

*VTC
Evaluation
Report*

September 30

2017

This report documents the Colorado 4th Judicial District Veterans Trauma Court (VTC) Evaluation for July 2016 through June 2017. It includes results of 98 surveys completed by current participants in the past year, as well as comparative data and results dating back to the start of the court in 2009.

FY16-17
Report

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VETERANS TRAUMA COURT EVALUATION REPORT FY16-17

INTRODUCTION

This report documents the on-going evaluation of the Colorado 4th Judicial District Veterans Trauma Court (VTC) for the 2016-2017 fiscal year. It includes results from 98 surveys administered to VTC participants during the fiscal year as well as results from evaluation of the VTC from December 2009, when the court began, through June 2016, the first year of Colorado state funding of the evaluation, a total of nearly 8 years of continuous evaluation.

Since the VTC started, 210 individuals have participated in the evaluation of the court (Table 1). According to data obtained from the VTC staff, approximately 354 total individuals have participated in the Veterans Trauma Court since its inception. Eighty-eight percent of all VTC participants have also participated in the evaluation of the court.

Table 1. VTC Evaluation Participation – Baseline Surveys - December 2009 to June 2017

JDTR GRANT 2008-2013	VETS GRANT 2012-2015	STATE 2015-2016	STATE 2016-2017	TOTAL 2008-2017
113	95	70	32	310

Total VTC participants = 354 individuals:

- Current participants at the end of the 2016-2017 fiscal year = 79
- Graduates to date = 220
- Individuals who did not complete the VTC program for any reason = 55
- VTC program graduation rate = 80%
- DSIRs 12/17/08 – 6/30/16 = 12.4% of El Paso County arrests are military

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WHAT WE KNOW ABOUT PARTICIPANTS

During the FY16-17 evaluation, 98 total surveys were completed by participants. Thirty-two individuals were new participants who completed Baseline surveys. Sixty-six surveys were completed as Follow-up surveys at intervals approximating 6-months, 1-year, 18-months, 2-years, or more than 3-years. See Appendix A for more information about survey methodology and proposed changes.

Female participation in the VTC continues to be low at 6%. Race continues to be majority white (58%), but Hispanic ethnicity of new participants has doubled in the past year to 32%. Nineteen percent said that they speak a language other than English at home. This language was most often Spanish (72%). Mean age of participants has slowly increased from 31 years when the court first started to 36 years today.

Seventy-three percent of current participants report that they have children. Sixteen percent report that they are single and have never married; 37% are married or in a long-term relationship; 37% are divorced or separated. These statistics underscore the need for family services. According to a study funded by the Bureau of Justice Assistance (BJA) of Veteran Treatment Courts (American University, 2016), 89% of courts reported that they provide family services to their participants.

Table 2. Demographics

	JDTR GRANT 2008-2013	VETS GRANT 2012-2015	STATE FUNDING 2015-2016	STATE FUNDING 2016-2017
GENDER - MALE/FEMALE	96% / 4%	97% / 3%	95% / 5%	94% / 6%
RACE - WHITE	72%	63%	58%	58%
RACE - AFRICAN AMERICAN	11%	22%	15%	16%
RACE - AMERICAN INDIAN	6%	10%	2%	3%
RACE - ASIAN	1%	3%	2%	3%
RACE - OTHER/MIXED	10%	2%	24%	20%
ETHNICITY - HISPANIC	16%	15%	16%	32%
MEAN AGE - IN YEARS	31	33	35	36

(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 because they increase the ability of the program to monitor for cultural inclusion. They are asked only at Baseline. In addition, they position the VTC team to pursue additional grant funding in the future, if desired.

Reports of difficulty seeing (6%) were down slightly from reports of FY15-16 respondents (9%), but reports of difficulty hearing (22%) increased significantly from FY15-16 (12%). Reports of serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition were down (68%) compared to FY15-16 (79%). Traumatic Brain Injury (TBI) diagnosis was also down slightly from FY15-16 (56%) to FY 16-17 (51%), though still very high. Difficulties with

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dressing or bathing and walking or climbing stairs, and learning disabilities were fairly stable from year to year. See all responses in Table 3.

