

# Veterans Treatment Courts

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*Veterans treatment courts have spread across the United States in recent years and are currently operating in the majority of states. Their foundation, emergence, and current national status are described in this article.*

Veterans treatment courts (VTCs) are the most recent product of the specialized- court movement. Research in various fields has established that multifarious issues are evident in the veteran population (e.g., substance abuse, mental health problems, readjustment, homelessness, and barriers to service). The criminal justice system has always had offenders who are military veterans or currently enlisted, but contact with this population has increased due to the combination of these issues and the influx of returning veterans from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (OIF/OEF/OND). The VTC was established through judicial initiative for this offending population and has spread across the United States.

Judge Robert Russell's court is one of the first, and the most publicized, VTCs to date. Russell presided over drug and mental health courts in Erie County (Buffalo, New York) and observed a rise in the number of veterans appearing on his treatment court dockets. He also recognized veterans and active-duty military personnel as a unique population that possessed specific needs that required specific services. Further, Russell noted that veterans in these treatment courts responded more positively to other veterans. With this knowledge, he convened his first VTC session in January 2008, basing it on the premise that there is a relationship between military service, personal issues, and contact with the criminal justice system. For more information, see Hon. Robert Russell, "[Veterans Treatment Courts Developing Throughout the Nation](#)," in *Future Trends in State Courts 2009*, eds. C. Flango, A. M. McDowell, C. F. Campbell, and N. B. Kauder (Williamsburg, VA: National Center for State Courts, 2009).

In general, the VTC's mission is to divert offenders who are military veterans or currently enlisted from the traditional criminal justice system and provide them with services that target the underlying causes and correlates of their crimes (e.g., substance abuse treatment, mental health treatment, housing services, and connection to benefits). This concept may sound familiar, as the VTC is a type of specialized court and is based upon the general models of drug courts and mental health courts. Russell created ten key components for VTCs (listed below) by modifying both the ten key components of drug courts and the ten elements of mental health courts: see Robert Russell, "Veterans Treatment Court: A Proactive Approach," *New England Journal on Criminal and Civil Confinement* 35 (2009): 367.

1. Integration of alcohol, drug treatment, and mental health services with justice system case processing
2. Nonadversarial approach
3. Early identification of eligible participants and prompt placement in the VTC
4. Access to a continuum of treatment and rehabilitation services in addition to veteran peer mentors
5. Alcohol and drug test monitoring
6. System of graduated responses for cooperation and noncompliance
7. Continual judicial interaction with the veteran offender
8. Monitoring and evaluation of programs
9. Educational interdisciplinary training of all involved in VTC (criminal justice and treatment parties)
10. Partnerships among the VTC, the VA, public agencies, and community-based organizations to generate local support and enhance the court's effectiveness

VTCs generally operate similar to other specialized courts: eligible participants are diverted to the VTC, individual issues are identified, treatment and services are provided to address the identified issues, participants are monitored, and rewards and sanctions are appropriately applied. However, two components distinguish VTCs from other specialized courts. First, the target population is generally a type of person (i.e., veteran, soldier, or other military personnel) and not necessarily an offense or issue, as in many drug courts and mental health courts. Second, many VTC team members, supervisors, and service providers are veterans themselves.

This second element would be akin to drug courts being run by recovering addicts. Additionally, many VTCs offer veteran mentors, who are required and acquired by the court, not the treatment providers. These mentors provide support and guidance for the veteran participants.

It has been argued that veterans need their own specialized court instead of participating in a drug or mental health court not only because of the military bonds, but also because of certain barriers. The current military care system has been labeled inadequate in meeting the present mental health needs of veterans and their families. Obstacles to receiving mental health treatment have been identified as insurance coverage issues and the stigma (real or perceived) of receiving mental health treatment. Military resistance to mental health care emanates from anticipated negative perceptions by peers and leaders and is disproportionately greatest among those most in need of mental health services. Further, a requirement for VA eligibility is a discharge status other than dishonorable, which excludes veterans who have served and are in need of services but have been dishonorably discharged. Moreover, some veterans are eligible for services but are unaware of their eligibility.

