

DISTRICT COURT OF MARYLAND
CAN WE BETTER SERVE MARYLAND'S VETERANS?

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Abstract

Problem-solving courts address the underlying issues – such as substance abuse and mental illness – that make offenders more likely to continue the same behaviors that may have brought them into the court system in the first place. The first problem-solving court was established in the late 1980s in Florida to stop the cycle of repeat, drug-addicted individuals coming through the courts (National Association of Drug Court Professionals [NADCP], 2014). Since then, other specialty courts -- DWI courts, mental health courts, drug treatment courts, prostitution courts, and homeless courts -- have evolved to focus on specific problems that were not being addressed within the traditional court system.

More than two decades later, thirty-six states have expanded the problem-solving court model to include veterans treatment courts. Veterans treatment courts assist justice-involved veterans with the unique set of challenges they face – alcohol, drug and mental health issues -- that often are brought on by the stress of deployment and combat exposure. Veterans treatment courts also connect veterans with veteran mentors.

According to the U.S. Department of Veterans Affairs (2009), there are nearly 500,000 veterans living in Maryland. Home to the United States Naval Academy and 10 other military installations including Andrews Air Force Base and Ft. Meade, Maryland is a state with significant ties to the military. While Maryland has many problem-solving court models, the state does not currently have a dedicated veterans treatment court. Is it time for Maryland District Court to better serve Maryland's veterans and to assist those who were willing to risk their lives in service to this country? A veterans

treatment court within the District Court of Maryland could assist the state's veterans suffering from post-traumatic stress disorder, alcohol and/or drug dependencies by linking veterans with the needed resources for treatment and rehabilitation, giving them an opportunity to successfully reintegrate back into civilian life.

This research paper examines survey data from multiple states that have implemented veterans treatment courts and analyzes case study narratives from five states -- Colorado, Minnesota, Missouri, New York, and Pennsylvania -- with veterans treatment courts. All states surveyed report they have had success in assisting veterans court participants obtain the mental health and rehabilitation services needed to restore stabilization in their lives. Additionally, data was collected and analyzed on Maryland's veteran population to determine the feasibility of implementing a veterans treatment court in Maryland. Most Maryland counties are comprised of approximately 10 percent veterans (U.S. Census Bureau, 2009-2013). It is recommended that a pilot veterans treatment court be implemented in one of the state's jurisdictions with a large veteran population such as Baltimore City or Prince George's County. Baltimore City, Maryland's largest city, has 35,446 veterans. Home to Andrews Air Force Base, Prince George's County has the largest number of veterans of any Maryland county with 61,842 veterans residing there (U.S. Census Bureau, 2014). One in ten adults living in Prince George's County has military experience (U.S. Census Bureau, 2014).

Maryland District Court jurisdictions already have problem-solving court procedures and staff that could add a veteran treatment court docket with minimal cost. Existing problem-solving court resources could be utilized to integrate the veterans docket within the existing mental health and drug court framework. Veterans often need

both mental health resources and drug court resources coupled with services that may be obtained from the U.S. Department of Veterans Affairs such as Veterans Justice Outreach Specialists and veteran mentors. Growth of the veterans treatment court program would require additional staffing in future years. Funding would have to be identified for the added cost of drug testing and screening. There will be additional costs for training of judges, problem solving court coordinators, and mentors.

To achieve fidelity to the veterans treatment court model, staff in the pilot program should participate in the veteran treatment court training initiative sponsored by NDCI, create program manuals and ensure that volunteer mentors are properly trained and supervised. A program evaluation should be developed at the project outset to ensure appropriate data is collected on veteran treatment court participants from first contact to program completion. Data collection regarding crime, demographics, education, and drug use will assist in assessing program outcomes.

Introduction

Jennifer (Rule, 2012) was homeless and addicted to crack. The drugs provided temporary escape from the haunting wartime images of tire tracks leading into mine fields, limbless children bleeding through their bandages, and watching her colonel die three feet in front of her. After returning home from serving our country in Bagram Airfield, Afghanistan as a paralegal for the JAG Corps, Jennifer was suffering from the invisible injuries of war.

Jennifer said, “I thought that since the VA couldn’t help me, and my family couldn’t help me, I can’t help me, so I decided I would let the drugs take my life instead; I prayed to God one night and I just asked him to save me because I could not do it anymore”(Rule, 2012).

A Chester County, Pennsylvania problem-solving court gave Jennifer a chance to regain a productive life after she was arrested for narcotics possession. As part of the problem-solving court program, she was assigned a court team that assisted in controlling her addiction and saving her life. She obtained treatment from a psychotherapist in cognitive behavioral therapy which helped her deal with post-traumatic stress disorder by enabling her to be “open and honest” with herself. She found the more she talked about her experiences, the less power they had over her. Jennifer is now a healthy, drug-free 29-year-old with a husband and 6-year-old daughter. She is one example of how problem-solving courts assist those in need to take back control over their lives. There are many veterans who lose their way once they return from service.

Now in his mid-40s, Reggie enlisted in the Navy back in 1986 (Markle, 2014). Reggie received medals and service awards in the Navy, but his addictions soon took over his life. Because of his increasingly erratic behavior, Reggie was discharged from the service and returned home to Georgia. He continued to drink and use drugs heavily. Both the military and his family gave up on him due to his dependencies and behavior. Reggie found himself on the streets without any means of support or any hope of improving his life.

Reggie had never been in trouble with the law in his younger years. After becoming an addict, he had racked up 14 different trips to jail, mostly for petty criminal offenses committed not only to satisfy his drug and alcohol cravings, but also to survive.

Reggie landed in jail yet again in 2012 on a felony charge of theft by shoplifting; it would be a long stay for him due to his many prior convictions. Reggie was about to be given one last opportunity to change his life. As his case was pending, Fulton County Superior Court started its veterans treatment court, which gave him an opportunity to avoid prison and obtain treatment for the demons that had plagued him for much of his adult life.

Reggie entered a guilty plea to the charge against him and received probation, with the special condition that he successfully complete the veterans treatment court program to avoid prison. He was among the first to enter Georgia's veterans treatment court when it began in April 2013 and became the first graduate.

It was not long for Reggie to regain the traits that he lost many years ago after entering the military. He became a role model for his fellow veterans treatment court participants, who looked up to him because of his hard work and diligence. He became

a leader in the program and his continued sobriety gave him credibility and confidence. Reggie graduated from the veterans treatment court program in October 2014 after 18 months of staying clean (Markle, 2014).

Jennifer and Reggie are two examples of veterans not only requiring assistance with the physical effects of military service, but also assistance in dealing with mental health, substance use, and behavioral issues. Increasingly, these impacts are understood to affect combat and non-combat veterans alike. According to the Bureau of Justice Statistics, nearly one in 10 inmates in U.S. jails have prior military experience. One in five veterans has symptoms of a mental-health disorder or cognitive impairment and one in six who served in Iraq or Afghanistan suffers from substance abuse issues. These veterans have a common link of substance abuse and combat-related mental illness.

Veterans treatment courts are a new problem-solving court approach designed to assist veterans after arrest. Veterans treatment courts are an innovative and effective means for veterans diagnosed with post-traumatic stress disorder and traumatic brain injuries and/or addiction to obtain the treatment and services they need to secure and maintain housing, resolve outstanding criminal offenses, and stabilize their lives. Research indicates that there is a substantial number of veterans in the United States court system that are eligible for VA services with high levels of health and mental health needs (Substance Abuse and Mental Health Services Administration (2013)). Many of these individuals are potentially eligible for veterans treatment court intervention as an alternative to incarceration. Of the approximately 6.9 million people

incarcerated in U.S. jails, an estimated 700,000 are veterans (Bureau of Justice Statistics [BJS], 2014).

The first veterans treatment court was created in Buffalo, New York in 2008 (NADCP, 2014) after Judge Robert Russell observed an uptick in the number of veterans appearing in drug and mental health courts. After examination of the existing treatment court models, Judge Russell enlisted the U.S. Department of Veterans Affairs and community leaders to assist in the creation of a court focused exclusively on justice-involved veterans. Seven years later, there are an estimated 220 veterans treatment courts in 36 states (NADCP, 2015).

Many Maryland District Court jurisdictions have an array of problem-solving courts such as: drug treatment courts, DWI Courts, mental health courts, and prostitution courts (Maryland Office of Problem-Solving Courts, 2014). While these courts may meet the needs of non-veterans, they often do not effectively address the needs of veterans who turn to drugs or alcohol as a result of the trauma of military service and the inherent difficulties of readjusting to civilian life. Some prominent Maryland lawmakers and veterans advocates say it is time to establish a veterans treatment court in this state (Blomquist, 2014). There are 437,762 veterans residing in Maryland (U.S. Department of Veterans Affairs, 2014). It is unknown how many of the 74,800 incarcerated Marylanders are veterans (BJS, 2014). The District Court of Maryland could assist veterans suffering from post-traumatic stress, alcohol and/or drug dependencies by linking veterans with the needed resources for rehabilitation, giving them an opportunity to turn their lives around and escape the revolving door aspect of the criminal justice system.

Due to the often lasting effects of combat exposure and deployments, some veterans need additional assistance with mental health care for post-traumatic stress and substance abuse. The U.S. Department of Veterans Affairs can assist with homelessness and medical care once they are aware of the veteran's need. Is it time for Maryland District Court to serve this state's military veterans, as they have served us?

Goals and Research Questions

The following section will examine the data and demographics of problem-solving courts, and specifically veterans treatment courts, to determine if a veterans treatment court should be created in the Maryland District Court. To make this determination, the following questions are addressed:

- How many veterans treatment courts are there nationally and where are they located?
- What makes the veteran population different than traditional criminal justice defendants and why consider creating another type of problem-solving court?
- What resources are needed to implement and sustain a veterans treatment court?

Literature Review

There is a large number of incarcerated veterans in the United States (Bureau of Justice Statistics, 2007). The wars in Iraq and Afghanistan have taken an unprecedented toll on our men and women in uniform. While most return home strengthened by their service, far too many struggle in their effort to readjust to civilian life. Often, mental health issues are compounded by substance abuse, family strife, unemployment, and homelessness. This can often lead to incarceration. According to the Bureau of Justice Statistics (2007), there were approximately 700,000 veterans in the correctional system in 2007, 10 percent of the prison system population. There were 1,159,500 veterans arrested, which accounted for nearly 10 percent of all arrests in the US (see Table 1).

Table 1. Justice-Involved Veterans as of 2007 (Bureau of Justice Statistics, 2007)

Justice Agency	US Number	Estimated % Veterans	Estimated Veteran Number
Probation	4,293,200	9.3%	399,300
Parole-Supervised Release	824,400	9.1%	75,000
Local Jail	780,600	9.3%	72,600
State Prison	1,315,300	10.4%	136,800
Federal Prison	197,300	9.8%	19,300
Total Correctional	7,328,200	9.6%	703,000
Adults Arrested	12,078,000	9.6%	1,159,500

Types of Problem-Solving Courts

Problem-solving courts were created to serve a specific need in a growing population of court defendants requiring additional resources to prevent recidivism and to assist participants in gaining a more productive life. Problem-solving courts include,

but are not limited to, domestic violence, drug and mental health courts. Though they may differ in focus or targeted population, they share a number of common principles: (1) enhanced information about issues and participants; (2) community engagement; (3) collaboration among justice officials and community organizations; (4) individualized justice; (5) accountability; and (6) analysis of outcomes (Wolf, 2007). There are approximately 4,040 problem-solving courts throughout the United States judiciary system (NDCI, 2014). The number of programs is growing rapidly due to those in need of treatment services (see Tables 2 and 3).

