

**Executive Summary:
National Survey of Veterans Treatment Courts**

Prepared for Participating Veterans Treatment Courts

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Overview

This summary reports the major results from the author's dissertation research using data collected from a national survey administered to 79 Veterans Treatment Courts (VTCs) in 2012. This research produced a comprehensive national overview of VTCs; the complete findings, additional analysis, and an in-depth case study of a VTC can be found in her dissertation titled "Veterans Treatment Courts: Studying Dissemination, Implementation, and Impact of Treatment-Oriented Criminal Courts" (University of Florida).

The Problem

Many hold that a distinct constellation of issues and needs results from military service and/or training. Extensive research indicate that veteran populations have higher prevalence of specific challenges (e.g., mental health, PTSD, reintegration, substance abuse) that: 1) have been shown to be related to illegal, violent, and/or hostile behavior¹ 2) may put veterans at a higher risk for incarceration than the general population.² These veterans require special services, but real barriers to service access exist, including obtaining insurance coverage and the stigma (real or perceived) related to receiving mental health treatment.³

In response to the large number of veterans in contact with the criminal justice system, the first VTC launched in January of 2008, with the intent to provide services to address the veterans' underlying issues related to criminality. Similar to other specialized courts, VTCs attempt to manage a criminal justice population while connecting them to services. VTCs have quickly spread across the country and are functioning on municipal, state, and federal levels with funding from all levels of government and public and private entities. However, little is known about VTCs in general, let alone anything regarding their impact. This gap in knowledge on the national state of specialized courts poses problems for specialized court researchers, program creators, and policy makers.

Importance of the Research

To begin to address this gap in knowledge, this research aimed to understand the national context of the VTC. This study is the first national survey of VTCs, examining both VTCs and their participant population. Additionally, it is only the second national survey of a specialized court. The results presented here depict the issues present within the veteran population currently in contact with the criminal justice system and the national process, procedure, and implementation of the VTC.

These results come at a critical point in time for VTCs. Not only will there be an influx of returning veterans from Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) in the years to come, but virtually all current research on veterans issues come from work done with earlier cohorts of veterans. Only time, and sustained research, will reveal whether the veterans from the most recent

eras suffer the same or different challenges. Delayed onset of mental health issues and substance abuse are well documented. Veteran requests from previous wars for disability and compensation peaked more than 30 years after service ended, and the issues of OIF/OEF/OND veterans and families may not be reach the maximum point until 2040 or later.⁴ It is important to determine the current issues of veterans in contact with the criminal justice system, as well as what these innovative courts are doing, how they are doing it, and whether and how their operation and implementation impact veterans. The United States is at the very start of what will likely be a decades-long engagement with returning OIF/OEF/OND veterans.

Research Design

This national survey focused on VTCs. VTCs were defined as a court at any jurisdiction level that handles cases with veteran defendants on a separate docket or assigns cases with veteran defendants to one or more dedicated judges or judicial officers. The findings reported here are quantitative, and the design related to these reported findings is comprised of two steps:

1. VTC Compendium: At the study’s outset, a national list of VTCs did not exist. The author created a comprehensive national list of VTC using a variety of investigative methods. The compendium is the most comprehensive list of VTCs to date with 114 VTCs.⁵
2. National Survey: The author contacted all 114 VTCs in the compendium to complete the survey. Seventy-nine VTCs completed the survey, resulting in a population response rate of 69%. The cooperation rate was 90%; the contact rate was 81%; and the refusal rate was 8%. Table 1 displays the characteristics of the 79 respondents who completed the survey about their respective VTCs.

Table 1: Respondent Characteristics

Respondent Characteristics	Percentage (n=79)
Male	51.8%
Program or Court Coordinator	32.9%
VJO	15.1%
Administrator, Director, or Superintendent	15.1%
Judge	8.8%
Upper Level Support Staff: Court Analyst, Case Manager, Pretrial Services Supervisor, Clerk	8.8%
Probation Services	6.3%
Attorney: Assistant County, County, Public Defender, Private	5.0%
Other Support Staff: Collaborative, Specialty, or Treatment Court Officer	3.7%
Mentor Coordinator	1.2%
<i>Missing</i>	2.5%

Key Findings

- 1) VTCs are actively operating in most states with increases in membership and continuing to disseminate nationwide.
- 2) About one in five eligible veterans opt out or drop out, primarily because they consider the VTC program too rigorous or they do not want treatment.
- 3) The most reported reason for termination is repeated non-participation in treatment.
- 4) The majority of VTC participants are male, white, and between 21 and 30 years of age; served in OIF/OEF/OND and in the Army; and have veteran status and trauma experience.
- 5) The number of female veterans in VTC is proportionate to the veteran population, and the majority of VTCs have had female participants.
- 6) In the VTC participant population, there is a significant overrepresentation of veterans who are African American, Hispanic or Latino, under the age of 40, from the OIF/OEF/OND era, or served in the Marine Corps.
- 7) Drug-related offenses were the most reported type of offense to bring male and female veterans to VTC.
- 8) The majority of male and female VTC participants face substance abuse, mental health, and family challenges.
- 9) The majority of VTCs broadly define their target populations in their mission statements, but nearly half of VTCs exclude veterans who have been dishonorably discharged or have a current felony charge.
- 10) Funding sources vary between VTCs, and slightly less than half receive funding outside of their traditional court budget.
- 11) Most VTCs have a single judge, use a reward/sanction ladder, operate at the county level, and utilize peer mentors.
- 12) Most VTCs judges are male and preside over another specialty court.
- 13) The slight majority of VTC judges are civilians.
- 14) Overall, VTCs evaluate many areas of possible need and offer a wide variety of services to participants, including mental health, substance abuse, housing, vocational, and transportation services.
- 15) Most services are offered by the U.S. Department of Veterans Affairs (VA).
- 16) Overall, most VTCs are able to identify some veterans at the early stages of criminal justice processing, but most do not have a set process of veteran identification.
- 17) All VTCs require participants to attend treatment sessions, and the majority require participants to frequently appear in court and check in with VTC personnel, sign a contract, plead guilty, and go on probation.
- 18) Although most VTCs have a mentoring component, few require participants to meet with their mentors.
- 19) VTCs employ a wide variety of supervision means to monitor participants. All VTCs utilize drug testing, and nearly all partner with other agencies to monitor participants and verify treatment attendance.
- 20) Passing drug screens was the most difficult requirement for both male and female participants; however, difficulty levels with all other requirements varied by sex.

- 21) Passing drug screens, attending treatment sessions, and maintaining housing were the three most difficult program requirements for both males and females.
- 22) VTC team meetings do not occur as frequently as their court sessions.
- 23) The judge was the only VTC member reported to always be present in every VTC session.
- 24) The largest discrepancies between supervision in policy and supervision in practice were found for private defense attorneys, prosecuting attorneys, social workers, VJOs, public defenders, and probation officers.
- 25) Retention and recruitment of mentors are the primary mentoring challenges facing VTCs with mentors. Other noteworthy challenges reported were related to screening issues and lack of established boundaries and defined roles.
- 26) Overall, VTC team members felt that their peers were effectively communicating and listening, cooperating, following procedure, and believing in the same mission. However, they felt their peers sometimes deviated from the proscribed roles.
- 27) Overall, VTC team members felt that the agencies they work with cooperate, follow procedure, and believe in the same mission. However, they felt their cooperating agents sometimes deviated from the proscribed roles.
- 28) Overall, the majority of respondents believe there is definitely or probably a relationship between military service, personal challenges, and involvement in the criminal justice system.

Results and Recommendations

1. VTCs are actively operating in most states with increases in membership and continuing to disseminate nationwide.

In January 2008, the first VTC was created in Buffalo, New York. As of November, 2012, 114 VTCs were in operation, two were in transition, and one was on hold (due to no current participants) in 32 states. Additionally, 18 VTCs were in the planning stages in nine states.

Figure 1 pictorially displays the number VTCs in operation by state. While variations exist across states (ranging from zero to 13), the majority of states (64%) have established at least one VTC. For these states with at least one VTC, the majority (59%) have either one or two VTCs in operation. New York (13) and Pennsylvania (12) have the highest number of VTCs, each with approximately 11% of the VTCs nationwide, and Texas, Wisconsin, and California follow with nine per state (each with approximately 8% of VTCs nationwide).

VTCs are fairly evenly dispersed across regions, ranging from 25 to 32, specifically 27 in the Northeast (24%), 25 in the South (22%), 32 in the Midwest (28%), and 30 in the West (26%). However, the number of states with VTCs within regions varies. The Midwest has the most VTCs within its region (32), but the Midwest has the second lowest percentage of states with VTCs at 58%. The West has the second most VTCs (30) and has the most states (11) and the highest percentage of states with at least one VTC (85%). Although the two states with the highest number of VTCs (i.e., New York

and Pennsylvania) are in the Northeast, the Northeast has the second lowest amount of VTCs (27) and the lowest percentage of states with at least one VTC (44%). Finally, the South has the fewest VTCs (25) in its region but has the second highest percentage of states with at least one VTC (63%). Although the study results allowed for this geographic portrait, the reasons why VTCs are located or are so prevalent in certain states is unknown as these were not goals of this survey.

