

Clark County Veterans Treatment Court: Final Report and Program Recommendations

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Executive Summary

In April of 2009, a team of court officials, Veterans Administration clinicians, and researchers traveled to Oklahoma City, Oklahoma, to receive training about starting a Veterans Therapeutic Court in Clark County, Washington. In September of 2010, the jurisdiction was awarded a Bureau of Justice Administration Implementation Grant, with a funds release date of February 2011. The first client entered the Veterans Court in March of 2011 and the grant ended in September of 2014. This report is written in fulfillment of the BJA requirement for a comprehensive description of program operations and outcomes.

The Clark County Veterans Treatment Court is reaching their target population by serving veterans with clinically diagnosed mental health and substance abuse/dependency issues. Most of the clients who opt-in to the VTC either graduate or are currently in treatment; the program has had only four terminations and three “opt-outs” since it began in 2011. As the VTC accumulates graduates, matched comparisons between these graduates and a sample of justice-involved veterans who did not receive VTC can be conducted with a sufficient degree of methodological rigor. As such, this report provides descriptive findings for the first three years of VTC operation and a series of recommendations for the future of the court.

Findings for the first three years of VTC operation:

- The Clark County Veterans Treatment Court processed 156 referral outcomes, accepting 64 clients, or 41% of persons referred. Roughly one-quarter of the referrals declined admission to VTC and approximately 30% of referrals did not qualify for the program. Reasons given for declining the court include clients not wanting to plead guilty, having pending charges in neighboring jurisdictions, or failing to acknowledge the depth of their substance abuse treatment needs.

- Referrals to the court were lower than expected. While there are several stakeholders who can refer to the court (prosecutors, defense attorneys, probation officers, and other judges), the court did not obtain enough of them to allow for an active caseload of 50 eligible veterans. Legal context factors, such as the court's post-conviction policy, may play a role in a client's decision to opt in. Clients were also required to have an honorable discharge from the military in order to be eligible, barring some potential clients for the court from participation.
- Of the 64 clients who were accepted into the program, 57 opted in and engaged treatment (e.g., they started Phase I). As of this writing, 25 of the 57 clients have graduated, giving VTC a graduation rate of 44%. This rate is higher than that of the therapeutic specialty court state average of 35%.
- The majority of the VTC clients who engaged treatment were white, male, served in the Army, and had a median age of 47 years. Forty-two percent of the clients were combat veterans. One-third of the clients were employed on either a full or part-time basis.
- The most common criminal primary charge among the veterans who participated in the VTC was DUI (66%), followed by driving with a suspended license (16%). Approximately 70% of the clients were clinically diagnosed as alcohol dependent (68%), 40% were diagnosed with PTSD, and 33% were clinically diagnosed with major depressive disorder.
- Despite these challenges, 21% of the clients who engaged treatment through the VTC *did not incur a single sanction for program non-compliance*. Among these clients,

many of whom are now program graduates, the median time to graduation was 14 months.

- Clients who were eventually terminated from VTC “signaled” their difficulty complying with program rules at an early stage, earning their first sanction within thirty days of their “Phase I” start date for the program (median = 25 days). Clients currently in the program earned their first sanction at 81 days (median); and graduates earned their first sanction at 101 days. These findings are based on very small numbers, so they must be interpreted with caution.
- Of the 25 program graduates, only 6 have incurred new charges after they enter treatment through the VTC. Only 2 of the 6 have received these new charges after graduation, for a post-program recidivism rate of 8%. While this is a very positive finding for the court, it must be interpreted with caution due to the small number of VTC graduates.

To continue the CCVTC’s enhancement, I offer the following recommendations:

- The presiding judge for the CCVTC should not rotate, as is the current Clark County policy. Drug court research has consistently shown that consistency from the bench increases rapport with clients, resulting in better client outcomes (Carey, Mackin, & Finigan, 2012).
- Re-evaluate the post-conviction policy. Given the lower levels of legal punishments available to District Court cases, clients may be wary of opting into therapeutic specialty courts due to their lengthy treatment curriculums. If clients will still incur a conviction even if they participate in this court, they are even less likely to opt in. Switching to a pre-adjudication policy may increase referrals, and opt ins.

- The VJO is a very valuable team member to the CCVTC, but their role is that of coordination with the VA to assess eligibility for the program. The CCVTC also needs a VA clinician on the team who is working with the clients in a treatment capacity. This would increase the knowledge and communication regarding treatment philosophies in the VA, as they relate to the therapeutic specialty court model.

