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## **New Research on Veterans Treatment Courts: An Overview of the *Community Participatory Research on Veterans in Specialized Programming Project***

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### **Abstract**

Justice-involved veterans return to civilian life with a variety of mental and physical health challenges that often go untreated and increase their risk for self-harm and involvement in the criminal-legal system. Veterans Treatment Courts (VTC) were created to respond to the unique problems of justice-involved veterans by attempting to coordinate services and support with the U.S. Department of Veterans Affairs (VA), local treatment providers, and the VTC. Our research has two distinct phases. In Phase 1, we conducted qualitative interviews with VTC team members in twenty (20) VTCs from each USA region; in each VTC, we gained the perspectives of team members—judges, prosecutors, defense attorneys, VJOs, VTC program coordinators, mentors, probation officers, and treatment providers--- on the operation of VTCs, with a focus on how to improve service provision for justice-involved veterans. A total of 145 interviews were conducted. We begin by describing the unique problems and treatment needs of justice-involved veterans, and briefly summarize the findings from previous research on the implementation and impact of VTCs. We then present our research study protocol and highlight findings from our phase 1 qualitative interviews with VTC team members. In addition, we describe phase 2 of our project, which will include focus groups with VTC graduates, and quantitative analyses of the service provision networks of three VTCs.

### **Keywords**

Veterans Treatment Courts; Veterans Justice Outreach (VJO) Specialists; Mentors; Nexis; Other Than Honorable (OTH) Military Discharge status; Trauma; PTSD; Substance Use; Recidivism

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## Introduction

Several recent studies have attempted to document the link between veteran status and criminal-legal system involvement (Council on Criminal Justice, 2022; Lucas et al., 2022; Snowden et al., 2017). According to the U.S. Census Bureau (2021), there are currently about 16 million veterans in the United States; and it is estimated that 200,000 service members return from military service to civilian life each year (Orak, 2023; U.S. Government Accountability Office, 2019). According to a recent review by the Council on Criminal Justice, the majority of active-duty service members successfully transition out of the armed services without engaging in behaviors that invoke criminal-legal system involvement; but that is not the case for *all* returning veterans, due to struggles with “mental health challenges, substance abuse, homelessness, and criminality”.<sup>1</sup> Unfortunately, accurate up-to-date data on the extent of post-service criminal-legal system involvement by veterans are not available for each stage of the criminal justice process( i.e. arrest, prosecution, and conviction) <sup>2</sup>. We do have recent survey data suggesting<sup>3</sup> that about 5% of our Federal and state prison and jail population are veterans (n=181,500). Although somewhat older, researchers also estimate that “roughly one third of veterans report having been arrested and booked into jail at least once in their lives, compared to fewer than one fifth of non-veterans”.<sup>4</sup> However, it is not known whether these arrests occurred before or after an individual enters the military<sup>5</sup>. Accurate estimates of the number of veterans on probation are not available. We highlight this veteran-specific criminal-legal system data gap to underscore a simple point: the case for more government resources targeting the unique problems and needs of veterans—already compelling-- would be even stronger if we had the necessary data available to document not only their mental health and physical health challenges post-service, but also to describe the nature and extent of their criminal-legal system involvement( National Institute of Corrections, 2022).<sup>6</sup>

Justice-involved veterans are unlike other groups of justice-involved individuals due to their unique military experiences. They encounter the criminal-legal system when they are arrested for engaging in a range of criminal behavior, including driving under the

<sup>1</sup><https://counciloncj.org/pr-vjc-preliminary-assessment/> See the review by The Council on Criminal Justice (2022). *From Service through reentry: A Preliminary assessment of veterans in the criminal justice system*

<sup>2</sup>Data are available on cohorts of veterans that allow estimates of lifetime risk of arrests, but these estimates do not distinguish pre-service, in-service, and/or post-service arrests. See Lucas et al., (2022) for an overview of research; and Brooke and Gau (2018) represents one study with estimates, but data are old..

<sup>3</sup>By ‘recent’ we mean that the survey data are just a few years old; but accurate data on the current number of veterans in our state prison and jail systems are not available for review. At the Federal level, the BOP released estimates of the size of BOP’s veteran prison population in their most recent update on the implementation of the First Step Act. They note that” At yearend 2022, there were 8,627 persons with military service in BOP facilities, accounting for about 5% of the total federal prison population”. See Carson (2023).

<sup>4</sup>Brooke and Gau (2018) provide these estimates based on 2004 survey data from state correctional facilities. See also Maruschak, et al. (2021), who examined the 2016 survey of prison inmates. These estimates are also included in a recent review by Orak (2023): *From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans*. Council on Criminal Justice. <https://counciloncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/>

<sup>5</sup>Orak (2023) summarizes the research suggesting that military service “might attract people with characteristics that make criminal justice involvement more likely in part because service is seen as a pathway out of challenging circumstances” .

<sup>6</sup>A recent NIC report, *Veteran Intercepts in the criminal justice system* (NIC, 2022) identified 6 unique justice system intercept points: (1) non-crisis deflection, (2) pre-arrest deflection, (3) initial detention and court hearings, (4) jails/courts, (5) reentry, and (6) community services. While policy options are discussed by the authors of this report for each intercept point, no data are presented on the number of veterans moving through each intercept point. Without this information, federal and state governments cannot make accurate resource allocation decisions.

influence, theft, substance use, domestic violence, and assault. While the criminal-legal system responds to individuals who are arrested for these crimes regularly, the traditional court process is ill-equipped to address the unique problems and needs of justice-involved veterans. These individuals often have a litany of concerns: military trauma, including military sexual trauma and post-traumatic stress disorder (PTSD), co-occurring mental health and substance use disorders, and diagnosed psychiatric conditions (Clary et al., 2020; Finlay, et al., 2019; Tsai & Seamone, 2019; Tsai et al., 2017), as well as physical health problems, including traumatic brain injuries (Logan et al., 2021). For post-9/11 veterans, these concerns appear to be more prevalent than in earlier cohorts of veterans (Parker et al., 2019). According to a recent review by the Council on Criminal Justice (2022), “veterans, and especially post-9/11 veterans, face unique risk factors for criminal justice involvement, ranging from multiple combat deployments to high PTSD rates and housing insecurity. For the 200,000 people who annually transition out of the military, the exit programs that await them often fail to meet expectations. In addition, increasing numbers of service members are leaving the armed forces with other than honorable discharges, which in almost all cases bar VA benefits” (p. 20). While the court system cannot ignore justice-involved veterans’ involvement in criminal activity, the general consensus within the U.S. is that veterans deserve special treatment, given their service.<sup>7</sup>

