



JUDICIAL COUNCIL OF CALIFORNIA

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REPORT TO THE JUDICIAL COUNCIL

Item No. 20-132:

For business meeting on May 15, 2020

Title

Collaborative Justice: *Survey and Assessment of Veterans Treatment Courts*

Agenda Item Type

Action Required

Rules, Forms, Standards, or Statutes Affected

None

Effective Date

May 15, 2020

Recommended by

Judicial Council staff
Shelley Curran, Director
Criminal Justice Services

Date of Report

April 24, 2020

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Executive Summary

The Criminal Justice Services office recommends that the Judicial Council receive *Collaborative Justice: Survey and Assessment of Veterans Treatment Courts* and direct the Administrative Director to submit this final report to the Legislature (Sen. Bill 339; Stats. 2017, ch. 595). The report presents findings on local policies, practices, and available services from a survey of counties that are and are not operating veterans treatment courts (VTCs); analyzes the impact of a sample of VTCs on outcomes, including program recidivism, mental health, homelessness, employment, social stability, and substance abuse; and includes recommendations to improve access to services for justice-involved veterans.

Recommendation

Criminal Justice Services recommends that the Judicial Council, effective May 15, 2020:

1. Receive *Collaborative Justice: Survey and Assessment of Veterans Treatment Courts*; and
2. Direct the Administrative Director to submit this report to the Legislature as mandated by Senate Bill 339.

The final report is attached as Attachment A.

Relevant Previous Council Action

The Judicial Council has taken no previous action related to this report.

Analysis/Rationale

This study provides critical information about statewide access to VTCs and alternative resources for justice-involved veterans (JIVs). Because policies and practices can vary by county, a statewide assessment of VTCs and alternative resources provides key insight into accessibility. That all JIVs in California have equal access to resources, regardless of whether the county in which they live operates a VTC, is imperative.

Based on the survey of counties operating VTCs, this report estimates that one in five JIVs is being served by VTCs in California. The survey revealed that VTCs employ a wide variety of practices to identify veterans and inform them of their rights. VTCs also vary with regard to their eligibility requirements, including nexus requirements, U.S. Department of Veterans Affairs (VA) health care eligibility, and charge offense exclusions. Finally, the survey inquired about services available for veterans through VTCs. The courts reported that more services are available through the VA than through non-VA providers, especially in VTCs that require VA eligibility. However, a lack of services may explain why some VTCs limit their participants only to those who can access VA treatment. Some VTCs also reported a lack of availability of crucial services, especially through non-VA providers, for common military-related conditions.

The survey of counties not operating VTCs provided insight into alternative service options for veterans, barriers to establishing VTCs, and the perceived need for implementing a VTC or participating in a regional VTC. Many non-VTC counties have considered starting a VTC or participating in a regional model, but a perceived lack of eligible veterans was cited as a barrier. Still, counties reported that some alternative services are available for veterans, although in some cases limited, and more are needed in several counties.

In addition to the survey findings, this report contributes to the limited research available on the impact of VTCs on veterans' outcomes, including program recidivism, mental health, homelessness, employment, social stability, and substance abuse. The findings indicate that VTCs are successful in connecting veterans to behavioral health treatment, improving housing and employment outcomes, and supporting social stability. Although the evidence suggests that VTCs may reduce recidivism, issues with the data preclude the ability to make a definitive statement about recidivism, and more research is needed.

Policy implications

This study provides critical insight into current local practices of VTCs in California. The findings of this study can inform local court decision making regarding VTC practices and policies and help identify alternative veterans resources for counties that do not have a VTC. Additionally, this study provides evidence regarding the positive impact of VTCs on veterans'

outcomes in California, which could inform discussions on establishing new VTCs or expanding existing VTCs to extend these positive outcomes to more JIVs. Finally, this report provides the following recommendations, which seek to improve access to services for JIVs across California:

- Improve identification of veterans and notification of rights,
- Review eligibility requirements to expand caseload sizes in VTC counties, and
- Utilize existing local resources rather than creating regional VTCs, including collaborating with justice system partners to enact a systemwide approach and identifying and utilizing the full array of local resources.

Comments

Comments were not solicited for this report.

Alternatives Considered

Alternatives were not considered for this legislatively mandated report.

Fiscal and Operational Impacts

This study was funded with a one-time allocation of \$200,000 in public and private funds that supported the staff and outside contractor time necessary to conduct the research and summarize the findings.

Attachments and Links

1. Attachment A: *Collaborative Justice: Survey and Assessment of Veterans Treatment Courts*



Collaborative Justice: Survey and Assessment of Veterans Treatment Courts

MAY 2020



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OF CALIFORNIA**

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Executive Summary

Senate Bill 339 (Stats. 2017, ch. 595) directs the Judicial Council to complete a study of veterans treatment courts (VTCs), including a survey of counties that operate VTCs, a survey of counties that do not operate VTCs, and an assessment of the impact of VTCs on veteran outcomes. This report presents findings on local practices and service availability from a survey of 32 courts from the 29 responding counties of the 31 counties operating VTCs and from the 22 responding counties of the 27 counties not operating VTCs. Additionally, this report presents findings from an impact study of a sample of VTCs on program recidivism, mental health, homelessness, employment, social stability, and substance abuse.

The survey of counties operating VTCs collected information regarding the identification of veterans, eligibility requirements, available services for veterans, and perceived challenges to program success. Based on the courts' responses, this report estimates that one in five justice-involved veterans (JIVs) is served by a VTC in California. This report finds that veterans may benefit from courts employing more consistent methods to identify veterans and inform them of their rights. Additionally, courts may have opportunities to expand caseload sizes by clarifying nexus requirements, U.S. Department of Veterans Affairs (VA) healthcare eligibility, and charge offense exclusions. As expected, the survey found that more services are available for veterans through the VA than through non-VA providers, especially in VTCs that require VA eligibility; in fact, the lack of service availability through non-VA providers may explain why some VTCs limit their participants to those who can access treatment through the VA.

The survey of counties not operating VTCs collected information about alternative sentencing and services available to veterans, the perceived need for regional VTCs, and barriers to establishing VTCs. Findings suggest that many counties that do not have VTCs have considered implementing one or participating in a regional model; however, they did not pursue either option primarily because of a perceived lack of eligible veterans. Non-VTC counties report that some alternative services are available for veterans, although the services are sometimes limited.

In addition to surveys, this report analyzes a sample of VTCs to discern their impact on key outcomes. These analyses suggest that VTCs are successful in connecting veterans to behavioral health treatment, improving housing and employment outcomes, and supporting social stability. The evidence suggests that VTCs may reduce recidivism; however, issues with the data preclude the ability to make a definitive statement about recidivism, and more research is needed.

Finally, this report offers the following recommendations for courts to consider regarding the expansion of VTCs and resources for justice-involved veterans:

- Improve identification of veterans and notification of rights,
- Review eligibility requirements to expand caseload sizes in VTC counties, and
- Utilize existing local resources rather than creating regional VTCs, including collaborating with justice system partners to enact a systemwide approach and identifying and utilizing the full array of local resources.

Introduction

This report fulfills the legislative mandate of Senate Bill 339, “Veterans treatment courts: Judicial Council assessment and survey,” which was signed into law on October 8, 2017. Under California Government Code section 68530, on or before June 1, 2020, the Judicial Council is required to conduct a study of veterans and veterans treatment courts. Accordingly, this report presents findings after surveying counties operating VTCs and counties not operating VTCs. It evaluates the impact of a sample of VTCs on participant outcomes and provides recommendations regarding the expansion of VTCs to counties not currently operating VTCs, including consideration of a regional model.

Legislative Mandate

Per Senate Bill 339, under California Government Code section 68530, the Judicial Council is required to conduct a study of veterans and VTCs on or before June 1, 2020. The study is to include a statewide survey of VTCs currently in operation. The statute specifies that the assessment should include the number of veteran participants in the programs, the services available, and program outcomes, including successful completion or program termination.

To better understand the barriers to program implementation and assess the need for VTCs in counties that do not currently operate VTCs, the statute requires the Judicial Council to conduct a survey of counties that do not operate VTCs and to report on the need for additional VTCs based on the veterans services available and the estimated number of local justice-involved veterans. SB 339 also requires the council to use the survey to identify alternative resources that may be available to veterans in these counties, such as community resources or other collaborative justice courts.

The Judicial Council is further charged with evaluating the impact of a sample of VTCs on participant outcomes, including, but not limited to, program recidivism, mental health, homelessness, employment, social stability, and substance abuse.

Finally, SB 339 requires the Judicial Council to submit a report containing recommendations regarding the expansion of VTCs or services to counties without VTCs, including a discussion of the feasibility of designing regional model VTCs using service coordination or technological resources.

Statutes Applicable to Veterans

Several special provisions of California law pertain to veterans and apply regardless of whether a county superior court operates a VTC. Under Penal Code section 858, at a defendant’s first appearance (arraignment), the court is responsible for informing the defendant that there are “provisions of the law specifically designed for active duty service members or veterans who have been charged with a crime.” The most common special provisions are contained in Penal Code sections 1170.9, 1001.80, and 1170.91.

Under Penal code section 1170.9, someone “convicted of a criminal offense” by trial or by plea who is a present or former member of the military and suffers from military sexual trauma (MST), traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), substance abuse, or mental health disorders as a result of service, and who is “otherwise eligible for probation,” may be ordered by the court into treatment instead of incarceration. If the defendant meets the requirements of the court, the court may terminate probation, reduce an eligible felony to a misdemeanor, or set aside a guilty verdict and dismiss the charges.

Under Penal Code section 1001.80, a person who is a current or former member of the U.S. Military and is charged with a misdemeanor offense may be eligible for pretrial diversion if the court determines that the defendant may be suffering from “sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of his or her military service” (Pen. Code, § 1001.80(a)(2).) A court that uses this provision may order the defendant to participate in an appropriate treatment program. If the defendant successfully completes the program, the arrest on which the diversion was based will be deemed never to have occurred, and the defendant, except under certain circumstances, may indicate in response to a question about the defendant’s criminal record that the defendant was not arrested or diverted for the offense.

Penal Code section 1170.91 requires the court to consider a defendant’s circumstance of specified suffering as a result of military service as a mitigating factor during felony sentencing, which could result in a more lenient sentence.

Background on Veterans in the Justice System and Veterans Treatment Courts

Between September 11, 2001, and September 2015, 2.77 million service members deployed to the wars in Iraq and Afghanistan.¹ On returning home, many of those service members struggled with mental health and substance use problems stemming from their military service.

According to a study conducted by RAND’s Center for Military Health Policy Research, 18.5% of service members returning from Iraq and Afghanistan have depression or post-traumatic stress disorder.² Further, the same study found that only half of those who need treatment seek it, and for those who do seek treatment, only slightly more than half receive minimally adequate care.³ The co-occurrence of mental illness and substance use among veterans is also common: substance use is more frequent among veterans with mental illness.⁴ An analysis of VA

¹ RAND Corporation, *Examination of Recent Deployment Experience Across the Services and Components* (2018), www.rand.org/pubs/research_reports/RR1928.html?adbsc=social_20180320_2212921&adbid=975928167633334272&adbpl=tw&adbpr=22545453.

² RAND Corporation, *Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans* (2008), p. 2, www.rand.org/pubs/research_briefs/RB9336.html.

³ *Id.* at p. 3.

⁴ SAMHSA, *2018 National Survey on Drug Use and Health: Veterans*, www.samhsa.gov/data/sites/default/files/reports/rpt23251/6_Veteran_2020_01_14_508.pdf.

administrative data from 2001–2010 found that over 11% of veterans received substance use diagnoses.⁵

For some, struggles with mental health and substance use can lead to criminal justice involvement. According to the Bureau of Justice Statistics, an estimated 181,500 people, or 8% of all inmates in state and federal prison and jails, were veterans serving time in 2011–2012.⁶ According to a review of 18 samples of JIVs between 1987 and 2013, JIVs experience higher rates of behavioral health problems, particularly substance abuse, than do other veterans.⁷

Veterans Treatment Courts developed as an alternative to incarceration with an understanding of the unique needs of JIVs. These specialized courts endeavor to resolve eligible veterans' criminal cases by providing treatment and support to address the underlying issues that may have led them to commit the crime that brought them into the criminal justice system. VTCs provide substance abuse and mental health treatment, as well as other military-specific services. Most VTCs operate on a postconviction model in which the veterans plead guilty and are placed on probation while participating in the VTC. On successful completion of a VTC program, the court may terminate probation, reduce an eligible offense from a felony to a misdemeanor, or dismiss the charges.

VTCs often work closely with VA health centers to provide services to veterans. Additionally, mentorship programs, where VTC graduates or other veteran mentors serve on the VTC team, are a common characteristic of VTCs. VTCs have expanded rapidly nationwide. In 2018, Veterans Justice Outreach specialists, who support JIVs, reported serving in 551 VTCs nationwide. At the initiation of this study, 32 VTCs were operating in 29 of California's 58 counties.

Literature Review: Impact of VTCs

Research evaluating the impact of VTCs, particularly studies with larger sample sizes and including multiple courts, is limited. Some small-scale evaluations have investigated the outcomes of a VTC in a single county. Overall, VTCs have demonstrated a variety of positive impacts, but more study is needed to fully assess the impact of these programs.

A study of the San Diego Veterans Treatment Review Calendar Pilot Program conducted by Derrick et al. (2017) investigated whether the court's 82 participants experienced a decrease in behavioral health and substance abuse symptoms and which factors of military service or court

⁵ Karen Seal, Greg Cohen, Angela Waldrop et al., "Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment" (2011) 116(1-3) *Drug and Alcohol Dependence* 93–101.

⁶ Bureau of Justice Statistics, *Veterans in Prison and Jail, 2011–12*, www.bjs.gov/content/pub/pdf/vpj1112.pdf.

⁷ Janet C. Blodgett, Tigran Avoundjian, Andrea Finlay et al., "Prevalence of Mental Health Disorders Among Justice-Involved Veterans" (2015) 37(1) *Epidemiologic Reviews* 163–176.

process were associated with changes in symptoms.⁸ The study demonstrated a significant decrease in clinical symptoms from baseline to 12 months and showed that court process factors—including length of time in program and sanctions given—and military service factors—including length of service, number of awards, and discharge status—were associated with changes in behavioral health and substance use symptoms.⁹ The San Diego pilot also reported a 0% recidivism rate in the program, as defined by no new criminal convictions.¹⁰

Further exploring mental health and substance abuse, Knudsen and Wingenfeld (2016) conducted an analysis of outcomes for 86 veterans in a large urban VTC in Ohio and found significant improvement from pretreatment to 12 months in PTSD, depression, substance use, overall functioning, emotional well-being, relationships with others, recovery status, social connectedness, family functioning, and sleep.¹¹ Although these findings are promising, the study lacked a control group, thereby limiting the ability to determine if the improvement definitively occurred as a result of the VTC. Another study conducted by Slattery et al. (2013) included 83 participants in a Colorado Springs VTC and found that behavioral health, including PTSD and substance abuse symptoms, improved during the program, but housing and employment did not show significant improvements.¹² Again, the study was limited by a small sample size and the lack of a comparison group.

A slightly larger study with a comparison group by Hartley and Baldwin (2019) evaluated the impact of a large urban VTC on recidivism among participants, comparing 133 VTC participants to 157 veteran offenders who were eligible but declined to participate in the VTC.¹³ The authors found that VTC participants—particularly veterans who graduated from the program—had lower recidivism rates and lower mean numbers of re-arrests than the control group.¹⁴ Based on their results, the authors conclude that VTCs may be an effective way to address recidivism and stop the revolving door of the criminal justice system for JIVs.¹⁵

⁸ Raquel Derrick, Lisa Callahan, Roumen Vesselinov et al., “Serving those who served: Outcomes from the San Diego Veterans Treatment Review Calendar (SDVTRC) Pilot Program” (2017) 11(2) *Psychological Injury and Law* 171–183.

⁹ *Ibid.*

¹⁰ *Id.* at p. 174.

¹¹ Kraig Knudsen and Scott Wingenfeld, “A Specialized Treatment Court for Veterans with Trauma Exposure: Implications for the Field” (2016) 52(2) *Community Mental Health Journal* 127–35.

¹² Michelle Slattery, Mallory Tascha Dugger, Theodore Lamb et al., “Catch, Treat, and Release: Veteran Treatment Courts Address the Challenges of Returning Home” (2013) 48(10) *Substance Use & Misuse* 922–932.

¹³ Richard Hartley and Julie Baldwin, “Waging War on Recidivism Among Justice-Involved Veterans: An Impact Evaluation of a Large Urban Veterans Treatment Court” (2019) 30(1) *Criminal Justice Policy Review* 52–78.

¹⁴ *Ibid.*

¹⁵ *Id.* at p. 72.

More recently, a few larger studies with larger sample sizes and comparison groups have contributed to knowledge about the effectiveness of VTCs, particularly related to outcomes such as housing, employment, and recidivism. Tsai et al. (2017) analyzed data from over 8,000 VTC participants and nearly 14,000 Veterans Justice Outreach program participants.¹⁶ They found that VTC participants had better independent housing and employment outcomes than VJO participants.¹⁷ However, VTC participants were more likely to have received jail sanctions and new incarcerations than VJO participants. This result may be because VTC participants are under increased surveillance during the program. All in all, the results indicate that VTCs likely provide moderate benefits in housing and employment, but more specialized services may be needed to reduce recidivism.

In another study of VTC participants examining who benefits most and who is most likely to recidivate, Tsai et al. (2018) examined the housing, employment, income, and criminal justice outcomes of nearly 8,000 VTC participants. From entry to exit, 10% more participants were in their own housing, 12% more were receiving VA benefits, and only 1% more were employed.¹⁸ In the study, a history of incarceration was a predictor of poor criminal justice, housing, and employment outcomes at exit of the program. Further, participants with mental health problems at program entry were less likely to be employed at program exit.

Prior smaller studies suggest that VTCs improve mental health and substance use outcomes. Larger studies further suggest that VTCs may improve housing and employment outcomes, but effects on recidivism are mixed: some studies suggest lower recidivism rates, others do not. The current study builds on limited prior research by examining a large sample of veteran participants in VTCs in 32 counties across California and using a comparison group of VJO participants.

Overview of Methods and Data Sources

This report is based primarily on VA and Bureau of Justice Statistics data that inform estimates of the number of justice-involved veterans, a survey of counties operating VTCs, a survey of counties not operating VTCs, and an analysis of a federal data set of nearly 3,000 JIVs who received VA healthcare services between 2011 and 2016. The Judicial Council selected a research firm through a competitive process and awarded Children and Family Futures the contract to conduct the survey. Based on self-reported county data collected by the Judicial Council in 2018, 31 counties were identified as operating one or more VTCs and 27 counties

¹⁶ The Veterans Justice Outreach program is a VA program that seeks to connect veterans in the criminal justice system to VA and community resources. In this program, VJO specialists coordinate outreach, assessment, and case management for justice-involved veterans. VJO specialists also serve as a liaison to local justice system partners, such as VTCs or other treatment courts.

¹⁷ Jack Tsai, Bessie Flatley, Wesley Kasproff et al., “Diversion of Veterans With Criminal Justice Involvement to Treatment Courts: Participant Characteristics and Outcomes” (2017) 68 *Psychiatric Services* 375–383.

