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## **EXECUTIVE SUMMARY**

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

**June 23, 2022**

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## EXECUTIVE SUMMARY<sup>1</sup>

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 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. 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.

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. Outcomes examined include graduation and termination rates, as well as recidivism in terms of self-reported arrests. 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?

This study is exploratory in nature and examined a convenience sample of eight VTC programs across three Southern states (Florida, North Carolina, and Texas) between July 1, 2016, and 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.<sup>2</sup> The next section on Methods provides details on the research protocols for qualitative and quantitative data collection and analysis techniques. The main section summarizes Findings and Recommendations concerning: potential participant identification and referral; eligibility and admission; demographics from agency records; participant military characteristics; participant legal and extra-legal issues, supervision, and treatment; program and participant outcomes; fidelity of implementation and the key components of VTC programs; and sanctions and incentives.

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<sup>1</sup> The final report for this grant is archived for public access at the National Criminal Justice Reference Service at <https://www.ojp.gov/pdffiles1/nij/grants/305013.pdf>.

<sup>2</sup> Research analyses are ongoing, and only a portion of the data were examined thus far; unless noted in the following methods section, the data were analyzed to some extent for the final report and executive summary.

Note the study's findings come with some caveats due to limitations affecting information obtained from program records and participant interviews, for example, and suggestions for improvement and future research are offered. These are discussed with the findings in the Conclusion, Limitations, and Future Research section.

## METHODS

With funding from the Bureau of Justice Assistance (BJA), the National Institute of Justice (NIJ) awarded a research grant in Fiscal Year 2015. 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 data from the sites. Please see Final Report: Chapter 1 for information on project phases and specific data collection periods.

Because research has shown the great variability in VTC programs across the country, eight VTC programs in three states were purposefully selected for this study based on variations in key characteristics. Study sites were chosen due to differences in caseload, length of operation, eligibility and admission requirements, treatments and services provided, and county demographics. The eight VTC programs are:

- Bexar County VTC in San Antonio, Texas
- Buncombe County VTC in Asheville, North Carolina
- Cumberland County VTC in Fayetteville, North Carolina
- Harris County Veterans Court in Houston, Texas
- Orange County VTC in Orlando, Florida
- Osceola County VTC in Kissimmee, Florida
- Seminole County VTC in Sanford, Florida
- Travis County VTC in Austin, Texas

The research team was led by the Principal Investigator (PI) and the Co-PI located at one of the sites, and they collaborated with the programs and on-site research consultants. Please see Final Report: Chapter 2, including Tables 2.1-2.4, for details on the characteristics of their locations and programs. Please note, the listing of the VTCs above is merely alphabetical and does not correspond to the numbering of the VTCs in the results of this report.

An extensive amount of quantitative and qualitative information was obtained for this evaluation, using various methods to collect data from numerous sources.<sup>3</sup> 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). Program information and archival data were also retrieved. A brief description of the data collection methods used to gather information from each source is provided in the following subsections. Additional information regarding methodology can be found in Final Report: Chapter 1, as well as other published works listed at the end of this executive summary. Research protocols were reviewed by the Missouri State University Internal Review Board, NIJ's Human Subjects Protection Officer, and the U.S. Department of Veterans Affairs (VA) Research and Development Office.

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<sup>3</sup> This study employed quantitative and qualitative research methods including collection of information on context and program inputs, so that results from analysis of one type of information could be triangulated with findings from another, to aid interpretation of VTC operations and outputs like participant outcomes. In addition to the types of information described here, the research protocol included semi-structured observations of staffing and dockets, as well as a survey of treatment providers; as detailed in the Final Report: Chapter 1, the survey response rate was too low for the information to be analyzed with confidence.

The research protocol including informed consent and all instrumentation will be archived with the desensitized data for public access.<sup>4</sup>

Data analyses conducted to produce the findings highlighted in this Executive Summary and the Final Report 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. Please see the Final Report for more information on research methodology including data analysis techniques.

***Archival Information: 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. 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%).

***Archival Data: Agency Records.*** Agency records were obtained from seven of the eight VTC programs between December 2019 and February 2020, after field data collection ended.<sup>5</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 to 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 (i.e., 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.

***Dockets and Progress Reports.*** As part of the staffing and docket observations (see Final Report: Semi-Structured Observations - Staffing and Docket subsection), 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 provide 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 allowed for comparative analyses related to participants who were successfully recruited for interviews and the overall sampling frame (see

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<sup>4</sup> See data deposit at ICPSR (<https://www.icpsr.umich.edu/web/pages/NACJD/index.html>).

<sup>5</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. For a summary of limitations, please see the Conclusion, Limitations, and Future Research section, and the Final Report (Chapters 1 and 9) for a more detailed discussion.

information below in the Participant Interviews subsection, as well as Final Report: Chapter 1, for the selection criteria used to construct the sampling frame).

***Participant Interviews: Baseline and Follow-ups.*** A total of 744 individuals had appeared at least once on the dockets of the eight VTCs during the first 2 years of data collection. Two interview criteria were applied to those 744 individuals to create the interview sampling frame: (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.<sup>6</sup> These criteria resulted in an interview sampling frame of 579 VTC participants.

