

VTC Evaluation Report

March 11

2021

This report documents the Colorado 4th Judicial District Veterans Trauma Court Evaluation for July 2019 through June 2020. It includes the results of 72 surveys completed by participants in the past year as well as some multi-year comparisons dating back to the first VTC participants in 2009.

FY19-20 Report

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VTC Evaluation Report

INTRODUCTION

This report documents the on-going evaluation of the Colorado 4th Judicial District Veterans Trauma Court (VTC) for the 2019-2020 fiscal year, July 1, 2019 through June 30, 2020. It includes results from 72 surveys administered to VTC participants during the fiscal year. The VTC was launched in 2009 with the help of a SAMHSA grant (2008-2013) administered by the Colorado Department of Human Services, Office of Behavioral Health. More than 500 total individuals have participated in the Veterans Trauma Court since it started. Seventy-eight individuals have failed to complete the program for any reason, for a fail rate of 18.4%. Three hundred forty-six participants have successfully completed or graduated from the program, for a graduation rate of 81.6%. There are currently 85 active participants.

Table 1. VTC Participation Statistics through June 2020

TOTAL PARTICIPANTS TO DATE	CURRENT ACTIVE PARTICIPANTS	DID NOT COMPLETE FOR ANY REASON	GRADUATES TO DATE	GRADUATION RATE
509	85	78/18.4%	346	81.6%

Of the 509 individuals who have participated in the VTC to date, 443 have participated in at least one survey or interview for the evaluation of the court for a participation rate of 87%. State-funded evaluation from 2015 to the present now accounts for more than half of all VTC evaluation participants (53%), enrolling individuals at an average rate of about 47 per year.

Table 2. VTC Evaluation Participation

JDTR GRANT 2009-2013	VETS GRANT 2012-2015	STATE 2015-2020	TOTAL 2009-2020
113	95	235	443

WHAT WE KNOW ABOUT PARTICIPANTS

During the FY19-20 evaluation, 41 individuals completed Baseline surveys upon entry to the VTC. Thirty-one surveys were completed as Follow-up surveys at intervals from 6-months to 2-years or more. Some survey items were asked only one time, at Baseline. Baseline and Follow-up survey results are presented separately unless otherwise specified.

Female participation in the VTC was 8%. Race continued to be majority white (61%) but has ranged from 56% to 72% white over the past eleven years. Hispanic ethnicity decreased from 27% last year to 19% this year but has ranged from 13% to 32% over eleven years. African American participants made up 19% of current VTC evaluation participants, ranging from 11% to 22% over eleven years. Twenty percent reported that they speak a language other than English at home. The language most-cited was Spanish (30%). Mean age of participants has ranged from 31 years when the court first started to 37 years

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this year. Seventy-eight percent reported that they have children, compared to 83% last year. Participants who reported that they were divorced or separated increased to 51% from 31% last year.

Table 3. Demographics 2019-2020

GENDER - MALE/FEMALE	93% / 8%	SPEAK LANGUAGE OT ENGLISH @ HOME	20%
RACE - WHITE	74%	MARRIED	39%
RACE - AFRICAN AMERICAN/BLACK	19%	SINGLE, NEVER MARRIED	7%
RACE - AMERICAN INDIAN	2%	DIVORCED/SEPARATED	51%
RACE – NATIVE HAWAIIAN/PACIFIC ISLAND	5%	WIDOWED	2%
RACE – OTHER/MIXED	2%	OTHER MARITAL STATUS	2%
ETHNICITY – HISPANIC	19%	HAVE KIDS	78%
MEAN AGE - IN YEARS	37.24		

(NOTE: Numbers may not total 100 due to rounding)

HEALTH DISPARITY IMPACT

Since the JDTR and VETS grants ended, federal reporting for the Government Performance and Results Act has expanded to include Health Disparity Impact items on hearing, vision, learning disabilities, traumatic brain injury, memory, language spoken at home, and physical skills required for daily living like walking and dressing or bathing. These items were added to the VTC evaluation in 2015 because they increase the ability of the program to monitor for cultural inclusion. They are asked only at Baseline. These data also position the VTC team to pursue additional grant funding in the future, as they are required by federal funders.

Participants with reported Traumatic Brain Injury (TBI) diagnoses increased by 21-percentage points from FY18-19. This is an important metric that should be explored to increase understanding of participant challenges. Reports of negative health indicators increased on 6 out of 7 indicators over the past year. One health indicator (Learning Disability) stayed the same at 20%. Reports of difficulty with hearing, seeing, and TBI were at their highest levels since VTC start in 2019-2020. Overall, health challenges of participants seem to be increasing.

Table 4. Health Disparity Impact Indicators @ Baseline

HEALTH CHALLENGES	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20
DEAF OR SERIOUS DIFFICULTY HEARING	12%	22%	15%	19%	25%
BLIND OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	9%	6%	2%	7%	13%

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DIAGNOSED WITH A LEARNING DISABILITY (AUTISM, DYSLEXIA, ADHD)	27%	27%	29%	20%	20%
DIAGNOSED WITH A TRAUMATIC BRAIN INJURY	56%	51%	39%	37%	58%
SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS BECAUSE OF A PHYSICAL, MENTAL, OR EMOTIONAL CONDITION	79%	68%	77%	56%	68%
SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	22%	26%	12%	7%	20%
DIFFICULTY DRESSING OR BATHING	10%	12%	8%	5%	10%

EDUCATION

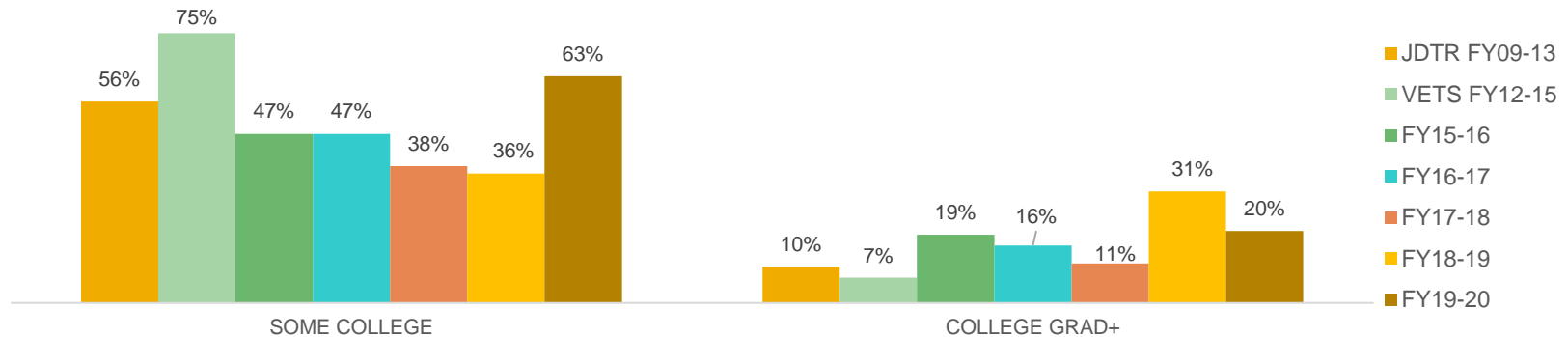
VTC participants have been well educated since the start of the court. FY19-20 saw a resurgence in participants reporting “some college” at 63%. This category of education refers to college experience, but no completion of a bachelor’s degree. Eighty-three percent of current participants reported some college or more education at baseline, an all-time high.

Table 5. Education @ Baseline

EDUCATION	2009-2013	2012-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
COLLEGE DEGREE (BACHELOR’S DEGREE +)	10%	7%	19%	16%	11%	31%	20%
SOME COLLEGE	56%	75%	47%	47%	38%	36%	63%
VOC/TECH	6%	4%	14%	13%	11%	12%	3%
HIGH SCHOOL DIPLOMA/GED	26%	9%	17%	25%	38%	21%	10%

(NOTE: Numbers may not total 100 due to rounding and removal of “less than High School” and “HS – No Diploma” education categories; Associate’s degrees were added to “Some College” category because of low numbers)

Chart 1. Education



(NOTE: Numbers do not total 100 because chart only shows 2 categories of response)

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MILITARY SERVICE

All Veterans Trauma Court participants have served in the US Armed Forces. Ten percent of current VTC participants reported that they are currently Active Duty, the lowest representation since VTC start. Ninety percent identified as veterans, with 51% describing themselves as “separated” from military service and 39% retired. Eighty-three percent served in the Army, 12% in the Marine Corps, and 5% in the Navy. Last year, Air Force participants increased to 20%, but this year are missing.

Participants with combat experiences have ranged from 84% to 97% over the past eleven years. Combat experiences were reported in Iraq or Afghanistan (86%), the Persian Gulf (7%), Vietnam (2%), Korea (2%), and WWII (2%). Other tours were cited for Africa, Bosnia, Syria, Yemen, Libya, and Saudi Arabia. Mean number of combat tours of duty was 2.9 for current participants, up from 1.9 tours last year. Fifty-six percent of current participants reported Honorable discharges, compared to 66% last year. Twenty-six percent reported discharges that were General – Honorable Conditions. Five percent of discharges were Medical. General – Other than Honorable (OTH) made up 10% of discharges, while Bad Conduct discharges were reported by 3%. During the early days of the VTC, OTH and Bad Conduct discharges were reported by about 12% of participants.

Table 6. Military Service – Discharge Status

DISCHARGE STATUS	JDTR GRANT 2009-2013	VETS GRANT 2012-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
ACTIVE DUTY	18%	25%	16%	21%	11%	12%	10%
VETERAN	82%	74%	85%	79%	89%	88%	90%
COMBAT EXPERIENCE	94%	86%	97%	87%	84%	88%	85%
HONORABLE DISCHARGE	55%	46%	56%	71%	48%	66%	56%

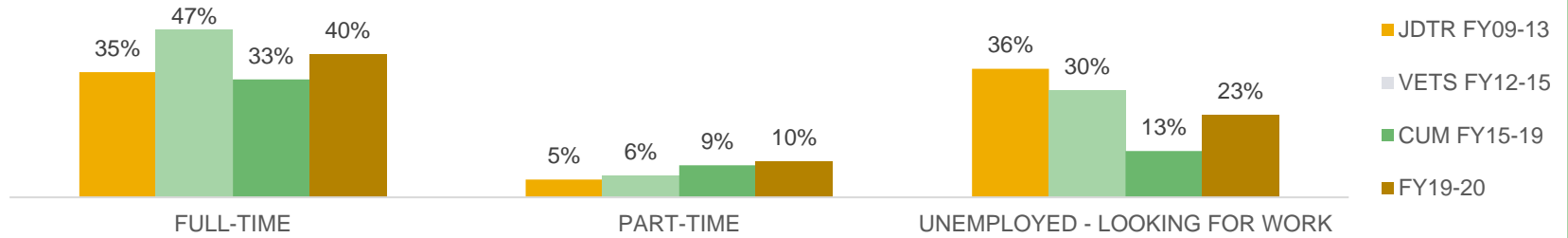
EMPLOYMENT

Employment data for the past four years were recoded to more accurately assign “other” responses to the correct categories. Today, 40% of VTC participants are employed full-time at Baseline, while 10% reported part-time employment. Reports of being “unemployed – looking for work” accounted for 23% of respondents, while “unemployed - disabled” (20%) and “unemployed – retired” (8%) accounted for the remainder. One respondent wrote in “student.” Fourteen percent of current participants reported that they had received employment assistance from the VTC or its partners.

Disability income was reported by 74% of respondents, potentially reducing the number of participants looking for work or reporting wages from employment. For the first time, participants were asked to break out disability income by both Veteran (60%) and Social Security (14%) disability.