Figure 1: VTCs in Operation in the United States as of November 1, 2012 (N=114)

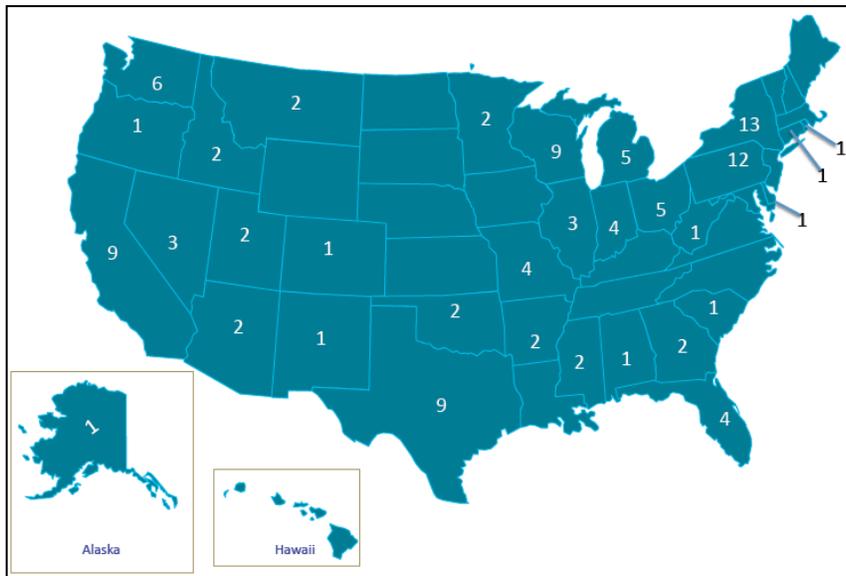


Figure 2 depicts the establishment rate from January 1, 2008, to November 1, 2012, for the 79 VTCs that participated in the survey. Most were established in 2011 (26 VTCs, 33%) and 2010 (21 VTCs, 27%). Although the number tapered in 2012 (an 11-month measurement period), VTCs concept is still disseminating across the country.

Figure 2: Number of Responding VTCs Established by Year during January 1, 2008 – November 1, 2012 (n=79)

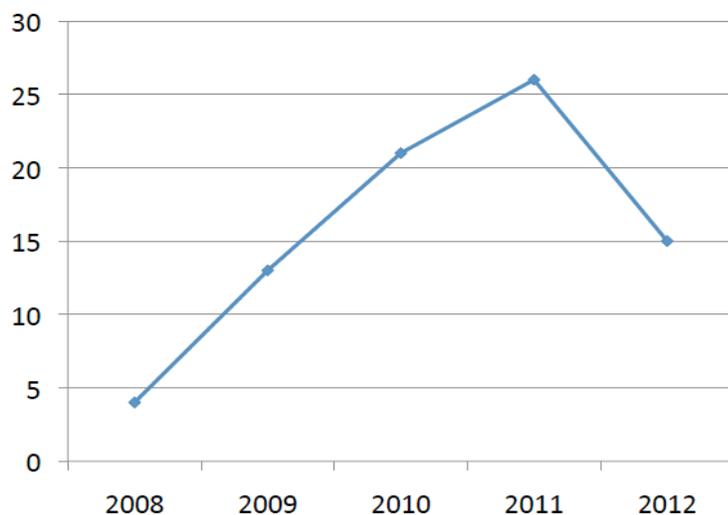


Table 2 displays overall number of veterans per case status and the percentage of each case status for two categories: 1) total participants (n=3,649) 2) ever offered participation (n=4,347).⁶ The majority of veterans that were offered participation in VTCs accepted that offer (84%). The various legal and financial incentives may be a reason why the majority chose to participate.

Most veterans fell into the current participant or graduate categories. VTCs are actively operating with increases in new membership because active cases outnumber all other categories. Termination numbers were lower at a total of 432 participants (10% of ever offered, 12% of total participants). No more than 3% of veterans in either group dropped out (121 veterans), and no more than 2% of veterans in either group returned to VTC after any type of participation (76 veterans).⁷

Table 2: Status of Veteran Cases in 79 VTCs as of November 2012

Status in VTC	Number of Veterans	Percentage of Veterans Offered VTC Participation (n=4347)	Percentage of Total Participants (n=3649)**
Active Case	1869	42.9%	51.2%
Graduate	1227	28.2%	33.6%
Initial Opt Out	698	16.0%	N/A
Terminated	432	9.9%	11.8%
Drop Out	121	2.7%	3.3%
Returner*	76	1.7%	2.0%

*This category is not mutually exclusive. Returners can also be included in the Active, Graduate, Terminated, and Drop Out categories.

**This participant group is not mutually exclusive of the offered participation group because the participant group had to be offered the opportunity to participate in the VTC.

2. About one in five eligible veterans opt out or drop out, primarily because they consider the VTC program too rigorous or they do not want treatment.

Reasons why veterans opted or dropped out are located in Table 3.⁸ Several reasons emerged as the most prevalent for both opt out and drop out:

- The program was too rigorous - veterans did not want to make the commitment or thought the program was “too hard,” had “too many restrictions,” or was too long, “too much work,” or “more rigorous than normal case processing.”
- The participants did not want treatment - veterans not wanting to go to treatment and “not wanting to remain abstinent.”
 - However, continuing illegal use/abuse of a substance did not fully comprise this category. One VTC reported that at least one of the veterans who chose not to initially participate did not want to participate in treatment because he/she wanted to continue to *legally* use marijuana under the state’s Medical Marijuana Program.
- The participants thought they would get a better deal in traditional criminal court - veterans “did not feel guilty,” “did not want to plead guilty,” felt the “actual sentence

[was] shorter than treatment,” or believed the “deal was not good enough for entering for into Veterans Treatment Court to warrant the increased supervision.”

More than one quarter (28%) of respondents did not know why veterans chose not to participate. Nearly three quarters (73%) of VTCs are currently attempting to track their outcomes and progress of participants. VTCs should begin to track why prospective participants did not choose to participate. If a VTC is in need of more participants, as some stated they were, program policies may be modified where possible to attract more participants without compromising program integrity. Also, these initial opt outs—understanding why veterans initially opt out and who these veterans are—could be used as a comparison group for intermediate and long-term outcome evaluations.

Upon examination of the graduation, drop out, and termination rates, retention rates appear high to date, but this survey did not address why participants chose to or continued to participate. One respondent stated that, although every veteran that was offered participation chose to participate in his/her VTC, a common discussion about whether to participate centered on how much time the individual would be incarcerated if the veteran chose not to participate because only 30% to 50% of sentences were being served due to overcrowding. Future research should explore why veterans opt in and stay in—because, although it is too early to know VTC efficacy, drug court research indicates that more time in treatment is related to longer time to recidivism and lower recidivism rates. Additionally, depending upon the prospective participant’s challenges and offenses, state-proscribed legal use of substance may not be appropriate grounds for ineligibility.

Table 3: Reasons for Opt out and Drop out

Reasons for Opting or Dropping Out	Percentage Reporting Reason for Initial Opt Out (n=69 VTCs)*	Percentage Reporting Reason for Drop Out (n=44 VTCs)**
Program Too Rigorous	37.6%	47.7%
Did Not Want Treatment	15.9%***	25.0%
Thought They Could Get a Better Deal in Criminal Court	8.6%	11.3%
Did Not Want to Plead Guilty	7.2%	-
Residency: Change of Residency during Pending Case, Did Not Reside in Jurisdiction	4.3%	4.5%
Transportation Issues	2.8%	4.5%
Wanted to Go to Trial	2.8%	-
Stigma	1.4%	2.2%
Charges Nolle Prossed	1.4%	2.2%
Plea Offer	-	2.2%
Eligible for Other Treatment Courts	1.4%	-
Previous Negative Experience with VA Clinic	1.4%	-
<i>Do Not Know Why</i>	27.5%	13.6%
<i>Refused to Answer</i>	-	2.2%

*Ten VTCs did not have any veterans choose not to participate in VTC.

**Thirty-four VTCs have not had any veterans drop out to date, and one court reported that dropping out was not an option (participants either graduate or are terminated by the VTC).

*** One individual decided to legally continue substance use; specifically, the veteran had the desire to continue legal use the under the state’s medical marijuana use program.

3. The majority of VTCs have terminated a veteran, and the most reported reason for termination is repeated non-participation in treatment.

The majority of responding VTCs (81%) have terminated a veteran, and Table 4 lists reasons for termination. The majority of VTCs (61%) reported nonparticipation in treatment as a cause for termination, which is expected because 100% of VTCs require participation treatment (presented later). Additionally, non-participation in treatment needs to be a consistent behavior for termination: “This [not participating in treatment] has to be a repeated offense. Case by Case basis;” “Repeated [nonparticipation in treatment results in termination];” “Continued non-compliance with program rules;” “If continual lack of treatment engagement occurs, cannot stay in the ‘therapeutic court.’”

Failure to appear in court was reported as a termination cause by nearly half of VTCs, which is expected as frequent court appearances are required by 92% of VTCs (presented later). Violation of probation was the third most popular reason for termination among VTCs at 42%. This termination cause may be a popular reason among VTCs because probation violations cover a wide range of behaviors, as well as the fact that the majority of VTCs (55%) require participants to be on probation (reviewed later).

Although testing positive for substances was reported as a cause for termination by 33% of VTCs, respondents explained that participants are not terminated for a single positive screen but that termination results from continued noncompliance and nonresponsivity to treatment, evidenced by *multiple* failed drug tests: “Only if continuous, and the participant does NOT respond to treatment;” “It would take several times of this [positive drug screen] happening, all treatment options would be exhausted first;” “As a treatment court a first [positive drug] test result would never result in termination. But ongoing [drug] use without participation in treatment could result in termination;” “This [positive drug screen] has to be a repeated offense. Case by case basis and only when all tx [treatment] options are exhausted will this result in termination.” A specific number of failed drug tests was not provided by any respondent. The need for consistent non-participation in treatment and/or positive drug screens (and not a one time deviation) suggest that VTCs appear to embody the medical model of addiction, which views addition as a disease and relapse is a part of the process. Without compromising program integrity, adjustments to the program based on the drop out and termination reasoning cannot be recommended. However, as previously suggested for the initial opt outs and drop outs, terminated veterans should be tracked for possible use as comparison groups in future research.