During the baseline interview recruitment phase, the 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. Please see Final Report: Chapter 1 for detailed information on the recruitment process. Those who completed baseline interviews in Year 1 (July 1, 2016-June 30, 2017) comprise Group or Cohort 1 (C1) and were eligible for two follow-ups, while those who completed baseline interviews in Year 2 (July 1, 2017-June 30, 2018) constitute Group or Cohort 2 (C2) and were eligible for one follow-up (see Figure 1.1 in Final Report: Chapter 1). Of the 579 participants in the sampling frame, a total of 318 completed baseline interviews, resulting in a response rate of 55%.<sup>7</sup>

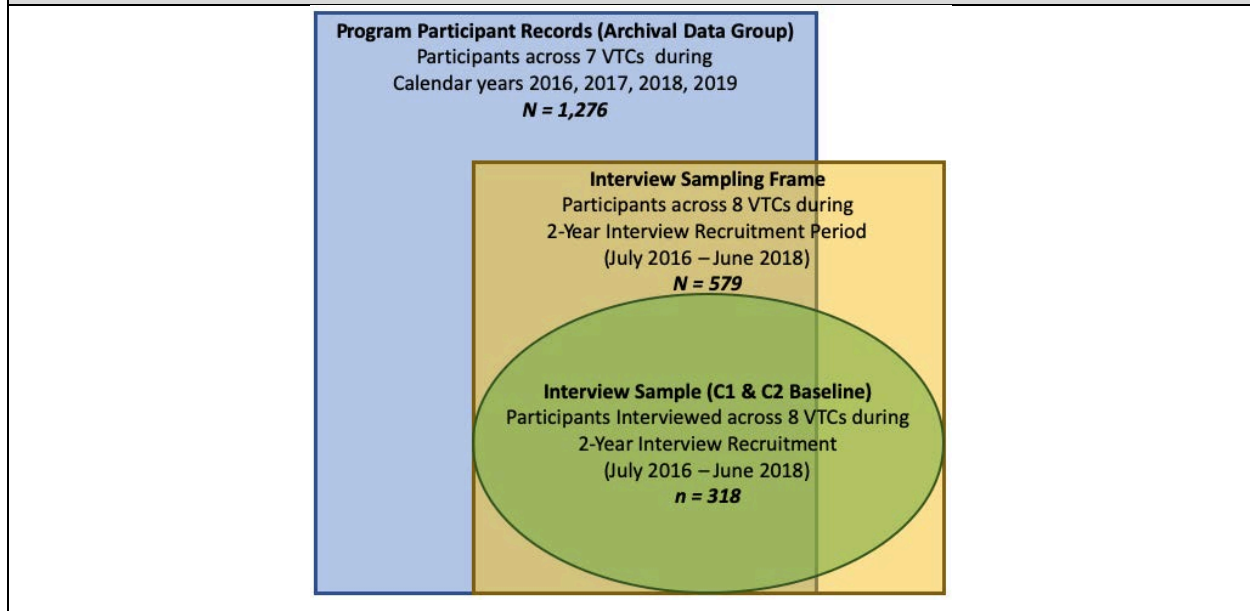
Follow-up interviews were conducted for both C1 and C2. For C1, two follow-up interviews were administered: (1) 12 months post baseline (July 2017-June 2018) and (2) 24-months post baseline (July 2018-June 2019). C2 only received one follow-up interview 12 months post baseline (July 2018-June 2019). 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 C1 group participated in the 24-month follow-up interview. Figure 1 on the next page illustrates the interview sampling frame and the baseline sample (C1 and C2) described here, as well as the archival data group presented above in the Archival Data: Agency Records subsection.

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 and history, alcohol and other substance use, housing stability, mental health, and VTC program, treatment, and ancillary service experiences. Please see Final Report: Chapter 1 for information on the interview and consent protocol.

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<sup>6</sup> 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.

<sup>7</sup> 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 and inability to schedule interviews).

**Figure 1: Illustration of Archival and Interview Data Samples**

**VTC Team Surveys (Survey 1).** Throughout the study period, each team member was asked to complete a confidential survey (one 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. Please see Final Report: Chapter 1 for information on the interview and consent protocol. 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 in Table 1.6 of the final report.<sup>8</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 Veterans Justice Outreach Specialists (VJOs),<sup>9</sup> 4% were treatment counselors, 2% were intake specialists, 2% were psychiatrists, and 1% were community outreach specialists.

**Fidelity of Implementation (FOI, Survey 2).** The fidelity of implementation (FOI) instrument<sup>10</sup> is comprised of 13 scaled items corresponding to the guidance provided in the Ten Key

<sup>8</sup> 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.

<sup>9</sup> In addition to other responsibilities, the VA Veterans Justice Outreach Program provides services to VTCs. Veterans Justice Outreach specialists (VJOs) serve on the VTC team and act as liaisons between VTC programs and the VA for VTC participants who are VA-eligible.

<sup>10</sup> In 2015, Dr. Kevin Baldwin of Applied Research Services Inc. copyrighted the Veterans Treatment Court Fidelity of Implementation Goal Attainment Scale developed for the Georgia Criminal Justice Coordinating Council with



Components of VTCs.<sup>11</sup> It also assesses 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. See Final Report: Chapter 1 for scoring and coding information. The FOI instrument was administered to the team members and the on-site researchers: (1) the on-site researchers completed the FOIs quarterly in Year 1 (2) team members and on-site researchers completed the FOIs quarterly in Years 2-3. Using the FOI instrument, a total of 476 data points were collected across the eight VTCs during the study period.

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support from the Bureau of Justice Assistance. He gave his express permission for the PI to utilize this instrument in the current study. The instrument was not altered for this study and has not been validated.

<sup>11</sup> Ten Key Components of Veterans Treatment Courts (2017) are a modified version of the Ten Key Components of Drug Courts (<https://justiceforvets.org/resource/ten-key-components-of-veterans-treatment-courts/>).

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

Following are highlights from the results of our systematic process, implementation, and short-term outcome research analyses to date. Additionally, proposed recommendations for VTCs to consider in their programs based on our observations and analyses are included below.