An additional barrier to treatment is that many veterans perceive that civilian treatment providers do not understand the military, combat experience, and the challenges that accompany either. Grouping veteran offenders in with civilian drug users and civilians with mental health issues may entrench those beliefs. As a

standalone court, VTCs create a culture of respect for service and an understanding of the veteran experience without unintended perceptions of pity for drug addiction or mental health issues. They also link veterans to service providers who have an understanding of the military experience and to services only available to veterans, as well as the veteran mentor program. Additionally, having veterans in the same courtroom facilitates support among veteran participants and may help reduce the stigma they associate with treatment when they see other veterans participating. The VTC may replicate the camaraderie of the military, and preliminary research supports these assertions.

Early research indicates that the VTC concept has rapidly diffused across the United States. According to the first national survey of VTCs in 2012, there were already 114 VTCs in operation in 32 states and 18 in progress of being established in 9 states, with other areas gaining support. Across the country, VTCs reported providing veteran participants with treatment for substance abuse and mental health issues; academic and job training, skills, and placement; and services for housing, medical needs, transportation, and social support.

Similar to other specialized courts, VTCs have been implemented without early evaluations to determine and address issues with theory, implementation, process, and structure. Although there are ten key components, no standard model exists, and the components do not explain how the courts should be structured, implemented, or evaluated, or how to train staff or choose participants.

A national survey found that VTCs differ from their neighbors on myriad factors (e.g., participant demographics and offenses, stage of identification, services and treatments available and provided, and means of supervision). Most VTCs (53 percent) do not receive funding from external sources, operating solely within the court's budget. A single judge presides over most VTCs (75 percent), and most VTC judges also preside over another specialty court (63 percent). Most VTCs are at the county level (61 percent), have a reward/sanction ladder (74 percent), and have peer mentors (80 percent).

On average, most participants are male (92 percent), white (62 percent), and between 21 and 30 years of age (40 percent); are actual veterans not currently enlisted (90 percent); are from the OIF/OEF/OND era (39 percent); served in the Army (48 percent); or had experienced trauma (71 percent). The most reported issues facing both male and female participants are substance abuse, mental health, and family issues. The criminal offenses that most often send male and female veterans to VTCs are drug-related offenses. Theft/fraud offenses were also high for female veterans. For more information, see J. M. Baldwin, "[Executive Summary: The National Survey of Veterans Treatment Courts](#)," available on the Social Science Research Network.

Both implementation issues and positive impacts were reported in the national survey. Understaffing and not enough funding were the major problems facing VTCs, and several VTCs

reported strained relationships with the VA. Sources of strain included communication issues, long wait lists for services, and lack of services provided by the VA. Problems with early identification and mentoring were also reported in some VTCs.

Regarding more positive results, VTC team members and partnering agencies almost always believe in the same mission, cooperate, communicate and listen effectively, and follow procedure. The survey respondents generally believed in the relationships between military experience, personal issues, and contact with the criminal justice system. These results could be related to the fact that the individuals who work with the VTC often volunteer because of their beliefs in the relationships between military service, personal challenges, and contact with the criminal justice system. Regarding impact, the majority of respondents felt that their VTCs at least almost always achieved their missions and that veterans did change because they completed the VTC program. Specifically, they have witnessed their participants reintegrate into communities, obtain steady employment, decrease or cease substance use, and improve family relationships and their mental health. Other positive impacts include increases in pride, self-esteem, responsibility, and a sense of hope, as well as veterans achieving a better understanding of themselves and the driving forces behind their behavior.

VTCs are expected to remain as active specialized courts and continue to emerge across the country. Therefore, practitioners and researchers should be aware of these programs, and future research should examine their processes and effects, both positive and negative. For those interested in learning more about VTCs, the following resources may be of help:

- Justice for Vets is a nonprofit organization involved in the VTC movement; it is a division of the National Association of Drug Court Professionals.
- The Veterans Treatment Courts group on LinkedIn discusses information on VTCs.
- The Veterans in Justice LinkedIn group connects professionals and advocates who work with veterans involved in the criminal justice system.

