

Veteran Treatment Court Programs in Texas:
An Exploratory Research Project

by:

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Abstract

Purpose: The purpose of this applied research project is to explore the operational aspects of certain Veteran Treatment Court (VTC) programs in Texas. A review of the scholarly literature on jail diversion programs is undertaken and three core concepts are identified. After conducting interviews with VTC program administrators, a preliminary assessment of the methods used by programs to address each concept is possible.

Method: A semi-structured interview was developed to assist with gathering qualitative data. The three core concepts identified in the scholarly literature served as a framework that was used to build the interview script. The sample of this study is comprised of three VTC programs in Central Texas and administrators from each program was interviewed in person.

Findings: Preliminary findings suggest respondents are utilizing similar methods to address each concept in most cases. Specifically, programs are consistent in how they identify and screen veterans and how they maintained a continuity of care; but programs are inconsistent in how they measured for long-term effectiveness. The project identified the following recommendations:

- Programs should ensure that all intake booking facilities within their jurisdiction, both county and municipal, capture veteran status through intake questionnaires.
- Programs should consider incorporating research-based instruments into the assessment process to provide an objective measurement of motivation.
- Programs should consider retaining identifying information on all veterans admitted into programs for recidivism statistics and comparative analysis purposes.

About the Author

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Chapter 1

Introduction

Coupled with modern warfare is the unfortunate reality that some servicemembers encounter traumatic events while serving in the military. Surviving trauma and returning to society can be a daunting task from some veterans. Of the 1.64 million troops deployed since 2001, a RAND Corporation study found that 14 percent were suffering from PTSD (Tanielian & Jaycox, 2008, p. 305). The same study also reports that 19 percent of deployed servicemembers suffered a traumatic brain injury during their service and 14 percent had symptoms of major depression (Tanielian & Jaycox, 2008, p. 250). However, receiving adequate treatment for behavioral health conditions can be difficult. Of the OIF/OEF¹ veterans diagnosed with PTSD and receiving treatment at a Veteran Health Administration² facility, approximately half received minimally adequate treatment (Cartwright, 2011, p. 301).

Studies show a significant number of injured veterans are abusing illicit substances and alcohols in lieu of undergoing mental health treatment or committing to physician recommended medication as part of a comprehensive treatment plan.³ Those struggling with the symptoms of untreated PTSD and TBI can resort to destructive behaviors that are commonly against law. Alcohol abuse and self-medicating with illicit or prescription drugs is a self-harming behavior that can often attract the attention of law enforcement. Kulka et al. (1988) noticed that Vietnam veterans who exhibited behavioral health issues stemming from combat exposure had higher levels of involvement in the criminal justice system than their asymptomatic peers (p. VII-41). Increasing the risk for younger veterans are data suggesting that the current generation of

¹ Operation Iraqi Freedom (Beginning March 2003) / Operation Enduring Freedom - Afghanistan (Beginning October 2001).

² Division of the U.S. Department of Veteran Affairs responsible for providing health services to veterans.

³ See Calhoun, et al., 2000; Kulka, et al., 1988, p. III-15; Clark, McGuire, & Blue-Howells, 2010, p. 173.

servicemembers are more vulnerable to mental health issues and risk-taking behaviors than past generations (Griffith & Bryan, 2016, p. 485). Communities around the county have recognized these circumstances and are turning to veteran treatment court (VTC) programs to offer opportunities to veterans with service-connected mental health issues and prevent future, avoidable encounters with the justice system.

VTC programs adhere to a jail diversion model established by drug and mental health courts (Baldwin & Rukus, 2015, p. 183). The model is designed around a non-adversarial approach where prosecution, defense and judge share the same goal of ensuring participants do not reoffend. The model provides incentives to certain offenders who choose to participate in rehabilitative programming such as avoiding jail time (Clark, McGuire, & Blue-Howells, 2010). Given that supportive services promote law-abiding behavior and prevent future encounters with law enforcement, jail diversion programs offer a variety of wraparound services such as employment assistance, peer-to-peer mentoring and referrals to educational and job training opportunities (Cartwright, 2011, p. 303). Treatment plans designed by program staff set the expectations for veteran participants and commonly enforce sobriety to gauge responsiveness and commitment (Lemieux, 2013, p. 17). Anecdotal success of experimental VTC programs has now sparked nationwide interest in the veteran specific diversion program (Russell, 2009, p. 370).

The first veteran specialty court appeared in Alaska in 2004 as a response to an influx of veterans with mental health issues appearing in one district courtroom (Holbrook & Anderson, S., 2011, p. 20). Awareness of the idea spread and received nationwide attention in 2008 due to a prominent program in Buffalo, New York. Currently there are over 220 programs in 33 states

including 27 in Texas.⁴ Policy makers interested in supporting trauma-affected veterans and reducing the fiscal impact of incarceration are progressively authorizing the establishment of new VTC programs throughout the United States (Russell, 2008, p. 371). In Texas, state law controls the operation of VTCs and allow local units of government to implement new programs (Veterans Treatment Court Program, 2009). Although Texas law ensures all VTC programs operate in a similar manner, local control does allow individual jurisdictions to develop their own operational policies and procedures.

Research Purpose

This project aims to explore and identify the current policies and procedures of specific programs in Texas. A review of relevant literature identifies the following components as pivotal for a successful jail diversion program:

- Identifying and screening potential participants;
- Maintaining a continuity of care; and
- Monitoring and measuring for program effectiveness.

A semi-structured interview developed around these core components will reveal the methods used by program administrators to operate VTCs. Documentation of the findings will produce suggestions for further research and considerations for improving VTC programs.

⁴ See the Justice for Veterans organization (<http://justiceforvets.org/vtc-history>) and the Texas Specialty Court information page (http://gov.texas.gov/files/cjd/Specialty_Courts_By_County_August_2016.pdf).