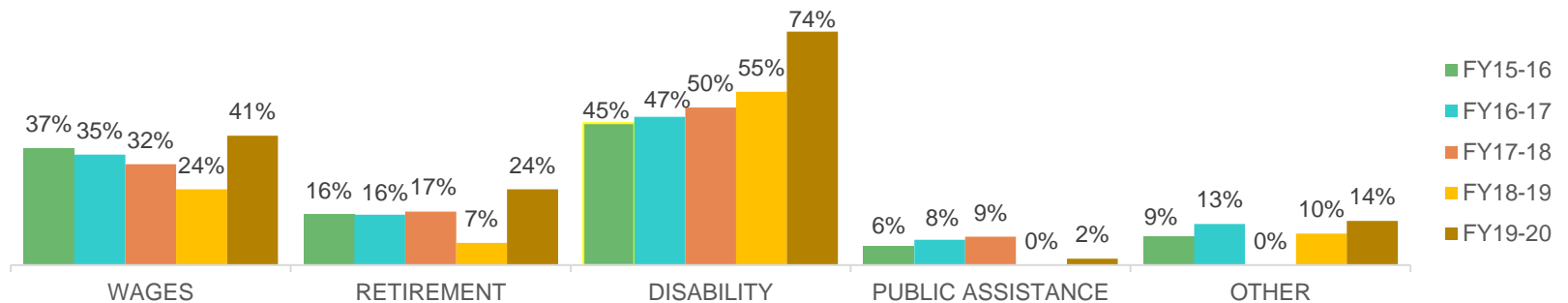
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Chart 2. Employment



Twenty-four percent reported income from retirement in FY19-20, an all-time high after just 7% last year, but not unexpected outcome given that 39% of respondents said they were “retired” at Baseline. Forty-one percent reported income from wages. Two percent reported income from public assistance. Other income sources included the GI Bill and parents (7%). Twelve percent reported NO income sources.

Chart 3. Income Sources

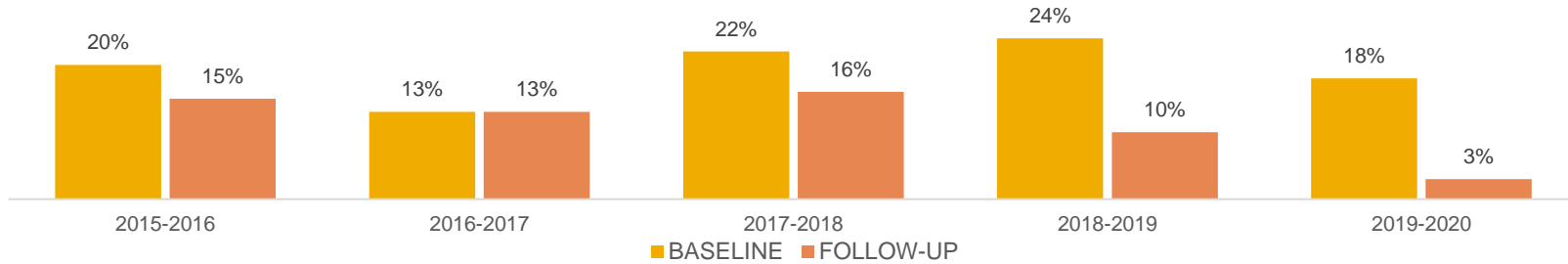


HOUSING

Housing tends to be more unstable when respondents enter the VTC at Baseline but improves as participants are connected to services and supports (Chart 4). Unstable housing is defined as homeless, couch surfing, and staying in places not meant for habitation such as cars or abandoned buildings. Unstable housing was high at Baseline (18%) for the 2019-2020 fiscal year but improved significantly by Follow-up (3%), dropping to a 5-year low. Twenty-seven percent of current participants reported that they received support or assistance for housing from the VTC or partners at Baseline.

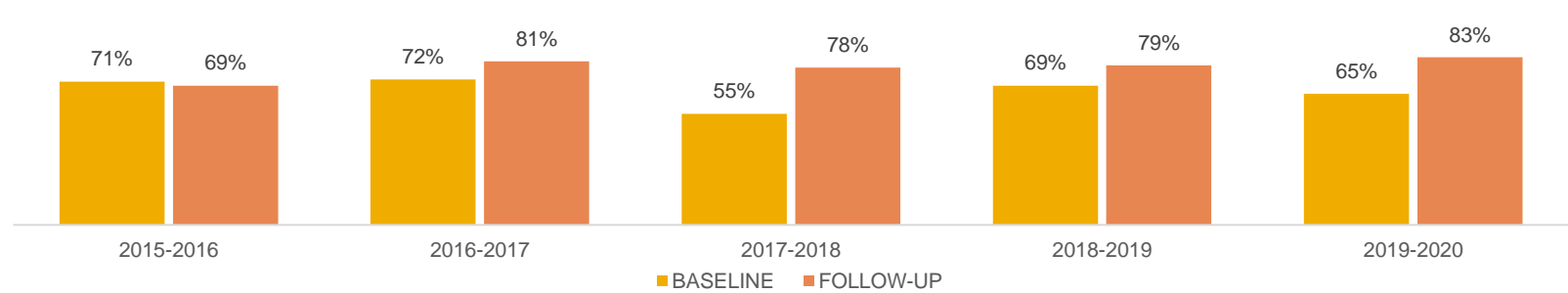
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Chart 4. Unstable Housing @ Baseline and Follow-up



Stable housing was broken out by status at Baseline and Follow-up to explore change over time. In all state funded VTC years except 2015-2016, housing stability improved over time. In 2019-2020, stable housing reached a 5-year high of 83% at Follow-up. Stable housing was defined as renting or owning the place where you live. Other categories of housing included jails, sober living homes, and institutional treatment centers.

Chart 5. Stable Housing @ Baseline and Follow-up



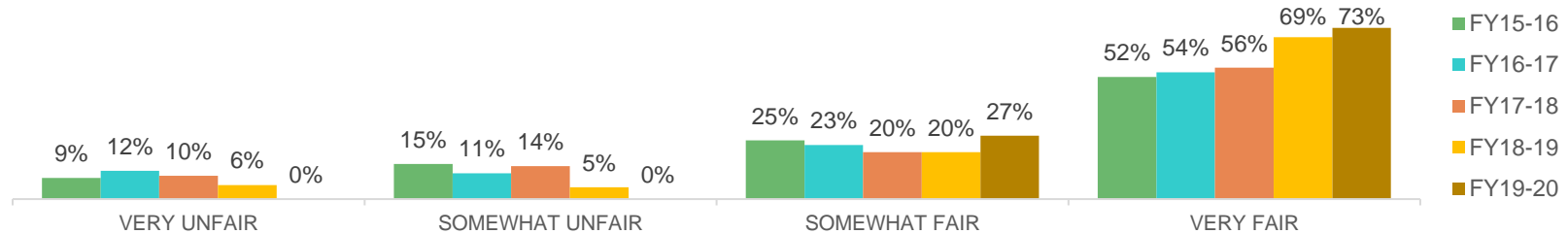
PERCEIVED FAIRNESS OF THE CASE

Participants were asked to rate the fairness of the cases that got them into the VTC. One hundred percent of current participants believed their cases to be “somewhat” or “very” fair, compared to 89% last year. When ratings of fairness were compared from Baseline to Follow-up, rather than cumulatively, perceptions of fairness decreased slightly for current participants at Follow-up with 81% saying their cases were “somewhat” or “very fair.”

When ratings of “very unfair” or “somewhat unfair” perceptions were explored, there has been a real shift from about a quarter of VTC participants expressing this point of view from 2015 to 2018 to now, where this “unfair” perspective had zero respondents.

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Chart 6. Perceived Fairness of the Case

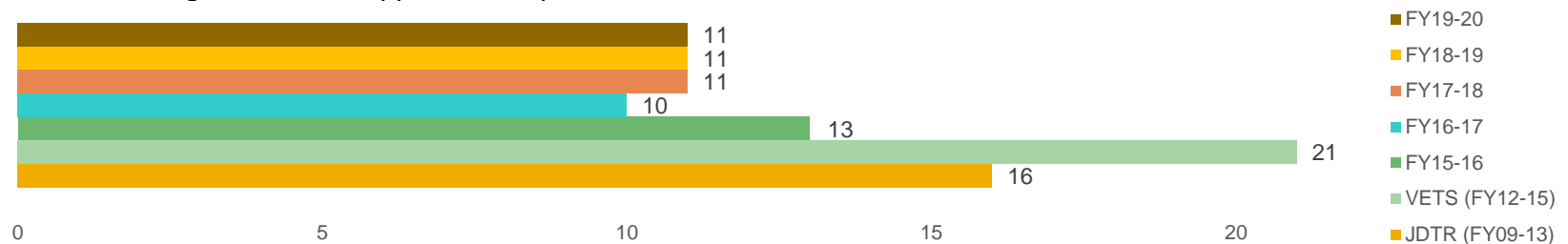


Participants were also asked an open-ended question about their feelings about the decision to participate in the VTC. These comments are provided in Appendix C and may help to clarify participant ratings of other items, like perception of fairness above. Overall, 91% of comments were favorable, 7% said it was too soon to tell, and 2% were “nervous.”

APPOINTMENTS PER MONTH

VTC participation can be intensive with regular court appearances, engagement in mental health treatment, and frequent urine tests. The average number of appointments related to VTC participation has varied widely since the court began. During the JDTR era, 2009-2013, participants reported 16 appointments on average each month. During the VETS grant, 2012-2015, this average increased to a high of 21 appointments per month. Since the VETS grant ended, the average number of appointments required for VTC participation has dropped significantly. For the third year in a row, the average number of appointments per month was eleven. When the data were explored at Baseline and Follow-up, rather than for all current participants, the average number of appointments increased from 11 to 13 per month at Follow-up.

Chart 7. Average Number of Appointments per Month



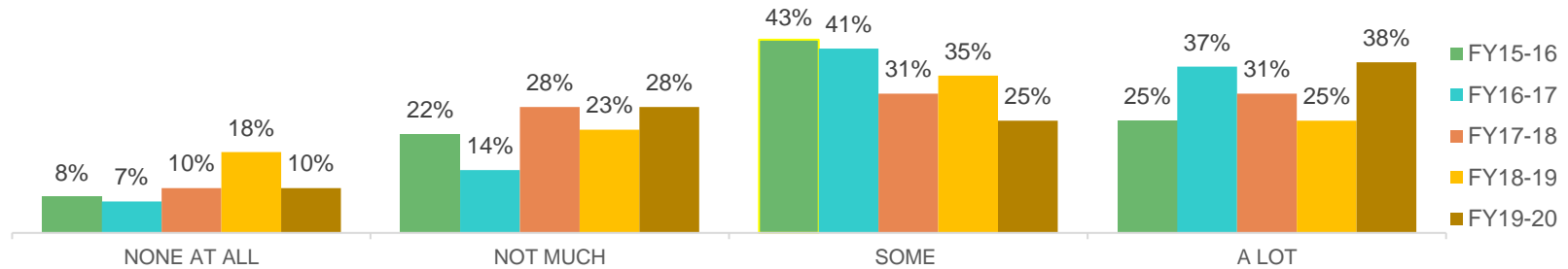
INFLUENCE OVER AGREEMENTS REACHED DURING LAST APPEARANCE

To get a sense of perceived collaboration and buy-in at VTC appearances, participants were asked to rate how much influence they had when it came to the incentives, sanctions, and treatment they received during interaction with the Judge and the VTC court team at their last appearance. Ten percent of current participants felt that their influence was “none at all,” while 28%

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reported “not much” personal influence during the last court appearance. The Ten Key Components of Veteran Treatment Courts (Russell, 2008) stress the importance of ongoing judicial interaction to participant success. Improving this metric would show that the VTC is making progress in engaging participants in their own treatment, accountability, and phase progression. Since 2015, participants who believe they have had “a lot” of influence over their VTC participation has ranged from 25% to 38%. FY19-20 marked the high point for a lot of perceived participant influence, but there is still room for improvement among the 38% who report “none” or “not much.”