Table 2. United States Problem-Solving Courts (National Drug Court Institute, 2014)

Nationwide Problem Solving Courts (as of 6/30/2013)	
Court Type	Number
Reentry	19
Gun	5
Community	18
Mental Health	375
Domestic Violence	215
Prostitution	12
Parole Violation	4
Sex Offender	12
Homelessness	22
Truancy	199
Child Support	50
Gambling	0
Other Problem-Solving	153
Total	1,133

Table 3. United States Drug Treatment Courts (NDCI, 2014)

Nationwide Drug Treatment Courts (as of 12/31/2013)	
Court Type	Number
Adult (436 are Hybrid DWI/Drug Courts)	1,518
Juvenile	438
Family Treatment	307
Tribal Healing to Wellness	119
Designated DWI	237
Campus	6
Reentry Drug	25
Federal Drug	25
Federal Veterans Treatment	4
Veterans Treatment	188
Co-Occurring Disorder	40
Total	2,907

Drug treatment courts seek to reduce recidivism by improving the circumstances that may have led to the defendant's substance abuse. Drug treatment courts are usually one year or longer in duration. Key goals and objectives beyond those that are relevant for all problem-solving courts include: individualized screening and assessment; targeting substance abusers; targeting offenders who would otherwise face significant legal sanctions; focusing on outcomes; and reducing drug use.

Mental health courts evolved, in some jurisdictions, out of the drug court's inability to address the needs of mentally ill defendants. A majority of criminal justice-involved people with mental disorders also suffer co-occurring substance abuse disorders. While nearly all mental health court programs accept individuals with both mental health and substance abuse issues, most do not accept individuals whose

mental illnesses are due to substance abuse (Council of State Governments, 2009). Mental health courts target individuals whose mental disorder is related to their criminal justice involvement. A majority of mental health court participants suffer from serious mental illnesses. Commonly, defendants will suffer from severe and persistent conditions such as schizophrenia, schizoaffective disorder, bipolar disorder, and anxiety disorders. Some mental health courts may accept individuals with other disabilities such as traumatic brain injuries or dementia. (Council of State Governments, 2009)

Specific goals and objectives of mental health courts are individualized screening and assessment; targeting mentally-ill defendants; targeting offenders who would otherwise face significant legal sanctions; focusing on outcomes; reducing mental health symptoms; increasing independent functioning; and increasing understanding of mental illness among court stakeholders (Porter, Rempel, & Mansky, 2010).

Drug Treatment Court History

The first drug treatment court started hearing cases in 1989 in Miami-Dade County, Florida after a federal mandate was issued to reduce the inmate population or suffer the loss of federal funding. The Florida Supreme Court recognized the severity of the situation and directed Judge Herbert Klein to research the problem. Judge Klein's research found that a large majority of criminal defendants had been incarcerated for drug charges and that these same individuals were cycling in and out of the criminal justice system. It was determined that those from the treatment side and criminal justice practitioners shared the same goals of stopping addiction and the related criminal activities. It was decided that the delivery of treatment services needed to be integrated

with the criminal justice system. There was a need for strong judicial leadership and partnerships to bring treatment services and the criminal justice system together (Florida Courts, 2014). Ten years after the first drug treatment court implementation, there were 492 drug courts nationwide. As of December 2013, there were 2,907 drug treatment courts nationwide, including Puerto Rico and the Virgin Islands (NDCI, 2014).

Many stakeholders, including the judge, prosecutor, defense attorney, probation, and treatment team, comprise the drug treatment team. The main goals are early detection of participants, reduced recidivism due to monitoring by a team of justice partners, and treatment specialists to give treatment access long enough to permanently change people (NADCP, 2014).

The Bureau of Justice Assistance, in conjunction with the National Association of Drug Court Professionals, convened the Drug Court Standards Committee in 1997. The committee was comprised of experts and drug court practitioners throughout the nation, including judges, prosecutors, defense attorneys, treatment providers, pre-trial services officers, and probation officers. In the same year, this committee released “Defining Drug Treatment Courts: The Key Components” (Bureau of Justice Assistance, 1997), which defined guiding principles for the evolving drug court field. The Drug Court Standards Committee wrote, in 1997, that these ten components were intended to be “inspirational, describing the very best practices, designs, and operations of drug courts for adults with alcohol and other drug problems” (NADCP, 1997). Since this document was published, many states have adopted these components which provide a framework for the integration of treatment with criminal case processing. The Conference of Chief Justices and Conference of State Court Administrators passed a

fundamental joint resolution in 2000, endorsing drug courts and problem-solving courts based on the drug court model. It is these 10 key components (Table 4) and the seven program features (Table 5) that are core to successful drug treatment court programs (NADCP, 1997).

Table 4. 10 Key Components to Drug Court (BJA, 1997)

Component	Description
1	Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3	Eligible participants are identified early and promptly placed in the Program.
4	Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5	Frequent alcohol and other drug testing monitor abstinence.
6	A coordinated strategy governs Drug Court responses to participants' compliance.
7	Ongoing judicial interaction with each Program participant is essential.
8	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9	Continuing interdisciplinary education promotes effective Program planning, implementation, and operations.
10	Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court program effectiveness.

Table 5. Design Features of Drug Treatment Court Programs (BJA, 2011)

Feature	Description
1	<p>Screening and Assessment</p> <p>Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources. Applicants should demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency that will conduct this screening, and detail the procedures that will be used for screening.</p>
2	<p>Target Population</p> <p>Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high substance abuse treatment need. Applicants should aim to serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence. Also, applicants should target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.</p>
3	<p>Procedural and Distributive Justice</p> <p>Applicants should establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior. Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response. Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that can be perceived as fair and equitable.</p>
4	<p>Judicial Interaction</p> <p>Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require. As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders. Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior.</p>

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- 5 **Monitoring**
The applicant should demonstrate a comprehensive plan to: monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance according to established program requirements.
- 6 **Treatment and Other Services**
The applicant should maintain program resources that: address drug court participant needs identified over time; accommodate the range of treatment and other rehabilitation services required; and apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services.
- 7 **Relapse Prevention, Aftercare and Community Integration**
From the first program phase, the applicant should demonstrate how culturally sensitive planning and other programming will be implemented to support relapse prevention, community integration, and aftercare/continuing care services.
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Drug treatment court screening and assessment are vital to problem-solving court programs (see Table 6). Candidates for drug treatment court programs typically have a wide range of substance abuse, mental health, and other health-related disorders, in addition to many problems related to employment and financial support, housing, family and other social relationships, transportation, and unresolved legal issues such as child custody. Many of these needs are not clearly apparent through examination of criminal justice records alone, but can be identified through screening and assessment using validated instruments.

Table 6. Characteristics of Assessment and Screening in Drug Treatment Court
(Peters & Peyton, 1998)

	Purpose	Key Component	By Whom	Time and Cost Considerations
Legal Screening	<ul style="list-style-type: none"> • To determine legal eligibility • To examine public safety risk 	<ul style="list-style-type: none"> • Current charge • Criminal history • Circumstances of offense 	Criminal Justice System <ul style="list-style-type: none"> • Prosecution • Defense • Probation • Pretrial Services • TASC • Court • Police 	These activities are conducted under regular court proceedings; cost is minimal
Clinical Screening	To determine appropriateness of treatment and individual's willingness and readiness for treatment	<ul style="list-style-type: none"> • Program explained • Releases signed • Brief assessment of substance use, social history, other disorders 	<ul style="list-style-type: none"> • Drug Court Case Manager • Pretrial Services • Probation • TASC • Treatment Provider 	Typically 5-30 minutes. Costs associated with instruments, staff time, and staff training.
Clinical Assessment	Diagnosis, admission and treatment planning	<ul style="list-style-type: none"> • Examine scope and nature of substance abuse problem • Identify full range of service needs, pursuant to treatment planning • Match participants to appropriate services 	<ul style="list-style-type: none"> • Clinically trained and certified counselor, psychologist, psychiatrist, social worker, nurse 	1-2 hours or more depending on the nature of problems. Costs are associated with instruments, staff time, and staff training.

An effective screening and assessment system helps to integrate this diverse information to form a comprehensive picture of each individual participant. An integrated screening and assessment system provides an important foundation that supports other drug treatment court functions, including treatment planning, placement in treatment, and identification of the need for ancillary services. Screening and assessment marks the beginning of the drug treatment court process and provides the core information needed to identify prospective drug treatment court participants, evaluate their eligibility and appropriateness for participation, and begin the process of applying the services and sanctions that characterize drug treatment courts. Drug treatment court programs vary in length by jurisdiction usually lasting up to 18 months (NDCI, 2006). Figure 1 illustrates example drug treatment court phases and requirements (Seminole Drug Court, 2014). Once all program requirements are met, graduation occurs and in some drug treatment courts the participants' charges are dismissed.

Figure 1. Drug Court Phases (Seminole Drug Court, 2014)

- ***PHASE I - Educational (Approximately 1 Month)***

- 3 Group Therapy sessions per week; individual counseling as needed.

- 3 weekly supervisory contacts including random urinalysis.

- 4 NA/AA meetings per week. (*NA= Narcotics Anonymous / AA= Alcoholics Anonymous*)

- Bi-weekly court meeting with the judge.

- 20 consecutive clean urine days needed to advance to Phase II.

- ***PHASE II- Intensive (Approximately 3 Months)***

- Must have entered a plea or signed a Pretrial Intervention contract.

- 2 Group sessions per week and individual counseling sessions as needed.

- 3 weekly supervisory contacts including random urinalysis.

3 NA/AA meetings per week.

One monthly court meeting with judge.

120 additional consecutive clean urine days needed to advance to Phase III

- ***PHASE III- Relapse Prevention (Approximately 6 Months)***

1 Group therapy session per week & individual counseling sessions as needed.

1 weekly supervisory contact including one random urinalysis.

3 NA/AA meetings per week.

One monthly court meeting with judge.

120 additional consecutive clean urine days needed to advance to Phase IV.

- ***PHASE IV- Transition (Approximately 2 Months)***

1 Group therapy session per month.

1 monthly supervisory contact with random urinalysis as needed.

Court meetings with judge as necessary.

As of January 2015, there were 2,907 drug treatment courts in the United States, 38 of which are in Maryland (Figure 2) (NADCP, 2014).