Clark County Veterans Therapeutic Court: Final Report and Recommendations¹

Background

Veterans Treatment Courts (VTCs) are an alternate sanction to custody for members of the US military who incur criminal charges in their respective jurisdictions (Cavanaugh, 2011). These courts provide the usual services that are part of the therapeutic specialty court model – substance abuse treatment and support services that are delivered to the client while they live in the community– but also allow for veteran-specific interventions such as Post-Traumatic Stress Disorder (PTSD) treatment, interventions to ameliorate the effects of Traumatic Brain Injury (TBI), and other mental health services (Pinals, 2010; Stiner, 2012). The latter interventions are targeted toward this group of individuals, as many of them cope with the difficulties associated with their active duty military service.

Like the original Miami-based drug court, the first Veterans Treatment Court was the result of an onsite innovation in a local court. The presiding judge for the Mental Health Court in Buffalo, NY, the Hon. Robert Russell, observed a growing number of veterans being processed in the criminal justice system; so in 2008 he established a separate specialty court docket for veterans, drawing on his experience presiding over the jurisdiction’s mental health and drug court dockets (Russell, 2009). The court personnel coordinated with the local VA hospital, which agreed to have a Behavioral Health supervisor present in the court room, along with a VA connected laptop to assist the court team with case processing for client eligibility and AOD treatment (Russell, 2009). Partnering with the federal VA provided for clients’ behavioral

¹ This report is the final report associated with DOJ # 2010-DC-BX-0097. The Bureau of Justice Assistance awarded a three-year Veterans Treatment Court implementation grant to Clark County, Washington, in February of 2011.

health and mental health treatment needs. The camaraderie that had been observed among veterans in Buffalo's other specialty courts – on the client and treatment sides – could be enhanced with the VA's knowledge of veterans and veteran culture (Russell, 2009).

One advantage of using a veteran-specific therapeutic court intervention is the camaraderie that military service, as a common experience, engenders among the offenders who are participating in the program. The bonds that the clients can develop with one another, calling upon this shared experience, may assist them with making progress through their court – mandated treatment program (Cartwright, 2011; Russell, 2009). Another advantage of these courts, from a local jurisdiction perspective, is that the Veterans' Health Administration provides the majority of the clients' alcohol, drug, and mental health treatment services; saving local dollars to be spent elsewhere.

Clark County Veterans Therapeutic Court (CCVTC)

In April of 2009, Clark County, Washington, sent a court team comprised of a judge, court coordinator, Veterans Justice Outreach Specialist, evaluator, probation officer, and researcher to Oklahoma City, Oklahoma, to receive training about starting a Veterans Therapeutic Court. In September of 2010, the jurisdiction was awarded a Bureau of Justice Administration Implementation Grant, with a funds release date of February 2011. The first client entered the Veterans Court in March of 2011 and the grant ended in September of 2014. This report is written in fulfillment of the BJA requirement for a comprehensive description of program operations and outcomes. To that end, I will describe the CCVTC's curriculum as well as the demographic characteristics of clients who enter treatment through the CCVTC, their clinical needs, progress through the program, and recidivism outcomes.

Like most therapeutic specialty programs, the Clark County Veterans Treatment Court requires eligible candidates to voluntarily opt in to the program. CCVTC eligibility requires candidates to be VA benefit eligible (honorable discharge from the military), have current charges pending in Clark County District Court, be a resident of the County, have a clinically DSM-IV Axis I primary diagnosis for substance abuse and/or a co-occurring disorder, enter a guilty plea, have not been previously convicted of a serious violent offense or a sex offense, clear any outstanding warrants, be able to cognitively process the legal proceedings and expectations of the court, and demonstrate some relationship between the current criminal charge and the substance abuse diagnosis (Clark County Veterans Therapeutic Court, nd). Currently, seven counties in Washington state support Veterans Courts and Clark County is the only VTC that is post-conviction. The rest are a combination of pre-adjudication and post-adjudication (Washington State Administrative Office of the Courts, nd).

Clients are referred to the CCVTC by judges, prosecutors, and/or defense attorneys. The Washington State Department of Veterans Affairs Incarcerated Veterans Program representative also recruited many of the clients into the program by conducting outreach interviews in the Clark County Jail. All cases referred to the CCVTC were screened for eligibility by the court coordinator in order to assess whether their criminal history and current charge were appropriate for the CCVTC; and the federal VA Veterans Justice Outreach (VJO) assessed the potential client for military discharge information. Once the client entered the CCVTC, they committed to a one-year treatment program with four phases. Currently, all phases require the client to attend all scheduled appointments and obligations; secure stable living arrangement and transportation; pay toward the CCVTC program fee (\$200), and to comply with their treatment plan. In addition, the clients are required to explore school and/or employment opportunities. The first

phase lasts one month and involves weekly court attendance along with support meetings; the second phase lasts one month and requires court attendance every other week. Phase three lasts six months and only requires the client to attend court once every three weeks. Phase four requires the client to attend court on a monthly basis. As the client advances through the program, s/he is required to increase the number of treatment and support meetings in the community as mandatory court appearances decrease. Graduation requires the client to complete all treatment plan tasks, fulfill all legal and financial obligations to the court, exhibit prosocial behavior for at least three months (no new charges, maintain sobriety), develop a wellness plan, and make amends with victims of their offenses (Clark County Veterans Therapeutic Court Policy and Procedures Manual, nd.).

