
Virginia Veterans Treatment Court Statewide Strategic Plan

**Office of the Executive
Secretary of Virginia**

Veterans Treatment Court Statewide Strategic Plan
Office of the Executive Secretary of Virginia

By the Center for Court Innovation

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Executive Summary

This report details the results of the Veterans Treatment Court Statewide Strategic Planning Initiative in Virginia, funded by the Bureau of Justice Assistance and conducted by the Center for Court Innovation (the Center) in conjunction with the Office of the Executive Secretary of Virginia between January and June 2019. Through a comprehensive needs assessment, Center staff identified the strengths, resources, and challenges of Virginia’s veterans treatment dockets, and offered guidance on how to support the planning of future dockets. Following the needs assessment, the Center convened a two-day stakeholder workshop, culminating in the creation of a comprehensive strategic plan. This report describes the goals and objectives developed through the strategic planning process, provides a rationale for each goal, and details the activities necessary to accomplish the plan. This strategic plan reflects months of research and collaboration between Center staff, the Office of the Executive Secretary of Virginia, and a multi-disciplinary group of stakeholders who represent the essential members of veterans treatment docket teams.

Background

The Center for Court Innovation promotes new thinking about how the justice system can respond more effectively to issues like substance use, intimate partner violence, mental illness, and juvenile delinquency. The Center achieves its mission through a combination of operating programs, original research, and expert assistance. For over two decades, the organization has been intensively engaged in designing and implementing problem-solving courts, and each year, it responds to hundreds of requests for training and technical assistance and hosts hundreds more visitors at its operating programs. Its staff includes former prosecutors, defense counsel, probation officials, senior administrators of major criminal justice agencies, social workers, technology experts, researchers, victim advocates, and mediators. Under the Bureau of Justice Assistance's (BJA) Statewide Adult Drug Court Training and Technical Assistance Program, the Center provides training and technical assistance to statewide treatment court systems, helping state-level treatment court coordinators and other officials enhance the operation of drug courts and other treatment courts throughout their state.

History of the United States Veterans Treatment Courts | There are approximately 23 million veterans living in the United States, representing over seven percent of the U.S. population. Due to the ongoing conflicts in Iraq and Afghanistan, the U.S. faces an additional influx of veterans who return home grappling with new battles with mental illness, substance use, intimate partner violence, and homelessness. The over two million troops deployed to Iraq and Afghanistan display a significantly higher incidence of psychological damage than physical injuries. Approximately one out of six veterans returning from those conflicts has a substance use disorder, and one in five has symptoms of a mental health disorder or cognitive impairment. By 2008, 20 percent of Iraq and Afghanistan veterans had been diagnosed with depression or post-traumatic stress disorder, both afflictions that have been shown to increase the likelihood of substance abuse and violent behavior. These conflicts have also resulted in an increased number of veterans who have experienced traumatic brain injury and military sexual trauma. An average of one in four women and about one in 100 men have been reported victims of military sexual assault.¹ As in the general population, veterans experiencing trauma, mental health disorders, or substance abuse problems frequently exhibit behavioral symptoms that place them at risk for justice-system involvement.²

¹ Department of Defense. "Department of Defense Annual Report on Sexual Assault in the Military." 2018 https://www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

² In 2008, research on hospitalized veterans found that alcohol and drug problems appeared to account for much of the risk of incarceration among this population and an estimated 60 percent of the 140,000 veterans in prison have a substance abuse problem.

The latest available data suggests an estimated 181,500 U.S. veterans are incarcerated in prisons and jails across the country.³ This represents approximately 8 percent of all inmates.⁴ According to the Bureau of Justice Statistics, veterans in prison (23 percent) were twice as likely as nonveterans (11 percent) to report that a mental health professional told them they had post-traumatic stress disorder.⁵ A higher percentage of veterans (55 percent) than nonveterans (43 percent) in jail reported that, at some point in their lives, a mental health professional told them they had a mental disorder.⁶ The most common disorder for veterans (34 percent) and nonveterans (30 percent) was major depressive disorder.⁷ These numbers demonstrate the need for specific interventions for justice-involved veterans.

Because of these realities, many justice-system and Department of Veterans Affairs (VA) professionals saw the need for alternative interventions and treatments for the veteran population, ones that would allow the justice system and its personnel to be more responsive to veterans' needs as they pass through the nation's police stations, courthouses, and jails. Veterans treatment courts have become a popular avenue for addressing these needs. The first such court began in Anchorage, Alaska, in 2004. The model gained traction in 2008 when the next veterans treatment court launched in Buffalo, New York, under the leadership of Judge Robert Russell. Between 2012 and 2016, the number of operational veterans treatment courts and veterans dockets within drug, mental health, or criminal courts grew from 168 to 461.⁸ "The Ten Key Components of Veterans Treatment Courts," developed by the National Association of Drug Court Professionals' Justice For Vets, provides the foundation for these court operations.⁹

The veterans treatment court model adopts many elements from the adult drug and mental health treatment court models, including frequent court appearances and individualized treatment plans. Programs offer substance use and mental health treatment to justice-involved veterans as an alternative to traditional case processing. They also often include alternatives to incarceration, case dismissal, reduction in charges, and reduction in supervision. One element of the veterans treatment court model that sets it apart from adult drug treatment court is the participation of veteran peer mentors. The camaraderie of fellow veterans, which taps into the unique aspects of military and veteran culture, is another distinctive component that can aid justice-involved veterans' program completion.

Virginia ranks eighth in the nation for highest veterans population, with 725,028 veterans as of September 2017. Veterans comprise 11.25 percent of the total adult population, which is

³ U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. "Fewer Veterans in Prisons and Jails in 2011-12 Than 2004." News release, December 7, 2015. Fewer Veterans in Prisons and Jails in 2011-12 Than 2004. <https://www.bjs.gov/content/pub/press/vpj1112pr.cfm>.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ U.S. Department of Veterans Affairs. "Veterans Court Inventory 2016 Update." News release, March 2017. Fact Sheet. <https://www.va.gov/HOMELESS/docs/VJO/2016-Veterans-Court-Inventory-Update-VJO-Fact-Sheet.pdf>.

⁹ "Ten Key Components of Veterans Treatment Courts." Justice For Vets. March 29, 2017. <https://justiceforvets.org/resource/ten-key-components-of-veterans-treatment-courts/>.

considerably higher than the national average of 6.6 percent. Virginia has three VA medical clinics, five Vet Centers, and 19 community-based outpatient clinics (CBOCs).

Veterans Treatment Court 2019 Statewide Strategic Planning Initiative | In 2019, BJA funded the Center to develop and implement statewide strategic plans for veterans treatment courts in five states. The project had three major components: (1) a needs assessment to identify each state's strengths, resources, and challenges; (2) an onsite strategic planning workshop with the state's planning committee to develop a strategic plan; and (3) a \$200,000 subaward to help the state implement specific parts of its strategic plan. Virginia was one of five states selected for assistance after a competitive, nationwide application process.

Office of the Executive Secretary | The Virginia Judicial System's mission is to provide an independent, accessible, responsive forum for the just resolution of disputes in order to preserve the rule of law and to protect all rights and liberties guaranteed by the United States and Virginia Constitutions. Veterans treatment dockets are part of an innovative judicial approach to accomplish this mission. The goals of these docket programs in Virginia are: (1) to reduce drug use and mental illness associated with criminal behavior by engaging and retaining the justice-involved veteran in need of treatment services; (2) to address other needs through clinical assessment and effective case management; and (3) to remove certain cases from traditional courtroom settings.

Virginia has a unified court system, with 33 operational adult drug treatment courts. In recognition of the growing number of drug treatment courts in Virginia, the 2004 Virginia General Assembly enacted the Drug Treatment Court Act, Virginia Code §18.2-254.1. The Supreme Court of Virginia is responsible for implementing the act and overseeing all drug treatment courts. The act also established the state Drug Treatment Court Advisory Committee to recommend standards for the planning and implementation of all drug treatment courts in the Commonwealth. The Advisory Committee is required by the act to assist in conducting ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Supreme Court of Virginia, Office of the Executive Secretary (OES) provides administrative assistance to the courts of the Commonwealth and to Virginia's magistrates.