Table 4: Reasons for Termination

Reasons for Termination	Percentage of VTCs that Have Terminated (n=64)
Non-Participation in Treatment	60.9%
Failure to Appear in Court	46.8%
Violation of Probation	42.1%
Positive Drug Test	32.8%
Re-arrest for Different Offense	29.6%
Re-arrest for Same Offense	26.5%
Other General Noncompliance with Program	4.6%
Absconding	3.1%
Negative Medication Screening	3.1%
Issues too Severe to Be Handled in VTC	3.1%
Failure to Pay Restitution	1.5%

*Fifteen VTCs have not terminated any veterans to date, reducing the original sample of 79 to 64 applicable VTCs.

4. The majority of VTC participants are male, white, and between 21 and 30 years of age; served in OIF/OEF/OND and in the Army; and have veteran status and trauma experience.

5. The number of female veterans in VTC is proportionate to the veteran population, and the majority of VTCs have had female participants.

6. In the VTC participant population, there is a significant overrepresentation of veterans who are African American, Hispanic or Latino, under the age of 40, from the OIF/OEF/OND era, or served in the Marine Corps.

The items on participant characteristics were open-ended, requesting participants to provide a percentage for each demographic category in their VTC. Table 5 displays the average percentages and standard deviations of the total VTC participants (n=3,649). Although VTCs appear to drastically vary in certain categories, the majority of total participants are male, white, and between 21 and 30 years old. Few participants were active-duty reservists or personnel. The OIF/OEF/OND era was the most predominant, followed by the Vietnam era, and the Army was the most represented branch, followed by the Marine Corps. The majority of veteran participants have some type of trauma experience, and the majority of VTCs reported that they currently have or have had female VTC participants. Demographics may be a result of eligibility requirements (presented later).

Although not included in Table 5, the minimum values were 0 for all categories except male veteran participants (minimum of 16%), white veteran participants (minimum of 14%), and veteran participants with trauma experience (minimum of 15%). Thus, all VTCs reported having males, whites, and veterans with trauma experience in their participating populations.

Some differences emerge when comparing the VTC participants to the veteran population as a whole. There is a significant overrepresentation in the VTC participant

population of veterans who are African American, Hispanic or Latino, under the age of 40, from the OIF/OEF/OND era, or served in the Marine Corps. Veterans who are more than 60 years old or served in the Gulf War are underrepresented in the VTC participant population.

Ability to offend, the age-crime curve, willingness of law enforcement to arrest, current influx of veterans from OIF/OEF/OND, and perceptions of treatment may contribute to the overrepresentation of younger generations in the VTC population. One possibility for the disparities between populations for the OIF/OEF/OND era may be the dates these populations were recorded—the VTC population was recorded in 2011-2012, while the OIF/OEF/OND veteran population was recorded in 2010. Although those numbers may not be as current as possible, the disparity of percentages can still be of interest because the presence of OIF/OEF/OND era veterans in VTC is more than six times that in the general veteran population.

Table 5: Average Demographics of Veterans that Ever Participated in 79 VTCs

Demographic Information	VTC Participant Average Percentages n=3,649 (SD)	National Veteran Population⁹ (N=23,032,000)
Sex		
Male	92% (14%)	93%
Female*	6% (6%)	7%
Race/Ethnicity		
White (non-Hispanic/Latino)	62% (25%)	79%
African American (non-Hispanic/Latino)	30% (25%)	11%
Hispanic or Latino	12% (14%)	6%
Asian, Pacific Islander (non-Hispanic/Latino)	1% (1%)	1%
Age		
18-20 years of age	3% (5%)	<1% (< 20 years of age)
21-25 years of age	19% (18%)	1% (20-24 years of age)
26-30 years of age	21% (15%)	3% (25-29 years of age)
31-40 years of age	22% (15%)	9% (30-39 years of age)
41-50 years of age	23% (15%)	15% (40-49 years of age)
51-60 years of age	16% (15%)	17% (50-59 years of age)
61+ years of age	12% (11%)	55% (60 years or older)
Active Duty		
Active-Duty Reserves	8% (11%)	
Active Duty Military	3% (5%)	
Era		
OIF/OEF/OND	39% (25%)	6%

Vietnam	25% (22%)	33%
Gulf War	15% (16%)	24%
Branch		
Army	48% (22%)	44%
Marine Corps	30% (21%)	11%
Navy	16% (15%)	23%
National Guard	13% (16%)	
Air Force	13% (11%)	18%
Coast Guard	6% (90%)	1%
Trauma Experience	71% (24%)	

*The majority of VTCs (61 VTCs, 77%) reported having female participants.

7. Drug-related offenses were the most reported type of offense to bring male and female veterans to VTC.

Table 6 displays the average percentages of criminal offense that brought male and female veterans to VTC. The standard deviations indicate the variability across VTCs. It is important to keep in mind that these are the offenses of *participants*, and participation is related to eligibility (presented later). General drug-related offenses and specifically DUI/DWI offenses were the most prevalent types of offenses that brought veteran participants to VTCs across the country. Regarding offense type differences between the sexes, the most prevalent types of offenses for both males and females were general drug and DUI/DWI offenses, and theft/fraud also ranked highly for females. On average, males were in VTC for more drug, traffic, domestic violence, and weapons charges than females. Female veterans were in VTC for more DUI/DWI, violent (non-domestic), and theft/fraud charges than male veterans on average.

Although not reported below, minimum values for both males and females for all offense categories were zero. However, some VTCs did report maximums of 100% for their male participants who were brought to the VTC for drug offenses and 100% for their female participants were brought to the VTC for drug, DUI/DWI, theft/fraud, or non-domestic violent charges.

Table 6: Veteran Criminal Offenses that Brought Them to VTC by Sex

Type of Offense	Average Percentage of Males (n=3357)	Average Percentage of Females (n=219)	Standard Deviation for Males	Standard Deviation for Females
Drug	49.5%	43.4%	30.6%	42.9%
DUI or DWI	39.0%	48.7%	23.6%	44.6%
Theft or Fraud	22.4%	40.4%	20.4%	34.5%
Domestic Violence	20.7%	9.8%	19.6%	12.0%
Violent (not domestic)	17.6%	27.0%	16.4%	38.3%
Traffic (not DUI or DWI)	10.9%	3.7%	16.0%	6.6%
Weapons	8.6%	0.6%	8.3%	1.1%
Prostitution	5.5%	6.5%	18.6%	8.0%

8. The majority of male and female VTC participants face substance abuse, mental health, and family challenges.

Table 7 displays the average percentage of males and females facing substance abuse, homelessness, mental health, family issues, and aggression/violence challenges. The standard deviations indicate the variability across VTCs. Again, it is important to keep in mind that these are the offenses of participants, and participation is related to eligibility (presented later). In order of most reported, substance abuse, mental health, and family issues were the most reported challenges facing both male and female veterans. Beyond the top three challenges, differences emerge between males and females. For females, the fourth most widespread issue reported was homelessness, while anger/aggressive/aggressive behavior was the fourth most prevalent issue for males.

Although minimums and maximums are not listed, these values did lend to a further understanding of some VTCs. Each VTC estimated that at least 14% of male participants had substance abuse issues and that a minimum of 4% of their male participants had mental health issues. The minimums for the rest of the items for males and females were zero. Some VTCs also reported maximum values of 100% for males with substance abuse, mental health, family, or homelessness issues, as well as values of 100% for females with substance abuse, mental health, family, anger/violence, and homelessness issues.

Table 7: Issues Facing Veteran Participants by Sex

Issue	Average Percentage of Males (n=3357)	Average Percentage of Females (n=219)	Standard Deviation for Males	Standard Deviation for Females
Substance Abuse	81.1%	67.6%	19.6%	38.9%
Mental Health	68.4%	58.8%	25.4%	40.0%
Family Issues	55.7%	53.6%	32.0%	40.9%
Anger Management, Aggressive/Violent Behavior	44.0%	24.6%	26.5%	33.1%
Homelessness	34.2%	31.3%	27.0%	33.5%

9. The majority of VTCs broadly define their target populations in their mission statements, but nearly half of VTCs exclude veterans who have been dishonorably discharged or have a current violent felony charge.

In the mission statements provided by 49 responding VTCs, the majority (75%) listed “veterans” or “veterans in the CJ system” as their target population. The other 25% vary widely with not more than two VTCs (4%) agreeing in any category as they define the target offenses, issues, and veteran and military statuses.

