) are a specific type of diversionary criminal justice program first established in 2008 to address a noticeable increase in veteran interaction with the criminal justice system. In the past forty years, overall incarceration rates in the US have increased 500% largely due to criminalization of underlying public health issues, particularly substance abuse and mental health challenges. Nearly half of all veterans in prison and jail have been diagnosed with a mental health disorder. Herein is a comprehensive examination of the history and implementation of VTCs including identification of best practices and a discussion about their role and continuing viability. It is based on a systematic literature review, including but not limited to, peer-reviewed scholarly articles, publications, media reports and fact sheets, as well as official government studies and court reports. The results of this research indicate there are now nearly 500 VTCs across the country including an astonishing 116 new courts just from 2015 to 2016. In one national study, recidivism among participants was measured at 14%, substantially less than the 23-46% one year recidivism rate found among US prisoners overall. Per person cost savings of VTCs was also measured at approximately $20,000 as compared to incarceration. In another study, access to health benefits increased by 17% for VTC participants. It is clear that more long term and comprehensive studies are needed to properly evaluate the VTC model. Along with standardization of performance metrics and strengthened adherence to known best practices this model deserves continuing investment.

Keywords: Veterans, VTCs, Recidivism, Incarceration, Substance Abuse, Mental Health

Introduction and Research Problem

Veterans Treatment Courts (VTCs) are a specific type of diversionary criminal justice program that have been established to address a noticeable increase in veteran interaction with the criminal justice system (Douds, & Ahlin, 2019). The VTCs are based on models that have sought to reduce incarceration and recidivism rates by addressing underlying public health issues, particularly substance abuse and mental health challenges, through support and mentorship. Finally, incarceration is extraordinarily costly. VTCs represent an opportunity for substantial cost savings for the public, criminal justice systems, and individuals who would otherwise be incarcerated.

By leveraging the health resources available through the US Department of Veterans Affairs (VA), VTCs and other multi-disciplinary partners can create new and alternative opportunities for healthy outcomes for veterans, while also reducing stress on the overall criminal justice system, especially overcrowding at state and county prison facilities.

Here follows a review of a wide array of literature to document, discuss, and analyze the history and implementation of VTCs. It also identifies specific success benchmarks, as well as gaps and or trends that demonstrate how these courts are succeeding or inadequately addressing their intended outcome. Relevant demographic factors about veteran offenders managed in the criminal justice system including VTCs are also discussed.

While VTCs have many champions in both legal and social service environments, there are also several watchdog groups that are concerned that the VTC model is creating a separate class of criminals out of the veteran population (Jones, 2014).

Importantly, there is no one standard, or set of standards, for measuring the success of a VTC. While we can look to markers such as decreased recidivism and access to mentors that provide vital support, it is noteworthy that the literature does not contain long-term longitudinal data that considers outcomes much beyond a veteran's term in a VTC.

This research paper is based on a systematic literature review comprising data from many sources, including but not limited to, peer-reviewed scholarly articles, publications, media reports, fact sheets, as well as official government studies and court reports. On the whole, existing research convincingly points to an overwhelming need for comprehensive and progressive solutions to address the problems of overcrowding and over-incarceration in the United States. VTCs represent one vital solution to achieve this overall goal.

As a retired Navy veteran, with six years of active duty aboard a nuclear submarine and twenty years as a reservist, issues and challenges of civilian reintegration are of interest to me. Over the last few years, I have been particularly devastated to read the news of increasing rates of suicide among veterans, who were unable to manage successful reintegration due to compounding effects of an inflexible criminal justice system and insufficient attention to underlying mental health issues.

Literature Review

This literature review documents the history, implementation, analysis and evaluation of VTCs throughout the United States. It includes perspectives of supporters and opponents and a discussion of best practices for these specialized courts. Further, a description of the population demographic served by these courts is addressed.

The composition of these courts varies from county to county and state to state. As such, a breadth of review is necessary to understand similarities, contrast differences and identify trends and recommendations. This research paper highlights examples at the national level, state levels including Pennsylvania and Nebraska; as well as at the county level including Tulsa, Oklahoma and Santa Clara, California; Lastly, a rural example from Klamath County, Oregon is discussed. The results section of this paper will also report data from other jurisdictions and a national study that looked at outcomes from more than one hundred courts nationwide.