Veterans dockets began as tracks within the adult drug treatment court model in 2014 as a response to a BJA grant award to establish veterans tracks. The statutory authority for veterans treatment dockets in Virginia is based on Rule 1:25 Specialty Dockets. There is no current legislation supporting veterans treatment dockets, and therefore they instead exist as dockets as defined and authorized by Rule of Court 1:25. Virginia currently has six operational veterans dockets. The "Standards for Veterans Dockets in Virginia" document outlines the best practices and guidelines for all such dockets in the Commonwealth,¹⁰ with veterans docket judges maintaining close oversight of each case. Veterans docket teams offer participants treatment, intensive supervision, and wraparound services. These services

¹⁰ Supreme Court of Virginia, Office of the Executive Secretary. "Standards for Veterans Dockets in Virginia." http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/specialty_dockets/vd_standards.pdf.

promote accountability and address substance use disorders, mental health disorders, and other needs contributing to justice-system involvement.

Virginia is home to approximately 800,000 veterans; however, these dockets have served fewer than 100 to date. The Commonwealth aspires to develop veterans dockets that are thoughtful, responsible, and rely on evidence-based practices. The Supreme Court and strategic planning committee seek to implement a comprehensive strategic plan to guide the operation, administration, and enhancement of these courts in the coming years.

Methodology

Center staff worked directly with Office of the Executive Secretary (OES) officials between January and June 2019 to complete a needs assessment. With guidance from the Center, the OES identified 15 stakeholders from a range of disciplines to join the strategic planning committee. Center staff interviewed each member of the committee, as well as other people committee members identified as having relevant information about veterans' needs or available veteran services. In addition to stakeholder interviews and focus groups, Center staff analyzed demographic data, justice-system data, and documents relating to Virginia's veterans treatment dockets provided by the OES. Finally, the Center distributed an online survey composed of 90 questions to gather information about the history and operations of Virginia's veterans dockets, distributing it to representatives in four counties who reported on each court's strengths and challenges. By synthesizing this information, the Center identified the following needs:

- Early and accurate identification of justice-involved veterans
- Broader eligibility criteria
- Greater incentive to participate in veterans treatment dockets
- Enhancement of services offered to participants
- Team training in substance use disorders, treatment, and veteran-specific issues
- Enhancements to veteran peer program
- Implementation of new dockets and funding

In June 2019, following the needs assessment, Center staff facilitated an intensive two-day strategic planning workshop with the committee in Richmond, Virginia. During the workshop, Center staff delivered research-based presentations covering risk-need-responsivity theory and national trends in veterans treatment court operations. Following the presentations, Center staff facilitated a roundtable discussion in which committee members reviewed the findings from the needs assessment, contributed supplemental information, brainstormed ways to address the findings, and provided feedback for the whole group. During the second half of the workshop, Center staff collaborated with the OES and the committee to complete an action plan. The committee broke into groups to develop goals and objectives responsive to the findings in the needs assessment. The stakeholders then came back together, shared their results, and solicited input from the entire group on the goals and objectives they had created.

This visit culminated in the development of a draft action plan with goals, objectives, action steps, and a timeline responsive to the needs assessment findings and stakeholder input during the workshop. (See Appendix A for the action plan.) The goals and objectives of that action plan form the basis for this strategic plan.

Strategic Plan

The strategic plan is divided into seven goals with a varying number of objectives for each goal and a narrative description of the actions steps necessary to complete the goals and objectives. The strategic planning committee created the following mission statement to serve as the foundation for the strategic plan:

“The Commonwealth of Virginia veterans treatment dockets will provide an alternative response for justice-involved veterans with substance use and mental health needs through access to specialized treatment, case management, and supervision. In doing so, these dockets will enhance public safety and promote sobriety, recovery, and stability through a coordinated effort responsive to the unique needs of veterans.”

Goal 1 | Accurately identify justice-involved veterans in Virginia.

Rationale: Stakeholders reported that jail intake and defense attorney referrals are the primary sources for identifying justice-involved veterans for participation in veterans treatment dockets. Neither of these referral methods offer consistency, since the rate of referrals varies depending on whether the attorney or jail staff solicit information about veteran status during their intake process. Most jurisdictions in Virginia rely solely on self-reporting to identify veterans but research suggests this practice can lead to underreporting due to stigma, shame, and fear of reprisal.¹¹ Additionally, depending on how the identification question is phrased, there may be misunderstandings about whether a person’s military service qualifies them as a veteran. Several statewide agencies have made efforts to systematize veteran identification, but so far these efforts have not been coordinated. Improved identification methods will increase veterans docket enrollment. In order to be sure that dockets are reaching all potentially eligible participants, the committee has prioritized creating a system to identify justice-involved veterans.

Objective 1A: Improve identification of justice-involved veterans with appropriate self-reporting questions at all intercept points by summer 2020.

¹¹ “Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts.” Baldwin, et. al. Drug Court Review, 2019. <https://ndcrc.org/wp-content/uploads/2019/04/DCR1-Research-Article-1.pdf>.

Early identification of veterans and prompt admission into veterans treatment court are integral to program success.¹² Defendants should be screened for veteran status as soon as they enter the criminal-justice system, and at every subsequent stage in criminal-justice processing, to increase the odds of reliable reporting. To do this, veterans treatment courts should use the sequential intercept model, which involves establishing screening protocols at six distinct intercept points: (0) prior to law enforcement contact while engaging with community-based crisis intervention programs, (1) at the point of law enforcement contact, (2) during initial detention and initial court hearings, (3) while housed in jails or appearing in courts, (4) upon reentry, and (5) while engaged with community corrections.¹³ Members of the sheriff's department, pretrial services agency, or probation department should inquire of each arrestee, immediately upon arrest, whether they have ever served in a branch of the military. Judges, attorneys, and other criminal-justice personnel should also repeatedly inquire about veteran status.¹⁴ In addition to creating multiple intercept points for self-reporting, courts should establish a process for making referrals to veterans treatment courts and ensure that the process is well known and understood throughout the criminal justice community.

To identify justice-involved veterans through self-reporting, the best practice is to use broadly worded questions about military service. For example, justice-system representatives should ask defendants or incarcerated people, "Have you ever served in the U.S. military?" or "Have you served in the armed forces?" rather than, "Are you a veteran?"¹⁵ Phrasing questions about military service more broadly can improve rates of identification of service-involved defendants, including active-duty military personnel. Many veterans hold the belief that only combat service or VA eligibility qualifies them as a veteran. Moreover, some veterans are reluctant to disclose their military status because they fear losing VA benefits, appearing weak, receiving an unfavorable mark on their service record, or bringing dishonor to their unit. It is important for those who screen for veteran status to clarify that deployment, combat, or VA-eligibility are not required to identify as a veteran; that disclosing veteran status can lead to access to services; and that it will not blemish their service record.

Action steps: The strategic planning committee will develop a guide for creating and implementing protocols and documents to identify veterans using self-report. This guide will draw upon other veterans treatment dockets' identification processes, using model questions for self-reporting and protocols for prompt referrals. The committee will disseminate the guide to pretrial services, jail staff, defense attorneys, magistrates, and community service boards to improve identification of veterans in the system.

¹² Ibid.

¹³ "The Sequential Intercept Model." Policy Research Associates, 2019. <https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf>

¹⁴ "Identifying Those Who Served: Modeling Potential Participant Identification in Veterans Treatment Courts." Baldwin, et. al. Drug Court Review, 2019. <https://ndcrc.org/wp-content/uploads/2019/04/DCRI-Research-Article-1.pdf>

¹⁵ Ibid.

Objective 1B: Increase the percentage of veterans identified in jails by 50 percent using Veterans Re-Entry Search Service (VRSS).