### Why do we need VTCs?

There has been a recent debate over the need for specialty courts (see, e.g., Lucas, 2021; Pratt & Turanovic, 2019; Pratt & Turanovic, 2021), which has implications for the VTCs examined here. Pratt and Turanovic (2019) describe the justification for specialty courts as follows: “The purported benefits of specialized courts... hinge on the idea that certain groups of offenders are unique—and therefore different from others—so having their own unique court process will increase the odds that their particular offending tendencies might be curbed” (p. 376). Citing the “generality of deviance” thesis (Hirschi & Gottfredson, 1994; Pratt et al., 2016), they point out that, “offenders do not specialize in any particular form of misbehavior,” and they go on to argue that specialty courts are not designed to reduce recidivism; instead, they are, “largely intended to provide administrative benefits in terms of system efficiency and ease of case processing” (Pratt & Turanovic, 2019, p. 376). While they do make a valid point about organizing specialty courts around the latest conviction offense of an individual (e.g., substance use, domestic violence), this point does not—in our view—apply to veterans’ courts, which focus on a specific subgroup of individuals rather than specific *offense types*. As we demonstrate in the following review, while justice-involved veterans may indeed be generalists in terms of their criminal behavior, they do have special problems that will require veteran-specific treatment; that alone justifies the creation of this type of specialty court.<sup>8</sup>

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<sup>7</sup> <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/veterans-treatment-courts>

<sup>8</sup> This observation on the need for veteran-specific treatment (the responsivity component of the RNR model) is not an original thought on the research team’s part; it was offered by the late Alan Lizotte, Professor Emeritus, SUNY Albany, in response to a question the first author raised to him about whether he thought specialty courts were needed for justice-involved veterans. He was a Vietnam veteran with a deep commitment to veterans’ issues, and the research team agrees with his assessment. For those unfamiliar with Lizotte’s contributions, see the following tribute: <https://www.sansonefuneralhome.com/tributes/Alan-Lizotte>

## The Implementation and Effectiveness of VTCs: What Do We Currently Know?

It has been fifteen years since the first VTC was established. During this period, the number of VTCs has grown annually, and there are currently over 600 VTCs operating across the country; only Vermont and Connecticut do not have VTCs in place (Rapisarda et al., this volume). These programs vary in size, scope, target population, VTC team composition, VA and non-VA service provision networks, and intervention models. The above-mentioned variations make a simple description of a “typical” VTC program virtually impossible. However, these differences in VTC program models provide a unique opportunity for evaluators to compare the effectiveness of different VTC models, based on a full range of in-program and post-program outcomes related to service provision and improvement in designated need areas (i.e., mental health, physical health, housing stability, family, relationships/disruption, substance use, and recidivism). In 2022, the National Institute of Justice (NIJ) provided a total of \$6M in funding for a large multi-site evaluation of VTCs, which is currently underway; the results of this multi-site evaluation will be released in FY2027.<sup>9</sup> Given the proposed reduction in federal funding support for VTCs included in the Office of Justice Programs FY 24 Budget request, there is certainly a need for rigorous evaluation research to determine whether government support for the VTC initiative should continue. In that 2024 budget proposal, funding for VTCs was reduced from \$35M to \$25M, with at least some of this funding targeted to diversion/ deflection programs.<sup>10</sup> It seems that at the national level, support for the continued development and expansion of VTCs is waning. Perhaps this will change if the results of the multi-site evaluation are positive; but realistically, this study is years from completion. In the interim, it makes sense to briefly summarize the current body of VTC evaluation research because this is the research that Congress will be able to review when these funding priorities are established over the next several years.

Despite the growth of VTCs nationwide in recent years, the evaluation research supporting the continued development of VTCs is remarkably limited. Our research team has conducted a systematic review of all published evaluations on VTCs since their inception.<sup>11</sup> Table 1 highlights the results of our review. We have identified fifteen separate research studies that examined VTC processes and outcomes, including four (level 2) quasi-experiments with significant research design flaws, and eleven (level 1) studies that provide data on VTC operations and preliminary effects, which include secondary analyses of VA data related to veterans in VTCs, case studies, telephone surveys of VTC team members, interviews with staff and VTC program participants, and other studies with no control groups. Only one of the four level 2 quasi-experiments included a comparison group; in this study, significant differences in the risk levels of VTC and comparison groups were identified as a likely threat to the validity of the study (Hartley & Baldwin, 2019). The authors offer the

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<sup>9</sup>NIJ has allocated a total of 6 million for this evaluation effort; an initial award of 4.5 million. For more details click here: <https://nij.ojp.gov/funding/awards/15pnij-22-gk-00035-vtcx#supplemental-award-0-0>

<sup>10</sup>Details on the budget proposal can be found on pages 268-270: [https://www.justice.gov/d9/2023-03/ojp\\_fy\\_2024\\_presidents\\_budget\\_final\\_draft\\_clean\\_3.17.23.pdf](https://www.justice.gov/d9/2023-03/ojp_fy_2024_presidents_budget_final_draft_clean_3.17.23.pdf)

<sup>11</sup>We will be publishing a separate article detailing the results of our systematic review, but we think it is important to highlight these initial findings here.

following self-assessment, which applies to all evaluations of programs when participation is voluntary<sup>12</sup>: “Our finding that participation in the VTC was related to reduced recidivism could be confounded by unobserved differences between those who chose to participate and those who did not” (Hartley & Baldwin, 2019, p. 70). Unfortunately, none of the evaluations on VTCs conducted to date employ a rigorous research design, which leads us to conclude that at present and using Campbell Collaborative standard review criteria, the impact of the VTC court model on recidivism is currently classified as unknown.<sup>13</sup>

The studies highlighted in Table 1 provide a preliminary snapshot of program implementation challenges, while also presenting some interesting data on service provision outcomes. For example, several studies provided data on program completion rates. In a recent multi-site process evaluation of eight VTCs, Baldwin and Hartley (2022) highlighted the diversity of VTC models currently operating in these jurisdictions in terms of target population, selection criteria, referral pipeline, program conditions and supervision requirements, availability of treatment and rehabilitative support, and the level of service coordination with the Veterans Health Administration. There was significant variation in the graduation rates of the programs they reviewed, with successful completion rates ranging from 44% to 84.6% (Baldwin & Hartley, 2021).<sup>14</sup> Variations in graduation rates across VTC sites was also identified by Erickson (2016), while Johnson et al. (2016) identified factors related to both higher and lower VTC program termination rates (see our summary of these factors in Table 1).

We were particularly interested in the attempts by researchers in several jurisdictions to measure the impact of VTC services on various behavioral, mental health, and physical health outcomes. Derick and colleagues (2018) identified improvements in several need areas, based on pre-post comparisons of a cohort of 49 VTC participants who completed the program. According to the research team, graduates of the program reported a decline in drug use, depressed mood, trauma, and aggression toward physical objects or self-aggression. Similarly, Knudson and Wingenfeld (2016) reported pre-post improvements in various psychological well-being and treatment recovery measures for 86 veterans who completed a VTC program, while Slattery and colleagues (2013) reported that 83 VTC program participants showed improvements (also via pre-test post-test comparisons) in PTSD symptoms, depression, self-harm, substance use, and social integration. These preliminary research studies suggest that VTCs in these jurisdictions appear to be working as designed, but more rigorous research is necessary before these findings can be presented as “evidence” that VTC programs have their desired effects in terms of service provision.

It is obvious that there is much that we simply do not know about how VTCs are being implemented and operated across the country, but the studies highlighted in Table 1 still

<sup>12</sup>Failure to account for the potential confounding effect of motivation to change is a limitation dutifully noted by researchers conducting quasi-experimental studies. Of course, noting it as a potential limitation does not solve the problem.