Benefits of Research

A nation owes a debt of gratitude to those who volunteer to serve and follow orders that expose them to physical and mental harm. Veteran treatment courts are an expression of that gratitude and Texas should have a deeper understanding of how programs are currently operating in the state. This project will provide policy makers a preliminary framework to conduct further evaluations of VTCs and contribute to the overall discussion of jail diversion programs.

Chapter Summaries

Chapter Two presents a review of the literature. This chapter considers the relationship between serving in the military and behavioral health issues. This chapter also explores how a behavioral health issue can lead to undesirable outcomes including encounters with law enforcement. Chapter Three reviews the origins and attributes of jail diversion programs in the United States and outlines the governing framework set by Texas law. Chapter Four describes three core concepts of jail diversion programs. The concepts are developed into a series of Pillar Questions which form the structure of a conceptual framework. Chapter Five purposes a method for exploring VTC programs in Texas and transforms the conceptual framework into a semi-structured interview that facilitates the investigation. Chapter Six presents the findings of the exploration following interviews with three VTC court coordinators. Chapter Seven provides summary information and closing remarks.

Chapter Two

Consequences of Military Trauma

Military service and combat deployments to hostile environments increase servicemembers' risk of being involved in traumatic events and suffering from chronic stress (Crane, Schlauch, & Easton, 2015). Trauma describes the impact of an event that is emotionally overwhelming, life threatening, and invokes a state of helplessness. Psychologist and author Jon Allen explains further:

“It is the subjective experience of the objective events that constitutes the trauma...The more you believe you are endangered, the more traumatized you will be... There may or may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects” (Allen, 1999, p. 14).

Servicemembers exposed to trauma are at risk of developing several conditions that have wide-ranging effects on the ability to productively participate in society.

Mental Health Conditions

The mental health of servicemember returning from deployment has been an ongoing concern in the United States (Kulka, et al., 1988). Veterans in general have disproportionately higher rates of posttraumatic stress disorder (PTSD), traumatic brain injury (TBI) and major depression when compared to the rest of society (Crane et al., 2015, p. 4). Stories of veteran suicide and homelessness touch the heart strings of anyone with a relationship to a current or former servicemember. The author can testify that leaving the military is difficult in and of itself due to the loss of a structured environment and institutional support systems. However, the difficulties are that much harder when a veteran is attempting to cope with mental health issues. Research

conducted in 2008 found that roughly one out of every three servicemembers returning from deployment during a six-year span had PTSD, TBI, or major depression; 5 percent were found to have all three conditions (Tanielian & Jaycox, 2008, p. xxi).

Meyers (2014) notes that it is uncommon for most people to seek mental health treatment (p. 299). Although the need for comprehensive mental health care is clearly present, the Institute of Medicine (2012) reports that clinical support services are underutilized by veterans. The Veterans Affairs (VA) administration is the federal agency responsible for providing medical services to veterans with service-connected injuries or disabilities. While Tanielian & Jaycox (2008) note that veteran self-impose barriers to treatment due to stigma and fear of future employability, accessing health care at VHA facilities is problematic for some.⁵ Those who can access VA services still encounter difficulties completing approved treatment plans. One study found that of the veterans who were professionally diagnosed with PTSD and sought treatment, only 53 percent received the recommended full course of treatment sessions (Institute of Medicine, 2012 p. 33). If professional treatment is not available veterans will find some way of coping with their mental health conditions.

Alcohol and Drug Abuse

Failing to receive adequate mental health treatment can lead veterans to self-medicate (Calhoun et al., 2000, p. 25). In general, service in the United States military is shown to increase alcohol use among servicemen regardless of any health conditions (Teachman, Anderson, & Tedrow, 2014, p. 468). One study found that 44 percent of veterans diagnosed with PTSD were recorded using an illicit substance within 6 months; 16 percent were found to have used more than

⁵ See Shear & Opper, 2014; Wax-Thibodeauxq, 2015; Vogel, 2011.

one substance in the same time frame (Calhoun et al., 2000, p. 25). The National Institute on Drug Abuse (2011) found that 27 percent of soldiers recently returned from Iraq met the criteria for alcohol and drug use disorders (p. 1). Individuals with a confirmed traumatic brain injury also exhibit higher instances of alcohol and drug abuse (Tanielian & Jaycox, 2008). Researchers found that a sample of individuals with a TBI met the criteria for drug abuse 37 percent of the time and the criteria for alcohol abuse 79 percent of the time (Tanielian & Jaycox, 2008, p. 134). Combining mental health challenges with alcohol and drug abuse endanger the prospect of a living a healthy life and maintaining a positive place in society.

Criminal Justice Involvement

Individuals who abuse illegal substances and drink excessively are naturally at a higher risk for entering the criminal justice system than their abstaining peers. Adding to that risk are studies showing veterans with PTSD and TBI are more likely to be incarcerated during their lifetimes than veterans without cognitive issues.⁶ Kulka et al. (1988) provide evidence to establish a relationship between military trauma, post-deployment mental health problems and criminal activity. An examination of the post-deployment history of 3,016 Vietnam veterans found that for “every race/ethnicity subgroup, theater veteran men, including those most highly exposed to combat and other war stress, reported significantly higher levels of criminal justice involvement than their civilian counterparts” (Kulka et al., 1988, p. VII-37). While encounters with law-enforcement and the criminal justice system can temporally impair a veteran’s ability to contribute to society, untreated mental health conditions can wear down an individual to the point where drastic measures are considered.

⁶ See Shaw, Churchill, Noyes, & Loeffelholz (1987); Saxon, et al. (2001); Greenberg (2003); Kulka, et al.(1988)

Suicide

Veterans diagnosed with PTSD and TBI are observed to have higher instances of extreme risk taking behavior and are at increased risk of suicide and suicidal tendencies.⁷ Research finds that alcohol or drug abuse was involved in 30 percent of the Army's suicide deaths and 45 percent of non-fatal attempts over a recent 7 year span (National Institute on Drug Abuse, 2011). In the U.S., observed rates of suicide and suicidal ideation are higher among younger generations, and those who volunteer to serve during tumultuous times demonstrate an inclination towards risk behavior (Griffin and Bryan, 2016, p. 486). In 2014, veterans represented 18 percent of all deaths by suicide in the U.S. despite constituting only 8.5 percent of the population (Department of Veteran Affairs, 2016, p. 4). Taken together, these statistics show that increased opportunities should be made available to give troubled veterans a way to seek help because intervention by any means may be the difference between life and death.