Drug treatment courts have shown the following results over the past twenty years:

- Nationally, an average of 75 percent of drug treatment court graduates remain arrest-free for at least two years after leaving the program.
- Long-term outcomes of individual drug treatment courts found reductions in crime last at least three years and often for as many as 14 or more years.
- Drug treatment courts significantly reduce crime by as much as 45 percent more than other sentencing options.
- For every dollar invested in drug treatment court, taxpayers save as much as \$3.36 in avoided criminal justice costs.

- Drug treatment courts reduce crime. The most successful drug treatment courts have reduced crime by as much as 45 percent over other dispositions.
- Drug courts produce cost savings ranging from \$3,000 to \$13,000 per client. These cost savings reflect reduced prison costs, reduced revolving-door arrests and trials, and reduced victimization.
- Unless substance abusing/addicted offenders are regularly supervised by a judge and held accountable, 70 percent drop out of treatment prematurely.
- Drug courts provide more comprehensive and closer supervision than other community-based supervision programs.
- According to research, drug courts can reduce recidivism and promote other positive outcomes such as cost savings. Several factors affect a drug court program's success:
 - Proper assessment and treatment.
 - The role assumed by the judge and the nature of offender interactions with the judge.
 - Other variable influences such as drug use trends, staff turnover and resource allocation.

(Drug Treatment Court Facts, 2014)

Figure 2. 2,907 Nationwide Drug Treatment Court Locations (NADCP, 2014)



Mental Health Court History

Mental health courts are a type of problem-solving court that combine judicial supervision with community mental health treatment and other support services in order to reduce criminal activity and improve the lives of those with serious mental illnesses. Most mental health court participants suffer from serious mental disorders and many have co-occurring substance abuse disorders (BJA, 2009). A 2005 study of seven mental health courts found that most common diagnoses of those accepted into mental health

court programs suffered from schizophrenia, schizoaffective disorder, bipolar disorder, and depressive or other mood disorders (Steadman, 2005).

Modeled after drug treatment courts, and developed in response to the overrepresentation of people with mental illnesses in the criminal justice system, mental health courts divert select defendants with mental illnesses into judicially-supervised, community-based treatment. The first mental health court was established in Florida in 1997, with California following suit by implementing its first mental health court in 1999. Mental health courts are established to make more effective use of limited criminal justice and mental health resources; to connect individuals to treatment and other social services in the community; to improve outcomes for offenders with mental illness in the criminal justice system; to respond to public safety concerns; and to address jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system (Pathways Program [Pathways], 2014).

The number of mental health courts in the United States has grown from four in 1997 to nearly 400 today, with programs in almost every state. As judges, county and state leaders, and advocates continue to call for the establishment or expansion of mental health courts in their jurisdictions, demand has steadily grown for information on designing, implementing, and revising mental health courts to achieve desired public safety and public health outcomes (Council of State Governments, 2014).

Defendants are invited to participate following a specialized screening and assessment, and they may choose to decline participation. For those who agree to the terms and conditions of community-based supervision, a team of court and mental health professionals work together to develop treatment plans and supervise

participants in the community. Participants appear at regular status hearings during which incentives are offered to reward adherence to court conditions, sanctions for non-adherence are handed down, and treatment plans and other conditions are periodically reviewed for appropriateness (Council of State Governments, 2014).

The essential elements of a mental health court are similar to a drug treatment court (see Table 7). A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, related justice partners, and community resources guide the planning and administration of the court.

Table 7. 10 Essential Elements of Mental Health Court (Pathways, 2014)

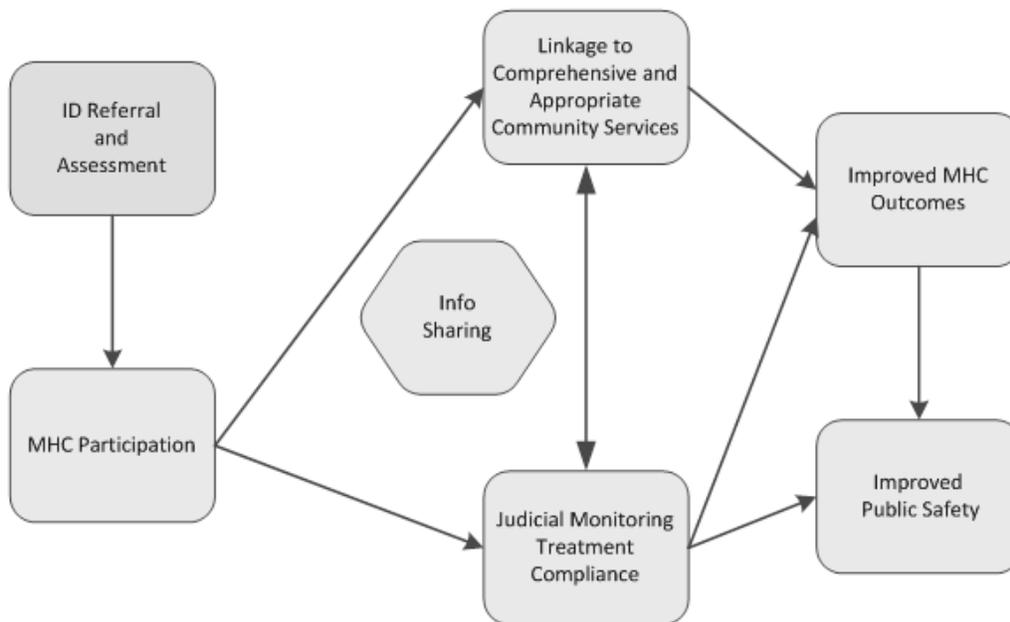
Component	Description
1	Planning and administration
2	Target population
3	Timely participant identification and linkage to services
4	Terms of participation
5	Informed choice
6	Treatment support and services
7	Confidentiality
8	Court team
9	Monitoring adherence to court requirements
10	Sustainability

Eligibility criteria are designed to address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial

detention for defendants with mental illnesses. Eligibility criteria take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered. Participants are identified, referred, and accepted into mental health courts, and then linked to community based service providers as quickly as possible. Defendants are provided legal counsel to make this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

A team of criminal justice and mental health professionals comprise the mental health court team. The team receive special, ongoing training and assist mental health court participants in achieving their treatment goals. Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

Figure 3. Mental Health Court Model and Assumptions (Hora & Fislser, 2011)



These components work together to create a mental health court to address the mental health issues, which most often contribute to the entrance into the justice system.

As previously mentioned, nonetheless worth noting again, drug treatment court procedures may vary depending on jurisdiction. However, there is always a common set of underlying design features. This is also true with mental health courts as the recurring design features are seen throughout all jurisdictions that have implemented mental health courts (see Table 8).

Table 8. Design Features of Mental Health Court Programs (Pathways, 2014)

Feature	Description
1	Participation in a mental health court is voluntary. The defendant must consent to participation before being placed in the program.
2	Each jurisdiction accepts only persons with demonstrable mental illnesses to which their involvement in the criminal justice system can be attributed.
3	The key objective of a mental health court is to either prevent the jailing of offenders with mental illness by diverting them to appropriate community services or to significantly reduce time spent incarcerated.
4	Public safety is a high priority, and offenders with mental illness are carefully screened for appropriate inclusion in the program.
5	Early intervention is essential, with screening and referral occurring as soon as possible after arrest.
6	A multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers, and other support systems.
7	Intensive case management includes supervision of participants, with a focus on accountability and monitoring of each participant's performance.
8	The judge oversees the treatment and supervision process and facilitates collaboration among mental health court team members

According to an October 2010 MacArthur Foundation mental health court study, mental health courts are meeting the two primary goals of reducing recidivism and increasing engagement in community treatment. The findings of the study concluded that mental health courts lower post-enrollment recidivism, even after court supervision has ended. Mental health court participants have more intensive and therapeutic treatment and access community treatment faster than a comparison group. These

results suggest that mental health courts are meeting the primary goals of the program (Substance Abuse and Mental Health Services Administration, 2013).

Another positive outcome of mental health courts, as well as all problem-solving courts, is the creation of structure and accountability for participants where it may not have existed previously. Structure and accountability work for some individuals through the use of judicial leverage and the promotion of self-regulation. The use of judicial leverage may not be as effective in promoting sustained change among mental health court participants. However, this factor along with using strategies to promote self-regulation such as instilling social norms, rule abidance and the use of coping skills may be more helpful for longer-term change resulting in a healthier community and realization of tax dollars through reduced jail and hospitalization time (Tyler, 2009).

Veteran Treatment Court History

Veterans treatment courts utilize a model similar to drug treatment courts with the added services of mental health courts. Buffalo, New York's Judge Russell, who founded the first veterans treatment court in 2008, saw firsthand the transformative power of military camaraderie when veterans on his staff assisted a veteran in one of his treatment courts. Judge Russell also recognized that more could be done to ensure veterans were connected to benefits and treatment earned through military service. In response, Judge Russell asked his local U.S. Department of Veterans Affairs Medical Center and volunteer veterans in the community to join in creating a new court docket focused on veterans.

Veterans treatment courts are a hybrid between drug and mental health courts. Veterans treatment courts require frequent court appearances and random drug tests; they provide rewards for positive behavior and sanctions for negative behavior. Veterans treatment courts involve cooperation and collaboration with justice partners typically found in drug and mental health courts. Other potential partners in veterans treatment courts include the Veterans Health Administration (Veterans Justice Outreach Specialists) and Veterans Benefit Administration, State Departments of Veterans Affairs, Vet Centers, Veteran Service Organizations, Department of Labor, volunteer veteran mentors, and other veteran support groups (Justice for Vets, 2014).

In 2008, The Buffalo Veterans Treatment Court adopted, with slight modifications, the essential tenements of the U.S. Department of Justice Publication entitled, *“Defining Drug Courts: The Key Components.”* (BJA, 1997). There are key differences between drug treatment courts, mental health courts, and veterans treatment courts as described in the 10 Key Components of Veterans Treatment Courts (see Table 9). These *Key Components* provide the foundation for the successful operation of a Veterans Treatment Court (National Drug Court Resource Center, 2008).

Table 9. 10 Key Components to Veterans Treatment Court (NDCRC, 2008)

Component	Description
1	Veterans Treatment Court integrates alcohol, drug treatment, and mental health services with justice system case processing.
2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3	Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.
4	Veterans Treatment Courts provide access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services.
5	Frequent alcohol and other drug testing monitor abstinence.
6	A coordinated strategy governs Veterans Treatment Court responses to participants' compliance.
7	Ongoing judicial interaction with each Veteran is essential.
8	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9	Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations.
10	Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness.

A major factor for success in veterans treatment courts are the veteran mentor volunteers. Veteran mentors do not represent the court but are a resource for the veteran throughout the veterans treatment court program. The mentors, who attend every court session, give the veteran treatment court participants someone to relate to and serve as advisers, facilitators and liaisons to the courts. The mentor provides

support and a reminder of military pride that the veteran may need to get back on the right track with their life (see Appendix G) (McMichael, 2011).

According to a veterans justice survey, to date 7,724 veterans have been admitted to veteran-focused courts. This figure includes veteran treatment courts, veterans courts, veteran dockets or tracks within treatment or other types of courts. The length of involvement in the courts ranges from 15 to 18 months, on average, although slightly longer for felony offenders (Justice for Vets, 2013). A little more than two-thirds of the participants who have entered a veterans treatment court, completed the program and 75 percent have not been rearrested for at least two years after completion of a veterans treatment court program (McGuire, Clark, Blue-Howells, & Coe, 2013).