<sup>13</sup>Evaluations of criminal justice programs have been reviewed using the Maryland Scientific Methods Scale; see <https://whatworksgrowth.org/resources/the-scientific-maryland-scale/> For an overview of how evaluation studies in corrections are ranked on a scale of 1-5 based on the quality of the research design, see [http://www.wsipp.wa.gov/ReportFile/924/Wsipp\\_Evidence-Based-Adult-Corrections-Programs-What-Works-and-What-Does-Not\\_Preliminary-Report.pdf](http://www.wsipp.wa.gov/ReportFile/924/Wsipp_Evidence-Based-Adult-Corrections-Programs-What-Works-and-What-Does-Not_Preliminary-Report.pdf)

<sup>14</sup>The authors noted that for a small subsample of 134 participants who completed 12-month follow-up interviews, 10% self-reported being rearrested. However, these self-report data were not officially verified.

provide useful preliminary information on a handful of the 600 plus VTCs. Unfortunately, only a small number of low-quality impact evaluations of VTCs have been conducted to date, so we currently know more about implementation challenges than program effectiveness.<sup>15</sup>

## Our Research Study: An Overview

The purpose of our research study is two-fold: first, we are interested in understanding the perspectives of VTC team members on how their VTCs operate, and to document their recommendations on how to improve services and support for justice-involved veterans; second, we hope to provide our assessment of VTC service provision based on our examination of the service provision networks in three different VTC models. Throughout this project, our research has been guided by the advice and suggestions of our advisory board, which includes representatives from the VA's Veterans Justice Program, judiciaries, veterans advocacy groups, probation, and academia.<sup>16</sup>

### Phase 1 Interviews with VTC Team Members

Our research aims to document and understand the nature of VTCs' inner workings and collaboration with various entities such as community service providers and the VA.<sup>17</sup> We take a qualitative approach to uncovering these processes and relationships and focus on in-depth interviews with 145 VTC team members from 20 unique courts across the U.S. Key VTC team members include court staff, judges, attorneys, probation officers, community treatment providers, and VJOs.<sup>18</sup>

Table 2 provides a brief overview of our interview sample. The study sample is comprised of 34 attorneys (prosecutors, public defenders, and private defense attorneys), 15 judges, 16 community corrections officers, 17 community mental health or substance use treatment providers, 21 VJOs, 6 VA personnel (e.g., Veterans Benefits Administration representatives, VA peer support specialists, and veteran employment counselors), 18 court coordinators / managers, 6 social service providers, 9 mentor coordinators, and 3 'other' individuals, including a paralegal, a law enforcement officer, and a court clerk. Interviewees were majority women (60%), white (70%), and had an average age of 49.8 years. Additionally, 80% had advanced degrees and 35% were veterans with prior military experience.<sup>19</sup>

<sup>15</sup>A recent scoping review of VTCs (McCall et al., 2018) reached similar conclusions about the current state of VTC evaluation research. McCall and colleagues identified 48 written scholarly works on VTCs, but the majority (n=37) were program descriptions, single case studies, or theoretical or policy pieces.

<sup>16</sup>Advisory Board members include **Blue-Howells, Jessica** | Deputy Director, Veterans Justice Programs, U.S. Department of Justice; **Clark, Sean C.** | National Director, Veterans Justice Programs, U.S. Department of Justice; **Corbett, Ron** | Retired Commissioner of Probation, Massachusetts, Lecturer in the School of Criminology and Justice Studies, UMass Lowell; **Moore, Eileen** | Associate Justice, California Court of Appeal (Fourth District); **Stewart, Katharine E.** | National Coordinator, Veterans Justice Programs, U.S. Department of Justice; **Stimmel, Matthew A.** | National Training Director, Veterans Justice Programs, U.S. Department of Justice; **Taxman, Faye\*** | University Professor, Faculty Fellow, Director, Center for Advancing Correctional Excellence!, George Mason University; **Tirocchi, Scott** | Director, Justice For Vets, A division of the National Association of Drug Court Professionals (NADCP); **Tsai, Jack** | Research Director of the National Center on Homelessness Among Veterans; Buchanan, Alec, Professor of Psychiatry, Yale School of Medicine.

<sup>17</sup>The current research project was approved by the George Mason University Institutional Review Board.

<sup>18</sup>VJO specialists' primary roles entail providing direct outreach, assessment, and case management for veterans throughout the legal system (and not just courts), including in local courts and jails and help them navigate the legal system (U.S. Department of Veterans Affairs, n.d.). For example, VJOs serve as a liaison not only between the VA and VTCs, but also between the VA and Crisis Intervention Teams in police departments and probation and parole officers (U.S. Department of Veterans Affairs, n.d.).



## Phase 1 Site Selection

Twenty (20) VTCs were selected for this study using a purposive sampling approach. Our goal was to engage with VTCs across the U.S. that represented a range of characteristics including VTC size (i.e., the number of veterans served in each court), geographic location, and availability of court information. The research team developed an initial list of 54 possible court jurisdictions that served municipalities, counties, or regions, and then settled on 30 sites for initial recruitment. Researchers conducted outreach to court coordinators or VJOs to present the research study and provide additional information to court staff. In some cases, members of the research team met with court team members via Zoom to discuss the details of the research study, answer questions, and outline a process for obtaining any court approvals. Ultimately, 20 sites agreed to participate in the current study.<sup>20</sup>

We do not identify these specific courts or provide identifiable data on the team members we interviewed to maintain privacy and confidentiality of participants. However, we have collected data on key court and respondent characteristics that are worth considering at the outset of our review. Table 3 provides an overview of the key characteristics of our 20 VTC sites. The VTCs in our study vary in several key program characteristics, including program size, geographic region, and whether they operate in urban, suburban, or rural settings.<sup>21</sup> While the majority of the VTCs we studied were post-adjudicatory programs (n = 11), several had the capacity to provide both pre-adjudicatory and post-adjudicatory options for justice-involved veterans (n = 8), while one program was solely pre-adjudicatory. In terms of program models, there was variation in:

1. The use of program phases (e.g., 2 programs had no unique phases, while 6 required veterans to complete five phases).
2. Length of the program (e.g., 11 were 18 months or longer, 5 were 12-17 months, and the remainder had no set duration).
3. Phase progression and program completion requirements (e.g., the amount of time a veteran is required to be abstinent from drugs and alcohol varied across sites, as did community service requirements, and payment of fees).
4. The extent to which the VTC court integrated military symbols and protocols into hearings (e.g., some jurisdictions placed an emphasis on military protocols, such as referring to participants by their rank and branch of service<sup>22</sup>; others did not).

One characteristic of the VTCs in Phase 1 that is important to consider is the typical offense types that brought the veteran into the criminal-legal system: DUIs, domestic violence, drug possession, and theft. Many of the veterans referred to these programs did not have

<sup>19</sup>Sociodemographic data were successfully collected during our interviews at 16 of 20 sites. Of the 145 interviews we conducted, these data were complete for 97 respondents (66% of sample).

<sup>20</sup>The most common reason courts declined to participate was lack of staff or resources to support engagement with the research project.