Veteran Treatment Court History

The first VTC was established in 2008 by the Honorable Robert T. Russell in Buffalo, New York (Russell, 2015). Judge Russell developed the court while noticing the increasing number of veterans in his drug and mental health courts. These courts, known as Problem Solving Courts (PSCs) began during the Nixon Administration, primarily as part of the nation's "War on Drugs" (Douds & Ahlin, 2019). They have shown to reduce crime by an average of 7%-14% and, Judge Russell was optimistic that if he followed the PSC model, he could expect similar results in the veteran population. Judge Russell's adapted model promotes a close working relationship between the judiciary, the Department of Veterans Affairs, and their Veterans Justice Outreach specialists (VJOs). Additionally, drug treatment providers, and other

community support organizations are included in coordinated VTC team relationship (Office of National Drug Control Policy, 2010).

One of the distinguishing aspects of VTCs is that they offer an option to leverage a deeply held core value – leave no one behind. As warriors, this ethos was instilled during training, on the battlefield and across a lifetime of service. According to Douds & Ahlin (2019), "They pride themselves on placing others above self, of stopping at, not even death, to live out their loyalty to one another" (p. 19). Leave no one behind is relevant for peers to motivate each other, even as they battle addiction, mental illness, or alienation after returning from war. This bond is especially strong for veterans and is a cornerstone to why VTCs can be effective.

According to Justice for Vets, a non-profit organization established in 2010 to promote and advance VTCs and their mission, there are key components that are considered foundational. Firstly, integrate alcohol, drug treatment, and mental health services with justice case processing. By relying on the vast health professionals within the VA, the basis for a team approach to promoting sobriety and recovery are already in place. Then, matching these health teams with court professionals and mentors, you create a strong foundation for accessing and succeeding in recovery services. A standard criminal justice court does not integrate these components, and almost certainly sets someone up for failure, relapse, and recidivism.

Secondly, the overall approach should be non-adversarial. In this environment, prosecution and defense counsel ideally promote public safety while protecting participants' due process rights. That is, by treating the underlying issue as a health problem you are creating opportunities to break cycles of recidivism, which ultimately better protect the public and the dignity of the individual offender.

Thirdly, identifying participants early to enroll them in the VTC quickly improves their ability to benefit from the program. In some jurisdictions, arresting officers have the ability to immediately refer an arrestee into a VTC program. This can leverage the circumstance of arrest so that an individual is more quickly aware of the fact that they need help and begin to get it before getting further consumed in the criminal justice vortex.

Fourthly, provide access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services. This pillar recognizes that many individuals suffer from multiple diagnoses, for which they have often been self-medicating. Wraparound services can better address what these diagnoses are and develop appropriate treatment plans.

Another core pillar of a successful VTC program is regular alcohol and drug testing to monitor and ensure abstinence. This provides an objective process for an individual's accountability in the program and builds on the overall goal of promoting sobriety.

Best practices for VTCs are to coordinate strategies with participants and stakeholders to ensure compliance. This principle recognizes that not every client is the same. There can be a graduated scheme of responses and rewards that support an individual's progress equitably.

It is important to maintain ongoing judicial interaction with each veteran. The Judge of the VTC is the lead program officer interfacing with other participants. It is the responsibility of the Judge to inspire the team to "win." This leadership is key to establishing the legitimacy of the court and creating effective science-based treatment trajectories.

Monitoring and evaluation are an essential component for an effective VTC. There is no existing national standard or set of standards as to how to define success. More long-term longitudinal data is needed to evolve this model of court and provide increasing evaluation to understand the place of VTCs in an ever-evolving criminal justice environment.

Continuing interdisciplinary education promotes effective VTC planning, implementation, and operation. Learning strengthens the system. From peer training for mentors, to professional training for health care providers to public awareness campaigns that engage participants and prove the value, education positively impacts the VTC system.