Methods

This research paper utilized qualitative approaches to gather needed research information from telephone surveys, case studies, online databases and resources.

Approach I – Survey

Survey Development, Pre-Testing and Administration

In order to gather information from states with operational veterans treatment courts, a survey comprised of 10 open-ended questions was developed.

A pre-test of the survey was conducted with employees of Maryland District Court Headquarters Operations division.¹ Feedback from pre-test participants indicated that the survey questions were clear and concise, although question 7 needed more clarification as it initially read, “How do you recruit volunteers?” There was some confusion of the meaning of the word “volunteer.” The question was subsequently reworded to give clarification by asking, “How do you recruit volunteer mentors?”

The survey was administered in December 2014 by contacting multiple states by telephone and interviewing the veterans treatment court coordinators that have implemented veterans treatment courts and agreed to assist with the survey. Survey questions are contained in Appendix A.

¹ District Court Operations staff consist of employees who have many years experience within the District Court of Maryland system. They have worked directly with drug court and mental health court programs.

Approach II – Case Studies

Five states that have implemented veterans treatment court programs were selected from survey participants to conduct case study analysis. Criteria for the selected states were geographic variety; number of years in operation; and varying population of veterans in program.

In addition, for purposes of this research, a review of Maryland drug court manuals and veteran courts procedural manuals from other states was conducted. This included examining copies of plea agreements, forms, and other information used in the operation of Maryland drug courts and veterans courts in other states. Review of this documentation helped to further this researcher's understanding of drug court operations and practices as compared to veteran court operations and practices.

States selected for case studies were Colorado, Minnesota, Missouri, New York, and Pennsylvania.

Findings

An overview of the findings and results of the veterans treatment court nationwide programs is provided in this section. Findings focus on three research questions:

1. How many veterans treatment courts are there nationwide and where are they located?
2. What makes veterans different than other criminal justice defendants and why should states consider creating another type of problem-solving court?
3. What funding, programmatic, and inter-agency resources are needed to initialize and sustain a veterans treatment court?

Question 1. How many veteran courts are there nationwide and where are they located?

According to data gathered from the National Center for State Courts website on individual states veterans treatment courts, as of January 2, 2015 there were 187 veterans treatment courts in the United States (see Table 10). That is a 56 percent increase from the 104 veterans treatment courts in 2012. Multiple online sources were used to manually collect the Table 10 data. Pennsylvania has the greatest number of veterans treatment courts with 16. Conversely, there are nine states that have no veterans treatment courts (Connecticut, DC, Iowa, Kansas, Maryland, Nebraska, New Jersey, North Dakota, and Vermont).

Table 10. US Veteran Population and veterans treatment courts (1/2/2015)

US Veteran Population and Veteran Court Data (National Center for State Courts [NCSC], 2014)				
	18+ Total Population	Veteran Population	% Veteran Per Population	Veterans Treatment Courts
United States	236,576,902	21,263,779	0.09	187
Alabama	3,660,703	388,865	0.11	7
Alaska	515,714	71,004	0.14	1
Arizona	4,840,412	522,382	0.11	5
Arkansas	2,217,101	237,311	0.11	3
California	28,275,343	1,893,539	0.07	11
Colorado	3,858,312	399,458	0.10	3
Connecticut	2,770,936	217,947	0.08	0
Delaware	700,032	75,081	0.11	2
DC	510,800	30,520	0.06	0
Florida	15,027,251	1,569,406	0.10	14

Georgia	7,269,336	690,208	0.09	5
Hawaii	1,031,429	112,625	0.11	2
Idaho	1,153,076	122,955	0.11	3
Illinois	9,742,838	727,919	0.07	11
Indiana	4,913,683	455,105	0.09	8
Iowa	2,335,338	226,175	0.10	0
Kansas	2,125,577	211,113	0.10	0
Kentucky	3,323,981	312,365	0.09	1
Louisiana	3,436,393	304,271	0.09	1
Maine	1,057,123	126,842	0.12	1
Maryland	4,457,690	435,657	0.10	0
Massachusetts	5,191,938	383,087	0.07	4
Michigan	7,577,743	672,213	0.09	15
Minnesota	4,064,874	366,990	0.09	9
Mississippi	2,216,273	200,748	0.09	1
Missouri	4,573,203	479,828	0.10	5
Montana	771,680	94,404	0.12	4
Nebraska	1,376,467	142,176	0.10	0
Nevada	2,058,522	226,555	0.11	1
New Hampshire	1,036,895	112,790	0.11	1
New Jersey	6,777,077	437,652	0.06	0
New Mexico	1,547,172	172,717	0.11	1
New York	15,171,222	912,499	0.06	2
North Carolina	7,282,130	724,295	0.10	2
North Dakota	530,473	53,157	0.10	0
Ohio	8,843,597	864,923	0.10	4
Oklahoma	2,830,341	312,492	0.11	2
Oregon	3,003,231	323,205	0.11	4
Pennsylvania	9,963,649	943,417	0.09	16
Rhode Island	828,764	70,621	0.09	1
South Carolina	3,566,687	391,660	0.11	3
South Dakota	618,047	67,886	0.11	1
Tennessee	4,892,602	484,901	0.10	3
Texas	18,612,749	1,583,272	0.09	12
Utah	1,928,984	143,771	0.07	1

Vermont	498,663	48,456	0.10	0
Virginia	6,129,622	726,470	0.12	1
Washington	5,184,788	582,265	0.11	6
West Virginia	1,467,214	159,448	0.11	1
Wisconsin	4,378,451	408,870	0.09	9
Wyoming	430,776	50,852	0.12	1
(United States Census Bureau [USCB], 2014)				

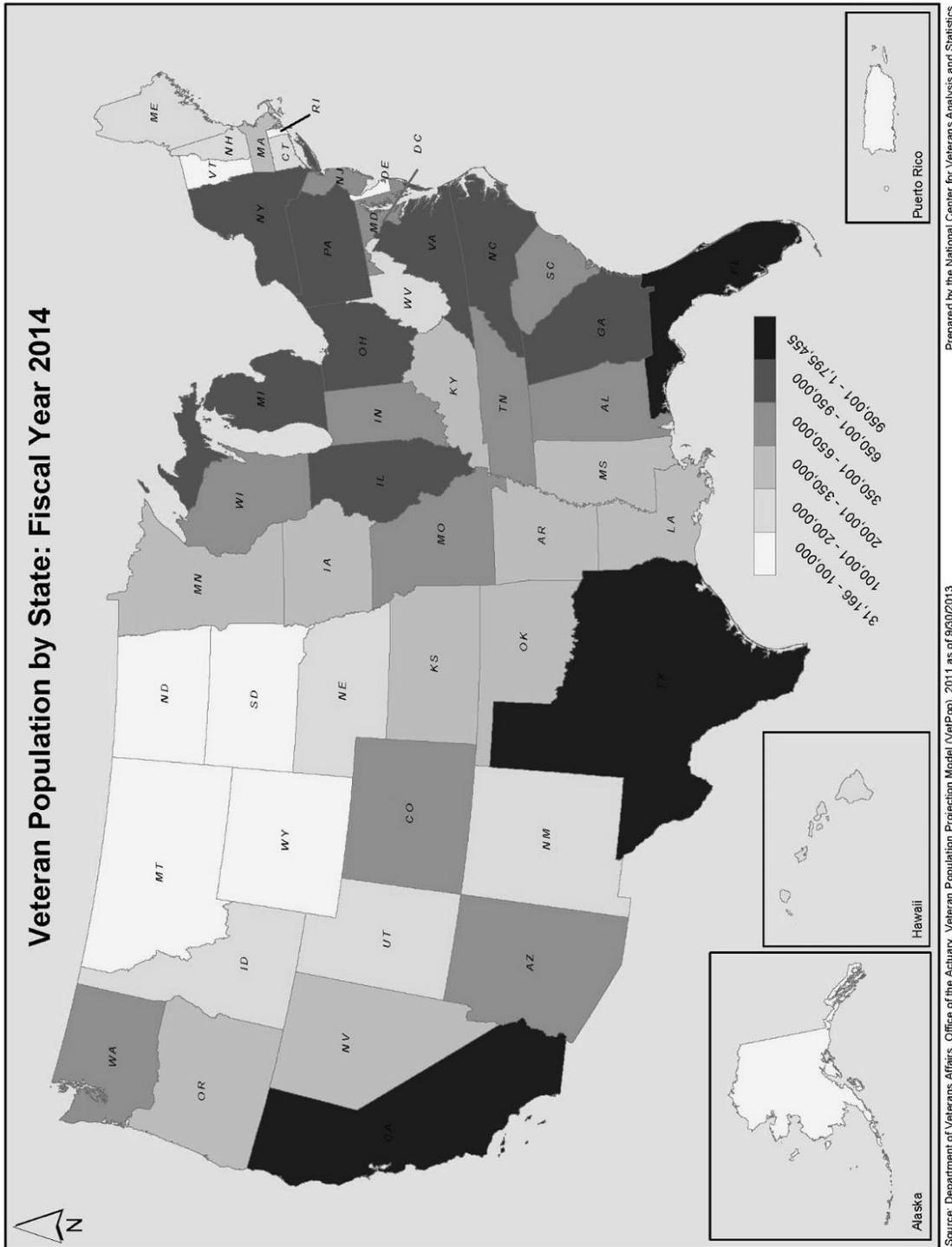
Several states do not have structured veterans treatment courts, but provide alternative assistance to veterans. New Jersey has set up a Veteran’s Assistance Project. If a person charged with a crime identifies himself or herself as being a veteran they are given information to contact the New Jersey Department of Military and Veterans Affairs (NJDMAVA). NJDMAVA will then link the veteran to services and benefits to which they may be entitled by virtue of their veteran status. The New Jersey court can also then consider the offender’s status as a veteran, and any treatment needs that may exist (such as mental health and addiction disorders) when crafting plea agreements and appropriate sentencing dispositions (New Jersey Courts, 2014).

Connecticut has started to allow veterans to use an already functioning Accelerated Rehabilitation program, which provides access to mental health care and alternatives to incarceration. This program enables veterans to participate in treatment programs for low-level, non-violent offenses instead of going to jail if a court decides it is appropriate. (Li, 2012).

Database inquiries were compiled from the U.S. Census Bureau, 2014 to determine the population of veterans nationwide (see Table 11). There are 21,263,779 veterans nationwide with the greatest veteran population residing in California with 1,893,539 (7 percent of the state’s population). Vermont has the smallest number of

veterans with 48,456 (10 percent of the state's population). Figure 4 gives an overall perspective of the veteran population across the United States.