¹⁸ Jack Tsai, Andrea Finlay, Bessie Flatley et al., “A National Study of Veterans Treatment Court Participants: Who Benefits and Who Recidivates” (2018) 45(2) *Administration and Policy in Mental Health* 236–244.

were identified as operating none. Of those 31 counties operating VTCs, 32 courts from 29 counties responded to the survey. Of the 27 non-VTC counties, 22 responded to the survey.¹⁹

¹⁹ Complete survey methodology and results are presented in Appendix A: VTC County Survey Methodology and results, and Appendix B: Non-VTC County Survey Methodology and Results.

Veterans and Justice-Involved Veterans in California

The VA estimates that nearly 1.7 million veterans live in California, constituting about 6% of California’s adult population. A portion of these veterans are involved in the criminal justice system and may be served by two major VA programs designed for the subpopulation of veterans who are justice-involved: the Health Care for Re-entry Veterans program and the Veterans Justice Outreach program.

Figure 1. Veterans Populations in California and Nationwide

Veterans Population as of 9/30/2017	California	National
Number of veterans	1,681,730	19,998,799
Percentage of veterans in adult population	6.10%	6.6%
Number of women veterans	143,211	1,882,848
Percentage of women veterans	8.52%	9.41%
Number of veterans age 65 and over	849,750	9,410,179
Percentage of veterans age 65 and over	50.53%	47.05%

Source: National Center for Veterans Analysis and Statistics. U.S. Department of Veterans Affairs, “California,” www.va.gov/vetdata/docs/SpecialReports/State_Summaries_California.pdf (as of March 12, 2020).

The Health Care for Re-entry Veterans program assists veterans who are in state or federal prison, whereas the VJO program focuses on veterans who are in courts or jails. The VJO program seeks to identify JIVs and facilitate access to VA services. In courts with VTCs, VJOs participate as members of the treatment teams: they assess treatment needs, connect veterans to services, and provide updates to the court.²⁰ In counties that do not have VTCs, VJOs work to identify JIVs and connect them to available resources in the county.

For the purposes of this report, JIVs are limited to veterans in contact with local law enforcement who can be appropriately diverted from arrest into mental health or substance abuse treatment; veterans in a local jail, either pretrial or serving a sentence; and veterans involved in adjudication or monitoring by a court.

For this report, an estimate of the number of JIVs in California is required because no reliable statewide data exist that can be used to identify veterans when they are arrested or booked into jail, or when charges are filed against them in court. There are an estimated 5,169 JIVs in California. This estimate is based on a national survey of prison and jail inmates conducted by the Bureau of Justice Statistics, which found that 6.7% of jail inmates were identified as veterans.²¹ Based on data from the Jail Profile Survey, which is locally collected and reported to

²⁰ U.S. Department of Veterans Affairs, “Veterans Treatment Courts and other Veteran-focused courts served by VA Veterans Justice Outreach Specialists,” www.va.gov/HOMELESS/docs/VJO/Veterans-Treatment-Court-Inventory-Update-Fact-Sheet-December-2019-VHA-Cleared.pdf (as of March 13, 2020).

²¹ Bureau of Justice Statistics, *Veterans in Prison and Jail, 2011–12* (Dec. 2015), www.bjs.gov/content/pub/pdf/vpj1112.pdf.

the Board of State and Community Corrections, this report calculated 6.7% of the total jail population in California to estimate the number of JIVs in California to be 5,169.²²

Figure 2. Justice-Involved Veterans and Veterans Services in California

California Veterans and JIV



²² Jail Profile Survey monthly data for quarter 1 of 2018 were averaged, yielding a total jail population of 73,849 (<https://app.bscc.ca.gov/joq/jps/QuerySelection.asp>). Seven percent of that total leads to an estimate of 5,169 JIVs.

Figure 2 illustrates counties that reported operating VTCs and those that did not at the time of the survey.²³ The figure also shows the estimated JIV population in each county. Based on the JIV population distribution and the location of VTCs, less than 10% of JIVs, or about 439 JIVs, are estimated to live in counties that do not operate VTCs.

²³ Judicial Council of Cal., *Collaborative Justice Courts* (fact sheet, Jan. 2019), www.courts.ca.gov/documents/CollaborativeCourts_factsheet.pdf.

Survey of Counties With VTCs

In this section, findings are provided regarding the identification of veterans, eligibility requirements, available services for veterans, and perceived challenges to program success. This section presents the following main findings:

- An estimate of 1 in 5 JIVs is served by VTCs in California.
- The methods that courts use to identify veterans in the criminal justice system or inform them of their rights vary significantly.
- Confusion around nexus requirements, VA healthcare eligibility, and charge offense exclusions may limit eligibility and access to VTCs.
- More services are available through the VA than through non-VA providers, especially in jurisdictions in which VTCs require VA eligibility. This lack of treatment availability of non-VA services may explain why some courts require VA eligibility.
- Many courts report a lack of availability of crucial services, especially through non-VA providers, for common military-related conditions.

Number of Veteran Participants in Surveyed Counties

The 32 courts surveyed from 29 counties operating VTCs in California are serving about 1,213 veterans, with additional veterans going through misdemeanor diversion programs (Pen. Code, § 1001.80). Approximately two-thirds of the VTCs (21 courts) reported that they incorporate these misdemeanor diversion cases into their programs, and 11 of 32 courts reported that they do not. The majority of VTCs (23 courts) serve between 1 and 40 veteran participants, a few (5 courts) serve between 41 and 70 veterans, and a small number (3 courts) serve between 120 and 200 veteran participants.

The VA Homeless Operations, Management and Evaluation System (HOMES) data set contains information on 2,852 veterans who entered the VJO program from January 1, 2011, to December 31, 2016. Most veterans in the data set entered only the VJO program (1,394 veterans, or 60%), an additional portion entered both the VJO program and a VTC (1,057 veterans, or 38%), and the remainder of veterans entered the VJO program and another type of collaborative court (68 veterans, or 2%).²⁴

²⁴ Because of the small sample size, the group of 68 veterans who entered the VJO program and another type of collaborative court are excluded from all analyses.

Female Veterans

As shown in figure 1, about 8.5% of all veterans in California are women. Nationwide, an estimated 5% of JIVs are female.²⁵ Based on the California subset of HOMES data, female veterans make up 3.4% of the veterans served by the VJO program.

When asked to estimate the share of women in their VTCs, survey respondents in California reported a range from 0% to 10%. Nine of the 32 courts reported no women in their program, 14 courts reported that 1% to 5% of their participants were female, and 8 courts reported that 6% to 10% of participants were female.

These data sources suggest that, on average, female veterans in California are appropriately represented in VTCs based on estimates of the population. However, the data also suggest that some counties may be more effective at identifying and serving female veterans than others.

Estimated Proportion of JIVs Served

Given the estimated number of JIVs in California and of veterans that VTCs reported serving, approximately one in every five JIVs in California is being served by VTC courts. This figure does not include veterans processed through misdemeanor diversion cases unless those cases are incorporated into a VTC. Survey findings also suggest that VTCs can increase their caseload sizes. Twenty-six courts reported having caseloads under their maximum capacity.

Identifying and Informing Veterans of Their Rights

The VTC survey asked several questions about how and when veterans are identified, how they are informed of the special legal provisions that apply to veterans, and whether the court receives documentation of their veteran status. Of the responding counties that operate a VTC, the data indicate that courts vary in their methods of identifying veterans and informing them of special considerations that they may be entitled to under the law and may benefit from additional training in this area.

One method of identifying veterans is the use of the Veterans Re-Entry Search Service (VRSS). This VA data system allows jails to input booking data into the system, which then returns verification of military service. Seven county jails in California use VRSS to identify veterans who have been booked into county jail.²⁶ In these counties, VJOs are notified and can contact veterans to inform them of their rights and their potential eligibility to participate in a VTC program. Not all counties that use the VRSS have VTCs, nor do all counties that have VTCs use the VRSS.

²⁵ In FY 2016, the share of female veterans served by the VJO program was 5% (<https://nadcpconference.org/wp-content/uploads/2017/08/VCC-B-3.pdf>).

²⁶ The counties that the federal government reported use VRSS are Fresno, Imperial, San Diego, San Francisco, San Mateo, Sonoma, and Stanislaus Counties.

Whether a veteran is identified at booking or not, under Penal Code section 858, the court is responsible for informing the defendant that there are “provisions of law specifically designed for individuals who have active duty or veteran status and who have been charged with a crime” (Pen. Code, § 858(d).) Some courts post this notification or read it aloud at arraignment. Eleven courts stated that they do not notify veterans of the provisions of law, 13 of the 32 courts operating VTCs reported that some form of notification is made in their court.²⁷ An additional four courts specified that the defense attorney typically provides this information.²⁸

Finally, the Judicial Council created a form that outlines special provisions of the law applicable to veterans. Form MIL-100 is available online and can be submitted by the defendant, the defendant’s attorney, or someone else on behalf of the defendant. The form is maintained in the court file and provides a means of notifying the court of the defendant’s veteran status.²⁹ Fourteen of the 32 courts operating VTCs reported using form MIL-100.

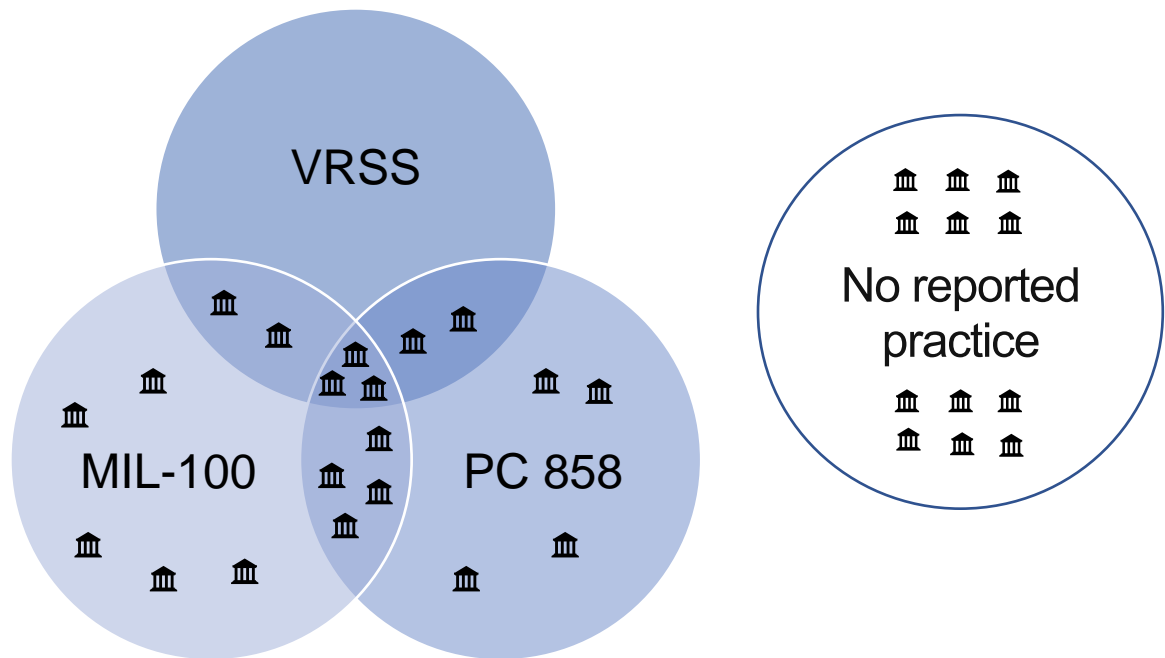
Figure 3 illustrates that of the 32 VTCs that responded to the survey, only 3 reported using all the above-mentioned tools for identifying and informing veterans of their rights. As demonstrated, practices are inconsistent among the counties operating VTCs for identifying veterans and informing them of provisions of law that may apply to them.

²⁷ Since the survey was conducted, the Judicial Council developed a script for courts to use to inform veterans of their rights. Therefore, it is likely that courts have become more consistent in this regard.

²⁸ For respondents’ specified responses, see question 12 of Appendix A.

²⁹ The MIL-100 is an optional form that can be used by any court in California. The form can be found online at www.courts.ca.gov/documents/mil100.pdf.

Figure 3. Court Use of Methods for Identifying and Informing Veterans of Their Rights



The courts reported a variety of ways in which veteran status is identified and when veterans are referred to the VTC. Most commonly, veterans are identified in jail after booking (14 courts), at their first court appearance (21 courts), or when first meeting with their attorney (22 courts). After identification, referrals to the VTC occur most commonly by the defendant’s attorney at the first meeting (10 courts) or at the first court appearance (19 courts).

Applying Applicable Law to Veterans

Given the different statutes applicable to veterans, courts vary in the types of cases handled by the VTC, the degree to which courts use 1170.9 criteria for their VTC eligibility requirements, and whether they handle misdemeanor diversion cases within their VTC or on a separate criminal calendar.

Under Penal Code section 1170.9, a judge may order treatment when an eligible veteran suffers from PTSD, TBI, MST, substance abuse, or any other mental health problem resulting from military service. Courts operating VTCs handle these cases either within the VTC or on a more traditional criminal calendar. The majority (27 courts) reported handling 1170.9 cases exclusively or primarily in their VTC; some (4 courts) reported handling such cases exclusively or primarily on a criminal calendar.

Under Penal Code section 1001.80, a court may order pretrial diversion for eligible misdemeanor cases of veterans. Most courts (21 courts) with VTCs reported primarily handling these cases in the VTC, sometimes in a separate calendar within the VTC. However, some (11 courts) reported handling misdemeanor diversion cases under Penal Code section 1001.80 on a different criminal calendar.

Accessibility of Services in VTC Counties

Even when counties operating VTCs provide services, the survey revealed that several considerations affect JIVs' access to those services, including nexus requirements, eligibility requirements, VA healthcare eligibility, and the nature of the charged offense.

Nexus Requirements

Penal Code sections 1170.9 and 1001.80 require that a nexus is established between the veteran's military service and mental health concerns. To establish a nexus, the defendant must show that the defendant is suffering from MST, TBI, PTSD, substance abuse, or another mental health disorder as a result of military service. Although the legislation does not require a connection between the defendant's military-derived mental health concern and the crime, some counties have chosen to adopt this requirement for participation in the VTC.

Although VTCs are not required to operate under one of the above-mentioned statutes that necessitates a nexus to be established, many choose to use that same criteria. Most surveyed courts operating VTCs (22 courts) reported that their VTCs are restricted to veterans who meet the nexus requirement between their military service and their mental health concerns; some (10 courts) are not so restricted. For those courts that require establishment of a nexus, the courts' procedures for doing so vary: most commonly, an assessment is performed by a clinician, case manager, or VJO,³⁰ or the decision is made by the VTC team based on the records and information available.³¹

VA Health-Care Requirements and Coverage

Beyond establishing a nexus, some courts require that a veteran be eligible for VA healthcare services to participate in the VTC. Nine of the 32 respondents reported that they require VA eligibility for VTC participation, and 22 reported that they do not. Some courts may ultimately require VA eligibility because the veterans they serve live in a jurisdiction that is unable to provide adequate services outside the VA. One respondent noted that the court formerly excluded those who were VA ineligible but later amended its criteria to accept VA-ineligible veterans if an appropriate treatment plan could be established.

Although most courts do not require VA eligibility for participation in a VTC, over half of respondents (18 of the 32) reported that at least three-quarters (75%–100%) of their program participants were covered by VA healthcare. These responses were consistent with the reported share of a VTC's caseload that is covered under Medicaid health or treatment services. Over half

³⁰ It is important to note that not all VJOs agree about their role in establishing a nexus. In the process of developing a statewide strategic plan for VTCs in 2019 by the Collaborative Justice Courts Advisory Committee of the Judicial Council, it was found that while some VJOs are comfortable contributing to nexus determinations, many VJOs feel it is not their role to provide legal determinations.

³¹ See question 19 of Appendix A for more detailed responses about court procedures for establishing a nexus and question 20 for the challenges reported.

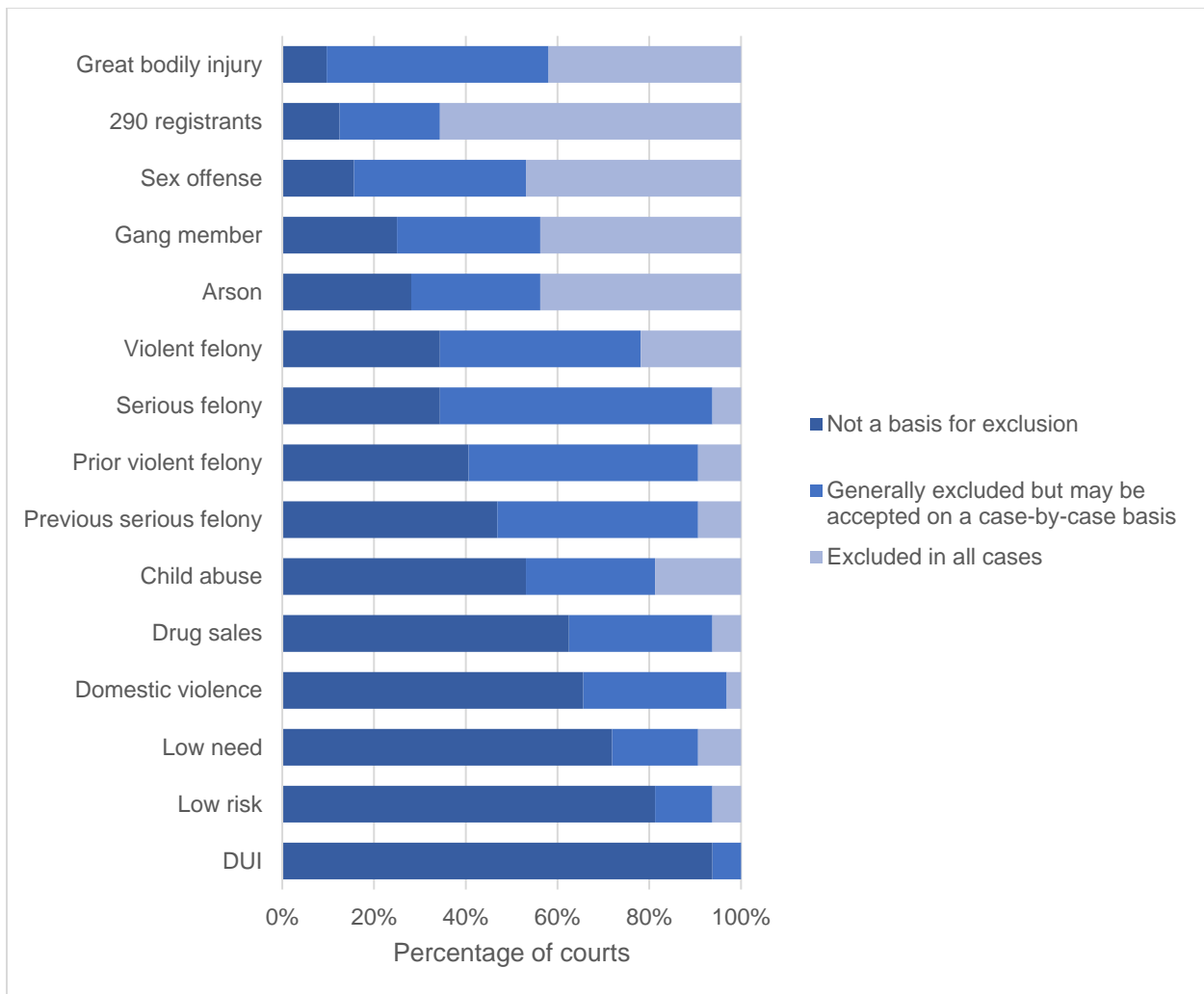
(18 of 32) of the respondents reported that only one-quarter or fewer of their participants were covered by Medicaid health or treatment services.