Table 8: VTC Target Populations Noted in Mission Statements

Target Population	Percentage of VTCs (n=49)
Veterans	51.0%
Veterans in the CJ System	24.4%
Veterans in the CJ System with Mental Health Issues	4.0%
Veterans in the CJ System with Substance Abuse Issues	4.0%
Veterans in the CJ System with Substance Abuse Issues Resultant from Combat	4.0%
Active-duty Personnel in CJ System	2.0%
Veterans Charged with Non-Violent Offenses (felony or misdemeanor)	2.0%
Veterans with Misdemeanors	2.0%
Veterans with Felony Charges that can Be Reduced to Misdemeanors	2.0%
Veterans in the CJ System with Behavioral Issues	2.0%
Veterans in the CJ System with Mental Health Issues Resultant from Service	2.0%
Veterans in the CJ System with Mental Health Issues Resultant from Combat	2.0%
Veterans in the CJ System with Substance Abuse Issues Resultant from Service	2.0%
Veterans in CJ System Eligible for VA Benefits	2.0%
Active-duty Personnel in CJ System Eligible for VA Benefits	2.0%
Veterans in CJ System Whose Criminal Behavior Is Resultant from Service	2.0%
Active-duty Personnel in CJ System Whose Criminal Behavior Is Resultant from Service	2.0%
Honorably Discharged Veterans with Mental Health Issue Resulting from Service	2.0%
Honorably Discharged Veterans with Substance Abuse Issues Resulting from Service	2.0%
Honorably Discharged Veterans with Nonviolent Felony and Service-connected Condition	2.0%
Honorably Discharged Veterans with Misdemeanors and Service-Connected Mental Health Condition	2.0%

VTCs appear to be very inclusive according to their mission statements; however, Table 9 indicates that nearly half of VTCs exclude dishonorably discharged veterans or veterans currently charged with any type of violent felony. Approximately one third do not allow veterans who are ineligible for VA services or who exited service with a bad conduct discharge. More than one quarter exclude veterans currently charged with any type of sex offense.

High rates of military discharge and conduct exclusions may be attributed to the fact that veterans are not eligible to receive services through the VA if they were not

honorably discharged, and VTCs would then need to offer treatment and services outside the VA. Additionally, VTC program creators may believe these statuses indicate these individuals are too problematic or high-risk, non-treatable, or might produce less of a response to treatment than those with other discharge statuses. Offense exclusions (e.g., violent felony, sex offense) could be related to the previously mentioned perceptions of offender treatability or risk, as well as mandatory sentences precluding participation in treatment court. These exclusions might also be related to program creators desire for legitimacy and support from the public, as well as from political and financial supporters.

These various eligibility restrictions may affect the offense and challenge results depicted in Tables 6 and 7, respectively. For example, nearly half of VTCs exclude veterans with a current violent felony charge, which may impact the average percentage of domestic violence and nondomestic violent charges seen in Table 6. Only 1% of VTCs exclude all drug offenses (Table 9), and many VTCs require veterans to have some form of substance abuse or mental health issue (Table 8). These restrictions and requirements may be increasing the number of veterans with these issues in the participating population. In Tables 6 and 7, drug-related offenses, including DUI/DWI, were the most reported offenses for males and females, and substance abuse issues face most male and female participants.

Table 9: Eligibility Exclusions

Military and VA Status Exclusions	Percentage of VTCs (n=59 VTCs)
Dishonorable Discharge	47.4%
VA Ineligibility	32.2%
Bad Conduct Discharge	28.8%
Active Duty	11.8%
Other Than Honorable Discharge	5.0%
None	5.0%
General Discharge	1.6%
Criminal Status Exclusions	Percentage of VTCs (n=74 VTCs)
Any Repeat Offenders	2.7%
History of Sex Offense Requiring Registration	1.3%
Charge Exclusions	Percentage of VTCs (n=74 VTCs)
<i>Sex Offenses</i>	
Any Sex Offense Charge	28.3%
Child Abuse/Sexual Assault Charges	12.1%
Rape	8.1%
Registerable Sex Offense	2.7%
Nonviolent Felony Sex Offenses	2.7%
<i>Violent Felonies</i>	
All Violent Felony Charges	45.9%
Homicide	17.5%
Severe Felony Charges (3G), Aggravated Felonies	8.1%
Any Domestic Violence	6.7%

Violent Felony with a Weapon	4.0%
All Violent Felonies but Allow Some Domestic Violence	2.7%
Violent Felonies unless DA Allows	2.7%
Burglary	2.7%
Any Pending Felony Charges in Other County	1.3%
<i>Nonviolent Felonies</i>	
DUI	6.7%
All Nonviolent Felony	4.0%
Crimes Against Children	4.0%
Burglary	2.7%
ID Theft	1.3%
Arson	1.3%
Weapons	1.3%
<i>Drug Offenses</i>	
Any Drug Trafficking	6.7%
Any Drug Sales	6.7%
All Drug Offenses	1.3%
Felony Drug Possession Level 2	1.3%
High-Level Drug Trafficking	1.3%
<i>Traffic Offenses</i>	
All Traffic Offenses	18.9%
Traffic Citations/Violations	5.4%
Misdemeanor Traffic	2.7%
Reckless Driving	1.3%
<i>Miscellaneous/Level Not Specified</i>	
Any Misdemeanors	4.0%
Assault	2.7%
Enhanced Firearms Charges	2.7%
Kidnapping	1.3%
Multiple Weapons Charges	1.3%
<hr/>	
Sentence Exclusions	Percentage of VTCs (n=74 VTCs)
<hr/>	
Mandatory Sentences, Three Strikes	6.7%
Sentences without Supervision Mandate	1.3%
Sentences with More than 3 Years of Supervision	1.3%
Offenses Requiring Life Sentence	1.3%
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Other Exclusions	Percentage of VTCs (n=74 VTCs)
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No Identified Need of Treatment Services	2.7%
Serious Bodily Injury to Victim	1.3%
Previous Acceptance to VTC Program	1.3%
Deemed Non-treatable	1.3%
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10. Funding sources vary between VTCs, and slightly less than half receive funding outside of their traditional court budget.

11. Most VTCs have a single judge, use a reward/sanction ladder, operate at the county level, and utilize peer mentors.

12. Most VTCs judges are male and preside over another specialty court.

13. The slight majority of VTC judges are civilians.

Given that the first VTC in Buffalo, New York, established by Judge Russell has become a model for subsequent VTCs by providing information and training, it is interesting to see where VTCs diverge from the Buffalo model. Judge Russell is a veteran, but nationally, the majority of VTC judges (55%) are civilian. Judge Russell is the only judge presiding over the Buffalo VTC, and one quarter (25%) of VTCs nationally reported having more than one judge. Both points of difference could affect the relationship participants build with their judges. The purpose of having one judge is to make sure that a bond is established between the judge and participant with repeated exposure between the two individuals, developing a sense of accountability to the one judicial official. The majority of VTCs convene frequently with 47% once a week and 35% two to three times a month (Table A-26), so frequent exposure to the judge(s) do seem to be taking place. However, multiple judges are serving on numerous VTCs. Further, judges not being veterans could affect the trust level and bonds formed, as veterans have reported that they do not always believe civilian treatment providers understand the veteran experience. Appearing before multiple judges, as well as not fully being understood by or not identifying or connecting with civilian judges, could reduce this bond. Nineteen percent of VTCs reported that the relationship with the judge was one of the most effective components of the VTC, and respondents, although the minority, suggested having veteran preference in VTC staff and that civilian VTC personnel were an issue.¹⁰

Judge Russell (2009) listed the use of a “system of graduated responses for cooperation and compliance” as one of the ten VTC elements. The majority (74%) employs some type of graduated system of rewards and sanctions (reward/sanction ladder). Russell also listed veteran peer mentors, in addition to treatment and rehabilitation services, as a component of VTCs. The majority of VTCs have peer mentors (80%)¹¹, and, all offer mental health and substance abuse services (presented later).

Table 10: General VTC Characteristics

Funding Sources	Percentage of VTCs (n=79 VTCs)
Within System Only	53.1%
System, Grants	16.4%
System, Additional Government Funds	8.8%
System, Donations	7.5%
System, Grants, Additional Government Funds	6.3%
System, Government Funds, Donations	5.0%
System, Grants, Donations	2.5%
Number of Judges	Percentage of VTCs (n=79 VTCs)
One	74.7%
Two	19.0%
Three	3.8%
Four	2.5%
Judge Demographics	Percentage of Judges (n=105)
Male	76.1%
Preside over Other Specialty Court	62.8%
Civilian	55.2%
Jurisdiction	Percentage of VTCs (n=79 VTCs)
County	60.7%
State	20.2%
Municipal (City, Town)	12.6%
Federal	1.2%
Multiple: County and Municipal	2.5%
Multiple: State and Municipal	1.2%
Multiple: Federal, State, County, Municipal	1.2%
Have a Reward/Sanction Ladder	Percentage of VTCs (n=78 VTCs)
Yes	74.3%
Have Peer Mentors	Percentage of VTCs (n=76 VTCs)
Yes	80.2%
Type of Mentor	Percentage VTCs with Mentors (n=61)
Community Volunteers (including VFW, DAV)	95.0%
VA Employed	4.9%
Veteran Participants in Final Phase	1.6%
From Non-Profit Organization	1.6%
Paid by Grant	1.6%
Compeer Program	1.6%

14. Overall, VTCs evaluate many areas of possible need and offer a wide variety of services to participants, including mental health, substance abuse, housing, vocational, and transportation services.

15. Most services are offered by the U.S. Department of Veterans Affairs (VA).

Table 11 reports the popularity of responses for the areas of evaluation. Every VTC assessed veterans in both the areas of mental health and substance abuse. Nearly every VTC evaluated veterans in the areas of trauma exposure and physical health. Most VTCs also assessed the areas of family relationships, social support, housing, employment, and education.

Various agencies partner with VTCs to offer services to veteran participants, and Table 12 shows the services offered by type of provider (i.e., VA and non-VA). More mental health, substance abuse, housing, and vocational services are provided through the VA, while non-VA providers offer more educational assistance than the VA. Transportation is nearly evenly provided between VA and non-VA providers .