Figure 4. Veteran Population by State (Department of Veterans Affairs, 2014)



After reviewing collected data on veteran population and veterans treatment court implementations, this researcher examined the data to determine whether there was any correlation between the veteran population, the number of operational veterans treatment courts, and the location of the veterans treatment courts. Table 10 illustrates the percentage of veterans per state and the map of the United States (figure 4) illustrates the number of veterans treatment courts in each state. According to the data, it is evident that there is correlation between the total number of veterans by state rather than by percentage of veterans per state with regard to operational veterans treatment courts.

According to US Census Bureau, 2014 data, Alaska and Montana both have relatively small populations and similar percentages of veterans in the population. Alaska's population of persons over the age 18 is 515,714 (US Census Bureau, 2014); of this number 71,004 (14 percent) are veterans (US Census Bureau, 2014). Alaska has one veterans treatment court to serve this population. Montana's population of persons over the age 18 is 771,680 (US Census Bureau, 2014). Of this number, 94,404 (12 percent) are veterans (US Census Bureau, 2014). Montana has four veterans treatment courts to serve this population as compared to Alaska's one. Variables may explain why some jurisdictions have many more veterans treatment courts per percentage of population.

In looking further at Alabama and Arizona, both have an 11 percent veteran population rate per their respective state's population, but Alabama has seven veterans treatment courts compared to Arizona's five. Alabama's veteran population is 388,865, which is approximately 133,000 less than Arizona's veteran population.

In comparing Maryland to Massachusetts, Maryland has 43,5657 veterans (10 percent) as compared to 38,3087 in Massachusetts (7 percent). The Maryland District Court has a combination of 12 mental health court and drug treatment courts (Appendix G), but no veterans treatment courts, whereas Massachusetts has four veterans treatment courts to serve a state with 5,000 fewer veterans than Maryland.

An examination of Maryland's population reveals that the largest veteran population resides in Prince George's County (61,938), followed by Baltimore County (611,263), and then Anne Arundel County (54,922) (U.S. Census Bureau, 2014). The county with the fewest number of veterans is Kent County with just 1,906 (U.S. Census Bureau, 2014). Another approach in exploring the veteran population data would be to examine the percentage of veterans by county population. Using this method, St. Mary's County has the greatest percentage of veterans at 19 percent, followed by Charles County with an 18 percent veteran population (U.S. Census Bureau, 2014) (see Table 11).

Table 11. Maryland Veteran Population and Drug Treatment Court and Mental Health Courts by County (U.S. Census Bureau, 2014)

Maryland Veteran Population and Treatment Court Data					
	18+ Total Population	Veteran Population	% Veteran Per Population	Drug Treatment Courts	Mental Health Courts
Maryland	4,270,366	435,657	10%		
Allegany County	59,022	6,867	12%		
Anne Arundel County	391,961	54,992	14%	1	
Baltimore County	611,263	57,658	9%		
Calvert County	64,456	9,358	15%		
Caroline County	24,512	2,851	12%		
Carroll County	125,540	13,732	11%		
Cecil County	73,707	9,455	13%		
Charles County	101,631	18,100	18%		
Dorchester County	24,778	2,829	11%	1	
Frederick County	165,448	19,123	12%		
Garrett County	23,052	2,513	11%		
Harford County	179,021	23,042	13%	1	1
Howard County	201,631	20,708	10%	1	
Kent County	16,458	1,906	12%		
Montgomery County	711,521	44,648	6%		
Prince George's County	622,899	61,938	10%	1	1
Queen Anne's County	35,409	4,641	13%		
St. Mary's County	74,003	13,983	19%		
Somerset County	21,377	2,287	11%		
Talbot County	28,827	3,914	14%	1	
Washington County	111,001	12,673	11%		
Wicomico County	71,198	8,391	12%	1	
Worcester County	40,001	5,263	13%	1	
Baltimore City	491,650	34,785	7%	1	1

Question 2. What makes the veteran population different than traditional criminal justice defendants and why consider creating another type of problem-solving court?

During interviews with veteran treatment court professionals, many stated that their state's veterans treatment courts were created by either a judge or problem-solving court staff member who saw a need to assist veterans who had different needs than other offenders. States have started recognizing these differences and embarked on creating strategies to give veterans the care they have earned while keeping them out of correctional system and giving them the tools they need to once again live as productive citizens.

The number of veterans being treated for mental illness and substance-use disorders has increased 38 percent since 2004 (Substance Abuse and Mental Health Services Administration, 2007). Of the more than 2.4 million Iraq and Afghanistan war veterans, it is estimated that approximately 460,000 (20 percent) suffer from post-traumatic stress disorder, traumatic brain injury (TBI), or major depression. This equates to one in five veterans suffering from a mental health disorder (Tanielian & Jaycox, 2008) and one in four veterans under the age of 25 with a substance abuse disorder (Substance Abuse and Mental Health Services Administration, 2007).

Question 3: What funding, programmatic, and inter-agency resources are needed to initialize and sustain a veterans treatment court?

Veterans Treatment Court Funding for Initializing and Sustainment

Some states have taken advantage of federal grant opportunities available for implementing veterans treatment courts such as those offered annually by the Bureau of Justice Assistance. These grants are available annually in the spring. Surveys identified a number of different ways veterans treatment courts are funded:

- Colorado is currently receiving funding for veterans treatment court mentor training.
- Minnesota and New York indicated they are not receiving funding for implementation or sustainment of veterans treatment courts. All funding is from the Judiciary.
- Missouri receives 75 percent of its funding for treatment services from the Veterans Administration and additional funds from private, non-profit and local associations.
- Pennsylvania receives funding through Veterans' Affairs Office for veteran treatment.

Programmatic Needs

Responses from the states that were surveyed indicated that veterans treatment court program critical needs are the support from VA to provide Veteran Justice Outreach Specialists to link veterans with benefits and services to enable veterans to receive treatment and recovery support needed to recover.

Inter-agency Resources

Survey replies specified a similarity of inter-agency resources utilized for veterans treatment courts:

- Civilian healthcare providers,
- Local veteran health care agencies,
- State, Local Divisions of Veteran Affairs and the United States Department of Veteran Affairs,

- Veteran mentors,
- Mental health specialists,
- State’s Attorney’s Office,
- Parole and Probation Office,
- Law enforcement
- Judges
- Existing problem-solving court staff (drug treatment court & mental health court)
- Mentors
- Detention facilities

All of these inter-agency resources work together as a team to offer veterans treatment court participants transitional opportunities into civilian life and to regain stability.

Table 12. Case Study Summaries

State	Veterans treatment court Created	# Veterans in Program	Types of Cases Heard	How often is veterans treatment court held?
Colorado	2009	275	Both, mostly non-violent felonies	Weekly
Minnesota	2010	125	High Risk; High Need; Felonies	Weekly; Rural Bi-Weekly
Missouri	2013	106	Both, mostly non-violent felonies	Bi-weekly
New York	2008	Unknown, each jurisdiction handles own cases	Some only felonies; some both	Weekly; Bi-Weekly
Pennsylvania	2009	750-1,000	Vary, no violent offenders	Bi-weekly

Conclusions and Recommendations

1. How many and where are veterans and veterans treatment courts nationwide?
2. What makes veterans different and why consider creating another type of problem-solving court?
3. What funding, programmatic, and inter-agency resources are needed to initialize and sustain a veterans treatment court?

Conclusion #1

There are approximately 200 veterans treatment courts serving thousands of veterans nationwide (NADCP, 2015). Research indicates that there are substantial numbers of veterans in the court system nationwide that are eligible for VA services who have high levels of health and mental health service needs. Many of these individuals are potentially eligible for veterans treatment court intervention. It is estimated that there are 700,000 veterans under court supervision in the United States (BJS, 2004). It is unknown how many of the 74,800 individuals housed in Maryland detention facilities are veterans (BJS, 2014).

According to the most recent Maryland Office of Problem Solving Courts Annual Report, there are 13 problem-solving courts with 900 mental health court participants and 824 DWI/Drug Court participants within Maryland District Court in FY2014. It is unknown how many of those participants were veterans that may have needed a combination of DUI/Drug Court and Mental health services or may have benefitted from unclaimed services that are available through Office of Veterans Affairs.

Recommendation #1

There are nearly 500,000 veterans residing in Maryland (U.S. Census Bureau, 2013). To serve justice-involved veterans, the Maryland District Court should implement a pilot veteran treatment court docket. Veterans treatment courts can assist the veteran in obtaining services needed for mental health, substance abuse, housing, and employment. The pilot should be implemented in one of the larger veteran-populated jurisdictions such as Baltimore City or Prince George's County. Baltimore City, Maryland's largest city, has 35,446 veterans within its borders. Home to Andrews Air Force Base, Prince George's County has the largest number of veterans of any county with 61,842 veterans. One in 10 adults in Prince George's County has prior military service (U.S. Census, 2013).

In Maryland counties without veterans treatment courts, it is critical that staff have necessary contact information to distribute to veterans who may be eligible for VA assistance (similar to New Jersey's program).

Conclusion #2

Veterans have mental health and substance abuse issues that are unique to those that have served in the military. Veteran treatment courts are an innovative and effective means for veterans diagnosed with post-traumatic stress disorder and traumatic brain injuries and/or addiction to obtain the treatment and services they need to secure and maintain housing, resolve outstanding criminal offenses, and stabilize their lives. While this problem-solving court model has not had long-term outcome evaluations because it is a relatively new court model, veterans treatment courts are

demonstrating great promise as a means to help our servicemen and women transition back to their communities and families. The successful history of drug treatment courts and mental health courts should serve as a blueprint for veteran treatment courts in this state, as the veterans treatment court will be a hybrid therapeutic court, focusing on both mental illness and substance abuse. There is a shortage of quantitative and qualitative data in the states surveyed that have implemented veteran treatment courts.

Recommendation #2

To achieve fidelity to the veteran treatment court model, staff in the pilot program should participate in the veterans treatment court training initiative sponsored by NDCI, create program manuals and ensure that volunteer mentors are properly trained and supervised. A comprehensive program evaluation should be developed at the project outset to ensure appropriate program data is collected on veterans treatment court participants from first contact to program completion. Data collection regarding crime, demographics, education, and drug use will assist in assessing program outcomes.

Conclusion #3

The creation of a veterans treatment court in Maryland will require a coordinated effort between all agencies involved in the veteran treatment court process to provide a successful pilot. If grant funding is unavailable, funding from the judiciary will be required to create a veteran treatment court pilot in the Maryland District Court. Funding is essential for a successful pilot as a problem-solving court coordinator will be required, as well as program treatment supplies (drug testing and screening). Training will need to be conducted for judges, problem-solving court coordinators, and mentors.

Recommendation #3

Maryland District Court jurisdictions already have problem-solving court procedures and staff in place that could add a veteran treatment court docket with minimal cost. Existing problem-solving court resources should be utilized to integrate the veterans docket within the existing mental health and drug court framework. Veterans often need both mental health resources and drug court resources coupled with services that may be obtained from the VA such as Veteran Justice Outreach Specialists and veteran mentors. Growth of the veterans treatment court program will require additional staffing in future years. A funding source for the cost of drug testing and screening should be identified. There will be additional costs for training of judges, problem solving court coordinators, and mentors.