These responses were consistent with a similar survey question asking whether the VTC accepted participants with a dishonorable discharge. Eight of the 32 courts responded that they do not accept participants with a dishonorable discharge. These similarities are expected because an “other-than-honorable” discharge is frequently the basis of denial of VA healthcare eligibility, and some jurisdictions do not believe that they have adequate service availability outside the VA. Still, one respondent noted that the VJO works to have discharge records modified to enable participation in a VTC.

Charged Offense Exclusions

In addition to VA eligibility, many VTCs maintain eligibility exclusions based on the charged offense. For example, more than half of courts (21 courts) exclude Penal Code section 290 registrants (sex offenders) from participation in all cases. Less than half of courts exclude other sex offenses (15 courts), gang members (14 courts), arsonists (14 courts), and those who inflict great bodily injury (13 courts). In contrast, most courts do not consider child abuse, drug sales, domestic violence, or DUIs as a basis of blanket exclusion from the VTC and will review charges on a case-by-case basis.

Figure 4. Veterans Treatment Courts Eligibility Exclusions



Services Available in Counties Operating VTCs

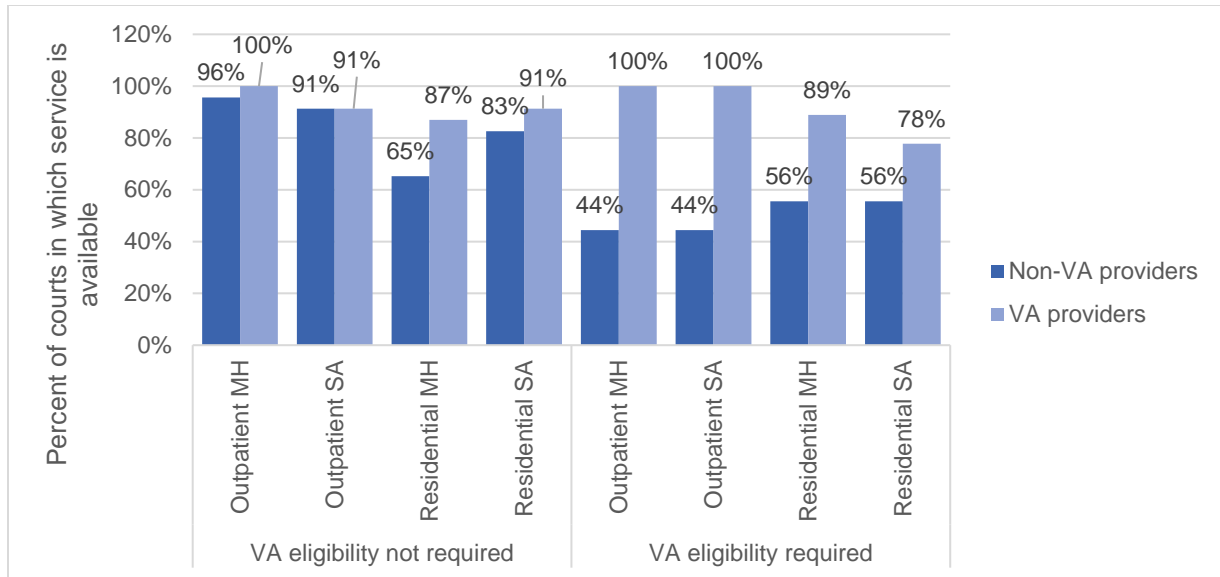
Availability of services in counties operating VTCs depends on whether the court requires VA eligibility for participation in the VTC. In general, more services are available through the VA than through non-VA providers. However, many courts lack availability to crucial services, especially through non-VA providers for common military-related conditions.

In the 23 courts that do not require VA eligibility, most courts (87%–100%) provide access to outpatient mental health and substance use treatment, as well as residential mental and substance abuse treatment, through VA providers. These courts also provide similar access to outpatient mental health and substance use treatment through non-VA providers (91%–96%), whereas somewhat fewer of these courts provide access to residential services through non-VA providers (65%–83%).

In the 9 courts that require VA eligibility for participation in their VTCs, most courts (78%–100%) provide both outpatient and residential mental health and substance abuse services

through VA providers. A smaller proportion of courts that require VA eligibility (44%–56%) offer outpatient and residential mental health and substance abuse treatment services through non-VA providers. Some of the VTCs that require VA eligibility may do so precisely because not enough services are available for those without eligibility. All in all, services for veterans are generally more widely available in courts where VA eligibility is not required and more commonly available through VA providers than non-VA providers.

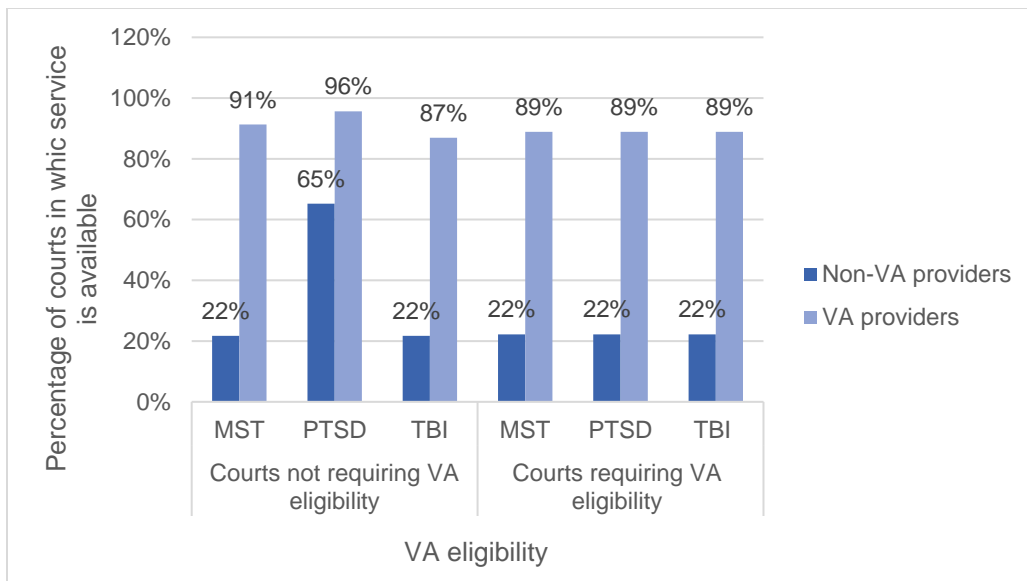
Figure 5. Mental Health and Substance Use Services Provided by VTCs Based on VA Eligibility and Service Provider



Note: MH = mental health; SA = substance abuse.

Although outpatient and residential mental health and substance abuse services are generally widely available in VTCs, specific services for common military-related conditions—including MST, PTSD, and TBI—are significantly lacking, particularly through non-VA providers. As the figure suggests, the VTCs that require VA eligibility tend to be in jurisdictions in which non-VA services are limited, suggesting that one reason for requiring VA eligibility may be related to the lack of services in the community.

Figure 6. Military-Specific Services Based on VA Eligibility and Service Provider



Note: MST = military sexual trauma; PTSD = post-traumatic stress disorder; TBI = traumatic brain injury.

Telehealth Services

Many VTCs offer telehealth services to participants through the VA to increase access to services when the patient and provider are geographically separated or if travelling to services is difficult for the patient. Most courts (69%) offer telehealth services through VA providers; only a few courts (27%) offer telehealth services through non-VA providers.³²

Program Outcomes

Twenty-five of the 32 VTC survey respondents provided estimated rates of successful completion. Over half (13 of 25) of the VTCs that provided data reported a successful completion rate of 90%–100%. Another portion (8 courts) estimated a successful program completion rate of between 60% and 85%. Only a small number (4 courts) estimated a completion rate between 45% and 58%. Overall, the average successful program completion rate across all respondents is 75%. These high rates of perceived success are encouraging, and additional research is needed to determine if this success can be supported by quantitative data.

Perceived Challenges for Program Entry and Success

Courts currently operating VTCs identified the challenges they perceive for program entry and success and were asked if they believed that the challenges differed between male and female veterans. Most courts perceive that the challenges varied based on participants' gender. The courts reported that the most common perceived reasons that men and women cited not to enroll in the VTC were because they did not want treatment, they wanted to fight the charges, jail time is shorter than the VTC program, and too many court appearances are required. For men,

³² This survey was conducted before the COVID-19 pandemic, and it may be that the widespread use of telehealth services emerges as an attractive alternative for service providers in the future.

compliance with prescribed medication and stable housing and employment were more commonly cited as challenges. However, for women, establishing and maintaining healthy relationships and family relationships were more commonly cited challenges.

Figure 7. Perceived Challenges to Success in the VTC Based on Gender

Common Challenges	Males	Females
Passing drug/alcohol screen	16	11
Compliance with prescribed medication	17	4
Attending treatment sessions	22	13
Obtaining steady housing, abiding by housing facility rules	15	8
Obtaining stable employment	13	7
Family relationships /parenting	12	9
Establishing and maintaining healthy relationships	13	10
Controlling anger and violence	12	4

Survey of Counties Without Veterans Treatment Courts

Based on the survey of counties that do not operate VTCs, the following findings are presented:

- Most courts believed that regional models were not warranted given the limited number of potential participants.
- Services are available for veterans in most non-VTC counties but still very limited in a small number of counties.
- County and court size were the primary reasons that counties reported not establishing a VTC.
- Counties without VTCs typically have non-VTC options to traditional adjudication methods for veterans, including using other types of collaborative courts or implementing legislative sentencing and diversion options outside the collaborative court context.

Estimate of JIVs and Assessing the Need for Additional VTCs

Based on this report's estimate of JIVs in California, about 9%, or 439, of California's veterans live in non-VTC counties compared to an estimated 4,784 in counties with VTCs. Thirteen of the surveyed non-VTC counties (59%) estimated that they had 10 or fewer JIVs with cases in their courts each year, with an additional 23% of counties reporting that this number is unknown. Nearly half of the counties stated that they have not considered establishing a VTC because they have too few veterans in their county.

Regional Model VTCs

As per the legislative mandate, the Judicial Council was asked to explore the need for a regional VTC. When asked whether their counties would consider participating in a regional VTC, only 6 of the 22 counties reported that they would consider it. Reasons for the lack of interest in creating regional model collaborative courts focused on challenges related to court and probation case transfer, issues related to incompatible funding sources, and the belief that the cases could be adequately addressed using local, as opposed to regional, resources. One court mentioned that because VA services are already delivered through a regional model in many areas, creating a regional court and supervision model may not bring an added benefit. This reasoning suggests that given that counties without VTCs have so few JIVs, resources may be better served by focusing on expanding and improving access to alternative veterans services in these counties while also improving access to and expanding VTC caseloads in counties with VTCs.

Availability of Veterans Services

Although the surveyed counties do not operate VTCs, the counties identified many other services available for veterans. About one third of courts (7 courts) used case-processing procedures or options specifically designed for JIVs or members of the military, most commonly treatment instead of incarceration, reduction of wobblers to misdemeanors, and restorative relief under Penal Code section 1170.9(h).

However, although services may be available for veterans in most non-VTC counties, services may be limited in certain counties. Overall, 59% (13 courts) rated the availability of treatment

and community-based services responsive to the needs of JIVs in their county as “adequate,” meaning “there are some gaps in treatment and services, and some needed services and treatment resources are at capacity, but many veterans can get their needs met in the county.” (App. A, questions 25 and 26.) Eighteen percent (4 courts) rated the availability of treatment and services as “not adequate,” meaning “there are many gaps in treatment and services, and most treatment and service providers are at capacity; most veterans cannot get their needs met in the county” (*ibid.*), and an additional three counties in free response described their resources as limited or not available in-county. No counties rated their available services as “excellent.” Figure 8, below, indicates where treatment and healthcare services are situated in the state in relation to counties operating VTCs.

Figure 8. VTCs in Relation to Health-Care and Treatment Services*



Note: U.S. counties shapefile from U.S. Census Bureau, <https://www2.census.gov/geo/tiger/TIGER2019/COUNTY/>

*The tan counties had operational VTCs at the time of the survey, while the dark green counties did not have operational VTCs. The light green coloring in Kern county denotes the fact that they report a VTC-like program but they do not identify it as such. For the purposes of this report, Kern is considered to be a partial VTC county. Note: Some regional services in Oregon and Nevada are not pictured in this map but may be accessible by some veterans in California. Veterans in Sierra and Nevada Counties have access to services through VA health care in Reno, Nevada, and veterans in the far northern counties have access to services in Oregon.

Alternative Resources for Veterans

JIVs in non-VTC counties may have access to alternative resources for veterans. However, only 3 counties (14%) not operating VTCs reported affirmatively providing veterans with information (e.g., a resource directory) about available services to JIVs in the county, 8 counties (36%) did not have such a resource guide for veterans, and the remaining 11 court respondents (50%) did not know whether they had such a resource.

Veterans Service Officers

Another alternative through which JIVs may access services in counties without a VTC is through VSOs. VSOs are county based and available in every non-VTC county, except for Alpine and Sierra.³³ The majority of counties (77%) reported that probation and/or county VSO staff assisted their courts with treatment and service referrals for veterans, with three of these counties reporting also receiving assistance from a VJO specialist.

Other Collaborative Courts

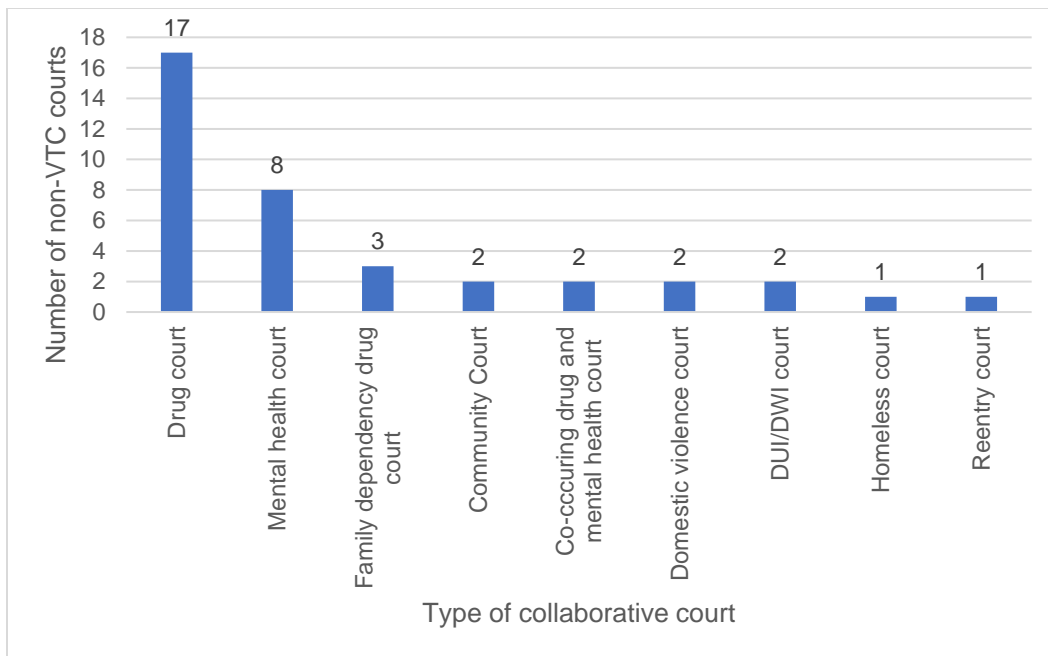
Although a VTC may be unavailable, JIVs may receive services through other collaborative courts operating in non-VTC counties. Only three of the state's smallest counties have no sort of collaborative court in operation. Over 80% of non-VTC counties have at least one collaborative court, most commonly a drug court (77%) or a mental health court (36%) or both. Most of these collaborative courts are relatively small, with only one county reporting a collaborative court with more than 50 participants. One county reported having a special track for veterans in a mental health court.

Within other collaborative courts, veterans may have access to specific services. VA-eligible veterans in non-VTC collaborative courts typically access the VA services that are similar to services that would be accessed through the VTCs. Outpatient mental health and outpatient substance abuse treatment is offered in almost all the collaborative courts (86% and 91%, respectively), but military culturally responsive services in only 3 courts (14%). Whereas most collaborative courts offer residential substance abuse treatment (77%), comparatively few offered inpatient mental health treatment (23%). Additional services are available in more than half the courts, including transportation services (17 courts), case management (15 courts), psychiatric medication monitoring (13 courts), and housing services (12 courts).³⁴

³³ California Association of County Veterans Service Officers, Inc., *2019 Annual Report and Directory* (2019), www.cacvso.org/wp-content/uploads/2019/03/CVSO-2019-Annual-Report.pdf.

³⁴ See question 3 of Appendix B for additional available services.

Figure 9. Other Collaborative Courts Operated by Courts That Do Not Operate VTCs



DUI = driving under the influence; DWI = driving while intoxicated.

Telehealth Services

Another resource that could be available to veterans in counties without VTCs is VA Telehealth Services, which seeks to increase access to high-quality health care by using telecommunication technologies. Although telehealth services are available to most veterans in one form or another, the courts were not always aware of their availability. Only 2 non-VTC courts were aware that telehealth services were available in their county, with the majority (17 courts) unsure. However, 9 of the 22 courts believe that telehealth services would be helpful to JIVs in the county. This lack of knowledge about telehealth service availability is not surprising given that these services are not connected to the courts in any way; however, courts not operating VTCs could determine whether these services are available in their county and refer veterans to them.

Criminal Calendars and Special Case-Processing Procedures

Some courts may apply provisions of law applicable to veterans on their criminal calendars. Of the 22 courts that do not operate VTCs, 2 courts (9%) reported using court case-processing procedures specifically designed for JIVs in all criminal case types. Five courts (23%) reported using such procedures for misdemeanor and/or diversion cases only. Of the 7 courts that reported using special case-processing procedures, 6 courts referenced using treatment instead of incarceration, 4 courts reported reducing wobblers to misdemeanors, and 4 courts reported using restorative relief under Penal Code section 1170.9.

Barriers to Program Implementation

The greatest barrier to program implementation for courts not currently operating VTCs appears to be county and court size.³⁵ Twelve of the 22 non-VTC courts are two- or three-judge courts, and none of the 12 are estimated to have more than 10 JIVs. The non-VTC county with the largest population of JIVs is Imperial County, with an estimated 35 JIVs. Nearly half of non-VTC counties have an estimated JIV count of fewer than 10. When asked for reasons why the county has not established a VTC, the non-VTC courts stated that too few JIVs or too few judicial officers or both were the primary reasons.

³⁵ Courts with VTCs also reported their challenges with implementing and operating their VTC program. See question 53 in Appendix A for further information.

Special Populations

This report provides information concerning special populations of interest to VTCs and veterans services organizations. The survey for both VTC and non-VTC counties included questions pertaining to female veterans and the families of veterans. The following key findings are described below:

- Female veterans appear to be appropriately represented in VTCs.
- Children and families of veterans have a more difficult time accessing services than do people seeking gender-specific services, which are usually available through VTCs.
- Most courts did not identify gender-responsive treatment as a training need, whereas about one-third of courts identified services for children and families as a training need.