Most services are offered by the VA. However, community providers (e.g., faith based, nonprofit, and private organizations) also provide many services—most likely because not all veterans are VA eligible, not all services are offered by the VA or every VA facility, or a VA facility may not exist in the area. Veterans that have any discharge status other than honorable are not VA eligible, meaning they cannot receive services through the VA.

Table 11: Initial Evaluation Information

Areas of Evaluation	Percentage of VTCs (n=79)	Areas of Evaluation	Percentage of VTCs (n=79)
Mental Health	100.0%	Criminal History	3.7%
Substance Abuse	100.0%	Benefits	3.7%
Trauma Exposure	96.2%	Income, Financial Support	3.7%
Physical Health	93.6%	Risk Assessment, Public Safety	2.5%
Family Relationships	89.8%	Motivation Level, Treatment Readiness	2.5%
Social Support	89.8%	Transportation	1.2%
Housing	88.6%	Previous Compliance (Treatment, Court, Military Service)	1.2%
Employment	87.3%	Goals	1.2%
Education	84.8%	Gambling Addiction	1.2%
Military or VA Status	5.0%	Medication	1.2%
Criminal History	3.7%	Previous Treatment Participation	1.2%

Table 12: Treatments and Services Available by Provider Type

Treatments/Services Available	VA Provider (n=79)	Community Provider (n=79)
Mental Health	97.4%	65.8%
Substance Abuse Outpatient	93.6%	69.6%
Substance Abuse Inpatient	89.9%	50.6%
Substance Abuse Detox	83.5%	50.6%
Housing	81.0%	56.9%
Vocational Services	79.7%	68.3%
Transportation Assistance	60.7%	62.0%
Medical Treatment	1.2%	-
Home Goods and Supplies	-	1.2%
Claims Assistance/Advocacy	-	1.2%
Educational Assistance	1.2%	2.5%

16. Overall, most VTCs are able to identify some veterans at the early stages of criminal justice processing, but most do not have a set process of veteran identification.

Early identification of veterans and quick placement in VTC is another component of VTCs (Russell, 2009). Table 13 displays all stages of veteran status identification. Some VTCs identify their veterans early, but more than half of VTCs are still not identifying some veterans, or all of their veterans, until after arraignment. Most VTCs do not have a specific process for identifying veterans status of defendants but have an informal identification system, perhaps because numerous agencies are involved. To increase early and uniform veteran identification within a VTC, VTC personnel should propose a set identification procedure and meet with the appropriate agencies.

Table 13: Stage of Veteran Identification

Participant Identification Stage	Percentage of VTCs (n=79)
Arrest	45.5%
Booking	69.6%
Pretrial Services Interview	62.0%
Arraignment	70.8%
During Screening for Public Defender	1.2%
After Arraignment during Case Processing	49.3%
During Probation Caseload Screening/Probation Intake	6.3%
During Treatment Court Screening	6.3%
Probation Violation/Revocation	5.0%
Sometime during Incarceration	2.5%
VA Referrals after Arrest	2.5%
Sentencing	2.5%
Have a Specific Identification Process	
No Set Identification Process	88%

17. All VTCs require participants to attend treatment sessions, and the majority require participants to frequently appear in court and check in with VTC personnel, sign a contract, plead guilty, and go on probation.

18. Although most VTCs have a mentoring component, few require participants to meet with their mentors, and variation exists in how mentors are assigned to participants.

VTC participation requirements are listed in Table 14. The most common requirements reported by VTCs are in accord with the purpose and objectives reported. Treatment is utilized by all VTCs. Constant monitoring and reporting is another expected VTC component, as well as the majority of reporting that a contract is required.

While the majority of VTCs have mentoring programs, most do not require participants to meet with their mentors (Table 14). Further, VTCs differ in which personnel assign mentors. Table 15 reports who assigned mentors and what information was used in making these assignments. The majority of VTCs that have a mentoring program appear to have the proper personnel assigning mentors to participants. Approximately half had a mentor coordinator assign mentors to veteran participants, and the VTC coordinator was the next most reported.¹² Future research should explore why most VTCs with mentoring programs do not require their participants to meet with their mentors and whether levels of mentor and mentee satisfaction correspond to assignment methods, as well as how the satisfaction relates to progress, compliance, and graduation of the mentees.

Table 14: Participation Requirements

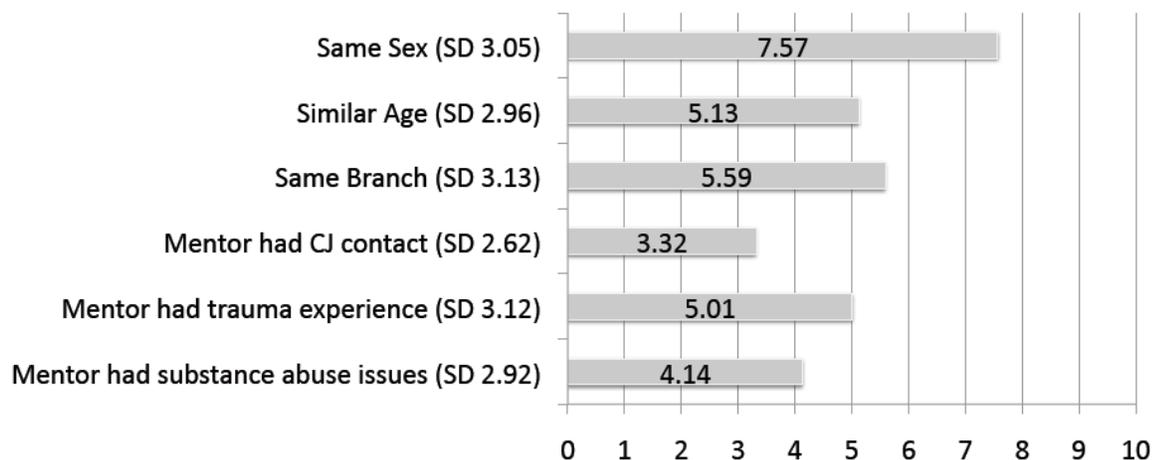
Participation Requirements	Percentage of VTCs (n=79)
Treatment	100.0%
Frequent Court Appearances	92.4%
Sign a Contract	81.0%
Check-in Regularly outside of Treatment or Court Appearances	75.9%
Plead Guilty	60.7%
Probation	55.6%
Meet with Mentor	11.3%
Random Drug Testing, Drug/Alcohol Monitoring	8.8%
Sign Release of Treatment Progress/Participation Information	3.7%
Random Searches/Home Visits	2.5%
Curfew	2.5%
Obtain Employment, Enroll in School, or Volunteer	2.5%
Not Possess Weapons	2.5%
Pretrial Services Monitoring	1.2%
Medication Screening	1.2%
Reside within VTC Jurisdiction	1.2%
Agree to Diversionary Plea Agreement (Adjudication Withheld until Completion)	1.2%

Table 15: Mentor Assignment

Individual Involved in Assigning Mentors	Percentage of VTCs with Mentors (n=61)
Mentor Coordinator	47.5%
VTC Coordinator	18.0%
Judge	8.1%
VTC Team	4.9%
Mentors and Participants Select Each Other	3.2%
VJO	3.2%
Probation Officer	3.2%
Chief/Supervisor Mentor	3.2%
Mentors	1.6%
Prosecuting Attorney	1.6%
Court Staff	1.6%
VSO	1.6%
Treatment Provider	1.6%
Mentor Leadership Team	1.6%
Compeer Director	1.6%
Case Manager	1.6%

Figure 3 depicts how important certain characteristics were when matching mentors to participants. The mentor and participant being of the same sex was ranked as the most important factor in assignment. The next most important was belonging to the same branch. Both of these characteristics may increase bonding and understanding between mentor and participant, as well as allowing for a higher level of trust from the outset.

Figure 3: Importance of Characteristics Used to Match Participants to Mentors (0 Least Important, 5 Most Important)



19. VTCs employ a wide variety of supervision means to monitor participants. All VTCs utilize drug testing, and nearly all partner with other agencies to monitor participants and verify treatment attendance.

Means of supervision utilized are displayed in Table 16. Traditional means of supervision (i.e. drug testing and reporting to an agency such as probation) were reported by all or nearly all VTCs. Although it was reported by nearly all VTCs, it was expected that all VTCs would verify treatment attendance. However, it appears that drug testing slightly surpasses treatment attendance as the main supervision method. Mentoring appears to be utilized as a means of supervision by very few VTCs (3%). This could be related to the fact that only 11% require participant to meet with mentors, and VTC program creators may want mentors to function solely as resources and support figures and not as supervisors.