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Appendix A: Survey Questions

1. How does your Veteran Court program operate in particular:
 - a. What types of cases are assigned (misdemeanor or felony)?
 - i. Are there cases that are not feasible for this program?
 - b. Who coordinates the program and how is this done?
 - c. How many veterans are there in the program?
 - d. How many volunteer mentors are serving the program?
 - e. What type of assessment is used to evaluate program outcomes?
 - f. How much funding is required to maintain the program and where do funds come from?
2. Why was the program implemented?
3. Who was involved in starting the program?
4. Who selects and what is the process to select veterans for the program?
5. How long has the program existed?
6. What other agencies assist in coordination of this program?
7. How do you recruit veteran mentor volunteers?
 - a. Is there an application process?
 - b. Are background checks required?
 - c. How many mentors do you currently have in the program?
8. Who trains the mentors and what are the training criteria?
9. How often is this program held in your jurisdiction?
10. What are some pros and cons you have seen since implementation of the program in your jurisdiction?

APPENDIX B: Veterans Treatment Courts Narratives

Minnesota

Implementation

Minnesota's veterans treatment court has been in operation since 2010. The Judiciary funds the veterans treatment court program. A team consisting of a Judge, coordinator, and law enforcement, District Attorney, Public Attorney was all part of the implementation team and obtained training on veterans treatment courts. Each court has a team that selects veterans for the veterans treatment court program; as each court varies so does the referral process. Local county court administration employees or probation employees coordinate the veterans treatment court program. Partners from the initial implementation team included law enforcement, District Attorney, Public Defender, and Probation all assist in coordination of the veterans treatment court program.

Training

The Drug Court coordinators serve as the veterans treatment court training team and have all gone through veterans treatment court training techniques to enable them to pass on the information to other veterans treatment court team members.

Evaluations

Evaluations and/or assessment are not in place at this time.

Comments

Training is helpful for everyone in the veterans treatment court program. There has been more success with counties that are using an approval process before accepting participants into the program. Those courts who are not approving

participants do not have any policies or linkage to community services unlike the counties who use the approval process.

New York

Implementation

New York's veterans treatment court started in 2008, the first in the country. The Judiciary funds the veterans treatment court program. The program was implemented when the drug treatment court coordinator, who is a veteran of the Army, observed that the drug treatment court participants who were veterans were very mistrustful of Judges and government. He would take these vets under his wing. When the number of veterans in drug treatment court kept growing, he approached the drug treatment court Judge, who himself is a veteran of the Marines, about the growing concern for the veterans in drug treatment court. Together they started the first veterans treatment court in the country. The veterans are identified at the time they enter the system. Part of the intake questions participants if they are a veteran. The problem-solving court, specifically drug treatment court coordinators and Justice Outreach Program Specialists (VA system) coordinate the veterans treatment court program. Some jurisdictions hold veterans treatment court once a week or once every other week depending on the docket. Each veterans treatment court is different. Some handle only misdemeanors, some only felonies and some both.

Volunteers

It is unknown how many mentor volunteers there are in the veterans treatment court. Each jurisdiction varies with the rural areas having more veterans in the program. There is an application process for the mentors but no background checks are done.

Each volunteer signs a waiver for a background check if needed. Each court will have several mentors assigned per court day. The number of mentors can vary depending on the docket. The mentors are recruited at the local VA offices. Word of mouth between veterans creates interest in the program.

Training

The Drug Court coordinators have all gone through veterans treatment court training.

Evaluations

Evaluations and/or assessment are not in place at this time.

Comments

A crime of violence will not disqualify a veteran like it does in drug treatment court. There are issues between the Domestic Violence and veterans treatment court as the drug treatment court does not believe a veteran should be able to take a domestic crime to veterans treatment court.

Missouri

Implementation

Missouri's veterans treatment court has been in operation since 2013. The veterans treatment court program is at least 75 percent VA-funded. The VA provides treatment services, which is the most expensive part of the veterans treatment court. A team consisting of a judge, coordinator, law enforcement, District Attorney, Public Attorney, and mentor were all part of the implementation team and obtained training on veterans treatment courts. The Veterans Justice Outreach Specialist from the VA goes to the local detention facilities to locate participants for veterans treatment court. Participants are screened according to the crime, then the Public Defender and District Attorney must agree that the person is eligible for the program. The Judge will then order them to participate in the program. Each court has a coordinator, state paid drug treatment court administrator who coordinates staff and court sessions. Partners from the initial implementation team (judge, coordinator, law enforcement, District Attorney, Public Attorney, and mentor) all assist in coordination of the veterans treatment court program. The veterans treatment court is held weekly, though some are bi-weekly. Each program is different; crimes are mostly felonies, but some misdemeanors. Murder or sex offenses are excluded from the program.

Mentors

Mentors are recruited through veteran organizations. There is an application process, but no background check is conducted. There are currently 24 volunteer mentors in the veterans treatment court program. The National Association of Drug Court Professionals veterans treatment court Boot Camp trains the mentors.

Evaluations

Use a statewide case management system for statistics.

Comments

The veterans treatment court is very beneficial for the veterans, especially the mentoring part. They partner with someone in their own service branch because they have shared experiences.

Pennsylvania

Implementation

Pennsylvania's veterans treatment court has been in operation since 2009. Ms. Blackburn (Administrator in the Supreme Court of PA) was involved in the implementation of the program. She sent a team up to Albany, NY to observe Judge Russell. There are currently 750-1000 veterans in the program. The funding is through the VA office for the treatment of the veterans. The selection process and referrals for the veterans to enter the program come from various areas SAO, Public Defender, Attorneys, Parole and Probation, etc. Each county writes their policy. All referrals go through the SAO to review. The program is coordinated under the Problem-Solving Court umbrella; in some counties each PSC has individual coordinators. The VA does a lot with these courts in terms of treatment, funding, etc. They use the best practices for drug treatment court in veterans treatment court. In the early stages, veteran treatment court dockets are heard at least every few weeks, depending on the number of cases. The types of cases heard can vary, but they do exclude violent cases.

Mentors

Mentors are recruited through VA and by judges who go out into the community spreading the message that a need exists for veteran treatment court mentors. There is an online training course as well as some counties train in their court. Background checks are done on mentors. The exact number of mentor volunteers is not known; each coordinator in each county handles the mentors.

Evaluations

Pennsylvania works with the National Center for State Courts. An assessment/report will be made to them in a couple of months.

Comments

Relationships the veterans make with each other are very beneficial. When veterans walk into a non-veteran court they are reserved and hesitant to acknowledge there is a problem. Veterans have a difficult time for accepting the need for treatment if in a non-veteran court setting. When they enter the veterans treatment court and see other veterans participating in court, treatment, etc., they are much more likely to accept help and treatment. When interviewing the veterans, they revealed that the relationships with each other were very positive.

Colorado

Implementation

Colorado veterans treatment court has been in operation since 2009. The Judiciary funds the veterans treatment court program, and utilizes some grant funds. There are approximately 275 participants in the veterans treatment court program. The VA has specifically positioned themselves so they coordinate with the jail and veterans

treatment court. Each veterans treatment court has their own coordinator; there are 5 courts held weekly. Cases heard are mostly felonies; there are some misdemeanors and they will not accept sex offense cases. The mentor program just started so each jurisdiction handles the mentors; there are no set training or background checks for mentors.

Mentors

Mentors are recruited through Veteran organizations; there is an application process but no background check is conducted. There are currently 24 volunteer mentors in the veterans treatment court program. Veterans Treatment Court Boot Camp by the National Association of Drug Court Professionals trains the mentors.

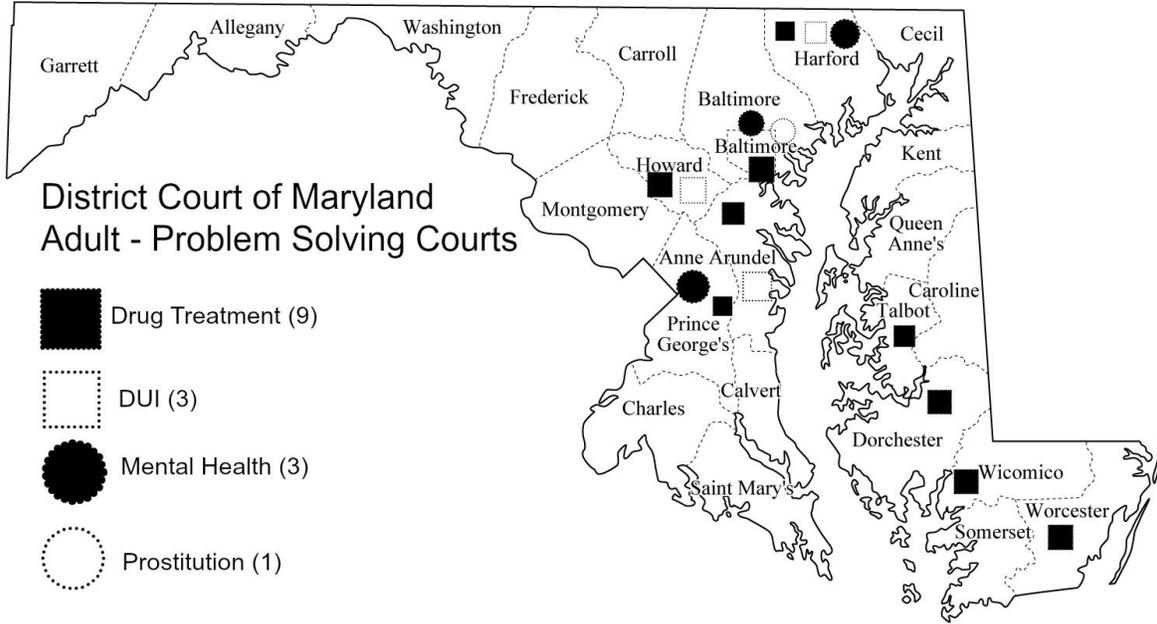
Evaluations

An online database is used for veterans treatment court that provides a snapshot from beginning to end. Information regarding crime, demographics, education, and drug use is collected from the outset of the case to its conclusion.