Finally, forging partnerships among VTCs and key stakeholders helps individual courts learn best practices and adopt improved treatment modalities. In every jurisdiction in the country, there is a costly and seemingly intractable problem of overcrowding and over-incarceration. This has devastating impacts on the incarcerated as well as society in general. More partnerships among VTC constituencies can be vital in strengthening this model to better address the enormous need for criminal justice reform.

Current Status of VTC – Inventory and Analysis

The current status of VTCs throughout the country includes an overview of locations, court configurations and, unique characteristics and procedures that certain VTCs have implemented to serve their population better. The VA conducted a snapshot inventory of VTCs, and other veteran-focused courts and reported that as of June 30, 2016, there were a total of 461 courts in operation. Starting with one VTC between 2004-2007, there was an exponential rise to five in 2008 and then to 461 in 2016. Of particular note, there were an astonishing 116 new courts just from 2015 to 2016 (Flatley, Clark, Rosenthal & Blue-Howells, 2017).

Clearly, the types of courts, their jurisdictions, their use of mentors, court eligibility, pleas, and offenses vary dramatically. Several striking statistics from this report indicate that 20% of the courts only take misdemeanor charges wherein 65.7% accept both misdemeanor and felony offenses excluding domestic violence and murder (Flatley et al., 2017).

A peer-reviewed study published in 2016 discussed the status of VTCs (Johnson, Stolar, McGuire, Clark, Coonan, Hausknecht & Graham, 2016). This review revealed a 0% recidivism rate one year after Judge Russell's pioneering VTC was commissioned in Buffalo, New York. A follow-on study of 14 courts demonstrated a one-year recidivism rate of <2%. This analysis also revealed several common characteristics that improved a veteran's overall chances for success. These included escalating sanctions for infractions while enrolled in the VTC to include brief incarcerations; veterans that are employed during enrollment were more likely to succeed and; a rewards program contributed significantly to overall program success.

Individual State and Community VTCs and their unique characteristics

There is a significant amount of peer-reviewed, academic, law, and government documentation regarding the structure and functioning of VTCs in various communities. This research paper reviews several types of VTCs and an overview of how they utilize resources, similarly and differently to achieve the goal of each.

For example, a study conducted in Pennsylvania assessed the seventeen VTCs that were operating in that state at that time (Douds & Ahlin, 2017). All seventeen VTCs in Pennsylvania have six common components and related sub-criteria discussed briefly below: Identification of Possible Clients and Program Intake; Eligibility Criteria; VTC Teams and Team Members; Treatment Trajectories; Client Tracking and Data; Use of Veteran Mentors.

Identification of Possible Clients and Program Intake

There are five basic intake procedures, wherein a potential client is assessed and referred for a VTC. These include being: Referred by a VJO; Referred by police and corrections officers; Identification by a district attorney; Referral by a defense counsel and; Self-referral.

Eligibility Criteria

Conducted after the veteran is identified for potential VTC intake and consists of ten components as follows:

- Military Discharge Status - all courts took honorably discharged veterans, and some went further and accepted dishonorably discharged individuals;
- Combat Experience - all courts took combat and non-combat veterans;
- Treatment Needs and Available Options - there is a wide variety in how this component of the VTC is handled. Where there is a VA hospital nearby, the veteran will get most of their care there. If a veteran has private insurance, they can be treated through their own medical provider. Other communities had their own treatment facilities and did not require either the VA or the veteran's private insurance;
- Relationship Between Military Service and Offense - this varied from court to court and, investigated whether the veteran's offense was related to his military service or not. For example, in one court a veteran with PTSD who also suffered from alcohol abuse committed a crime while on active duty. S/he would be a candidate for VTC treatment. A similar scenario when the veteran was not on active duty would deem them ineligible for VTC treatment;
- Current Offense Type - most of the VTCs have some restrictions on the types of offenses that it will consider. Generally, all accept misdemeanor and non-violent charges. Approximately half of the VTCs will not hear felony cases. None of the Pennsylvania VTCs will listen to weapons, sexual assault, or murder charges;