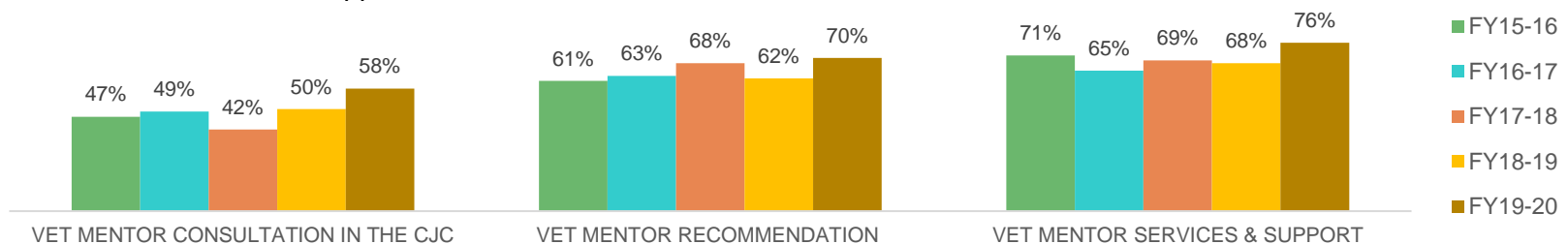
Chart 8. Perceived Influence



VETERAN MENTORS

Veteran Mentor services and support were reported by 76% of current VTC participants, up from 68% last year. These services and supports are available for all and recommended for all. Their use is increasing. Reports of Veteran Mentor services and supports were also compared for Baseline and Follow-up participants in 2019-2020 to see if time in the program increased access, awareness, and utilization. It is promising to note that reports of mentor services and supports increased from 76% at Baseline to 87% at Follow-up. Awareness and access to the Veteran Mentor program is increasing. Veteran Mentor consultations at the Criminal Justice Center (CJC) were reported by 58% of current respondents. Veteran Mentor recommendations for VTC participation were reported by 70% of current participants.

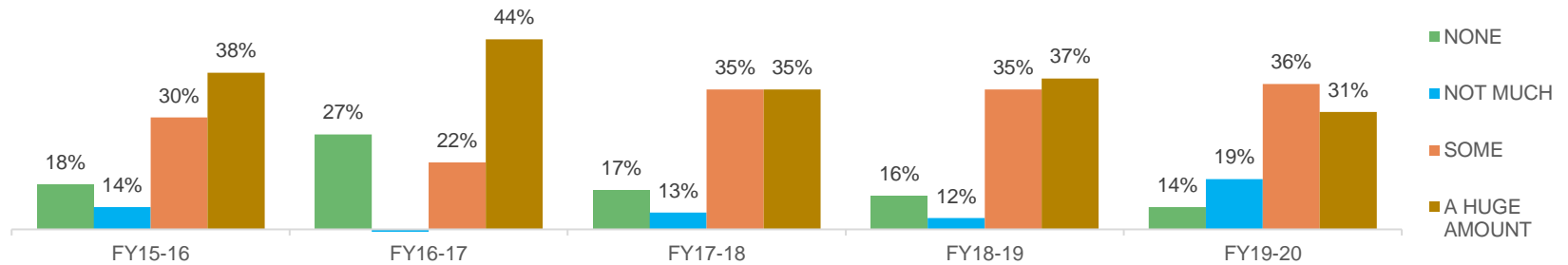
Chart 9. Veteran Mentor Support



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Participants were asked to estimate how much Veteran Mentor support has contributed to their success in the VTC. At Baseline, 31% percent reported “a huge amount” compared to 53% at Follow-up. Thirty-three percent attributed “none” or “not much” of their success to support from Veteran Mentors at Baseline, compared to 13% at Follow-up.

Chart 10. Veteran Mentor Support Contributed to VTC Success



The impact of Veteran Mentor services and support was explored in more detail for the current FY2019-2020 cohort. Participants who reported that Veteran Mentors helped them a “a huge amount” at Follow-up were:

- more likely to report “a lot of influence” over the agreement reached at their last appearance (56%) than those who reported no help (0%)
- more likely to report “very good” or “excellent” health (38%) than those who reported no help (0%)
- more likely to report they “agree” or “strongly agree” that they belong in the community (81%) than those who reported no help (0%)
- more likely to be employed “full” or “part-time” (50%) than those who reported no help (0%)

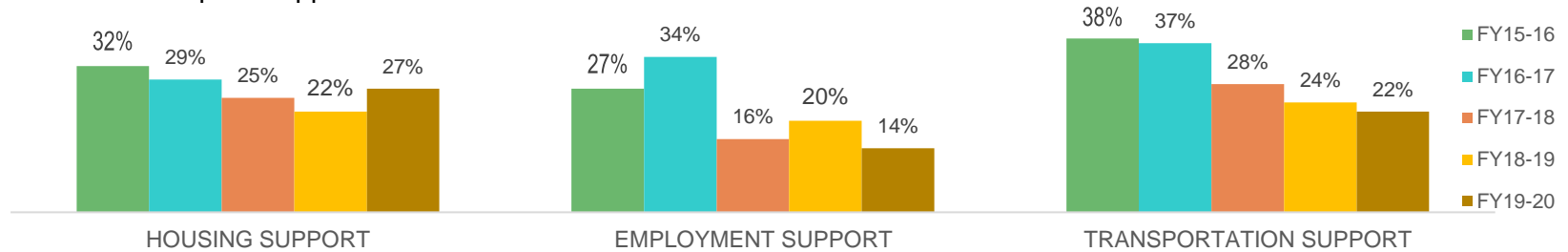
See Appendix D for a full list of write-in responses about the help that Veteran Mentors have provided to participants.

CONNECTION TO SERVICES

Participants were asked to share additional ways that they were supported by the VTC. Housing was most frequently cited by current participants (27%). Employment support was reported by 14%, a new low. Transportation support was reported by 22% of current participants, a new low. Access to other kinds of support, like disability income may play a role in shifting needs. It is unclear if COVID-19 contributed to this decline in any way.

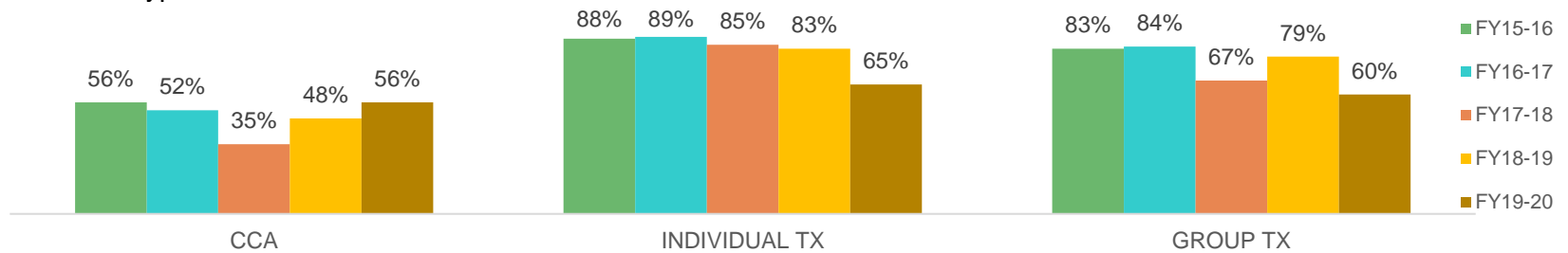
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Chart 11. Participant Supports



Current participants reported the lowest levels of engagement in individual (65%) and group treatment (60%) in 5 years. Again, it is unclear if this might be due to COVID-19 restrictions. Reports of Comprehensive Clinical Assessments (CCAs) were at their highest point in 5-years at 56%.

Chart 12. Types of Treatment



MENTAL HEALTH CHALLENGES

VTC participants were asked about six mental health challenges. The percentage of participants at Baseline who reported any amount of trouble with specified challenges is reported in Table 7. Reports of serious anxiety/tension (76%), trouble remembering (57%), and trouble controlling violent behavior (12%) were at their lowest reported levels in 5 years, though serious anxiety/tension was still high. Hallucinations (21%) declined from last year to the present. Increases were reported for prescription medications (47%) and serious depression (74%).

Table 7. MH Challenges @ Baseline – Any Days Reported

MENTAL HEALTH CHALLENGES	2015-2016 (n=55)	2016-2017 (n=32)	2017-2018 (n=54)	2018-2019 (n=42)	2019-2020 (n=42)
SERIOUS ANXIETY/TENSION	90%	90%	85%	84%	76%
TROUBLE REMEMBERING	75%	72%	75%	69%	57%
PRESCRIBED MEDICATIONS	51%	37%	37%	42%	47%

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SERIOUS DEPRESSION	74%	61%	67%	68%	74%
TROUBLE CONTROLLING VIOLENT BEHAVIOR	28%	19%	25%	27%	12%
HALLUCINATIONS	16%	19%	17%	22%	21%
SUICIDE ATTEMPTS	0	1	1	7	2

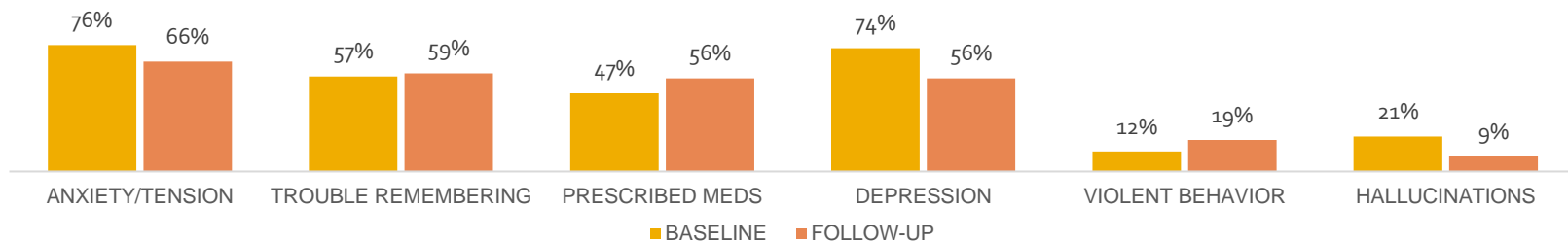
In FY2019-2020, additional metrics on suicide risk and quality of life were added to increase understanding of risk and severity of symptoms. In 2018-2019, there was a significant increase in reported suicide attempts in the past 30 days from one to seven. The results from the new suicidality measures are included in their own section later in the report.

Table 8. MH Challenges @ Follow-up – Any Days Reported

MENTAL HEALTH CHALLENGES	2015-2016 (n=13)	2016-2017 (n=64)	2017-2018 (n=44)	2018-2019 (n=59)	2019-2020 (n=32)
SERIOUS ANXIETY/TENSION	85%	88%	84%	80%	66%
TROUBLE REMEMBERING	83%	74%	67%	69%	59%
PRESCRIBED MEDICATIONS	42%	38%	40%	56%	56%
SERIOUS DEPRESSION	67%	68%	69%	69%	56%
TROUBLE CONTROLLING VIOLENT BEHAVIOR	23%	27%	24%	24%	19%
HALLUCINATIONS	23%	25%	14%	22%	9%
SUICIDE ATTEMPTS	1	0	0	1	1

Mental health challenges were also explored at Follow-up to look for improvement over time. Serious anxiety/tension, depression, hallucinations, and reported suicide attempts improved at Follow-up. Trouble controlling violent behavior and trouble remembering increased slightly from Baseline to Follow-up. The percentage of participants taking prescribed medications also increased during this timeframe, which could be a good indicator. Some of the mental health improvements reported from Baseline to Follow-up might be due to improved access and connection to appropriate medications.

Chart 13. Mental Health Challenges Reported Any Days FY2019-2020 – Baseline to Follow-up



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SUBSTANCE USE

Substance use was self-reported for 10 categories of use. Twelve percent of current VTC participants reported alcohol use over the past 30 days at Baseline but decreased to 7% at Follow-up. Twelve percent reported that they had used illegal drugs in the past 30 days at Baseline but this increased to 13% at Follow-up. Reports of marijuana use at Baseline were 17% this year but dropped to 3% at Follow-up. Reported use of other substances at Baseline was 5% for Methamphetamine, 7% for opioids not prescribed to you, and 2% for prescription stimulants not prescribed to you (e.g., Ritalin, Adderall). Illegal drug use declined across most categories by Follow-up, with the exception of Methamphetamine, which increased to 9%.