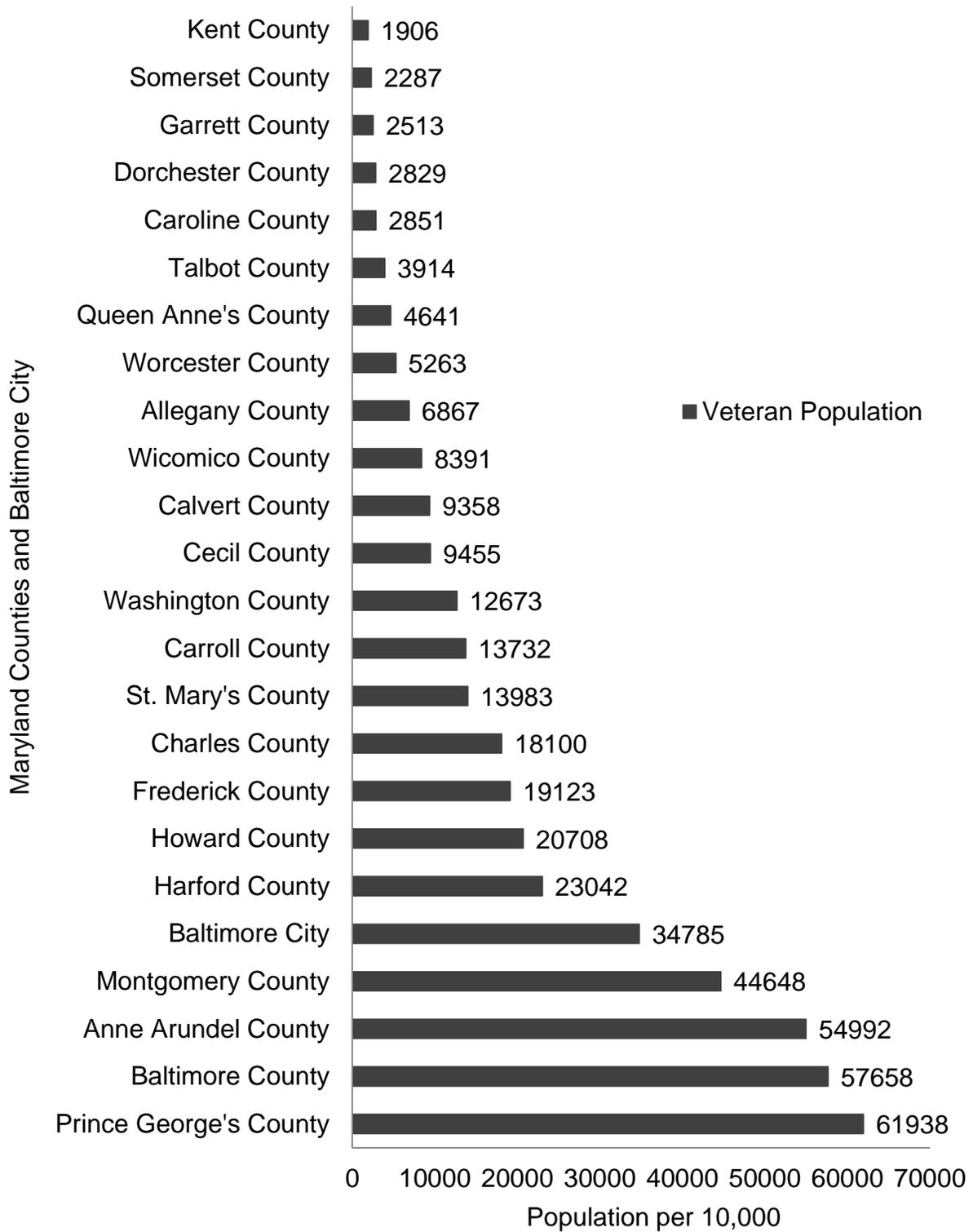
Comments

The veterans treatment court understands the needs and culture of the veteran population. The veterans treatment court is able to meet the veteran treatment needs. The veterans treatment court is a good place for veterans to heal. There is a tendency to get every veteran into veterans treatment court; sometimes veterans treatment court may not be the best option.

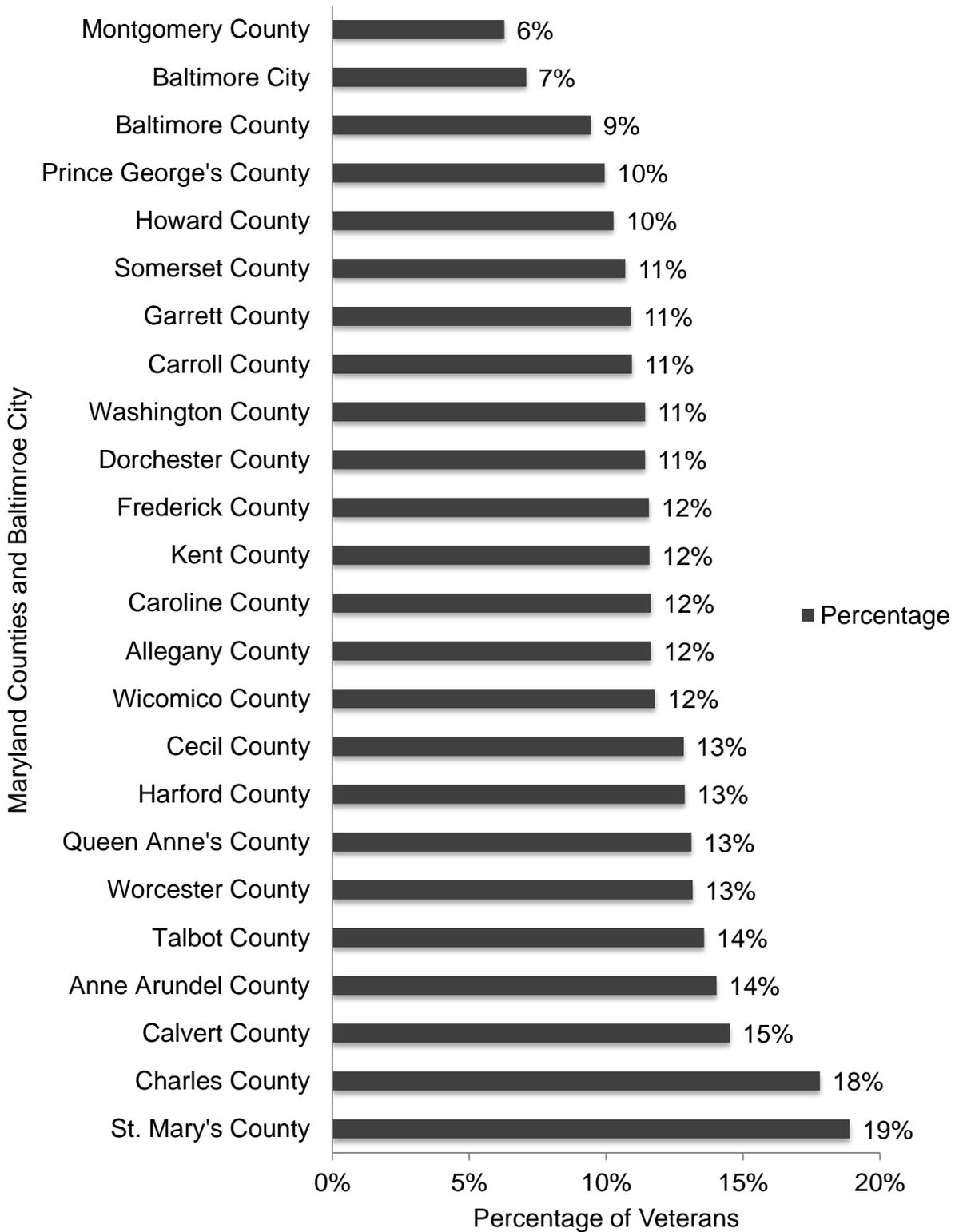
Appendix C: Maryland District Court – Problem Solving Court Locations



Appendix D: Veteran Population per Maryland County
 (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey)



Appendix E: Veteran Population Percentage per Maryland County
 (Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey)



Appendix F: Veterans Treatment Court Mentor Program Handbook

Veterans Treatment Court
MENTOR PROGRAM HANDBOOK

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Introduction from Hon. Judy Harris Kluger

Veterans Treatment Courts in New York State are designed to address the needs of servicemen and women struggling with the psychological and emotional aftershocks of their deployment. These men and women, whose involvement with the criminal justice system is often caused by underlying, service related substance abuse and mental health issues, present a unique challenge to the courts. The New York State Unified Court System has responded to this challenge with the creation of Veterans Treatment Courts. The goal of these courts is to address these underlying issues and link veterans to the services and support they need. The Veterans Treatment Courts strike a balance between upholding the rule of law and providing treatment services to these men and women to whom society owes a debt of gratitude.

The first Veterans Treatment Court in New York, established in Buffalo in 2008, was an outgrowth of New York's other problem-solving court models, particularly the drug treatment courts and the mental health courts. These courts provide participants with judicial supervision, therapeutic programs and services to address their specific needs while holding them accountable for their actions.

The distinctive elements, and the key to the success of the Veterans Treatment Court model, are the role of the veteran mentors and the collaboration with the US Department of Veterans Affairs and other veteran service agencies. Veteran mentors, comprised of volunteers from the United States Armed Forces share a vast array of common life experiences with participants. These common elements allows veteran mentors to: effectively engage participants, act as a resource and guide to navigating the courts, help participants maintain focus on their treatment, assist in navigating the challenges of adjusting to a healthy and productive civilian lifestyle, and finally successfully graduating from Veterans Treatment Court. Their contribution to the Veterans Treatment Courts is immeasurable.

This handbook, the product of collaboration with the New York State Bar Association, is designed to assist Veterans Treatment Courts in New York State in building stronger mentor programs. All Veterans Treatment Courts, whether operational or in the planning phase, will benefit from the information contained in this document. I hope you find this handbook to be a useful tool as you operate or implement a Veterans Treatment Court within your jurisdiction, and that it assists you in providing the mentor program that our veterans deserve.

Acknowledgments

We would like to recognize the important efforts of the New York State Bar Association's President, Vincent E. Doyle, III. Addressing the needs of veterans in New York, he convened the Special Committee on Veterans Legal Services. The Committee's mission is to address and meet the needs of New York's community of veterans for quality legal services. The Committee is co-chaired by Karen Hennigan from the United States Attorney's Office for the Eastern District of New York and Michael C. Lancer from the law firm of Rupp, Baase, Pfalzgraf, Cunningham & Coppola LLC.

The following individuals provided invaluable guidance and assistance in the creation of this document: Honorable Michael J. Brennan, Honorable Marcia P. Hirsch, Honorable Robert Russell, Elizabeth Burek, Patrick Clayton, Edward Gialella, Herbert Hardwick, Maritza Karagiorgos, Joe Madonia, Jack O'Connor, Rosemary Walker and Michael Young.

Some of the content in this handbook was adopted from the Buffalo Veterans Court Mentoring Program Policy and Procedure Manual, the Suffolk County Veterans Policy and Procedure Manual and the Queens Veterans Court Participant's Handbook.

Finally, I wish to extend my gratitude to Nicholas Cade and Robert Fantone, students at Brooklyn Law School, who assisted in the development of this handbook.

We often take for granted the very things that most deserve our gratitude.

Cynthia Ozick, American-Jewish short story writer, novelist and essayist.

Why Veterans Treatment Courts?

Many veterans return from military service and find themselves facing unique personal challenges, including mental health problems or substance abuse, that they would not have faced but for their military service. Criminal behavior, mental health problems and substance abuse often stem directly from service in combat zones and may be amplified by reentry into home life.+

A key finding of a RAND 2008 study identified that nearly 20% of soldiers involved in the wars in Iraq and Afghanistan have a current mental health condition. Nearly 20% of service members reported having experienced a probable Traumatic Brain Injury.

Some veterans may face additional obstacles. Female veterans may have experienced military sexual trauma and the challenges that come from leaving children at home during deployment. Gay and lesbian veterans may struggle with ongoing stigma and prejudice.