The VA offers a free online database system, the Veterans Re-Entry Search Service (VRSS), which is designed to be used by justice-system agencies to check the veteran status of defendants or incarcerated people. VRSS allows jail staff or corrections administrators to create an account and upload a CSV data file on defendants, which the VA then returns with confirmation of whether the person is a veteran. Although implementing VRSS can be challenging, using it will increase rates of veteran identification.¹⁶ According to the Center's needs assessment survey data, three veterans dockets were not familiar with or did not use VRSS. Elsewhere in the state, veterans justice outreach specialists (VJOs) have worked with correctional facilities to implement this system.

Action steps: The Fairfax County veterans docket has successfully implemented VRSS. This docket's coordinator will draw on this knowledge to create a VRSS implementation guide for other jurisdictions. The committee will assemble a training team that includes corrections personnel and IT staff to train jails on the implementation of VRSS using the guide, and conduct outreach to jails to help streamline the process.

Objective 1C: Increase the number of veterans identified through probation or parole violations.

An important intercept point for identifying veterans is during a probation or parole violation. According to the needs assessment survey, that is the most common entry point for the existing six veterans treatment dockets. There are numerous probation and parole offices across the state (aside from those already connected to a veterans treatment docket) that would benefit from guidance on identifying veterans. Such guidance would provide pre-implementation support for potential new veterans treatment dockets and additional referral sources to VJOs and veteran services.

Action steps: The strategic planning committee will identify procedural intercept points for probation violations in order to implement identification measures. Once these intercept points are identified, the committee will create and issue statewide guidance to probation offices and the Department of Corrections.

Goal 2 | Broaden eligibility considerations statewide to increase participation.

¹⁶ According to the U.S. Department of Veterans Affairs in a study done of the California Department of Corrections, 2.7 percent of inmates self-identified as veterans compared to 7.7 percent when using the VA's Veterans Re-entry Search Service (VRSS, a system used to upload identifiers and check them against VA records). The study showed approximately 5,000 justice involved veterans had not been identified by self-report.

Rationale: The needs assessment found that existing veterans treatment dockets have low enrollment numbers and may not be serving as many justice-involved veterans as possible. Stakeholders reported that the main factors contributing to low enrollment are strict eligibility criteria and low incentives to participate. Each veterans treatment docket in Virginia determines its own eligibility criteria. Stakeholders reported that these criteria depend heavily on the prosecutor in that jurisdiction. These eligibility restrictions include exclusions on veterans who have prior felony or misdemeanor violent convictions, veterans who are currently charged with violent crimes, and veterans who are non-VA eligible, or have discharge status other than honorable. Also, Virginia’s veterans treatment docket eligibility criteria often mirror Virginia’s statutory adult drug court eligibility criteria, meaning that all dockets exclude veterans with a history of violent felony convictions within the prior ten years. The committee reported that numerous veterans treatment docket stakeholders incorrectly believe that such drug court exclusions also apply to veterans treatment dockets. While there are justifications for these eligibility criteria, these dockets may be excluding suitable candidates. Research indicates that drug courts that target the high-risk and high-need population reduce crime approximately twice as much as those serving lower-risk and lower-need offenders and return approximately 50 percent greater cost savings to their communities.¹⁷ Although there is limited research on veterans treatment dockets, they should also target the high-risk and high-need population to achieve the best outcomes. Additionally, all Virginia's veterans treatment dockets operate post-plea, meaning participants are never offered diversion and must plead guilty prior to enrollment in the program. Dockets should increase the incentives to participate by enrolling participants prior to probation violations and provide a more favorable legal outcome after completion of the program.

Objective 2A: Increase enrollment by broadening eligibility requirements to include veterans who were not discharged honorably.

Half of Virginia’s veterans treatment dockets exclude veterans who were not discharged honorably. Although approximately 85 percent of servicemembers who leave the military receive an honorable discharge, research has shown that the 15 percent who receive other types of discharges (general, and Other Than Honorable) have significantly higher rates of mental health and substance use disorders.¹⁸ Therefore, veterans treatment dockets that aim to support veterans with mental health and substance use issues should consider opening their enrollment to include this population. A driving factor for excluding this population is that they are not typically VA-eligible. Fortunately, the Virginia Department of Veterans

¹⁷ “Adult Drug Court Best Practice Standards, Volumes 1 & 2.” National Association for Drug Court Professionals. 2018. <http://www.nadcp.org/Standards>.

¹⁸ Holliday, Stephanie Brooks, and Eric R. Pedersen. "The Association between Discharge Status, Mental Health, and Substance Misuse among Young Adult Veterans." *Psychiatry Research* 256 (July 2017): 428-34. doi:10.1016/j.psychres.2017.07.011.

Services and Department of Behavioral Health and Developmental Services Community Service Boards (CSB) offer treatment and support for non-VA-eligible veterans.

Action steps: Treatment teams will build new partnerships to include local CSB providers in order to support the expansion of eligibility criteria to non-VA veterans. OES will form a training team for new veterans treatment dockets to educate them on the benefits of broad eligibility criteria. Stakeholders noted that it would be easier to gain buy-in for broad eligibility criteria at the outset of the creation of a docket.

Objective 2B: Ensure that all veterans treatment dockets are aware of eligibility criteria guidelines.

Stakeholders reported that several veterans treatment dockets rely on the adult drug treatment court statute as a basis for their operations. However, Virginia’s veterans treatment dockets are not bound by this statute nor required to adhere to its regulations. One significant impact of relying on the adult drug court statute is that veterans treatment dockets exclude “adult offenders who have been convicted of a violent criminal offense within the preceding 10 years.”¹⁹ But best practice indicates that if adequate treatment and supervision are available, there is no empirical justification for routinely excluding violent offenders from participation in drug courts.²⁰ Furthermore, research shows that violence is one way that trauma manifests itself in the justice-involved veteran population. Veterans treatment dockets that exclude those with a history of violent convictions should reconsider this aspect of their eligibility criteria.

Actions steps: OES will train new veterans treatment dockets to indicate the need for broad eligibility criteria, specifically noting that dockets do not need to be in compliance with Va. Code Ann. § 18.2-254.1, which states that anyone with a conviction of a violent crime in the past 10 years cannot participate in adult drug treatment courts. Additionally, the committee will advise local dockets to review their eligibility criteria on an annual basis.

Goal 3 | Improve training and education on the purpose of veterans treatment dockets and the process for implementation.

Rationale: Although veterans comprise 11.25 percent of the total adult population in Virginia (compared to the national average of 6.6 percent), the state currently has only six veterans treatment dockets. One roadblock to the creation of additional dockets is the lack of knowledge of the model among justice-system stakeholders. Broad stakeholder buy-in is

¹⁹ Va. Code Ann. § 18.2-254.1. <https://law.lis.virginia.gov/vacode/title18.2/chapter7/section18.2-254.1/>.

²⁰ “Adult Drug Court Best Practice Standards, Volumes 1 & 2.” National Association for Drug Court Professionals. 2018. <http://www.nadcp.org/Standards>.

essential for successful problem-solving court programs. Those surveyed in Virginia identified judges and Commonwealth Attorneys as integral to the implementation of new veterans treatment dockets. Even once those parties have committed to the process, they often require further guidance to implement veterans treatment dockets properly.

Objective 3A: Provide in-person, educational sessions for judges on veterans treatment dockets.

As with adult drug courts, judges in veterans treatment dockets have a substantial impact on participant and program outcomes. Drug court outcomes are significantly better when judges receive training on evidence-based practices in substance use disorder, mental health treatment, and community supervision.²¹ Stakeholders reported that judges in Virginia need education about best practices for veterans treatment dockets and training on how to implement and sustain them.

Action steps: Annual judicial conferences are a valuable opportunity to gain access to both circuit court and general district judges across the state. Judge Penney Azcarate and other strategic planning committee members will plan and facilitate a veterans treatment docket educational session at annual judicial conferences for both circuit and general district judges by August 2020. These sessions will provide basic information about veterans treatment dockets and strive to clarify misconceptions, such as the idea that beginning a new docket is cost-prohibitive and that participants receive overly lenient treatment. The committee expects these sessions to improve judges' familiarity with this model and encourage the creation of new dockets.

Objective 3B: Provide a minimum of one in-person or virtual educational opportunity on the benefits of veterans treatment dockets to at least 30 percent of Commonwealth Attorneys' or their designees from each jurisdiction within one calendar year.