<sup>21</sup>Our research team has created an up-to-date listing of all current VTCs operating across the United States, which we used to map and examine the distribution of VTCs within states and across regions. Review of this database was instrumental in guiding our initial VTC selection process.

<sup>22</sup>In several courts, a variety of military protocols were identified by the VTC team members that we interviewed, including the Pledge of Allegiance, use of military rank, and other military protocols.

extensive criminal histories, which certainly raises questions when selection criteria target high risk individuals. The question becomes: at risk for what? For crime commission? Or for behavioral health problems? In this regard, it is interesting to consider OJP's target population for VTCs, which is described in their FY2024 Budget Justification for VTCs (2023):

Veteran's treatment courts are focused on their scope and target audience. They serve veterans who have criminal justice involvement who have been assessed as being **high risk** to commit crimes with high levels of behavioral health needs. This means that no more than about 10-15 percent of the overall number of persons with criminal justice involvement could be served by this court-based intervention (p. 268).

We suspect that OJP may be conflating high risk (for recidivism) with high need (for services and support), given the estimate of the likely size of the high-risk population provided<sup>23</sup>. The designation of the high-risk category for the types of risk assessment instruments used in probation departments typically draws a cut-off point to include around 10-15%, of the overall population, as noted by OJP. If decisions on funding levels for VTCs are targeting only the subgroup of veterans who are high-risk for recidivism, this will result in a significant proportion of justice-involved veterans who will not be included in VTCs that rely solely (or mainly) on this funding source, because many justice-involved veterans are low risk for recidivism, but high risk for a variety of negative behavioral health outcomes( in other words, low-risk but high-need).

Our review of VTCs also revealed that program acceptance and admission vary by a veteran's discharge status. In half the programs we studied, only veterans who were eligible for VA services were accepted into the program; in the remaining programs, VA eligibility for services was not required. Similarly, half of the studies required a nexus between the veteran's service-related mental health concerns and diagnoses and the current criminal behavior that has brought them into the criminal-legal system.

### Phase 1 Data Collection Procedure

After agreeing to participate in the research as a court, we recruited individual members of each VTC team to engage in an in-depth virtual interview. The court coordinator or manager provided a list of contact emails for individuals in key roles within the VTC. Not all courts had all roles as part of their organizational structure or had those positions filled. We directly emailed individuals to recruit them for participation in the interview, describing the interview process and providing a consent form for review. Participants who agreed to participate in an interview were then scheduled to meet on Zoom with one or two members of the research team.

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<sup>23</sup>See Taxman (2017) for a full discussion. The actual cut-off points set for each level of classification are not based on any specific recidivism marker; they vary from system to system and in many jurisdictions, the size of the high -risk category is likely resource-driven, given the closer supervision and lower caseload size linked to high-risk classification. There have been recent efforts to design a veterans-centered risk /needs assessment instrument, but the question remains: should the target population of VTCs include low risk, but high need veterans? See BJA's work in this area: <https://bja.ojp.gov/program/veterans-treatment-court-program/resources>



Virtual in-depth interviews were conducted using Zoom web-conferencing software due to restricted travel during the COVID-19 pandemic. We believe the virtual platform increased our access (both time and place) to interviewing team members, but it is possible that the nature and course of interviews differed from what might have taken place if the interviews had been conducted in person (Olliffe et al., 2021). We constructed three semi-structured interview guides specific to various roles in the court.<sup>24</sup> All three interview guides asked participants about their role in the court, aspects of the court process, the makeup of the court clientele, perspectives on the strengths and weaknesses present in their particular court, and the future of VTCs in general. The first interview guide was for team members who are engaged in elements of direct service (e.g., mentors, VA, or community-based treatment providers) or coordinating direct services and court engagement (e.g., court coordinators, probation officers, mentor coordinators) with the veteran client. The second interview guide was formulated for VJOs and contained questions specific to the VA's relationship with VTCs, and the process and function of brokering services for clients. The third interview guide focused on team members who perform legal functions including the judge, prosecutor, and defense counsel. This interview guide contained broader questions about relationships with other court team members and legal specifics about the VTC.

Interviews were scheduled for one hour but lasted between 45 and 90 minutes. All participants were provided the approved research ethics documents in advance of the meeting and consented to the interview prior to beginning recording. All but one participant agreed to be audio-recorded. In this case, detailed interview notes were taken by one member of the research team. We relied on Zoom's audio recording function to capture the audio, and these files were uploaded to a transcription service for verbatim transcribing. We did not rely on Zoom's auto-transcribe feature due to accuracy and data management concerns. Once audio recordings were transcribed verbatim, we deidentified participant names and other potentially identifying information (including names of other people in the court, aspects of the court itself, location specifics, or references to specific organizations) to protect participant and court privacy and confidentiality. Instead, we report our findings using a unique identification number and generic role/title. We met weekly as a research team to tackle logistical concerns related to collecting data from many sites, as well as debrief about emergent issues and topics from the interviews.

### Phase 1 Analytic Strategy

All interview transcripts were imported into the qualitative software program, NVivo, for coding and analysis. We adopted a thematic analysis approach to coding the data, which included deductive procedures followed by inductive coding through an iterative process (Braun & Clarke, 2006). Thematic analysis is a qualitative strategy for coding and analyzing qualitative data that uses deductive and inductive approaches and is theoretically flexible, meaning researchers can engage in analysis steps that are tightly tied to specific theoretical propositions or enter the analysis phase *a priori* (Braun & Clarke, 2006). This allowed us to enter the analysis phase, which began after we collected interviews from the first two sites, with a robust list of possible codes and domains built on our post-interview debriefing

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<sup>24</sup>Interview guides are available upon request.

sessions, the questions from the interview guide, and the prior research on VTC service provision. We complemented this deductive coding strategy with an inductive approach whereby new or unexpected actions, relationships, and processes were coded. Two members of the research team conducted the initial coding process, collaborating on when new codes were added, as well as to confirm interrater agreement.

We produced analytic memos reflecting the larger themes emerging from this round of coding, which were collectively reviewed by the entire research team to produce the final iteration of the findings. This consensus approach to distilling our findings allowed for sufficient probing of the data and development of new conceptual framing about service delivery. We also engaged in a version of member checking by presenting our findings to the larger study's Advisory Board, who provided rich and detailed feedback on the veracity of our conclusions (Kornbluh, 2015).

### Initial Findings from Phase 1's Interviews

We will be presenting the results of the Phase 1 interviews in a series of research articles highlighting the unique perspectives of VTC team members. The four articles included in this issue present the results of our Phase 1 research in four areas: (1) the influence of enacting and enabling state statutes on the design and operation of VTCs (Rapisarda et al., this volume); (2) team member perceptions of eligibility criteria and target population (Hummer et al., this volume); (3) team member perceptions of service delivery and coordination with the VA (Kras et al., this volume); and (4) team member perceptions on the future of VTCs (Socia et al., this volume).