Veterans Treatment Courts

Realizing that veterans have special needs that were not being adequately served, Buffalo City Court created the first Veterans Treatment Court in 2008. Beginning with, and then adapting, the structures of drug treatment courts and mental health courts, the Buffalo Veterans Treatment Court identified some of the specific issues facing veterans:

The needs of many veterans are related to their military service.

Many veterans use drugs as a way of numbing or decreasing their stress levels.

Some illegal drug use may stem from the medicinal effect those drugs had on PTSD symptoms and other conditions while in the field.

Veterans Treatment Courts (known as Veterans Court or Veterans Track in some jurisdictions) address these challenges in a forum that is conducive to veterans' rehabilitation. Where available, Veterans Treatment Courts work with civilian healthcare providers, local veterans agencies, New York State Division of Veteran Affairs and the United States Department of Veteran Affairs. They utilize veteran mentors and mental health specialists to complement probation services; and incorporate a therapeutic approach to afford veterans opportunities to transition into civilian life and regain stability.

+ William H. McMichael, The Battle on the Home Front, ABA JOURNAL, Nov. 2011.

Mentor Component

An essential component of the Veterans Treatment Court program is the mentor program where veteran mentors act as peer support to veteran participants. Veterans are better served by having a support system that includes veterans who understand combat experience and the different aspects of military service. Mentors participate in a supportive relationship with participants to increase the likelihood that they will remain in treatment, attain and manage sobriety, maintain law-abiding behavior and successfully readjust to civilian life.

The mentor program consists of mentor coordinators and veteran mentors. Their roles, responsibilities, requirements and qualifications are discussed in the following sections. Mentor Coordinators

Role of Mentor Coordinators

Mentor coordinators ensure the efficient and successful operation of the mentor program in a Veterans Treatment Court. Mentor coordinators are volunteers that are responsible for assigning veteran mentors to participants, supporting veteran mentors in all aspects of their work and managing mentor training programs and mentor assignments.

Mentor coordinators must be familiar with their local Veterans Treatment Court and veteran services. Mentor coordinators are not required to be veterans, though prior military service is preferable.

Mentor coordinators should:

1. Find appropriate mentors for the Veterans Treatment Court program.

This may require conducting presentations in the community regarding the Veterans Treatment Court.

Mentors cannot be active employees of the Unified Court System, active law enforcement or a member of any other organization that may present a conflict with the mentor program. Consult with the judge if there are questions about the eligibility of a veteran mentor.

2. Match mentors with participants based on shared qualities and backgrounds to the greatest extent possible. Factors to consider may include:

branch of service

type of service (i.e., combat and location of service)

gender

general age group

3. Schedule the appropriate number of mentors needed for each court session.

Mentors should be present whenever Veterans Treatment Court is in session to provide immediate support for participants appearing in court.

4.

Act as a resource for the mentors by: accommodating conflicts in a veteran mentor's personal schedule collecting and reviewing mentor logs, completed by mentors, to monitor the nature of a participant's progress in the Veterans Treatment Court placing mentors in touch with local Accredited Service Officers who can help appropriate veterans secure benefits from the U.S. Department of Veterans Affairs - these trained officers can be found in local government offices and in local service organizations, such as The American Legion, The Military Order of the Purple Heart and Vietnam Veterans of America.

5.

Work with the Veterans Treatment Court staff to resolve issues and motivate participants through challenges.

In some instances, mentors may bring concerns regarding a participant to the attention of their mentor coordinator. The mentor coordinator is then responsible for contacting the Veterans Treatment Court in a timely manner to ensure that the participant receives appropriate support.

If the mentor coordinator determines that mentors are not adequately fulfilling their responsibilities, the coordinator must contact the Veterans Treatment Court staff in a reasonable and timely manner and remove the mentors from the program.

1. Maintain federal confidentiality standards.

2. Attend clinical and legal training programs supported or provided by the Veterans Treatment Court.

3. Maintain access to the mentor logbook or case management notes.

Responsibilities of Mentor Coordinators

The following responsibilities should be carried out by mentor coordinators:

- recruit, screen and train new veteran mentors
- collect and review mentor application forms
- ensure that mentors attend ongoing training programs
- pair mentors with participants

inform mentors of their schedules

manage the rotational schedule of mentors in Veterans Treatment Court

provide mentors with a list of veteran resources

collect and review mentor logs (where appropriate)

be prepared to contact the appropriate authorities if participants require crisis intervention, increased court supervision or immediate emergency care

remove mentors who fail to adequately meet their responsibilities from the mentor program

perform any additional duties as directed by the judge of the Veterans Treatment Court or the court staff

identify appropriate veterans services in the community

update the local veterans resource guide

maintain confidentiality

attend appropriate training programs

Requirements and Qualifications for Mentor Coordinators

Mentor Coordinators should:

- be familiar with the Veterans Treatment Court
- have strong leadership and organizational skills
- respect individual differences
- be able to devote time to the Veterans Treatment Court
- have prior military service (preferred, but not required).

Veteran Mentors
Role of Veteran Mentors

Veteran mentors are veteran volunteers responsible for serving as a supporter, guide and confidant for veteran participants. Mentors should provide support as participants' progress through the Veterans Treatment Court and should feel comfortable working collaboratively to assist participants, and, where appropriate, their families, in successfully completing the directives of the court.

Veteran mentors should:

1. Meet with participants to assist in resolving their issues. Each meeting should build on the participants' previous conversations. Meetings should be conducted in person (where possible). Refer participants to appropriate services Facilitate an understanding of courtroom procedures

1. Work collaboratively with the other mentors and the mentor coordinator.

2. Motivate participants utilizing a strengths-based approach by:
 - providing encouragement to participants by highlighting their strengths, including, talents, skills and knowledge

 - focusing on what has been successful

 - believing that participants have the potential to learn, grow and change

3. Maintain federal confidentiality standards.

4. Attend clinical and legal training programs supported or provided by the Veteran Treatment Court. Mentors should attend an initial training session where topics may include Veterans Treatment Court's policies and procedures, mentoring dos and don'ts, psychopharmacology, mental illness, Post Traumatic Stress Disorder and Traumatic Brain Injury.

5. Communicate with their mentor coordinator to resolve any issues regarding time commitments, resistant participants or unmanageable challenges. If a mentor fears for the safety of a participant or is concerned about a participant's behavior, the mentor should report any concerns to their mentor coordinator immediately.

6. Update the mentor logbook or case management notes after speaking with a participant.
7. Commit to a period of time, usually 5 to 6 months, to mentor in the Veterans Treatment Court.
8. Provide a valid military service record (DD214 or DD215) and, if necessary, submit to background verification.

Responsibilities of Veteran Mentors

The following responsibilities should be carried out by veteran mentors:

- attend relevant training programs
- communicate with the mentor coordinator regarding any issues
- update the mentor logs or case management notes
- maintain confidentiality
- maintain appropriate boundaries with participants
- be respectful and always speak with a positive tone

While meeting with participants, mentors must NOT:

- make clinical recommendations
- give legal advice
- provide psychotherapy
- utilize a stern approach
- inappropriately extend the boundaries of their relationship

Requirements and Qualifications for Veteran Mentors

Mentors should:

- complete a mentor application form (sample is attached)
- provide a valid DD214 or DD215 (honorable discharge is preferred)
- submit to a background check, if requested
- be respectful of individual differences and maintain appropriate boundaries with participants
- not be an active employee of the Unified Court System, an active member of law enforcement or a member of any other organization that may present a conflict of interest with the mentor program
- commit to a time period of 5 to 6 months

Sample Veterans Treatment Court Mentor Application

Date: _____

Last Name: _____ First Name: _____

Address: _____

E-mail: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Branch of Military Service: _____ Length of Service: _____

Type of Discharge: _____

Employer: _____ Position: _____

Please circle the days you are available to mentor: M T W TH F

Time Available: _____

other than English? Yes No

If yes, list languages: _____

Have you previously served as a mentor? Yes No

If yes, in what capacity and where? _____

Are you willing to submit to a background investigation? Yes No

Are you willing to submit to a drug and alcohol test? Yes No

How did you learn about the Mentor Program? _____

What does being a mentor mean to you? _____

What skills and experiences do you bring to the mentoring program that will be helpful to the veterans in the program and the other mentors?

What are you hoping to take away from volunteering with the Veterans Treatment Court mentoring program?

Mentors will be expected to participate in court observation, attend ongoing training and be supervised by a mentor coordinator.

Frequently Asked Questions

The Office of Policy and Planning serves as the technical assistance arm of the Unified Court System for problem-solving courts. The following are frequently asked questions regarding veteran mentor programs.

Q: How many mentors will I need to start a mentor program?

A: The number of mentors needed in a Veterans Treatment Court will vary based on the court's caseload. To start a mentor program, it is helpful to have a diverse group of mentors available. At a minimum and if possible, include a combat veteran, a female veteran and an Accredited Service Officer to navigate the U.S. Department of Veterans Affairs and assist in processing veterans' claims.

Q: Where can mentor coordinators solicit veterans to volunteer in the Veterans Treatment Court?

A: Mentor coordinators should utilize local veteran groups such as local Vet Centers which are community-based veteran centers and are operated by the U.S. Department of Veterans Affairs. They provide counseling services to veterans and their families, focusing on post-war readjustment to civilian life. Mentor coordinators may also contact the Disabled American Veterans Chapters which are non-profit organizations providing assistance to disabled veterans. Also, VA Medical Centers have veterans experienced with Post Traumatic Stress Disorder.

Q: How often are mentors required to meet with participants? A: Once a week is recommended, but mentors must understand that every participant is different. The goal is to form a supportive relationship with their participant.

Q: Can mentors be effective without much knowledge of the law or courtroom proceedings? A: Mentors do not need to have legal or criminal justice experience. In fact, mentors must not provide legal advice.

Q: Should mentors use a "tough love" approach? A: Although a mentor may believe it will better help a participant, this approach is counter-productive to a participant's recovery. A strengths-based approach that encourages and motivates participants is preferable.

Q: Can attorneys serve as veteran mentors? A: Attorneys who appear in Veterans Treatment Court should not become mentors. Attorneys, who do not represent litigants in Veterans Treatment Court, can be mentors, but they must not provide legal advice to participants.

Q: Why can't Unified Court System employees be mentors? A: Unified Court System employees must avoid the appearance of impropriety. Court employees face a conflict of interest in serving as impartial mentors.

Q: Can the Veterans Treatment Court mandate participants to meet with veteran mentors?

A: Initially, many participants will show little or no interest in the mentor program. Once participants feel comfortable and trustworthy of the Veterans Treatment Court, they usually commence meeting with mentors. The mentor program should be encouraged and not mandated.

Q: Can the mentor coordinator keep his or her case management notes with court files?

A: Files from the mentor program should be maintained separately from court files.

Q: Does the Unified Court System provide training programs for courts interested in planning a Veterans Treatment Court or enhance an existing mentoring program?

A: The Office of Policy and Planning works with the district offices and local courts to provide training programs on various veteran and non-veteran related topics, statewide.