Research Approach

The research question for this study is, “Did the Clark County Veterans Therapeutic Court fulfill its charge by administering substance abuse and mental health treatment to veterans with pending criminal charges in District Court?” The data used to assess the efficacy of the CCVTC’s program implementation and outcome measures come from two sources; 1) Clark County’s Loryx Monitor database (referral information and program data); 2) the Washington State Institute for Public Policy’s Criminal History Program (recidivism data). These quantitative sources of data will be used to answer the research question. Due to the small number of program participants (N=57) and program graduates (N=25), I will use descriptive statistics to answer the research question. As the program accumulates participants and graduates, there will be a sufficient number of cases for analysis within acceptable boundaries of social scientific methodology, permitting regression analyses and/or comparisons with matched control subjects.

Getting into CCVTC: Referrals, Referral Outcomes, and Final Statuses (Graduation Rate)

During the period under study, March 2011 – September 2014, the CCVTC received 156 referrals (Table 1). Table 1 shows how these referrals were distributed by year and type of referral outcome. While there were a few referrals during 2009 and 2010 (the training and design years of the court), the bulk of referrals to the program occur between 2011 and 2014. Approximately 33% of the referrals for the study period are received in 2011, followed by 30% in 2012, 21% in 2013 and 14% in 2014. Of these 156 referrals, 41% accepted the CCVTC, about 26% declined, and approximately 29% did not qualify for the CCVTC. These data show that the number of referrals to CCVTC declines over time; however, that is not necessarily an area of concern for this researcher.

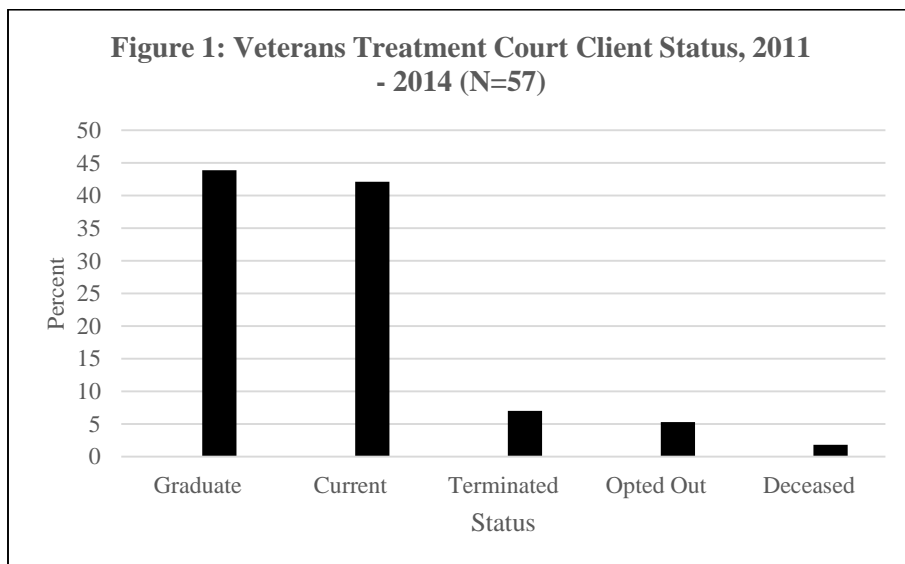
Table 1: Veterans Treatment Court, Referrals and Referral Outcomes, 2011 - 2014			
Referrals by Year		Referral Outcome (all years)	
Referrals	% (N)	Outcomes	% (N)
2009	.6 (1)	Accepted	41 (64)
2010	.6 (1)	Declined	25.6 (40)
2011	32.7 (51)	DNQ	28.8 (45)
2012	30.1 (47)	Pending	4.5 (7)
2013	21.2 (33)	Total	100 (156)
2014	14.1 (22)		
Total	100 (155)		
(Missing = 1)			

This analysis contains the first three years of a therapeutic specialty court program that had not heretofore existed in Clark County. While the CCVTC court team did an excellent job of crafting a user-friendly “policies and procedures” manual, the individuals who refer potential clients to new interventions have a learning curve, as do the potential clients themselves (e.g., some may not be aware that they must have an honorable discharge from the military in order to

participate in the court). Thus, it is not unusual for a new program to experience declining enrollments after the first full year of operation, while the “feeder streams” adjust. As time passes, both the court team and other individuals who refer veterans to this program develop a stronger sense of appropriate candidates, which sometimes results in fewer referrals. The court team’s ability to attract candidates who accepted entry into the program increased over time (Table 2). Table 2 shows the joint contingencies between the referral outcome and the year of program operation. The proportion of clients who were accepted to the program increased over time: in 2011 33.3% were accepted, by 2012 the accept rate increases to 44.7% and by 2013 the rate is up to 48.5%. (2014 is not a full referral year in these data, so the rate will continue to increase). The number of referrals declining between 2011 and 2013, along with the increasing proportion of clients accepted into the program over time (from 33.3% to 48.5%, respectively), is consistent with my hypothesis regarding appropriate referrals.