Veterans struggling to cope with untreated posttraumatic conditions and substance abuse are unlikely to benefit from incarceration and the corresponding criminal record. Incarceration that does not include adequate treatment is a recipe for recycling someone with behavioral health issues in and out of the criminal justice system. Therefore, a jail diversion program that coordinates rehabilitative treatment for veterans could be an appropriate opportunity for trauma-affected servicemembers caught up in the justice system. Thankfully, this concept does exist and is expanding across the United States.

⁷ See Holbrook and Anderson (2011, p. 14); Tanielian & Jaycox (2008, p. 128); Griffith & Vaitkus (2013).

Chapter Three

Jail Diversion Programs for Distinct Populations

Drug and Mental Health Courts

Overwhelming strains on the traditional justice system can compel policy makers to evolve their position on crime and punishment (Clark, McGuire, & Blue-Howells, 2010, p. 176). Many recognize Miami for creating the first jail diversion drug court program in 1989 to stop a small contingent of habitual drug offenders from paralyzing the judicial system (Clark et al., 2010, p. 176). Participants allowed in the program were willing to accept stringent parameters including frequent contact with court officials and submitting to continuous alcohol and drug monitoring. The essential elements of the program are ensuring sobriety and connecting participants to supportive services such as professional treatment, group therapy, peer-to-peer counselling, employment services, etc. (Russell, 2009, p. 364). With over 2,700 adult and juvenile drug courts in the United States, the proven model was adapted to serve individuals with mental health conditions.⁸

Mental health courts have become a valuable part of the solution to relieve pressure on strained judicial systems (Goodale, Callahan, & Steadman, 2013). Considering incarceration can exacerbate mental health conditions, mental health court programs provide some individuals an opportunity to receive professional treatment to help avoid recycling through the system (Mire, Forsyth, & Hanser, 2007). Currently, over 340 mental health courts are operating in the United States (Clark et al., 2010, p. 177). Center to the mental health court model, as will all specialty courts, is the concept of connecting offenders to professional treatment options, reintegration

⁸ See Goodale, Callahan, & Steadman (2013, p. 299); Clark et al. (2010, p. 176).

services, and the surrounding community (Burns, 2014, p. 453). The highly adaptable treatment court model has resulted in a wide range of jail diversion programs such as homeless courts, prostitution courts, domestic violence courts, and the focus of this project, veteran treatment courts.

Veteran Treatment Courts

Veteran treatment courts (VTCs) are jail diversion programs created to engage military veterans and servicemembers with service-connected mental health issues and guide them towards rehabilitative treatment services (Floyd, 2015; Baldwin & Rukus, 2015). Guided by the established frameworks of drug and mental health courts, public policy innovators and veteran advocates converted the model to commandeer veterans caught up in the system and provide them with opportunities to address the underlying issues that lead to their arrest. Alaska is credited for enacting the first Veteran Treatment Court (VTC) and most literature recognizes Judge Russell's court in Buffalo as the first to gain prominence (Holbrook & Anderson, 2011).

Veterans Treatment Courts in Texas

The Government Code in Texas sets the rules for VTC programs. The optional authority to implement a program was formally granted to counties in 2009 (Veterans Treatment Court Program, 2009). The law in Texas requires adherence to a specific framework that mirrors the key components of drug courts (Holbrook & Anderson, 2011, p. 31). In Texas, VTCs must follow these eleven (11) components/guidelines:

- (1) the integration of services in the processing of cases in the judicial system;
- (2) the use of a non-adversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants;
- (3) early identification and prompt placement of eligible participants in the program;

- (4) access to a continuum of alcohol, controlled substance, mental health, and other related treatment and rehabilitative services;
- (5) careful monitoring of treatment and services provided to program participants;
- (6) a coordinated strategy to govern program responses to participants' compliance;
- (7) ongoing judicial interaction with program participants;
- (8) monitoring and evaluation of program goals and effectiveness;
- (9) continuing interdisciplinary education to promote effective program planning, implementation, and operations;
- (10) development of partnerships with public agencies and community organizations, including the United States Department of Veterans Affairs; and
- (11) inclusion of a participant's family members who agree to be involved in the treatment and services provided to the participant under the program.

Eligibility Requirements

The law in Texas also sets the eligibility for entry into a program (Veterans Treatment Court Program, 2009). Only veterans with a diagnosable brain injury, mental illness, mental disorder including posttraumatic stress disorder, or were a victim of military sexual trauma are eligible to participate in a VTC program. Furthermore, the trauma or condition must have occurred during or resulted from the defendant's military service and affected the defendant's criminal conduct at issue in the case. Acting as the gatekeeper for every VTC program in Texas is the county or district attorney's office which must consent to every program entrant.

Despite having a firm framework laid out in law, individual programs have the responsibility of developing their own operating policies, day-to-day procedures, and effectiveness measurements. While several studies have reviewed the policies, procedures, and measurement

tools of certain VTC programs,⁹ a gap exists in regard to the operation of programs in Texas. To developed an informed framework for exploring VTCs in Texas, the concepts and components of successful jail diversion programs must be examined.

⁹ See Clark, McGuire, & Blue-Howells (2010); Holbrook & Anderson (2011); Russell (2009); Bureau of Justice Assistance Drug Court Clearinghouse (2013).