Table 16: Means of Supervision

Means of Supervision	Percentage of VTCs (n=75)
Drug Testing	100.0%
Reporting to Agency	97.3%
Treatment Attendance Verification	94.6%
Housing Checks	76.0%
Medication Level Testing	65.3%
Employment Checks	58.6%
Curfew Checks	46.6%
Electronic Monitoring	45.3%
GPS Monitoring	25.3%
SCRAM	6.6%
Mentor	2.6%
Ignition Interlock	1.3%

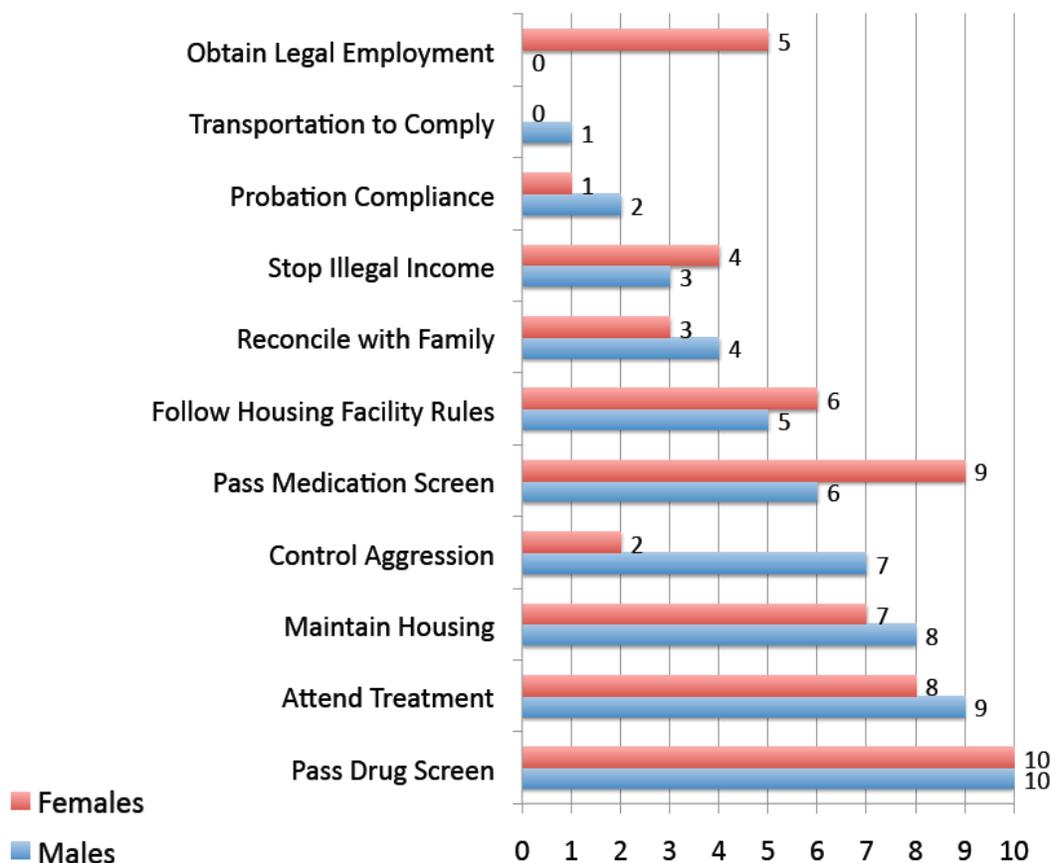
20. Passing drug screens was the most difficult requirement for both male and female participants; however, difficulty levels with all other requirements varied by sex.

21. Passing drug screens, attending treatment sessions, and maintaining housing were the three most difficult program requirements for both males and females.

The respondents' perceptions of participant struggles with program compliance are listed in Figure 4. The major differences occurred for controlling aggression with a five-point difference (ranked 7 for males and 2 for females), obtaining legal employment with a five-point difference (ranked 5 for females and 0 for males), and passing medication screenings with a three-point difference (ranked 9 for females and 6 for males). Although passing drug screens, attending treatment sessions, and maintaining housing were the top ranked most difficult for both sexes (at varying levels), the VTC team and providers should be aware that the sex of the veteran might create more challenges in

some areas. These results reinforce the importance of using sex to match mentors and participants. Future research should try to understand if sex is a causal factor or if there are mediating or spurious elements in action, as well as what may compound or moderate the effect. A deeper understanding of this could provide for an application of more effective treatment regimen earlier on in the program.

Figure 4: Program Requirement Difficulty Levels by Sex (0 Not Difficult, 10 Most Difficult)



22. VTC team meetings do not occur as frequently as their court sessions.

Information on the frequency of VTC sessions and VTC team meetings is listed in Table 17. The number of times a VTC team meets generally coincides with how often the VTC holds court, but some discrepancies exist. Nearly half (47%) of VTCs have court sessions once a week, but 41% meet once a week. More than one third (35%) hold court two to three times a month, but less than one quarter (22%) meet this often. Although 13% do not meet outside of court, this 13% does communicate outside of court, which is important.

Although the number is small, there should be some concern with the two VTCs (3%) that never communicate outside of court. In these cases, one can only infer that the team updates itself on the various facets of compliance during the court session. This could pose problems if there are disagreements between VTC team members about compliance or the application of rewards or sanctions. Further, this may not allow the VTC team to present a united front to the participants and could lower program efficacy if proper rewards/sanctions are not applied.

Table 17: Frequency of VTC Sessions and Meetings

Frequency of VTC Sessions (mutually exclusive)	Percentage of VTCs (n=79)
Two to Three Times a Week	3.7%
Once a Week	46.8%
Two to Three Times a Month	35.4%
Once a Month	10.1%
Less than Once a Month	2.5%
As Needed Basis	1.2%
Frequency of VTC Team Meetings (mutually exclusive)	Percentage of VTCs (n=79)
Two to Three Times a Week	7.5%
Once a Week	40.5%
Two to Three Times a Month	21.5%
Once a Month	7.5%
Less than Once a Month	6.3%
Do Not Meet in Person but Communicate outside of Court	12.6%
As Needed	1.2%
Never outside of Court	2.5%

23. The judge was the only VTC member reported to always be present in every VTC session.

Regarding presence in VTC sessions (Table 18), one would expect the usual courtroom players to always be present (i.e., the judge, prosecuting attorney, and defense attorney). According to the respondents, the judge was always present. However, the prosecuting attorney was always present in the majority but not all (80%) of the VTCs and either sometimes, rarely, or never present in 13% of VTCs. The public defender was always present in only 74% of the VTCs and either sometimes or rarely present in 15% of VTCs. No VTC reported the public defender was never present. Even though specialized courts promote a non-adversarial system, it is expected that the courtroom players still be present to advocate, when necessary, for their respective parties—in this case the state for the prosecuting attorney and the participant for defense counsel. Some respondents did list the lack of presence of the defense attorneys as a challenge and suggested for the defense attorneys to be present at all VTC sessions and meetings.¹⁰ Although this absence could be a function of understaffing¹⁰, VTCs should not operate without the requisite officials present.

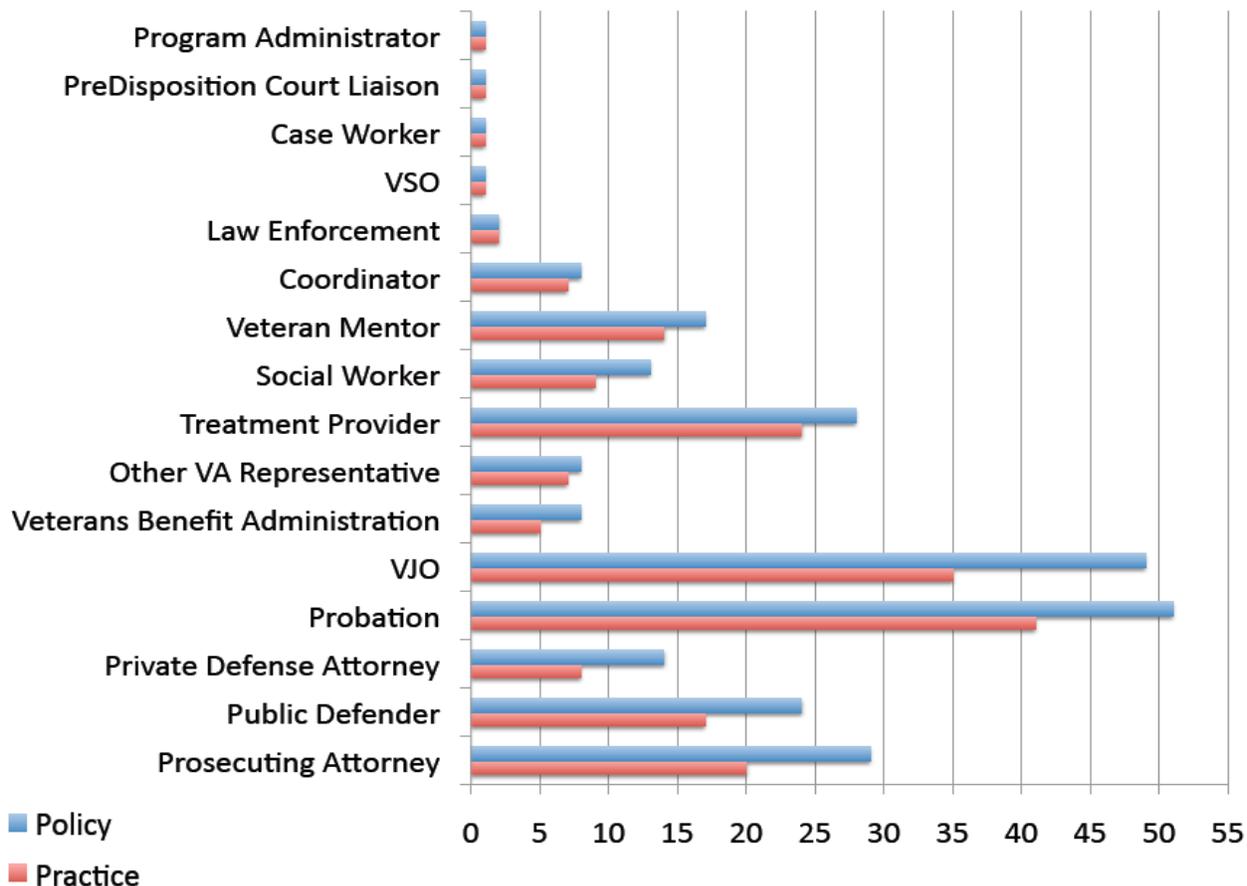
Table 18: Frequency of VTC Member Presence during VTC Sessions (n=74 VTCs)