Female Veterans

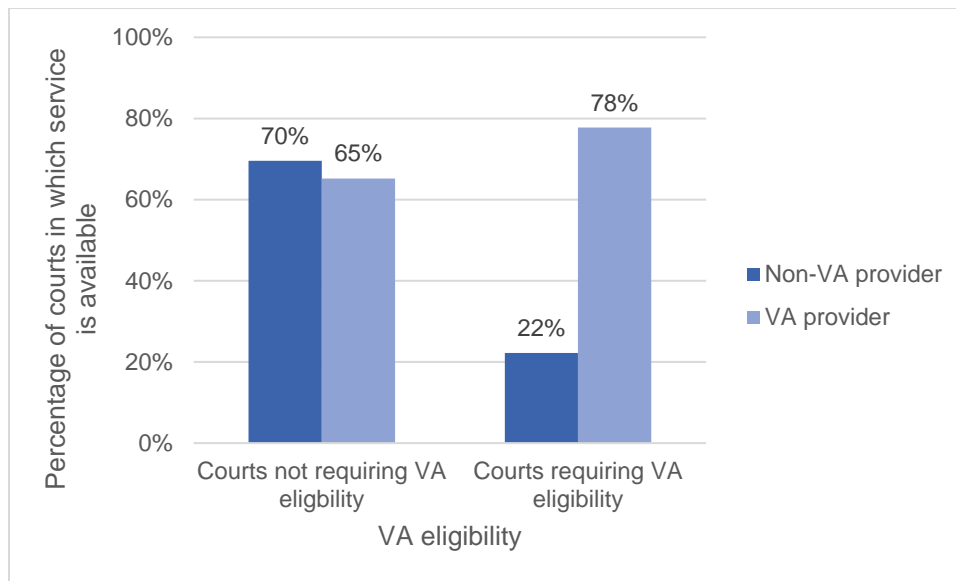
As mentioned in the section detailing the number of veteran participants in the counties operating VTCs, the data suggest that female veterans are appropriately represented in VTCs based on population estimates. However, some counties may be more effective at identifying and serving female veterans than others.

Gender-Specific Treatment Services

Most courts that operate VTCs reported that gender-specific treatment services are available through at least one provider: 22 courts (69%) reported availability through the VA and 18 courts (56%) through non-VA providers.

Access to gender-specific services varies by provider and VA eligibility. Through VA providers, access to gender-specific treatment services is similar regardless of whether the court requires VA eligibility. However, through non-VA providers, access to gender-specific services is much greater (70%) in courts that do not require VA eligibility than in courts that do (22%).

Figure 10. Availability of Gender-Specific Services in VTCs



Training Needs

Only 4 courts in the VTC survey selected gender-specific treatment services for veterans as a top-five training need. Similarly, in non-VTC courts, only 5 courts indicated that their court team would be interested in receiving training or technical assistance regarding female veterans.

Children and Families of Veterans

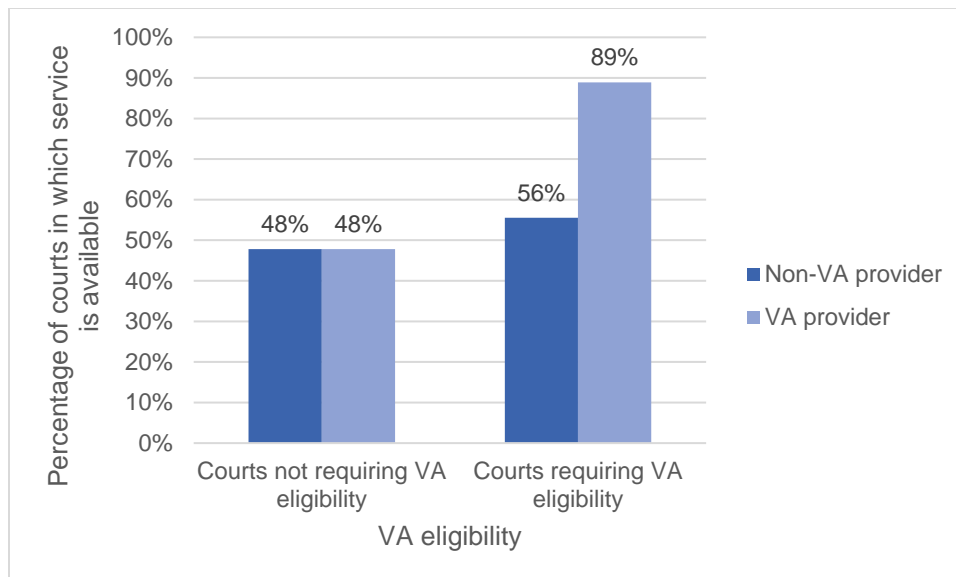
Regarding children and families, the survey provided information on access to services, the frequency with which courts make referrals to children and family services, and courts' interest in training.

Availability of Services

In counties that operate VTCs, over half of courts reported that services are available for families of veterans through both VA (59%) and VA-contracted providers (50%). Family Advocacy Programs—which are dedicated to addressing and ending abuse by offering services to all members of the military community, including family members—are available in 28% of courts through the VA and in 38% of courts through non-VA providers. Additionally, respondents indicated that parenting services for veterans are available in 41% of courts through VA providers and 31% through non-VA providers.

Further, access to services varies based on whether the court requires VA eligibility. In courts that do not require VA eligibility, services are less available overall (48% of courts). However, in courts that do require VA eligibility, services are more accessible, with most courts (89%) providing services through VA providers and more than half (56%) providing services through non-VA providers.

Figure 11. Services Available for Families of Veterans by Service Provider and VA Eligibility Requirements



In those counties that do not operate VTCs, counties assessed the availability of treatment and community-based services responsive to the needs of families of JIVs, with 55% rating these services as “adequate” and 18% as “not adequate.”

Training Needs

Over one-third of survey respondents from courts operating VTCs (11 out of 32 courts) indicated that training related to services for families of veterans would be beneficial for their VTC. Similarly, over one-third of courts not operating VTCs (8 of the 22 non-VTC courts) indicated an interest in training or technical assistance regarding services for families of veterans.

Veterans Treatment Courts Impact Study

This study assesses the impact of VTCs on various outcomes for veterans in California. Because of limitations in the data, additional research is needed before definitive statements can be made about the program's effectiveness; however, these preliminary results are promising and suggest that outcomes for VTC participants may be better than for the comparison group. This section presents findings on the following topics:

- **Recidivism:** The arrest rate for VTC participants is lower than for VJO participants; however, further research is needed for more robust results.
- **Mental Health and Substance Abuse:** Most veterans with mental health and substance abuse needs in both groups were connected with treatment at program exit, although more veterans in the VTC group were connected with treatment than in the VJO group.
- **Homelessness:** Participants in the VTC group were more stably housed than were the VJO participants; in addition, longer involvement in the program correlated with better housing outcomes.
- **Employment:** Although both VTC and VJO participants had similar employment statuses for three years before entering the program, VTC participants reported more full-time employment and less unemployment at exit.
- **Social Stability:** For participants who remained in the program for longer than six months, VTC participants showed higher levels of social stability at program exit than did VJO participants.

Data Source and Methodology

The VA HOMES data set contains information on 2,852 veterans who entered the VJO program from January 1, 2011, to December 31, 2016. The data include entry and exit data for each veteran. "Outreach only" clients were excluded for analysis because they did not continue VJO services beyond the initial interview. After excluding "outreach only" clients, the "VTC group" in this report is a data set of 1,057 veterans who both received VJO services and participated in a VTC. This group was compared to a group of 1,394 veterans who received VJO services but did not participate in a treatment court and is referred to as the "VJO group." A small group of 68 veterans received VJO services *and* participated in a *non-VTC* treatment court, but this group was not large enough to draw conclusions from on most measures. This group is referred to as the "VJO and non-VTC group." The figures in this section all present the author's calculations using the VA HOMES data set.

Although the data set is large and includes entry and exit data for each veteran, comparisons between the VTC and VJO groups should be viewed with caution because data are not available to ensure that the VTC group has similar criminal history characteristics as the comparison groups. Without this information, to develop an appropriate comparison group and accurately assess the impact of the program with confidence is impossible.

Length of Service

One way in which the study groups varied was in the median number of days they received services from the VJO. The number varied widely, with the median days of VJO involvement ranging from 77 days in the VJO group to 476 days in the VTC group. Evidently, given the length of VTC programs, those in the VTC group spent a much longer time engaged with services. The variation in service length makes comparison between the VTC group and the VJO group more qualified and limited.

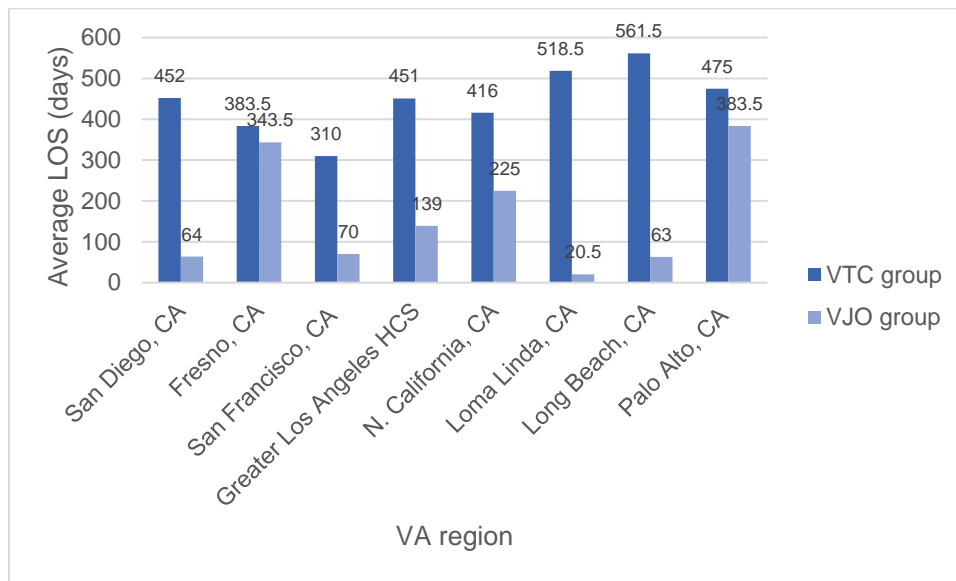
Figure 12. Median Days of VJO Involvement by Study Group

Study Group	n	Median LOS
VTC group	1,057	476.0
VJO group	1,394	77.0

LOS = length of service.

Further, the median number of service days for each group varied widely by region. As shown below in figure 13, the VTC group shared similar lengths of service for all regions. However, the VJO group varied widely by region, from 20.5 days to 383.5 days. As a result, regional differences could again drive certain results of the impact study for the VJO group.

Figure 13. Median Length of Service (LOS) by Study Group and Region

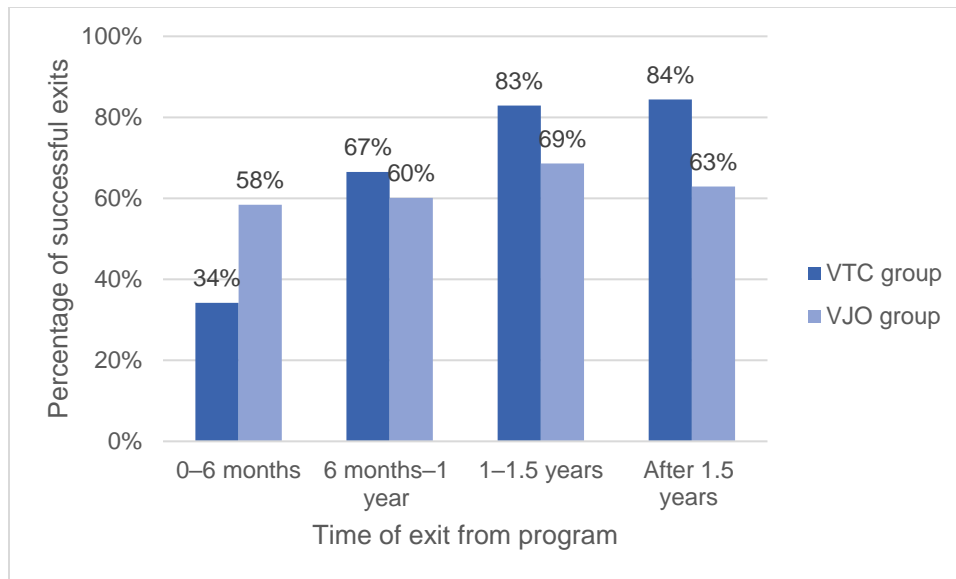


Program Success

Veterans in the VTC group successfully exited the VJO program at higher rates than those in the VJO group, particularly as they spent more time in the program. Success in the program means that a veteran is no longer involved with the justice system or no longer has need of VJO. The reason could be, for example, that the charges have been dropped, the veteran completed a treatment court program, or the veteran is still justice-involved but has successfully transitioned to other services.

For VTC participants, those who exit the program in less than six months are largely unsuccessful. This lack of success is likely because VTC programs are typically a year or longer, and participants who exit before six months likely do so because they are unsuccessful in the program. Outcomes for VTC participants improve as veterans stay longer in the VTC, with the highest rates of success for those who stay in the program over one year. For VJO participants, successful exit is less dependent on time in the program, although those in the program over one year did somewhat better than those in the program less than a year. These data are consistent with the survey data reported by counties operating VTCs, where the average estimated successful completion rate was 75%.

Figure 14. Percentage of Successful Exits by Time in Program



Impact Study Outcomes

The impact study, as mandated by Senate Bill 339, examined the impact of VTCs on six outcomes: program recidivism, mental health, substance abuse, homelessness, employment, and social stability. The study compares the outcomes of the VTC group and the VJO group. However, as mentioned above, differences in the median length of service, a lack of criminal history data, and regional differences render these comparisons limited in the conclusions that can be made.

Program Recidivism

To assess program recidivism, new arrests during the VJO program were treated as a binary outcome (*no new arrests* or *any new arrests*). On average, VTC participants are arrested more than VJO participants: 14.7% of VTC participants have at least one new arrest while in the VJO program versus 6% of VJO participants. This finding is consistent with the increased sanctions and incarcerations that Tsai et al. (2017) found among participants in their similar study of VTC outcomes. Tsai et al. (2017) acknowledge that increased surveillance of veteran participants and the longer time spent in the program inform this result. The findings of this study are also

skewed by the reality that VTC participants spend a much longer time at risk of arrest, given that they spend much longer on average in the VJO program.

To account for this reality, when the average arrest rate is divided by the average number of days in the program, the new arrests for VTC participants drops to slightly below that for VJO participants, at 0.028% per day for VTC participants versus 0.032% per day for VJO participants. In other words, if the same rate of arrest were applied to a 519-day period for both groups (the mean number of days in the program for VTC participants), the rate for VTC participants would be 14.7% with at least one new arrest versus 16.4% for VJO participants.

Figure 15. Number of Participants With New Arrests

Study Group	Mean Percentage of Study Participants With At Least One New Arrest	Arrests During a 519-Day Period
VTC group	14.7%	0.028%
VJO only	6.0%	0.032%

Evaluating the total number of new arrests, rather than the number of participants with new arrests, yields similar results. The overall number of arrests is higher for VTC participants than for VJO participants, but when dividing by the average number of days in the program, the rates become very similar.

Figure 16. Total Number of New Arrests

Study Group	Average Arrests During VJO Program	Number of Arrests Over Average Number of Days in the Program
VTC group	0.21	0.04
VJO group	0.08	0.04

Mental Health

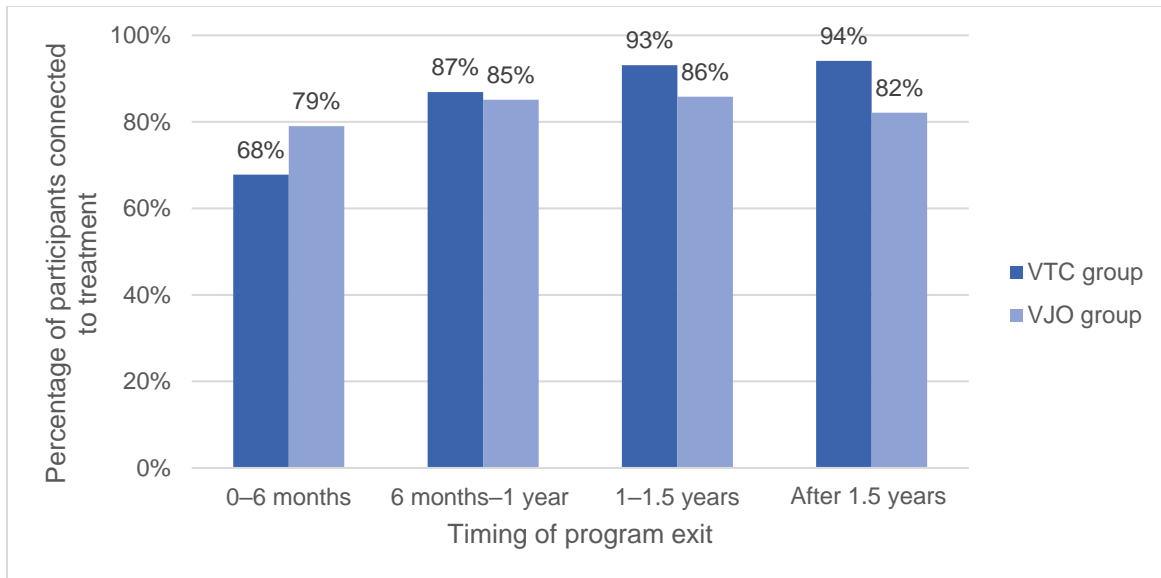
The only data available pertaining to mental health outcomes in the initial assessment data are on whether the veteran needs psychiatric treatment and whether the veteran is willing to engage in psychiatric treatment, all based on the VJO’s clinical impression. In the exit data, the only information available is whether the veteran was connected to mental health treatment.

Overall, the vast majority of veterans with mental health needs were connected with treatment at program exit. However, slightly more veterans in the VTC group were connected with treatment than in the VJO group. The following figures show the proportion of participants in each group who presented with mental health as a problem area on entry and who were connected with treatment services on exit.

For veterans exiting the VJO program before six months, more VJO participants were connected to treatment than VTC participants, probably because VTC participants who exited the program early were likely unsuccessful in the program and therefore did not remain connected to

treatment by exit. However, for veterans exiting the VJO program between six months and 1.5 years, the VTC participants were slightly more connected to treatment services than were VJO participants. For veterans exiting after 1.5 years, VTC participants were almost all connected to treatment, whereas VJO participants were slightly less connected to treatment. However, it bears noting that the vast majority of veterans in both groups were connected to treatment at exit.