Table 9. Substance Use by Current Participants @ Baseline & Follow-up

SUBSTANCE USE - PAST 30 DAYS	BASELINE	FOLLOW-UP
ALCOHOL	12%	7%
ILLEGAL DRUGS	12%	13%
MARIJUANA	17%	3%

TOBACCO PRODUCTS

VTC participants were asked about use of cigarettes and other tobacco products. Tobacco use dropped in every category of product use to all-time lows in FY19-20 at Baseline, after significant drops last year as well. At Follow-up, participants reported increased use in every category. Cigarette use increased by three percentage points to 44%, chew increased by nine percentage points to 28%, cigar use increased by one percentage point to 6%, and e-cigarettes increased by 7 points to 19%. According to the CDC, 15.5% of adults were cigarette smokers in 2016, so tobacco use among VTC participants still far exceeds the national average but progress is being made, especially at Baseline.

Table 10. Tobacco Product Use @ Baseline

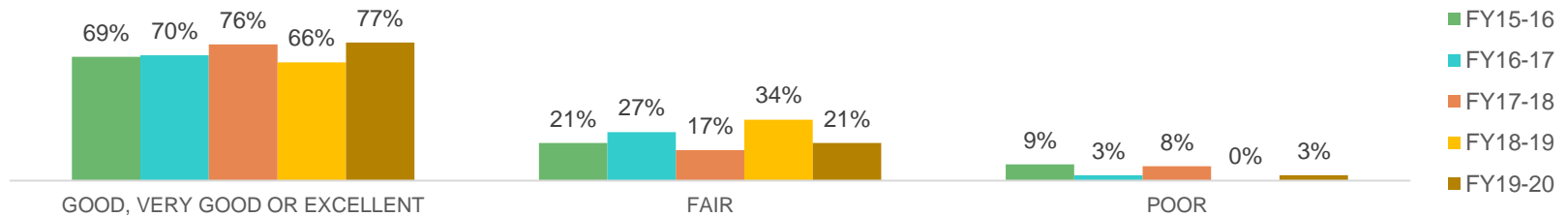
TOBACCO USE PAST 30 DAYS	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20
CIGARETTES	66%	65%	75%	58%	41%
CHEWING TOBACCO	31%	46%	47%	28%	19%
CIGARS	6%	10%	31%	13%	5%
ELECTRONIC CIGARETTES	24%	18%	42%	19%	12%

OVERALL HEALTH

Overall health was rated as “good,” “very good,” or “excellent” by 77% of FY19-20 participants at Baseline. This is a new high point over the past 5 years. Just 24% rated their overall health as “fair” or “poor” at Baseline in FY19-20.

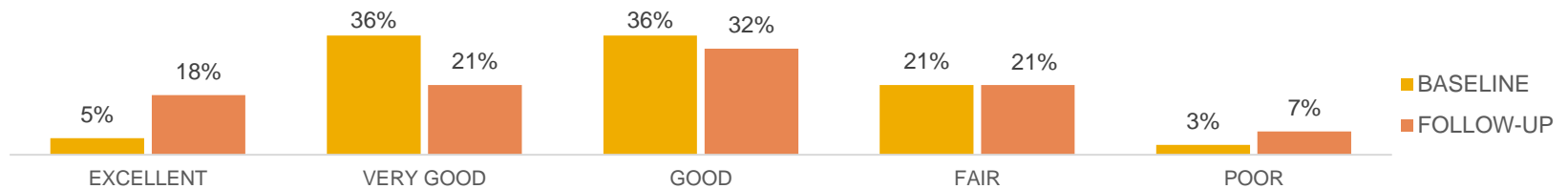
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Chart 14. Overall Health @ Baseline



From Baseline to Follow-up, ratings of “excellent” overall health improved from 5% to 18%. “Good” and “very good” ratings of overall health declined from Baseline to Follow-up. “Fair” and “poor” ratings stayed about the same.

Chart 15. Overall Health Ratings of Current Participants FY19-20 @ Baseline & Follow-up



When asked if military service had caused or contributed to any medical problems they may have, 95% said “yes” at Baseline, the lowest level of attribution since tracking began. When asked if military service had caused or contributed to any mental health or emotional problems they may have, 100% said “yes” at Baseline. Follow-up questions for these two items were eliminated in FY19-20 because of the consistency of responses over time and to make room for more detailed data collection on other issues like suicidality.

INTERACTION WITH FRIENDS OR FAMILY

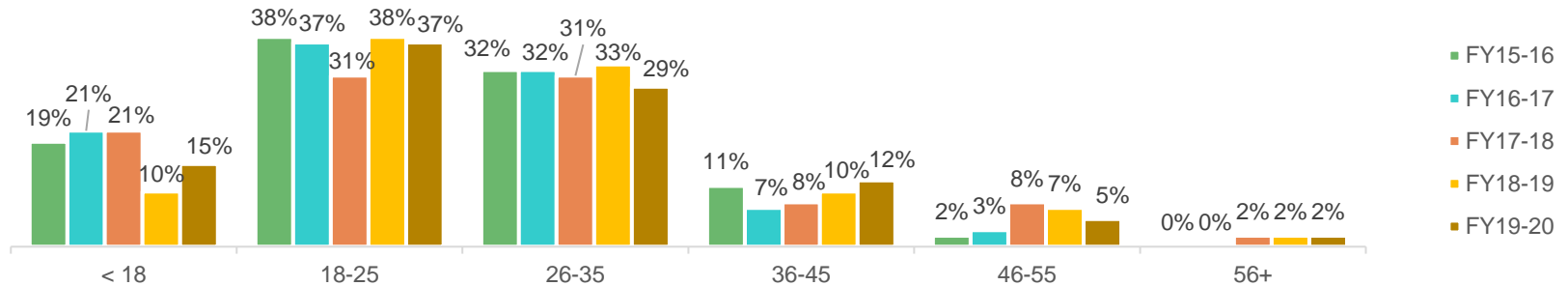
At Baseline, 82% of current VTC participants reported that they had interacted with family or friends supportive of their recovery in the past 30 days, compared to 84% at Follow-up. Eighteen percent of Baseline participants reported that they had “no one” to turn to when they needed help, compared to 16% at Follow-up. Last year, 5% reported “no one” to turn to for help at Baseline and 7% at Follow-up. This significant shift in “no one” to turn to at both Baseline and Follow-up may be due to the isolating effects of the pandemic.

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CRIMINAL JUSTICE INVOLVEMENT

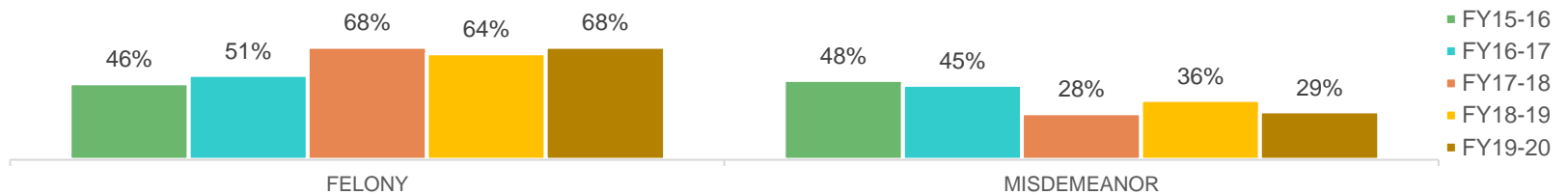
Baseline VTC participants answered a series of questions about prior criminal justice involvement. Most VTC participants were in the 18-35 age category at first arrest, though first arrest ages ranged from under 18 to 56+.

Chart 16. Age of First Arrest



Baseline participants in FY19-20 shared the highest charge that got them into the VTC. Two percent reported traffic charges. Misdemeanor charges were reported by 29% of participants. Felony charges were reported by 68% of participants.

Chart 17. High Charge @ Baseline

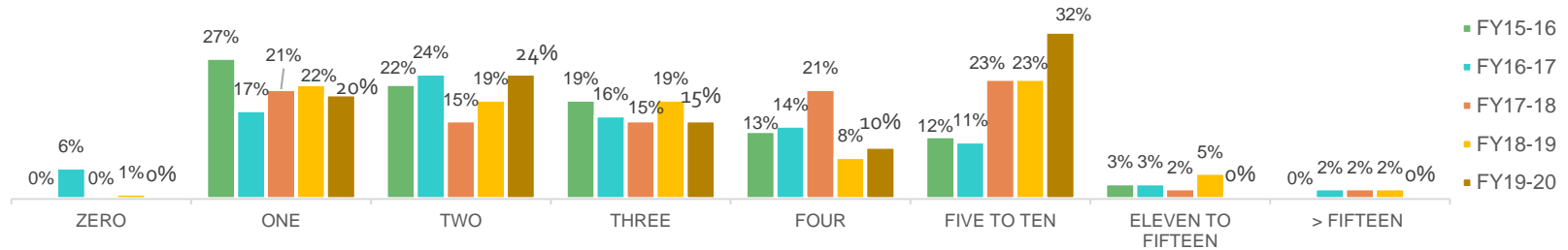


(NOTE: TRAFFIC AND "OTHER" RESPONSES ACCOUNT FOR MISSING DATA WHEN TOTALS DO NOT EQUAL 100)

The average number of lifetime arrests was 4.1 for Baseline participants in FY19-20, compared to 3.3 last year. Current Baseline participants reported lifetime number of arrests ranging from one to ten.

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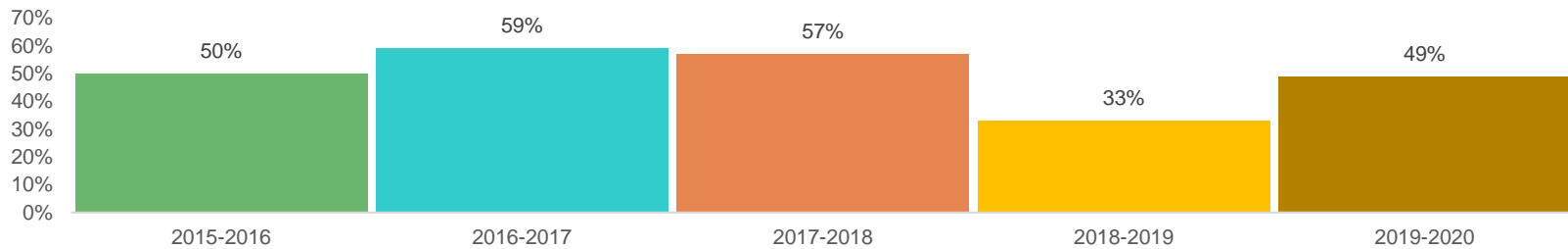
Chart 18. Lifetime Number of Arrests



(NOTE: NUMBERS MAY NOT TOTAL 100 DUE TO ROUNDING)

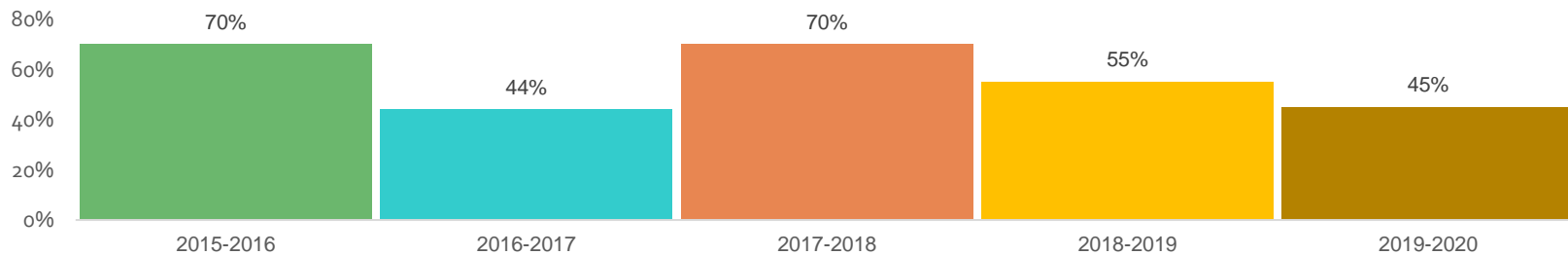
Forty-nine percent of Baseline participants in FY19-20 reported that they had ever spent time in jail or prison because of a conviction, compared to 33% last year.

