

VTC Evaluation Report

November 15

2019

This report documents the Colorado 4th Judicial District Veterans Trauma Court Evaluation for July 2018 through June 2019. It includes the results of 101 surveys completed by participants in the past year as well as some multi-year comparisons dating back to the start of the VTC in 2009.

FY18-19 Report

Peak Research LLC
PO Box 50260 ~ Colorado Springs, CO 80949 ~ (719)598-9038
peakresearch@usa.net ~ www.peak-research.net

VTC Evaluation Report

INTRODUCTION

This report documents the on-going evaluation of the Colorado 4th Judicial District Veterans Trauma Court (VTC) for the 2018-2019 fiscal year, July 1, 2018 through June 30, 2019. It includes results from 101 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. According to data obtained from VTC staff, 467 total individuals have participated in the Veterans Trauma Court since its inception. Sixty-eight individuals have failed to complete the program for any reason, for a fail rate of 17.8%. Three hundred thirteen participants have successfully completed or graduated from the program, for a graduation rate of 82.2%. There are currently 86 active participants.

Table 1. VTC Participation Statistics through June 2019

TOTAL PARTICIPANTS TO DATE	CURRENT ACTIVE PARTICIPANTS	DID NOT COMPLETE FOR ANY REASON	GRADUATES TO DATE	GRADUATION RATE
467	86	68/17.8%	313	82.2%

Of the 467 individuals who have participated in the VTC to date, 406 have participated in at least one survey or interview for the evaluation of the court for a participation rate of 86.9% (Table 2). State-funded evaluation from 2015 to the present accounted for nearly half of all VTC evaluation participants (48.8%), enrolling individuals at an average rate of about 50 per year.

Table 2. VTC Evaluation Participation

JDTR GRANT 2009-2013	VETS GRANT 2012-2015	STATE 2015-2019	TOTAL 2009-2019
113	95	198	406

WHAT WE KNOW ABOUT PARTICIPANTS

During the FY18-19 evaluation, 42 individuals completed Baseline surveys upon entry to the VTC. Fifty-nine 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. Combined Baseline and Follow-up survey results are presented unless otherwise specified.

Female participation in the VTC achieved its highest level in ten years at 11%. Race continued to be majority white (61%) but has ranged from 56% to 72% white over the past ten years. Hispanic ethnicity increased from 13% last year to 27% this year but has ranged from 13% to 32% over ten years. African American participants made up 14% of current VTC evaluation participants, ranging from 11% to

VTC Evaluation Report

22% over ten years. Eighteen percent reported that they speak a language other than English at home. This language was most often Spanish (71%). Mean age of participants has ranged from 31 years when the court first started to 37 years last year in 2017-2018. Today, the mean age has dropped to 32 years. Eighty-three percent reported that they have children, compared to 68% last year. The average number of children was 2.3 per participant. Participants who reported that they were divorced or separated dropped from 46% last year to 31% this year.

Table 3. Demographics 2018-2019

GENDER - MALE/FEMALE	89%/11%	SPEAK LANGUAGE OTHER THAN ENGLISH @ HOME	18%
RACE - WHITE	61%	MARRIED	47%
RACE - AFRICAN AMERICAN/BLACK	14%	SINGLE, NEVER MARRIED	16%
RACE - AMERICAN INDIAN	5%	DIVORCED/SEPARATED	31%
RACE – NATIVE HAWAIIAN/PACIFIC ISLANDER	2%	WIDOWED	3%
RACE – OTHER/MIXED	18%	OTHER MARITAL STATUS	3%
ETHNICITY – HISPANIC	27%	HAVE KIDS	83%
MEAN AGE - IN YEARS	32.0		

(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 these data are required by federal funders.

Participants with reported Traumatic Brain Injury (TBI) diagnoses were down 19-percentage points from FY15-16. This is an important metric that should be explored to increase understanding of participant challenges. Reports of negative health indicators declined in the past year on 5 out of 7 indicators. Overall health of participants seems to be improving at Baseline. Only reports of deafness/difficulty hearing and blindness/difficulty seeing increased from last year. Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition continues to be the most reported health disparity challenge, despite a 21-percentage point decline from FY17-18.

VTC Evaluation Report

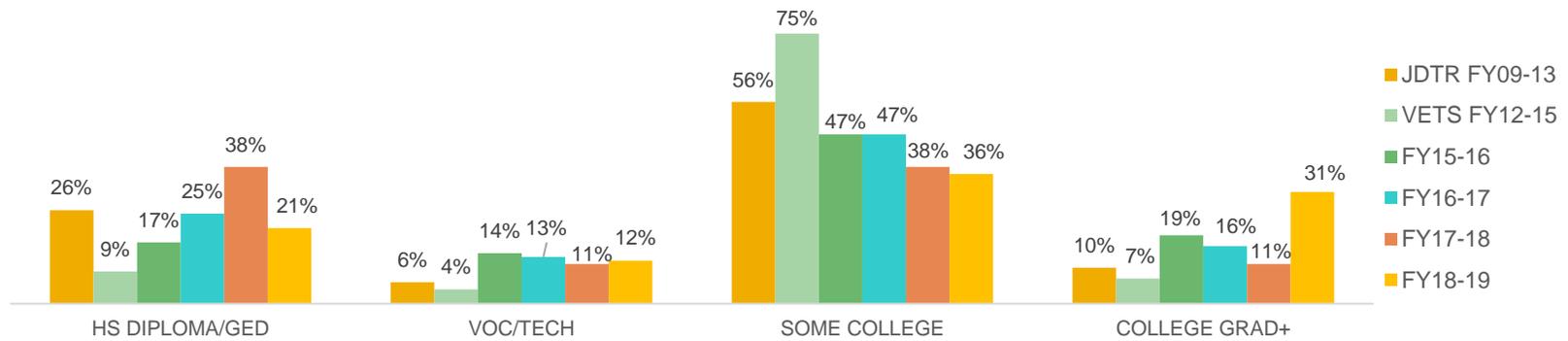
Table 4. Health Disparity Impact Indicators @ Baseline

	FY15-16	FY16-17	FY17-18	FY18-19
DEAF OR SERIOUS DIFFICULTY HEARING	12%	22%	15%	19%
BLIND OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	9%	6%	2%	7%
DIAGNOSED WITH A LEARNING DISABILITY (AUTISM, DYSLEXIA, ADHD)	27%	27%	29%	20%
DIAGNOSED WITH A TRAUMATIC BRAIN INJURY	56%	51%	39%	37%
SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS BECAUSE OF A PHYSICAL, MENTAL, OR EMOTIONAL CONDITION	79%	68%	77%	56%
SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	22%	26%	12%	7%
DIFFICULTY DRESSING OR BATHING	10%	12%	8%	5%

EDUCATION

VTC participants have been well educated since the start of the court, but over time rates of “some college” have dropped from a high of 75% during the VETS grant (2012-2015) to about 36% today. “Some college” refers to college experience, but no graduation to date. Bachelor’s degrees were reported by about 21% of current VTC participants at Baseline, while advanced degrees were reported by an additional 10%. College grads and those holding advanced degrees are at an all-time high and represent a 117% increase from 2017-2018. Participants reporting a high school diploma or GED (21%) have dropped from 38% last year. Participants reporting “less than High School” education were at zero again this year but have never been above 2% over ten years. Today, 17% report that they are enrolled full-time in school or job training programs.

Chart 1. Education



(NOTE: Numbers may not total 100 due to rounding and removal of “less than High School” education category from chart)

VTC Evaluation Report

MILITARY SERVICE

All Veterans Trauma Court participants have served in the US Armed Forces. Twelve percent of current VTC participants reported that they were Active Duty. Eighty-eight percent identified as veterans, with 56% describing themselves as “separated” from military service, 22% retired, and 10% “other.” Other responses included medical retirement and medical hold. Seventy-three percent served in the Army, 5% in the Navy, 20% in the Air Force, and 2% “other.” Air Force participation increased from 5% last year to 20% this year.

Combat experiences reported by VTC participants have ranged from 84% to 97% over the past ten years. Combat experiences were reported in Iraq or Afghanistan (92%), the Persian Gulf (3%), and Korea (5%). Mean number of combat tours of duty was 1.9 for current participants, compared to 2.1 tours last year. Sixty-six percent of current participants reported Honorable discharges, compared to 48% last year. Twenty percent reported discharges that were General – Honorable Conditions. Ten percent of discharges were Medical. There were no General – Other than Honorable (OTH) or Bad Conduct discharges reported. During the early days of the VTC, OTH and Bad Conduct discharges were reported by about 12% of participants

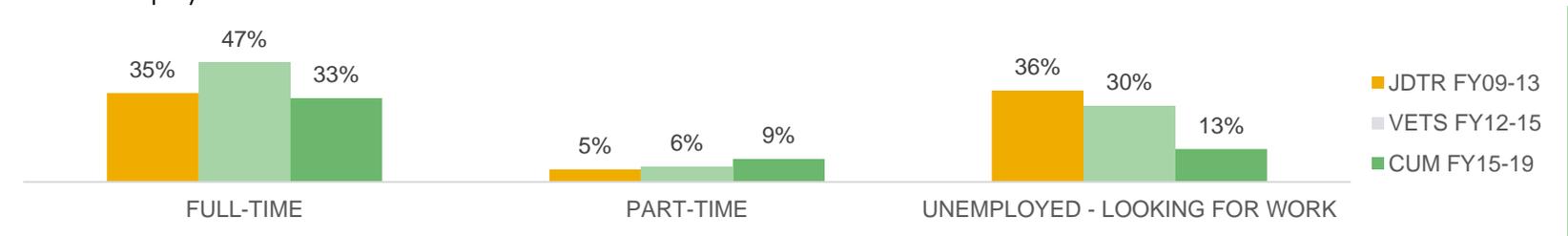
Table 5. Military Service – Discharge Status

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

EMPLOYMENT

Employment data for the past four years were recoded to more accurately assign “other” responses to the correct categories. Today, 29% of VTC participants are employed full-time at Baseline, the lowest rate since the court began. Part-time employment was reported by just 5% during FY2018-2019. Reports of being “unemployed – looking for work” are currently on the rise at 19%, compared to 13% average for the FY15-19 period.

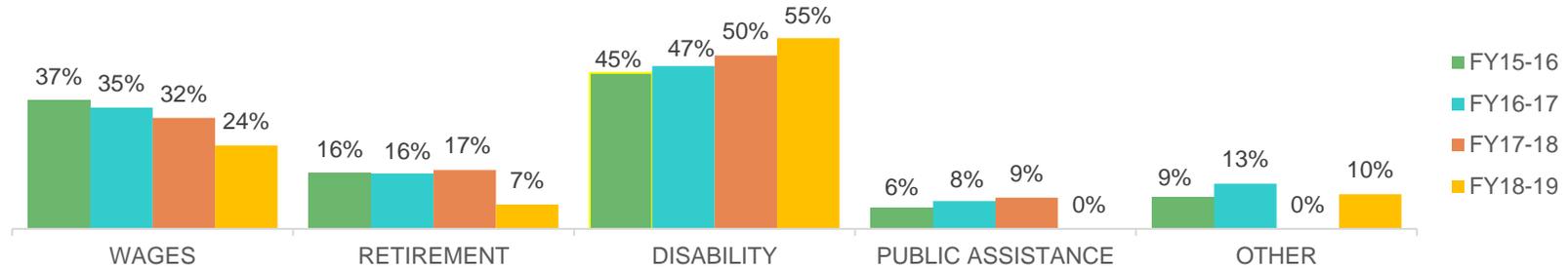
Chart 2. Employment



VTC Evaluation Report

Eighteen percent of current participants reported that they had received employment assistance from the VTC or its partners. Disability income was reported by 55% of respondents, potentially reducing the number of participants looking for work or reporting wages from employment. Just seven percent reported income from retirement in FY18-19. Twenty-four percent reported income from wages. There were no reports of income from public assistance. Other income sources included the GI Bill and Air B&B rentals.