### **Key Findings: Potential Participant Identification and Referral**

- **VTC policy manuals or handbooks did not provide a process for identification of potential participants.**
- **The process of identifying potential VTC participants is comprised of three elements: (1) Identification agents (who identify potential VTC participants based on history of military service), (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>12</sup> and six VTC identification agents.<sup>13</sup>**
  - **A total of four mechanisms were used by the six initial identification agents to discover military status. Only one mechanism, the Veterans Reentry Search Service (VRSS),<sup>14</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 individual to make contact with the VTC or request a referral to the VTC.**
- **Team members indicated a need for more explicit policies on identification procedures.**

### **Recommendations:**

- **VTC teams should determine how identification does and can occur in their jurisdictions and formalize those procedures in their policy manual or handbook.**
- **VTC programs should strive to develop direct referral chains or at least referral chains that do not rely on self-referral.**
- **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).**

<sup>12</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>13</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 point of contact in the VTC and, as such, ends the referral chain. See Chapter 3: VTC Identification Agents for additional information.

<sup>14</sup> The VRSS is an electronic database operated by the VA. For more information, please see the VRSS User Guide (<https://vrss.va.gov>).

- **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>15</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>16</sup>**

None of the VTC program policy manuals described the process of identification and referral of potential participants. Therefore, we were unable to examine program fidelity in terms of prescribed identification procedures.

Initial identification agents are not associated with the VTC but identify an individual’s military status and initiate the referral process to the VTC. VTC identification agents are the VTC team members who are first notified of the potential participant; they are the first point of contact in the VTC. Referral chains are the pathways through which the cases move from initial identification (anywhere along the criminal justice process) to VTC notification. The initial identification agent begins the referral chain, and the VTC identification agent ends the referral chain.

Table 1 lists the initial and VTC identification agents across both the 8 VTCs and the 13 referral chains. A total of six initial identification agents and six VTC identification agents were discovered across the eight sites. Attorneys were identification agents in all programs. Judges and initial detention personnel were identification agents in the majority of programs (88% each). The individuals themselves (“Potential Participant” in Table 1) were initial identifiers, indicating that they initiated contact with the VTC on their own, in half of the eight VTCs (50%). Initial detention personnel were the most prevalent across referral chains (39%), followed by judges (23%) and attorneys (15%).

<sup>15</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>16</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>).

**Table 1: Initial Identification and VTC Identification Agents across Sites and Referral Chains**

	VTC Sites <i>n</i> =8	Referral Models <i>n</i> =13
<b>Initial Identifiers</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%)
<b>VTC Identifiers</b>		
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%)

Regarding how initial identification occurs, four general mechanisms were found to be employed by the six initial identifying agents at varying points in the criminal justice process. Across the eight sites, four mechanisms were discovered: (1) verbal questions and prompts, (2) written questionnaires, (3) criminal justice agent paperwork, and (4) VRSS (the electronic database operated by the VA).

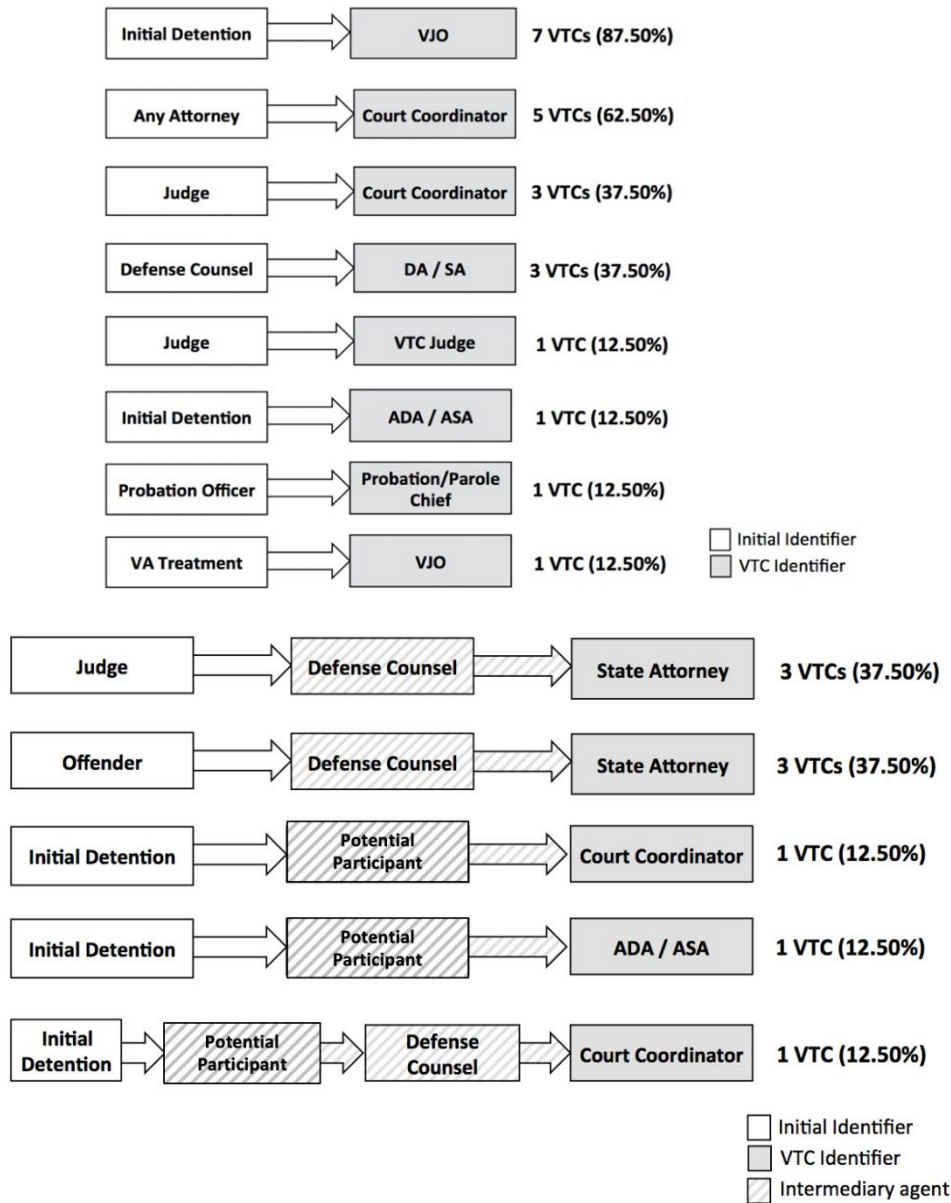
Beginning with the initial identification agent and ending with the VTC-related identification agent, 13 referral chains were constructed. Referral chains were either direct or multi-stage. Figure 2 (next page) illustrates these pathways of identification. Nearly all sites have a direct link from initial 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 (2) defense counsel to the district or state attorney.

