The first Veterans Treatment Court (VTC) was established in Buffalo, New York in 2008. Since then, over 300 VTCs have been established across the country. These programs have received bipartisan support in their mission of serving those who served in our nation’s Armed Forces. Building upon the success of drug courts and other problem-solving courts (e.g., mental health courts, DUI courts, family courts, etc.), VTCs were created to address the specific needs of veterans involved in the criminal justice system, including navigating the resources available through the Department of Veterans Affairs.

As part of the services provided by the U.S. Department of Justice, Bureau of Justice Assistance’s (BJA) Adult Drug Court Technical Assistance Project, Justice Programs Office, a Center at American University’s School of Public Affairs (JPO at AU) conducted a survey to provide a closer look into Veterans Treatment Courts. This survey was developed to provide a snapshot of the range of policies, practices, and services in operating VTC programs. JPO at AU hopes this information will provide the foundation for further data refinement and development, and the continued improvement of these important programs.

The report, Veterans Treatment Courts: 2015 Survey Results, provides a view into these emerging courts which have spread across the country since their inception in 2008. These courts provide our veterans with treatment and rehabilitation through collaborations with the U.S. Department of Veterans Affairs, the Veterans Benefit Administration, the Veterans Justice Outreach program, veterans organizations and mentors, and community groups.

While there are many similarities between VTCs and other problem-solving courts, there are a number of factors that differentiate VTCs. These factors include:

- The unique population of veterans with service-related needs;
- The lack of an extensive adult criminal history prior to entering the military for many participants, since significant criminal history would have disqualified them from military service;
- The “warrior mentality” of many veterans, which places an emphasis on self-reliance and makes it difficult to admit the need for help;
• The structure of rules and discipline that those in the military have already experienced and upon which the VTCs can build;
• The critical role of volunteer veteran mentors in providing ongoing support for each participant and developing a community of peers that is similar to what the veteran experienced in the military;
• The critical interplay between the Department of Veterans Affairs (VA) and the state and local courts where VTCs are housed;
• The wide array of community support for veterans that is often built-in from the start of program development, and the ongoing community resources that VTCs can call upon and to which mentors can refer participants; and
• A commitment from the judges and others involved with the program that the VTC is a reflection of the country’s obligation to help those who served this country.

The survey was designed to capture information regarding the following:
• Summary background information on the operational status of the responding programs;
• Program descriptive information relating to eligibility criteria;
• Program capacity, present enrollment, and program status of participants;
• Participant demographics;
• Process for identifying eligible participants;
• Information relating to substance abuse and mental health screening and assessment;
• Information relating to the operations of each program;
• Services provided to participants;
• Judicial and coordination services provided;
• Participant fees;
• Prior experience and training of VTC judges and staff;
• Noteworthy program features;
• Implementation issues; and
• Advice to others contemplating the development of a VTC program.

According to the survey results, many of the current VTC programs have been developed and implemented with Best Practice Standards and the 10 Key Components of Veterans Treatment Courts in mind. For example, VTCs are following appropriate program length recommendations, dividing their program into phases, and maintaining key programmatic documents including policy and procedure manuals in accordance with Adult Drug Court Best Practice Standards. In addition, program responses demonstrated that these programs are developing public and private relationships to better assist their participants and enhance their sustainability through alternative funding sources. These relationships are integral to maintaining the high level of care and service that justice-involved veterans need and deserve.

One of the most crucial functions VTCs provide is linking participants with resources, including bus passes, housing, financial assistance, job readiness and other support. As the report also shows, VTCs have developed a range of services to assist veterans struggling with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), and co-occurring mental health and substance use disorders. Furthermore, while difficult to quantify, it is apparent from narrative responses that many of these programs
understand the importance of maintaining a therapeutic focus throughout the process. For example, when discussing potential causes for termination, many programs indicated that they would develop individualized remediation plans with participants to avoid termination. This therapeutic orientation is essential in assisting veterans through substance abuse issues, mental health problems, and service-related injuries, in which relapse and setbacks are part of the process. The development and implementation of mentor programs in many of these VTCs is another area worth noting; the benefits of having a peer veteran mentor cannot be overstated. VTCs have made it a priority to provide mentor services to their participants and have engaged in a number of outreach strategies to identify and recruit mentors.

The results of the survey also point to some areas where potential improvements can be made, including: strengthening management information systems/data collection; conducting program evaluations; enhancing access to defense counsel; increasing the use of medication assisted treatment; providing training on co-occurring disorders; and developing alumni groups and community policy/advisory groups. Given that these programs are still fairly new, it is imperative that data collection and evaluation is conducted to demonstrate the effectiveness of these courts and to justify their continued expansion.

Additionally, VTCs are focusing on sustainability, including obtaining continued funding, developing community partnerships, securing on-going training opportunities, procuring additional housing options, and securing state legislative support for the programs.

JPO at AU hopes readers of this report will provide suggestions for additional issues that need to be addressed and information that could help Veterans Treatment Courts in fulfilling their vital mission.

Please reach out to us using the contact information provided below.