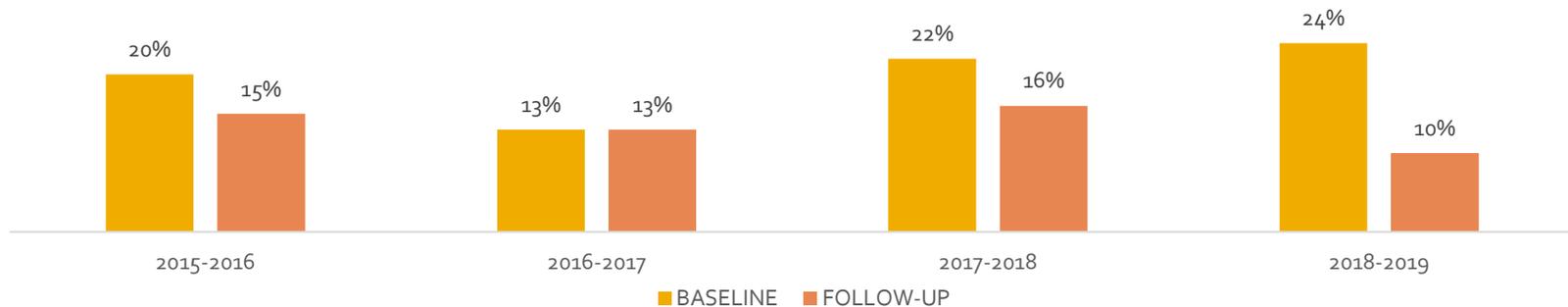
Chart 3. Income Sources



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 for the 2018-2019 fiscal year but improved significantly by Follow-up. Twenty-two percent of current participants reported that they received support or assistance for housing from the VTC or partners at Baseline. About 14% were unsure if they had received housing assistance.

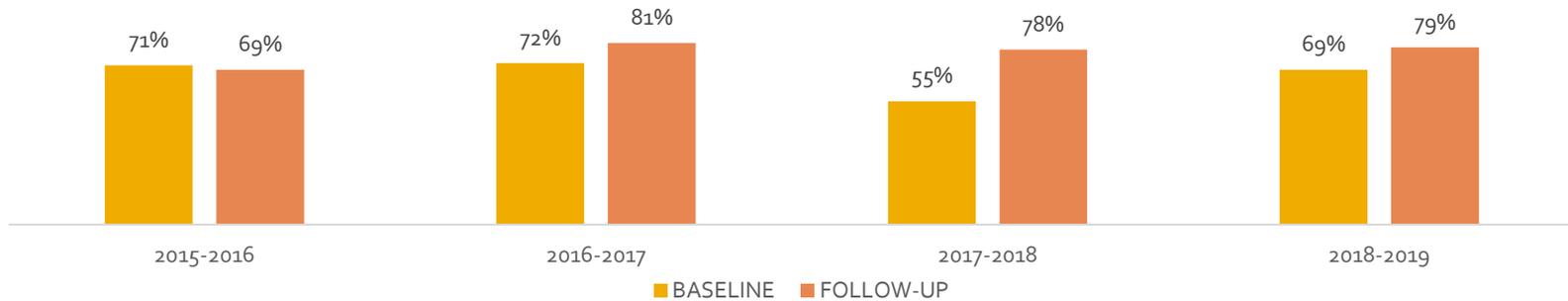
Chart 4. Unstable Housing @ Baseline and Follow-up



VTC Evaluation Report

Stable housing was broken out by status at Baseline or Follow-up to explore change over time. In all state funded VTC years except 2015-2016, housing stability improved over time. 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.

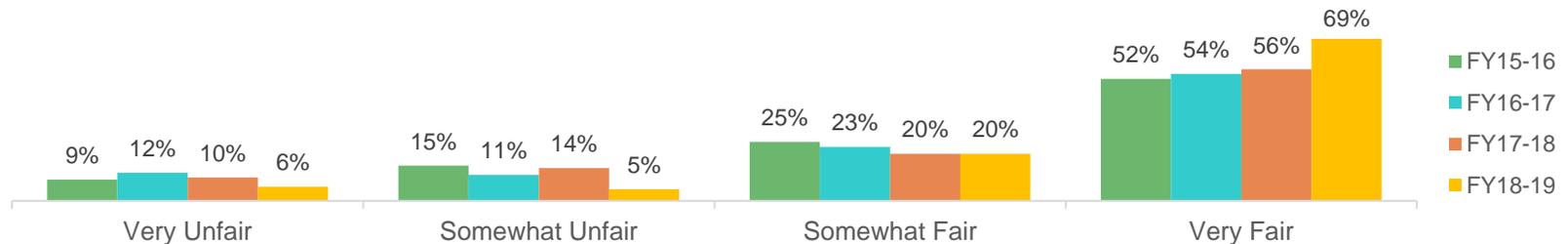
Chart 5. Stable Housing @ Baseline and Follow-up



PERCEIVED FAIRNESS OF THE CASE

Participants were asked to rate the fairness of the cases that got them into the VTC. Eighty-nine percent of current participants believed their cases to be “somewhat” or “very” fair, compared to 76% last year. When ratings of fairness were compared from Baseline to Follow-up, rather than cumulatively, perceptions of fairness increased for FY18-19 participants with time in the program. “Very fair” ratings increased from 57% at Baseline to 78% at Follow-up. “Very unfair” ratings decreased from 10% at Baseline to 3% at Follow-up.

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. Here is a sample of quotes: “Mostly good - hard to maintain normal living (being a dad, work) with all the requirements and appointment.” “I believe that

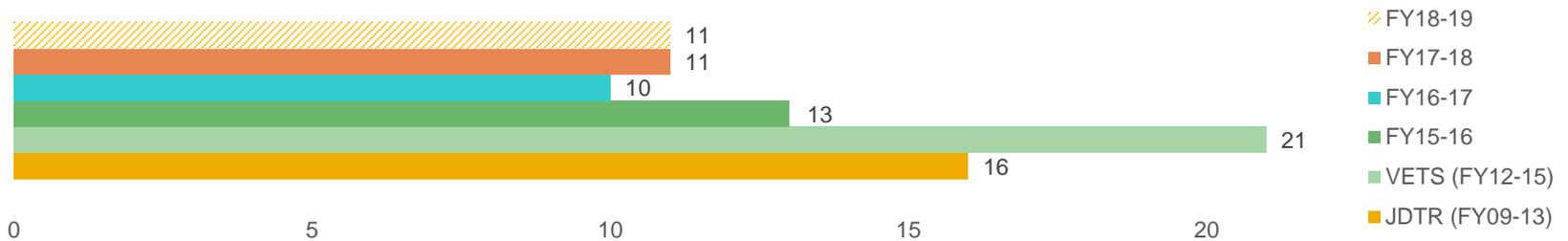
VTC Evaluation Report

without the VTC I would either be dead or in prison.” “good. treatment and rehabilitation is better than jail. Jail is not constructive.” “It changed my life. I got the help I needed for years.”

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, the average number of appointments required for VTC participation has dropped significantly. For the second 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 dropped from 11 to 10 per month at Follow-up.

Chart 7. Average Number of Appointments per Month



DEFERRED SENTENCES

After a significant drop in reports of deferred sentences received by participants last year, levels are back to the normal range (61%). Eight percent were unsure, and 6% attempted to explain sentencing without specifying a deferred sentence. It's clear that participants do not have a good understanding of deferred sentences. VTC focus group participants in 2019 also expressed confusion and distrust about deferred sentencing, as reflected in these quotes from the discussion:

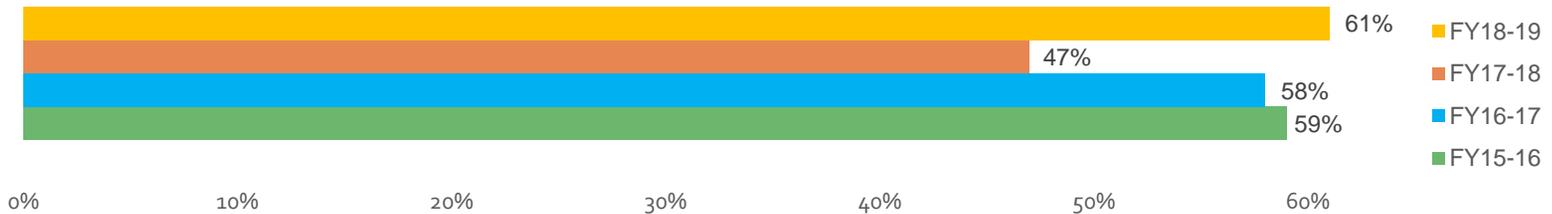
- And even if they do say that you can get that done, I've heard of people not being able to get it done, just because if they allow it, you really have to fight to get it done.
- I had a deferment for a driving without a license, and yet it wasn't deferred. I had to serve three days on it, and then it wasn't deferred at all, so I graduated with nothing deferred or sealed.
- Deferment, so if you get a deferred, if you are one of the few who gets it, and then you catch a new charge while on probation on VTC, your deferment goes away and then you're restarted.

VTC Evaluation Report

- Yeah, but it can still be denied, even if they say it will be, like, it's not necessarily going to be that way.

Next year, deferred sentences will be tracked via plea agreement to increase accuracy and understanding. Deferred sentences provide the motivation for treatment and are one of the reasons veteran treatment courts have been started across the nation – to give veterans the opportunity for a fresh start.

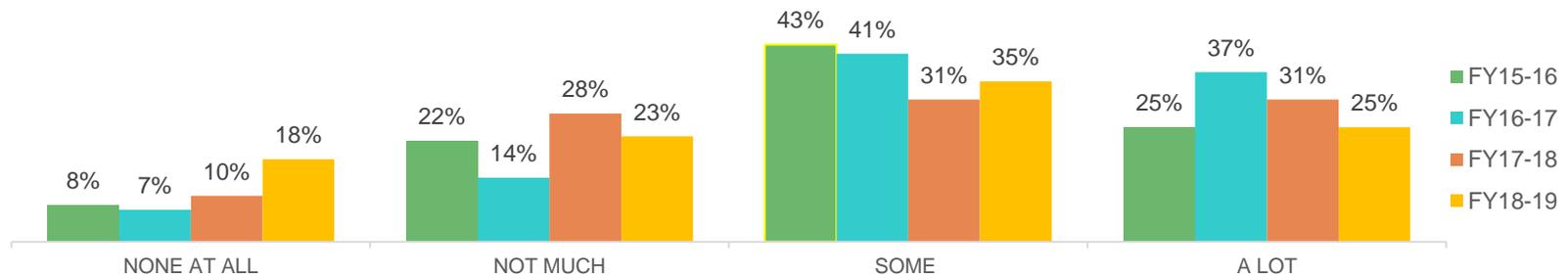
Chart 8. Deferred Sentences



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. Eighteen percent of current participants felt that their influence was “none at all,” while 23% reported “not much” personal influence during the last court appearance. This rating of little personal influence is at its highest point (41%) since the question was added to the Baseline survey in 2015. 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 37%.