Most multi-stage referral chains (Figure 2) involved a single intermediary contact between the initial identification agent and the VTC identification 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. individual “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 identification agent is in the role of initial detention, and the individual is the intermediary. These chains only vary in their VTC identifiers (VTC coordinator v. prosecuting attorney). The last multi-stage referral chain involves two intermediaries, specifically the individual 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 individuals whether they have a history of military service based on a form the agents must complete. After noting the individual response on the form, agents provide

identified individuals with VTC information (either verbally or give them a VTC pamphlet) and instruct them to contact someone at the VTC. What the individual does next with the information is where the three paths diverge. As seen in Figure 2, 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).

**Figure 2: Referral Chains across the 8 VTC Programs**



**Key Findings: Eligibility and Admission**

- **Eligibility policies included requirements and/or exclusions that fell within five categories: (1) military status (includes service experience), (2) criminal history, (3) current legal charges, (4) extra-legal issues,<sup>17</sup> and (5) nexus.<sup>18</sup>**
- **For the singular program in which the District or State Attorney (not the Assistant District/State Attorneys) was the gatekeeper, delays in eligibility and acceptance resulted from waiting on approvals from the District/State Attorney.**
- **Admission and eligibility procedures greatly varied across the eight VTCs but all include three stages: (1) eligibility screening, (2) admission screening, and (3) client approval. Each stage included a gatekeeper.**
- **The VTCs did not track data, including demographic information, on those referred for eligibility screening, those deemed ineligible, or those deemed eligible but opted out of admission.**
- **Treatment plans were not widely discussed with the full VTC teams although information sharing waivers had been executed to allow sharing among team members.<sup>19</sup>**

**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.**
- **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.**

<sup>17</sup> Extra-legal issues are those considered to be the underlying causes of the criminal behavior, such as substance use disorders and misuse, mental health issues, and homelessness.

<sup>18</sup> This nexus criterion requires some linkage or relationship between at least two 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.

<sup>19</sup> Typically, the full team is already cleared to receive this information as the information sharing waivers signed by participants include all members of the team.

Once potential VTC participants are identified, they are screened for VTC program eligibility. Each VTC program has its own set of program eligibility requirements. Five categories emerged from the eligibility requirements and exclusions: (1) military status, (2) criminal history, (3) current legal charges, (4) extra-legal issues, and (5) nexus. Nexus criteria require some linkage between at least two of the categories, excluding criminal history. All programs had eligibility criteria related to military status and current charges, six criteria related to criminal history, and five had criteria related to extra-legal issues as well as a nexus requirement.

Nexus requirements typically involve some type of 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. On the surface, it may appear that nexus requirements are difficult to prove. However, most programs afforded gatekeepers broad flexibility in assessing this requirement among potential participants. VTC programs should clearly define nexus eligibility criteria, and future research should focus on whether these nexus determinations are made uniformly across potential participants.

Eligibility criteria varied across the eight VTC programs (eligibility criteria by category for each program are illustrated in Final Report: Table 4.1). Two programs had criteria in all five of the 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, traumatic brain injury or TBI). Additionally, five programs 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, extra-legal issue(s)—typically mental health or substance abuse issues—had to have some relationship to: (1) to military service, (2) the offense, or (3) the offense and military service.

Once deemed eligible, a two-pronged admission approach was typically utilized in which: (1) the program determines which eligible individuals will receive an offer of admission and then extends an admission offer to the eligible individual, and (2) the eligible individual must then accept the offer of admission. Figure 3 (next page) illustrates these stages, gatekeepers, and information evaluated for only VTC 2. For the eligibility and admission models for all eight VTCs, please see Final Report: Figures 4.1-4.8.