- Criminal History - most of the VTCs evaluated the veteran's past criminal history on a case-by-case basis. Offenders with violent felonies in their past were not accepted, as the system is not designed to handle this type of client;
- Victim Input - 13 of the evaluated VTCs requested the victim's consent before allowing the veteran into the court. In 12 VTCs, the victim was not allowed in the court if the victim did not consent. Two of the courts did not require the victim's consent;
- Plea Requirements – the VTCs in this study utilized three different types of plea guidelines. The veteran entered a guilty plea that could then be suspended until they completed the program at which time it could be dismissed and expunged. The veteran entered a plea to a lesser offense. Or, no plea would be registered, and if the veteran completed the program the case would be dismissed; otherwise, if the veteran failed to complete the VTC program, they would be found guilty of the initial charge;
- Final Approval Process - all the VTCs had somewhat different criteria they used to select the veterans that were ultimately admitted into their program. Some of the programs involved a majority vote from the Judge, VJO, and District Attorney. All the VTCs allowed the Judge veto authority as to who could be enrolled in the program. Once selected, the veteran could start their treatment program. If a veteran was not selected, they could appeal the decision, but appeals were mostly denied.

VTC Team

All seventeen VTCs were overseen by a Judge. In the case of seven VTCs, the Judge was also a veteran. Several teams included a public defender, ensuring that the due process rights of the veteran were protected. The district attorney's office represented all seventeen teams. Most of the groups included an officer from the court's probation department. Without exception, each

VTC team contained a VJO. These individuals served a vital function in the treatment of the veteran. They could facilitate care at a VA or non-VA medical care facility. They also had access to the veteran's military records, an integral determinant as to the level of care each veteran received. This interdisciplinary team provides skills and resources that can be greater than the sum of their parts in achieving best outcomes.

Team Meetings

The VTCs teams typically met weekly to determine the veteran's progress, review new cases, and often adjust treatment protocols. Each case progressed based on individualized circumstances. Some cases had greater involvement from prosecutors and law enforcement, particularly if there was a victim involved. In other cases, teams needed to triage their deployment of resources based on a mix of short, mid and long-term objectives. Overall, the meetings were key to addressing the most urgent need and with the best adaptable intervention strategy or procedure.

Treatment Trajectories

Pennsylvania's VTCs treatment programs varied significantly, but all ranged from six months to three years. As discussed, the VTCs differed in structure due to the availability of treatment services, charged offenses, plea agreements and veterans' progress. In their review of the VTC treatment strategies, the researchers divided treatment into short, intermediate and intense tracks. Most VTCs offered the veteran an opportunity to start with a short-track program, which ranged from no less than six months to at least one year. These programs were primarily for misdemeanor offenses without significant mental health challenges.

The intermediate-track consisted of programs ranging from one to two years. This track was the most commonly used in Pennsylvania. This track was distinguished from the short-track

by having a more intense treatment protocol. Typically, substance abuse was more significant in these veterans and likely required in-patient treatment as opposed to living at home and being treated on an outpatient basis.

As the term implies, intense-track veterans received the highest level of care and treatment. Often, they were required to reside in a supervised setting. The monitoring of substance abuse typically required daily check-ins and drug tests. These veterans were also required to participate in regular mental health, medical, behavioral, group, and individual treatment, providing a comprehensive support infrastructure.

Individual Veteran Data and Program Compliance

All of the seventeen VTCs collected two types of data regularly regarding program participation and compliance. This data was used not only for program effectiveness but also to identify strengths and weakness within the VTC. The VJOs assigned to all the courts had access to personal information regarding each veteran. Additionally, as the veteran progressed through the program, the local probation officers would provide information to the court regarding drug testing and meeting attendance. The VTCs and VJOs maintained files to track program performance outcomes. This data is used to demonstrate cost-effectiveness of treatment and return on investment in the VTC as compared to standard methods.

Use of Veteran Mentors

Throughout most of the literature review for this research, the topic of individual mentoring for each veteran is a crucial constant. The use of veteran mentors is one of the basic tenets of the VTCs and separates how it functions from drug and mental health courts. The "no one left behind" mantra is key to the veteran mentoring. Veteran mentors not only understand the military mentality but, in Pennsylvania, the VJOs report that the veteran mentors are crucial to

helping navigate the VTC, VA, and other facilities. They also provide individual support to find and maintain employment, housing, and other life essentials.