Chart 9. Perceived Influence



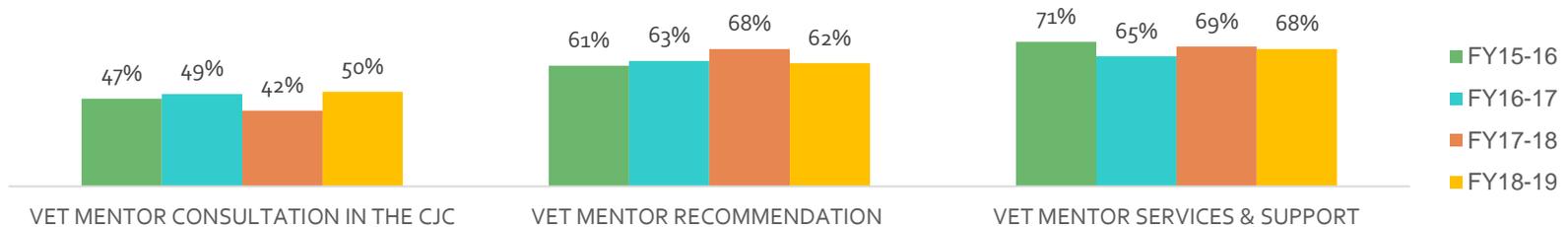
VTC Evaluation Report

VETERAN MENTORS

Veteran Mentor services and support were reported by 68% of current VTC participants. These services and supports are available for all and recommended for all but are not being utilized by all. Participants in the VTC 2019 focus group were asked about their experiences with mentors to try to increase understanding. Several individuals commented that they didn't get the help they needed. Another said that being called on a Saturday and asked if they've been drinking was not helpful. Some discussion participants made it clear that they were not sure about the mentor role or purpose. Others complimented Mentors by name and appreciated somebody caring about how they are doing. Others said they just didn't need the help. Some asked for additional help with transportation.

Reports of Veteran Mentor services and supports were also compared for Baseline and Follow-up participants in 2018-2019 to see if time in the program increased their access and awareness. It is promising to note that reports of mentor services and supports increased from 60% at Baseline to 73% at Follow-up. It might be beneficial to market the Veteran Mentor program to make sure that everyone is aware of the supports and has access to the program, if needed. Veteran Mentor consultations at the Criminal Justice Center (CJC) were reported by half of current respondents. Veteran Mentor recommendations for VTC participation were reported by 62% of current participants.

Chart 10. Veteran Mentor Support



Participants were asked to estimate how much Veteran Mentor support has contributed to their success in the VTC. Thirty-seven percent reported "a huge amount" this year. Twenty-eight percent attributed "none" or "not much" of their success to support from Veteran Mentors. When Baseline and Follow-up responses were broken out separately, 28% said they had been helped "a huge amount" by mentors at Baseline, compared to 43% after six months or more in the program.

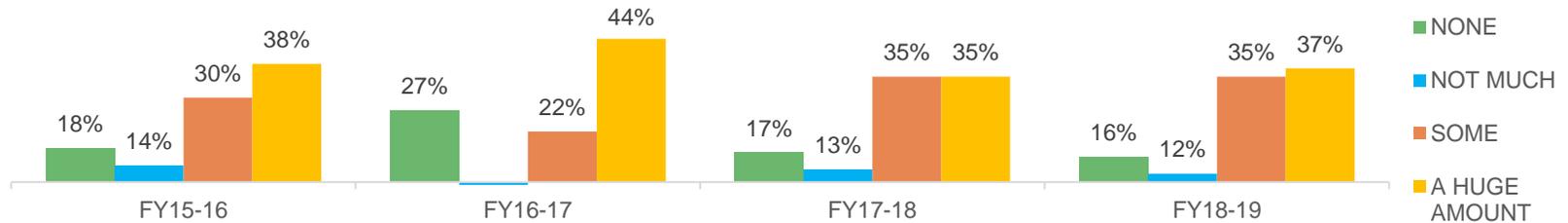
The impact of Veteran Mentor services and support was explored in more detail for the current FY2018-2019 cohort. Participants who reported that Veteran Mentors helped them a "a huge amount" were:

- more likely to report "a lot of influence" over the agreement reached at their last appearance (43%) than those who reported "none" (7%)
- more likely to report "very good" or "excellent" health (50%) than those who reported "none" (31%)

VTC Evaluation Report

- more likely to report they “agree” or “strongly agree” that they belong in the community (74%) than those who reported “none” (50%)
- more likely to be employed “full” or “part-time” (34%) than those who reported “none” (19%)
- more likely to say they want to repair the harm they caused (92%) than those who reported “none” (75%)
- less likely to have unstable housing (6%) than those who reported “none” (13%).

Chart 11. Veteran Mentor Support Contributed to VTC Success

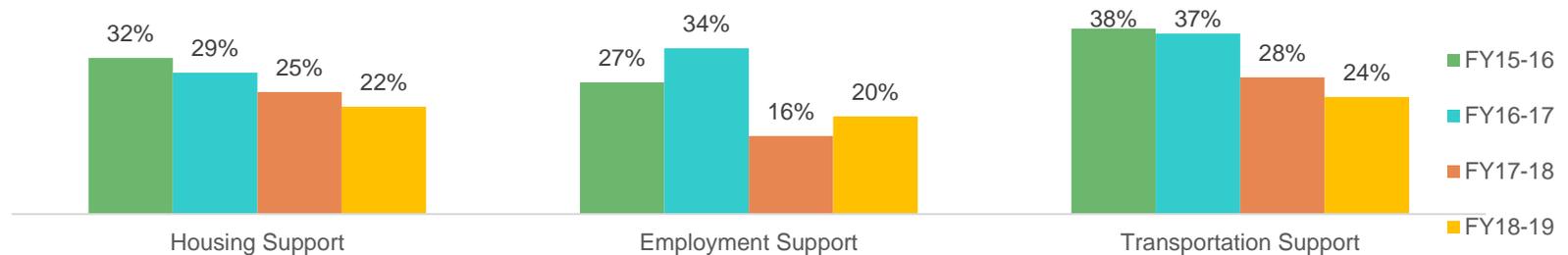


If Veteran Mentors tracked the services and support they provide, it would greatly expand the understanding in the veteran treatment court literature of what Veteran Mentors do and how they contribute to participant success so that practices could be replicated. See Appendix D for a full list of write-in 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. Transportation was most frequently cited by current participants (24%), but these reports were down from previous years. Employment support was reported by 20%, a slight increase over the low point last year. Housing support was reported by 22% of current participants, a new low. Improvements in the economy and access to other kinds of support, like Disability income may play a role in these shifting needs.

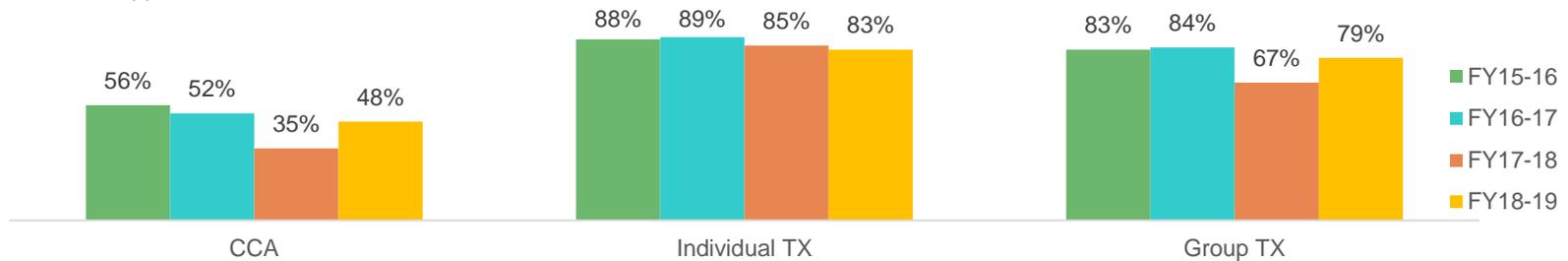
Chart 12. Participant Supports



VTC Evaluation Report

Current participants reported high levels of engagement in individual (83%) and group treatment (79%). Reports of group treatment and Comprehensive Clinical Assessments (CCAs) were up from last year.

Chart 13. Types of Treatment



MENTAL HEALTH CHALLENGES

VTC participants were asked about six mental health challenges. In the past, the average number of days that each health challenge was experienced was reported, but this metric was difficult to understand. This year, the percentage of participants at Baseline who reported any amount of trouble with specified challenges is reported. Over time, mental health challenges have been fairly stable from year to year, with anxiety, depression, and trouble remembering being reported by 2/3 or more of participants. In 2018-2019, respondents were more likely to report hallucinations and suicide attempts than in past years.

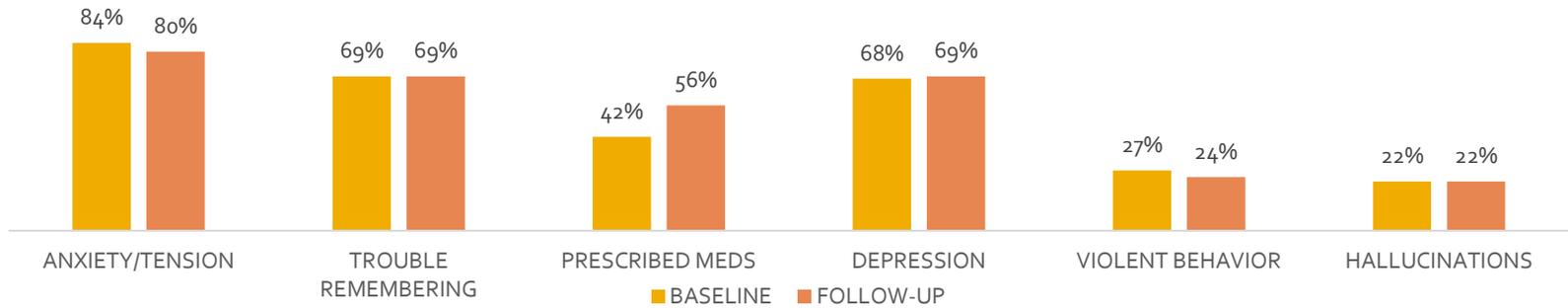
Table 6. MH Challenges @ Baseline – Any Days Reported

MENTAL HEALTH CHALLENGES	2015-2016 (n=55)	2016-2017 (n=32)	2017-2018 (n=54)	2018-2019 (n=42)
SERIOUS ANXIETY/TENSION	90%	90%	85%	84%
TROUBLE REMEMBERING	75%	72%	75%	69%
PRESCRIBED MEDICATIONS	51%	37%	37%	42%
SERIOUS DEPRESSION	74%	61%	67%	68%
TROUBLE CONTROLLING VIOLENT BEHAVIOR	28%	19%	25%	27%
HALLUCINATIONS	16%	19%	17%	22%
SUICIDE ATTEMPTS	0	1	1	7

In FY2019-2020, additional metrics on suicide risk and quality of life were added to increase understanding of risk and severity of symptoms. Current participants were slightly less likely to report serious anxiety/tension, though rates of report are still quite high with 84% reporting any days with this challenge. Medications were more likely to be prescribed this year than in the past two years.