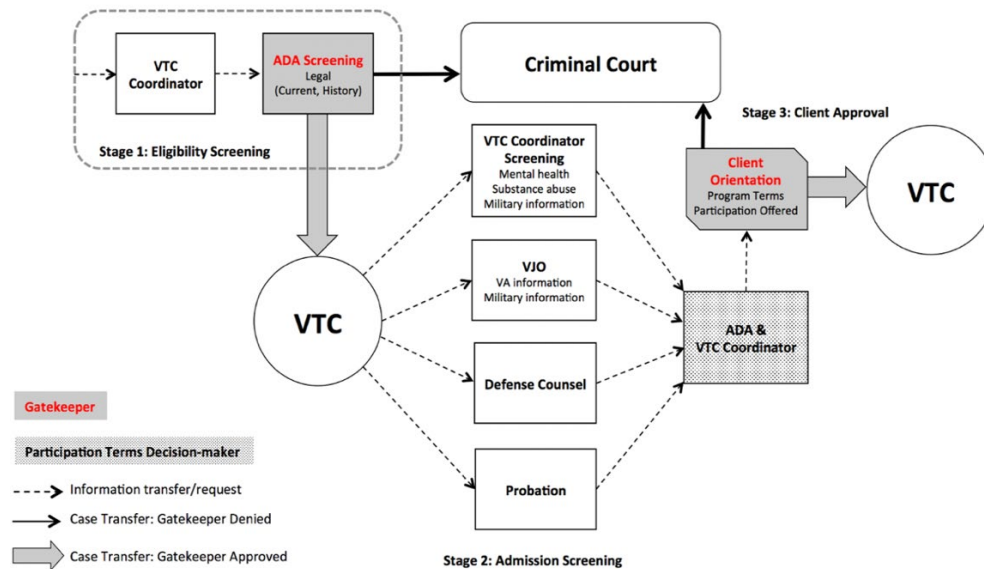
Several procedural successes and challenges were identified (through observation and team member self-report). For the singular program in which the District or State Attorney (not the Assistant District/State Attorneys) was the gatekeeper, delays resulted from waiting on approvals from the District/State Attorney.

All programs developed individualized treatment programs for their participants as part of the admission stage. However, according to some team members, treatment plans were not widely disseminated amongst the team.

Eligibility and admission models can be complex but are important to understand as research indicates that admission requirements and processes may be more influential on program success

than the intended program intervention. Additionally, understanding these processes and tracking time in stages may reveal where program improvements can be made.

**Figure 3: Eligibility and Admission Model for VTC 2**



### **Key Findings: Demographics from Agency Records (Not Interview Sample)**

- **Across the group of participants in the seven VTCs, the majority were male and White.**
  - **A third or more were Black or Hispanic, and just over 1% were Asian or Native American.**
  - **Six of the seven sites followed this pattern, while one program was the outlier with a majority of participants being Hispanic.**
- **Not all VTC programs tracked race and/or ethnicity of their participants.**
  - **Three programs did not collect data on ethnicity, and one program did not provide information on race and ethnicity.**
  - **It is likely that some Hispanic participants were counted as White, and the percentage of participants who are Hispanic may actually be slightly larger.**

### **Recommendations:**

- **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.**



For calendar years 2016-2019, seven of the eight VTCs<sup>20</sup> had a total of 1,267 participants admitted into their programs (see Figure 1.2 in the Final Report). The average age of participants was roughly 42 years old, and the overwhelming majority of participants were male. However, participant demographics varied between programs. Table 2 displays the demographic information recorded on the participants by each of the seven VTC programs. Average ages of participants ranged from approximately 37 to 46 years, with the youngest participant being 22 (VTCs 5 and 8) and the oldest being 91 (VTC 8). The majority of participants within six of the seven VTCs were White, with a maximum of 78% in a single program (VTC 6), followed by Black participants with a maximum of 40% in a single program (VTC 8). VTC 3 was the outlier with a majority of Hispanic participants (47%), following by White (33%) and Black (13%) participants. VTC 5 also had a considerable number of Hispanic veterans participating in their program (25%). Three of the VTCs (VTCs 6, 7, 8) did not collect information on ethnicity, and one did not track participants' race or ethnicity (VTC 2). Additionally, Table 2 illustrates how the programs varied in the size of their 3-year caseload (35 to 456 participants); again, the study sites were selected for a purposive range in program characteristics.

**Table 2: Participant Demographics across Seven VTC Programs\* (N=1,267, 7 VTCs, Calendar Years 2016-2019)**

	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
(min - max)	(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)	-	-	-	-

<sup>20</sup> As previously indicated, one of the eight VTCs could not provide the requested participant information.

**Key Findings: Participant Military Characteristics (Interview Sample)**

- **Not all of the VTC programs provided data on participants' military branch, era of service, discharge status, deployments, or criminal charges.**
- **Of the 318 interviewed VTC participants across the eight VTCs:**
  - **The majority served or were serving in the Army, Army Reserves, or Army National Guard, followed by the Marine Corps or Marine Corps Reserves and then the Navy or Navy Reserves.**
  - **The overwhelming majority were veterans and were honorably discharged.**
  - **The majority were recent-era veterans, serving in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), Operation Freedom's Sentinel (OFS), or Operation New Dawn (OND).**
  - **The majority were deployed to combat zones, received hazard pay, and experienced a physical or psychological injury from their service.**

**Recommendations:**

- **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.**

Because not all of the VTCs systematically tracked military demographic data for their participants, we utilized data from the participant interviews to examine military characteristics. Table 3 (next page) shows that the majority of interviewees (69%) served or were serving in the Army, Army Reserves, or Army National Guard veterans, followed by the Marine Corps or the Marine Corps Reserves (19%) and then the Navy or Navy Reserves (17%). Few (10%) served or were serving in the Air Force, Air Force Reserve, or Air National Guard.

Aligning with a prevalent VTC eligibility requirement, the majority of interviewed participants (75%) reported that they had been honorably discharged from the military. 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 (0.3%) discharge.

Regarding era of service, many participants served in multiple or overlapping eras but the highest percentage of participants interviewed served during OEF and OIF eras (~50% each), followed by OND (20%). Some veterans served in older conflicts such as the Persian Gulf (16%) and Vietnam (10%).

The majority of interviewed participants 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.