State Legislated VTCs

Several states have adopted guidelines and best practices that address the structure and performance of all VTCs within their jurisdiction. Nebraska comprehensively directs the courts' team composition, court hearings, treatment plans, sanctions, and requirements for successful graduation (Nebraska Supreme Court, 2016). The State of Idaho has published standards and guidelines for the effectiveness and evaluation of their VTCs (State of Idaho, 2015). Idaho utilizes the pre-existing drug and mental health court system and incorporates VTCs where required. The structure of their courts is much the same as ones previously mentioned in Pennsylvania and Nebraska.

Unique County VTC structures

The Santa Clara County, California VTC, created by Judge Manley shortly after Judge Russell's court has taken a more progressive approach to veteran eligibility. The Santa Clara County VTC works with all veterans regardless of their discharge status. Also, this VTC enrolls participants without discrimination of their type of charge from misdemeanor thru felony. This approach allows the court to provide treatment and criminal justice diversion to a broader population of veterans. This does not mean that all felony charged veterans are able to enroll in the program, just that it is not necessarily an exclusionary circumstance, as in other jurisdictions.

Tulsa, Oklahoma manages veteran intake into the VTC at a very early stage. In Tulsa, the arresting police officer identifies whether the offender is a veteran. If the crime was nonviolent, they are automatically transferred to the Tulsa VTC for immediate processing. (Devoy, 2017). This represents a critical early intervention methodology that can improve outcomes. The trauma

of a criminal arrest can be a key point for a person to understand that their behavior is on a downward spiral. By helping them to access the VTC at this moment, the system is leveraging an individual's understanding of their situation and setting them up to begin benefitting from a "get well" program that they will be actively involved in choosing and designing for themselves.

VTCs in Rural Communities

Rural communities across the country create particular challenges in implementing VTCs. The majority of the VA facilities are in urban-suburban areas. This can result in significant challenges for veterans returning to rural communities with criminal justice issues.

Many of these locations do not have PSCs. Without a support system to address the underlying health issues, veterans can get themselves stuck in a cycle of criminality. (Smee, McGuire, Garrick, Sreenivasan, Dow & Woehl, 2013). One method of addressing this issue is being developed in rural Oregon. Though the Klamath County VTC is located approximately 100 miles from the VA rehabilitation center, veterans can comply with the court's mandates through the use of webcams, video cameras that input to a computer connected to the Internet. The audio and video images can be viewed jointly spanning the distance between the participants. The veteran reports to the VJO office at the rehabilitation center who then connects the webcam with the VA staff in the VTC. This technology allows the veteran to communicate their status and compliance with the VTC. This method of treating veterans appears to show promise for rural locations. There are currently twenty-eight veterans in the Klamath County Oregon VTC, of which, ten are receiving treatment at the distant VA rehabilitation center.

Counter/Naysayer VTC discussions

Many arguments are discussed in academic, judicial, and civil liberties circles that challenge the need for a specialized court for veterans. One of the most popular arguments is that

VTCs are duplicative to the Drug and Mental Health Courts and, create an improper and inappropriate privileged class of defendants. Notwithstanding, many states have legislated VTCs into their criminal court structure (Jones, 2014). Additionally, the U.S. Supreme Court in Porter v. McCollum 558 U.S. 30 (2009) found that military service was a mitigating factor in sentencing determinations, overruling the 11th Circuit Court of Appeals. The court found that George Porter, a Korean War veteran, was provided ineffective counsel in a death penalty case by not presenting evidence of Porter's mental agitation, psychological distress and, alcohol abuse after his discharge from the Army. In their ruling the Supreme Court found that military service, especially in combat environments may be mitigating factors in veterans' trials. (Jones, 2014).

The American Civil Liberties Union (ACLU) has been an active opponent of the VTC system in many states. Their argument is that justice is applied inconsistently if veterans get special treatment. Their position rests on the premise that if a veteran volunteered to join the service they should not get separate and not necessarily equal treatment in the courts (Shevory, 2011).

Another common criticism of VTCs is that some deny the veteran due process during many stages of their criminal procedure. For example, some courts accept the veteran into the VTC immediately after their arrest. This process potentially denies the veteran the right to defense counsel during all phases of court proceedings. Also, some VTCs require the defendant to waive their right to trial, which could be construed as a violation of their constitutional sixth amendment rights. This issue continues to be litigated with no clear path forward indicated (Douds & Ahlin, 2019).