Chart 14. Mental Health Challenges Reported Any Days – Baseline to Follow-up

VTC Evaluation Report



Mental health challenges were also explored at Follow-up to look for improvement over time. Serious anxiety/tension, trouble controlling violent behavior, and suicide attempts improved at Follow-up. Medications were much more likely to be prescribed at Follow-up.

Table 7. MH Challenges @ Follow-up – Any Days Reported

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

SUBSTANCE USE

Substance use was self-reported for 10 categories of use. Fifteen percent of current VTC participants reported alcohol use over the past 30 days at Baseline, compared to 5% at Follow-up. Eight percent reported that they had used illegal drugs in the past 30 days at Baseline, compared to 5% at Follow-up. Reports of marijuana use at Baseline were 11% this year, compared to 9% last year. Reported use of other substances at Baseline was 3% for Methamphetamine, 3% for opioids not prescribed to you, 6% for prescription stimulants not prescribed to you (e.g., Ritalin, Adderall), and 8% for cocaine/crack. By Follow-up, reported marijuana use had dropped to 4%. No cocaine or stimulant use was reported at Follow-up.

VTC Evaluation Report

Table 8. Substance Use by Current Participants @ Baseline & Follow-up

SUBSTANCE USE - PAST 30 DAYS	BASELINE	FOLLOW-UP
ALCOHOL	15%	5%
ILLEGAL DRUGS	8%	5%
MARIJUANA	11%	4%

TOBACCO PRODUCTS

VTC participants were asked about use of cigarettes and other tobacco products. Tobacco use dropped in every category of product use from FY17-18 to FY18-19 at Baseline. Current Baseline use of cigarettes and chewing tobacco are at their lowest levels. At Follow-up, current participants (FY18-19) reported slight increases in use across tobacco products, except for E-cigarettes which dropped slightly to 16%. 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. VTC staff have been encouraged in the past to offer smoking cessation programs, support, or incentives to help veterans reduce tobacco use, but it is not currently known why or how these improvements were achieved.

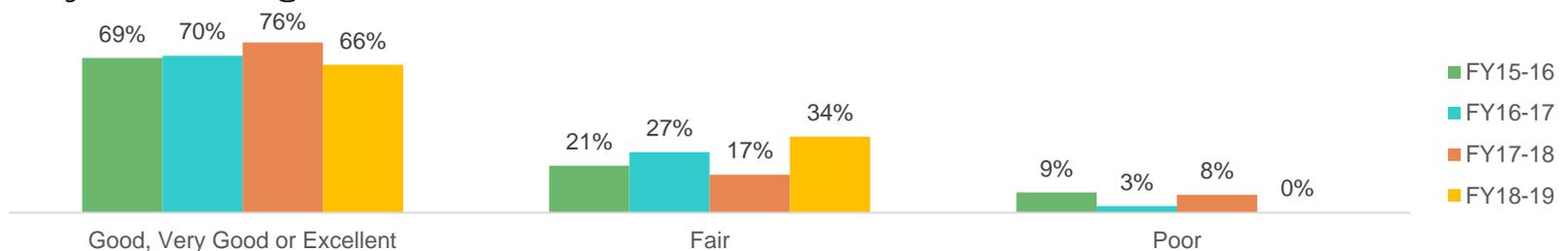
Table 9. Tobacco Product Use @ Baseline

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

OVERALL HEALTH

Overall health was rated as “good,” “very good,” or “excellent” by 66% of FY18-19 participants at Baseline. The mean rating of overall health for these participants was 2.93, compared to 2.83 last year. Lower mean ratings indicate better health. From Baseline to Follow-up, ratings of “good,” “very good,” or “excellent” overall health increased from 66% to 79% in FY18-19.

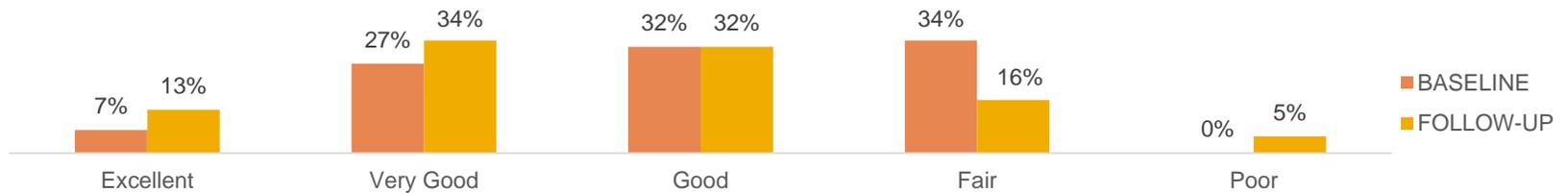
Chart 15. Overall Health @ Baseline



VTC Evaluation Report

When asked if their military service had caused or contributed to any medical problems they may have 83% said “yes” at Baseline, the lowest level of attribution since tracking began. At Follow-up, 90% attributed medical problems to military service. When asked if their military service had caused or contributed to any mental health or emotional problems they may have, 98% said “yes” at Baseline, compared to the same levels (98%) at Follow-up.

Chart 16. Overall Health Ratings of Current Participants FY18-19 @ Baseline & Follow-up



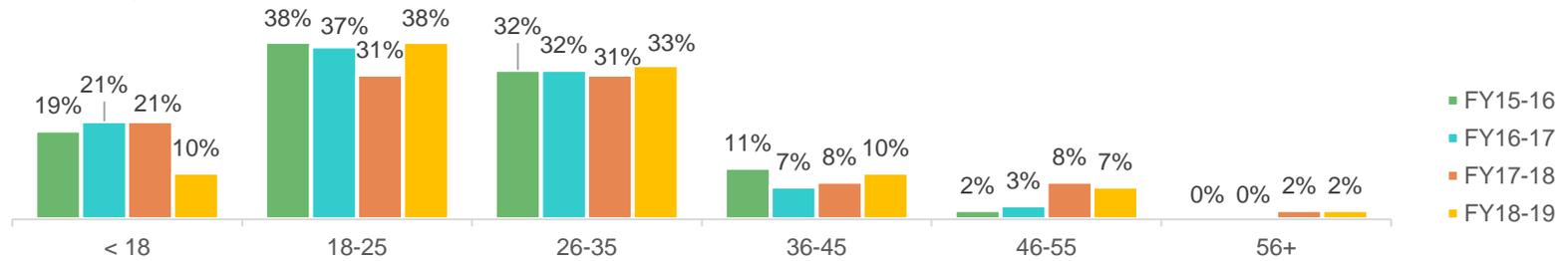
INTERACTION WITH FRIENDS OR FAMILY

At Baseline, 93% of current VTC participants reported that they had interacted with family or friends supportive of their recovery in the past 30 days, compared to 95% at Follow-up. Last year, 83% reported they had interacted with family or friends at Baseline. Five percent of Baseline participants reported that they had “no one” to turn to when they needed help, compared to 7% at Follow-up. Last year, 13% reported “no one” to turn to for help at Baseline and 11% at Follow-up. Current Baseline participants reported that they interacted with friends (20%), family members (51%), or others (24%). “Other” responses most often included multiple names, such as battle buddies, spouses, and Veteran Mentors.

CRIMINAL JUSTICE INVOLVEMENT

Baseline VTC participants answered a series of questions about prior criminal justice involvement. The mean age of FY18-19 participants at first arrest was 29 years.

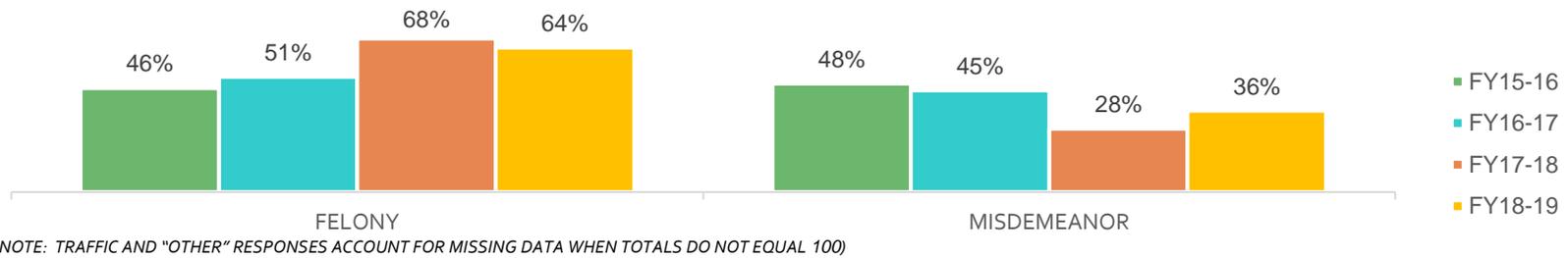
Chart 17. Age of First Arrest



VTC Evaluation Report

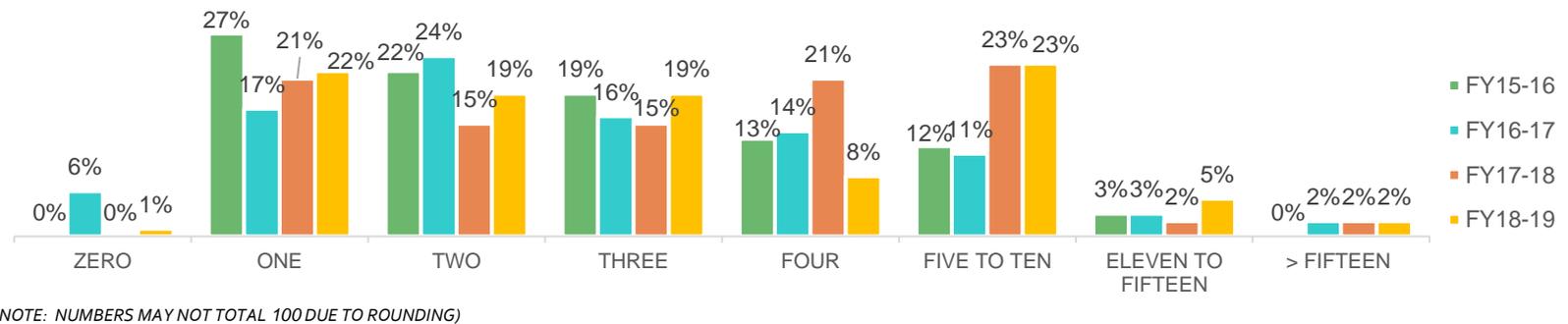
Baseline participants in FY18-19 shared the highest charge that got them into the VTC. No traffic charges were reported. Misdemeanor charges were reported by 36% of participants, an increase of 8 percentage points from last year. Felony charges were reported by 64% of participants. Over the past four years, from FY15-16 to the present, Misdemeanor charges accounted for 36.6% of participant charges. Felonies made up 57.1% of charges. Traffic and "Other" responses made up 6.2% of charges.

Chart 18. High Charge @ Baseline



The average number of lifetime arrests was 3.3 for Baseline participants in FY18-19, compared to 3.8 last year. Current Baseline participants reported lifetime number of arrests ranging from zero to thirteen.