**Table 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=269)</b>	61	22.7	12
<b>Receive Compensation for Injury (n=269)</b>	192	71.4	7

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

### **Key Findings: Participant Legal and Extra-Legal Issues, Supervision, and Treatment (Interview Sample)**

- **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.**
  - **Almost four out of five veterans reported that their current arrest was related to issues they were dealing with or experiencing at the time; nearly half stated those issues that led to arrest stemmed from military service. The majority of participants took responsibility for their behavior.**
- **Two-thirds of the participants interviewed had prior criminal histories before the current arrest that brought them to the VTC.**
  - **Of veterans with prior arrests, slightly more than half were arrested for the same offense that brought them to the VTC.**
- **The most common types of mandated treatments included substance abuse treatment and mental health treatment. Mentorship was not a component of all programs, nor did all of the participants in programs with a mentor component have 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 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 time period and then increased post-service.**
  - **The most common mental health issues reported among participants were aggression, depression, insomnia, and post-traumatic stress disorder (PTSD). Half of the participants also reported they had experienced 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.**
- **A little over two thirds of the participants interviewed (69%) reported previously participating in mental health counseling prior to being accepted into the VTC.**
- **The two most widely used substances were alcohol followed by marijuana. A large number of veterans used marijuana and alcohol prior to joining the military.**

### **Recommendations:**

- **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>21</sup>**

- **VTCs should ensure accepted participants meet with the assigned VJO to discuss diagnoses and other issues related to service connections with the VA. This could inform veterans on the types of VA services/programming that could be beneficial or to which they are entitled.**

Table 4 displays information regarding the interviewed participants' criminal history and their views on the relationships between military service, extra-legal issues, and their arrest. More than two thirds had been arrested prior to the current arrest that brought them to the VTC. 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 half stated that the arrest was related to issues stemming from military service. Despite this, the majority of participants 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.

<b>Table 4: Criminal History and Issues Related to Military Service (n=318, 8 VTCs)</b>			
	<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	

Table 5 (next page) lists the treatment and supervision requirements of the interviewed participants in the eight VTC programs. Despite only about 44% stating that they had to plead 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%). The majority of participants were also required to submit to random drug testing (91%), and a small number (10%) had to submit to medication testing. 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

<sup>21</sup> Note, 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 in their treatment plan development.

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. For information by program, see Final Report: Chapter 5, including Table 5.6.

Treatment requirements reported as part of their participation in their VTC program reveal that 20 (6%) participants were engaged with a housing assistance program due to housing instability. The majority of participants were required to participate in substance abuse (72%) and/or mental health (73%) treatment programs. Nearly 22% reported having to take prescribed medication, and 11% had to receive treatment for a physical health issue. Some (16%) reported having to participate in a job training or employment matching program, and a small number of participants (3%) were required to participate in a domestic violence treatment program. Finally, about one quarter of participants (26%) of VTC participants were required to have a mentor.

**Table 5: VTC Program Conditions and Requirements (n=318, 8 VTCs)**

	Frequency	Percent	Missing
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.

We interviewed participants about specific types of drugs they had used currently or in the past. Table 6 (next page) displays information about their substance use and misuse. Almost 60% of them reported using stimulants 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 use of those drugs. Of the 183 who reported use of stimulants, 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.

**Table 6: Substance Use and Misuse (n=315)**

	<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</b>	183 (58.1)	256 (81.3)	308 (97.8)	142 (45.1)	107 (34)	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)
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)
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)
In the past month	16 (8.7)	20 (7.8)	56 (18.2)	18 (12.7)	1 (0.09)	2 (3.1)	1 (5)
<b>Had prescription for each use*</b>	13 (7.1)	1 (0.4)	N/A	57 (40.1)	N/A	N/A	4 (20)
<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)
While in the military	59 (32.2)	79 (30.9)	296 (96.1)	74 (52.1)	30 (28.0)	25 (38.5)	5 (25)
After separated from military	143 (78.1)	165 (64.5)	290 (94.2)	110 (77.5)	55 (51.4)	43 (66.2)	16 (80)

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

As seen in Table 6, by far the two most widely used substances were marijuana and alcohol. Over 80% of interviewed participants reported using marijuana, and 98% reported using alcohol at some point in their lifetime. The percentage of those who used marijuana, stimulants, or hallucinogens decreased during military service and then increased post-service. However, the percentage of participants who indicated use of alcohol, depressant, synthetic marijuana, and fentanyl<sup>22</sup> increased during their military service, and then again for the post-military period with the exception of alcohol which stayed relatively the same post-military.

Approximately 45% of interviewed participants reported using depressants in their lifetime with about 40% of those having a prescription. Despite this, fewer (under 20%) reported using depressants in the past 6, 3, and 1 months. Similar to alcohol, depressant use increased after joining the military, and especially after having separated from the military.

Interviewed participants were asked about whether they experienced various mental health issues, symptoms of mental health issues, and negative experiences throughout their lifetime and in relation to the timing of their military service. These results are displayed in Table 7 (next page) with bold indicating an increase in respondent reports of these issues from the previous stage.

These results reveal that in addition to substance misuse, interviewed participants report mental health issues and negative experiences. Specifically, a majority indicated experiencing aggression, anxiety, depression, panic disorders, paranoia, PTSD, and suicide ideation in their lifetime. From before military experience to during military experience, the percentage of respondents experiencing mental health issues and negative experiences increased with the exception of physical abuse. For 10 of the 16 issues/experiences, the proportions increased across all three stages (before, during, and after military service).

<sup>22</sup> Note fentanyl is more widely available at the time of research publication (2022) than when baseline interviews were conducted (2016-2018).

Although not displayed in a table here, 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.

**Table 7: Mental Health Issues and Negative Experiences**

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

\* These percentages are based on the *N* from lifetime ever results; bold indicates an increase in respondent reports of these issues from the previous stage.