It has also been suggested that VTC treatment can stigmatize a veteran further building barriers towards their reintegration into civilian life because they needed "special services."

During the course of American history, we have seen veterans become classified as “separate” or “damaged goods” following a tour of combat. The Vietnam era and the negative stereotyping of returning veterans was a dark period in the U.S. (Douds & Ahlin, 2019). It is not clear if stigmatization is a result of public animosity towards veterans, or the outcome of the war. Thus, the predicament merits some consideration, but it remains unproven as to how legitimate it is.

Veteran Demographic Overview

The crux of this research paper cannot be addressed without considering the backgrounds of the people it discusses. According to the National Conference of State Legislatures, veterans represent nearly eight percent of the nation’s population. In six states, Alaska, Virginia, Montana, Wyoming, Maine and Hawaii, veterans represent nearly ten percent of the population (Schultz, 2017). Researchers have estimated that there were 181,500 veterans or approximately eight percent of all inmates in state and federal prison (Bronson, Carson, Noonan & Berzofsky, 2015). So, while the percentage of veterans in the population is roughly approximate with their rates of incarceration, it should be noted that in the Department of Justice study named above researchers found, alarmingly, that about half of all veterans in prison and jail had been diagnosed with a mental health disorder.

This contrasts markedly with data about mental illness in the general population. In 2017, it was estimated that approximately 19% of adults had been diagnosed with any mental illness (Center for Behavioral Health Statistics and Quality, 2018).

In a study comprised of nearly eight thousand VTC participants (Tsai, Finlay, Flatley, Kasprow & Clark 2018) key socio-demographic characteristics at the time of admission were identified. The mean age was found to be 43.7 representing 13.9% of the participants. 94.8%

were male. Racially, 65.7% identified as white; 26% as black. More than 92% had a preliminary diagnosis as alcohol or drug use disorder.

Future Developments for VTCs

With the steady return of veterans from overseas and an increased emphasis on ensuring their successful integration back into civilian life, the VTCs are gaining more national attention. Recently Congressman Charlie Crist (D-FL) and Elise Stefanik (R-NY) reintroduced the Veteran Treatment Court Coordination Act in the 116th Congress. H.R.886 - Veteran Treatment Court Coordination Act of 2019 provides funding and directs the Department of Justice to coordinate with the Department of Veterans Affairs to improve training and technical assistance to state, local and tribal governments to develop and maintain VTCs (Tampa Bay Reporter News Staff, 2019). Additionally, the Veterans Treatment Court Improvement Act of 2018, known as Public Law 115-240, directs the Secretary of Veteran Affairs to hire more VJOs to provide support to current and future VTCs. The law discusses in detail the role of the VJOs and the VA reporting requirements back to Congress.

The role of the mentor in the VTC is essential. Though it is not explicitly stated as one of the ten key components of the VTC, their benefit to the veteran's treatment program is widely supported across the country (Douds & Ahlin, 2017). In New York, government and public health officials have identified the need to establish both an evidence-based comprehensive mentor training program, as well as long-term and regular sources of funding for the program. (New York State Health Foundation, 2017).

Addressing the challenges to the VTC model as discussed above will be an ongoing effort. Positive, quantitative results, and demonstrated successful veteran reintegration into society will go far in addressing these concerns.

Methods

The author of this paper conducted all the research. The methods used for this research were primarily systematic library searches, reference text reviews, database, and internet searches. The keywords that produced the most valuable and informative results were veterans, veterans treatment courts, post-war veteran treatment, veteran affairs, veterans justice, veteran recidivism incarceration analysis. The majority of the research was conducted at the Purchase College library or through their electronic portal when not on campus during the February and March 2019 period. The NexisUni legal database provided a great deal of information on current and past legal proceedings. JSTOR provides content from over 900 publishers with more than 1900 academic journals. This resource was extremely helpful in uncovering regional studies of VTCs conducted by universities. Academic Search Complete provides links to over 8,500 full-text periodicals as well as over 7,300 peer-reviewed journals. Academic Search Complete uncovered the only book that was purchased for this research (Douds, A. & Ahlin, E., (2019) *The Veterans Treatment Court Movement: Striving to Serve Those Who Served,* Routledge).
I contacted the authors of this book and we exchanged personal communications on the subject matter, noting specifically as to the dearth of substantive comparative outcomes on this topic. Google Scholar was accessed on occasion with minimal success in locating unique material. All the information was obtained lawfully. All the resources used herein are accurate to the best of my knowledge.