A summary of the key findings and take-aways from these four reviews is provided below:

- 1. A Nationwide Review of Enacting and Eligibility State Statutes:** Our nationwide statutory review revealed interstate variation in enacting and eligibility statutes that can be viewed as one factor impacting veteran eligibility and participation in VTCs. However, we found that most state statutes do *not* provide explicit language restricting the eligibility of veterans to only those who are VA eligible for services. Instead, we found that restricting prospective participant access into VTCs by VA service eligibility status is primarily shaped not by state legislation, but rather by the court and its team members, funding agency restrictions, and other state and local authorities outside the purview of state legislation.
- 2. Team Member Perceptions of Eligibility Criteria and Target Population:** VTC team members highlighted several issues related to eligibility for participation in VTCs and offered recommendations for improving the identification and decision-making process. Team members did not favor rigid eligibility criteria, and regularly mentioned a desire to be able to serve more justice-involved veterans. In courts without eligibility criteria codified by statute, high on their wish lists for the future would be additional resources and treatment options for veterans who are ineligible for VA benefits, or for services that supplement current VA offerings. In most jurisdictions where we

conducted interviews, the VTCs were typically under capacity for participants (in some cases significantly so), with numbers not rebounding post-COVID, and courts were actively trying to bring more eligible veterans into the VTCs, but recruitment was an ongoing challenge.

3. **Team Member Perceptions of Service Delivery and Coordination with VA:** VTC team members identified several service delivery challenges and offered recommendations for improving service delivery to justice-involved veterans. Across the interviews, team members identified where and why the needs of veterans were not being met, both before and after VTC court participation. Team members pointed out that a veteran's discharge status directly affected veteran's access to VA support services.<sup>25</sup> Team members also noted that current eligibility requirements for participation in VTCs may exclude a sizable subgroup of veterans that need the most help and support. In terms of service availability, team members noted the lack of residential mental health services available in their jurisdictions, and particularly from VAs, resulted in long waiting lists and an extended time to treatment for justice-involved veterans. They recommended developing veterans-only transitional and long-term housing options. Similar strategies employing veterans-only mental health and substance use treatment programs were also recommended. Finally, team members felt that information sharing is a continuing challenge, in large part due to the siloing of client data across two large bureaucracies – the court and the VA – which renders any assessment of VTC program fidelity incomplete.
4. **Team Member Perceptions on the Future of VTCs:** Team members were hopeful about both the short-term and long-term future of VTCs, expecting them to continue to treat justice involved populations. This optimism, however, was tempered by concerns about the stability of funding sources, availability, and expansion of treatment resources, and the continued buy-in of key personnel and political supporters.

In addition to these articles, we also plan to highlight the unique perspectives of team members based on their roles and responsibilities on the VTC team, in a series of forthcoming articles on the perceptions of VJO specialists, judges, probation officers, mentors, VTC program coordinators, and other team members.

### **Next Steps: Phase 2 Research**

The initial component of Phase 2 of the current project has focused on collecting quantitative data on VTC processes and outcomes in three of the 20 VTCs within which team members were interviewed during Phase 1 of the project. Using a comprehensive model data collection instrument developed by the research team, we have worked with the sites to gather information on veterans' progress through, and completion of, various

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<sup>25</sup>It is well-documented in the literature that veterans without access to these services are more likely to self-harm and manifest untreated mental health and substance use problems that may result in criminal legal system involvement. For a recent overview, see the 2020 report, Turned Away, available at <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>

program phases in their respective programs. Examples of variables requested from these sites include:

- Veteran military discharge status for all referrals
- Referral process and reason for acceptance/rejection
- Race/ethnicity/other demographics of accepted VTC participants
- Instrument used to conduct initial risk and needs assessment
- Specific types of substance use, mental health, and other treatment modalities recommended
- Service provision data in each program phase
- Individual progress and time to completion in each program phase
- Overall improvement noted in designated need areas
- Legal system status
- Incentives for VTC program completion at each VTC

We are conducting a series of focus groups with program graduates in the three courts that are also providing Phase 2 quantitative data. We think it is critical to provide the perspective of justice-involved veterans on the design, implementation, and impact of these programs, and to carefully consider their recommendations for improving service provision, both inside and outside the VTC.

### **Concluding Comments**

The overarching goal of our project is to enhance our knowledge and understanding of strategies employed by VJO specialists and VTC staff to provide service to veterans in VTCs. Based on our Phase 1 qualitative research findings, our Phase 2 focus groups with justice-involved veterans, and the results of our quantitative review of service provision in three VTCs, we will be offering actionable recommendations on how to improve service delivery for veterans within VTCs.

We do have a few key take-aways from our initial background research that are worth considering. First, our review demonstrates the need for accurate, up-to-date data on the level of involvement of veterans in our criminal-legal system during their initial transition from the military to civilian life. Specifically, we need to systematically collect data on the post-service arrest, prosecution, conviction, incarceration, and/or community supervision of veterans. Second, we need several rigorous evaluations of the implementation and impact of veterans' treatment programs; we can not simply wait for the results of one multi-site evaluation. Even if the evaluators do successfully conduct a randomized control trial (RCT) at one or more sites, there needs to be a sufficient number of high-quality evaluations available for review. Until this work is done, any discussion of best practices is premature. As we highlight in our review of twenty VTCs, there are a variety of VTC models currently operating across the country, but we do not have a single, high-quality evaluation available for review. We have learned –hopefully— from our experience with HOPE-based

evaluations that we cannot rely on one boutique evaluation to make critical policy and resource decisions; there needs to be much more research conducted and available for review (Pattavina et al., 2023). And third, researchers attempting to evaluate VTCs over the next few years will need to find ways break down the walls between two systems—the court and the VA—that currently tend to silo rather than share critical data on service provision, supervision, and criminal-legal system outcomes. As Tsai and colleagues (2023) recommend, we need to “Identify mechanisms for sharing of data, information, funding and other resources between federal, state and local criminal justice entities”<sup>26</sup>. To be successful, we will need to develop data access and data sharing protocols that address data confidentiality concerns without excluding researchers not working for either system.

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<sup>26</sup>For a detailed collaborative research agenda, see the following summary report by Tsai et al. (2023) developed by the VA National Center on Homelessness among Veterans: [https://www.va.gov/HOMELESS/nchav/docs/HVOSC-405\\_Research\\_Agenda\\_for\\_CJI\\_among\\_Veterans\\_508c.pdf](https://www.va.gov/HOMELESS/nchav/docs/HVOSC-405_Research_Agenda_for_CJI_among_Veterans_508c.pdf)