As with judges, Commonwealth Attorneys' in Virginia hold significant power in the creation and administration of veterans treatment dockets. Because they can influence features such as eligibility criteria, program structure, and court responses, it is critical to provide them with training and education surrounding best practices. The Veterans Docket Advisory Committee serves as the Advisory Committee on Veterans Treatment Dockets for the Specialty Dockets and includes a prosecutor representative.

Action steps: Building upon the judicial training in Objective 3A, members of the Veterans Docket Advisory Committee will liaise with Commonwealth Attorneys' offices across the state to request they include training for veterans treatment dockets at their training events.

²¹ Ibid.

The committee will be able to provide these trainings as regional information sessions on foundational aspects of these dockets, as well as veteran-specific treatment issues such as PTSD, substance use, traumatic brain injury, and military sexual trauma. Gaining the buy-in of Commonwealth Attorneys' is critical to the widespread acceptance of this model.

Objective 3C: Increase the dissemination of information on veterans treatment dockets to a statewide audience annually during the DUI/Specialty Docket Training.

Virginia's DUI/Specialty Docket Training: is an annual training that took place in Roanoke, Virginia this past year. The training is possible as a result from a grant from DMV each year. This conference, the most recent meeting of which took place in August 2019, is a valuable opportunity to reach specialty court practitioners from across the state. In August 2019, OES staff hosted an information table about veterans treatment dockets, at which they disseminated brochures, the docket application form, and the Virginia Veterans Docket Standards. Staff from the Virginia Department of Veterans Services (DVS) and Veterans Docket Advisory Committee members answered questions at the table. During the conference there were two veteran-specific conference sessions: Department of Veteran Services West Regional Director, Leanna Craig, delivered one on military culture and Center staff delivered another on this strategic planning process.

Action steps: OES staff will continue to host information sessions and maintain a presence at this annual conference.

Goal 4 | Ensure all veterans treatment docket teams receive adequate training in national best practices for veterans treatment courts, treatment topics, veteran-specific issues, and military culture.

Rationale: Research shows that ongoing team training for drug treatment courts leads to more effective programs.²² A multisite study found that drug treatment courts were nearly two and a half times more cost-effective and over 50 percent more effective at reducing recidivism when the teams participated in formal training prior to implementation.²³ The needs assessment revealed the importance of consistent training for veterans treatment docket teams in substance use disorders, treatment, and veteran-specific issues. Most stakeholders indicated that they had received initial training when their dockets began but

²² "Adult Drug Court Best Practice Standards, Volumes 1 & 2." National Association for Drug Court Professionals. 2018. <http://www.nadcp.org/Standards>.

²³ Carey, S.M., Finigan, M.W., & Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs. Portland, OR: NPC Research.

needed more—and more regular—national and role-based training. Consistent and comprehensive training ensures fidelity to the model even through staff turnover and program growth. Ensuring all teams are well-trained is essential as Virginia looks to grow its number of veterans treatment dockets.

Objective 4A: Plan and implement in-person and virtual trainings for all approved veterans treatment docket teams with an emphasis on best practices, veteran-specific treatment, and military culture.

Veterans treatment courts are unique among problem-solving courts. To work effectively with justice-involved veterans, it is critical that team members understand how military involvement impacts a veteran’s thoughts, feelings, and behaviors, and are familiar with the landscape of services and treatment options for veterans experiencing mental health and substance use disorders. Moreover, veterans face a high incidence of trauma, so training in trauma treatment and trauma-informed care is critical. While most dockets received implementation training from Justice For Vets, they also need ongoing training. However, the accessibility of trainings is a challenge. Most team members have job responsibilities beyond their roles on the treatment team, and it can be difficult to keep up with emerging issues, research, and best practices. Team members have also requested in-person training from national technical assistance providers.

Action steps: In addition to standard training topics, stakeholders identified a range of Virginia-specific topics such as incorporating families into treatment plans; Moral Reconciliation Therapy; VA services and state resources; and the Risk and Needs Treatment Triage assessment tool, which adult drug courts use statewide. OES will work with VA partners, the Virginia Department of Veteran Services, and other local treatment providers to develop trainings on these topics. To create accessibility for a wide range of training topics, OES will disseminate the link to the Center’s online training website,²⁴ which has veteran-specific resources on trauma-informed care and the role of veteran peer mentors, as well as adult drug court best practice standards. Additionally, OES will explore bringing national training providers, such as the National Association of Drug Court Professionals, Justice For Vets, and the Center to Virginia to conduct regional trainings on best practice standards, veteran-specific treatment, and military culture. OES will also work with a consultant to develop Virginia-specific veterans treatment docket implementation training to be used for all new dockets.

Objective 4B: Educate stakeholders and all veterans treatment docket teams on woman-specific veteran issues.

²⁴ www.treatmentcourts.org.

Virginia has the largest percentage of women veterans in the country. Stakeholders would benefit from further training on woman-specific veterans issues. Among veterans who use the VA, about one in four women report having experienced military sexual trauma,²⁵ which includes sexual harassment or assault while serving in the military during war, peace, or training. Women experience military sexual trauma at much higher rates than men, although men still account for a large number of victims given that more than 80 percent of the active-duty military is male. It is essential that dockets develop a trauma-informed response for women veterans to encourage their program participation and success.

Action steps: OES will ensure that all docket trainings include sessions on military sexual trauma and trauma-informed care. Recruiting and retaining women veteran peer mentors and providing woman-specific wraparound services are discussed in Objective 5C and 6E, respectively.

Objective 4C: Provide all veterans treatment dockets with training on entering data into the veteran-specific specialty docket database.

The OES Specialty Docket database contains a veterans treatment docket module that was developed specifically to address the data collection needs of these dockets. Statewide data collection allows OES to evaluate dockets' adherence to evidence-based practices and their overall performance. At times, a lack of knowledge among veterans treatment docket teams on how to collect and input the data from their programs prevents accurate data entry.

Action steps: OES will create a training curriculum on entering data into the veteran-specific specialty docket database and host training sessions. OES will survey all veterans treatment docket coordinators to learn how they prefer to receive this training. OES will also host a quarterly webinar session to review and update coordinators on the data entry process.

Goal 5 | Ensure there is a mentor coordinator and age- and gender-appropriate mentors for all veterans treatment dockets.

Rationale: One unique aspect of the veterans treatment court model is the participation of veteran peer mentors. Volunteer veterans engage with veterans treatment courts by encouraging participants to change their lives. Mentors can connect to participants based on their shared military service and provide unique peer support based on this experience. While veteran peer mentors are highly beneficial, many programs across the country face issues sustaining a successful mentorship program. In Virginia, veterans treatment dockets have

²⁵ "America's Women Veterans: Military Service History and VA Benefit Utilization Statistics." Department of Veterans Affairs, Office of Data Governance and Analytics.
https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf.

some measure of success maintaining a roster of mentors. However, those dockets lack mentor coordinators to maintain stable recruitment, training, and retention of mentors. Virginia's dockets also reported that their teams need both younger and woman mentors to support their participants.

Objective 5A: Disseminate the Justice For Vets mentor coordinator position description to all veterans treatment dockets.

Veteran peer mentor coordinators play an integral role in the success of a mentorship program. They provide clarity about the role of mentors to participants, the treatment court team, and mentors themselves. Mentor coordinators also often act as the bridge between mentors and the team, since mentors are not typically included in staffing meetings due to confidentiality requirements. They also recruit, develop, and coordinate trainings for mentors; advertise the program to the veteran community; plan and host prosocial events; and solicit funds for mentor-related activities.

Action steps: OES will disseminate the Justice For Vets mentor coordinator job description to all veterans treatment docket programs to advance the goal of staffing each docket team with a mentor coordinator.

Objective 5B: Host Justice For Vets Mentor Boot Camp in Virginia.