Chapter Four

Concepts of Successful Jail Diversion Programs

Veteran treatment courts are similar to drug and mental health courts in that they strive to divert offenders from incarceration and provide access to rehabilitative services (Baldwin & Rukus, 2015, p. 183). Research and literature that identifies successful concepts of these programs is relevant when developing a tool to explore VTC programs in Texas. This project identifies three such concepts as critical to the success of jail diversion programs. To facilitate the exploration, each concept is developed and structured into a Pillar Question.¹⁰ The Pillar Questions provide a framework that allows for a research-based inquiry into the VTC programs of Texas.

Identification and Screening (PQ1)

For jail diversion programs to function they must have established procedures that identify possible participants in the criminal justice system (Russell, 2008, p. 365). Additionally, programs need verify that candidates meet mandatory criteria and should maintain a systematic method for screening and enrolling new participants Holbrook & Anderson, S., 2011, p. 25. To increase efficiency, programs should have a process in place that involves multiple stakeholders in the criminal justice community and proactively seeks potential participants. Additionally, individuals who meet the criteria for entrance into a jail diversion program should be allowed equal access.

¹⁰ For more information on Pillar Questions see Shields & Rangarajan (2013, p. 148).

- **Identifying Potential Program Participants**

According to Russell (2008), identifying veterans entering the criminal justice system is an integral part of the [VTC] process (p. 365). The points of contact where veteran status can be obtained include at arrest, during initial booking, at arraignment proceedings, or at the initial probable cause hearing (Holbrook & Anderson, S., 2011, p. 25). Allowing veterans an opportunity to self-identify during initial booking is recognized as an effective procedure (Bureau of Justice Assistance, 2013). The Veteran Reentry Search Service (VRSS) is another method for discerning veteran status that may provide for more accurate identification and information sharing.

VRSS is an automated database system that cross-checks inmate information with records maintained by the Department of Veteran Affairs (VA).¹¹ The system can also alert certain officials when veterans are processed at a county or municipal incarceration facility (TCCVS, 2016, p. 42). To verify veteran status, certain VTC programs report requiring official military discharge documents such as the DD-214 (Bureau of Justice Assistance, 2013). Therefore to increase the likelihood of success, programs should strive for efficiency and accountability when identifying veterans and verifying pertinent information.

- **Linking the Veteran's Offense to a Service-Related Health Condition**

According to Texas law, a VTC must confirm that a nexus exists between a veteran's criminal offense and a mental health condition connected to service in the military (Veterans Treatment Court Program, 2009). While prosecutors (county or district attorneys) are required to be the ultimate gatekeeper for VTC programs, inclusion of forensic psychiatrists and psychologists

¹¹ For more information on the Veteran Reentry Search Service (VRSS) please see <https://vrss.va.gov>.

in the process may contribute to boosting completion rates among veterans (Holbrook & Anderson, 2011; Smee, et al., 2013). Smee et al. (2013) note that a “major concern” of programs is the identification of clinical syndromes (p. 259) and Pinals (2010) recommends a “full evaluation and an understanding of the unique clinical and social background of veterans” (p. 165). Given that the purpose of a VTC program is to dedicate resources to veterans who have legitimate claims to exceptional treatment, there should be a formalized method to establish such a link.

- **Assessing the Likelihood of Program Completion**

Jail diversion programs should consider an individual’s motivation for entering a treatment program and assess whether they will likely complete. It is not illogical to assume that trauma-affected veterans in the criminal justice system avoided mental health treatment at many points after leaving the service. Consequently, Mire et al. (2013) suggest that offenders be psychometrically assessed for treatment resistance (p. 24). Czuchry and Dansereau (2000) additionally note that “treatment readiness” is critical for treatment success (p. 538). Instruments designed to measure treatment motivation are recognized as valuable tools in jail diversion programs. (Dugosh et al. 2014; Meyers 2014). To increase the likelihood of program effectiveness, VTCs should assess the motivation and willingness of an individuals to fulfill the obligations of a program, especially completing mental health treatment.

Issues involving identification and screening can be summarized by the following Pillar Question and sub-questions:

Pillar Question 1: What methods are used to identify and screen veteran participants?

PQ1a: How is a veteran identified?

PQ1b: How is the veteran's offense in question linked to a service related health condition?

PQ1c: What is the process for assessing a veteran's likelihood to successfully complete the program?

Maintaining a Continuity of Care (PQ2)

Continuity of care consists of involving key program stakeholders in all aspects of a jail diversion program and ensuring stakeholders coordinate amongst themselves to minimize service gaps (Russell, 2009, p. 365). Maintaining a continuity of may improve a participant's likelihood of graduating a program and avert future encounters with law enforcement (Mire, Forsyth, & Hanser, 2007, p. 24).

- **Involving Key Stakeholders Throughout the Entire Program**

Key stakeholders in a VTC program are identified as prosecuting attorneys, judges, court staff, peer mentors, defense attorneys, and VHA personnel.¹² Continued and persistent involvement of the "community of professionals" during a veteran's enrolment in a VTC program is critical to ensuring participants stay on a path towards successful completion.¹³ Mire, et al. (2007) emphasize the need for mental health specialists to be involved throughout the entire process if offenders are struggling with co-occurring disorders (p. 25).

¹² See Russell (2009); Baldwin & Rukus (2015); Smee, et al. (2013).

¹³ See Holbrook & Anderson (2011, p. 37); Russell (2011, p. 365).

- **Coordinating Program Services**

In addition to each stakeholder maintaining involvement in a program, stakeholders should also coordinate services and delivery with each other. While noting VA stakeholders can link veterans to benefit counselors and assist with applications for pension and disability, Clark et al. (2010) also acknowledge the occasional difficulty in securing mental health services from the large bureaucracy (p. 177). Realizing that a lapse in services can inhibit a programs performance, Russell (2009) recommends forging partnerships with community partners to support and sometimes supplement court resources (p. 365).

Most jail diversion programs are recognized for maintaining a team approach in all aspects of the program (Cartwright, 2011, p. 303). Key stakeholders typically meet prior to court sessions and stay up to date on all participants (Cartwright, 2011, p. 303). Clark et al. (2010) stress that everyone must know their role and constantly communicate to manage expectations (p. 186-187). Programs that can coordinate effectively give participants a greater chance of completing a program and remaining self-sufficient afterwards.