Table 2: Veterans Treatment Court, Referral Outcome by Program Year, 2011 - 2014				
	Program Year			
	2011	2012	2013	2014
Referral Outcome				
Accepted	33.3	44.7	48.5	36.4
Declined	27.5	31.9	21.2	18.2
DNQ	39.2	19.1	30.3	22.7
Pending	0	4.3	0	22.7
Total	100%	100%	100%	100%
N	(51)	(47)	(33)	(22)

Among the clients who declined the opportunity to participate in CCVTC, the primary reasons were pending cases in other jurisdictions, a preference for resolving charges through another arrangement with the court (e.g., deferred prosecution); or a failure to acknowledge that they have a substance abuse and/or mental health problem that requires substantive treatment (data not shown). Regarding those who accepted entry to CCVTC, 64 individuals signaled their willingness to join the program, however, only 59 clients attended orientation and logged a Phase I treatment date. Among the individuals who accepted the program but did not start treatment, a common theme was the failure to follow through with the CCVTC enrollment process by attending orientation (qualitative data, table not shown). Given that this is a source of client attrition, the court team may want to consider strategies for increased contact and engagement with these individuals to minimize the loss of clients.



Among the 59 clients who opted in and were assigned a Phase I date, 57 had sustained participation in CCVTC; thus all analyses in this report will be based on those 57 clients. The final status of these 57 clients is shown in Figure 1. As is shown in the figure, most of the 57 individuals who accepted entry into CCVTC and engaged treatment are either program graduates

(25/57 or 44% of accepted clients) or current clients (24/57 or 42% of accepted clients). The 44% graduation rate is much higher than that of the state average of 35% (Washington State Institute for Public Policy, 2003); and the VTC national average of 34% (Baldwin, 2013). Only 4 of the 57 accepted clients were terminated; the CCVTC termination rate of 7% is also lower than that of 58% (Washington State Institute for Public Policy, 2003). Five percent of accepted clients opted out and one client died during the course of the study period. Clients were terminated for consistent non-compliance with the program rules; clients who opted out did so because they did not feel the program was helping them achieve and maintain sobriety.

Legal Context Issues that May Affect Referrals to CCVTC

During the study period, the CCVTC received 156 referrals and carried an average daily caseload of approximately 25 clients. This is well below the anticipated 50 clients stated in the original grant proposal. As mentioned previously, referrals for new therapeutic court programs in Clark County can ramp up gradually (Mosher, Drapela, & Mahon-Haft, 2009). However, there may be some additional administrative issues affecting referral and/or opt in to the court. Because CCVTC is housed in a court of limited jurisdiction, custody sentences are truncated to a year or less. If an offender receives a current charge for which custody will be substantially less than that, opting into a treatment program that will last for one year (or more, depending upon the client's progress) may not be attractive. Additionally, CCVTC is a post-conviction court – so all persons who opt in to the program will still receive a conviction, regardless of how well they engage the curriculum. Taken together, these factors may affect the referrals and opt-ins for the CCVTC.

Who enters treatment through the CCVTC? Descriptive statistics: demographics and clinical need profiles of clients

Demographics

Demographic analyses show that the Clark County Veterans Treatment Court is serving veterans of all four military branches and the National Guard (Table 3). Most of the clients have served in either the Army (~51%) or the Navy (~31%). Air Force and Marines veterans comprised a small proportion of clients and less than 2% of the sample were members of the National Guard. Approximately 60% of the CCVTC clients were combat veterans, a finding

Table 3: Veterans Treatment Court, Client Characteristics, 2011-2014 (N=57)

<i>Client Characteristic</i>	<i>% (N)</i>		
Age (in years)		Employed?	
Median = 47		No	58.2 (32)
23-33	26.3 (15)	Full Time	23.6 (13)
34-43	19.3 (11)	Part Time	5.5 (3)
44-53	22.8 (13)	Other	<u>12.7 (7)</u>
54 and over	<u>31.6 (18)</u>	(Missing = 2)	100% (55)
	100% (57)		
Race		Branch	
White	94.2 (49)	Army	50.9 (28)
Black	3.5 (2)	Navy	30.9 (17)
Unknown	<u>1.8 (1)</u>	Air Force	7.3 (4)
(Missing =5)	100% (52)	Marines	9.1 (5)
		Nat'l. Guard	<u>1.8 (1)</u>
		(Missing = 2)	100% (55)
Gender		Combat Vet?	
Male	89.5 (51)	No	57.9 (33)
Female	<u>10.5 (6)</u>	Yes	<u>42.1 (24)</u>
	100% (57)		100% (57)
Marital Status			
Married	23.7 (9)		
Divorced	23.7 (9)		
Separated	7.9 (3)		
Widowed	5.3 (2)		
Single	24.6 (14)		
Other	<u>1.8 (1)</u>		
(Missing = 19)	100% (38)		

which further underscores the need for this veteran-specific intervention in the county. Nearly half of the CCVTC clients are unemployed (58%); less than one quarter are employed full time and only 5.5% are employed part time. Other CCVTC clients are either retired or currently engaged in full time military service ('other' - ~13%).