Chart 19. Ever Spent Time in Jail or Prison Because of Conviction @ Baseline



Forty-five percent of Baseline participants reported that a restraining order, no contact order, or order of protection had ever been filed against them, compared to 55% last year.

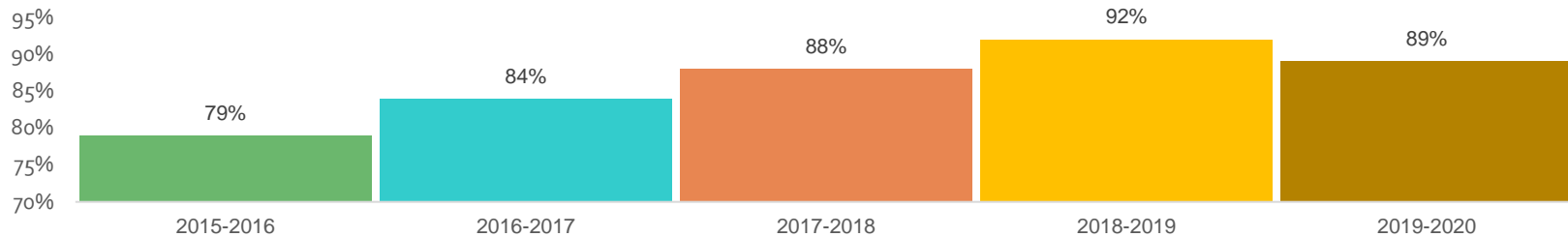
Chart 20. Ever Had Restraining Order, No Contact Order, or Order of Protection @ Baseline



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Eighty-nine percent of current Baseline VTC participants said they were interested in repairing the harm that was done by them, compared to 92% last year.

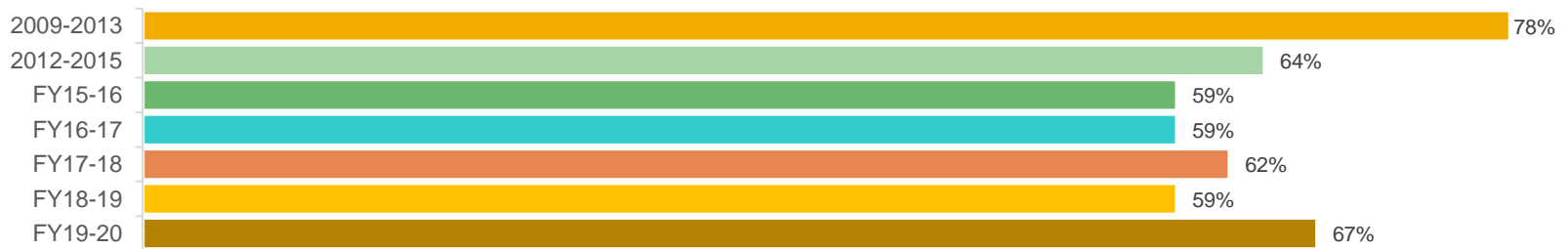
Chart 21. Interested in Repairing the Harm @ Baseline



POST-TRAUMATIC STRESS DISORDER

VTC participants completed the PCL-C to determine whether Post-Traumatic Stress Disorder (PTSD) symptoms and severity were at a clinical level for diagnosis (with scores of 50 or higher). Sixty-seven percent of current participants scored 50 or higher at Baseline, compared to 59% last year. This finding suggests that the VTC is doing a better job of admitting the people who need the level of help, treatment, and connection to services that Veteran Treatment Courts provide. At Follow-up, 43% of current participants had scores of 50 or greater, showing improvement in clinical PTSD symptoms and severity for 24% of participants.

Chart 23. Clinical Levels of PTSD @ Baseline



TRAUMATIC BRAIN INJURY

VTC participants were asked a series of questions about Traumatic Brain Injury (TBI) from the OSU TBI Identification Method (OSU TBI-ID) to obtain information about the types of head injuries they have sustained over their lifetimes to increase understanding of the role of TBI in VTC participation. Reports of head injuries from fragments, blasts, falls of more than 10

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feet, vehicles, fights, sports, and shaking were up from last year. The #1 source of head injuries this year was fights, followed closely by vehicular and blast injuries. Over the past three years, vehicular was the #1 source of head injuries. Of 10 categories of brain injuries, only sports injuries declined from last year. Every other category increased, most notably injuries after seizure or blackout.

Table 11. Traumatic Brain Injury – Types of Head Injuries

TYPES OF HEAD INJURIES	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20
NONE	6%	13%	19%	12%	7%
FRAGMENT	8%	11%	0	5%	14%
BULLET	3%	2%	0	0	7%
VEHICULAR	43%	50%	42%	50%	55%
FALL - OVER 10 FEET	27%	31%	23%	24%	41%
FALL, TRIP OR SLIP - LESS THAN 10 FEET	33%	26%	23%	10%	29%
BLAST – IED, RPG, LANDMINE OR GRENADE	57%	46%	38%	41%	55%
HIT VERY HARD DURING A FIGHT	36%	44%	32%	36%	57%
SPORTS	31%	32%	25%	43%	38%
SHAKEN VERY HARD – INCLUDING AIRBAG TRAUMA	21%	24%	6%	12%	26%
REGAINED CONSCIOUSNESS > SEIZURE OR BLACKOUT W/ EVIDENCE OF HEAD INJURY	15%	26%	23%	14%	45%

VTC participants were asked to share the physical impacts of their head injuries. Reports of feeling dazed, confused, or “seeing stars” were most commonly reported (79%), but physical impacts increased slightly across categories.

Table 12. Traumatic Brain Injury – Physical Impact

PHYSICAL IMPACT	FY15-16	FY16-17	FY17-18	FY18-19	FY19-20
DAZED, CONFUSED OR “SEEING STARS”	79%	80%	70%	76%	79%
NOT REMEMBERING THE INJURY	39%	32%	28%	31%	33%
LOSING CONSCIOUSNESS FOR LESS THAN 1 MINUTE	45%	41%	43%	48%	50%
LOSING CONSCIOUSNESS FOR 1-20 MINUTES	25%	31%	34%	24%	38%
LOSING CONSCIOUSNESS FOR MORE THAN 20 MINUTES	4%	8%	6%	5%	7%

Self-reported traumatic brain injury diagnosis was also explored by PTSD level. Two-thirds of participants with clinical levels of PTSD also reported TBI diagnosis. With just 7% reporting they have never sustained a head injury, there are many accommodations that might help participants succeed in the VTC such as written and telephone reminders about appointments and expectations.

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MORAL INJURY

The term moral injury was coined by Johnathon Shay in his book *Achilles in Vietnam* (1994). Moral injury is defined by the National Center for PTSD (2017) as experiences that are “at odds with core ethical and moral beliefs.” Litz et al. (2009), defined moral injury as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” Moral injury has also emerged in recent literature on PTSD as another source of PTSD-like symptoms. In 2013, Keenan, Lumley & Schneider, VA clinicians working with combat veterans, proposed a Moral Injury Scale (MIS). From 2015 to the present, the MIS was administered to VTC participants at Baseline and Follow-up.

The Moral Injury Scale (MIS) developed by Keenan, Lumley & Schneider (2013) was administered to VTC participants to assess whether veterans experienced feelings of guilt and shame. Validity and reliability of the instrument were established in a separate report, but here the MIS scores at Baseline and Follow-up and the relationship of moral injury to other variables is explored. In FY19-20, Baseline MIS items were completed by 41 individuals, while Follow-up MIS items were completed by 30 individuals.

Table 13 provides the results of the Moral Injury survey from 2015 to 2019. Table 14 shows the results for FY 2019-2020. The MIS consists of 20 items to which respondents chose among five answer options: 1. *Not at all*, 2. *Slightly*, 3. *Somewhat*, 4. *Mostly*, or 5. *Definitely*. The lowest possible score on the MIS was 20 and the highest possible score was 100.

Table 13. Moral Injury Scale Scores 2015-2019

	N	Minimum	Maximum	Mean	Std. Deviation
MORAL INJURY BASELINE SCORE	175	20	87	46.13	13.81
MORAL INJURY FOLLOW-UP SCORE	110	20	87	44.01	14.20

During the first four years of MIS administration, total scores ranged from 20 to 87 for both Baseline and Follow-up surveys. Mean scores were about 46 points at Baseline, but they decreased slightly to 44 by Follow-up. In 2019-2020, mean moral injury scores were 61.1 at Baseline and 63.1 at Follow-up. Moral Injury scores increased significantly at both Baseline and Follow-up in 2019-2020. All of the moral injury items may be found in the VTC Survey in Appendix B.

Table 14. Moral Injury Scores 2019-2020

	N	Minimum	Maximum	Mean	Std. Deviation
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MORAL INJURY BASELINE SCORE	41	43	80	61.1	12.58
MORAL INJURY FOLLOW-UP SCORE	30	42	81	63.1	10.73

NEW INSTRUMENTS FOR 2019-2020

Suicide Behaviors Questionnaire – Revised (SBQ-R)

The Suicide Behaviors Questionnaire – Revised (SBQ-R) was added to the VTC evaluation for 2019-2020 because of a 7-fold increase in self-reports of suicide attempts from the previous year. For the past four years, we have only asked if participants have attempted suicide in the past 30 days. This question is asked at Baseline and at Follow-up. It failed to capture the true extent of the problem beyond the immediate past 30 days, seriousness and planning, and likelihood of following through. The SBQ-R (Osman, et al., 2001) has just four items, but they address different dimensions of suicidality, including, lifetime suicidal ideation and/or suicide attempts; frequency of suicidal ideation over the past 12 months; threat of suicide attempt; and self-reported likelihood of suicidal behavior in the future. The instrument may be used to identify at-risk individuals and assess the risk of specific behaviors. It is hoped that this additional information will help the VTC team better understand the risks of participants.

Table 15. Suicidal Thoughts EVER 2019-2020

HAVE YOU EVER THOUGHT ABOUT OR ATTEMPTED TO KILL YOURSELF?	NUMBER	PERCENTAGE
Never	19	48.7%
It was just a brief passing thought	4	10.3%
I have had a plan at least once to kill myself but did not try to do it	3	7.7%
I have had a plan at least once to kill myself and really wanted to die	2	5.1%
I have attempted to kill myself, but did not want to die	2	5.1%
I have attempted to kill myself, and really hoped to die	9	23.1%

More than a quarter of VTC participants (28%) at Baseline reported that they have EVER attempted to kill themselves. Nearly 13% have had a plan at least once to kill themselves. Another 10% reported that suicide was “just a brief passing thought.” Nearly half (49%) reported no suicidal ideation in their lifetimes.

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Table 16. Suicidal Thoughts in the Past Year 2019-2020

HOW OFTEN HAVE YOU THOUGHT ABOUT KILLING YOURSELF IN THE PAST YEAR?	NUMBER	PERCENTAGE
Never	20	50%
Rarely (1 time)	7	17.5%
Sometimes (2 times)	4	10%
Often (3-4 times)	3	7.5%
Very Often (5 or more times)	6	15%

The second item assessed the frequency of suicidal ideation over the past twelve months. Half of VTC participants reported no suicidal ideation in the past twelve months. About 28% reported occasional suicidal thoughts (1-2 times). Nearly a quarter (23%) reported more frequent suicidal thoughts (3+ times).

The third item assessed the threat of suicide attempt. About 20% reported they had told someone and really wanted to do it. Eighteen percent reported they had told someone but did not really want to do it. About 63% reported they had never told anyone they were going to commit suicide or that they might do it.