### **Key Findings: Program and Participant Outcomes**

- **The majority (78%) of participants across seven of the VTCs successfully graduated. The graduation rate, however, varies somewhat across sites. Four of the seven sites' graduation rates are in the low to mid 80% range, while two others have rates of 76% and 69%; one site has a relatively low graduation rate of 44% which may reflect target population or other differences.**
- **The VTC participant self-reported re-arrest rate at the 12-month follow-up interview is 9.7%, and the re-arrest rate falls to roughly 4% at the 24-month follow-up for those interviewed. Note, the interview sample is biased toward active participants.**

### **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 drug 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.

The seven VTCs that supplied archival participant data for calendar years 2016-2019 had a total of 1,267 participants accepted into their programs. Table 8 displays the status of the program participants at the end of the study period. A total of 263 (21%) were still active participants in the program (VTC 2 did not provide this information), 758 (60%) had successfully graduated, and 212 (17%) were either unsuccessfully terminated or voluntarily dropped out, 33 (3%) were transferred to a jurisdiction not included in the study or passed away while enrolled.

Comparing only those who successfully completed the VTC program (graduated) to those who did not (terminated or dropped out), the overall success (graduation) rate for these seven VTC programs is 78%. The percentage of participants who successfully completed the VTC program, however, varies somewhat across the 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%.

VTC	Active Participants	Graduated	Terminated/ Dropped-Out	Transferred/ Deceased	Success Rate
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. VTC 4 was unable to provide agency records.

Table 9 displays the self-reported re-arrests for the 134 participants who completed 12-month follow-up interviews and the 48 participants who completed 24-month follow-up interviews. These results reveal that a relatively low number of those that completed the follow-up interviews were re-arrested. Of the 134 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 re-arrest between 12 and 24 months post-baseline.

**Table 9: 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
12-Month (n)	(n=7)	(n=10)	(n=21)	(n=14)	(n=25)	(n=23)	(n=10)	(n=23)	(n=133)
Re-arrested within 12 Months	1 (14.3%)	1 (10%)	0	4 (28.6%)	2 (8%)	1 (4.3%)	2 (20%)	2 (8.7%)	13 (9.7%)
24-Month (n)	(n=5)	(n=3)	(n=3)	(n=0)	(n=9)	(n=7)	(n=7)	(n=14)	(n=48)
Re-arrested between 12-24 Months	0	0	0	0	1 (11%)	0	0	1 (7%)	2 (4.2%)

Comparisons across the eight VTCs reveal that, in the first 12-month follow-up period, arrest rates ranged from none (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 participants report being re-arrested; all other courts have 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>23</sup>

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

- **VTCs that rated high on fidelity to the Ten Key Components of VTCs reported having collaborative relationships with the VA and VJO, the court integrating substance use and mental health treatment into criminal justice system processing, and the VTC program providing a continuum of treatment and rehabilitation services.**
- **Among the FOI scores, the lowest scores across programs centered around (#3) identifying and promptly getting participants into treatment, (#6) having a coordinated strategy in place to respond to compliance, and (#9) continuing educational opportunities for team members.**
- **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**

<sup>23</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).

**then making their teams aware of them. Such resources are available both online and through conferences and trainings.<sup>12</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>24</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 above recommendations related to identification, eligibility, and admission.**

The Fidelity of Implementation (FOI) survey items addressed the Ten Key Components of VTCs, as well as three additional items related to the role that mentors play, whether the VTC uses a comprehensive assessment for treatment and trauma, and whether the VTC has relationships with the VA and the VJO. Scaled responses ranged from 1-5 with “1” representing the component is not being met and “5” meaning full implementation. The highest mean FOI scores are related to the VTC having collaborative relationships with the VA and VJO (4.68), the integrating substance use and mental health treatment into CJS processing (4.56), and providing a continuum of treatment and rehabilitation services (4.46). The lowest mean scores related to mentors playing an active role in participant’s lives (3.8), team members receive continuing interdisciplinary education (3.91), and eligible participants being identified early and promptly entered into the program (4.00).

These results show a fair amount of consistency across the VTC programs: the lowest scores tend to be for key components #3, #6, and #9 which concern identifying potential participants, promptly getting participants into treatment, having a coordinated strategy in place to respond to compliance, and continuing educational opportunities for team members. The question about mentors playing a role in participants lives also had fairly low ratings across the programs.

#### **Key Findings: Sanctions and Incentives**

- **The majority of team members reported that their VTC had a system of incentives and sanctions. Although all VTC programs were reportedly using sanctions for non-compliant behavior, VTC team members reported fewer were using incentives to reward compliant behavior. Additionally, a lower percentage of team members believed their program had a set of behavioral modification techniques in place for use.**

<sup>24</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>).

- **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.**
- **The majority of team members across all programs agreed or strongly agreed that their VTC programs need to develop more incentive options.**

**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. Literature reveals that incentives must be used along with sanctions in order to be effective, and even 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>25</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>26</sup>**

Overall, the majority (90%) of team members reported that their VTC uses incentives for compliant behaviors, and 86% reported that sanctions are used for non-compliant behavior. A lower percentage of team members, however, believed their VTC provides participants with a written behavioral contract (76%) and that the program has a set of behavioral modification techniques in place for use (59%). Some team members also responded that they did not know whether incentives and sanctions were used or if behavioral contracts or modification techniques were available.