Most of the clients who engage treatment through the CCVTC are white and male (Table 3, 94% and 89.5% respectively). The marital status of CCVTC clients was evenly distributed among married, divorced, and single statuses (~24% for each), with smaller proportion self-identifying as either separated or widowed (~8% and 5% respectively). Of all of the demographic measures for the sample, this question had the highest rate of missing data (19/57 or 33%) possibly due to its sensitive nature. CCVTC clients spanned several decades in terms of their ages, with about 26% of veterans between the ages of 23-33, about 20% between 34-43, approximately 23% in their late 40s and early 50s. Nearly one third of the sample (31.6%) is aged 54 or over. The median client age is 47 and the average age is 45; both are a bit older than most therapeutic specialty courts in Clark County. A 2009 analysis of District Court therapeutic specialty court programs showed that the average age for the Substance Abuse Court was 35 years of age (Mosher, Drapela, & Mahon-Haft, 2009). This older-than-average initial cohort may be a positive force for the CCVTC, as older individuals tend to have lower rates of criminal involvement than younger individuals (and this downward trend tends to continue as individuals grow older – see Siegel, 2009).

Clinical Need Profile

Clark County CCVTC clients have significant substance abuse and mental health challenges. Most of the clients list alcohol as their primary drug of choice (Table 4, 91.2%),

with a few clients preferring to use methamphetamine (5.3%), marijuana (1.8%), or other drugs (1.8%). The age at first use for the primary drug is a median of 16 years.

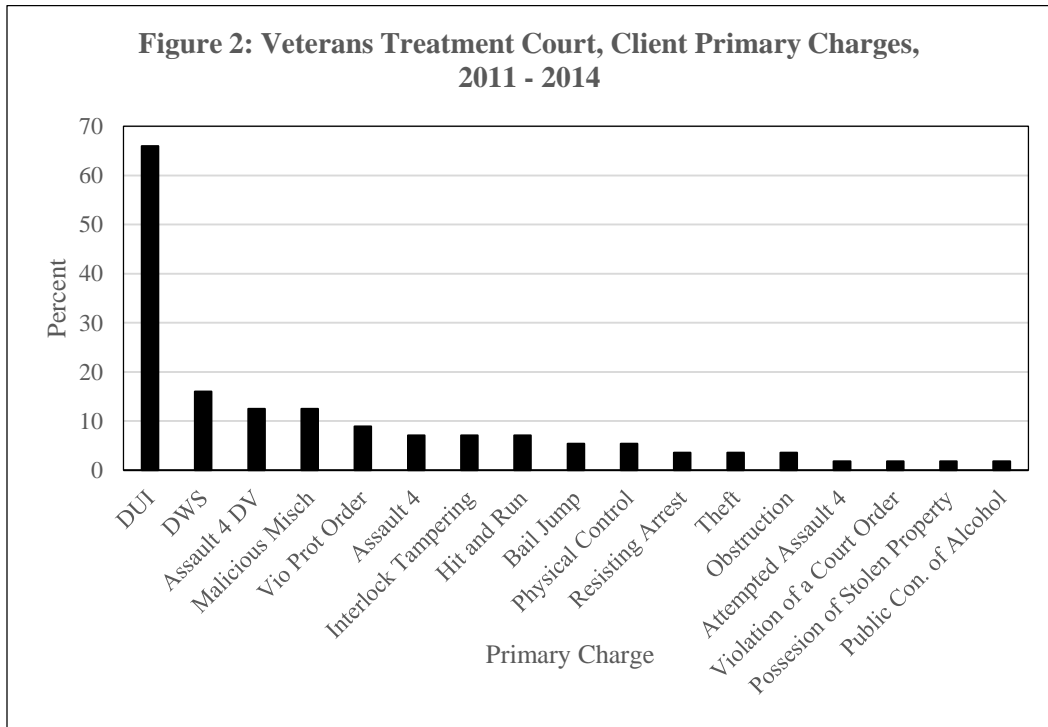
Table 4: Veterans Treatment Court, Client's Primary Drug of Choice and Age at First Use, 2011 - 2014			
Primary Drug of Choice		Age at First Use (in Years)	
Alcohol	91.2% (52)	Mean	17.9
Methamphetamine	5.3% (3)	Median	16
Marijuana	1.8% (1)	Mode	16
Other	1.8% (1)	Total N	45
Total	100 (57)	(Missing =12)	

Clients who enter into CCVTC are assessed for behavioral health and mental health conditions.