Table 17. Suicidal Thoughts Shared 2019-2020

HAVE YOU EVER TOLD SOMEONE THAT YOU WERE GOING TO COMMIT SUICIDE, OR THAT YOU MIGHT DO IT?	NUMBER	PERCENTAGE
No	25	62.5%
Yes, at one time, but did not really want to die	5	12.5%
Yes, at one time, and really wanted to die	3	7.5%
Yes, more than once, but did not want to do it	2	5%
Yes, more than once, and really wanted to do it	5	12.5%

The final item assessed likelihood of future suicidal behavior. About three percent reported it was likely. For most (76%), the likelihood was “never” or “no chance.” For the remainder, “unlikely” or “rather unlikely” (21%).

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Table 18. Likelihood of Suicide 2019-2020

HOW LIKELY IS IT THAT YOU WILL ATTEMPT SUICIDE SOMEDAY?	NUMBER	PERCENTAGE
Never	27	71.1%
No chance at all	2	5.3%
Rather unlikely	4	10.5%
Unlikely	4	10.5%
Likely	1	2.6%
Rather likely	0	-
Very likely	0	-

Total scores for the SBQ-R ranged from 3 to 16. Mean scores for VTC participants at Baseline were 6.58. Cut-off scores for suicide risk in nonclinical samples are 7 and greater. A majority of VTC participants (57.5%) had total scores of less than 7, but 42.5% received scores of 7 or more.

With about 43% of VTC participants at risk of suicide when they enter the program, there is a need for suicide programming, training, and awareness to help individuals safely navigate the VTC program and life beyond. These new items in the SBQ-R provide additional insight into the enormity of the challenge of suicidal thoughts, attempts, intent, and frequency of VTC participants.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

The Patient Health Questionnaire is a 9-item self-report survey that is typically used to quickly screen patients for depression in a primary care setting. The survey also assesses the severity of depression. When the JDTR grant ended along with significant funding for evaluation, the lengthy instruments that had been used to assess depression were dropped. VA practitioners recommended this 9-item assessment as a valid, yet inexpensive way to expand our understanding of the extent of depression as a problem for VTC participants. It goes beyond the single item that asks how many days they experienced “serious depression.”

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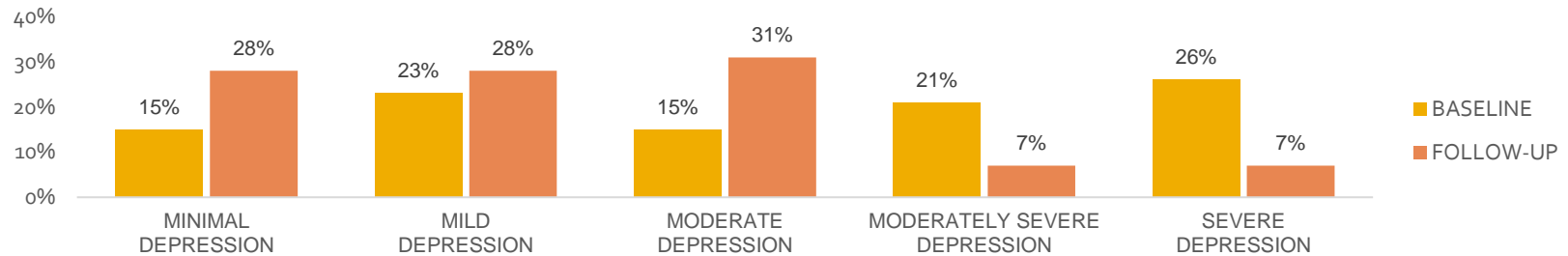
Table 19. PHQ-9 Survey Items and Responses @ Baseline 2019-2020

OVER THE <i>LAST 2 WEEKS</i> , HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1) Little interest or pleasure in doing things (n=40)	23%	35%	23%	20%
2) Feeling down, depressed, or hopeless (n=40)	25%	40%	10%	25%
3) Trouble falling/staying asleep, sleeping too much (n=40)	25%	20%	20%	35%
4) Feeling tired or having little energy (n=40)	25%	28%	20%	28%
5) Poor appetite or overeating (n=40)	33%	30%	20%	18%
6) Feeling bad about yourself or that you are a failure or have let yourself or your family down (n=39)	21%	31%	21%	28%
7) Trouble concentrating on things, such as reading the newspaper or watching television (n=39)	28%	21%	31%	21%
8) Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual (n=30)	64%	23%	8%	5%
9) Thoughts that you would be better off dead or of hurting yourself in some way (n=35)	66%	17%	11%	6%
IF YOU CHECKED OFF ANY PROBLEM (ABOVE) ...	NOT DIFFICULT AT ALL	SOMEWHAT DIFFICULT	VERY DIFFICULT	EXTREMELY DIFFICULT
10) How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (n=39)	28%	36%	23%	13%

The PHQ-9 scoring matrix assigned ratings to 5 levels of depression from “minimal” with scores of 0-4, “mild” from 5-9, “moderate” from 10-14, “moderately severe” from 15-19, and “severe” with scores from 20-27. VTC participants had a mean score of 13.67 on the depression scale at Baseline (in the “moderate” range). At Follow-up, the mean depression score of participants had dropped to 8.21 (“mild” range). The chart below shows that levels of depression were more severe at Baseline, with 47% reporting “moderately severe” to “severe” levels of depression, compared to just 14% at Follow-up.

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Chart 24. PHQ-9 Levels of Depression at Baseline & Follow-up



Participants were also asked how difficult the items on the PHQ-9 depression scale had made it for them to do their work, take care of things at home, or get along with people. At Baseline, the mean difficulty score was 2.3, the same mean score achieved at Follow-up. Even though participants rated depression as more severe at Baseline, any level of depression was considered to be “somewhat difficult.”

QUALITY OF LIFE SCALE (QoLS)

The Quality of Life Scale was developed by Flanagan (1982) to evaluate global quality of life. It consists of 15 items in its original form, with 5 domains covered. For each of the five domains, satisfaction and importance of the item are evaluated. The five domains include: physical and material well-being, other people, social and community activities, personal fulfillment, and recreation. A 16th item was recently added to assess independence but was not included here because most references for comparison are based on the 15-item scale.

Possible summed scores total 15 to 105. The higher the score, the higher the quality of life. The average score for healthy populations is about 90. The mean score for VTC participants was 64 at Baseline. Respondents were most satisfied with having and rearing children, reading, listening to music, or observing entertainment, and understanding themselves. They were least satisfied with their close relationships, socializing, participating in active recreation, and work. VTC participants expressed low satisfaction with the quality of their lives at Baseline. Total scores ranged from 30-102.

At Follow-up, mean scores increased to 73, showing progress toward achieving healthy satisfaction with life. Respondents were most satisfied with having and rearing children, helping and encouraging others, and understanding themselves. They were least satisfied with their close relationships, material comforts, and work. Total scores ranged from 30 to 109.

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Table 20. Quality of Life Scale Ratings @ Baseline

PLEASE READ EACH ITEM AND MARK THE NUMBER THAT BEST DESCRIBES HOW SATISFIED YOU ARE AT THIS TIME. ANSWER EACH ITEM EVEN IF YOU DO NOT CURRENTLY PARTICIPATE IN AN ACTIVITY OR HAVE A RELATIONSHIP. YOU CAN BE SATISFIED OR DISSATISFIED WITH NOT DOING THE ACTIVITY OR HAVING THE RELATIONSHIP.	DELIGHTED	PLEASED	MOSTLY SATISFIED	MIXED	MOSTLY DISSATISFIED	UNHAPPY	TERRIBLE
1) Material comforts home, food, conveniences, financial security . . .(n=37)	11%	11%	19%	27%	14%	8%	11%
2) Health - being physically fit and vigorous . . .(n=37)	14%	11%	11%	30%	19%	14%	2%
3) Relationships with parents, siblings & other relatives- communicating, visiting, helping . . .(n=37)	11%	16%	14%	19%	19%	8%	14%
4) Having and rearing children . . . (n=36)	25%	22%	11%	14%	17%	3%	8%
5) Close relationships with spouse or significant other (n=36)	17%	8%	6%	28%	22%	3%	17%
6) Close friends . . . (n=37)	19%	11%	24%	22%	8%	3%	14%
7) Helping and encouraging others, volunteering, giving advice (n=37)	22%	8%	22%	32%	8%	0	8%
8) Participating in organizations and public affairs . . . (n=36)	17%	3%	22%	22%	17%	6%	14%
9) Learning - attending school, improving understanding, getting additional knowledge . . .(n=37)	27%	5%	14%	22%	19%	5%	8%
10) Understanding yourself - knowing your assets and limitations - knowing what life is about . . .(n=37)	22%	11%	24%	30%	5%	3%	5%
11) Work - job or in home . . . (n=34)	18%	15%	9%	18%	15%	18%	9%
12) Expressing yourself creatively . . . (n=37)	11%	11%	11%	27%	27%	8%	5%
13) Socializing - meeting other people, doing things, parties, etc. (n=37)	11%	5%	22%	16%	24%	5%	16%
14) Reading, listening to music, or observing entertainment . . .(n=37)	16%	19%	24%	30%	5%	0	5%
15) Participating in active recreation . . . (n=37)	11%	8%	22%	19%	19%	5%	16%

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EXIT SURVEY

The final data collection effort of 2020 consisted of administration of a program Exit Survey. Survey items and responses of the 13 participants who completed surveys may be found in Appendix E. Respondents agreed that the Briefing provided all necessary information about participation in the VTC (100%), but about half (53%) agreed that the VTC experience was a little different than expected. About 62% found the VTC program to be much harder than expected. Respondents found treatment to be effective (92%). The number of program-related appointments was manageable (85%).

Respondents said they received the support they needed to complete the program (100%). Veteran Mentors were important to their success (85%). The Court Team offered support and resources needed to make progress (100%). All respondents planned to complete the 1-year After Care program to seal their cases (100%). All respondents planned to encourage other veterans to consider VTC participation if they became justice involved. Ninety-two percent were confident that they would not be justice-involved in the future.

Respondents rated elements of their lives in terms of satisfaction *before* and *after* VTC participation. Ratings were made on a 5-point Likert scale from “very low” to “very high.” Ratings increased across all 12 dimensions from pre to post VTC. When the sample is larger, the significance of these differences will be estimated. Ratings of least change or improvement pre to post were in the areas of housing, education, physical health, and employment. The greatest areas of improvement pre to post VTC were for family life and feelings of community/belonging. Substance use and justice involvement were the only life elements with below average ratings before VTC.

SATISFACTION W/ LIFE ELEMENTS BEFORE & AFTER VTC PARTICIPATION n=12	MEAN SCORE BEFORE	MEAN SCORE AFTER
FAMILY LIFE	2.92	3.92
OVERALL HEALTH	3.33	3.92
EMPLOYMENT	2.92	3.36
HOUSING	3.58	3.83
EDUCATION	3.33	3.73
BEHAVIORAL HEALTH	-	4.10
PHYSICAL HEALTH	3.33	3.75
SUBSTANCE USE	2.18	2.73
FINANCIAL HEALTH	2.58	3.42
JUSTICE INVOLVEMENT	2.00	2.82
FEELING OF COMMUNITY/BELONGING	2.73	3.67
OPTIMISM ABOUT THE FUTURE/HOPE	3.17	4.00

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Open-ended question responses were positive overall. The VTC experience was challenging for participants, particularly balancing program requirements with life. Employment assistance is needed for justice-involved veterans. According to one individual, Veteran Mentors could have been more “useful” with more communication than just the day before court dates.

SUMMARY

The Colorado 4th Judicial District Veterans Trauma Court is one of the longest running VTCs and VTC evaluations in the nation with 11 years of continuous operation. Both the court and data collection have evolved over the years. Significant changes have occurred in the VTC since it was launched in 2009 including personnel, practices, policies, and outcomes. The population served has also changed over time as combat deployments and overseas conflicts have declined. The COVID-19 pandemic introduced even more changes and challenges over the past year.