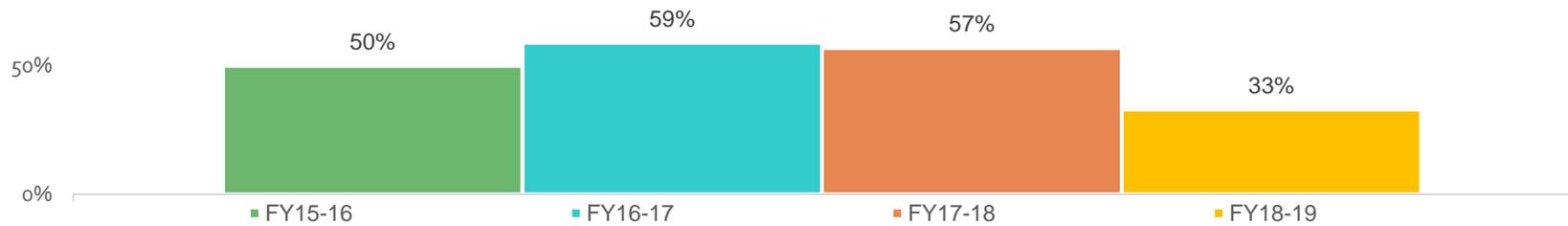
Chart 19. Lifetime Number of Arrests



Thirty-three percent of Baseline participants in FY18-19 reported that they had ever spent time in jail or prison because of a conviction, compared to 57% in FY17-18. Fifty-five percent of Baseline participants (FY18-19) reported that a restraining order, no contact order, or order of protection had ever been filed against them, compared to 70% last year.

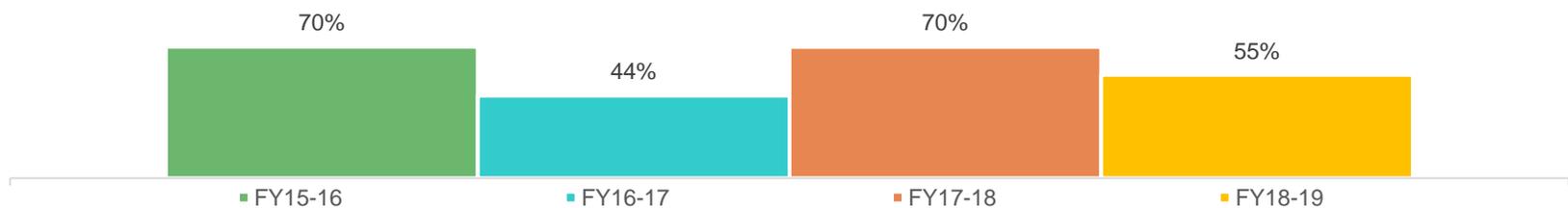
VTC Evaluation Report

Chart 20. Ever Spent Time in Jail or Prison Because of Conviction @ Baseline



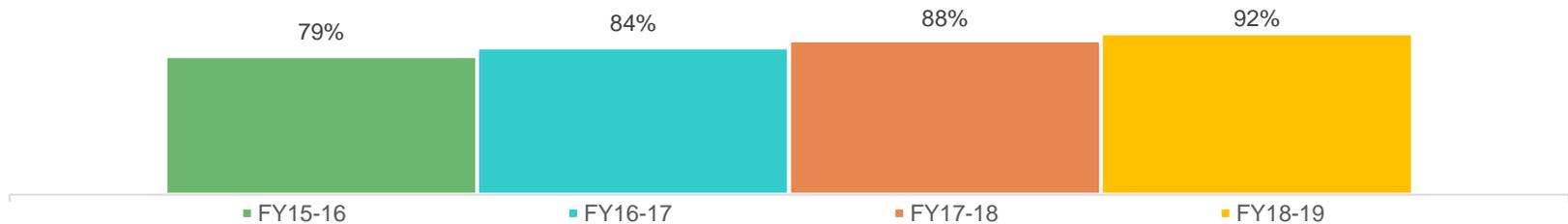
Ninety-two percent of current Baseline VTC participants said they were interested in repairing the harm that was done by them, compared to 88% last year. Write-in responses were explored for all four program years and recoded when possible to increase accuracy.

Chart 21. Ever Had Restraining Order, No Contact Order, or Order of Protection @ Baseline



In FY18-19, for example, 6 individuals were unable to provide a “yes” or “no” response to this question, but their write-in responses showed that they either didn’t understand the question or they fundamentally disagreed with the idea that they had caused harm, so their responses were excluded.

Chart 22. Interested in Repairing the Harm @ Baseline

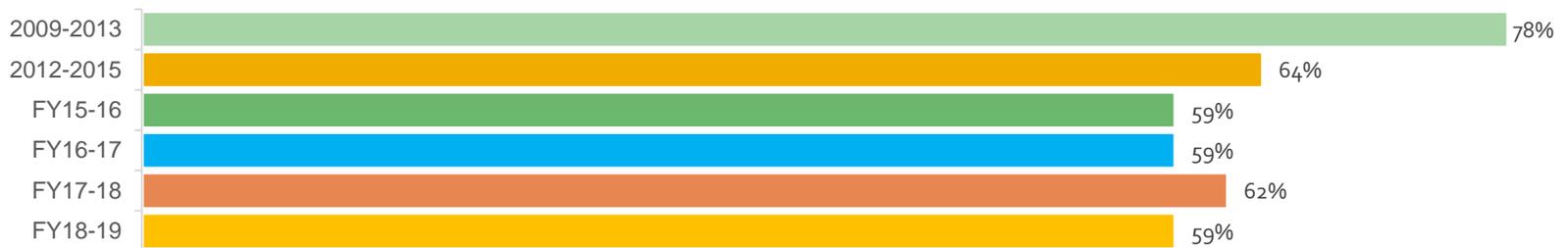


VTC Evaluation Report

POST-TRAUMATIC STRESS DISORDER

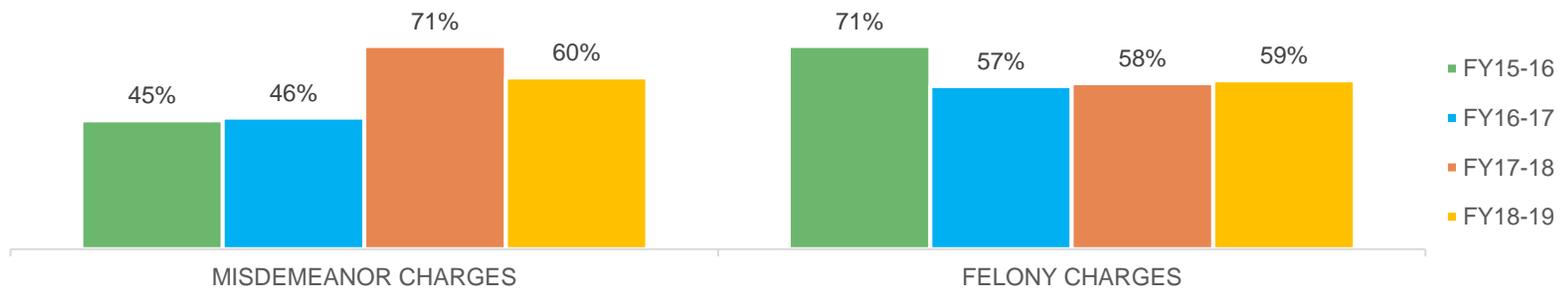
VTC participants completed the PCL-C to determine whether Post-Traumatic Stress Disorder (PTSD) symptoms and severity were at a clinical level for diagnosis (with scores of 50 or higher). Fifty-nine percent of current participants scored 50 or higher at Baseline, indicating a clinical level of PTSD, compared to 62% last year. At Follow-up, 51% of current participants had scores of 50 or greater, showing some improvement in PTSD symptoms and severity for participants. Scores at Baseline ranged from 17 to 85, while scores at Follow-up ranged from 17 to 79.

Chart 23. Clinical Levels of PTSD @ Baseline



To explore the relationship between clinical levels of PTSD and other variables, deferred sentences were examined in FY18-19. Fifty-six percent of Baseline participants who received a deferred sentence met the clinical cut-off for PTSD. High charge and PTSD scores that met the clinical cut-off for diagnosis were also explored at Baseline. Sixty percent of VTC participants with misdemeanor charges met the clinical cut-off score for PTSD on the PCL-C. Fifty-nine percent with felony charges met the clinical cut-off for PTSD. When combat tours were explored by clinical cut-off for PTSD, 60% of combat veterans had clinical levels of PTSD at Baseline.

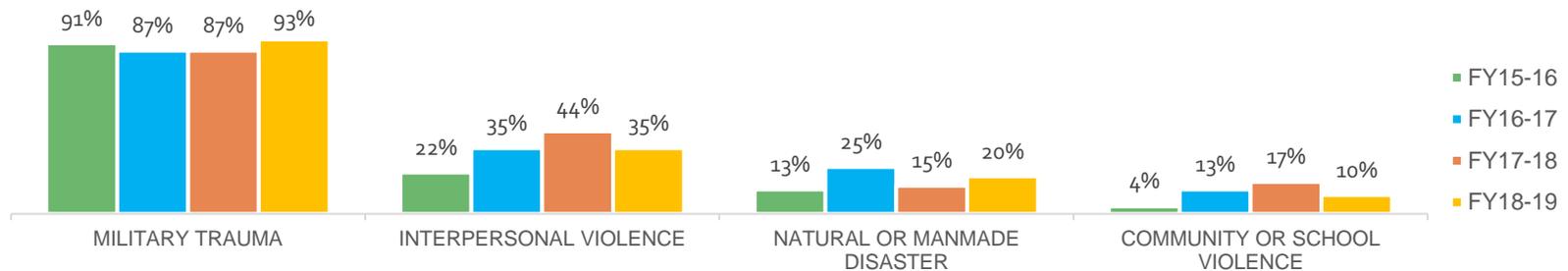
Chart 24. PTSD Scores @ Clinical Level - by Type of Charge



VTC Evaluation Report

VTC participants also completed a series of questions about possible sources of trauma. Just 3% of FY18-19 Baseline participants reported that they have **not** experienced an event that resulted in feeling physically or emotionally harmed or threatened. Military trauma far exceeded all other sources of reported trauma at 93%. Reports of interpersonal violence were down from last year, while reports of natural or manmade disasters were up slightly. When trauma experiences were explored by PTSD, 100% of VTC participants who had experienced natural or manmade disasters met the clinical cut-off while 60% who had experienced interpersonal violence and 62% who had experienced military trauma met the clinical cut-off for PTSD diagnosis at Baseline.

Chart 25. Sources of PTSD



TRAUMATIC BRAIN INJURY

VTC participants were asked a series of 25 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 feet, vehicles, fights, sports and shaking were up from last year. The #1 source of head injury over the past three years was vehicular, but sports and blast injuries are also high.

Table 10. Traumatic Brain Injury – Types of Head Injuries

TYPES OF HEAD INJURIES	FY15-16	FY16-17	FY17-18	FY18-19
NONE	6%	13%	19%	12%
FRAGMENT	8%	11%	0	5%
BULLET	3%	2%	0	0
VEHICULAR	43%	50%	42%	50%
FALL - OVER 10 FEET	27%	31%	23%	24%
FALL, TRIP OR SLIP - LESS THAN 10 FEET	33%	26%	23%	10%
BLAST – IED, RPG, LANDMINE OR GRENADE	57%	46%	38%	41%
HIT VERY HARD DURING A FIGHT	36%	44%	32%	36%
SPORTS	31%	32%	25%	43%

VTC Evaluation Report

SHAKEN VERY HARD – INCLUDING AIRBAG TRAUMA	21%	24%	6%	12%
REGAINED CONSCIOUSNESS > SEIZURE OR BLACKOUT W/ EVIDENCE OF HEAD INJURY	15%	26%	23%	14%

VTC participants were asked to share the physical impacts of head injuries. Reports of feeling dazed, confused, or “seeing stars” were most commonly reported (76%), but reports of losing consciousness for 1-20 minutes declined by 10-percentage points from last year.