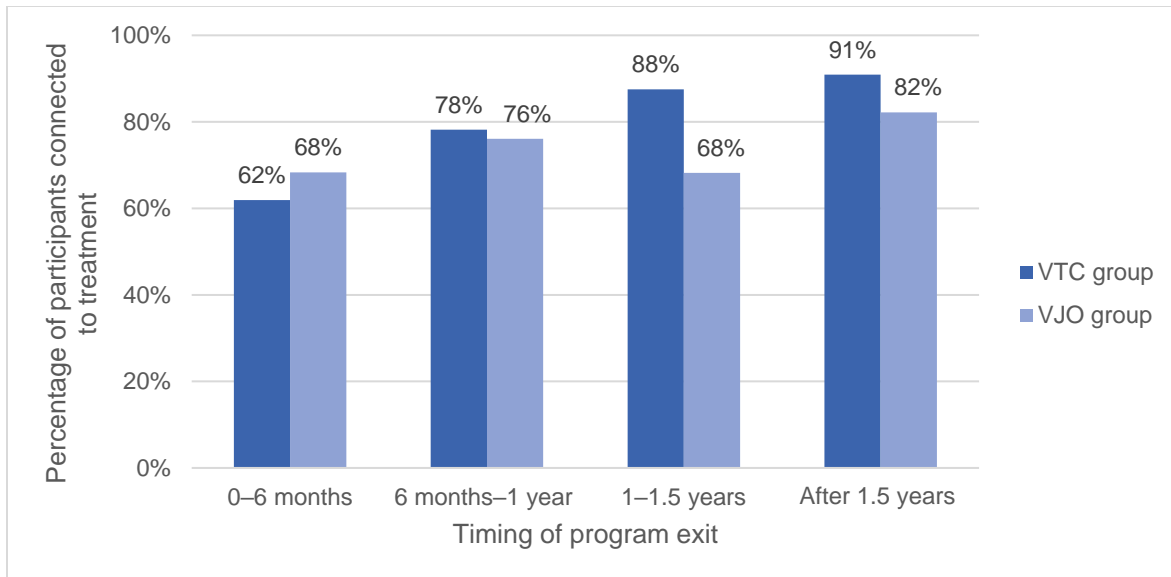
Figure 17. Percentage of Participants With Mental Health Needs Connected to Treatment at Program Exit



Substance Abuse

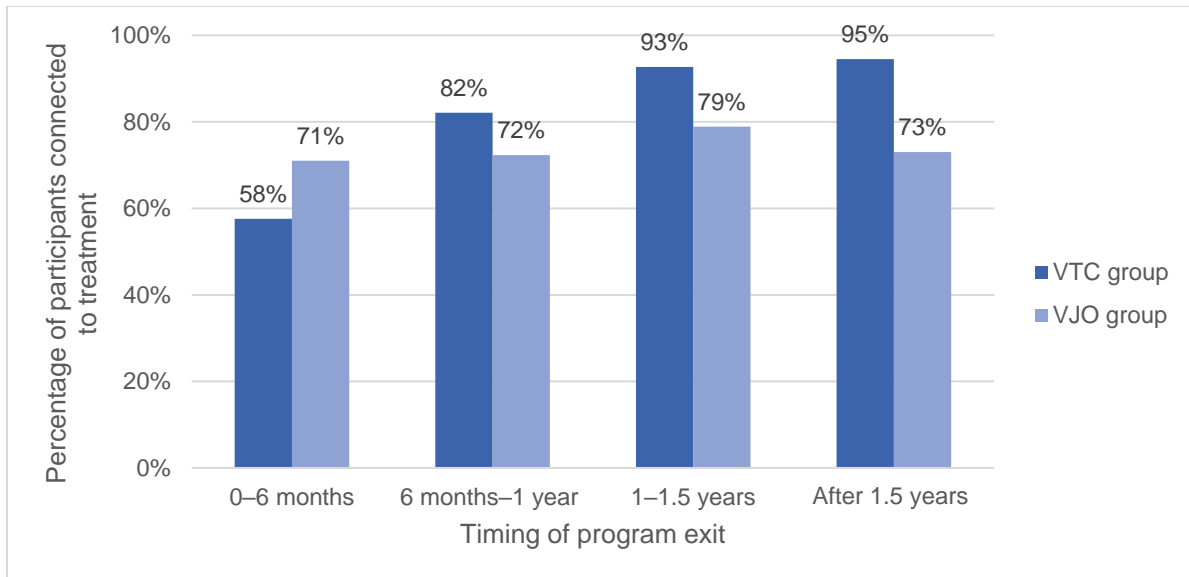
As with mental health treatment, the longer that a participant remains in the VTC or VJO program, the more likely the participant is to be connected to drug and alcohol treatment at exit. For veterans who exit the program within six months, slightly fewer VTC participants (62%) are connected to drug treatment than VJO participants (68%). However, as the length of time in the program increases, VTC participants are connected to drug treatment at slightly higher rates than participants in the VJO group.

Figure 18. Percentage of Participants With Drug Treatment Needs Connected to Treatment at Exit



There is a similar pattern for connection to treatment for alcohol needs. The longer a participant remains in the VTC, the more likely the participant will be connected to alcohol treatment at exit. Just as with drug treatment, at six months, VJO participants are connected to alcohol treatment at slightly higher rates than are VTC participants (71% v. 58%, respectively). However, as the length of time in the program increases, VTC participants are connected to alcohol treatment at exit at higher rates than those of participants in the VJO group.

Figure 19. Percentage of Participants With Alcohol Treatment Needs Connected to Treatment at Exit



Homelessness

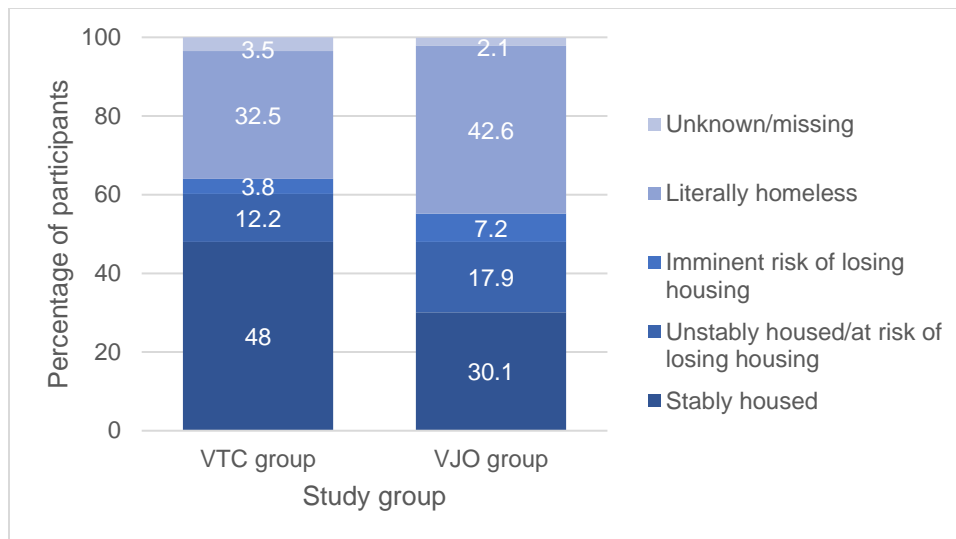
Participants in the VTC group had better housing outcomes at both entrance and exit compared to those in the VJO group. In addition, longer involvement with the VJO program generally correlates with better housing outcomes: as the length of time in the VJO program increased, the proportion of stably housed veterans generally increased, and the proportion of literally homeless veterans generally decreased.³⁶ Although this increase was observed for veterans involved in both groups, VTC participants on average participated with the VJO for a much longer period, meaning more veterans were linked to housing.

Housing Stability at Entrance and Exit

At entrance, the groups differed in housing stability. More VTC participants were stably housed at entrance (48%) than VJO participants (30.1%). Likewise, fewer VTC participants were literally homeless at entry: 32.5% of VTC participants were literally homeless compared to 42.6% of VJO participants.

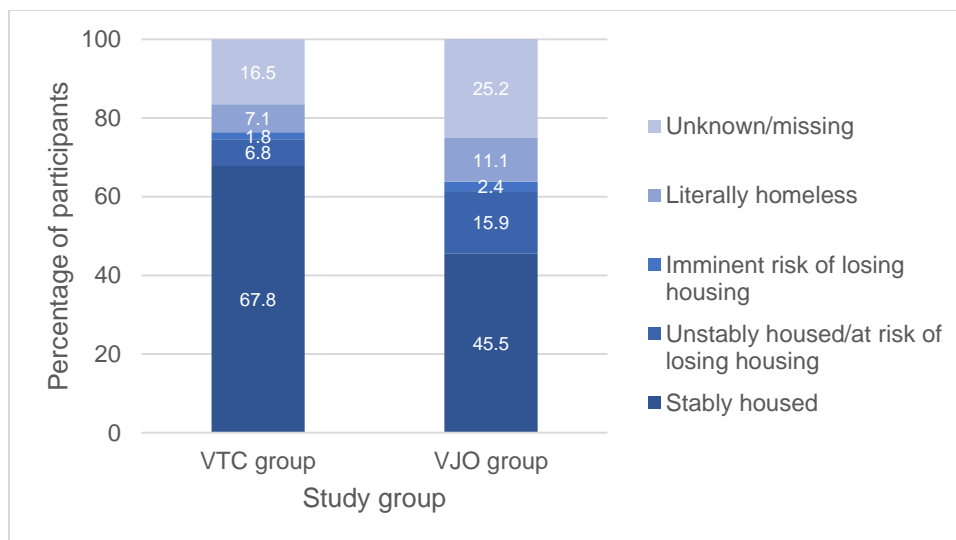
³⁶ According to the U.S. Department of Housing and Urban Development, an individual who is “literally homeless” does not have a fixed, regular, and adequate nighttime residence.

Figure 20. Housing Stability at Program Entrance



At program exit, VTC participants had better housing outcomes than did VJO participants. Some 67.8% of VTC participants were stably housed at exit, compared to 45.5% of VJO participants. VTC participants also had fewer literally homeless participants at exit, with 7.1% compared to 11.1% for the VJO group.

Figure 21. Housing Stability at Program Exit Across All Study Groups



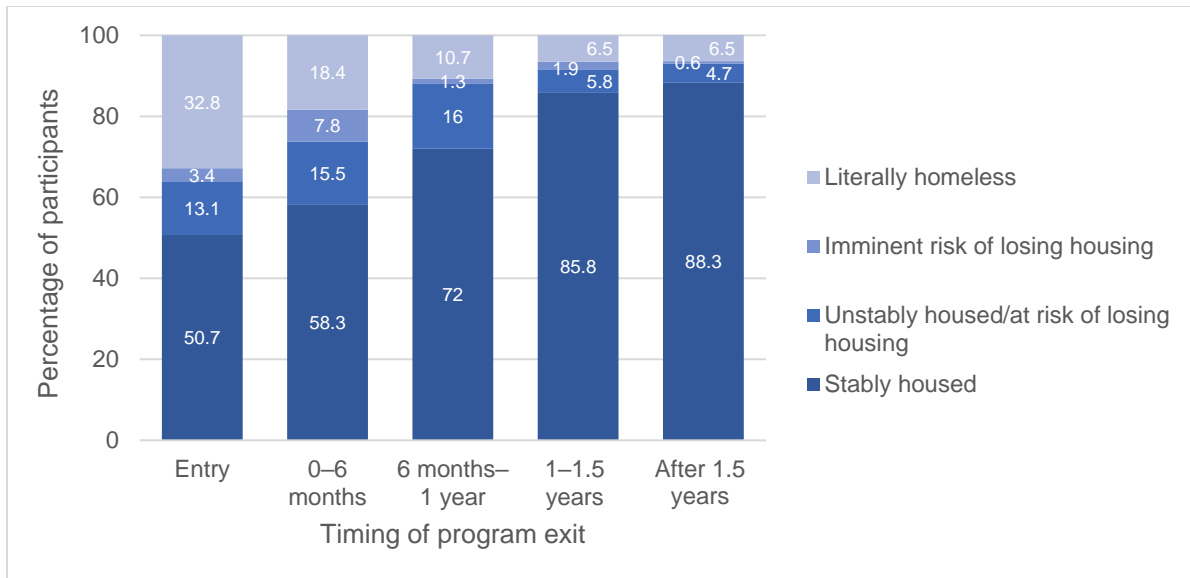
VTC participants saw a greater increase in stably housed participants from entrance to exit but a smaller decrease in literally homeless participants. VTC participants overall saw a 19.8 percentage point increase in stably housed participants, whereas stably housed VJO participants rose by 15.4 percentage points. In contrast, literally homeless VTC participants decreased by 25.4 percentage points, whereas literally homeless VJO participants decreased by 31.5

percentage points. However, a large number of clients were missing housing information at exit, especially in the VJO group.

Housing Stability Based on Program Exit

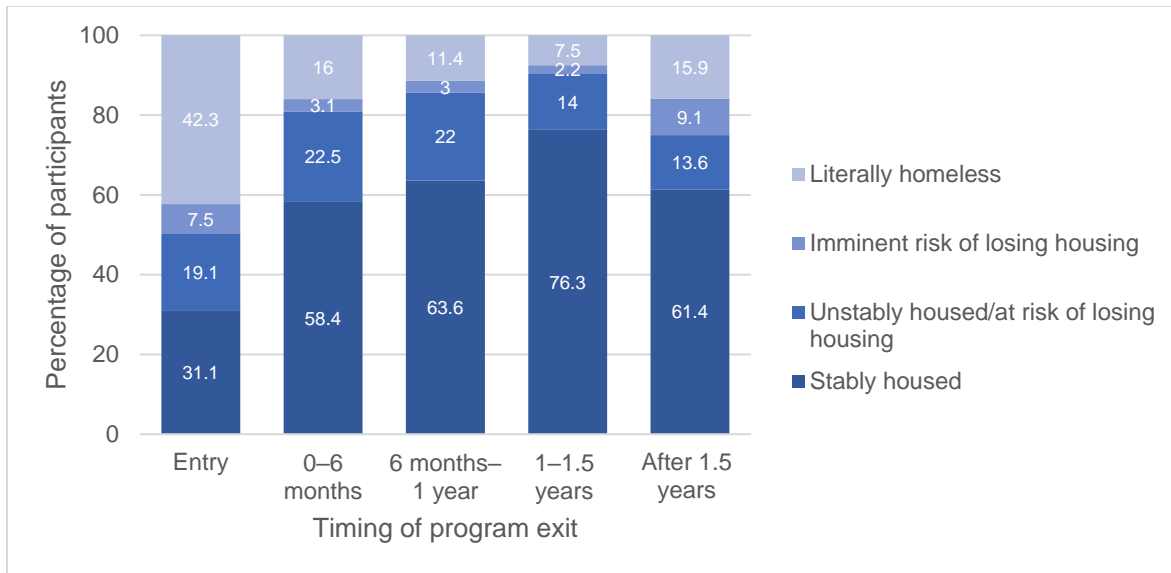
Further, housing outcomes varied based on when participants exited the program. For VTC participants, more time spent in the program translated to an increasing proportion of participants who were stably housed and a decreasing proportion of participants who were literally homeless.

Figure 22. Housing Stability for VTC Participants by Timing of Program Exit



VJO participants exhibited a similar trend in housing outcomes, where more time spent in the program was associated with better housing outcomes. However, the VJO group had smaller proportions of veterans stably housed and greater proportions literally homeless than did the VTC group across all time periods. Further, whereas the gains in housing stability continued across time periods for the VTC group, veterans in the VJO group who were in the VJO program for over 1.5 years experienced a dip in positive housing outcomes.

Figure 23. Housing Stability for VJO Participants by Timing of Program Exit

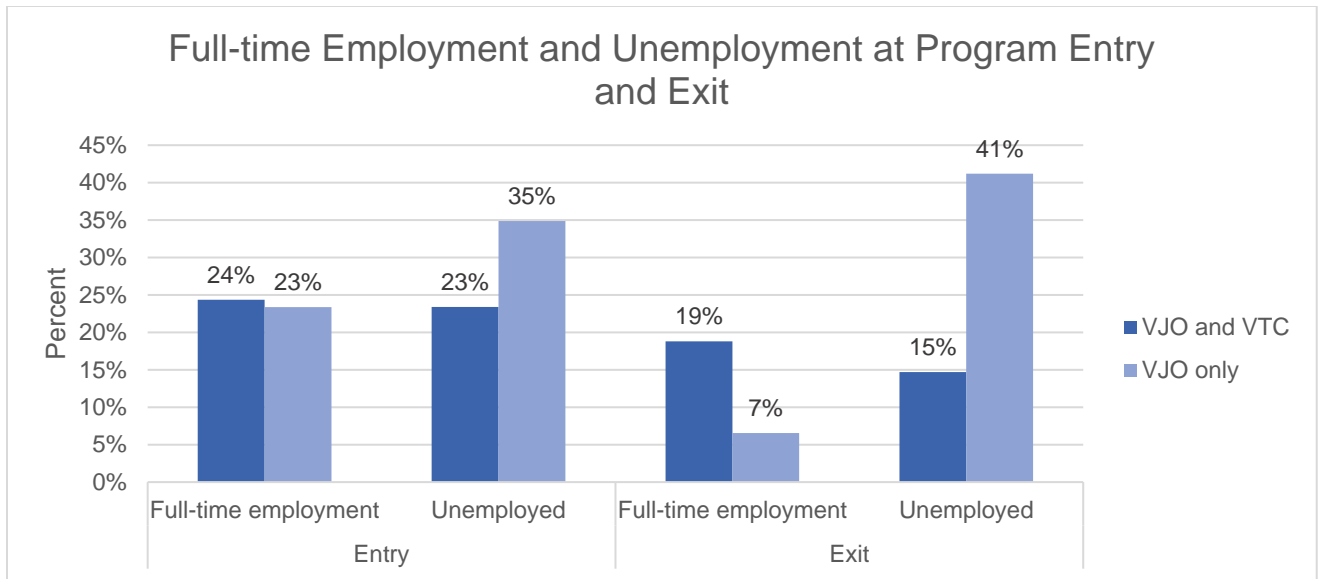


Employment

VTC participants and VJO participants had similar patterns of employment in the three years before VJO involvement, but the VTC group had more full-time employment and less unemployment than did the VJO group at program exit.

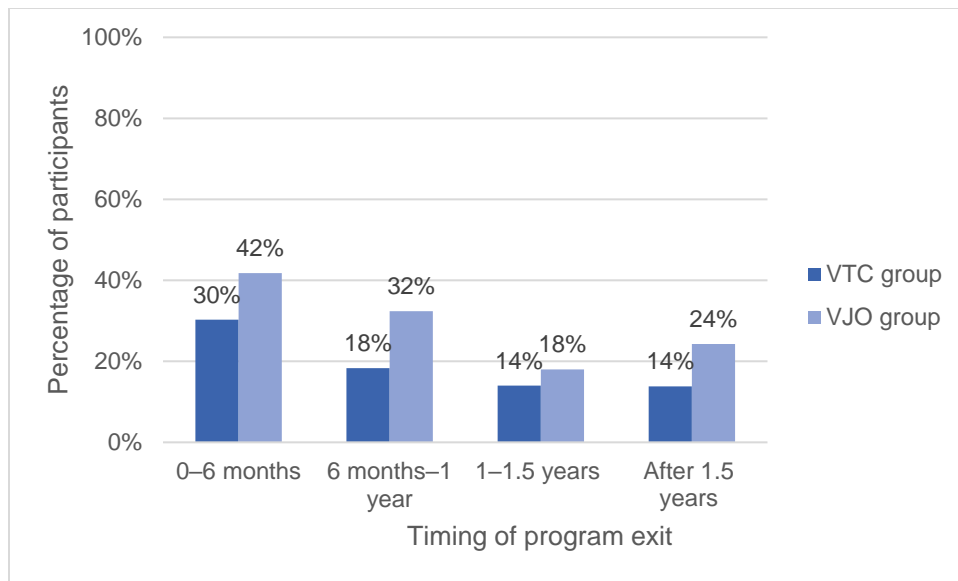
At entry, full-time employment was similar among both groups. However, more people in the VJO group (35%) were unemployed than in the VTC group (23%). At exit, fewer people in the VTC group were employed full-time than at entry (19% v. 24%, respectively). However, full-time employment in the VJO group decreased significantly more from entry to exit (23% to 7%). Further, for the VTC group, fewer people were unemployed at exit (15%) than at entry (23%), whereas for the VJO group, more people were unemployed at exit (41%) than at entry (35%). Overall, the VTC group saw better employment outcomes than did the VJO group.