The last two quarters of the 2019-2020 fiscal year were challenging for everyone, but despite these difficulties, valuable data continued to be provided by VTC participants with encouragement from the VTC team. The data paint a complicated and changing picture about the experiences, challenges, and needs of participants. The VTC has now enrolled over 500 participants in the program. The graduation rate is holding steady at about 82%, with 18% failing to complete the program. Demographics of participants have not changed much from year to year, with women making up just 8% of participants. Participants have gotten older this year with a mean age of 37. About half of participants are divorced or separated. About three quarters have children.

What has changed in the past year is a 21-percentage point increase in reported TBI diagnoses. More in-depth questions on head injuries reveal that just 7% have never had a head injury. Reports of head injuries increased in 9 out of 10 categories. The effects of these injuries are likely reflected in some other challenges reported by participants.

Housing was unstable for 18% at Baseline but dropped to 3% by Follow-up. About half were employed either full or part-time at Baseline, but nearly a quarter were still “unemployed – looking for work.” There is a need for partnerships with employers willing to hire felons.

For several years, the program struggled to improve perceptions of fairness of the case that got veterans into the VTC. “Somewhat” or “very unfair” ratings hovered around 25% but this year dropped to zero. This change is likely due to improved communication, transparency, and the efforts of VTC team members.

Reports of working with a Veteran Mentor reached a high point this year with 76% reporting services and support at Baseline and 87% at Follow-up. Data show that when participants attribute a “huge amount” of their success in the VTC to help from

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their Veteran Mentors, they are more likely to believe that they belong in their community, experience good health, be employed, and feel like partners rather than victims of the program.

There were many improvements across categories of mental health challenges, despite reductions in reported group and individual treatment. Depression, suicidality, anxiety/tension, and PTSD improved from Baseline to Follow-up, but were still high. Substance use at Follow-up was higher than in past years at 13%. Tobacco use continued its downward trajectory. Participants reported the highest levels of good health in 5 years at Baseline.

Despite all of these positive outcomes, there is still room for improvement. Eighteen percent of participants reported that they had “no one” to turn to at Baseline. Sixty-seven percent had clinical levels of PTSD at Baseline. Moral Injury scores increased significantly from prior years, revealing that there is more hidden trauma. The suicide risk assessment that was added this year showed that as many as 43% of participants are at significant risk when they enter the program. The new depression assessment revealed that nearly half of participants (47%) were struggling with “moderately severe” to “severe” depression at Baseline.

Although the new quality of life assessment showed that satisfaction with life is below average at program start, improvement in outlook is already becoming healthier by Follow-up. The program works. The VTC did an excellent job this year, in spite of the pandemic. More individuals with high level needs were admitted to the program.

Just before the pandemic lock down of 2020, we held a Data Party with the VTC team and other interested parties. The purpose of this meeting was to explore the big picture outcomes being achieved and to drill down with the subject-matter-experts in the room to understand outcomes and explore what we could be doing better. Continuing to share data with the team and provide a feedback loop for VTC improvement and accountability are key to the VTC's continued success and impact.

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APPENDIX A

VTC EVALUATION

BACKGROUND & METHODS

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BACKGROUND

The Colorado 4th Judicial District Veterans Trauma Court (VTC) began operating December 2009 in the Pikes Peak Region of Colorado as one of the first Veteran Treatment Courts in the nation. The VTC offers jail diversion and treatment services to active duty and military veterans with trauma spectrum disorders charged with lower-level felonies and misdemeanors.

The VTC was started with the help of a 5-year Jail Diversion and Trauma Recovery – Priority to Veterans (JDTR) grant awarded to the Colorado Department of Human Services, Office of Behavioral Health, from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2008. This grant was supplemented in its final year with a 3-year grant from SAMHSA to the Colorado 4th Judicial District. The Veterans Enhanced Treatment Services (VETS) grant addressed 3 gaps related to treatment services which had not been provided to VTC participants as a part of the first grant. Comprehensive Clinical Assessments (CCAs) were provided to all participants so that they could be appropriately diagnosed and have accurate treatment plans. VETS Connection served participants temporarily with short-term, stabilizing treatment to motivate them to enter substance abuse treatment once they obtained benefits or became engaged with the VA. The third component, VETS Success, provided on-going therapeutic services to uninsured and VA ineligible participants for the duration of VTC participation. All SAMHSA grant support to the VTC ended in Fall 2015.

The 4th Judicial District Veterans Trauma Court has received national recognition for its program innovations and outcomes over the years. One of the benefits of grant funding was support for evaluation services. State-level funding now supports evaluation services, treatment services, the VTC Coordinator, and the Veteran Mentor program.

Please note that JDTR and VETS grant evaluations did not include County Court participants. These participants typically had misdemeanor or less serious charges. When state funding began in 2015, all VTC participants, regardless of charge, were invited to participate in the evaluation of the court. Evaluation participation has always been incentivized, but voluntary.

Daily Status Inmate Reports (DSIRs) have been provided continuously by the Sheriff's Department since December 2009. Through June of 2016, the DSIR database was maintained by evaluators. During that time, more than 17,000 military bookings into the El Paso County Criminal Justice Center (CJC) were recorded and analyzed. Over 7 years, military arrests accounted for an average of 12.4% of all arrests in the county. Veterans accounted for 73.8% of all military arrests. Active Duty military made up 26.2% of military arrests. DSIR data entry should be resumed so that the status and extent of military involvement in the Colorado 4th Judicial District may be tracked.

VTC Evaluation Report

METHODS

The VTC evaluation featured grant-required methods and tools for 7 years. Without grant requirements to ask specific sets of questions in an in-person interview format, it was possible to develop new streamlined methods and instruments to continue the longitudinal assessment of VTC participation at greatly reduced time and expense starting in FY15-16.

For the most part, the interview protocol that was developed in FY15-16 has continued to be used with annual review of items that may be deleted or may need to be added. This interview protocol used the best survey items from past grants for longitudinal comparison. New items added to the Baseline and Follow-up surveys included information about the experience of participating in the VTC, such as perceived fairness of the case that got them into the court, the amount of influence they felt they had over the agreement reached in court during their most recent appearances, and their overall feelings about decisions to participate in the court. Questions about services provided by the VTC have also been added to participant surveys. These include treatment services, supports like transportation, employment, and housing, and Veteran Mentor interactions.

Questions about use of tobacco related products, such as e-cigarettes, cigarettes, cigars, and chew were added to the surveys. Events that may have caused PTSD are assessed. Traumatic Brain Injury (TBI) items were also added. Items related to health disparity to assess cultural competence were added. These include items about deafness or difficulty hearing, blindness or visual difficulty, learning disabilities, TBI, difficulty with walking or climbing stairs, and difficulty dressing or bathing. This year, 2020, marked the most substantial change to the Baseline and Follow-up surveys with the addition of three new brief, but validated instruments that assess suicide risk, depression, and quality of life. These measures were recommended by VA therapists. See Appendix B for all items in the Baseline survey protocol.

Data continue to be collected from VTC participants at Baseline and Follow-up (6-months or later). In-person interviews were replaced with paper surveys administered during Thursday dockets. Because of COVID-19, all data collection activities have now moved online with e-surveys. Incentives changed from \$20 cash per interview during the grant-funded era to \$10 gift cards per survey.

No Focus Groups were conducted this year, but Exit surveys were developed and administered. Summary results are reported in Appendix E. In addition to this effort, a Data Party was conducted with the VTC team and other interested parties just before the COVID-19 pandemic. The purpose of this collaboration was to share evaluation results and engage subject-matter-experts in understanding outcomes and processes to improve the VTC. See some of the discussion items in Appendix F.

APPENDIX B

VTC BASELINE SURVEY PROTOCOL

2019-2020



BASELINE SURVEY 2020.pdf

APPENDIX C

OVERALL, HOW DO YOU FEEL ABOUT
YOUR DECISION TO PARTICIPATE IN THE VTC?

FY19-20

VTC Evaluation Report

OVERALL, HOW DO YOU FEEL ABOUT YOUR DECISION TO PARTICIPATE IN THE VTC? n=40	
Grateful for vet court	I feel nervous
I'm pumped	Great
It is a good opportunity	This is my first court date. No opinion yet.
Very happy	I feel this is the right path for me.
Great decision	Great decision
To be determined, so far not bad.	Vtc has been an amazing opportunity for tx, support groups, resources and more.
I'm grateful for the program and the assistance provided by the court.	Great there could be a better opportunity for myself or other veterans.
I feel like i've been given a wonderful opportunity to make up for my bad decisions.	Excellent
Good	Better than having a felony and jail time
I don't have enough info to answer this question yet. 2nd appearance	Good
Very good	I think that the decision to participate is life changing. My goal of getting my life in order is most important.
Good	I feel that it's going to work out well for me.
Great i need the help	I'm happy that i did it
I feel confident the program will help with my future	I feel it was the right path to help me get acquainted with va and treatment.
Better than incarceration	I feel very blessed to be able to have a second chance, i'm very grateful for vtc, and for all the staff. I have learned that the only person i have control over is myself.
Very well	Best thing that has ever happened to me regarding my alcohol abuse treatment.
I think it may be better than federal offense court. Was hoping for rehabilitation.	Confident
I am very thankful for the opportunity to participate in this court program. It has given me the opportunity to display that I am not a criminal or the charges that brought me into the judicial system. I feel that everyone from my probation officer to Judge Shakes truly cares about me, my getting the treatment I need and that I have a full filling life.	I am thankful the opportunity was offered to me
Very lucky, really love the program	Its fine.
Best choice	Good

APPENDIX D

DESCRIBE ANY WAYS IN WHICH VETERAN MENTORS HAVE HELPED YOU SUCCEED
IN THE VETERANS TRAUMA COURT

FY19-20

VTC Evaluation Report

DESCRIBE ANY WAYS IN WHICH VETERAN MENTORS HAVE HELPED YOU SUCCEED IN THE VETERANS TRAUMA COURT n=30
Accountability
They pushed for me to enter the vtc
So far, i've only spoken to them once, reminded me of what i need to do before next court date
Advice
Helped explain the process
Glenn took me to my sober house from jail and gave me a bag of hygiene and clothes, also helped me out with a tracphone which helps a lot before i got a phone of my own.
Too early to describe
Glenn kept contact with me to ensure that i did not miss any appointments or court date. He is extremely helpful
1st week; they helped me get into the program
Nikki
I'm new
Helped with housing, seen me in jail, checked up on my progress during inpatient tx
First time. Just started.
Be more involved
Given me someone to vent to in times of need.
Positive direction in dealing with what and where's in the process
Accountability
Various phone calls and help and advice
Susan holmes is great
Mentors have given me assistance in my day to day life also giving great advice for my daily plans
It'll do me well.
I haven't been a part of this vtc long enough to have even met with my "mentor."
I want to personally thank ms. Nikki and glenn for always having an open eye and ear, and for keeping me motivated.
Finnacial assistance whenever it was ever needed. Compationate, but stearn treatment.
I have not had the need to use the mentor yet, I do feel that they are vital for those that are much more controlled by the disease than I was.
Told me my appointments
Sending me reminders about upcoming court dates
By providing a readily available resource of knowledge.
Help me to realize that I needed help
Checking in on my progress with getting the basics needed

APPENDIX E

EXIT SURVEY

2020

VTC Evaluation Report

VTC EXIT SURVEY

Thanks for agreeing to participate in this brief, optional, anonymous, and confidential survey about your participation in the 4th Judicial District Veterans Trauma Court (VTC). You may decline to answer any question without penalty. You will be paid a \$10 GIFT CARD upon completion. It is our hope that the VTC may be improved for other veterans by learning more about your experiences at the end of your participation. What worked well? What would make the VTC experience better? How has your participation affected all areas of your life?