Table 11. Traumatic Brain Injury – Physical Impact

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

Participants were asked to share problems that have resulted from head injuries. Ringing in the ears was most frequently cited (51%), but memory problems, sleep problems, balance problems, and irritability declined from last year. Reports of headaches and dizziness increased slightly.

Table 12. Traumatic Brain Injury – Problems

PROBLEMS RELATED TO HEAD INJURIES	FY15-16	FY16-17	FY17-18	FY18-19
HEADACHES	58%	63%	42%	44%
DIZZINESS	40%	50%	25%	29%
MEMORY PROBLEMS	64%	58%	60%	49%
BALANCE PROBLEMS	36%	42%	29%	24%
RINGING IN THE EARS	60%	57%	50%	51%
IRRITABILITY	60%	45%	45%	37%
SLEEP PROBLEMS	67%	70%	64%	44%

Traumatic brain injury diagnosis was also explored by PTSD levels. Just 36% of participants with reports of diagnosed TBI do NOT have clinical levels of PTSD. Individuals with a TBI are much more likely to also suffer from PTSD. With just 12% reporting they have never sustained a head injury, it’s clear that there are many accommodations that might help participants succeed in the VTC such as written and telephone reminders about appointments and expectations.

VTC Evaluation Report

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. For the first time since data collection began, an adequate number of paired Baseline and Follow-up surveys was available for analysis. 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. The Baseline MIS items were completed by 175 individuals, while Follow-up MIS items were completed by 110 individuals.

Table 13 provides the results of the Moral Injury survey. The MIS consists of 20 items to which respondents chose among five answer options: 1. Not at all, 2. A little bit, 3. Moderately, 4. Quite a bit, or 5. Extremely. The lowest possible score on the MIS was 20 and the highest possible score was 100. Mean moral injury scores were 46.13 at Baseline and dropped to 44.01 at Follow-up, showing improvement over time. All of the moral injury items may be found in the VTC Survey in Appendix B.

Table 13. Moral Injury Scale Scores

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

Principal components analysis was conducted on the scale items and yielded four components. With varimax rotation, 61% of the total variance in the scores was explained. The KMO Measure of Sampling Adequacy was .891 and Bartlett’s Test of Sphericity Chi Square significance level was .001 (df=153). Clinicians were asked to review the items for each component and characterize the content with a label. The following labels were assigned: 1) Intrapersonal connectedness, 2) Self-condemnation/shame, 3) Social connectedness, and 4) Self-forgiveness.

VTC Evaluation Report

Moral Injury Scale component scores were calculated for each of the four components because of potential utility to clinicians in understanding which areas might benefit from additional focus. It is proposed that individual component scores that fall at least one standard deviation above the mean for all participants is an area of therapeutic need. Individual component scores that fall at least one standard deviation below the mean for all participants may mean that moral injury is not a concern.

Table 14. Moral Injury Component Scores & Uses

COMPONENT	RANGE	SAMPLE MEAN	SAMPLE STD. DEV.	THERAPEUTIC ATTENTION
INTRAPERSONAL CONNECTEDNESS	8.0 to 40.0	17.97	6.46	(One SD below the mean = 11.51) Scores < 11.51 = no MI (One SD above the mean = 24.43) Scores > 24.43 = MI
SELF-CONDEMNATION/SHAME	6.0 to 30.0	12.16	4.94	Scores < 7.22 = no MI Scores > 17.1 = MI
SOCIAL CONNECTEDNESS	4.0 to 20.0	9.20	3.69	Scores < 5.51 = no MI Scores > 12.89 = MI
SELF-FORGIVENESS	2.0 to 10.0	5.52	2.58	Scores < 2.94 = no MI Scores > 8.1 = MI

To explore the relationship between PTSD scores on the PCL-C and the MIS, the four component scores were correlated with total PCL-C scores. All correlations were significant at the .01 level (2-tailed). The strongest correlation was with the Self-condemnation/shame component ($r=.534$), explaining approximately 25% of variance in the scores. Self-condemnation/shame appears to be a significant component of both moral injury and PTSD.

The average Moral Injury score at Baseline for individuals who had both a Baseline and a Follow-up survey ($n=102$) on which to conduct paired samples t-tests was 46.68. The average Moral Injury Score at Follow-up, after going through the Veterans Treatment Court protocol, was 44.19. The Follow-up score average is lower, and the difference between it and the Baseline score is significant ($t=2.294$, $df=101$, $p=.024$). Moral injury may improve with VTC participation, even if treatment does not focus on moral injury.

VTC Evaluation Report

SUMMARY

This year marks the 10th anniversary of continuous Veterans Trauma Court operation and evaluation in the Colorado 4th Judicial District, one of the longest running VTCs and VTC evaluations in the nation. 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, though it is not clear whether these changes are representative of a changing veteran population or more reflective of policy changes in who is granted entry to the VTC program by the gate keepers in the District Attorney's office.

Over 10 years, nearly 500 individuals have participated in the Colorado 4th Judicial District Veterans Trauma Court. More than 82% have graduated from the program. The program fail rate is about 18%. According to data collected and analyzed by the Unified Problem-Solving Court Coordinator for participants who entered and exited the VTC from 1-1-10 through 6-30-16, in-program recidivism (new charge filings) was 27%. Total post-program recidivism for the same time period, defined as 2-years post-program termination, was 20%. Post-program recidivism for the VTC is much lower than national averages for recidivism.

Participant demographics changed substantially over the past year. In 2018-2019, participant mean age dropped to 32 years from 37 years the prior year. Participants were more likely to have kids (83%) than last year (68%) and less likely to be divorced or separated (31%) than last year (46%). Current participants were also better educated with 31% reporting they have college degrees or advanced degrees compared to 11% last year. The largest cohort of women in VTC history (11%) is currently working its way through the program. Honorable discharges were reported by 66% today, compared to 48% last year. There were no participants with Dishonorable or Bad Conduct discharges this year. Reports of Air Force participation increased from 5% to 20% in just one year.

Employment was a significant challenge for participants in the early years of the VTC, with 36% "unemployed – looking for work" during the FY09-13 era compared to 19% today. Disability income was reported by 55% this year, the highest level in 10-years, while income from wages was reported by 24%, the lowest level in 10-years. Unstable housing was high at Baseline for the 2018-2019 fiscal year (24%) but improved significantly by Follow-up (10%). Twenty-two percent of current participants reported that they received support or assistance for housing from the VTC or partners at Baseline.

Additional points of interest from the past year of VTC participation include a significant decline in reports of prior convictions and Restraining or No Contact Orders. Just a third of current participants reported at Baseline that they had ever spent time in jail or prison for a conviction compared to 57% last year. Fifty-five percent of current participants reported at Baseline that they had ever had a Restraining Order or No Contact Order against them compared to 70% last year.

VTC Evaluation Report

Overall health improved from Baseline to Follow-up, as did serious anxiety/tension, trouble controlling violent behavior, and PTSD. Use of alcohol, illegal drugs, and marijuana also declined from Baseline to Follow-up. Participants were better connected to family and friends this year (93%) compared to last year (83%).

Additional highlights from the past year of VTC participation include the lowest levels of reported tobacco use across tobacco categories since tracking began in 2015. Fifty-nine percent of current participants had PCL-C scores greater than 50 at Baseline, compared to 78% during the FY09-13 era. At Follow-up, 51% of current participants met the clinical cut-off for PTSD. Moral Injury scores of participants improved significantly from Baseline to Follow-up. Participants were asked about diagnosed Traumatic Brain Injuries as well as TBI incidents and effects. It is interesting to note that 37% of current participants reported TBI diagnoses, but when all types of head injuries were probed just 12% did not report any type of TBI experience. Last year, 19% reported no TBI experiences.

Sixty-eight percent of participants reported Veteran Mentor support in 2018-2019. This level of Veteran Mentor engagement seems low when you consider the positive impact that is possible. Data show that participants who reported “a huge amount” of Veteran Mentor support were more likely to feel like they had influence over agreements reached at last appearance, more likely to report “very good” or “excellent” health, more likely to feel like they belong in the community, more likely to be employed full or part-time, and more likely to say that they would like to repair the harm they caused than those who reported “none.” Veteran Mentors need to track their services so that impact may be understood and measured. It would also be beneficial to determine whether the program needs to be marketed or introduced differently to increase awareness, access, and utilization.

Perceived fairness of the case(s) was explored with all current evaluation participants. Ratings of “somewhat” or “very fair” reached an all-time high of 89%. Paradoxically, perceptions of influence over agreements reached during last court appearance that were rated “not much” or “none at all” reached their highest levels since the question was added in 2015. This finding will require additional discussion among Court Team members and participants to fully understand why. Current VTC participants reported about 11 appointments/month on average related to VTC participation requirements such as court appearances, treatment appointments, probation appointments, and random urine tests. This is the same level as reported last year and a significant improvement from earlier eras when 16-21 appointments per month were reported. This metric should continue to be monitored.

The Veterans Trauma Court has graduated 313 veterans to date. PTSD, moral injury, and substance use improve from Baseline to Follow-up survey. Recidivism continues to be very low over time. Other positive community outcomes include improved overall health, reductions in tobacco use, more income from disability, and more stable housing. VTCs are resource intensive and must be able to demonstrate impact if funding and public support are to continue. Changes observed from year to year in the challenges of participants and their perceptions of the VTC make it clear that it is important to continuously monitor impact and needs. The Colorado 4th Judicial District Veterans Trauma Court team has achieved significant, measurable outcomes and impact for veterans, the community, and veteran treatment courts nationwide.

VTC Evaluation Report

REFERENCES

Adult drug court best practice standards: Volume II (2015). Retrieved 8-21-17 from <http://www.nadcp.org/Standards>).

Adult Use of Tobacco (2015). Retrieved 10-7-18 from:
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/).

American University, School of Public Affairs, Justice Programs Office. November 2016. "Veterans Treatment Courts: 2015 Survey Results." Sponsored by the Bureau of Justice Assistance.

Keenan, Melinda & Lumley, Vicki & Schneider, Robert. (2014). A Group Therapy Approach to Treating Combat Posttraumatic Stress Disorder: Interpersonal Reconnection Through Letter Writing. *Psychotherapy* (Chicago, Ill.). 51. 10.1037/a0036025.

Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., and Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review* 29 695-706.

National Center for PTSD. Moral Injury Definition. Retrieved August 21, 2017 from http://www.ptsd.va.gov/professional/occurring/moral_injury_at_war.asp.

Russell, R., & Peterson, V. (2016). The role of the judge in the veterans treatment court [PowerPoint slides]. Retrieved from <https://www.american.edu/spa/jpo/videos/upload/Role-of-the-VTC-Judge-AU-09-26-17.pdf>.

Shay, Jonathan (1994). *Achilles in Vietnam*.