**Table 1: Characteristics of VTCs**

<b>Funding Sources</b>	<b>%of VTCs (n=79 VTCs)</b>
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
<b>Number of Judges</b>	<b>Percentage of VTCs (n=79 VTCs)</b>
One	74.7
Two	19.0
Three	3.8
Four	2.5
<b>Judge Demographics</b>	<b>Percentage of Judges (n=105)</b>
Male	76.1
Preside over Other Specialty Court	62.8
Civilian	55.2

<b>Jurisdiction</b>	<b>Percentage of VTCs (n=79 VTCs)</b>
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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

<b>Have a Reward/Sanction Ladder</b>	<b>Percentage of VTCs (n=78 VTCs)</b>
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Yes	74.3
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<b>Have Peer Mentors</b>	<b>Percentage of VTCs (n=76 VTCs)</b>
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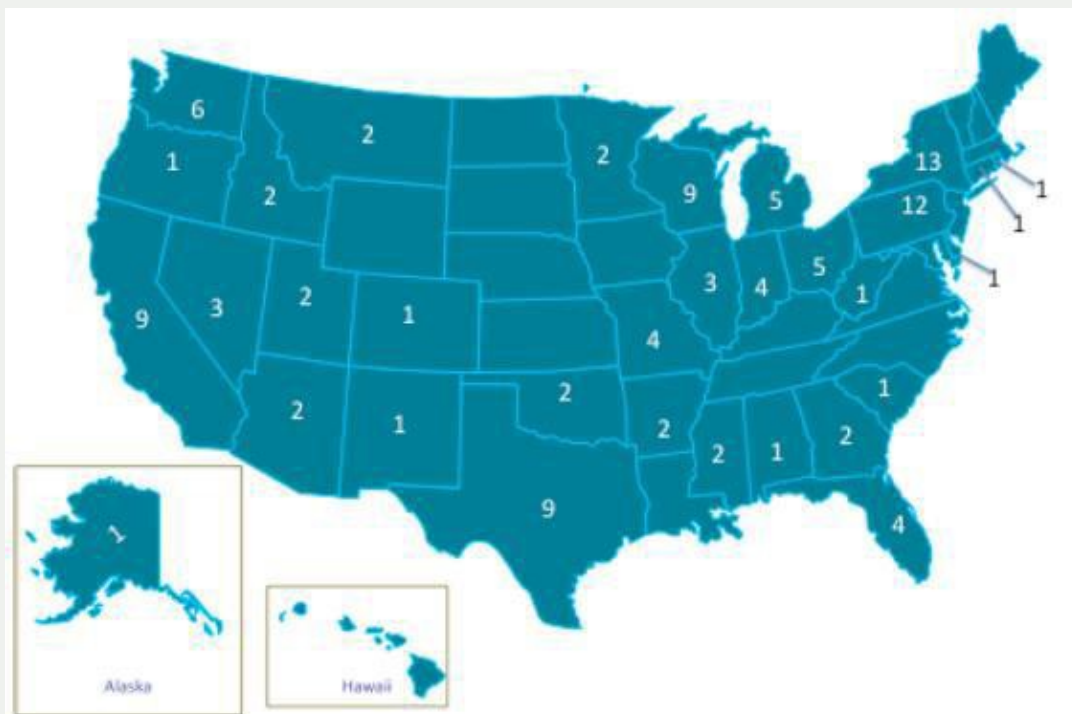
Yes	80.2
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**Table 2: Demographics of Veterans that Have Ever Participated in 79 VTCs (n=3,649 VTC Participants)**