Issues involving continuity of care can be summarized by the following Pillar Question and sub-questions:

Pillar Question 2: How does the program maintain a continuity of care for veterans?

PQ2a: Describe the involvement of treatment specialists over the course of the entire program?

PQ2b: How are program services coordinated?

Measuring for Program Effectiveness (PQ3)

The effectiveness of a jail diversion program centers around the outcomes of its participants. Therefore, programs should have procedures in place to not only determine if participants are responding positively to approved treatment plans, but also to evaluate whether they are remaining on positive paths after graduation (Russell, 2009, p. 370).

- **Linking Veterans to Treatment Plans and Providers**

Aligning individuals with appropriate treatment plans and clinical providers is a pivotal element of treatment court success (Mire et al., 2007, p. 25). When serving veterans with varying ailments and conditions, a variety of treatment plan options with different levels of care should be available.¹⁴ Chandler (2005, p. 26) cites examples of treatment options for offenders with co-occurring disorders:

- staged interventions
- pharmacological interventions
- motivational interventions
- cognitive-behavioral strategies
- modified therapeutic communities
- assertive community treatment
- comprehensive integrated treatment
- housing and employment services.

Programs that have multiple and flexible treatment options can customize plans based on participant needs. Furthermore, program administrators should have procedures for periodically evaluating the effectiveness of a treatment plan and be able to adjust as needed (Chandler, 2005, p. 27). Ensuring veterans have the appropriate mental health services can improve program effectiveness by helping reduce recidivism and promoting a better quality of life in general (Chandler, 2005, p. 26).

¹⁴ See Holbrook & Anderson (2011, p. 38); Mire, Forsyth, & Hanser (2007, p. 26); Clark et al. (2010, p. 177-178).

- **Measuring for Short and Long-Term Success**

The establishment of short and long-term measurements can help gauge whether a program is making efficient use of personnel and resources. The fifth key component in the Texas VTC statute requires programs to frequently monitor for alcohol and other drugs (Veterans Treatment Court Program, 2009). Adherence to the rules and regulations of the program is a key indicator of participant success (Baldwin & Rukus, 2015, p. 188). Complying with program mandates can signal a “change in attitude” for veterans that typically corresponds to clinical compliance as well (Baldwin & Rukus, p. 189).

The eighth key component of Texas VTCs is a mandate to monitor and evaluate program goals and effectiveness (Veterans Treatment Court Program, 2009). This nonspecific directive leaves room for interpretation and allows individual programs to develop their own collection and evaluation methods. While VTC literature boasts low recidivism rates for its graduates (Russell, 2009, p. 370), there is a gap in information about the long-term outcomes for Texas programs. VTCs should retain information on past applicants and participants to allow for future analysis of recidivism statistics

Issues surrounding measuring for program effectiveness can be summarized by the following Pillar Question and sub-questions:

Pillar Question 3: How does the program measure for overall effectiveness?

PQ3a: Describe how veterans are match to treatment plans and providers.

PQ3b: Describe the short and long-term effectiveness measures.

Conceptual Framework

In summation, successful jail diversion programs, including VTCs, have established procedures for identifying and screening veterans, maintain a continuity of care, and utilize measurement tools to monitor for effectiveness. These three concepts, elucidated from the above review of relevant literature, are critical to ensuring programs fulfil their purpose and assist individuals regain a positive place in society.

Considering VTCs are still in their initial stages, the pillar question method as described by Shields and Rangarajan (2013, p. 148) is appropriate for the purposes of this project. This method provides a way to structure the investigation of a topic or problem that is in initial stages and still developing. The three concepts of successful jail diversion programs are transformed into question stems that guide the exploration. The Pillar Questions and sub-questions form the basis of a Conceptual Framework that is used to facilitate the exploration. The Conceptual Framework (Pillar Questions) is summarized and connected to the literature on Table 4.1.

Table 4.1 – Conceptual Framework – Attributes of Successful Veteran Treatment Court Programs

Pillar Question	Supporting Literature
Pillar Question 1: What methods are used to identify and screen veteran participants?	
PQ1a: How is a veteran identified?	(Holbrook & Anderson, 2011); (Russell, 2009); (Baldwin & Rukus, 2015)
PQ1b: How is the veteran’s offense in question linked to a service related health condition?	(Smee, et al., 2013); (Holbrook & Anderson, 2011); (Pinals, 2010)
PQ1c: What is the process for assessing an offender’s likelihood to successfully complete the program?	(Mire, Forsyth, & Hanser, 2013); (Czuchry & Dansereau, 2000); (Dugosh et al. 2014); (Meyers, 2014)
Pillar Question 2: How does the program maintain a continuity of care for veterans?	
PQ2a: Describe the involvement of treatment specialists over the course of the entire program?	(Russell, 2009); (Baldwin & Rukus, 2015); (Smee, et al., 2013); (Holbrook & Anderson, 2011)
PQ2b: How are program services coordinated?	(Russell, 2009); (Clark, McGuire, & Blue-Howells, 2010); (Cartwright, 2011)
Pillar Question 3: How does the program measure for overall effectiveness?	
PQ3a: Describe how veterans are match to treatment plans and providers.	(Mire, Forsyth, & Hanser, 2007); (Holbrook & Anderson, S., 2011); (Smee, et al., 2013); (Clark et al., 2010); (Chandler 2004)
PQ3b: Describe the short and long-term effectiveness measures.	(Veterans Treatment Court Program, 2009); (Baldwin & Rukus 2015); (Russell, 2009)

This chapter identified key concepts and components of jail diversion programs. The concepts are developed into Pillar Questions which form the backbone of the conceptual framework. This chapter then connects each element of the conceptual framework to the literature. To fulfill the purpose this project, a method to transform the conceptual framework into an instrument that will allow for an exploration of VTC programs in Texas must be developed.