Most of the research material I used came from peer-reviewed academic publications, including their references. I also cited court cases as well as legislative and judicial reports. My research includes traditional media sources, as well as fact-sheets from various criminal justice reform advocacy organizations.

Results

As discussed in the literature review section of this paper VTCs are not a monolithic institution. To assess the results VTCs are having on the criminal justice system it is essential to identify some key constant indicators. Recidivism rates are among the most widely cited. Additionally, we can look to statistics that indicate program completion as well as drug and alcohol abstinence. Status changes in employment, housing and benefits at program exit can also be indicators of success. However, these metrics do not fully capture the essence of success or failure of VTCs as making a meaningful difference in an overburdened criminal justice because they provide a snapshot of a moment in time, typically only measuring data while a person is entering, going through the program ordered by the VTC or upon exit.

Importantly, overall incarceration has increased, and the United States has become a global leader in this practice with 2.2 million people currently in the nation's prisons and jails. This represents a 500% increase over the last forty years, despite increasing evidence that large-scale incarceration is not an effective means of achieving public safety (The Sentencing Project, 2018).

Thus, results must be considered within this overall framework. Even small or statistically insignificant outcomes can make a meaningful difference for an individual and even an entire community, as the costs of incarceration are so high.

In one national study (Tsai, et al., 2018) nearly eight thousand veterans who participated in a VTC from 2011 thru 2015 across more than one hundred VA sites were examined. They found that participants stayed in a VTC program for an average of eleven months and there were modest changes in housing, employment and receipt of VA benefits. For housing, there was a ten percent increase in individuals reporting their own housing at exit. Of those who were not in

their own housing at program admission, 39 percent obtained housing by program exit. This is particularly significant because safe and stable housing is foundational to accessing and maintaining most mental health and substance abuse treatment regimens. There were approximately 20 percent who received any jail sanctions and 14 percent who experienced any new incarcerations while in the program. This is less than the 23-46% one year recidivism rate found among US prisoners (Durose, Cooper & Snyder, 2014). There was a one percent increase in employment by program exit.

Thus, from this aggregate study we can find some small to moderate positive outcomes, which can be significant, given the alternative of more incarceration. However, because there were many VTCs studied, with multiple variable characteristics as noted in the literature review section of this paper, these findings are not necessarily indicative of national trends, nor tell us anything beyond the outline they suggest.

In Minnesota, Hennepin County District Court initiated the first in the state VTC in July 2010. The program was thoroughly evaluated in 2016 and identified there had been a total of 526 referrals to the program, with 341 resulting in acceptance. Of those accepted 60.9% (208) successfully graduated; 20.2% (69) were terminated; and 16.4% (56) remained as active participants (Johnson, M., 2016). This evaluation focused on 155 participants who participated between 2010 and 2013 and exited the program at least two years before 2016. It found that nearly half of participants experienced an increase in accessing VA benefits and health services, and the number of those not receiving benefits dropped substantially from 25.2% to just over 8%. While overall recidivism was not reduced, graduates were found to have lower recidivism rates. Importantly, graduation was substantially improved when veterans were partnered with a mentor. These lessons lead to the conclusion that VTCs are having promising outcomes by more

personally engaging veterans with health resources that they need and bonding with their peers so that no veteran gets left behind.

A mandatory requirement of this VTC is that participants maintain sobriety, and this was to be enforced through random drug/alcohol testing. However, they experienced difficulties in truly randomizing and implementing their testing regimen. Another mandatory requirement is for participants to remain law-abiding. Only 9% of those studied received a new criminal charge during their time in the program and all of these individuals eventually graduated, demonstrating that the court can be influential in engaging veterans to address both their health and criminal justice circumstances.