Individuals Present	Always	Often	Sometimes	Rarely	Never	Missing
Judge	100.0%	-	-	-	-	-
Veteran	86.4%	5.4%	1.3%	2.7%	4.0%	-
Participant/Offender	79.7%	5.4%	6.7%	5.4%	1.3%	1.3%
Prosecuting Attorney	78.3%	6.7%	5.4%	4.0%	2.7%	2.7%
VJO	74.3%	6.7%	8.1%	6.7%	-	4.0%
Public Defender	64.8%	6.7%	9.4%	2.7%	10.8%	5.4%
Probation/DOC Officer	60.8%	4.0%	4.0%	8.1%	18.9%	4.0%
Court Reporter	55.4%	5.4%	16.2%	4.0%	1.3%	17.5%
Peer Mentors	31.0%	14.8%	25.6%	14.8%	12.1%	1.3%
Treatment Provider	24.3%	10.8%	37.8%	18.9%	5.4%	2.7%
Private Attorney	25.6%	5.4%	10.8%	25.6%	-	32.4%
Other VA Personnel	22.9%	-	-	-	-	77.0%
VTC/Program Coordinator	6.7%	28.3%	45.9%	12.1%	2.7%	4.0%
Family Members	5.4%	-	-	-	-	94.5%
Case Manager/Case Worker	2.7%	-	-	-	-	97.2%
VSO	1.3%	-	-	-	-	98.6%
County Veterans Benefit Specialist	1.3%	-	-	-	-	98.6%
Clerk of Court	1.3%	-	-	-	-	98.6%
Mentor Coordinator	1.3%	-	-	-	-	98.6%
Pretrial Services Officer	1.3%	-	-	-	-	98.6%
VTC Assistant	1.3%	-	-	-	-	98.6%

24. The largest discrepancies between supervision in policy and supervision in practice were found for private defense attorneys, prosecuting attorneys, social workers, VJOs, public defenders, and probation officers.

Figure 5 illustrates who the policy-dictated agents are and whether these agents actually supervised in practice (n=55 VTCs). The program administrator, liaison, caseworker, VSO, law enforcement officer, and non-VA mentor that were tasked with supervision fulfilled their roles as supervising agents. The largest discrepancies between policy and practice existed for the private defense attorney with 57% (14 tasked, 6 fulfilled), prosecuting attorney with 31% (29 tasked, 20 fulfilled), social workers with 31% (13 tasked, 9 fulfilled), the VJOs with 29% (49 tasked, 35 fulfilled), public defenders with 29% (24 tasked, 17 fulfilled), and probation with 20% (51 tasked, 41 fulfilled) not performing the supervisory roles with which they were tasked. Other groups not completing their supervision duties included 18% of mentors (17 tasked, 14 fulfilled) and 14% of treatment providers (28 tasked, 24 fulfilled) not fulfilling their roles as supervising agents. VTCs should conduct regular performance and implementation evaluations to determine whether, and if so where and why, deviation from policy is occurring. Future research needs to determine which individuals are taking on the role of a supervising agent when the proscribed agent is not fulfilling his/her duty, as well as an understanding of why the agent is not fulfilling his/her duty needs to occur and what the impacts to participants are, if any.

Figure 5: Supervising Agents Policy versus Practice



25. Retention and recruitment of mentors are the primary mentoring challenges facing VTCs with mentors. Other noteworthy challenges reported were related to screening issues and lack of established boundaries and defined roles.

Challenges related to the mentor component reported by half of VTCs with mentoring components (31 VTCs, 51% of 61 VTCs) are listed in Table 19. The most reported issues by respondents were retention and recruitment. These main issues listed could be related to the fact that the majority of mentors are volunteers. It is difficult to fill roles without offering incentives, so these results could be expected. Additionally, 10% of VTCs reported that the mentor role was too time-consuming for veterans with full-time employment, which could be another reason for low recruitment and retention rates of mentors. Concern does arise from the responses indicating that boundary crossing and role identification issues exist (10% of VTCs), mentoring is occurring in programs that do not have—possibly because they are too new—defined mentor roles (10%), and that mentors are not staying in contact with their mentees.

Although most respondents felt that the mentoring component of their program was effective or very effective, almost 20% of respondents felt this component was neither

effective nor ineffective.¹⁰ The VTC or components of VTCs should not be operating without clearly defined roles and procedures and proper training of all personnel. Operating in this manner can lead to unintended consequences. However, other recommendations cannot be supplied at this time because the relationship between these three issues and their causes need to be explored.

Table 19: Mentoring Issues

Issue	Percentage of VTCs (n=31)
Retention	12.9%
Recruitment	12.9%
Too time-consuming for mentors with full-time jobs	9.6%
Overstepping boundaries (counseling, law enforcement), Role identification	9.6%
Screening	9.6%
Too new, still trying to identify the mentor role	9.6%
Supervision, keeping in contact	9.6%
Incidental costs	6.4%
Too many personal issues	6.4%
Need younger mentors	6.4%
Training	6.4%
Collaboration issues with agency that manages mentors	3.2%

26. Overall, VTC team members felt that their peers were effectively communicating and listening, cooperating, following procedure, and believing in the same mission. However, they felt their peers sometimes deviated from the proscribed roles.

27. Overall, VTC team members felt that the agencies they work with cooperate, follow procedure, and believe in the same mission. However, they felt their cooperating agents sometimes deviated from the proscribed roles.

Overall, positive interaction between, adherence to procedure by, and belief in the same goal by VTC team members were occurring in the majority of VTCs always, almost always, or sometimes (Figure 6). Additionally, the interactions between the VTC and agencies generally appear to be positive and effective (Figure 7). These dynamics aid in proper implementation of the program. Although it may be difficult due to understaffing, internal anonymous surveys should be administered to VTC team members to understand whether their VTC is struggling in any of these areas, and if so, what the specific problems are. Proper training and screening and frequent re-training may be able to address the issues discovered.

Figure 6: Evaluation of VTC Team Members

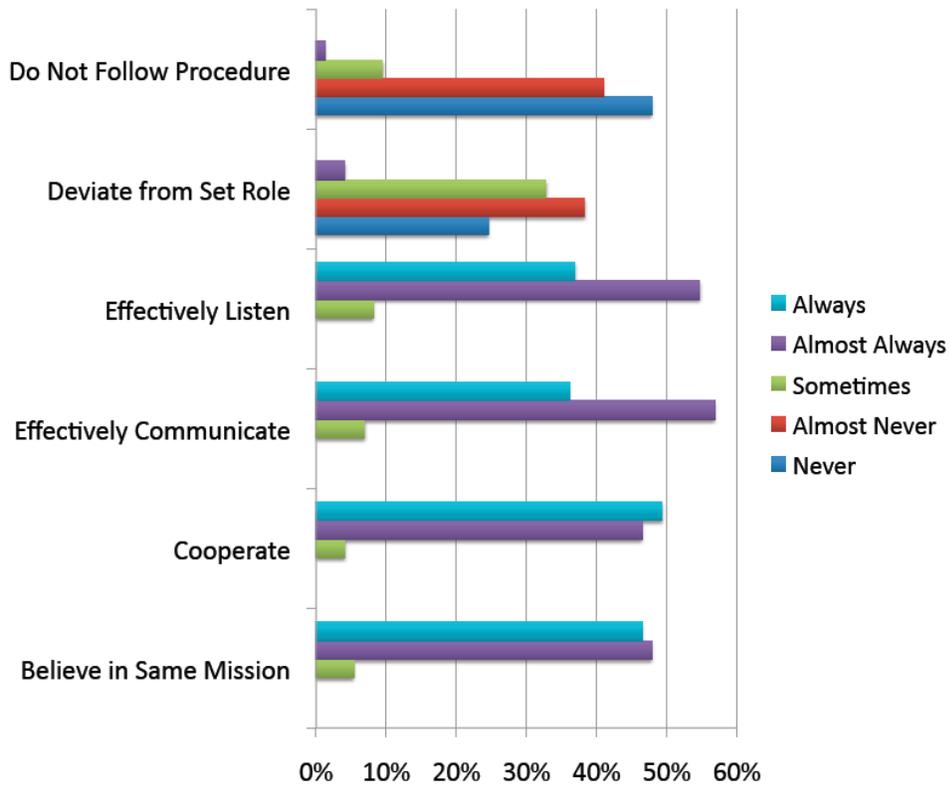
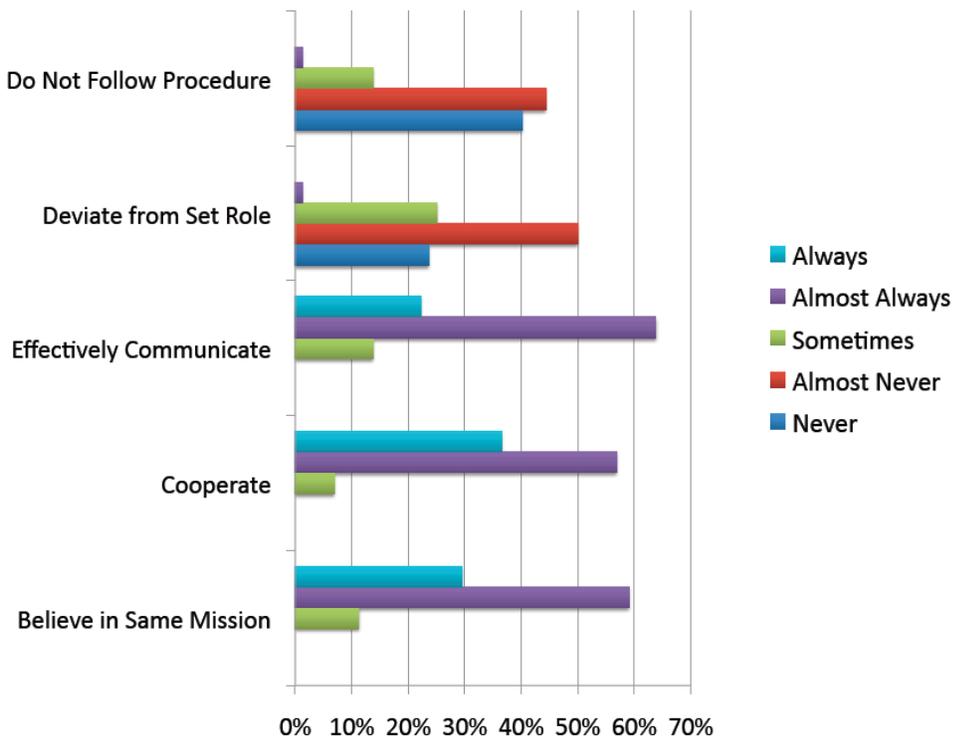


Figure 7: Evaluation of Agencies Working with VTCs



28. Overall, the majority of respondents believe there is definitely or probably a relationship between military service, personal challenges, and involvement in the criminal justice system.