As is shown in Table 5, nearly 70% of the CCVTC clients have a clinically diagnosed

Table 5: Veterans Treatment Court Clients, Clinically Diagnosed Behavioral Health and Mental Health Conditions, 2011 - 2014 (N=57)			
Behavioral Health Diagnosis		Mental Health Diagnosis	
Alcohol Dependence	68% (39)	Post Traumatic Stress Disorder	39% (22)
Nicotine Dependence	26.3% (15)	Depressive Disorder	33.3% (19)
Amphetamine Dependence	10.5% (6)	General Anxiety	10.5% (6)
Alcohol Abuse	8.8% (5)	Bipolar Disorder	5.3% (3)
Cannabis Abuse	8.8% (5)	Attention Deficit Dis.	1.8% (1)
Cannabis Dependence	7.0% (4)	Panic Disorder	1.8% (1)

dependence on alcohol, followed by nicotine dependence (~26%), amphetamine dependence (~11%), alcohol abuse (~9%), cannabis abuse (~9%), and cannabis dependence (7%). In terms of their mental health issues, clinicians diagnosed 39% of the CCVTC clients with Post Traumatic Stress Disorder (PTSD), 33% with Major Depressive Disorder, 10.5% with General Anxiety Disorder. [Note: In Table 5, a client can have more than one of these diagnoses so the percentages will not sum to 100.] Five percent of the sample was diagnosed by clinicians as having Bipolar Disorder. Taken together, the clinical diagnoses and the self-reported drug of choice show that the sample has significant problems with alcohol, possibly using it to self-medicate the negative effects of combat and/or mental health disturbances. Not surprisingly, the most common primary criminal charge for CCVTC clients entering the court is driving while intoxicated (Figure 2).



Primary Charges

Clark County CCVTC clients had a wide variety of criminal charges that brought them into the District Court. Figure 2 shows that the most common charge was driving under the influence of intoxicants (DUII) (66%), followed by driving with a suspended license (16%), assault in the fourth degree – domestic violence (12.5%), malicious mischief (12.5%), and violations of protection orders (~9%). Less common charges were interlock ignition tampering (7%), resisting arrest (3.6%), and theft in the third degree (3.6%). These charges are consistent with the eligibility criteria for the court.

Sanctions and Incentives

Therapeutic specialty courts use a sanction and rewards system as way of reinforcing prosocial behavior and extinguishing law-violating behavior. Veterans Courts also use such a system and the Clark County CCVTC’s system is consistent with the model in this regard. Specifically, the CCVTC uses a system of graduated sanctions (Taxman, Soule, & Gelb, 1999), where transgressions of court policy (or law) are, within reason, slowly ramped up to give the client time to correct behavior in a setting that is not overly punitive. The goal of using these sanctions is to deter offender non-compliance. Sanctions used by the CCVTC court team range from writing a letter about sobriety as a sanction for a missed treatment meeting, to short stays in jail for consistently violating court rules.

Number of Jail Sanctions		Jail for Three or More Days?		Number of Kudos	
0	68.4% (39)	No	86% (49)	0	43.9% (25)
1	19.3% (11)	Yes	14% (8)	1	22.8% (13)
> 1	12.3 (19)	Total	100% (57)	> 1	33.3 (19)
Total	100% (57)			Total	100% (57)

The CCVTC also uses incentives to reward positive, pro-social behaviors among the clients, as well as acknowledge achievements that the veterans make in their recovery and in the community (e.g., getting a job, taking a leadership role in a volunteer organization, etc.). Of particular interest in the Clark County CCVTC was the use of “kudos” – a small treat (e.g., Rice Krispies treat) – awarded to clients during court for doing a good deed. This incentive functions as the proverbial “caught you doing something good” reward – clients are not expecting to receive it (as they are with a phase up certificate or a sobriety coin). As shown in Tables 6 and 7, the CCVTC clients earned both incentives and sanctions. I focus on two dimensions of this behavioral reinforcement system: types of sanctions and the timing of those sanctions.

Table 7: Days Elapsed between Treatment Start Date, First Incentive, and First Sanction, Clark County Veterans Court, 2011-2014 (N=57)

	INCENTIVES				SANCTIONS			
	# of Days Between Phase I Date and First Incentive				# of Days Between Phase I Date and First Sanction			
	Full Sample	Graduate	Terminated	Current	Full Sample	Graduate	Terminated	Current
Mean	51	41	90	55	87	122	64	81
Median	35	35	88	35	57	101	25	81
Mode	35	35	35	35	21	105	15	22
N	54	25	4	23	44	16	4	21
Missing ²	3			1	13 ¹	9		3

1. 12 of 13 respondents have missing data for a first sanction because they remained sanction-free during the entire study period.
2. Data for Opts Outs (3) and Deceased (1) clients not shown due to small cell sizes and missing data.