Figure 24. Comparing Full-Time Employment and Unemployment at Entry and Exit



Finally, the percentage of people who were unemployed varied by the timing of program exit. Overall, the VTC group had consistently fewer unemployed participants across time periods. Additionally, for the VTC group, the longer amount of time spent in the program up to 1.5 years, the less likely participants were to be unemployed. Before 1.5 years, participants in the VJO group experienced improvements in unemployment over time. However, after 1.5 years, they did not sustain their improvement, and unemployment increased, while participants in the VTC group maintained their trend in decreasing unemployment. This trend is consistent with the findings related to housing stability, where the VJO group experienced a decline in housing outcomes after 1.5 years.

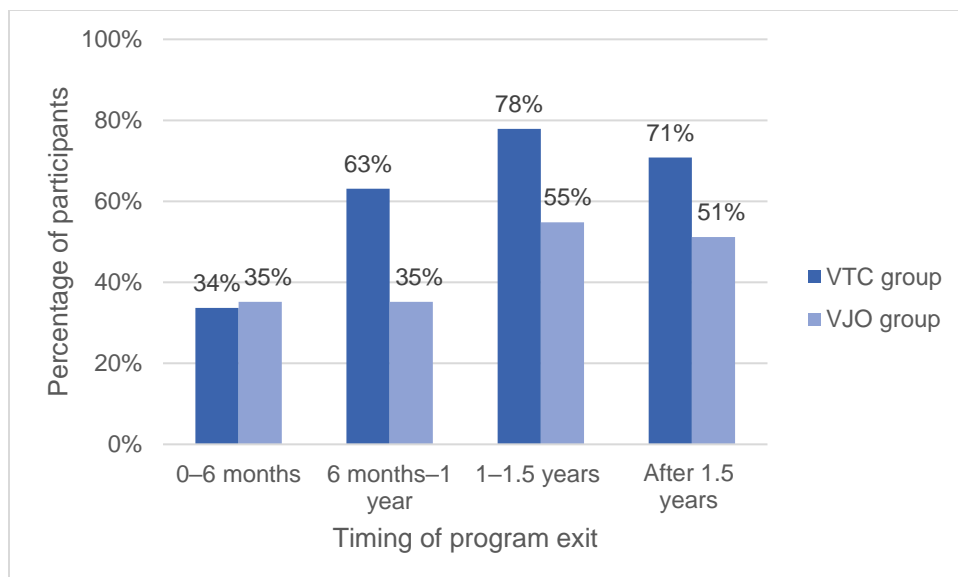
Figure 25. Percentage of Participants Unemployed at Program Exit



Social Stability

Where *social stability* is defined as having stable housing, not being unemployed,³⁷ and not having any new incarcerations, participants who exit the VJO program within six months have approximately equivalent social stability as VTC participants. For participants who stay longer than six months, however, VTC participants show higher levels of social stability at exit.

Figure 26. Percentage of Participants Socially Stable at Program Exit



³⁷ In the definition of social stability, not being “unemployed” includes any employment status that is not “unemployed.”

Recommendations: Serving JIVs in Non-VTC and VTC counties

As required by Senate Bill 339, the Judicial Council must provide recommendations regarding the expansion of VTCs or services, including a discussion of the feasibility of designing regional model VTCs using service coordination or technological resources. In addition, this report makes recommendations based on its findings regarding eligibility requirements, identification of veterans, notification of rights, collaboration with justice-system partners, and use of local resources.

Improve Identification of Veterans and Notification of Rights

A major finding from both the VTC and non-VTC surveys is that court methods for identifying veterans or informing them of their rights are inconsistent. To identify veterans, counties used the VRSS, form MIL-100, and less formal methods, with practices that varied by county. Although the court is responsible for informing veterans charged with crimes of the provisions of law specifically designed for veterans under Penal Code section 858, less than half of courts operating VTCs reported making some form of a notification. In the time since the survey was conducted, the Judicial Council developed a script for the courts to use to inform veterans of their rights. It is likely that since that time courts have become more consistent in this regard. Therefore, it is recommended that courts receive increased training on identification and notification strategies for veterans. Courts may need more training on current laws such as Penal Code sections 858, 1001.80, 1170.9, and 1170.91.

Review Eligibility Requirements to Expand Caseload Sizes in VTC Counties

The eligibility criteria for VTCs vary based on the court. Given that 26 of 28 courts that responded to the question of caseload capacity in the survey report being under their maximum caseload, VTCs should review and evaluate their eligibility and referral criteria. VTCs may be able to reduce the number of exclusions for entry into a VTC.

Courts can also consider their nexus requirements as they pertain to eligibility for the VTC. Most courts adhere to 1170.9 requirements to mandate that a nexus is established between a veteran's military service and the veteran's mental health concern. Some courts have established an additional criterion that requires a nexus between the mental health issue and the crime. Courts interested in expanding caseload sizes may want to reevaluate the requirement of that additional nexus criteria.

Utilize Existing Local Resources Rather Than Creating Regional VTCs

As previously mentioned, the VTCs that currently exist serve the vast majority of JIVs in California. Most of these VTCs also reported being under their maximum capacity caseload, suggesting that they could serve more veterans. It is estimated that more than 90% of JIVs in California live in a county with a VTC. The counties that do not currently operate VTCs reiterated that too few veteran participants and too few judges were primary reasons for why they do not have VTCs. Of note, veterans have access to VA services regardless of whether the county operates a VTC. Accordingly, very few courts expressed interest in a regional model. Efforts would be better focused on improving on the programs in counties that already operate

VTCs to increase access to services while strengthening alternative pathways to services for JIVs in non-VTC counties. In counties that already operate VTCs and have the largest veterans populations, establishing additional VTCs or expanding existing caseloads should be considered. Such efforts can include collaborating with partners to establish a systemwide approach and utilizing other local resources as described below.

Collaborate with Justice System Partners for a Systemwide Approach

Courts should focus on collaboration with justice-system partners, including VJOs and VSOs, to institute a systemwide approach for serving JIVs in their counties. VJOs and VSOs are invaluable local resources in achieving this goal because they can serve as resource connectors for JIVs in counties with and without VTCs. VJOs and VSOs are especially well-positioned to use their knowledge of local needs and resources to serve the needs of local JIVs.

Collaboration among justice system partners, including VJOs and VSOs, could benefit decisions about how to incorporate pre-plea diversion cases into VTCs. Some courts incorporate these cases into their typical VTC calendars, while others hold separate calendars within the VTC. Each approach may have valid reasons, but courts and justice system partners should communicate to come to a shared understanding of why a particular approach best serves JIVs in their county.

Additionally, collaboration among service providers would improve service to JIVs. Some counties coordinate services and others do not. Again, there may be valid reasons for both approaches, but it is critical that service providers communicate with one another and understand how best to serve JIVs in the county.

Identify and Utilize Array of Local Resources

This survey demonstrates that resources for veterans are available in both counties that operate VTCs and those that do not. However, some courts may struggle to identify and connect veterans to them, particularly courts that do not operate VTCs. A few counties that do not currently operate VTCs reported having a resource guide available for veterans. Accordingly, VJOs and VSOs should be more fully utilized to connect JIVs to local resources.

Appendix A: Veterans Treatment Court Survey Methodology and Results

Methodology

Based on data collected annually by the Judicial Council of California (JCC), 31 counties report operating a Veterans Treatment Court (VTC). The JCC contracted with Children and Family Futures (CFF) to field the survey and provide a preliminary analysis of the data. CFF sent each VTC an email, asking them to complete the survey in the first quarter of 2019. The survey was directed to a knowledgeable court staff person, generally a collaborative courts coordinator. In courts without a collaborative court coordinator or other knowledgeable staff person, a staff person from a partner agency (e.g., probation, the public defender's office, county behavioral health) completed the survey. The respondents were asked to follow a SurveyMonkey link and to complete the survey online. Thirty-two respondents, representing 29 counties (2 VTCs responded from El Dorado county and 3 from Los Angeles county) returned the survey. The response rate by county was 94%.

Notes on Survey Results

Answers to Question 1 contained the contact information of the respondent. To maximize response rate and promote candor, respondents were notified that neither their names nor their counties would be identified in any publications without their explicit consent. Personally identifying information and county and court names have been deleted from free-form responses. Questions are presented in blocks below based on the category of information requested. Please note that percentages are rounded throughout and therefore may not always add up to exactly 100%.

Section 1: Basic Information About the VTC Program Model and Team

Question 1: Omitted due to personally identifying information.

Question 2: Veterans treatment court type:

Response	Number	Percent
Separately designated veterans treatment court	29	91%
Veterans track in other collaborative court	3	9%
Other (<i>please specify</i>)	0	0%
Total Responses	32	100%

Question 3: Does your VTC handle misdemeanor diversion cases under Penal Code §1001.80?

Response	Number	Percent
Yes	18	56%
No, misdemeanor diversion cases are on a separate calendar	11	34%
Other (<i>please specify</i>)	3	9%
Total Responses	32	100%

Specified Responses

Diversion cases are referred to VTC for review and acceptance and ultimately appear on the same calendar, but at 3 p.m. as opposed to the 1:30 p.m. VTC calendar. So heard in the same department on the same day, different time.

Yes, sometimes

Yes, but they are handled in a different calendar (their own).

Question 4: What year did your veterans treatment court begin?

Year	Number	Percent
2008	2	6%
2010	3	10%
2011	4	13%
2012	3	10%
2013	3	10%
2014	3	10%
2015	3	10%
2016	7	23%
2017	3	10%
Total Responses	31	100%*

*Values total above 100% due to rounding.

Question 5: Under California Penal Code §1170.9, judges may order treatment, rather than jail or prison, when they find that an eligible veteran suffers from post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), substance abuse, or any other mental health problem that is the result of having served in the military. **In your court how are these cases adjudicated?**

Response	Number	Percent
Exclusively in VTC	10	31%
Primarily in VTC, but may also be set on a criminal calendar	17	53%
In equal proportions in VTC and on criminal calendar	0	0%
Primarily on a criminal calendar, but may also be adjudicated in VTC	3	9%
Exclusively on a criminal calendar	1	3%
Other (<i>please specify</i>)	1	3%
Total Responses	32	100%
Specified Responses		
<i>Up to sentencing handled on the regular calendar, then transferred to VTC once the vet is found eligible and suitable for treatment</i>		

Question 6: Please indicate who is on your VTC team, whether they participate in case review meetings or attend court sessions, and whether the role is consistently filled by the same person/people?

Team Member	Number of Courts with Team Member on VTC team	Participates in Staffing/Case Review	Present in Court	Role Consistently Filled by the Same Person/People
Judge	28	27	31	29
Veterans treatment court coordinator	20	18	15	21
Non-VA treatment representative	13	14	13	13
VA treatment representative	10	10	9	10
Veterans Justice Outreach	24	23	22	23
Prosecutor	30	29	29	28
Defense attorney	31	30	31	30
Veteran mentor	18	16	20	18
Probation officer	29	29	29	29
Veterans Benefits Administration rep.	5	4	5	6
Vet center representative	7	6	6	7
Veterans service officer (VSO)	9	7	9	8
Total Responses	32	32	32	32

Question 7: How many years of experience does your current VTC judge have in VTC or any other collaborative court?

Years of experience	Number	Percent*
Less than 1 year	5	16%
1–5 years	14	44%
6–10 years	4	13%
11–15 years	2	6%
16–20 years	1	3%
20 years or more	2	6%
Response not quantifiable	4	13%
Total Responses	32	100%*

Note: Responses preceded by an “approximate” are presented as whole numbers. Similarly, responses followed by a “+” are reported as the preceding whole number. Entries of tenure as VTC judge and as another type of collaborative court judge reported separately are added together.

*Values total above 100% due to rounding.

Question 8: How frequent are your VTC hearings?

Frequency	Number	Percent
2 times per week	1	3%
4 times per month	9	28%
3 times per month	1	3%
2 times per month	8	25%
1 time per month	12	38%
Other response	1	3%
Total Responses	32	100%

Question 9: What is the maximum participant capacity of your VTC with current staffing and funding?

Maximum Capacity	Number	Percent
5	1	4%
10	2	7%
15	1	4%
20	2	7%
25	1	4%
30	5	17%
40	3	10%
50	3	10%
60	1	4%
80	1	4%
200	1	4%
Reported "no maximum"	8	28%
Total Responses	29	100%*

*Values total above 100% due to rounding.

Question 10: How many participants does your VTC currently serve?

Number of Participants	Number	Percent
1–10	5	16%
11–20	9	29%
21–30	4	13%
31–40	5	16%
41–50	2	6%
51–100	3	10%
Greater than 100	3	10%
Total Responses	31	100%

Note: Numerical responses preceded by "about" or otherwise specified as estimates are reported as whole numbers.

Question 11: What share of VTC participants are female?

Share of Participants	Number	Percent
0 female participants	9	28%
1–5%	15	47%
6–10%	8	25%
Total Responses	32	100%

Note: Shares expressed as fractions, with the number of female participants over the number of total participants, are converted to whole numbers. Responses that did not include a percent sign are reported here as percentages.

Section 2: Identifying, Assessing, and Screening Veterans

Question 12: When they first take the bench, some judges announce that under Penal Code §§ 1001.80 and 1170.91 current and former members of the military may be eligible for “alternative sentencing.” They then invite anyone so qualified to complete form MIL-100 for the criminal court to file so that the judge is aware of their military status. **Does your county use this practice or any other practice to inform current or former members of the military about their potential eligibility for “alternative sentencing”?**

Response	Number	Percent
Yes	9	28%
No	11	34%
Other (<i>please specify</i>)	12	38%
Total Responses	32	100%

Specified Responses
<i>It is outside each courtroom.</i>
<i>Outside the courtroom there is plaque with info.</i>
<i>Notification at arraignment</i>
<i>Court staff and defense attorney inquire as to military status.</i>
<i>Defense attorneys left to elicit information</i>
<i>Defense attorneys inquire of military service and file form MIL-100.</i>
<i>The defense attorneys discuss legal outcomes with clients.</i>
<i>The VTC judge informs all judicial officers by email of the program. Justice partner team members also inform their colleagues.</i>
<i>Military status is screened prior to entering VTC.</i>
<i>Unsure</i>
<i>Working on it</i>
<i>Not consistently</i>

Question 13: Does your court use *Notification of Military Status* (form MIL-100)?

Response	Number	Percent
Yes	13	41%
No	5	16%
Not familiar with form Mil-100	9	28%
Other (<i>please specify</i>)	5	16%
Total Responses	32	100%*

Specified Responses
<i>Working on it</i>
<i>Not sure, our VTC is post-plea.</i>
<i>Military status is screened prior to entering VTC.</i>
<i>Yes, but not consistently</i>
<i>Use another form for military diversion</i>

*Values total above 100% due to rounding.

Question 14: At what point are participants identified, verified to be veterans, and referred to the VTC? (*Select all that apply.*)

Response	Veteran Status Identified	Veteran Status Verified	Referred to VTC
At arrest	6	0	0
At booking	9	0	0
In jail (after booking)	14	5	3
At first meeting with attorney	22	6	10
At first court appearance	21	12	19

Specified Responses
<i>Varies</i>
<i>Sometimes also out of custody; referred by private attorney</i>
<i>Veteran status is verified by VJO or VSO prior to first VTC appearance.</i>
<i>During court process, referred to Veterans Court after plea</i>
<i>Referred at court appearance, verified during application process</i>
<i>Veteran status is verified in VTC by the judge.</i>
<i>At violation hearing as well</i>
<i>Defendants' status may be identified, verified, and referred at their first court appearance.</i>
<i>Vet status can also be verified at time of violation of probation.</i>
<i>Referred to VTC at sentencing</i>

Question 15: In most cases, who first identifies justice-involved veterans (e.g., arresting officer, sheriff's deputy, VJO, DA, PD, judge, veteran/ military service member, veteran family member, probation officer)?

Response	Number	Percent
Public defender / defense counsel / defense attorney / retained attorney / private attorney / It depends: typically an attorney, private or public	19	59%
Probation officer	2	6%
PD/ probation officer	1	3%
Probation officer, PD, VA rep	1	3%
Judges, public defender	1	3%
Judge	1	3%

VSO outreach volunteer	1	3%
Family member, PD	1	3%
Either the jail or the defense attorney	1	3%
Corrections officer or attorney	1	3%
Booking officer and/or VJO	1	3%
Arresting officer, PD, service member	1	3%
Sheriff's, DA, veteran/ military service member	1	3%
Total Responses	32	100%

Note: All responses indicating a defense attorney are grouped.

Question 16: In most cases, who verifies veteran status?

Response	Number	Percent
VJO/VSO/ other VA rep	22	69%
VTC judge with counsel, VSO and VJO	1	3%
Probation/VJO/VSO	1	3%
Public defender / defense counsel	3	9%
Probation officer	2	6%
PD/PO	1	3%
Judge and probation	1	3%
Difficult to identify	1	3%
Total Responses	32	100%

Question 17: In most cases, who makes the referral to veterans treatment court?

Referring Person	Number	Percent
Public defender / private attorney / defense counsel	15	47%
Judicial officer /judge	8	25%
Attorney	1	3%
Probation officer	1	3%
VJO	1	3%
VA representative	1	3%
Probation, public defender	2	6%
PD, judge	1	3%
Attorney, client	1	3%
Attorney, VJO, probation, private attorney, defense counsel	1	3%
Total Responses	32	100%

Note: Responses indicating a defense attorney are grouped. Responses indicating a judicial officer or judge are grouped.

Question 18: Does your court or any of your justice partners use the VRSS (Veterans Re-Entry Search Services) to identify veterans?

Response	Number	Percent
Yes	7	22%
No	20	63%
Don't know / Not sure	5	16%
Total Responses	32	100%

Question 19: What is your procedure for establishing a nexus in cases involving veterans?

Response	Number
Assessment by VA	1
VA and independent assessments	1
VA records	1
A "nexus" letter is requested from the VJO	1
Service connection or letter from treatment counselor	1
Analysis by psychology intern under the supervision of a psychologist. Client is referred at the time of report of probation officer.	1
Mental health assessment by a psychologist	1
BHB psychiatric social worker performs an evaluation to determine nexus.	1
If their service connected or through an assessment from the court clinician	1
Behavioral health case manager assessment	1
The case manager and/or an outside clinician will write a letter outlining the client's history and the judge makes a nexus ruling.	1
Defendant is referred; probation will interview defendant to determine nexus and verify with VA.	1
Referrals by probation	1
Probation reviews the case.	1
DD214, information from VJO and defense counsel, ultimate determination made by VTC judge	1
Review of VA records and other relevant documents by VTC team who then make the determination	1
Referral to VTC, discuss instant offense as a team, schedule assessment with VJO, team discussion to determine nexus	1
We review the facts of the case and the personal and military history of the defendant.	1
Team evaluation	1
Discussion between team members	1
During eligibility investigation, all possible information is gathered and team decides whether next is present.	1
Completing suitability tools	1
Some of it entails the charge and possible VA treatment.	1
We deal with veterans in other criminal cases as well; not necessarily referred to treatment court or diversion program	1

The attorney asks if any prior service/jail screens inmates upon entry for VTC.	1
During intake, interview or first court appearance, interview client and do a background check	1
Review by parties	1
N/A,?, -	5
Total	32

Question 20: Please describe any issues or challenges related to establishing a nexus?