Slattery, M. A., Dugger, M. T., Lamb, T. A., and Williams, L. (2013). Catch, Treat, and Release: How Veteran Treatment Courts Address the Challenges of Returning Home. *The Journal of Substance Use and Misuse*, 48(9), 1-10.
<http://informahealthcare.com/doi/pdfplus/10.3109/10826084.2013.797468>.

Smith, Aaron (April 1, 2015). Pew Research Center – Internet and Technology. <http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/>). Retrieved on 9-15-17 from <http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/>).

The Crime Report: Recidivism Rates High Among Federal Offenders (January 24, 2019). Retrieved on 10-15-19 from <https://thecrimereport.org/2019/01/24/64-recidivism-by-violent-federal-offenders-in-8-years/>

Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October, 1993). The PTSD-Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.

APPENDIX A

VTC EVALUATION

BACKGROUND & METHODS

VTC Evaluation Report

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 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 current VTC evaluation effort, the interview protocol that was developed in FY15-16 continued to be used. 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, whether they received a deferred sentence, 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. Finally, items related to health disparity to assess cultural competence were added. These items include deafness or difficulty hearing, blindness or visual difficulty, learning disabilities, difficulty with walking or climbing stairs, and difficulty dressing or bathing. See Appendix B for the 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. Incentives changed from \$20 cash per interview to \$10 gift cards per survey. The 4th Judicial District VTC partnered with the University of Colorado at Colorado Springs to obtain a graduate student Intern to help with survey data collection during the Docket on Thursdays over two semesters. Having a dedicated person at the VTC for the surveys greatly improved data collection and helped to ensure that participants were invited to be in the evaluation when they were new to the VTC. The Veteran Mentor Coordinator is now assisting with data collection during Thursday dockets.

Data entry of the paper surveys continues to be time-consuming, but efforts to transition the data collection to an electronic survey protocol have not yet been successful. Approximately half of current participants have provided email addresses. Other potential challenges include limited access to WIFI to complete the surveys, failure to check email regularly, and spam filters. Alternative methods to automate the evaluation continue to be explored to reduce costs and barriers and increase efficiency.

APPENDIX B

SURVEY PROTOCOL

2018-2019

VTC Evaluation Report

VTC STUDY

Thanks for agreeing to participate in the evaluation of the 4th Judicial District Veterans Trauma Court. Completion of this confidential survey will take about 20 minutes - and serves as your consent to participate. Your participation is voluntary. There is no penalty for not participating. When you participate, you will receive a small stipend or gift card for helping the court study veterans and the impact of the Veterans Trauma Court on their recovery. Your responses will not be linked to your name. Your responses are private. A unique identification code will be assigned to your survey when it is processed. All survey responses will be combined before presented in a final report. Please contact Michelle Slattery at Peak Research (719-598-9038 or peakresearch@usa.net) if you have any questions or concerns. Thanks again for your help!

1) ID NUMBER:

2) Which survey are you completing?

Baseline (Intake)

Follow-up

Other - Write In: _____

3) Please enter today's date in this format: mm/dd/year _____

4) When did you start participating (enter a plea) in the Veterans Trauma Court?

(Please enter the date in this format: mm/year) _____

5) Overall, how do you rate the fairness of the outcome you received in the case that got you into court?

Very unfair

Somewhat unfair

Somewhat fair

Very fair

6) About how many appointments do you have each month related to Veterans Trauma Court participation?

(Please include court appearances, Probation appointments, therapy or other treatment appointments, UAs, etc.) _____

7) Did you receive a deferred sentence in your plea agreement? For example, were you told that you would be able to seal your case after you complete the program?

Yes

VTC Evaluation Report

- No
- Unsure
- Other - Write In: _____

8) How much influence did you feel that you had over the agreement (incentives, sanctions, treatment, planning, etc.) reached in court during your last appearance?

- None at all
- Not much
- Some
- A lot

9) Overall, how do you feel about your decision to participate in the Veterans Trauma Court? Please explain:

10) Which of the following services have you received from the Veterans Trauma Court or as a result of participation in the court?

	Yes	No	Unsure
Veteran Mentor Consultation in the Criminal Justice Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Mentor Recommendation for the VTC Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Mentor Services & Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Clinical Assessment (CCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling or Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Counseling or Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VTC Evaluation Report

Transportation Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Types of Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) How much has Veteran Mentor support contributed to your success in the Veterans Trauma Court?

- A huge amount
- Some
- Not much
- None

12) Please describe any ways in which Veteran Mentors have helped you succeed in the Veterans Trauma Court:

13) In the past 30 days, did you have interaction with family and/or friends who are supportive of your recovery?

- Yes
- No
- Don't know

14) In which branch did you serve?

- Army
- Marine Corps
- Navy
- Air Force
- Coast Guard
- PHS
- NOAA
- Other - Write In: _____

15) Are you currently on active duty or are you separated or retired?

- On active duty
- Separated
- Retired

VTC Evaluation Report

() Other - Write In: _____

16) If separated or retired, which type of discharge did you receive?

- () Honorable
- () General (Honorable Conditions)
- () General (Other than Honorable)
- () Undesirable
- () Bad Conduct
- () Dishonorable
- () Medical (Including Section 8)
- () Other - Write In: _____

17) Have you ever deployed to a combat zone? If so, choose all locations that apply:

- Never deployed
- Iraq or Afghanistan (e.g. OEF/OIF/OND/OFS)
- Persian Gulf (Operation Desert Shield/Desert Storm)
- Vietnam/Southeast Asia
- Korea
- WWII
- Other - Write In: _____

18) How many tours of duty have you served?

- () 1
- () 2
- () 3
- () 4
- () 5
- () 6 or more
- () Other - Write In: _____

19) Describe your most recent or primary Military Specialty or MOS in words:

20) Did you ever engage in any type of mental health treatment while you were Active Duty?

- () Yes
- () No

VTC Evaluation Report

21) During the past 30 days, how many days have you used alcoholic beverages? _____

22) During the past 30 days, how many days have you used illegal drugs? _____

23) If you used drugs over the past 30 days, which drug was used most frequently? _____

24) The following questions relate to your experience with tobacco or tobacco related products. Check all products that you have used in the past 30 days. On the line, write the number of days out of 30 that you have used specific products:

Cigarettes: _____

Chewing tobacco: _____

Cigars: _____

Electronic cigarettes: _____

Other tobacco related products: _____

25) How would you rate your overall health right now?

Excellent

Very good

Good

Fair

Poor

26) In the past 30 days, how many days have you experienced serious depression? _____

27) In the past 30 days, how many days have you experienced serious anxiety or tension? _____

28) In the past 30 days, how many days have you experienced hallucinations? _____

29) In the past 30 days, how many days have you experienced trouble understanding, concentrating, or remembering? _____

30) In the past 30 days, how many days have you experienced trouble controlling violent behavior? _____

31) In the past 30 days, how many days have you attempted suicide? _____

VTC Evaluation Report

32) In the past 30 days, how many days have you been prescribed medication for psychological/emotional problems? _____

33) How much have you been bothered by these psychological or emotional problems (above) in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Justice Involvement

34) How many times have you been arrested in your lifetime? _____

35) At what age were you first arrested, booked, or taken into custody by the police?

- 12 or under
- 13-17
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66 or older

36) Please choose the highest charge you pled to when you entered the Veterans Trauma Court:

- Traffic Charge
- Misdemeanor Charge
- Felony Charge
- Other - Write In: _____

37) Have you ever spent time in jail or prison because of a conviction?

- Yes
- No
- Other - Write In: _____

38) Has anyone ever had a restraining order, no contact order, or an order of protection against you?

- Yes
- No

VTC Evaluation Report

() Other - Write In: _____

39) Are you interested in repairing the harm that was done by the crime that got you into the VTC?

() Yes

() No

() Other - Write In: _____

40) If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this?

() Natural or man-made disaster

() Community or school violence

() Interpersonal violence (physical, sexual, psychological)

() Military trauma

() Other (please specify): _____

() Have not experienced an event that resulted in these feelings

41) Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and choose the option which best describes how much you have been bothered by that problem in the last 30 days.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories thoughts or images of a stressful experience from the past?	()	()	()	()	()
Repeated, disturbing dreams of a stressful experience from the past?	()	()	()	()	()
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	()	()	()	()	()
Feeling very upset when something reminded you of a stressful experience from the past?	()	()	()	()	()

VTC Evaluation Report

Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	()	()	()	()	()
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	()	()	()	()	()
Avoid activities or situations because they remind you of a stressful experience from the past?	()	()	()	()	()
Trouble remembering important parts of a stressful experience from the past?	()	()	()	()	()
Loss of interest in things that you used to enjoy?	()	()	()	()	()
Feeling distant or cut off from other people?	()	()	()	()	()
Feeling emotionally numb or being unable to have loving feelings for those close to you?	()	()	()	()	()
Feeling as if your future will somehow be cut short?	()	()	()	()	()
Trouble falling or staying asleep?	()	()	()	()	()
Feeling irritable or having angry outbursts?	()	()	()	()	()
Having difficulty concentrating?	()	()	()	()	()

VTC Evaluation Report

Being "super alert" or watchful or on guard?	()	()	()	()	()
Feeling jumpy or easily startled?	()	()	()	()	()

42) Have you ever experienced a head injury (e.g. hit your head) as a result of any of the following?

(Check all that apply)

- Fragment
- Bullet
- Vehicular (Any type of vehicle, including airplane)
- A fall over 10 feet
- A fall of 10 feet or less (tripped or slipped)
- Blast (IED, RPG, Landmine, Grenade, etc.)
- Hit very hard during a fight
- Sports
- Shaken really hard (including airbag trauma)
- Regained consciousness after seizure or blackout with evidence of head injury
- Other - Write In: _____
- Never sustained a head injury

43) Did any of the head injuries mentioned above result in any of the following?

(Check all that apply)

- Being dazed, confused, or "seeing stars"
- Not remembering the injury
- Losing consciousness (knocked out) for less than a minute
- Losing consciousness for 1-20 minutes
- Losing consciousness for longer than 20 minutes
- Don't know
- None of the above

44) Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion?

(Check all that apply)

- Headaches
- Dizziness
- Memory problems
- Balance problems

VTC Evaluation Report

- Ringing in the ears
- Irritability
- Sleep problems
- Other - Write In: _____
- Not applicable

45) In the past 30 days, where have you been living most of the time?

- A place that I own
- A place that I rent
- Staying or living with family/friends
- Place not meant for habitation (e.g., on the street, abandoned building, tent)
- Emergency shelter, including hotel/motel
- Transition housing
- Permanent supportive housing
- Substance abuse treatment facility or detox center
- Residential treatment
- Therapeutic community or halfway house
- Psychiatric hospital or other psychiatric facility
- Long-term care facility or nursing home
- Hospital or other residential non-psychiatric medical facility
- Foster care home or foster care group home
- Jail, prison, or juvenile detention facility
- Other housed (please specify):

46) During the past 30 days, how many nights have you been homeless?

- Nights:: _____
- None

47) What is your marital status? (Choose one)

- Single, never married
- Married or in a long-term relationship
- Divorced or separated
- Widowed
- Other - Write In: _____

VTC Evaluation Report

48) Do you have children?

- Yes
- No
- Don't know

49) [IF YES] How many children do you have?

- 1
- 2
- 3
- 4
- 5
- 6 or more

50) Are you currently enrolled in a school or job training program?