1) Rate your agreement with the following VTC experiences:	(Check all that apply)					CHECK TO AGREE
During the Briefing, all of the necessary information about program rules, regulations, and expectations was explained to you. (n=12)						100%
The VTC experience was delivered as promised in the Briefing. (n=12)						100%
The VTC experience was a little different than expected. (n=6)						50%
The VTC program was much harder than expected. (n=7)						58%
The behavioral health (group, individual &/or residential) treatment you received during the program was effective. (n=11)						92%
The number of program-related appointments (UAs, treatment, Court, etc.) each week was manageable. (n=10)						83%
I received the support I needed to get my life back on track. (n=11)						92%
I received the support I needed to complete the program. (n=12)						100%
Veteran Mentors were important to my success in the program. (n=10)						83%
The court team (Judge, Probation Officer, treatment providers, etc.) offered me the support and resources I needed to make progress. (n=12)						100%
I have a high level of confidence that I will not be justice-involved in the future. (n=11)						92%
I plan to complete the 1-year After Care program and seal my case. (n=12)						100%
I will encourage other veterans to consider VTC participation if they become justice involved. (n=12)						100%
2) On a scale from 1 to 5, low to high, choose the response that best describes your satisfaction in each of the following areas of your life <i>BEFORE</i> your participation in the VTC:	VERY LOW 1	BELOW AVERAGE 2	AVERAGE 3	ABOVE AVERAGE 4	VERY HIGH 5	
FAMILY LIFE n=12, Mean = 2.92	8%	17%	58%	8%	8%	
OVERALL HEALTH n=12, Mean = 3.33	0	8%	58%	25%	8%	
EMPLOYMENT n=12, Mean = 2.92	25%	17%	17%	25%	17%	
HOUSING n=12, Mean = 3.58	8%	0	42%	25%	25%	
EDUCATION n=12, Mean = 3.33	17%	0	33%	33%	17%	

VTC Evaluation Report

PHYSICAL HEALTH n=12, Mean = 3.33	0	8%	50%	42%	0
SUBSTANCE USE (ALCOHOL, MARIJUANA, ILLEGAL DRUGS) n=11, Mean = 2.18	36%	27%	18%	18%	0
FINANCIAL HEALTH n=12, Mean = 2.58	8%	25%	67%	0	0
JUSTICE INVOLVEMENT n=12, Mean = 2.00	50%	17%	25%	0	8%
FEELING OF COMMUNITY/BELONGING n=11, Mean = 2.73	18%	18%	36%	27%	0
OPTIMISM ABOUT THE FUTURE/HOPE n=12, Mean = 3.17	17%	8%	33%	25%	17%
3) On a scale from 1 to 5, low to high, choose the response that best describes your satisfaction in each of the following areas of your life now, <i>AFTER</i> your participation in the VTC:	VERY LOW 1	BELOW AVERAGE 2	AVERAGE 3	ABOVE AVERAGE 4	VERY HIGH 5
FAMILY LIFE n=12, Mean = 3.92	0	0	42%	25%	33%
OVERALL HEALTH n=12, Mean = 3.92	0	8%	17%	50%	25%
EMPLOYMENT n=11, Mean = 3.36	0	18%	36%	36%	9%
HOUSING n=12, Mean = 3.83	0	0	42%	33%	25%
EDUCATION n=11, Mean = 3.73	0	0	45%	36%	18%
BEHAVIORAL HEALTH n=10, Mean = 4.10	0	0	20%	50%	30%
PHYSICAL HEALTH n=12, Mean = 3.75	0	8%	33%	33%	25%
SUBSTANCE USE (ALCOHOL, MARIJUANA, ILLEGAL DRUGS) n=11, Mean = 2.73	55%	0	0	9%	36%
FINANCIAL HEALTH n=12, Mean = 3.42	0	17%	50%	8%	25%
JUSTICE INVOLVEMENT n=11, Mean = 2.82	36%	18%	9%	0	36%
FEELING OF COMMUNITY/BELONGING n=12, Mean = 3.67	0	8%	42%	25%	25%
OPTIMISM ABOUT THE FUTURE/HOPE n=12, Mean = 4.0	0	0	33%	33%	33%

VTC Evaluation Report

4) Did you receive a deferred sentence? (n=11)	Yes=36% No=18% Unsure=45%
5) How old are you now? (n=11) Range = 25-61	Mean=38.82
6) Gender identity: (n=11)	Male=91% Female=9% Other=0
7) Race/Ethnicity (choose all that apply): (n=11)	Hispanic=18% White=73% Black/African American=18% Asian=0 Islander=0 Other (specify)=0 Native American=0 Pacific
8) What surprised you most? (n=11)	<p>HOW FAIR AND HELPFULL COURT ASSISTED</p> <p>MY WILLINGNESS TO ENGAGE AND BECOME PEER MENTOR</p> <p>TREATMENT AND FLEXIBILITY</p> <p>IT WAS HARDER THAN EXPECTED KEEPING UP WITH APPOINTMENTS AND DRUG TESTS</p> <p>PEOPLE ACTUALLY CARE ABOUT YOUR REHABILITATION</p> <p>FAIR TREATMENT</p> <p>NOTHING REALLY</p> <p>PUBLIC SPEAKING AND INVOLVEMENT OR PARTICIPATION IN THE PROGRAM.</p> <p>HOW MUCH SUPPORT THERE WAS</p> <p>HOW EASY IT WAS ONCE I DECIDED TO COMMIT TO SOBRIETY</p> <p>THE FACT THAT THERE IS ACTUALLY A COMMUNITY WILLING TO HELP OUT THOSE THAT HAVE MADE WRONG DECISIONS IN LIFE.</p>
9) How could the VTC be improved to help other veterans? (n=8)	<p>IT'S OK</p> <p>WELL I HAD A LOT OF DRUG TESTS WEEKLY WHICH WAS HARD TO KEEP UP WITH. 4 WAS A LITTLE MUCH (A WEEK)</p> <p>GET A REAL JOB PROGRAM OF EMPLOYERS WILLING TO HIRE!</p> <p>I DID NOT FEEL THE "PEER MENTORS" WERE VERY USEFUL. THERE WAS VERY LITTLE COMMUNICATION OTHER THAN THE DAY BEFORE COURT DATES. ALSO OTHER THAN ONE BBQ AND ONE DAY OF EQUINE THERAPY I NEVER HEARD ABOUT ANY OTHER ACTIVITIES OR THEY WERE CONCEALED LAST MINUTE.</p> <p>NOT OVERWHELMING THEM W/ SO MUCH AT THE START.</p> <p>MORE PROBATION OFFICERS MORE DATES</p> <p>I THINK THEY SHOULD ALLOW MORE PEOPLE INTO THE VTC.</p> <p>I BELIEVE THE VTC IS A SOLID PROGRAM, THERE ARE SO MANY RESOURCES AND AS LONG AS ALL THOSE PROGRAMS JOIN AND WORK TOGETHER FOR A COMMON CAUSE, IN THIS CASE TO REHABILITATE VETERANS, THEN IT WILL CONTINUE TO BE AN EXCEPTIONAL PROGRAM.</p>
10) Please share a story about any difficulties or barriers you experienced while in the VTC program: (n=10)	

VTC Evaluation Report

TIME

FELLOWSHIP, CONNECTION WITH OTHER PEOPLE, OPENING UP!

TIME MANAGEMENT WAS DIFFICULT

THE AMOUNT I HAD TO DO DID NOT FIT WITH MY CURRENT WORK SCHEDULE SO I DID HAVE TO FIND A DIFFERENT JOB THAT WOULD. THAT WAS HARDER THAN I THOUGHT IT WOULD BE. I ENDED UP GOING TO COLLEGE THROUGH VOC REHAB WHICH HAS BEEN AWESOME.

ALCOHOL WAS THE BIGGEST ISSUE AT FIRST, THEN THE MARIJUANA. REGARDLESS OF THESE BARRIERS I ALWAYS HAD VTC

EMPLOYMENT - EMPLOYERS NOT WILLING TO HIRE ME. SUPPORT GROUP - NO IDEA WHERE TO

FIND ME EMPLOYMENT MY BACKGROUND (ARREST) ISSUE

BALANCING TIME TO ATTEND ALL COURT APPOINTED PROGRAMS, UA'S, WORKING A NEW JOB AND TRYING TO FATHER MY CHILD TO MY BEST ABILITIES.

LEARNING HOW TO ADAPT TO CIVILIAN LIFE AND FACING MY DEMONS

JUST RUNNING INTO OLD FRIENDS. I HAD TO CUT EVERYONE I KNOW IN THIS TOWN OFF AND DELETE MY FACEBOOK

FORGIVING YOURSELF AND LEARNING FROM YOUR MISTAKES IN ORDER TO LIVE A BETTER LIFE AND STAY POSITIVE DESPITE THE SITUATIONS.

11) Any additional comments? (n=4)

I ENJOYED IT LEARNED A LOT THROUGH ALL THE CHALLENGES IT HAS BEEN GREAT! MY LIFE HAS CHANGED 100% SINCE GOING THROUGH THIS PROGRAM.

THANKS TO ALL THE STAFF IN VTC.

I WILL FOREVER BE THANKFUL WITH EVERY MEMBER THAT IS PART OF THE VTC STAFF BECAUSE THEIR SUPPORT, PATIENCE, KINDNESS, AND WILLINGNESS TO HELP ME PUT MY LIFE BACK INTO PERSPECTIVE ARE THE REASON I AM ABLE TO LIVE ONE DAY AT A TIME, DOING THE BEST I CAN TO PLAN FOR A BETTER FUTURE FOR MY FAMILY.

APPENDIX F

VTC DATA PARTY
DISCUSSION HIGHLIGHTS

VTC DATA PARTY DISCUSSION HIGHLIGHTS

1. CHANGING DEMOGRAPHICS – WHO WE SERVE
2. CHANGING DEMOGRAPHICS & CHALLENGES – WHO IS ALLOWED TO PARTICIPATE & WHY
3. WHY WE SHOULD TRACK & REPORT - EXAMPLE OF AGE BIAS IN EARLY YEARS OF THE COURT
4. DA GATEKEEPER DISCUSSION
5. CHANGES FROM 2017-2018 TO 2018-2019
 - a. TBI DIAGNOSES DOWN 19-POINTS FROM 15-16
 - b. TBI RELATED STRUGGLES SUCH AS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS ALSO DOWN 23-POINTS FROM 15-16
 - c. DIFFICULTY WALKING OR CLIMBING STAIRS DOWN 19-POINTS FROM 16-17 (26%) TO 7% TODAY
 - d. AF PARTICIPANTS INCREASED FROM 5% LAST YEAR TO 20% THIS YEAR – WHY?
 - e. HONORABLE DISCHARGES WAY UP (66%) THIS YEAR FROM LAST YEAR (48%)
 - f. CHALLENGES OF PARTICIPANTS ARE SHIFTING
6. CHANGES FROM 10 YEAR STUDY
7. BIG ISSUES TO DISCUSS
 - a. DA GATEKEEPER/WHO WE CAN MOST HELP WITH EXPENSIVE MODEL & TX
 - b. PARTICIPATION RATES/COURT CAPACITY
 - c. COMBAT EXPERIENCES RANGED FROM 84% TO 94% OVER PAST DECADE
 - d. ACTIVE DUTY AT 12% TODAY VS. 25% DURING FY12-15
 - e. UNEMPLOYED – LOOKING FOR WORK ON THE RISE AT 19% VS 13% AVERAGE FOR THE FY15-19 PERIOD; BUT VERY GOOD COMPARED TO FY09-13 WHEN IT WAS AT 36%; HOW ARE WE HELPING WITH THIS?
 - f. NUMBER OF APPOINTMENTS FX THE ISSUES OF WORK & SCHOOL –
 - g. PEER MENTORS
 - h. DISABILITY INCOME REPORTED BY 55%! CURRENT PARTICIPANTS ARE BETTER CONNECTED TO THE VA AND RECEIVE DISABILITY INCOME
 - i. TYPES OF ASSISTANCE REPORTED BY PARTICIPANTS –
 - i. 18% EMPLOYMENT ASSISTANCE
 - ii. 27% HOUSING ASSISTANCE
 - j. SUICIDE RISK & HOW TO HANDLE CONFIDENTIALITY OF RESPONDENTS
 - k. NEW ITEMS ADDED TO THE VTC SURVEY