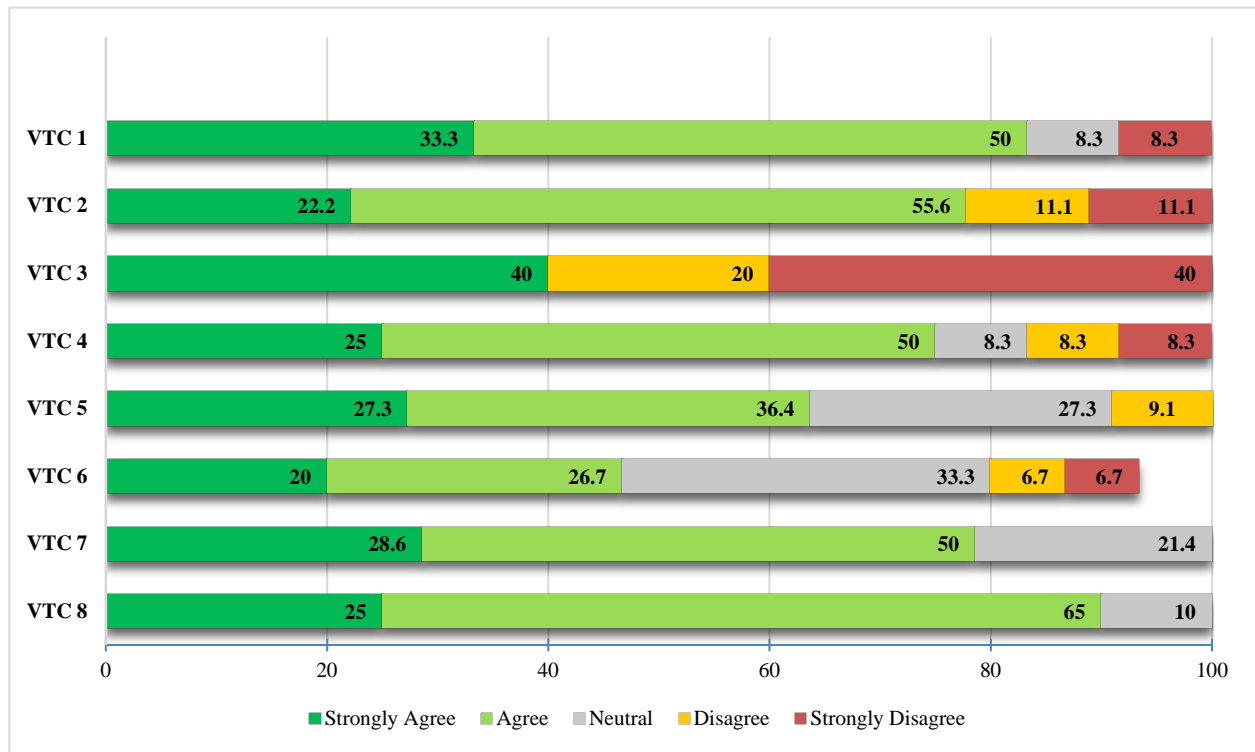
Figure 4 (next page) displays the disaggregated VTC results of team members' perceptions of whether the program consistently applies sanctions for non-compliant behaviors. More than half (60%) of team members in VTC 3 disagreed or strongly disagreed with this statement. In VTCs 2, 4, and 6, roughly 22%, 17%, and 14% of team members also disagreed, respectively. There were also many more team members reporting a neutral stance, indicating that they are not sure whether sanctions are consistently applied: 33% in VTC 6, 27% in VTC 5, and 21% in VTC 7.

<sup>25</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>26</sup> See Lists of Incentives and Sanctions (<https://www.ndci.org/wp-content/uploads/2020/12/Incentives-and-Sanctions-List.pdf>).

Regarding a system of incentives being used, there were variations among team members across VTCs. Six of the VTCs had a majority of team members who agreed or strongly agreed that this is true. Five VTCs had some team members disagree or strongly disagree that their VTC used a reward 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 in two VTCs (VTCs 1 and 2) up to 40% in one VTC (VTC 6). Further, at least half of team members across the majority of courts agreed that their VTC needs to develop additional types of incentives.

**Figure 4: Sanctions Are Consistently Applied for Non-Compliant Behavior\* (n=99)**



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

## CONCLUSION, LIMITATIONS, AND FUTURE RESEARCH

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 sites, as well as data from archival records on participant characteristics and program status provided by seven of the VTC programs.

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>27</sup> were present on the VTC teams across the programs. Programs used different eligibility and exclusion criteria across five areas: military discharge status, criminal history, current charges, extra-legal issues, and 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 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 their military service.

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<sup>27</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.

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.

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. Due to the high variability across VTC programs nationally, the varied research sites provide a diverse picture of VTC structure, processes, and participants. The PIs 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 history 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 findings come with some caveats, as previously noted, and a full discussion of the study's limitations and future research recommendations are provided in Chapter 9 of the Final Report.

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. 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 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. 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.

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.

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. To date, a



variety of presentations have disseminated some of the study’s preliminary results. These presentations 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.

Publications to date include:

- Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts. Baldwin, Hartley, and Brooke. *Drug Court Review* 2018(Winter): 11-31.
- National Institute of Justice’s Multisite Evaluation of Veterans Treatment Courts: Systematic Assessment of Implementation and Intermediate Outcomes, Final Report. Baldwin and Hartley. (2022).
- 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.

Additionally, much of the data collected under this NIJ research grant has been de-identified and will be made available for research purposes at the National Archive of Criminal Justice Data.<sup>28</sup>

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. Because of the large amount of data collected and the ongoing reconciliation of missing data, we

<sup>28</sup> See National Archive of Criminal Justice Data (<https://www.icpsr.umich.edu/web/pages/NACJD/index.html>).

have not yet been able to analyze all data collected but will ensure that later publications are catalogued on NIJ's webpage for this study<sup>29</sup> and the American University website.<sup>30</sup>

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 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; and examination of experience, success, and challenges with mentorship.

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<sup>29</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>30</sup> See NIJ's Multisite Evaluation of Veterans Treatment Courts (<https://www.american.edu/spa/jpo/nij-multisite-evaluation.cfm>).