- Not enrolled
- Enrolled Full-time
- Enrolled Part Time
- Other (please specify): _____

51) What is the highest level of education you have finished, whether or not you received a degree?

- Never attended school
- Less than 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade/high school diploma/GED
- VOC/Tech program after high school
- College or university/1st year completed
- College or university/2nd year completed
- College or university 3rd year completed
- Bachelor's degree (BA, BS)
- Advanced Degree (Master's, MBA, PhD, MD, JD, etc.)
- Other - Write In

VTC Evaluation Report

52) Which best describes your current employment situation?

- () Employed Full-time (35 hrs/wk or more)
- () Employed Part Time
- () Unemployed, Looking for Work
- () Unemployed, Not Looking For Work
- () Unemployed, Disabled
- () Unemployed, Doing Volunteer Work
- () Unemployed, Retired
- () Unemployed, Student
- () Other (please specify):: _____

53) Approximately how much money did YOU receive (pre-tax individual income) in the past 30 days from:

- () Wages:: _____
- () Public assistance:: _____
- () Retirement:: _____
- () Disability:: _____
- () Other (Please specify source here and dollar amount below):: _____
- () Other (dollar amount):: _____

54) I feel I belong in my community.

- () Strongly Agree
- () Agree
- () Undecided
- () Disagree
- () Strongly Disagree

55) Below are a series of feelings common among combat veterans. Please rate each statement as it pertains to your feelings, indicating the degree to which you feel the statement is true.	Not at all	Slightly	Somewhat	Mostly	Definitely
I believe I am a good person					
I feel my life has meaning and purpose					
I have made the world a better place					
I deserve good things in life					

VTC Evaluation Report

If others really knew me they would hate me					
I feel dirty because of things I have done					
I deserve to be loved					
I am a moral person					
I feel inhuman					
I deserve forgiveness and compassion					
I feel I have committed evil acts					
I take pride in my service					
I deserve recognition for what I have done					
I often wish I were dead					
I deserve to be punished					
I have done everything I could to help others					
I have forgiven myself for my mistakes					
I am emotionally connected to people					
I have people who love me					
I am understood by the important people in my life					

Demographics

56) Do you speak a language other than English at home?

Yes

No

57) If Yes, which language do you speak?

Spanish

Other (Please specify): _____

58) What is your race? (Check all that apply)

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

Alaska Native

American Indian

White

Other - Write In: _____

VTC Evaluation Report

59) Are you Hispanic or Latino?

Yes

No

60) What is your gender?

Male

Female

Transgender

Other - Write In: _____

61) Which one of the following do you consider yourself to be?

Heterosexual or Straight

Lesbian or Gay

Bisexual

Different identity (Please specify): _____

62) How old are you today? _____

63) Are you deaf or do you have serious difficulty hearing?

Yes

No

Don't know/Info not available

64) Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

No

Don't know/Info not available

65) Have you been diagnosed with a learning disability (Autism, Dyslexia, ADHD, etc.)?

Yes

No

Don't know/Info not available

66) Have you been diagnosed with a traumatic brain injury (TBI)?

Yes

No

VTC Evaluation Report

Don't know/Info not available

67) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes

No

68) Do you have serious difficulty walking or climbing stairs?

Yes

No

Don't know/Info not available

69) Do you have difficulty dressing or bathing?

Yes

No

Don't know/Info not available

70) Have you utilized Peer Mentor support or services since you entered the VTC?

Yes

No

Don't know/Info not available

71) Is there anything else you would like to share?

APPENDIX C

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

FY18-19

VTC Evaluation Report

OVERALL, HOW DO YOU FEEL ABOUT YOUR DECISION TO PARTICIPATE IN THE VTC?
I am excited to get some much needed help to make some serious changes
Ready to complete it
I feel good given the opportunity for a second chance
Energetic
Doing what I gotta do to survive plain and simple
I feel that is beneficial to the betterment of my life
OK so far. Slow start to getting the help I was told id get
Good, seems like a great program very motivated
Very good. I think that IF you view it as help, it beats the hell out of civilian court
I feel good about it.
Good
I have high hopes and am optimistic
Satisfied. They (VTC) understand my waderying issues
good
Not sure yet I'm still very new
I feel like this will be a great experience to further myself
It was a good decision
I was proactive after getting released from Jail to get in touch with VTC and attend the brief right away.
I need this because as as a victim of MST, I was triggered by my victim and acted out because of it
I feel comfortable
I feel VTC was needed a year ago when my incident occurred. I've done over 50 hours of counseling on my own over the last year
I feel that it is great for me and getting the treatment I need.1
Good
Right now I feel like all the appts are interfering with personal life/work.
Grateful that they let me back in. I'm determined.
I think its a great opportunity that I didn't even know existed. I'm grateful to be able to be apart of this program, to learn
good. treatment and rehabilitation is better than jail. Jail is not constructive.
So far I feel good, but I wish I were better at organizing my life. I'm terrible at it.
I feel proud and honored to be offerred a second chance
I feel good. I appreciate the opportunity to recieve the help I need. It has been educational
Very good
Hopeful, at the emd pf the program I will be able to have a fresh start.
I am comfortable with the decision to come to VTC. It will help me understand myself better.
I am happy to be part of this group that will help me rehabillitate and take care of my future.
Very glad to be here...Treatment classes are important towards getting thru to the end result

VTC Evaluation Report

I feel grateful and feel like this is going to be good for me
I am very motived in the chance to clear up issues that have been detrimental to my family and I's health
unsure - ask again later
Not sure yet. If I had taken a deal in another court I would have had less probation time, and I wouldn't have to be in court every week. This creates extra stress.
I think so far it has been very good & extremely helpful.
Very good program. Glad I was able to participate in it
I knew I needed the help and VTC will help me achieve these goals.
It has helped me tremendously with my recovery
Fine great help
Will tell once I'm done with the program. So far, everything is going well.
Fine
I've become a better person overall. I miss my parents/siblings/relatives and my daughter. I miss Maine
Very happy first people trying help us
Doing everything in need to do so I can finsh
I've learned how to appreciate it. Hard to get/hold a job
Excellent
Great experience
Pleased
It changed my life. I got the help I needed for years.
It was a good decision
It's been one of the best decisions of my life and it came at a much needed time. I have been losing grip on my better qualities
Very good. I am Thankful That They accepted me again.
Was a great decison for me to get good treatmen
Good. Got me into the treatment I needed and had been seeking prior to incident.
It was the lesser of two evils - either take this and maybe see my kids, (still havent) or possibly go to prison
I'm grateful for the oppportunity to go through the VTC Program
Good so far a nice program
Satisfied. VTC has been a positive support system
Good but there are hing ike forming It to the individual
I am happy with the treatment and the direct line to the VA
Good
Very good, very happy with court system
They have helped me alot. Have helped me get direction and purpose
Very good. I knew I was going to need a stricter program.
best decision I could've made for my recovery
I believe that without the VTC I would either be dead or in prison
Very satisfied.

VTC Evaluation Report

I absolutly hands down love it. I cant function around civilians so being around others like me, makes me feel like I matter again
Saved my life!
Great
I'm very grateful for the decision. The decision has enabled me to seek out help instead of being put in jail.
Best decision I made
Great, its given me a 2nd chance
Blessed
Great, best decision I've made besides joining the USAF in 2000.
Very
very good. this program has been very helpful
Great decision
This has been the best thing since sliced bread
I am extremely happy & blessed to have been given this opportunity.
Very good. I needed this for myself and to better my life.
I requested to be in VTC while I was in jail. I feel I have came a long way in understanding myself better.
Excellent, where I need to be.
I feel pretty good overall. I've accepted the consequence of wht I've done, and despite my emotional support animal being awarded to my victim, I can overcome this shortcoming
a good program
I feel very good about it.
Good. Ultimately it was a good process that provided long term help.
I am glad I'm in this program
I feel like this program is an amazing court for those that are serious about treatment
Mostly good - hard to maintain normal living (being a dad, work) with all the requirements and appointments.
It lets me redeem myself for my actions
Good overall, I'm grateful for the program + treatment
It made me feel like a better person and a new soldier again
It is a great process just a little difficult to get transfered
I like it

APPENDIX D

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

FY18-19

VTC Evaluation Report

DESCRIBE ANY WAYS IN WHICH VETERAN MENTORS HAVE HELPED YOU SUCCEED IN THE VETERANS TRAUMA COURT
They have helped to navigate the process
Just started
I'm just starting so the success has yet begun
Positive support
We've texted a couple times. Like I said just started
Keeps me motivated
N/A (so far)
So far, they helped me get into the program
Giving me direction/assistance
Haven't started
alot
Again, I am still new but my mentor and I keep in touch throughout the week.
Unknown
Everything is great
Being understanding with my circumstances, directing me to the right resources, being proactive with helping me, always doing follow up
Haven't participated long enough
Don't have one yet
They helped in OPR and getting gas. for my car.
Not sure. Just started
They always give me guidance to succeed and do the right thing.
I just met him. Seems nice.
They reached out to me - again! Just starting
Just checking in on me and seeing if I need assistance
TBD
Need more time
Good information exchanged
they have motivated me to stay on track and focus on one day at a time
helped me find new resources for housing I wasn't aware of.
very helpful
Helped me keep my appts. Stayed in touch
He checks on me and when I have question he answers them, but most of the time I am ahead of the curve.
None they are worthless
Overall the mentor I'm assigned with is a very resourceful and helpful.

VTC Evaluation Report

They have not
I don't have one N/A
Remind you of appointments
Mt. Carmel help with car repairs
They make recommendations. They listen. Not sure who peer mentor is.
Always available when needed
Just listens to me
I don't even know who it is or what he does
Support and motivation
I haven't felt alone in my journey. I've been encouraged along the way, I've felt like I had an honest friend to guide me and open up t
giving me guidance
Someone to talk to
Helped me found location for UA.
Bus passes, peer support
Not much I just have to do what I'm suppose to and get out
Mainly just helpful with information about the program.
Solid foundation, help in other areas like food card
Staying focused, Very informative, Owsrk well fair
They help me keep a positive attitude
Rides to treatment and overall support
Were available to talk if I had any problems.
Helpful in validation and pursuing the goal to graduate
they understand my problems. the end. they know the things I cant explain
Keeps me on track!
In the beginning the mentor helped me navigate thru the system and gave me much support. Currently I havent needed to lean on my mentor
Calling to check on me & being available when needed
Just by keeping track of m
helped me to vent
Disability claim, volunteer opportunities, appointment reminders
Helped keep centered in my life. As well as sobriety.
By checking in on me regularly
Go Glen!! Glen checks in with me; gives me good advice; supports me & gives me great resources!
Successful guidance.
Nikki Gibson my peer mentor helped me out of my dark place and reintegrated me back with other positive veterans in Operation Phoenix Recovery.
Resources/relaying messages
Community and comradery have helped immensely
Calling me and checking up on me. Inviting me to events. Helping set up appointments, and work things behind the scenes for me.
helped me with advice about military, etc.

VTC Evaluation Report

Have given me positive reinforcement
By offering someone to talk to when in crisis or before. Offering transportation.
Giving a lot of support with getting counselling, help navigating the VA and with family issues. Especially during the holidays when I needed it the most.
giving ideas into issues or questions
Regular check-ins + knowing if we need them, they will help.
Being there when I need someone to talk too.
I in 9 months have only seen him once. However he has stayed in touch by phone. I understand people are busy
I love her (Dabney)