Many stakeholders reported that proper training would better prepare mentors to succeed in their role, help them to understand where they fit within the program, and support the overall treatment goals of their mentees. Without comprehensive training, mentors can inadvertently interfere with treatment goals or court-ordered activities. Additionally, mentors need clarity on confidentiality, reporting, and participation on the treatment team. Recommended training topics for mentors include roles and responsibilities, mental health, suicide, PTSD, and substance use disorders.

Action steps: In 2015, Justice For Vets launched the National Mentor Corps to provide professional development for volunteer veteran peer mentors. Through the National Mentor Corps, Justice For Vets provides Mentor Boot Camp training to jurisdictions throughout the country. OES will apply to host a Mentor Boot Camp at the annual statewide Specialty Dockets Conference in 2020, assess the participation at this event, and explore the need for additional Mentor Boot Camp trainings at future conferences.

Objective 5C: Disseminate guidance to all veteran treatment dockets on recruiting veteran peer mentors.

Veterans treatment dockets in Virginia have difficulty recruiting veteran peer mentors who are women and younger (under 45)—despite the fact that, in Virginia, women comprise 14.3

percent of the veteran population (higher than the national average of 9.4 percent) and the age cohort with the most representation is 35 to 54.²⁶ Stakeholders identified a need to recruit mentors from these demographics so that mentors and mentees relate to each other more easily on military service era, life stages, and gender-specific issues. Many veteran peer mentors are retired and served during the Vietnam era, whereas veterans who served during Operation Iraqi Freedom and Operation Enduring Freedom typically have full-time jobs or family commitments that prevent them from being mentors. Matching women participants with women mentors is also vital, since many women veterans have experienced trauma associated with men in the military and do not always want to share these experiences with male mentors. Veterans treatment dockets should have at least one woman veteran peer mentor to fill this need.

Action steps: OES will develop a shared resource guide for tips on recruiting veteran peer mentors with the assistance of the veterans justice outreach specialist staffed at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia. The strategic planning committee will provide input on successful recruitment methods to include in the guide. OES will disseminate this guide to all veteran mentor coordinators and veterans treatment docket coordinators. OES will also ask that the Virginia Department of Veteran Services advertise mentor opportunities to its networks in order to increase recruitment.

Goal 6 | Ensure all veterans treatment docket participants receive timely and holistic wraparound services.

Rationale: The provision of timely and holistic wraparound services largely drives a veterans treatment docket participant's success. The needs assessment revealed the importance of providing services that are specifically tailored to the veteran population and address gender-specific issues, socioeconomic factors, and behavioral health needs. While the VA offers many such services, some gaps persist. Stakeholders reported that the current number of eight VJOs assigned to Virginia is insufficient to provide services to all justice-involved veterans in the state. The VA and VJOs will collaborate to streamline and provide accessible information about service providers, housing, and transportation to dockets across the state.

Objective 6A: Request one additional VJO from the VA within one calendar year and additional VJOs annually as the number of veterans treatment dockets increases.

²⁶ "State Summary Virginia." Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Virginia.pdf.

VJOs provide direct outreach, assessment, and case management for justice-involved veterans in local courts and jails and liaise with local justice-system partners.²⁷ In jurisdictions with a veterans treatment docket, VJOs also serve as essential members of the treatment team. Virginia has eight VJOs to cover dozens of correctional facilities and six veterans treatment dockets, and stakeholders reported that those VJOs are currently working at full capacity. More VJOs would benefit the growth of dockets and improve their services throughout the state.

Action steps: DVS will gather data on the number of justice-involved veterans in Virginia using VRSS and other databases, as outlined in Goal 1, in order to demonstrate the need for additional VJOs. Based on that information, DVS will formally request more VJOs from the VA.

Objective 6B: Improve coordination among correctional facilities and veterans service providers.

Personnel at correctional facilities have significant direct access to justice-involved veterans. Stakeholders reported that improved collaboration between correctional facilities and veterans service providers would help better address the needs of veterans while in their facilities and upon release. Stakeholders statewide are committed to increasing collaboration between these groups, with assistance from the Department of Veterans Services.

Action steps: The VJO representative on the strategic planning committee will schedule quarterly calls between key corrections and service provider stakeholders to communicate about challenges facing veterans and available resources. Judge Ricardo Rigual and the VJO will create a standardized referral form for jails to encourage timelier referrals to VJOs.

Objective 6C: Work with at least three inpatient facilities to address admissions processes for veterans treatment docket participants.

Stakeholders reported that they have difficulty applying for veterans treatment docket participants to be admitted to an inpatient facility, especially when participants are incarcerated. They reported that many inpatient facilities in Virginia do not accept in-custody referrals, and that it is difficult to find treatment placements for participants who do not use VA services.

Action steps: Virginia's Department of Veterans Services and the committee's VJO will compile a list of inpatient facilities across the state; gather admission criteria for each and determine which will accept veterans directly from jail; consolidate that information in an

²⁷ <https://www.va.gov/homeless/vjo.asp>.

accessible document; and disseminate that document to courts, incarcerated people, DVS, VJOs, and other key stakeholders like defense attorneys. This resource will also help non-veterans in the justice system, since non-VA inpatient facilities will be included. Compiling a statewide list of this kind is likely to incentivize inpatient facilities and other stakeholders (Medicaid and Medicare agencies, hospitals, housing agencies) to participate in its maintenance. DVS will also coordinate regular check-ins with the Healthcare Compliance Association.

Objective 6D: Improve the delivery of veteran-specific treatment and services outside of the VA.

Program outcomes for veterans are best when treatment and services are tailored to their unique needs. Stakeholders reported that participants who receive treatment outside of the VA do not typically receive veteran-specific services such as veterans-only treatment groups, and that, in general, treatment for non-VA veterans needs improvement. Today, two veteran-specific Moral Reconciliation Therapy (MRT) programs exist for veterans treatment courts: *Battling Shadows: Trauma Treatment for Veterans* and *Winning the Invisible War: MRT for Veterans*. Both are treatment curriculums that providers can use to improve outcomes for program participants. Based on Virginia's survey data and national trends, the state would also benefit from veteran-specific domestic violence treatment.

Action steps: The Director of Addiction and Recovery Treatment Services from the Hampton/Newport News Community Service Board (CSB) will contact CSBs statewide to learn the number of veterans in behavioral health treatment. Those numbers will provide a basis to advocate to local treatment providers for veterans-only treatment groups. OES will encourage training and provide workbooks and materials for select treatment providers on veteran-specific MRT curricula. OES, in collaboration with the strategic planning committee, will urge each Veteran Docket to purchase a veteran-specific domestic violence treatment curriculum, such as *Strength in Homes* to share with treatment providers working with veterans treatment dockets.

Objective 6E: Create at least two new gender-specific programs for justice-involved women veterans.

Virginia has the highest percentage of women veterans in the country. To make veterans treatment dockets more responsive to the challenges women veterans face, Virginia must review and adhere to best practices for female-specific treatment. Often, women participants are grouped together with men in court and treatment, which can be uncomfortable and even deter women from participating.

Action steps: OES will work with the VA to develop a fact sheet in-line with best practices to distribute to dockets about treating women veterans. The VA, DVS and the VJO

representative on the committee will work collaboratively to determine the number of women veterans needed for a gender-specific treatment group, coordinate logistics for hosting women groups at offsite locations, identify facilitators for gender-specific groups, and connect with service providers outside the veteran treatment arena. DVS and the VJO representative will focus on building its network of gender-specific trauma therapy opportunities, which do not necessarily need to be military-specific, and share this resource with OES to provide at trainings. Depending on the size of the justice-involved woman veteran population and capacity in a given area, one option is to create regional groups that combine women veterans from several dockets.

Objective 6F: Develop a housing resources fact sheet, including educational information on the importance of securing housing before addressing other docket requirements.

Despite the fact that in 2015, Virginia's Coordinating Council on Homelessness, convened by the governor, announced an effective end to veteran homelessness in the state,²⁸ strategic planning committee members reported that finding housing for justice-involved homeless veterans remained a major challenge. Stakeholders noted that access to affordable housing in Virginia is a statewide challenge for the general population, and that housing veterans treatment docket participants is a priority.