Chapter 5

Methodology

The purpose of this chapter is to explain the research methodology used to explore VTC programs in Texas. In order to conduct an exploration, Pillar Questions and semi-structured interviews were used. Exploratory research is useful when a topic is still developing and a preliminary method for data collection is needed (Shields & Rangarajan, 2013 p. 26-27). Pillar Questions were appropriate to organize the exploration so that qualitative data could be generated (Shields & Rangarajan, 2013, p. 148). This project utilizes the semi-structured interview as the main instrument to conduct the investigation. Newton (2010) explains that interview styles fall along a continuum between structured and unstructured. A semi-structured interview follows a pre-determined course but also allows for flexibility and “provides the opportunity to generate rich data” (Newton, 2010, p. 2).

Operationalization

The scripted interview was created by compiling the Pillar Questions and sub-questions presented in the conceptual framework. The scripted questions are separated by inserted opportunities for follow-up questions and free-form discussion. Table 5.1 demonstrates the transformation of the conceptual framework into a semi-structured interview.

Table 5.1 – Operationalization Table

Pillar Question	Open Ended Research Questions
Pillar Question 1: What methods are used to identify and screen veteran participants?	
PQ1a: How is a veteran offender identified?	<ol style="list-style-type: none"> 1. At what point in the judicial process is veteran status obtained? 2. How is that information recorded and/or verified? 3. At what point in the process is the offender recognized as a possible program participant? 4. Who has the responsibility for linking offenders to the program? 5. <i>Follow-up questions as merited.</i>
PQ1b: How is the veteran’s offense in question linked to a service related health condition?	<ol style="list-style-type: none"> 1. Describe the process by which offenders’ behavioral health conditions are evaluated. 2. Describe the process by which the offense in question is linked with qualifying health conditions. 3. <i>Follow-up questions as merited.</i>
PQ1c: What is the process for assessing an offender’s likelihood to successfully complete the program?	<ol style="list-style-type: none"> 1. Are offenders assessed for resistance to treatment? If so, how? 2. How does the program determine offender’s motivation for program participation? 4. <i>Follow-up questions as merited.</i>
Pillar Question 2: How does the program maintain a continuity of care for veterans?	
PQ2a: Describe the involvement of treatment specialists over the course of the entire program?	<ol style="list-style-type: none"> 1. Describe the requirements for treatment specialist involvement throughout the program. 2. How does the program decide if more or less treatment is required? 3. <i>Follow-up questions as merited.</i>
PQ2b: How are services coordinated to improve access, continuity, and efficiency?	<ol style="list-style-type: none"> 1. Describe how stakeholders coordinate with each other to support the social and treatment needs of veterans. 2. <i>Follow-up questions as merited.</i>
Pillar Question 3: How does the program measure for overall effectiveness?	
PQ3a: Describe the process by which veterans are matched to treatment plans and providers	<ol style="list-style-type: none"> 1 How does the program assess the qualifications and background of providers? 2. What is the process for reviewing and evaluating treatment plans? 3. How does a provider or patient request a change if one is needed? 4. <i>Follow-up questions as merited.</i>

<p>PQ3b: Describe the short and long-term effectiveness measures.</p>	<ol style="list-style-type: none"> 1. Describe how treatment effectiveness is measured? 2. What role does alcohol and other drug testing have in the program? 3. Are data on all applicants and participants retained and/or analyzed? 4. <i>Follow-up questions as merited.</i>
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Sample

Currently there are 27 VTC programs in Texas.¹⁵ The author conducted interviews with three VTC program administrators located in Bell, Hays and Travis Count. Primary contact was made with VTC officaials in March of 2017. During initial conversations, the research topic was discussed, and meeting dates were set. The time period identified for conducting interviews was April 3rd through April 13th. All coordinators contatced expressed an interest in knowing the findings from the project and final draft copies will be made available to all veteran court programs in Texas.

All officails voluntarily agreed to particiapte in interviews and assist with this project. Face-to-face intervierws were ocnducted and and each interveiw lasted approximatly one hour. Convenience and judgement were factors in selecting the sample population. Exploratory stuides are typically weak on external validity (Johnson, Winter 1997, p. 282). However, given the uniform structure of VTCs in the State, data generated may inform and provide suggerstions to other programs in Texas.

¹⁵ For a complete list of all Texas Specialty Courts see http://gov.texas.gov/files/cjd/Specialty_Courts_By_County_August_2016.pdf.

Some of the inherent weaknesses of interviews are bias and reflexivity (Johnson, Winter 1997, 283). These biases were mitigated by allowing respondents to freely respond to interview questions with minimal prompting or response guidance from the interviewer.

Human Subject Protection

This Applied Research Project was reviewed and deemed exempt by the Institutional Review Board of Texas State University – San Marcos.¹⁶ All respondents contributed voluntarily, documented their informed consent, and were asked not to reveal the identifying information of any veteran participants during the course of the interview.

¹⁶ Please see Appendix A for Institutional Review Board exemption documentation.

Chapter 6

Summary of Findings

The purpose of this chapter is to review and discuss the finding of the investigation. Veteran court coordinators from Bell, Hays and Travis County consented to participate in the study and were interviewed for the purpose of exploring certain aspects of their program. Their responses describe how programs address the concepts identified as critical to successful jail diversion programs.

Identification and Screening Methods (PQ1)

Identifying Veteran Offenders (PQ1a)

Respondents use a variety of methods to assist with promptly identifying veterans in the criminal justice system. One method involves utilizing the standard intake questionnaire required of all individuals after arrest. Veteran status is obtained by including a question asking if the individual has ever served in the armed forces. All respondents indicated that most intake facilities within their jurisdiction include such a question. Another method that identifies veterans is the Veteran Re-Entry Search Service (VRSS). All officials reported utilizing the VRSS service and receiving alerts from the system when matches occur. Regardless of how the individual is referred to a program, officials verify veteran status by requiring official documentation issued by the Department of Defense and cross-referencing that information with VA records.