In terms of the types of sanctions, Table 6 shows that most of the CCVTC clients did not receive a jail sanction during the study period; and among those who did, most only received one (19.3%). A small proportion of the CCVTC clients received more than one (~12%). In addition, when a jail sanction is received by a client, it is rarely more than three days (only 15% of the sample spent more than three days in jail). This practice is consistent with the research showing

that short durations of custody for program noncompliance can be just as efficacious for offender change as longer stays in custody (Taxman, Soule, and Gelb, 1999). The Clark County CCVTC is using jail sanctions in a way that is consistent with a “swift and certain” response to program non-compliance. Approximately one-fifth (21%) of the clients who engaged treatment through the VTC *did not incur a single sanction for program non-compliance*. Among these clients, many of whom are now program graduates, the median time to graduation was 14 months. On the other end of the spectrum, 56% of clients received one or more “kudos” awards (less than half never received a single one). Given the low prevalence of jail sanctions for the sample and the generous use of “kudos” awards, the CCVTC clients show evidence of a general level of compliance with program rules.

There is also some evidence that those clients who will have the most difficult time with program compliance – and program completion - identify early in the program. Table 7 shows the number of days elapsed between the time the CCVTC client starts Phase I and the time they earn their first sanction, as well as their first incentive. Program graduates have a median time to first sanction of 101 days, compared to 25 days for those clients who were terminated from the program. On the incentive side, clients who graduate received their first incentive 35 days in to the program, while clients who are terminated have a median time of 88 days until they receive their first incentive. While these results – especially those for terminated clients – must be interpreted with caution because they are based on a small number of cases, they are consistent with prior research from a larger sample showing a strong association between receiving a sanction in the first thirty days and program termination (McRee & Drapela, 2012). Given that current clients’ median times to first sanction and first incentive resemble program graduates

more than those who were terminated, I predict that the current CCVTC cohort will be successful.

Recidivism among CCVTC Participants

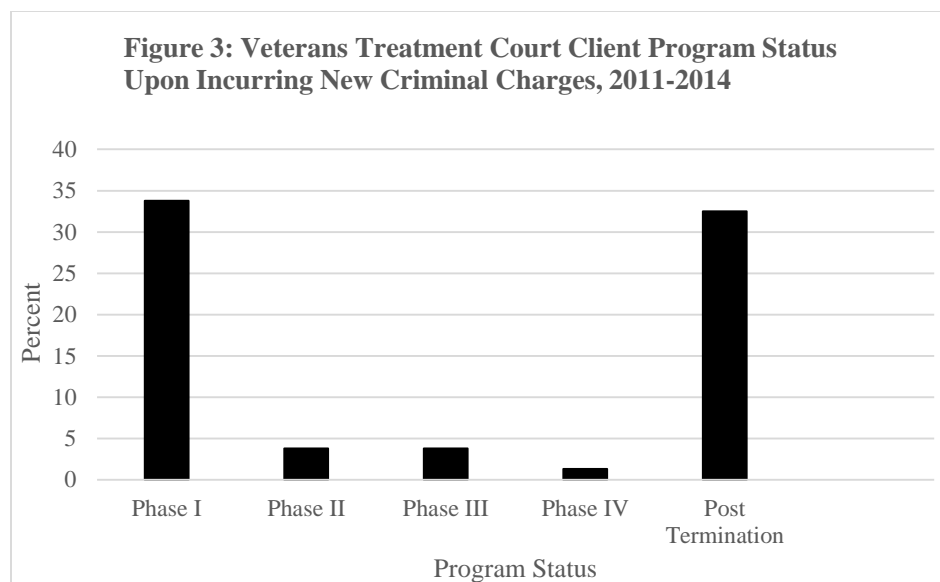
Recidivism is defined as law-violating behavior that occurs after an individual has received some type of a therapeutic intervention through the criminal justice system.