Action steps: In light of the “housing first” initiative across many re-entry organizations and providers, DOC, DVS, and the VA will collaborate to disseminate a housing fact sheet to all veterans treatment dockets to consolidate housing opportunities for veterans. This will include housing allocated for veterans specifically, as well as other transitional and independent housing options in Virginia.

Objective 6G: Increase veterans treatment docket participants’ access to transportation information and resources.

A trend among veterans treatment courts nationally is to reinstate drivers licenses for veterans who have lost driving privileges and face transportation challenges, and Virginia has been a part of that movement. Often, license suspension coupled with a lack of public transportation makes it difficult for veterans to access court dates, appointments, and prosocial activities. Jurisdictions across the country have implemented creative solutions to address transportation challenges, such as partnering with veterans service organizations to use shuttles and distributing bus cards, Lyft vouchers, and free bicycles.

²⁸ “Ending Veteran Homelessness in Virginia: A Statewide Collaboration.” National Alliance to End Homelessness. <https://endhomelessness.org/resource/ending-veteran-homelessness-virginia-statewide-collaboration/>.

Action steps: OES will invite Department of Motor Vehicle (DMV) representatives to educate docket teams on reinstating veterans' licenses. Treatment staff will also explore transportation options through contracts or agreements with transportation companies for veterans convicted of driving violations. Some jurisdictions have coordinated volunteers to help transport veterans to services. Veterans Docket Advisory Committee will facilitate transportation for its docket participants through volunteers including mentors, nonprofit groups, and faith-based organizations. Additionally, Veterans Docket Advisory Committee will negotiate with the Virginia Alcohol Safety Action Program about the number of required classes and amount of fine payments that must be completed to restore licenses. Stakeholders reported that participants often pay duplicate fines and fees and take duplicate alcohol education courses—one for the docket and another for the DMV.

Objective 6H: Increase access to telehealth services in at least two veterans treatment dockets.

The geographic layout of Virginia, and the fact that veteran populations and VA facilities are concentrated in certain regions, make teleservices an ideal accessibility solution. Rural courts across the country have used technology to overcome barriers to treatment and services. Numerous mobile applications and websites offer remote treatment for substance use disorder, such as Computer Based Training for Cognitive Behavioral Therapy (CBT4CBT) and the Matrix Model. Stakeholders reported interest in implementing telehealth services for participants.

Action steps: The DVS Commissioner and the Veterans Health Administration will coordinate with the VA and national technical assistance providers to plan a pilot project using technology to facilitate a teleservices program. DVS Commissioner and VJO will also create a method to capture electronic signatures for release-of-information forms.

Objective 6I: Create veterans treatment docket alumni groups to help graduates stay connected.

A resounding theme in veteran treatment courts nationally is the importance of peer mentor support and the meaningful contributions of recent graduates. When veterans share their experiences, successes, and challenges, it creates a sense of community, which is one reason these programs are successful.

Action steps: The committee will make deliberate efforts to facilitate continued participation from docket graduates in order to support current participants. Judge Lisa Mayne, with the assistance of her veterans treatment docket coordinator, will recruit docket graduates to help identify successful methods for keeping graduates involved. Together, they will assess whether activities such as formal meetings, graduation invitations, family days, or annual

reunions are helpful in maintaining participation. Based on this assessment, they may form alumni groups.

Goal 7: Assess the need for new veteran treatment dockets.

Rationale: Virginia ranks eighth highest in the nation for its veterans population, and veterans comprise 11.25 percent of the total adult population. Every major military branch has a base located in Virginia. Given this large veteran presence and the existence of only six veterans dockets, the state should assess whether it needs to implement additional dockets. These dockets are currently successful in Virginia and committee members wish to expand this model. The OES 2018 Annual Report states, “[Veterans docket] resources, coupled with community supervision, lower the likelihood of criminal activity among veterans docket participants when compared to veterans who go through the traditional court system.” The strategic planning committee will begin a process to determine the need for new dockets.

Objective 7A: Identify jurisdictions with high numbers of justice-involved veterans.

OES should begin by assessing the needs of jurisdictions to determine where to focus its resources and implementation efforts for new veterans dockets. The improved veterans identification processes outlined in Goal 1, using VRSS and better self-reporting methods, will assist in this process.

Action steps: OES will analyze the number of justice-involved veterans to identify jurisdictions in need of new dockets, choosing jurisdictions that have both large target populations and other established specialty dockets such as drug or mental health courts. These jurisdictions will already have a framework and stakeholder buy-in, and will occupy a stronger position to implement a veterans docket. OES will also consider funding options, since in Virginia veterans dockets do not operate as separate court programs and therefore do not receive legislative support. After identifying jurisdictions, OES will conduct advocacy to the legislature to fund new and existing dockets.

Objective 7B: Create a veterans treatment docket implementation team consisting of strategic planning committee members.

Educating community members and elected officials on the purpose, practices, and impact of veterans dockets will help secure buy-in as Virginia moves to create new dockets. Over time, promoting these dockets with better and more frequent messaging will achieve sustained interest and investment from an implementation team.

Action steps: The strategic planning committee will form a veterans docket implementation team comprised of experts on specific subject areas of veterans treatment. This team will facilitate veterans docket 101 trainings for interested jurisdictions to clarify the purpose and structure of the model; engage potential presiding judges, administrative judges of the court, and the broader legal community; and provide consolidated resources for interested jurisdictions looking for resources.

Objective 7C: Organize three peer visits for veterans treatment dockets in Virginia by winter 2020.

Veterans treatment dockets in Virginia are still relatively new and require ongoing training and support. The needs assessment revealed that court teams are interested in peer learning opportunities. Cross-site observation is a valuable learning tool, and the six existing dockets are positioned not only to visit each other but also to forge a community of practice and support.

Action steps: OES will establish a listserv to connect veterans docket professionals. This listserv will begin to build a community of practice and foster professional mentoring relationships. It will also provide a platform to disseminate resources to new docket teams and act as a sounding board for new team members to receive immediate answers to questions. OES will use these connections to plan site visits for dockets to observe their peers across the state.

Conclusion

Several themes presented themselves as issues for veterans treatment courts in all five states that participated in the Veterans Treatment Court Statewide Strategic Planning Initiative: 1) a need for clarity on veterans treatment court eligibility; 2) challenges with early identification of veterans; 3) recruiting, retaining, and training veteran peer mentors; and 4) adequate and consistent training for the treatment team and community. Virginia is well positioned to address each of these issues and emerge as a leader in the enhancement of veterans treatment courts. The OES and the strategic planning committee will use the goals in this strategic plan to address the needs of veterans treatment dockets, monitor their progress, and include additional stakeholders as needed. The strategic planning committee will evaluate their success on a continuing basis with an eye towards accomplishing all planned activities in three years. This statewide strategic plan for veterans treatment courts places Virginia in a strong position to enhance this unique and effective problem-solving court model.

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Appendix A

Mission: Veterans treatment dockets provide an alternative response for justice-involved veterans with substance use and mental health needs through access to specialized treatment, case management, and supervision. Veterans treatment dockets enhance public safety and promote sobriety, recovery, and stability through a coordinated effort that is responsive to the unique needs of those who have served.