In another study (Erickson, 2016) three VTCs were analyzed to evaluate their performance in producing successful outcomes for the participants. Broward County Florida offers a 12-18 month program for veterans that are engaged with the criminal justice system and demonstrate behavioral, mental health, or substance abuse issues. This court is managed through the 17th Judicial Circuit of Florida. In May of 2015, there were 264 cases in this court. 65 veterans have completed this program and as of September 2015, Broward County reports a recidivism rate of 3%.

Colorado Springs, Colorado created a VTC in 2009. Since its inception there have been 289 cases heard by the court. 159 have graduated. There is very little data on the follow-on performance of the veterans after graduation, yet the court reported the recidivism or re-arrest rate was very low. They did state that the court did not keep statistical data on the VTC's performance. The lack of statistics has been a noted issue across many VTCs and is a barrier to evaluating their efficacy.

Anchorage Alaska VTC had 74 veterans in their court between 2004 and 2010. 38 veterans graduated representing approximately 51%. Smith's review of the Anchorage VTC indicated that of the 38 VTC graduates, 17 reoffended within three years. That represents a recidivism rate of 45% which seems greater than expected.

Another study reviewed found that recidivism by VTC graduates was directly related to how long the veteran stayed in the court program (Johnson et al., 2015). This study examined 100 participants in the Harris County Texas Veterans' Court Program (HVCP). Johnson was particularly concerned with identifying any factors that could be directly related to whether a veteran would reoffend after completing the HVCP. He determined several factors of interest. Firstly, there was a direct correlation between the length of time that veteran participated in the HVCP and the likelihood of reoffending. Specifically, the longer the veteran stayed in the program the likelihood of reoffending was dramatically reduced. Additionally, Johnson found a connection between opioid and/or cocaine use and reoffending. Those with substance abuse issues associated with either of those drugs were more likely to reoffend than other veterans.

Discussion

As mentioned previously, there is not a lot of comprehensive data that demonstrates the long-term efficacy of the VTCs. The courts are constructed differently, they serve diverse populations and, measure their effectiveness with different methodologies. Oftentimes, it was noted that the VTCs failed to follow their own best practices and/or capture relevant data. Almost none of the VTCs studied for this paper conducted any continuous monitoring of their veterans after they have successfully completed their programs. Thus, we have no long-term evaluation statistics.

The one characteristic that is apparent in all of the VTCs and all of the PSCs is that they are a cost-effective solution to mass incarceration. Even with a statistically insignificant study of recidivism rates, the smallest reduction in reoffending veterans will save the community tremendous resources in terms of financial costs and personnel. (Jones, 2014-2015). For example, starting in 1987 Connecticut started implementing PSCs at a cost of approximately $5,000 per offender as compared with an average per year cost of incarceration of $25,000 per inmate (Klein, 1997). In 2014, Idaho determined the cost of an offender in a VTC at about $4,000 for one year and the cost of incarceration for one year of the same offender at more than $20,000 (Simmons, Russell & Lowe, 2018). Moreover, we should also consider the immeasurable savings to an individual veteran of being able to avoid a criminal record that could forever impact their ability to gain employment or access housing.

One of the most important outcomes from this research paper is to highlight the need for VTCs to hire, train, and maintain mentors, as they are indispensable to the process, instilling the "no veteran left behind" ethos that under undergirds these courts. Consistently, we've seen that veterans with greater access to trained and qualified mentors are able to better achieve the

outcomes of the VTC's and build capacity for this cost-effective model of criminal justice adjudication. Mentors not only help the veteran through the court process but can help to monitor their continued success for possibly years afterwards.

In conclusion, the modest yet significant achievements noted to date demonstrate that VTCs are a worthwhile endeavor. It is clear that more long term and comprehensive studies are needed to properly evaluate the VTC model. In so doing, there should be efforts to standardize performance metrics and strengthen adherence to known best practices. The reduced recidivism, lower costs and linkage to health benefits that VTCs can provide represent a moral value that our veterans deserve. Moreover, having asked them to put their lives on the line to defend our country, where many faced unspeakable trauma, we owe them the opportunity to innovatively and compassionately deal with their health care rather than criminalizing them.

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