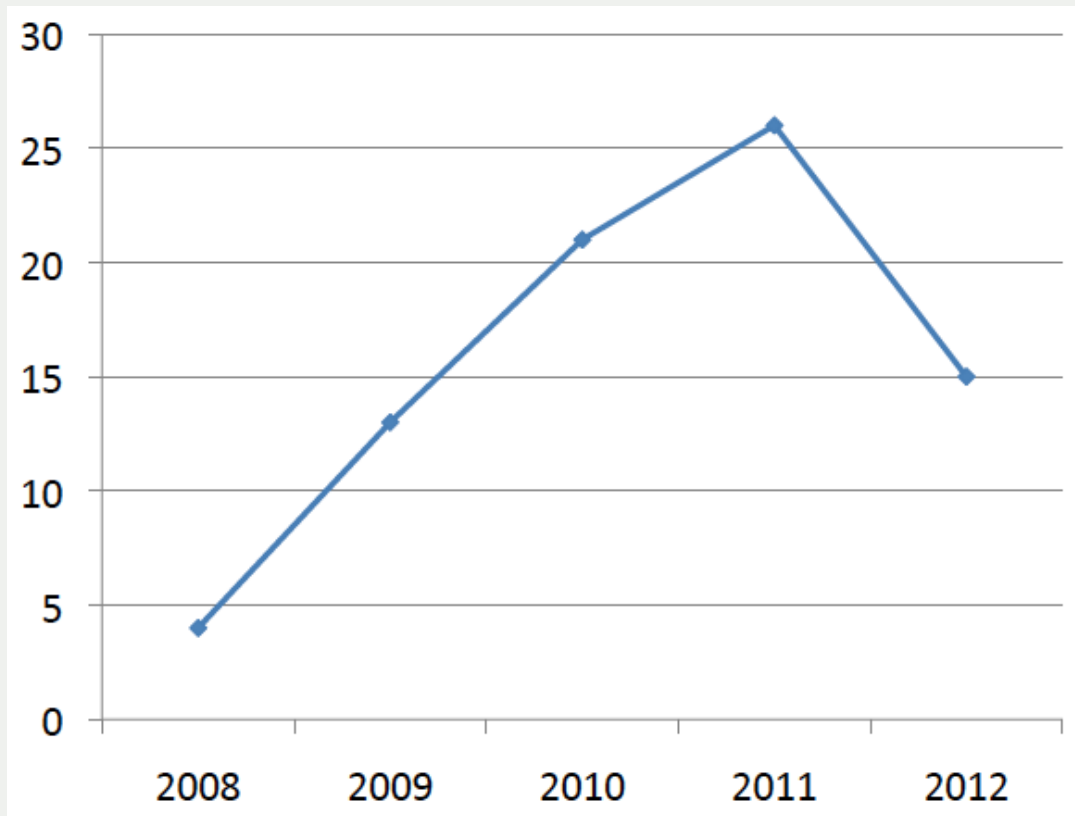
<b>Demographic</b>	<b>Average (%)</b>	<b>Standard Deviation (%)</b>
<i>Sex</i>		
Male	91.7	14.0
Female*	5.6	6.0
<i>Race/Ethnicity</i>		
White (non-Hispanic)	62.2	24.9
African-American	30.3	25.3
Hispanic	11.9	13.7
Asian, Pacific Islander	0.7	1.4
<i>Age</i>		
18-20 years of age	3.4	5.4
21-30 years of age	39.6	16.3
31-40 years of age	22.0	15.3
41-50 years of age	22.6	15.1
51-60 years of age	16.4	14.5
61+ years of age	11.8	10.8
<i>Active Duty</i>		
Active Duty	7.6	11.4
Reserves		
Active Duty	2.9	5.2
<i>Era</i>		
OEF, OIF, OND	38.5	24.6

Vietnam	25.3	22.1
Gulf War	15.1	16.0
<i>Branch</i>		
Army	47.6	22.2
Marines	29.5	21.1
Navy	15.7	14.8
National Guard	13.2	16.2
Air Force	13.0	10.6
Coast Guard	5.8	9.6
Trauma	71.1	24.0
Experience		

**Figure 1: Map of Veterans Treatment Courts in Operation in the United States (n = 114)**



**Figure 2: Number of VTCs Established by Year (n=79 VTCs)**



*Reports are part of the National Center for State Courts' "Report on Trends in State Courts" and "Future Trends in State Courts" series. Opinions herein are those of the authors, not necessarily of the National Center for State Courts.*