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**Table 1:**

An Overview of Veterans Treatment Court Program Evaluation Research

Author(s) (Year)	Program Under Review (State)	Research Design & Sample Size	Quality Ranking: Low (1) – High (5)	Key Findings
Derrick et al. (2018)	The San Diego Veterans Treatment Review Calendar (SDVTRC) Pilot Program	Longitudinal study (pre-post design) – participants measured at baseline, 6 months and 12 months. 82 Veterans accepted into the program; 49 participants with a program outcome at the close of the study time period.	Level 2 quasi-experimental design: Pre-post comparisons of changes in substance use, and several psychological well-being measures; no comparison group	With 49 participants having an outcome (i.e., graduated from the program, voluntarily terminated, or were involuntarily terminated), the successful completion rate was 71%. Overall, participants reported a decline in drug use ( $p < .01$ ); depressed mood ( $p < .001$ ); total trauma and stress and all three subscales ( $p < .001$ ); total anger and aggression ( $p < .001$ ); physical aggression toward objects ( $p < .05$ ); and physical aggression toward self ( $p = .052$ ). There was no statistically significant re-duction in physical aggression toward others.  There were no differences in treatment outcomes based on factors of military service, underscoring the importance of considering an individual's service history when developing their treatment plan, in lieu of a one size fits all approach for participants.  The court has effectively achieved a 0% criminal recidivism rate among its participants.
Hartley & Baldwin (2019)	Large urban VTC program	144 VTC program participants who entered the VTC between 2010 and 2014 and remained in program for at least 6 months were compared to a group of veteran nonparticipants ( $n=157$ ) who were accepted into the VTC but opted out. Graduates: 128 Terminations: 16 General treatment group: 144 Comparison group: 157  Sample size for recidivism analyses varied significantly by year: Year 1: 126 grads, 14 terminations, 109 comparisons Year 2: 70 grads, 14 terminations, 44 comparisons Year 3: 30 graduates, 11 terminations, 12 comparisons	Level 2, quasi-experimental design: Comparison group identified but matching techniques were not employed; participants who dropped out of the VTC in first 6 months were excluded from the analyses; comparisons included for completers and terminations and the comparison group without controlling for known differences between groups. Significant missing data problem makes comparisons potentially misleading.  Note: 9.4% of treatment group were designated high risk, compared to 17.1% of control group; no controls for risk level	No overall differences in recidivism: At 1-year post-program re-arrest, no difference between treatment and control groups (14% vs 16%) At 2-years post-program, the difference is 20.2% program participants vs. 34.1% comparison group. At 3-years post-program, the difference is 31.7% program participants vs. 50.0% for comparison group.  However, Positive findings reported when terminations excluded from the analyses at 1-year post-program: 8.7% VTC program completers vs. 16.6% comparison group (see p.64).  Note: Researchers stated that matching “could not be employed due to the limited sample sizes of the groups” (see p. 71)
Knaudson & Wingenfeld (2016)	1 large urban, Midwestern VTC	Mixed-methods research design (assessments at baseline, 6 months and 12 months, in person interviews); 86 veterans	Level 2 quasi-experimental design: Includes pre-post psychological well-being and treatment recovery measures; no separate	PTSD symptoms decreased significantly during treatment ( $F=36.93, p<.001$ ).  Results revealed significant improvements over the course of treatment in recovery orientation ( $F = 12.25, p < .001$ ), sleep ( $F = 7.94, p < .001$ ), family relations ( $F = 5.60, p < .004$ ), substance abuse ( $F = 21.36, p < .001$ ), depression ( $F = 28.29, p < .001$ ), emotional wellbeing ( $F = 17.59, p < .001$ ), self-harm ( $F = 3.26, p < .041$ ), and overall energy ( $F = 5.11, p < .007$ ).

Author(s) (Year)	Program Under Review (State)	Research Design & Sample Size	Quality Ranking: Low (1) – High (5)	Key Findings
			non-VTC comparison group	<p>The mental health outcome in terms of functioning (<math>F = 25.34, p &lt; .001</math>), social connectedness (<math>F = 14.74, p &lt; .001</math>), and social functioning (<math>F = 14.65, p &lt; .009</math>), and emotional limitations (<math>F = 14.65, p &lt; .001</math>) measures also evidenced significant improvement over time.</p> <p>The BASIS relationship factor (<math>F = 7.33, p = .001</math>) and the general health factor (<math>F = 3.99, p = .02</math>) each showed significance, as well</p> <p>Of the 86 participants, 9 were rearrested during their time in the program while 7 veterans were rearrested after 6 months, and 4 after 12 months, two were arrested at both 6 and 12 months</p>
Slattery et al. (2013)	Colorado Springs VTC (Colorado)	Longitudinal evaluation: 200-item in person interviews at baseline, 6 months, and 12 months; 83 veteran participants	Level 2 quasi-experimental design: Pre-post comparisons of intermediate outcomes, including psychological well-being, employment, housing, and substance use	Although VTCs participation did not significantly improve unstable housing or unemployment, mental health did improve. Improvements in PTSD, depression, self-harm, emotional lability, substance use, and social reintegration were significant from baseline to 6-month interview and sustained from 6- to 12-month interview
Tsai et al. (2017)	VJO program participants were extracted from the VA's Homeless Operations Management and Evaluation System (HOMES)	Secondary data analysis of 22,708 veterans (N=8,083 VTC participants, 680 participants in other treatment courts and 13,945 participants in neither VTCs nor treatment courts)	Level 2 quasi-experimental design	VTC participants had better independent housing outcomes, and they had better employment outcomes, than non-tx court participants. However, VTC and other tx court participants were also more likely to have jail sanctions and new incarcerations compared with non-TX participants.
Baldwin & Hartley (2022)	8 VTC programs operating in 3 Southern USA states (Florida, North Carolina, Texas)	Mixed-method research design	Level 1 non-experimental design: No comparison groups	VTC participants were more likely than other VJO participants to have served in Iraq or Afghanistan, but there were no sociodemographic disparities in access to VTCs.
Blonigen et al. (2017)	VJP (veterans justice outreach program) Specialists nationwide	Qualitative, in-depth interviews; 41 Veterans Justice Outreach Specialists, 13 Health Care for Reentry Veteran Specialists, and nine "hybrid" Specialists who served justice-involved veterans through both VJPs	Level 1 non-experimental design: Qualitative study	Graduation rates: 75% or higher for 6 of 8 VTCs Self-report arrest data only included for a subset of interview participants: 10% self-reported re-arrest (see summary, p. 28)
Erickson (2016)	3 VTC programs operating in 3 U.S. cities/counties (Broward County FL, Colorado Springs CO, Anchorage AL)	Case study including interview data, agency records, and evaluation stories; participants included: (1) the VTC coordinators in the Colorado Springs VTC and the Anchorage, Alaska VTC; and (2) the VTC judge of the Broward County VTC	Level 1 non-experimental design: Single-site case study; no comparison group	Of the 6 RNR-based risk factors (1-substance abuse, 2/3-lack of + school or work involvement, 4-family/marital dysfunction, 5-lack of prosocial activities/interests, 6-antisocial tendencies), VJP specialists reported having services and resources 100% of the time to address risk factors 1-3, 94% of the time for risk factor 4, 86% of the time to address risk factor 5, and only 57% of the time for risk factor 6. VJPs discussed services and resources along 3 cross-cutting themes: (1) peer-based services, (2) motivational interviewing/cognitive behavioral techniques (brief/informal), & (3) cognitive behavioral interventions (structured groups)