Response	Number
Delay and inadequate assessment; distance to the VA facility; lack of assessment for in-custody defendants	1
high caseload	1
not timely waiting for VA med records	1
Many veterans do not have DD214 and are not completely open with their mental health and substance abuse needs.	1
Inability to get DD214 in a timely manner, especially with older veterans; lack of information tying substance abuse or mental health issues to time/experience in military	1
(1) The instant offense could not be connected to their service in any way; (2) lack of information re: military service; (3) no combat experience or deployments to establish nexus; (4) no access to DD-214 or other military records.	1
Neither the VA nor the non-VA case manager will actually declare a nexus, so it can be a point of contention that delays a client's entry into VJC.	1
No one is willing to state that the act committed was related to or stems from the vet's diagnosis and military service.	1
The discussions can be subjective, with different interpretations of the facts or records. Sometimes nexus discussions can be complex and time-consuming.	1
It is sometimes difficult to tangibly connect the charges to the military experience even though the entire team believes that the connection is real.	1
This is really difficult to prove or disprove. Trauma frequently exists prior to service.	1
If a veteran has not been formally diagnosed, it is often a challenge to determine the underlying issue that caused the criminal behavior.	1
Veterans who have less than 24 months of service	1
Not enough meetings between veteran and doctor	1
Based on self-reporting, which depends on the Vet's desire to disclose necessary information	1
1170.9 assessment & following up with ruling/decision	1
If client has no records of mental health or when TBI is not verified	1
Making contact with the veteran prior to court appearance	1
I haven't encountered any. Either it's there or not.	1
Not sure at this time	1
I'm not sure we have the knowledge to do so.	1
None/ none at this time / no issue currently	3

n/a, ?, blank	8
Total	32

Section 3: Exclusion and Eligibility Criteria

Question 21: Some VTCs have absolute exclusion criteria, while other VTCs may make exceptions on a case-by-case basis. **Please indicate whether the following case types are excluded in all cases; are generally excluded, but sometimes accepted on a case-by-case basis; or are not a basis for VTC exclusion:**

Response	Excluded in All Cases	Generally Excluded, but May Be Accepted on a Case-by-Case Basis	Not a Basis for Exclusion
Those charged w/ a violent felony	7	14	11
Those previously convicted of a violent felony	3	16	13
Those charged w/ a serious felony	2	19	11
Those previously convicted of a serious felony	3	14	15
Those charged w/ a crime that led to death, GBI, or permanent disability	14	15	3
Those charged w/ arson	14	9	9
Those charged w/ drug sales	2	10	20
Those charged w/ a DUI	0	2	30
Those charged w/ domestic violence	1	10	21
Those charged w/ child abuse	6	9	17
Those charged w/ a sex offense	15	12	5
Documented gang members	14	10	8
290 sex registrants	21	7	4
Those assessed as low risk for recidivism	2	4	26
Those assessed as having low service/treatment needs	3	6	23

GBI=great bodily injury; DUI=driving under the influence.

Question 22: Does your VTC accept:

Response	Number	Percent
Both misdemeanor and felony cases	29	91%
Felony cases	3	9%
Total Responses	32	100%

Question 23: Does your VTC require participants to be VA Eligible?

Response	Number	Percent
Yes	9	28%
No	21	66%
Other <i>(please specify)</i>	2	6%
Total Responses	32	100%

Specified Responses

It is not a requirement, but they need to apply for benefits.

Initially, we only accepted VA Eligible; but will now accept, on a case-by-case basis if treatment plan can be established.

Question 24: Does your VTC require participants to be residents of your county?

Response	Number	Percent
Yes	18	56%
No	11	34%
Other <i>(please specify)</i>	3	9%
Total Responses	32	100%

Specified Responses

Have made exceptions

Still debating

They need to reside in-county to participate in VTC. If they live elsewhere and pick up an in-county case, they must secure housing in county for the duration of the VTC program.

Question 25: Does your VTC require victim consent?

Response	Number	Percent
Yes	1	3%
No	24	75%
Other <i>(please specify)</i>	7	22%
Total Responses	32	100%

Specified Responses

Most of the time, but may be depend on crime

Depends on the DDA

We do consider, but not required

We comply with Marcy's Law.

Victim views are heavily weighed.

Victim input is considered, but ultimately, the prosecutor decides.

Not sure

Question 26: Is your VTC restricted to combat veterans?

Response	Number	Percent
Yes	0	0%
No	31	97%
Other <i>(please specify)</i>	1	3%
Total Responses	32	100%
Specified Responses		
<i>Priority given to combat vets</i>		

Question 27: Is your VTC restricted to those with PTSD, MST, TBI, substance abuse, or a mental health problem that is the result of having served in the military?

Response	Number	Percent
Yes	22	69%
No	10	31%
Other <i>(please specify)</i>	0	0%
Total Responses	32	100%

Question 28: Is your VTC restricted to those on active military duty?

Response	Number	Percent
Yes	0	0%
No	29	91%
Other <i>(please specify)</i>	3	9%
Total Responses	32	100%
Specified Responses		
<i>I don't believe we have any active military. They are mostly if not all former honorably discharged.</i>		
<i>Active military is excluded.</i>		
<i>We do not accept active military duty in VTC.</i>		

Question 29: Does your VTC accept participants who were dishonorably discharged?

Response	Number	Percent
Yes	16	50%
No	8	25%
Other <i>(please specify)</i>	7	22%
Blank	1	3%
Total	32	100%

Specified Responses
<i>Yes, on a limited basis</i>
<i>Yes but only if eligible for VA services</i>
<i>Case by case depending on the information provided to team by VJO</i>
<i>Case by case</i>
<i>As of now no but we are expanding eligibility.</i>
<i>VJO works to have discharge records modified to enable participation.</i>
<i>not sure</i>

Question 30: Does your VTC accept:

Response	Number	Percent
Pre-plea cases	0	0%
Post-plea cases	14	44%
Both, pre- and post-plea cases	18	56%
Total	32	100%

Question 31: What share of your VTC cases are post-plea?

Response	Number	Percent
1–20%	6	19%
21–40%	2	6%
41–60%	1	3%
61–80%	2	6%
81–100%	16	50%
Other	1	3%
Unknown/DNK/N/A	3	9%
Blank	1	3%
Total	32	100%

Note: DNK=do not know.

Question 32: Please provide any other requirements or exclusion criteria used in your VTC?

Response	Number	Percent
Must be probation eligible	1	3%
No mental health issue that would interfere with the ability to comply with program requirements	1	3%
Active duty	1	3%
District attorney's discretion in most cases	1	3%
Exclusion if no DA consent	1	3%
Exclusions also include any person charged with a treasonable offense against California or the United States.	1	3%
Have to be eligible for VA services, resident of the county no strikes; no sex offenders; no violent offenses	1	3%
Must meet all requirements for housing and willingness to take medication as recommended by VA as well as attending all groups as recommended by VJO; must be able to get through all the phases of the program in order to graduate/complete	1	3%
Must not be a danger to the community	1	3%
No confidential informant	1	3%
Prior criminal history	1	3%
Participants are required to sign a contract upon acceptance to VTC	1	3%
Veteran must voluntarily and willingly agree to participate.	1	3%
Participant must agree to participate in treatment	1	3%
None	5	16%
N/a	8	25%
Missing/blank	5	16%
Total	32	100%

Note: None includes "none," "none at this time," "no others," "no other criteria used," and "no other exclusions."

Section 4: Services and Collaborating Entities

Question 33: Approximately how many miles away from your court is the closest VA clinic?

Response	Number	Percent
0–5	10	31%
6–10	10	31%
11–15	1	3%
16–20	2	6%
21–25	1	3%
26–30	5	16%
Greater than 30	3	9%
Total Responses	32	100%

Question 34: Please estimate the share of your VTC participants who use Veterans Administration Telehealth Services to access healthcare services using telecommunication technology to provide services when the patient and practitioner are geographically separated?

Response	Number	Percent
0%	10	31%
1%	2	6%
2–5%	1	3%
5%	2	6%
10%	2	6%
15%	1	3%
50%	2	6%
Unknown	8	25%
Missing	3	9%
Other	1	3%
Total	32	100%

Specified Response

Most of our participants have access to all technology offered by the VA. The court however; does not provide telecommunication as the judge prefers in courtroom face-to-face interactions with the participants.

Note: 0% includes "0%," "none," "none as it is not necessary due to the high number of convenient V.A. locations, but it is available if needed." Unknown includes "unknown," "not sure," "DNK," "N/A."

Question 35: When applicable, how often do you partner with or make referrals to the following:

Response	Sometimes	Always	Never	Total
Family services agencies	18	3	11	32
Children's service agencies	14	3	15	32
Other collaborative courts in your jurisdiction	23	5	4	32
County behavioral health	22	7	3	32
Tribal courts when the veteran has tribal status	6	1	25	32
Specified Responses				
<i>As long as they are on probation status, they are able to use any services that the probation department offers.</i>				
<i>The court is administered by county behavioral health and thus all clients have access to mental health and substance abuse treatment depending on need.</i>				
<i>Vet center</i>				

Question 36: Please indicate which services are available to VTC participants through VA and non-VA providers (*check all that apply*):

Service	VA Providers (number)	Non-VA Providers (number)	VA Providers (percentage)	Non-VA Providers (percentage)
Medical treatment	32	21	100%	66%
Outpatient mental health	32	26	100%	81%
Residential mental health	28	20	88%	63%
Outpatient substance abuse	30	25	94%	78%
Residential substance abuse	28	24	88%	75%
Medication assisted treatment	24	20	75%	63%
Telehealth Services	22	6	69%	19%
Gender-specific treatment services	22	18	69%	56%
Psychiatric medication monitoring	31	20	97%	63%
Traumatic brain injury	28	7	88%	22%
Post-traumatic stress disorder	30	17	94%	53%
Military sexual trauma	29	7	91%	22%
Housing	26	22	81%	69%
Educational	21	25	66%	78%
Employment/vocational	21	23	66%	72%
Assistance acquiring or maintaining non-VA income and noncash benefits	13	24	41%	75%
Veterans Benefits Administration services	29	9	91%	28%
Anger management services	28	24	88%	75%

Domestic violence specifically for veterans	25	13	78%	41%
Services for families of veterans	19	16	59%	50%
Family Advocacy Program	9	12	28%	38%
Transportation services	20	19	63%	59%
Case management	28	19	88%	59%
Other services (food, clothing)	16	22	50%	69%
VA discharge upgrade	21	9	66%	28%
VA benefit upgrade	22	10	69%	31%
Legal services in criminal matters	10	26	31%	81%
Legal services in civil matters	10	22	31%	69%
Parenting services for Veterans	13	10	41%	31%

Specified Response

Public defender's office social worker and/or probation department case management

Section 5: Program Entry and Compliance

Question 37: Which factors are most often mentioned by male and female veterans as a reason not to consider or enroll in VTC?

Factor for Not Considering or Enrolling in VTC	Males	Females
Don't want to be seen as weak	5	1
Believe it will damage career	7	4
Don't want treatment	20	8
Don't want to lose a security clearance	6	2
Have transportation issue	12	4
Want to fight charge / innocent of charges	18	7
Advised by attorney not to enroll	6	4
Too many court dates required	13	6
Jail time is shorter than VTC program length	16	8
Military discharge status	6	1
Lack of gender-sensitive services / environment	1	0
Do not wish to further associate with the military	3	3
Don't want to work with the VA	7	2
Specified Responses		
<i>Not ready to change or don't acknowledge they have a problem</i>		
<i>This is difficult to answer, as we do not know the possible reasons why they would choose not to be referred for screening. However, once they are screened in VTC, they may decline to participate for the following reasons: treatment requirements are too time-intensive, employer will not accommodate treatment, veteran lives in another county and does not want to relocate for VTC, and/or transportation issues.</i>		
<i>The only issue that has been identified is transportation for participants who reside out of county. This issue, however, has not caused clients not to want to participate but has been an obstacle.</i>		
<i>Our court has not yet had a female veteran screened for participation in VTC.</i>		
<i>Disqualifying charges are mainly the reason why they are not accepted.</i>		
<i>N/A. This data has not been captured in a systematic way.</i>		

Question 38: For male and female veterans, please indicate the most common challenges to success in VTC:

Common Challenges to Success	Males	Females
Passing drug/alcohol screen	16	11
Compliance with prescribed medication	17	4
Attending treatment sessions	22	13
Obtaining steady housing, abiding by housing facility rules	15	8
Obtaining stable employment	13	7
Family relationships /parenting	12	9
Establishing and maintaining healthy relationships	13	10
Controlling anger and violence	12	4

Specified Responses
<i>Not a lot of females identify at the referral stage to go into the program.</i>
<i>Mental health status</i>
<i>Our court does not yet have any female veterans in VTC.</i>
<i>Compliance with treatment and sobriety</i>
<i>This data has not been captured in a systematic way.</i>

Section 6: Mentors

Question 39: Does your VTC program have a mentor component?

Response	Number	Percent
Yes	20	63%
Mentor component is in development, but not yet operational.	6	19%
No	5	16%
Missing	1	3%
Total	32	100%

Note: Yes includes “yes” and “yes, but there is only one person available (employed by VA).”

Question 40: Please estimate the number of mentors in your VTC:

Estimation	Number	Percent
0	5	16%
1–5	10	31%
6–10	4	13%
11–15	6	19%
16–20	0	0%
21–25	1	3%
N/A	2	6%
Missing	4	13%
Total	32	100%

Question 41: Please answer the following questions about your VTC mentor(s):

Response	Always	Sometimes	Never	Missing	Total
Female mentors are available for female participants.	9 (28%)	7 (22%)	6 (19%)	10 (31%)	32 (100%)
Mentors are around the same age as the participants.	1 (3%)	17 (53%)	3 (9%)	11 (34%)	32 (100%)
Mentors are from the same branch of the service as participants.	1 (3%)	17 (53%)	3 (9%)	11 (34%)	32 (100%)
Mentors are VTC graduates.	0 (0%)	10 (31%)	11 (34%)	11 (34%)	32 (100%)
Mentors complete a VTC training program.	10 (31%)	7 (22%)	3 (9%)	12 (38%)	32 (100%)

Section 7: Data and Evaluation

Question 42: Has your VTC been evaluated by an independent evaluator?

Response	Number	Percent
Yes	5	16%
No	22	69%
Just started	1	3%
Not to my knowledge	1	3%
I don't know	1	3%
Missing	2	6%
Total	32	100%

Question 43: How are your VTC data maintained by the court?

Response	Number	Percent
Spreadsheet	12	29%
Database	6	14%
Court case management system	14	33%
Collaborative court case management system	3	7%
Unknown/ not sure	4	10%
N/A	1	2%
Missing/blank	2	5%
Total	42	100%

Note: Total sums to greater than 32 because eight courts use more than one system type to maintain data.

Question 44: Please estimate the percentage of your clients who exit the program due to the following (*total must add to 100; please enter number without decimals, percentage signs, or any other non-numeric characters*):

Successful Completion of Program	Termination for Noncompliance With Program	Termination Due to New Criminal Activity	Drop Out	Exited for Some Other Reason (transfer, illness, death, other)	Explanations for "Other Exits"
51	49	0	0	0	
80	5		10	5	
45	30	15	5	5	
81	16	0	0	3	
58	15	1	23	3	
80	10	5	5		
60	15	23		2	
75	9	5	9	2	
90	5	3	1	1	

90	5	5		100	due to death
96	1	1	1	1	
85	5	5	5	0	
75	5	5	10	5	
90	4		2	4	
100					
52	5		33	10	9 of 10 due to unsuitability
61	5	0	19	14	

Note: Table includes responses from 18 VTCs, where the sum of responses totaled at least 99%. Values are rounded to whole numbers (zero values represent reported percentages less than 1%). Eight VTCs were unable to provide data. Their responses included “DNK,” “N/A,” “percents have not been tracked,” “blank,” “This information is not available,” and “data unavailable.” Six VTCs provided values that were uninterpretable.

Question 45: Do the proportions of exit types reported above differ for women in your program?

Response	Number
Yes	8
No	12
Missing/blank	2
Unknown or N/A (no further explanation)	4
Unknown (further explanation)	6
Total	32

Note: Explanations included “Too few women to measure,” “Due to low level of female participants,” “Unsure based on significantly lower number of women in program,” “Our Court only had 1 woman participant in the past,” “We have not had a woman exit the program yet,” and “No female participants have graduated as of now.”

Question 46: Often an evaluation of program success involves comparing the outcomes of similarly situated individuals. This type of evaluation requires individual-level data on each participant. **Who maintains individual-level data in each of the following categories (check all that apply):**

Response	Court Maintains Data	Partner Agency Maintains Data	No Individual-Level Data Collected	Don't Know
Demographic factors (e.g., age, race, sex, marital status, parental status)	12	12	2	8
Socioeconomic factors (e.g., education, income, and employment)	3	13	4	10
Factors related to military service (e.g., years of service, era of service, served in combat zone, discharge status)	3	19	2	5

Diagnosis associated with military service (e.g., PTSD, TBI, military sexual trauma)	3	17	3	6
VTC program entry date	18	15	1	2
VTC program exit date	18	14	1	3
VTC Program exit status	17	14	1	3
Housing status	5	19	1	5
Employment status and income data	4	17	2	6
Substance use status	4	19	1	5
History of substance use	3	19	2	5
Mental health status	4	19	2	5
History of mental health issues	2	18	2	5
Family assessments/status	0	10	6	12
Treatment type	6	22	1	3
Treatment dates	6	22	1	3
Treatment compliance	8	22	1	3
Drug and alcohol screening dates	8	21	1	4
Drug and alcohol screening results	8	19	1	4
Criminal history data	18	11	0	4
In-program recidivism (arrest and conviction)	15	11	0	5
Post-program recidivism (arrest and conviction)	9	6	1	10

Question 47: In order to determine the impact of VTC programs on participants, some evaluations require data collected on participants over time, including after the participant has exited the program. **At what point does your court collect the following information about your VTC participants?**

Response	At Entry	At Exit	Follow-Up After Exit	Data Not Collected
Mental health status	18	9	0	8
Substance use status	19	11	0	7
Employment status	19	12	0	7
Housing assessments	19	11	0	7
Family assessments	11	7	0	11
Criminal history /recidivism	17	7	8	7
Specified Responses				
<i>We have no data collection or display at this time.</i>				
<i>Court does not maintain data collection.</i>				
<i>No budget</i>				
<i>Also collect at every court appearance for grant reporting purposes</i>				
<i>Partners maintain this information.</i>				
<i>The court maintains case information only, including criminal history / instances of recidivism. More granular, treatment-specific information is not systematically captured.</i>				
<i>While we were funded by a grant; we know longer have resources to track data.</i>				

Section 8: Program Funding, Improvement, and Training

Question 48: What percentage of the need for VTC services would you estimate your VTC is able to meet in your county?

Response	Number	Percent
0–25%	3	9%
26–50%	3	9%
51–75%	2	6%
76–100%	13	41%
DNK/ don't know /unknown	8	25%
Blank/missing	3	9%
Total	32	100%

Question 49: Please indicate the type of training your VTC most needs (*please select top 5*):

Response	Number
Post-traumatic stress disorder (PTSD)	11
Traumatic brain injury (TBI)	8
Medication-assisted treatment (MAT)	5
Military sexual trauma (MST)	8
Military culture	7
Gender-specific treatment services for veterans	5
Substance use disorder treatment	4
Mental health treatment responsive to the needs of veterans	10
Services for families of veterans	11
Case management software or a management information system (MIS)	10
Using of screening and assessment tools	6
Identifying eligible veterans at the time of arrest	10
Assistance with developing a mentor program	14
Determining appropriate incentives and sanctions	6
Conducting drug tests	1
Exploring alternative funding sources	19
Specified Responses	
<i>The use of resources outside the VA</i>	
<i>Developing more efficient/effective, non-biased eligibility criteria/process for both VTC and Vets Diversion</i>	

Question 50: Sources of VTC funding utilized from 2016 to 2019 (*select all that apply*):

DOJ/ BJA	SAMHSA	State Legis- lature	JCC	State VA Offices	Private Foundations /Donations	MHSA	VA	Other	Total Funding Sources Selected
1			1				1		3
		1	1				1		3
			1	1			1		3
1						1	1		3
1					1			County financial award	3
				1			1		2
	1					1			2
			1				1		2
1			1						2
1			1						2
	1						1		2
1			1						2
1	1								2
						1		County	2
							1		1
			1						1
				1		1			1
			1						1
1									1
			1						1
			1						1
			1						1
			1						1
								blank	0
								blank	0
								N/A	0
								unaware	0
									0
									0
								No funding	0
8	3	1	14	2	1	4	8	2	43

Note: DOJ=Department of Justice; BJA=Bureau of Justice Assistance; SAMHSA=Substance Abuse and Mental Health Services Administration; JCC=Judicial Council of California; MHSA=Mental Health Services Act.