Community-based programs allow researchers an opportunity to observe how offenders who are receiving this treatment can change their law-violating behavior as they make progress through the therapeutic curriculum. As such, I define recidivism in this study as any new criminal charge or conviction a CCVTC client obtains after they have started treatment through the court. The

Table 8: Charges and Convictions Incurred Since Treatment Start Date, Clark County Veterans Treatment Court, 2011 - 2014			
New Charge	Prevalence	New Conviction	Prevalence
Trespass	23.8	Trespass	32.7
DV Court Order Violation	17.5	Park Violations	17.3
Park Violations	11.3	DV Court Order Violation	11.5
DWLS	10	No Driver’s License on Person	9.6
Theft	10	Theft	7.7
Other	6.3	DWLS	5.8
No Driver’s License on Person	6.3	Other	3.8
Assault	3.8	Assault	3.8
Harrassment	2.5	DUI	1.9
DUI	2.5	ID Theft	1.9
Bail Jump	1.3	Drug Paraphernalia	1.9
ID Theft	1.3	Resisting Arrest	1.9
Drug Paraphernalia	1.3		
Resisting Arrest	1.3		
Total	100%	Total	100%
N	80	N	52
Percent Felony	7.5%	Percent Felony	7.7%
DV Charges?	15%	DV Convictions?	15%

treatment start date is the date the client entered Phase I of the treatment program. While there are a few clients who have had multiple Phase I dates (usually due to relapse and a return to more intensive contact with the court team), this entry into treatment date exemplifies the participant’s commitment to attend treatment and abide by the CCVTC’s policies. The “time at risk” for recidivism in this study is the difference between the client’s entry into Phase I and 31 August 2014 – the end of the grant period. Recidivism data were obtained by the researcher from the Washington State Institute for Public Policy’s Criminal History Program, a data repository storing data from the Washington State Department of Corrections and the Washington State Administrative Office of the Courts.

The in-program recidivism rates of CCVTC graduates are very low. Only 26% of the CCVTC clients incur a new criminal charge during their time at risk (15/57 clients); and 20% of the veterans in the sample earn a conviction during this period (12/57 clients; data not shown). As I show in Table 8, most of these charges are gross misdemeanors and misdemeanors – offenses such as criminal trespass, park violations (either liquor or curfew), driving with a suspended license, and DUI.



Felony charges and felony convictions are earned by a very small proportion of the sample (less than 8%), and domestic violence offenses comprise less than one-fifth of these charges and convictions. Figure 3 shows that most of these new charges are occurring among the CCVTC clients during Phase I; once clients engage treatment and advance in the program, they incur very few new charges. Clients who were terminated from the program earned about as many new charges as those who were in Phase I.

Post-program recidivism rates are even lower than the in-program rates. Of the 25 program graduates, only 6 incur new charges after they enter Phase I treatment for CCVTC (data not shown). Only 2 of these 6 receive new charges after CCVTC graduation, for a post-program recidivism rate of 8% (2/25). Both graduates are processed by the Superior Court, one for a single charge of violating a protection order. The other graduate has been *highly criminally active*, incurring 18 new charges in the two years after graduation. These charges are a mix of low-level theft charges, assault charges, and felony bail jumping. **Because of this extreme outlier, any and all recidivism statistics calculated for future CCVTC analyses must use the median number of new crimes, not the mean (or the arithmetic average).**

Of the 25 program graduates, only 5 receive convictions for these new charges. Once again, only 2 of the 5 receive these convictions after graduation, but one of these graduates is exceptionally criminally active (8 convictions in the year after CCVTC), so any future recidivism statistics should focus on median rates of recidivism to avoid giving stakeholders the impression that post-program recidivism rates from CCVTC are exceptionally high.

Conclusions and Recommendations

The Clark County Veterans Therapeutic Court is successfully implementing the treatment curriculum for this group of justice-involved veterans. The referral process is becoming more refined over time, such that the number of referrals to the court is decreasing slightly while the proportion of cases accepted into the program is increasing. The behavioral health as well as the mental health diagnoses are consistent with the target population required by the court. Coordination with the federal VA is strong, although the cultural differences regarding mandated treatment between the VA and the court should be discussed by the team (please see Drapela, 2013). The sanctions and incentives for program compliance are being implemented consistently by the team and appear to be efficacious for the clients. Graduation rates from the program are high and the post-program recidivism rate is very low. All of the results in this study are based on a small group of offenders who participated in the program during its first three years of operation. As such, the findings must be interpreted with caution, as the number of respondents in the study is quite small.

To continue the CCVTC's enhancement, I offer the following recommendations:

- The presiding judge for the CCVTC should not rotate, as is the current Clark County policy. Drug court research has consistently shown that consistency from the bench increases rapport with clients, resulting in better client outcomes (Carey, Mackin, & Finigan, 2012).
- Re-evaluate the post-conviction policy. Given the lower levels of legal punishments available in District Court, clients may be wary of opting in to therapeutic specialty courts due to their lengthy treatment curriculums. If clients will still incur a conviction even if they participate in this court, they are even less

likely to opt in. Switching to a pre-adjudication policy may increase referrals, and opt ins.

- The VJO is a very valuable team member to the CCVTC, but their role is that of coordination with the VA to assess eligibility for the program. The CCVTC also needs a VA clinician on the team who is working with the clients in a treatment capacity. This would increase the knowledge and communication regarding treatment philosophies in the VA, as they relate to the therapeutic specialty court model.

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