Author(s) (Year)	Program Under Review (State)	Research Design & Sample Size	Quality Ranking: Low (1) – High (5)	Key Findings
Himes (2019)	2 VTCs (Jefferson and Hardin Counties, Kentucky)	Secondary data analysis (exploratory descriptive study) of a mixed methods process evaluation project; 58 participants – 22 from Hardin County and 36 from Jefferson County	Level 1: Small-sample non-experimental design; no comparison group	Anchorage: 74 of 133 eligible veterans opted in; and, out of those, 38 graduated (51% graduation rate). 17 of the 38 graduates of this VTC (45%) reoffended within 3 years. The Anchorage VTC began collecting data with regard to recidivism in 2013 and since then not one veteran involved who has completed the VTC program has recommitted. 46.6% (27/58) completed the program, 36.2% of participants recidivated. Gender ( $\chi^2 = 3.639$ , $p = .056$ ), sanctions ( $t = 2.42$ , $p = .019$ ), drug screens ( $t = 2.702$ , $p = .011$ ), and treatment sessions ( $t = 55.54$ , $p = .015$ ) each have a significant association with program completion, and both age ( $\chi^2 = 7.817$ , $p = .005$ ) and housing status ( $\chi^2 = 5.974$ , $p = .015$ ) have a significant association with recidivism. With reduced recidivism as one of the program's primary goals, 77.7% ( $n=21$ ) of those who completed the program did not recidivate.
Holbrook & Anderson (2011)	14 VTCs	Cross sectional survey (participants were invited to submit any internal reports, operating procedures, or other information they believed would be helpful) between 2009 and 2010; participants were also asked to participate in follow-up interviews	Level 1: Non-experimental design; survey data collected from 11 VTCs	Responding courts (11/14 VTCs) reported a total of 59 graduates, eight voluntary withdrawals from the program, and 21 early terminations. Of the 59 reported graduates among all responding courts, only one had reoffended following graduation, a recidivism rate under 2%.
Johnson et al. (2016)	Each of the existing US veterans' courts over a period of 4–5 months by the VJO National Program Office	Cross sectional phone survey consisting of 107 questions on court structural classification, admission eligibility criteria, admissions/terminations/completions from the program, court sanctions and rewards, mentor component, and barriers to treatment; 302 VTCs	Level 1 non-experimental design	The following were associated with <i>higher rates of termination</i> from the VC program: (a) programs that offered phase progression based on measurable goals, (b) programs that permitted post-plea veteran defendants, (c) programs that accept veterans from outside jurisdictions, (d) programs that conduct frequent drug and alcohol testing, (e) programs for which sanctions are more severe for failing immediate goals (e.g., sobriety) versus long-term ones (e.g., training), and (f) programs that are classified as veterans' courts as opposed to mental health or drug courts  The following were associated with <i>lower rates of termination</i> from the VC program: (a) programs that allow reserve/national guard veterans, (b) programs in which later phases permit less stringent testing, (c) programs utilizing behavioral contracts, (d) programs utilizing brief incarcerations, and (e) programs that work in close partnership with a VA Health Care Network
Russell (2009/2015)	Buffalo NY VTC	Case study	Level 1 non-experimental design	As of 2011, there have been 71 graduates of the Veterans Treatment Court in Buffalo and, of those, we have had a zero percent recidivism rate  Graduates of Buffalo's Veterans Treatment Court have experienced drastic, positive life changes (i.e., sober and actively addressing any mental-health needs). All of them are either employed or pursuing further education. Many have been able to mend strained relationships with family and friends, and those who were homeless have all been able to attain stable housing.
Shannon et al. (2017)	2 VTC programs (Jefferson and Hardin Counties, Louisiana)	Mixed-methods research design: Qualitative process evaluation and quantitative performance data on veteran participants ( $n=19$ ) served during the first year; 25 participants (21 VTC stakeholders, 4 veteran participants)	Level 1 non-experimental design	Qualitative data from both stakeholders and veteran participants suggest that offering rehabilitation via various program components, services/referrals, and accountability are critical to the success of the VTC.  Data also provides valuable lessons learned for VTC implementation including communication, collaboration, information/protocols, and resources.

Author(s) (Year)	Program Under Review (State)	Research Design & Sample Size	Quality Ranking: Low (1) – High (5)	Key Findings
Smith (2012)	1 VTC program (Anchorage, Alaska)	Analysis of data records on Veterans Court cases from July 1994 through December 2010; 147 veterans	Level 1 non-experimental design	Performance data shows that a variety of services are utilized and that frequent judicial interaction, drug testing, and sanctions are major fixtures within the court  Of the 147 individuals, 133 were eligible for the veterans court program, 74 opted in, and 38 graduated; 17 of the 38 graduates of Veterans Court (45%) reoffended within three years
Tsai et al. (2018)	Veterans Affairs (VA) Veterans Justice Outreach program across 115 VA sites nationwide who entered a VTC from 2011 to 2015	Secondary data analysis of National VJO program data extracted from the VA's Homeless Operations Management and Evaluation System (HOMES); 7931 veterans	Level 1 non-experimental design	From program admission to exit, 10% more participants were in their own housing, 12% more were receiving VA benefits, but only 1% more were employed  Controlling for background, characteristics, a history of incarceration predicted poor criminal justice, housing, and employment outcomes. Participants with property offenses or probation/parole violations and those with substance use disorders were more likely to experience a new incarceration. Participants with more mental health problems were more likely to be receiving VA benefits and less likely to be employed at program exit  Although 20% of VTC participants received jail sanctions during the program, only 14% experienced a new incarceration during an average of nearly 1 year in the program



**Table 2.**

Sample Characteristics across 20 sites

Variable	n (%) or mean (sd)
<b>Gender (n=97)</b>	
<i>Female</i>	58 (60%)
<i>Male</i>	38 (40%)
<b>Race/Ethnicity (n=97)</b>	
<i>White</i>	67 (70%)
<i>Black or African American</i>	17 (18%)
<i>Hispanic or LatinX</i>	5 (5%)
<i>Multi-Racial</i>	6 (6%)
<i>Asian</i>	1 (1%)
<b>Age in Years (n=93)</b>	49.8 (12.6)
<b>Highest Educational Attainment (n=119)</b>	
<i>JD, EdD, MD, PsyD, and/ or PhD*</i>	54 (45%)
<i>Master's degree</i>	40 (34%)
<i>Bachelor's or associate degree</i>	22 (18%)
<i>No higher degree</i>	3 (3%)
<b>Prior Military Experience (n=103)</b>	
<i>Yes</i>	36 (35%)
<i>No</i>	67 (65%)

Note: Due to the semi-structured nature of the interviews, personal characteristics for each variable were not collected from every participant.

\* The vast majority of participants reporting having received a doctorate acquired a JD (n=47), while 2 earned a PhD, 2 acquired an MD, 1 both a PhD and JD, 1 a PsyD, and 1 an EdD.