Finding: Need for improved identification of justice-involved veterans				
Goal 1: Accurately identify justice-involved veterans in Virginia.				
Objective 1A:	Action Steps	Person Responsible	Timeline	Performance Measures
Improve identification of justice-involved veterans with appropriate self-reporting questions at all intercept points by summer 2020.	Create a “how-to” guide for identifying veterans by using appropriate self-identification language	Donna Harrison	September 2019	How-to guide created
	Identify appropriate jail staff to disseminate the “how-to” guide, beginning with the Rappahannock area	Committee to divide between regions (Kevin and Judge Rigual-Spotsylvania)	September 2019	Jail staff identified and how-to guide disseminated
	Provide information at the new defense attorney trainings on appropriate language and methods for identifying veterans	Donna and Kevin Maria Jankowski	Ongoing	Information provided at new defense attorney trainings
	Disseminate the self-identification “how-to” guide to magistrates	Anna Powers	Ongoing	All magistrates have the how-to guide
	Disseminate the self-identification “how-to” guide to each community service board throughout Virginia, starting with	Donna Harrison	April 2020	Each community service board has the how-to guide

	jurisdictions with veterans treatment dockets Explore how PTCC database identifies justice-involved veterans during pretrial	Anna Powers	December 2019	Known how PTCC database identifies veterans
Objective 1B:	Action Steps	Person Responsible	Timeline	Performance Measures
Increase the percentage of veterans identified in jails by 50% using Veterans Re-Entry Search Service (VRSS).	Identify IT contact from Fairfax who implemented VRSS and have them help create a VRSS implementation guide for other jurisdictions	Brooke Postlewaite	October 2019	Jail IT contact has created a VRSS implementation guide
	Assemble a training team (including corrections and IT) who can train jails on the implementation of VRSS using the implementation guide	Donna Harrison & Kevin Birdsell	November 2019/Ongoing	Completed contact log
	Partner with jails to provide aforementioned training on VRSS implementation	Donna Harrison & Kevin Birdsell	Ongoing	All partner jails completed training
Objective 1C:	Action Steps	Person Responsible	Timeline	Performance Measures
Increase the number of veterans identified through probation or parole violations.	Identify procedural intercept points for probation violations in order to implement identification measures	Wendy Goodman	Ongoing	Message went out to probation districts to begin identifying veterans at intake
	Disseminate statewide guidance to probation offices and department of corrections	Donna Harrison	March 2020	All local & state probation offices received

	regarding self-identification intercept points			statewide guidance on self-identification
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Finding: There is a decrease in participation in veteran docket program

Goal 2: Broaden eligibility considerations statewide to help increase participation.

Objective 2A:	Action Steps	Persons Responsible	Timeline	Performance Measures
Increase enrollment by broadening eligibility requirements to include veterans who were not discharged honorably.	Include local CSB treatment providers on every veterans docket team and expand military discharge statuses accepted	Tony Crisp	Jan 2020	See number of veterans docket participants increase
	Form training team to include veterans docket staff and OES staff	Courtney Stewart	Jan 2020	Training team convened
	Use this team to train planning veterans treatment docket teams, on the need for broad eligibility and incentive to participation	Anetra Robinson, Courtney Stewart & Elisa Fulton	March 2021	Report back to committee number of completed trainings and where
Objective 2B:	Action Steps	Persons Responsible	Timeline	Performance Measures
Ensure that all VTDs are aware of eligibility criteria guidelines.	Indicate in the veteran docket application the need for broad eligibility criteria of veterans treatment dockets- specifically noting that they do not need to follow the adult drug court statute eligibility restrictions.	Drug Treatment Court Team	Ongoing	Begun: Y/N YES

	Create guidance and advocate for local advisory committees to review their docket eligibility criteria annually	Lori Hogan & Bre'Auna Beasley	November 2019	Report back to committee
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Finding: Need for education and training for veteran dockets

Goal 3: Improve training and education on the purpose of veterans treatment dockets and the process for implementation.

Objective 3A:	Action Steps	Persons Responsible	Timeline	Performance Measures
Provide in-person, educational sessions for judges on veterans treatment dockets.	Plan, implement, and evaluate a VTD educational session at annual judicial conferences (both the circuit and general district) Specific topics: (1) purpose of veterans treatment docket: (2) creating and sustaining a quality veterans treatment dockets	Judge Azcarate or other volunteers	By next scheduled Judge's conference (by August 2020)	Judges briefed (Y/N) Completed sign-in and evaluation sheets for each session. At least 80% of attendees should report satisfaction with the content.
Objective 3B:	Action Steps	Persons Responsible	Timeline	Performance Measures
Provide a minimum of one in-person or virtual educational opportunity on the benefits of veterans treatment dockets to at least 30% of commonwealth	Liaise with commonwealth attorneys' offices to identify opportunities to train attorneys on VTDs	Veterans Docket Advisory Committee	Jan 2020	Completed Y/N

attorneys, or their designees, from each jurisdiction within one calendar year.	Plan, implement, and evaluate in-person and/or virtual regional information sessions regarding the general purposes of VTDs (use judges training material), as well as treatment-related issues affecting veterans (i.e., mental health, substance use disorder, TBI, PTSD and MRT)	Veterans Docket Advisory Committee	Sep 2020	Completed sign-in and evaluation sheets for each in-person and/or virtual information session. At the end of the calendar year, attendance records for at least 30% of the Commonwealth Attorney's offices from each region. At least 80% of attendees should report satisfaction with the content.
Objective 3C:	Action Steps	Persons Responsible	Timeline	Performance Measures
Increase the dissemination of information on veterans treatment dockets to a statewide audience during the DUI/Specialty Docket Training.	Host information session about veterans treatment dockets (table during lunch session)	Elisa Fulton, Judge Azcarate, John Newby, CCI staff at conference-	August 5-6th, 2019	Yes/No
	Distribute veterans treatment docket informational brochure and resources to at least 150 training attendees.	Drug Treatment Court Team, Bre'Auna Beasley	August 5-6, 2019	Yes/No
	Maintain presence with sessions and informational tables at state specialty docket conferences	Elisa Fulton	Ongoing	Session on VTD hosted regularly at specialty docket conferences

Finding: Need for education and training for veteran dockets

Goal 4: Ensure all veterans treatment docket teams receive adequate training in national best practices for veterans treatment courts, treatment topics, veterans-specific issues, and military culture.

Objective 4A:	Action Steps	Persons Responsible	Timeline	Performance Measures
Plan and implement in-person and virtual trainings for all approved veterans treatment docket teams with an emphasis on training related to best practices, veterans-specific treatment, and military culture.	Disseminate links to online VTC training content from treatmentcourts.org to all VTD personnel	Elisa Fulton, Drug Treatment Court Team	Ongoing	Completed sign-in and evaluation sheets for each in-person and/or virtual information session. At least 80% of attendees should report satisfaction with the content.
	Explore opportunities to bring national training providers to Virginia to conduct regional trainings or tune-ups on best practices, veterans-specific treatment, and military culture	Elisa Fulton & Justice for Vets	Ongoing	National training providers host regional trainings
	Engage VA partners, DVS, and other treatment providers to put together training on treatment considerations for docket teams	Elisa Fulton, Kevin Birdsell & Donna Harrison	Ongoing	Partners engaged
Objective 4B:	Action Steps	Persons Responsible	Timeline	Performance Measures
Educate stakeholders and all veterans treatment docket teams on woman-specific veteran issues.	Ensure VTD trainings include training on military sexual trauma and trauma-informed practice	Elisa Fulton	March 2020	Trainings include required topics

Objective 4C	Action Steps	Person Responsible	Timeline	Performance Measures
Provide all veterans treatment dockets with training on entering data into the veterans-specific specialty docket database.	Refine training database curriculum as needed to ensure alignment with best practices.	Bre'Auna Beasley	Sep 2020	Completed data mapping checklist
	Identify most appropriate training method and location (in-person regional, Web-ex, etc.)	Bre'Auna Beasley	Sep 2020	Completed survey to coordinators regarding training availability and preferences
	Host quarterly webinar sessions (specifically for veterans docket teams) to review the database and data entry processes.	Bre'Auna Beasley	Sep 2020	Completed sign-in and evaluation sheets for each session. At least 80% of attendees should report satisfaction with the content.

Finding: Need to increase peer mentor network and provide additional training

Goal 5: Ensure there is a mentor coordinator and age- and gender-appropriate mentors for all veteran treatment dockets.