Question 51: Approximately what share of your caseload is covered under VA health care?

Response	Number	Percent
0–25%	3	9%
26–50%	2	6%
51–75%	3	9%
76–100%	18	56%
Unknown/DNK/N/A	6	19%
Total	32	100%

Question 52: Approximately what share of your caseload is covered under Medicaid health or treatment services?

Share of Caseload	Number	Percent
0–25%	18	64%
26–50%	2	7%
51–75%	1	4%
76–100%	1	4%
Unknown/DNK/N/A	6	21%
Total	28	100%

Question 53: What are the most challenging issues associated with implementing or operating your VTC program?

Issue 1 Response	Number
Receiving timely assessments from the VA	1
Time-consuming eligibility determination process	1
Length of time from identification, referral, and referral decision	1
1170.9 assessment not being completed timely	1
Developing and maintaining a robust mentor program	1
Recruitment of mentors	1
Getting mentors	1
Starting the mentor program	1
Appropriate VA services	1
Finding treatment for vets with less than 24 months of service	1
Finding care for non-VA-connected veterans	1
Lack of local resources	1
Location of services	1
No accurate data	1
Data tracking	1
Data collection and management	1
Stable housing/funding; lack of a full-time coordinator	1

Housing	1
Case plans	1
Caseload	1
Caseload size	1
Funding	1
Resource dependencies on temporary grant funding.	1
Training	1
Releases of information and confidentiality when attending a non-VA provider	1
Vets do not want to disclose information that will help them in their recovery.	1
Expanding eligibility	1
Consistent participants	1
Finding an appropriate judge	1
Blank or N/A	3
Total	32

Issue 2 Response	Number
Housing shortages	1
Lack of housing opportunities	1
Transportation for veterans	1
Transportation	2
Transportation costs and convenience if veteran has suspended/revoked license	1
Assessments	1
Performing regular drug testing	1
Adequate supervision and non-VA case management resources	1
Lack of local VA-funded services	1
Lack of training	1
Resources—i.e., need to add a 2nd probation officer in order to grow the program	1
Resources	1
Availability of VJO	1
Need more staff to allow more veterans in possible	1
Not having a coordinator	1
Ever-shifting public defenders who don't [know] our clients or their cases	1
Convincing DAs to allow vet. court diversion	1
Maintaining collaboration between partners	1
No coordination between other collaborative courts	1
Building a team	1
Vets do not want to come back for aftercare once they have graduated.	1
Lack of MIS/ case management software for data collection/evaluation/reporting	1
Changes in law; pre-plea cases /diversion	1
Negotiations regarding charges and other terms of pleas	1
Blank	6
Total	31

Issue 3 Response	Number
Distance to the treatment centers	1
Distance for VA treatment programs is 60+ miles.	1
Eligibility for VA services	1
VA programs	1
Lack of information from the VA	1
There are not enough resources outside the VA to assist with their needs.	1
Services to be provided by VA, despite other options	1
Unfamiliar w/ vets treatment providers	1
Not enough residential bed space	1
Drug testing for diversion cases	1
Funding	1
Need to develop better partnership with VA (not just with VJO) and other public agencies, and community-based organizations	1
Having time for ongoing training and development	1
Staffing takes a long time. Team cohesion.	1
Buy-in from justice partner agencies	1
Large volume of military diversion cases	1
Referrals to VTC	1
Identifying participants	1
Compliance with medication as prescribed	1
Blank	13
Total	32

Question 54: Would your court consider becoming a regional VTC that accepted participants from other counties?

Response	Number	Percent
Yes	3	10%
No	16	53%
Unsure/ not sure	2	7%
Other (<i>please specify</i>)	9	30%
Total	30	100%

Specified Responses
<i>Possibly, with additional resources</i>
<i>Depending on the needs and resources available</i>
<i>Would be up to the court</i>
<i>Management decision</i>
<i>Possibly, with additional resources</i>
<i>Not until we have a better foundation for the participants we already serve</i>
<i>Not my decision</i>
<i>I think philosophically yes, but it would be difficult if they didn't have charges in our county.</i>
<i>Depending on the needs and resources available</i>

Appendix B: Non-Veterans Treatment Court Survey Methodology and Results

Methodology

Based on self-reported county data collected in 2018 by the Judicial Council of California, 33 counties reported that they did not operate a Veterans Treatment Court (VTC). On contact with the courts, 5 of the 33 original non-VTC counties were moved to the VTC county list; 3 additional counties were removed from the non-VTC list but not added to the VTC county list because of conflicting information about their status. Twenty-five counties remained in the non-VTC survey.

The Judicial Council contracted with Children and Family Futures (CFF) to field the survey and provide a preliminary analysis of the data. CFF sent all counties identified as non-VTC counties an email in September 2018 asking them to complete the survey by the end of October 2018. The survey was directed to a knowledgeable court staff person, generally a collaborative courts coordinator. In courts without a collaborative courts coordinator or other knowledgeable staff person, a staff person from a partner agency (e.g., probation, the public defender's office, county behavioral health) completed the survey. The respondents were asked to follow a SurveyMonkey link and to complete the survey online. Twenty-two of the 25 counties returned the survey. The response rate by county was 87%.

Notes on Survey Results

Answers to question 30 are not presented because they include the name of the respondent and identifying information about each county. Please note that percentages are rounded throughout and therefore may not always add up to exactly 100%.

Section 1: Collaborative Courts in Your County

Question 1: Does your county currently operate any of the following collaborative court types? (*Check all that apply.*)

Type of Collaborative Court	Number
Community court	2
Co-occurring drug and mental health court	2
Domestic violence court	2
Drug court	17
DUI/DWI court	2
Family dependency drug court	3
Homeless court	1
Mental health court	8
Reentry court	1
Don't know	0
Other (<i>please specify</i>)	8

Specified Responses
Too small, a lot of visiting judges due to defendant conflicts with current judges DA also has non-court-related neighborhood court.
Juvenile Drug Court & Juvenile Mental Health Court previously operated as a DUI, DV, and Re-entry Court that were closed due to lack of staff and money. Justice partners could not support after grant funding ended.
Juvenile Drug Court County is located in small rural community with a very small population and caseload; many court users live out of county.
Prop 36 and Juvenile Drug/MHC
None
N/A

Question 2: For any of the collaborative courts you selected above, please indicate the typical caseload size for each court type (number of courts reporting caseloads in the following range are reported; not all respondents provided caseloads for every collaborative court in their county):

Collaborative Court	1–10 Participants	11–20 Participants	21–30 Participants	More Than 30 Participants	Unknown
Community court	1	1			
Co-occurring drug and mental health court			1		
Domestic violence court		1			1
Drug court	5	4	3	5	
DUI/DWI court		1			1
Family dependency drug court	1	2			
Homeless court	1				
Mental health court	1	7			
Reentry court			1		

Question 3: Do any of your collaborative courts offer any of the following? (*Check all that apply.*) Please indicate in Other if any of these services are veteran specific:

Services	Number
Case management	15
Outpatient mental health treatment	19
Inpatient mental health treatment	5
Outpatient substance abuse treatment	20
Residential substance abuse treatment	17
Psychiatric medication monitoring	13
Peer mentor services	7
Transportation services	17
Housing services	12
Trauma-informed care	9
Vocational/employment services	8
Gender-specific services	8
Military culturally responsive services	3
Don't know	0
Other (<i>please specify</i>)	5
Specified Responses	
none of the above	
treatment through our local Probation department	

This court operates no collaborative courts; in-patient services are only available out of county. These services are provided through outside agencies contracted between HHSa and Probation. The court does not contract directly with any of the service providers.

N/A

Question 4: Do any of your collaborative courts have a special track for veterans?

Response	Number
Yes	1
No	21
Do not know	0
Total	22

Question 5: Which of your collaborative courts have a special track for veterans?

Response	Number
Behavioral health treatment court	1
No collaborative court named	21
Total	22

Question 6: Have you ever operated a VTC in your county?

Response	Number	Percent
Yes	0	0%
No	21	95%
Do not know	1	5%
Total	22	100%

Question 7: If yes, why was the VTC discontinued? No “yes” responses to Question 6.

Question 8: Date Started: No “yes” responses to Question 6.

Question 9: Termination date: No “yes” responses to Question 6.

Question 10: Has your county ever considered establishing a VTC? (Check all that apply.)

Response	Number
Yes, currently considering	2
No, available services adequately meet the needs of veterans	4
No, too few judicial officers and/or court staff to operate a VTC	6
No, too few veterans in our county	10
No, due to negative sentiment toward justice-involved veterans	0
No, due to scarcity of available supportive services for veterans and their families	5
No, due to transportation issues	1
No, lack of public defender interest	0
No, lack of DA prosecutor interest	0
No, due to lack of funding	3
Do not know	4
Other (please specify)	5
Other Specified Responses	
Very few individuals that come through the court are veterans.	
don't see veterans in court cases	
No bench officer availability	
We took Veterans' needs into account while developing the BH Treatment Court; actual numbers of Veterans and the existing services led us to attempt to care for Veteran needs in the BH Treatment court.	
Yes, in the past we considered. Both the PJ and DA were on Board; other community partners were not.	

Section 2: Regional Services / Technological Resources / Training Needs

Question 11: Would a regional VTC shared with other counties be something your court would consider?

Response	Number	Percent
Yes	6	27%
No	1	5%
Do not know	15	68%
Total	22	100%

Question 12: The Veterans Administration's Telehealth Services seeks to increase access to high-quality health-care services by using telecommunications technologies to provide health-care services when the patient and practitioner are geographically separated. Do you know if telehealth services are available to justice-involved veterans in your county?

Response	Number	Percent
Yes	2	9%
No	3	14%
Do not know	17	77%
Total	22	100%

Question 13: Is telehealth a resource that would be helpful to justice-involved veterans in your county?

Response	Number	Percent
Yes	9	41%
No	1	5%
Do not know	12	55%
Total	22	100%

Question 14: Please select the top three training topics that would lead to the greatest improvements in the way veterans are served in your court/ collaborative court. If you do not find your top training needs on the list, please specify your top needs in the spaces designated as “other.”

Training Topic	Number
Post-traumatic stress disorder (PTSD)	11
Traumatic brain injury (TBI)	4
Military sexual trauma (MST)	1
Military culture	4
Gender-specific treatment services for veterans	1
Substance use disorder treatment	11
Medication-assisted treatment (MAT)	1
Services for families of veterans	3
Mental health treatment responsive to the needs of veterans	12
Funding sources for collaborative courts	5
Do not know	5
Other (<i>please specify</i>)	0

Question 15: Have your court staff and/or collaborative court teams received training on any of the following topics?

Training Topic	Number
Post-traumatic stress disorder (PTSD)	7
Traumatic brain injury (TBI)	1
Military sexual trauma (MST)	1
Military culture	1
Gender-specific treatment services for veterans	1
Substance use disorder treatment	11
Medication-assisted treatment (MAT)	8
Services for families of veterans	1
Mental health treatment responsive to the needs of veterans	1
Funding sources for collaborative courts	4
Do not know	3
Other (<i>please specify</i>)	1
Specified Responses	
CPC 1170.9	

Section 3: Special Provisions of the Law That Apply to Veterans

Question 16: Does your county’s court inform parties that there are certain provisions of the law specifically designed for individuals who have active duty or veteran status?

Response	Number	Percent
Yes, in all or most cases	4	18%
Yes, in criminal cases only	3	14%
Yes, in noncriminal cases only	0	0%
No	4	18%
Do not know	11	50%
Total	22	100%

Question 17: If yes, does your county’s court inform parties about the availability of optional form MIL-100, *Notification of Military Status*?

Response	Number	Percent
Yes	5	23%
No	5	23%
Do not know	7	32%
Missing	5	23%
Total	22	100%

Question 18: Does your county’s criminal court use case processing procedures or options specifically designed for justice-involved veterans or members of the military?

Response	Number	Percent
Yes, for all criminal case types	2	9%
Yes, for misdemeanor and/or diversion cases only	5	23%
Yes, for felony cases only	0	0%
No	6	27%
Do not know	9	41%
Total	22	100%

Question 19: If yes, what kinds of procedures or options are used? (Check all that apply.)

Procedure	Number
Dedicated calendar for justice-involved veterans or military personnel	0
Treatment instead of incarceration	6
Assessments addressing issues arising from military service	3
Record sealing	2
Reduction of wobblers to misdemeanors	4
Early termination of probation	3
Restorative relief pursuant to Penal Code §1170.9 h	4
Collaboration with veterans organizations such as the VA in sentencing or treatment	3
Other (please specify)	2
Specified Responses	
Treatment through the Probation department / Behavioral Health	
Expungement	

Question 20: Please estimate the number of justice-involved veterans who have cases in your court each year?

Estimation	Number
0	2
0-1	2
1 that I know of in the last 7 years	1
2	1
5	3
10	4
20-30	1
Less than 100	1
Less than 4% of current cases	1
No response	1
Unknown	5
Total	22

Section 4: County Relationships and Adequacy of Services and Treatment Options

Question 21: Do any of the following entities assist your court/ collaborative courts with treatment and services referrals for veterans?

Entity	Number
Veterans Justice Outreach specialist	3
County veterans service officers	12
Probation	14
Do not know	4
Other (<i>please specify</i>)	4
Specified Responses	
One time in 7 years	
Health and Human Services assists with links to services.	
Behavioral Health, part of the treatment team for collaborative court programs	
N/A	

Question 22: Who or which agency/entity is your primary point of contact for treatment and service referrals for veterans?

Agency	Number
Veteran's service office	4
VA	2
Probation	5
VJOs/probation	1
Probation/ behavioral health	2
HHSA/probation	1
County health services agency	1
Public defender	1
County VA officer	1
County	1
Behavioral health	1
Missing	1
N/A	1
Total	22

Question 23: Does your court system provide veterans with information (e.g., a resource directory) about available services to justice-involved veterans in your county?

Response	Number	Percent
Yes	3	14%
No	8	36%
Do not know	11	50%
Total	22	100%

Question 24: How is this information made available to justice-involved veterans?

Response	Number	Percent
Through probation department	2	9%
Paper	1	5%
Jail contacts VSO	1	5%
County vet affairs contact	1	5%
County VA officer	1	5%
DA/ public defender	1	5%
Attorneys	1	5%
Through defense counsel	1	5%
Other agencies	1	5%
I am not aware of services specifically for justice involved veterans in this county	1	5%
N/A	2	9%
Unknown	1	5%
No response	1	5%
Missing	2	9%
I don't know	5	23%
Total	22	100%*

*Values total above 100% due to rounding.

Question 25: How would you rate the availability of treatment and community based-services in your county that are responsive to the needs of individual justice-involved veterans?

Rating	Number of Counties
Excellent: There are a wide array of services and treatment available to meet the needs of veterans in our county.	0
Adequate: There are some gaps in treatment and services, and some needed services and treatment resources are at capacity, but many veterans can get their needs met in the county.	13
Not adequate: There are many gaps in treatment and services, and most treatment and service providers are at capacity; most veterans cannot get their needs met in the county.	4

Additional Comments
Not available in county; use services out of another county
There are limited transportation resources, limited treatment options in [county] for veterans, not a strong/active County Veteran Service Office.
There are limited resources locally. Residential programs utilized in [state] or 250 miles south. only aware of the services provided through Probation on criminal cases
I do not know the court policies.
County only has programs available for individualized and small-group treatment through County Health and Human Services Department or [Native American tribe] services.
Not familiar enough to comment.

Question 26: How would you rate the availability of treatment and community based-services that are responsive to the needs of families of justice-involved veterans in your county?

Rating	Number of Counties
Excellent: There are a wide array of services and treatment available to meet the needs of veterans in our county.	0
Adequate: There are some gaps in treatment and services, and some needed services and treatment resources are at capacity, but many veterans can get their needs met in the county.	12
Not adequate: There are many gaps in treatment and services, and most treatment and service providers are at capacity; most veterans cannot get their needs met in the county.	4
Additional Comments	
Unknown	
Unknown	
Unknown	
I do not know the court policies.	
Not familiar enough to comment	
Don't know. County has a population of approximately 1,200 people, and demand for and availability of services are minimal.	

Question 27: What would you characterize as the most pressing service or treatment need among justice-involved veterans in your county?

Service/Treatment Need	Number
Alcohol treatment	1
Access to care	1
Counseling	1
Increased case coordination	1
Defense attorney knowledge of CPC 1170.9	1

VERY limited services for nonresidential treatment, even less for residential, limited case management available to provide links between VA, court, other departments	1
Connection to service provider that can monitor program compliance without frequent court intervention	1
Identification of need and accessing resources	1
Veteran-specific PTSD TX	1
Mental Health	2
Substance use and mental health	1
PTSD, Substance Abuse	1
Housing	3
Currently, no justice-involved veterans	1
Not aware of a pressing need; would need to be determined	1
I do not know.	2
No response or missing	2
Total	22

Question 28: On which if any of these topics would your court team be interested in receiving training or technical assistance?

Training Topic	Number
Training on post-traumatic stress disorder	11
Training on traumatic brain injury	7
Training on military sexual trauma	5
Training on military culture	7
Training or technical assistance (TA) regarding female veterans	5
Training or TA regarding treatment of substance use disorder	6
Training or TA regarding medication-assisted treatment	5
Training or TA regarding services for families of veterans	8
Training or TA regarding effective mental health treatment options for the veteran population	9
Training or TA regarding conducting and structuring process and outcome evaluations	4
Training or TA regarding case management software or a management information system	3
Training or TA regarding which screening and assessment tools to use and what data the programs should track	6
Training or TA on the process in place to identify eligible veterans at the time of arrest	6
Training or TA regarding developing a mentor program	5
Training or TA on determining appropriate incentives and sanctions	7
Training or TA on conducting drug tests	3
Training or TA on exploring alternative funding sources	6
Other training or TA needs (<i>please specify</i>)	7

Specified Responses
Insufficient veteran population
Unknown
N/A
Many of the above seem appropriate for probation or public defender. Cannot speak to their interests.
None needed at this time
We are a small county with very few veteran justice system's needs.
None, unless a need is determined

Question 29: What type of data system do you use to track collaborative court case information?

Type of Data System	Number
Our court case management system can handle all the information we need to track in collaborative courts.	6
We use an electronic collaborative court management system that is integrated with our court case management system.	1
We use an electronic collaborative court management system that is not integrated with our court case management system.	5
We use an Excel spreadsheet, an Access database, or similar product.	8
We use paper files.	2
Other (<i>please specify</i>)/Comments	6

Specified Responses
Do not track
Clinical software
N/A
It is not tracked.
Responding from Behavioral Health, we use an electronic health record.
Should the need arise for a collaborative court in Alpine County, the court's current Case Management System would be able to handle and track all information.