**Table 3.**

Characteristics of Veterans Treatment Courts in our Multi-Jurisdictional Review

Site #	Region/ <sup>1</sup>	Program Type & Length <sup>2</sup>	Estimated Average # Veteran Participants <sup>3</sup>	Military Discharge Exclusions <sup>4</sup>	Crime Exclusions <sup>5</sup>	Nexus Requirement <sup>6</sup>	Pre- or Post-Adjudicatory <sup>7</sup>	Typical Offenses <sup>8</sup>
1	West	12 months	33-49	No exclusions	None	None	Both	DUI, Domestic Violence, Assault, Drug Possession
2	Midwest	4 phase, 24 months	30	No exclusions	Current offense is a violent offense; convicted of a crime of violence within the past 10 years excluding incarceration	No	Post	Drug Possession, Misdemeanor Domestic Violence
3	South	5 phase, 12 months - 3 years	40-45	No exclusions	Violent crimes (depends upon the severity); sexual crimes	Yes	Both	DUI, Domestic Violence, Other violent crimes accepted including gun crimes
4	South	5 phases, 18-24-month program	12	No exclusions	Violent & sex offenses	No	Both: most post-adjudicatory	Drug Possession, Domestic Violence
5	Midwest	5 phase, 18 months	17	Excludes dishonorable discharges	sex offenses are not allowed nor are prior registered sex offenders	No	Post; beginning a pre-disposition component	DUI, Domestic Violence, Drug Possession
6	South	4 phases, minimum of 18 months + 6 months of aftercare	30-35	Must have "Honorable Discharge or general discharge."	A current charge or previous conviction for a violent crime (other than aggravated assault) or sexual assault; a prior conviction for delivery of a controlled substance	Yes	Both	DUI, Domestic Violence, Drug Possession
7	Midwest	3 phase, 18-24 months	40-50	Must have "an honorable, less than honorable or general discharge from the service"	Must "have a non-violent misdemeanor and/or felony (up to level 2) offense"	No	Post	DUI, Domestic Violence, Alcohol-fueled crimes such as theft
8	East	12 months + 12 months aftercare	30	Dishonorable discharges	Sex offenses ; violent crimes (homicide)	No	(pre-sentence, plea into the court); sentenced upon completion of the program -- dismissal or reduction of their charges upon successful completion (enter 2 pleas on the record; if they do not complete	Bulk of participants have some type of theft charges: retail theft, theft by deception, unlawful taking, generalized theft crimes. DUI

Site #	Region <sup>1</sup>	Program Type & Length <sup>2</sup>	Estimated Average # Veteran Participants <sup>3</sup>	Military Discharge Exclusions <sup>4</sup>	Crime Exclusions <sup>5</sup>	Nexus Requirement <sup>6</sup>	Pre- or Post-Adjudicatory <sup>7</sup>	Typical Offenses <sup>8</sup>
9	Southwest	6 months	131	No Exclusions	Violent crime; or multiple prior convictions	Yes	Pre: mostly misdemeanor offenses the program, they get the sentence)	All misdemeanor offenses considered. Typical offenses include: DUIs, domestic violence, harassment, shoplifting, theft, drug paraphernalia, prostitution
10	Midwest	5 phase, 14 months	52	Exclude individuals discharged while in Entry Level Status (boot camp)	Sex offenses (1st or 4th degree)	No	Post	DUI, Domestic Violence, Trespassing, Disorderly Conduct
11	West	5 phases, 18-month program	49	Discharge must be honorable, yet some courts make exceptions; must be eligible for VA benefits	Sex offenses; homicide	Yes	Post	Driving under the influence (DUI), and domestic violence are two main categories; but hate crimes, threats, assault cases and drug offenses are also accepted
12	South	6-18 months	35	Discharge must be honorable and must be eligible for VA benefits	Sex offenses, first degree felonies, crimes against children	Yes	Both	Majority of cases are DUIs, but some DV, drug, and theft cases as well; lower-level felony cases that are non-violent
13	West	4 phases, 18-24-month program	20	No exclusions	Violent Only sex offense convictions that require an evaluation and/or registration	Yes	Post	Drug offenses, burglary, shoplifting, domestic violence, trespassing and DUIs
14	East	4 phases, 12 months	80	Discharge must be honorable and must be eligible for the VA benefits	No specific crimes, however most violent crimes likely to be excluded on a case-by-case basis	Yes	Both (mostly pre)	Majority of cases are DUIs and Domestic Violence; or a combination of DUI and DV. District court only includes misdemeanors, unless there is a felony case taken as an exception (DV with a prior DV)
15	South	12-18 months	4	No exclusions	Violent crimes and sex offenses	No	Both (mostly pre because most offenses are misdemeanors)	Shoplifting, drug, and property offenses
16	West	3 phases, 18-24 months	35	Discharge must be honorable, yet some courts make exceptions; must be eligible for VA benefits	Sex offenses; homicide	Yes	Both	DUIs, Domestic Violence, non-DV assault and battery, and drug possession, and a small number of drug sales
17	West	18-24 months	40	Discharge must be honorable, yet	No specific crimes, however most violent	No	Both	Majority of cases are DUIs or drop-down versions of DUIs like

Site #	Region <sup>1</sup>	Program Type & Length <sup>2</sup>	Estimated Average # Veteran Participants <sup>3</sup>	Military Discharge Exclusions <sup>4</sup>	Crime Exclusions <sup>5</sup>	Nexus Requirement <sup>6</sup>	Pre- or Post-Adjudicatory <sup>7</sup>	Typical Offenses <sup>8</sup>
18	West	9-18 months	40-45	No exclusions	Sex offenses; homicide	Yes, but not always enforced	Both	reckless driving; and domestic violence case and substance use offenses
19	Midwest	5 phases; 18 months	15	No exclusions	Violent & sex offenses	No	Both	Substance use, DUIs, and a range of serious crimes
20	East	5 phases; 18 months	20-25	No exclusions	Sex offense arson	No	Post	DUIs, assault, and drug possession, and some distribution cases Substance use, DUIs, and drop-downs to negligent operation of MV

<sup>1</sup>We identify the Region of the VTC based on the US Census regions. [https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us\\_regdiv.pdf](https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf)

<sup>2</sup>Data on VTC program phases and length reflect the program in place at the time of our interview at each site.

<sup>3</sup>Participant numbers often changed drastically within individual VTCs during the COVID-19 pandemic and were slow to recover at the time interviews took place (January – August 2022). These program size estimates provided by VTC team members were not official program data, but they do represent the approximate size of each VTC at the time of our interview. We have contacted each site to get a current estimate (as of August 2023) of VTC program size. These data will be examined in an upcoming report.

<sup>4</sup>There are several types of possible discharge. According to a recent report by the Council on Criminal Justice (2022): “The military discharges enlisted personnel with one of five designations: honorable, general, other than honorable, bad conduct, and dishonorable. Bad conduct and dishonorable discharges are punitive in nature and are assigned through a military court martial, where service members retain legal representation. With other than honorable discharges, however, commanders make the designation outside of a legal process to regulate misconduct that has not led to a military-court conviction” (pg. 9-10).

<sup>5</sup>For a variety of reasons, VTC programs that indicate that they exclude individuals charged with violent offenses typically include veterans charged with domestic violence when the charges are misdemeanors.

<sup>6</sup>Nexus Requirement involves a connection between the criminal offense and the mental health condition resulting from military service.

<sup>7</sup>Pre-adjudicatory includes pre-sentence/post-plea decisions where the individual has pleaded guilty but not received a sentence, as well as pre-plea diversion options. Post-adjudicatory refers to cases where the individual has been sentenced and assigned to the VTC as part of the sentence. These data reflect the program operating at the time of our interview; it is possible that some sites have expanded their VTC program model since the time of our interview.

<sup>8</sup>Typical offense profiles for each site are based on interviews with team members at each site; they represent the interview subjects’ perceptions of the offense mix, but they are not based on official data from each site. However, several sites do include these data in their annual reports. We plan to compare these data to interviewee estimates in a future report.