Objective 5A:	Action Steps	Person Responsible	Timeline	Performance Measures
Disseminate the Justice For Vets mentor coordinator position description to all veterans treatment dockets.	Use Justice for Vets mentor coordinator position description to inform training curriculum for mentors	Anna Powers, Drug Treatment Court Team	June 2019	Information disseminated Done

Objective 5B:	Action Steps	Person Responsible	Timeline	Performance Measures
Host Justice For Vets Mentor Boot Camp in Virginia.	Apply for Justice For Vets Mentor Boot Camp	Elisa Fulton, Drug Treatment Court Team	January 2020	Applied (Y/N)
	Host the Mentor Boot Camp at annual specialty dockets training event		June 2020	Mentor book camp hosted (Y/N)
Objective 5C:	Action Steps	Person Responsible	Timeline	Performance Measures
Disseminate guidance to all veterans treatment dockets on recruiting veterans peer mentors.	Create shared resource guide for where/how to recruit peer mentors	Kevin Birdsell	July 2019	Document created (Y/N)
	Add resources to document	Whole committee	July 2019	Resources added (Y/N)
	Share these resources with all veterans mentor coordinators and veterans docket coordinators		Anna Powers	August 2019

Finding: Lack of wrap-around services for female participants; need for more VJOs; need for housing and transportation support; need for veterans-specific programming

Goal 6: Ensure all veterans treatment docket participants receive timely and holistic wraparound services.

Objective 6A:	Action Steps	Person Responsible	Timeline	Performance Measures
Request one additional VJO from the VA within one calendar year and additional VJOs annually as the number of veterans treatment dockets increases.	<p>Capture accurate number of justice-involved veterans in Virginia by gathering data from VRSS and other databases</p> <p>Create formal request to VA for more VJOs, presenting current population served and additional need</p>	<p>Donna Harrison & Kevin Birdsell</p> <p>Department of Veteran Services</p>	<p>Ongoing</p> <p>Annually</p>	<p>Accurate number of justice-involved veterans obtained</p> <p># of VJO's added</p>
Objective 6B:	Action Steps	Person Responsible	Timeline	Performance Measures
Improve coordination among correctional facilities and veterans service providers.	<p>Schedule quarterly coordination call between key stakeholder groups (local jails, regional jails, DVS) in order to communicate about challenges facing justice-involved veterans and available resources</p> <p>Create a standardized referral form to facilitate referrals to VJOs</p>	<p>Kevin Birdsell</p> <p>Kevin Birdsell & Judge Rigual</p>	<p>Ongoing</p> <p>Dec 2019</p>	<p>Quarterly calls scheduled</p> <p>Referral form created</p>

Objective 6C:	Action Steps	Person Responsible	Timeline	Performance Measures
Work with at least three in-patient facilities to address admissions processes for veterans treatment docket participants.	Identify in-patient facilities that will or will not accept veterans directly from the jail	Kevin Birdsell	Ongoing	Inpatient facilities identified
	Obtain admission criteria for each in-patient program			Criteria obtained
	Create a statewide list of in-patient facilities and consolidate admissions criteria	All Committee members	Ongoing	List created
	Schedule regular check-ins with Healthcare Compliance Association (HCCA)	DVS	Ongoing	Check-ins scheduled
Objective 6D:	Action Steps	Person Responsible	Timeline	Performance Measures
Improve the delivery of veteran-specific treatment and services outside of the VA.	Outreach to CSBs statewide to identify the number of veterans in behavioral health treatment, and advocate for the creation of veterans-only treatment groups	Tony Crisp	Jan 2020	Number of veterans in specific treatment identified
	Train staff to facilitate veteran-specific MRT curriculum & provide those workbooks	Elisa Fulton and Judge Azcarate	Jan 2020	Staff trained
	Disseminate veteran-specific MRT curriculum to treatment providers	Advisory Committee	March 2020	Curriculum disseminated
	Purchase veteran-specific	Advisory Committee	Feb 2020	Strength in Homes

	domestic violence treatment curriculum (Strength in Homes) Disseminate veteran-specific domestics violence treatment curriculum to treatment providers	Elisa Fulton	April 2020	curriculum purchased Curriculum disseminated
Objective 6E:	Action Steps	Person Responsible	Timeline	Performance Measures
Create at least two new gender-specific programs for justice-involved women veterans.	Review best practices for women-specific treatment (contact “women coordinators” at VA medical centers) Develop fact-sheet disseminated to dockets about addressing female veterans Communicate with VA and DVS to identify facilitators, logistics for hosting female groups at off-site locations--connect to providers outside the veteran treatment arena (female-specific trauma therapy but not military-specific provider) Identify the number of female veterans needed for a group Create “regional groups” to combine justice-involved female veterans in groups between dockets	Elisa Fulton & Bre’Auna Beasley Bre’Auna Beasley Kevin Birdsell and Donna Harrison	Ongoing Ongoing Ongoing	Best practiced identified Fact-sheet disseminated to VTDs Logistics for female veterans groups off-site done Number of female veterans needed for group identified Regional groups created

Objective 6F:	Action Steps	Person Responsible	Timeline	Performance Measures
Develop a housing resources fact sheet, including educational information on the importance of securing housing before addressing other docket requirements.	Disseminate housing fact sheet to all veterans treatment dockets	Wendy Goodman & Donna Harrison	Jan 2020	Fact sheet disseminated
Objective 6G:	Action Steps	Person Responsible	Timeline	Performance Measures
Increase veterans treatment dockets participants' access to transportation information and resources.	Educate docket staff on reinstating/restoring licenses by inviting DMV representatives to share this information with the team	Advisory Committee	Jan 2020	Docket staff educated about reinstating/restoring licenses
	Explore transportation options through contracts with transportation companies for DUI offending veterans- Similar to DBHDS with emergency transportation contracts.	Tony Crisp	Feb 2020	Transportation options through contracts known
	Facilitate transportation through volunteers (mentors, non-profit groups, and faith-based organizations)	Advisory Committee	Feb 2020	Transportation facilitated through volunteers
	Negotiate with VASAP how	Judge Azcarate & Bob	Jan 2020	Negotiations with VASAP

	many classes/fines have to be completed through VASAP (Virginia Alcohol Safety Action Program) to restore license	Barrett		done
Objective 6H:	Action Steps	Person Responsible	Timeline	Performance Measures
Increase access to telehealth services in at least two veterans treatment dockets.	Coordinate with Veterans Health Administration and national TA providers to plan a pilot project using iPhones to facilitate teleservices	DVS (Commissioner Newby and Donna Harrison)	Ongoing	Pilot project coordinated with the VHA
	Create method for electronic signatures for release-of-information forms	Commissioner Newby & Kevin Birdsell	Jan 2020	Method created
Objective 6I:	Action Steps	Person Responsible	Timeline	Performance Measures
Create veterans treatment docket alumni groups to help graduates stay connected.	Confer with docket graduates to recruit their assistance in identifying methods for keeping graduates connected (i.e. hosting meetings, invite back to graduations, family days or annual reunions)	Judge Mayne & Brooke Postlewaite	June 2020	Docket graduates spoken to

Finding: Strategically implement new veterans treatment dockets throughout the state

Goal 7: Assess the need for new veterans treatment dockets.

Objective 7A:	Action Steps	Person Responsible	Timeline	Performance Measures
Identify jurisdictions with high numbers of justice-involved veterans	Analyze numbers and determine if a specialty docket or drug court exists in high density jurisdictions	Bre'Auna Beasley	Quarterly	Determination of dockets done
Objective 7B:	Action Steps	Person Responsible	Timeline	Performance Measures
Create a veterans treatment docket implementation team consisting of strategic planning committee members.	Utilize veteran docket "implementation team" to educate interested jurisdictions, share resources, help compile a veteran docket team	Courtney Stewart, Elisa Fulton and Judge Azcarate	Ongoing	Interested jurisdictions educated
	Facilitate veteran docket 101 trainings to clarify the purpose and structure	Elisa Fulton	July 2020	101 trainings held
Objective 7C:	Action Steps	Person Responsible	Timeline	Performance Measures
Organize three peer visits for veterans treatment dockets in Virginia by winter 2020.	Establish Virginia-based veterans docket mentoring community through listserv Disseminate videos/resources to new docket teams	OES	Winter 2020	Three peer visits done

Appendix B

Strategic Planning Committee Members

Honorable Penney Azcarate

Judge
Fairfax Circuit Court
19th Judicial Circuit of Virginia

Robert Barrett

Co-Chair
Virginia Bar Associations Veterans Task
Force

Bre'Auna Beasley

Drug Court Data Analyst
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Honorable Lisa Mayne

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Honorable Ricardo Rigual

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