Outreach seminars and training classes also assist in the identification and screening process. VTC officials reported outreaching to jail staff, defense attorneys, prosecutors, and judges. Outreach events were typically part of continuing education seminars that also featured other jail diversion programs. These seminars and informational sessions enhance awareness and

multiply the outreach capability of a program. One coordinator responded that, “Attorney information programs have brought a significant number of veterans to the [VTC] program.” The web presence of a VTC program was also referenced as an important outreach tool. Having a program’s policies and basic qualifications online serves to inform veterans, their families and attorneys about the opportunities provided by a program.

Linking Veteran’s Offenses to Service-Related Health Conditions (PQ1b)

Chapter 124 of the Texas Government Code requires that an individual is a veteran, that the veteran have a service-related behavioral health condition, and that the representative for the state (county attorney or prosecutor) believes accepting a veteran into a program will benefit the public (Veterans Treatment Court Program, 2009). The behavioral health of a veteran is ascertained primarily by relying on the VA’s Veteran Justice Outreach (VJO) program. VJOs have access to essential VA resources and are able to either analyze the health records of veterans wishing to enter a VTC or connect eligible veterans to VA health services for evaluation.¹⁷ Veterans not eligible for VA services are either referred to a private provider recommended by program staff or submit the credentials of a preferred provider for review.

Coordinators also reported relying on the initial screening packet to assist with determining eligibility. The packet provides veterans with space to document in their own words how certain events that occurred during their service relate to their current involvement in the judicial system. In reviewing a veteran’s packet, staff members incorporate factors such as behavioral health information and professional judgment to make acceptance decisions. One respondent also

¹⁷ For more information on the operations of the Veteran Justice Outreach (VJO) program in the Central Texas Veterans Health Care System please see https://www.centraltexas.va.gov/services/Social_Work/VJO_Program.asp

indicated that, “District Attorneys typically talk with victims [if they have a relationship] to get their take on a veteran’s health to help with the decision [to accept a veteran into a program].”

Assessing the Likelihood of Program Completion (PQ1c)

All coordinators interviewed indicated that most veterans who meet the established criteria and are accepted by the prosecution are admitted into a program. Using information gained from interactions with the veteran, documentation contained in the screening packet, and health information relayed by VJOs and medical professionals, coordinators and staff make a professional determination of a veteran’s likelihood to complete a program.

Monitoring for Continuity of Care (PQ2)

Involving Treatment Specialists Throughout a Program (PQ2a)

Continuity of care is achieved by ensuring treatment and other support services are available and delivered throughout the course of a VTC program. This is primarily achieved through the use of treatment plans. Court coordinators and case managers design and maintain treatment plans for participants upon entry into a program. These plans set the frequency of alcohol and other drug testing, treatment requirements, assignment of a mentor, and outline requirements for other services as available. One tool in use to assist with setting case plans is the Texas Risk Assessment System (TRAS).¹⁸ This validated instrument uses an individual’s information to determine appropriate level of monitoring so that resources can be used judiciously and efficiently.

¹⁸For more information on the Texas Risk Assessment System please see https://www.tdcj.state.tx.us/connections/JanFeb2015/agency_vol22no3.html#tras

A separate treatment plan is designed and maintained by the participant's behavioral health provider. Due to restrictions on divulging patient information to unapproved individuals, coordinators stress the importance of developing collaborative relationships with providers so that pertinent information is relayed efficiently. Routing staff meetings involving VJOs and all other program stakeholders ensure that an evaluation of the veteran's behavioral health treatment plan is conducted. Summary packets on all participants are prepared and distributed to stakeholders during each meeting. Stakeholders provide their input on patient progress and are capable of offering opinions and suggestions to address patient needs. The Bell county coordinator commented, "Every team meeting we're looking at what's working and what's not."

Coordinating Program Services (PQ2b)

VTC staff meetings also allow for all program stakeholders to provide input on the delivery of supportive services. By directing everyone involved in a program to participate in staff meetings, program teams are able to efficiently assess participant progress and have the option of recommending changes to either treatment plan. Additionally, respondents indicated that veterans are given a voice when it comes to their thoughts about program services. Programs strive to build rapport and trust with veterans so that honest exchanges can occur about treatment progress or lack of progress. The required interaction with program stakeholders and routine court appearances offers veterans numerous outlets for recommending changes to treatment plans or providers and make request for supportive services.

Measuring for Effectiveness (PQ3)

Linking Veterans to Treatment Plans and Providers (PQ3a)

Respondents indicated that most veterans referred to a program are eligible for VA care and are assigned to appropriate health care providers based on their condition and its severity. Short-term program effectiveness is indicated by progressive improvement in the participant's behavioral health, overall demeanor and outlook on life. Coordinators, in consultation with other program officials, can increase monitoring requirements as needed or reduce the frequency of substance monitoring as participants progress through the program. Alcohol and other drug testing is reported to be a critical component gauging a veteran's motivation and resolve. One program monitored every participant through random urinalysis whether or not the precipitating offense was drug or alcohol related. Devices such as SCRAM¹⁹ and Interlock²⁰ enhance the capabilities of program officials to monitor and evaluate veterans. The Travis County program administrator noted, "SCRAM has a positive effect on people once you're clean... to know that you can do things without alcohol lifts your confidence." Additionally, coordinators commented that the entire program team takes responsibility for monitoring participants and ensuring they adhere to established treatment plans.

Short and Long-Term Effectiveness Measurements (PQ3b)

¹⁹ SCRAM is a company and the name of a device commonly used by court programs and probations departments to continuously monitor the blood alcohol content of an individual. For more information please see www.scramsystems.com/

²⁰ An Ignition interlock device (IID) measures the blood alcohol level of a motor vehicle operator.