How VTC personnel view the participants and the roots of their problems can impact the way they treat the participants, so perceptions of the causal relationship of their problems and the participants themselves were also examined. Because the VTC is based on the belief that military service results in various issues (e.g., mental health, substance abuse, and homelessness) which then cause contact with the criminal justice system, respondents were asked whether they believed in the existence of the relationships between military service, personal challenges, and contact with the criminal justice system. Figures 8, 9, and 10 display these results.

Across the Figures 8, 9, and 10, the most popular response is *probably yes*, meaning that the respondents believe that a relationship between these issues most likely exists. The fluctuation is minimal when discussing the three different relationships (1% differences between tables). More fluctuation exists for other levels of belief across tables depending upon the relationship examined. A very small minority (ranging from 1% to 3%) of respondents believed these three relationships *probably do not* or *definitely do not* exist, while the majority believe these relationships *definitely* or *probably* exist. Further, the majority of respondents believe the veteran participants do change because they have completed the program.¹⁰ This is important when thinking about implementation. When individuals do not believe in the existence of an issue or a policy or do not believe the program achieves the intended impact or impact desired by the individual, they are more likely to deviate from procedure and act according to their personal beliefs. The reasons behind whether personnel believe in these relationships should be explored, and this can be done with the data collected from the survey. Other research, beyond the scope of this survey, should examine whether the varying beliefs affect implementation of the program.

Figure 8: Respondent Belief in Relationship between Military Experience and Personal Issues (n=71 VTCs)

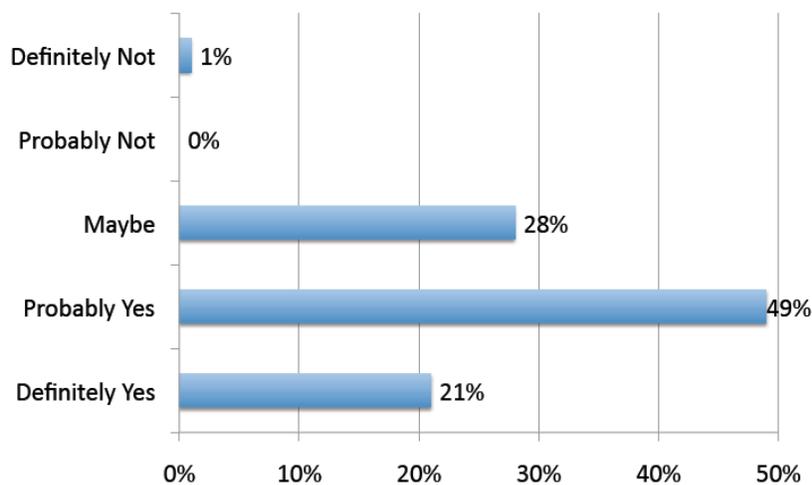


Figure 9: Respondent Belief in Relationship between Personal Issues and Criminal Justice Contact (n=71 VTCs)

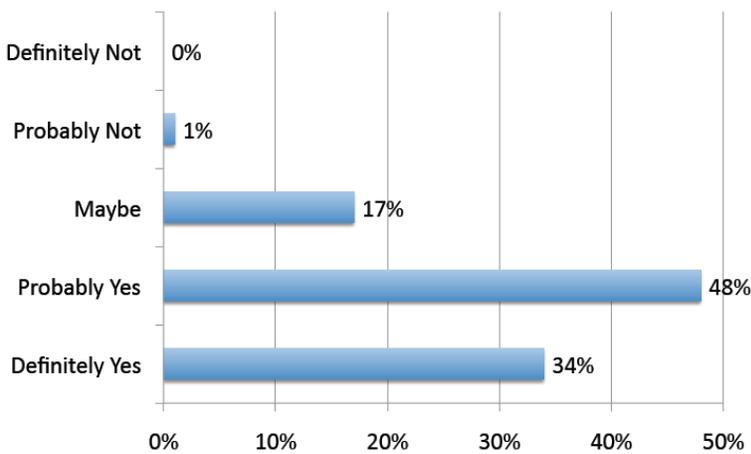
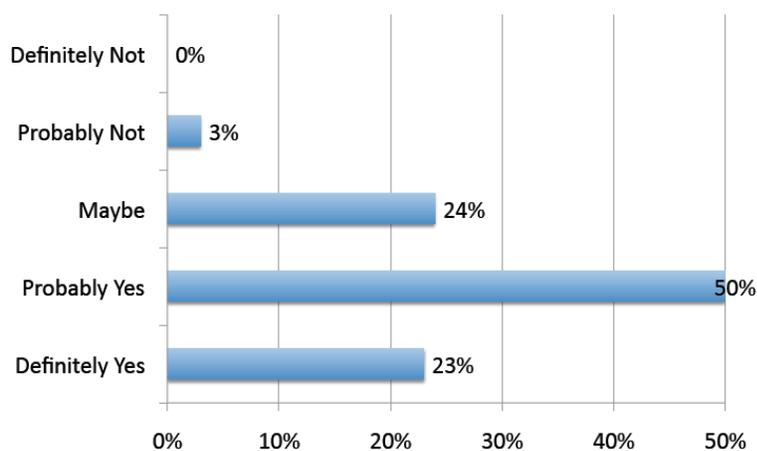


Figure 10: Respondent Belief in Relationship Military Experience, Personal Issues, and Criminal Justice Contact (n=70 VTCs)



Conclusion

These results constitute the first national examination of VTCs to date. This research has established that 114 VTCs have been in operation as of November, 2012, and the number of VTCs is continuing to grow nationwide. These results have provided a comprehensive national portrait of VTCs, which has found varying levels of consensus across courts while providing suggestions for evaluations and recommendations for future research. It is the author's hope that these results help instigate interest and cultivate exchange of ideas and collaboration in this area of research. The ultimate long-term goals are the development of consistent evidence-based policies and practices, but the research must start with an understanding of what is occurring and who are participating in these programs.

End Notes

¹ Elbogen, 2011; Elbogen et al., 2010; Greenberg and Rosenheck, 2009

² Boivin, 1987; Greenberg and Rosenheck, 2009; McGuire, Rosenheck, and Kaspro, 2003; Saxon et al., 2001; Shaw et al., 1984

³ Department of Defense Task Force on Mental Health, 2007

⁴ Institute of Medicine, 2010

⁵ See Baldwin (2013) for the detailed collection information and compendium containing the names, locations, and stages of operation.

⁶ This “ever offered participation” group includes the initial opt out group, while the “total participants” category excludes this group because they chose not to participate when initially offered.

⁷ “Returner” refers to a veteran who has previously participated in VTC and has now returned to participate again after graduation, termination, or dropping out. “Returner” does not mean returning to criminal justice system or any other form of re-offending. Although these rates may appear to suggest low recidivism rates, it needs to be clear that this group does not indicate anything other than returning to re-participate in VTC.

⁸ These responses are not mutually exclusive, and the percentage calculations are out of reduced samples. Sixty-nine of the 79 VTCs (87 percent) had veterans choose not to join their programs, so the reduced sample size of 69 was utilized for the initial opt out category, and only 44 of the 79 VTCs (56 percent) had veterans drop out of their programs, so the reduced sample size of 44 was used for the drop out category. Some VTCs did not know why veterans opted out (28 percent) or dropped out (14 percent), but they are included in the respective sample sizes because these VTCs did report that veterans had dropped and opted out. Finally, one VTC refused to provide reason(s) why veterans had dropped out of their program, and, again, this court remained in the sample because it did have veterans drop from its program.

⁹ Information on national veteran population from U.S. Department of Veterans Affairs (2010)

¹⁰ Baldwin, 2013

¹¹ The majority of veteran mentors are volunteers from the community. However, in various qualitative responses, respondents indirectly mentioned that mentors were available through the VA. So the question arises as to why do so few VTCs use VA-affiliated or VA-provided mentors. One possibility is that it is easier for VTCs to organize and recruit their own mentors outside of the VA. VTC respondents reported some issues working with the VA; specifically, long wait lists for services, communication and cooperation issues, and availability and accessibility of services were reported as challenges with the VA (Baldwin, 2013).

¹² However, two responses listed were unexpected. First, two VTCs allow the mentors and participants to select one another. Second, the prosecuting attorney assigns mentors in one of VTCs, which is not a traditional role of the prosecutor.