Long-term effectiveness is generally assessed by analyzing the recidivism rates of program participants. One VTC calculates a two-year recidivism rate by retaining the identification information on program graduates and determines if they were re-arrested within two years of their graduation date. One court coordinator acknowledged, “We’ve partnered with Sam Houston State University who’ve agreed to run recidivism statistics for us.” Another program partners with a local university to survey veterans 90 days and 6-months after graduation. These surveys allow for coordinators to track the progress of participants and evaluate if the program is providing veterans the tools needed to stay out of trouble.

A summary of findings linked to each Pillar Question and subquestions is detailed in Table 6.1 below and recommendations for certain items are purposed.

Table 6.1 – Summary of Findings Linked to Pillar Questions

Pillar Question	Open Ended Research Questions
Pillar Question 1: What methods are used to identify and screen veteran participants?	
PQ1a: How is a veteran offender identified?	<p>Summary: Programs rely on intake questionnaires at booking facilities to capture veteran status of arrested individuals. Programs also coordinate with the Department of Veterans Affairs (VA) to ascertain veteran status through the Veteran Reentry Search Service (VRSS). Veteran status is confirmed through official documentation issued and verified by the VA.</p> <p>Recommendations: Programs should ensure that all booking facilities within their jurisdiction, both county and municipal, capture veteran status with intake questionnaires.</p>
PQ1b: How is the veteran’s offense in question linked to a service related health condition?	<p>Summary: Programs require veterans to submit a narrative document that explains the nexus between service-connected trauma and their criminal activity. Court staff rely on an assessment and diagnosis by a mental health professional, the veteran’s narrative, and professional judgement to determine links between behavioral health and criminal activity.</p>
PQ1c: What is the process for assessing an offender’s likelihood to successfully complete the program?	<p>Summary: Programs rely on interviews with veterans and statements written by veterans to assess whether the individual is likely to complete a program. Professional judgement and experience is also used to gauge whether a veteran is likely follow through with program obligations.</p> <p>Recommendations: Programs should consider incorporating research-based instruments into the assessment process to provide an objective measurement of motivation.</p>
Pillar Question 2: How does the program maintain a continuity of care for veterans?	
PQ2a: Describe the involvement of treatment specialists over the course of the entire program?	<p>Summary: Programs develop comprehensive treatment plans that ensure professional treatment is available and delivered over the course of a program. Frequent staff meetings guarantee that the evaluations and opinions of treatment professionals regarding a veteran’s behavioral health are considered.</p>

<p>PQ2b: How are services coordinated to improve access, continuity, and efficiency?</p>	<p>Summary: Programs design and monitor comprehensive treatment plans that coordinate the availability and delivery of supportive services. Routine staff meetings with program stakeholders allow for adjustment of services based on the needs of the veteran. Programs also encourage veterans to voice opinions on augmentation of services.</p>
<p>Pillar Question 3: How does the program measure for overall effectiveness?</p>	
<p>PQ3a: Describe the process by which veterans are matched to treatment plans and providers.</p>	<p>Summary: Programs primarily rely on health professionals at the VA to devise medical treatment plans and match veterans with providers.</p>
<p>PQ3b: Describe the short and long term effectiveness measures.</p>	<p>Summary: Effectiveness of treatment is gauged through compliance with program obligations and evaluation by court staff. Overall program effectiveness is measured by calculating recidivism rates and conducting follow-up surveys with program graduates.</p> <p>Recommendations: Programs should consider retaining identifying information on all veterans admitted into programs for recidivism statistics and comparative analysis.</p>

Chapter 7

Conclusion

The development of drug, mental health, and VTCs in communities across America give individuals an opportunity to engage in services that may turn their life around. Jail diversion programs provide compassion, structure, and a path to self-improvement while still retaining the ability to ensure compliance with set guidelines. VTCs in the U.S. are still relatively new and should be open to suggestions for improvement. As a result of this explorations, several recommendations should be noted.

Given that evidence of success validates jail diversion programs, VTCs in Texas should be required to retain and report participant data to a centralized location. Creating a statewide clearinghouse could allow interested parties to study the short and long-term recidivism rates among all programs. Additionally, standardized survey forms should be developed to assist programs with monitoring veterans after graduating a program. Considering that every program varies in terms of available resources and personnel, it is possible that programs adopt unique policies and procedures that could be adapted to different jurisdictions. Future studies of VTCs should be conducted to examine and evaluate the attributes of individual programs to further identify and validate operational methods and best-practices.

**Appendix A:
Institutional Review Board Exemption Documentation**



In future correspondence please refer to 2017471

March 5, 2017

Bradley Barrett
Texas State University
601 University Drive.
San Marcos, TX 78666

Dear Mr. Barrett:

Your IRB application 2017471 titled "Exploring Veteran Treatment Courts in Texas." was reviewed and approved by the Texas State University IRB. It has been determined that risks to subjects are: (1) minimized and reasonable; and that (2) research procedures are consistent with a sound research design and do not expose the subjects to unnecessary risk. Reviewers determined that: (1) benefits to subjects are considered along with the importance of the topic and that outcomes are reasonable; (2) selection of subjects is equitable; and (3) the purposes of the research and the research setting is amenable to subjects' welfare and producing desired outcomes; that indications of coercion or prejudice are absent, and that participation is clearly voluntary.

1. In addition, the IRB found that you need to orient participants as follows: (1) signed informed consent is required; (2) Provision is made for collecting, using and storing data in a manner that protects the safety and privacy of the subjects and the confidentiality of the data; (3) Appropriate safeguards are included to protect the rights and welfare of the subjects.

This project is therefore approved at the Exempt Review Level

2. Please note that the institution is not responsible for any actions regarding this protocol before approval. If you expand the project at a later date to use other instruments please re-apply. Copies of your request for human subjects review, your application, and this approval, are maintained in the Office of Research Integrity and Compliance. Please report any changes to this approved protocol to this office.

Sincerely,

A handwritten signature in cursive script that reads "Monica Gonzales".

Monica Gonzales
IRB Regulatory Manager
Office of Research Integrity and Compliance

CC: Dr. Patricia Shields

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