Table 3. Health Disparity Impact Indicators

	FY15-16	FY16-17
DEAF OR SERIOUS DIFFICULTY HEARING	12%	22%
BLIND OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	9%	6%
DIAGNOSED WITH A LEARNING DISABILITY (AUTISM, DYSLEXIA, ADHD)	27%	27%
DIAGNOSED WITH A TRAUMATIC BRAIN INJURY	56%	51%
SERIOUS DIFFICULTY CONCENTRING, REMEMBERING OR MAKING DECI-SIONS BECAUSE OF A PHYSICAL, MENTAL, OR EMOTIONAL CONDITION	79%	68%
SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	22%	26%
DIFFICULTY DRESSING OR BATHING	10%	12%

TRAUMATIC BRAIN INJURY

For the first few years of the 4th Judicial District Veterans Trauma Court, TBI quick screens were conducted by Peer Mentors prior to program entry, but data reporting was not consistent. TBI diagnosis among VTC participants was not clear. The addition of a Health Disparity Impact question about TBI revealed that more than half of current VTC participants (51%) have a TBI diagnosis. Another 12% of respondents said that they were “unsure” about TBI diagnosis.

This finding is important for members of the VTC team to consider as they interact with participants. Accommodations to aid participants, such as written and telephone reminders, could significantly impact program success. TBI is explored later in the report to provide more information and understanding about this condition which so greatly affects VTC participants. To increase understanding of TBI in the VTC, its severity and cause, items from the OSU TBI Identification Method (OSU TBI-ID) were added to the survey in FY15-16 and continue today.

EDUCATION

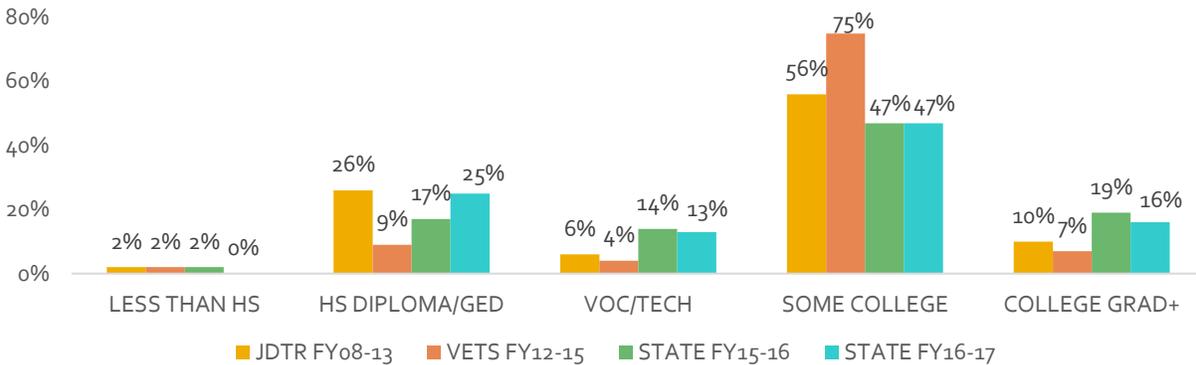
VTC participants are generally well educated, but over time rates of “some college” or more education have dropped from a high of 82% during the VETS grant to 63% today. Conversely, those with bachelor’s degrees and advanced degrees have been at their highest levels in the past 2 years at 16-19%.

Today, 28% are enrolled in school or job training programs. Of these students, 22% attend school full time and 6% attend part-time. This is a slight increase from previous eras. During the JDTR grant, 18% attended school full time, 6% part-time. During the VETS grant, 18% attended school full time, and 4% part-time.

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Reports of Vocational/Technical school attendance have also increased over the past two years. Educational differences and shifts over time may reflect eligibility criteria, changes in the gatekeeper or District Attorney assigned to the VTC, or the use of the GI Bill to aid participants as they transition out of Active Duty military service.

Chart 1. Education



MILITARY SERVICE

All Veterans Trauma Court participants have served in the US Armed Forces. Eighteen percent of VTC participants were Active Duty during the 5-year JDTR Grant, compared to 25% during the VETS Grant. Over the past year, participation by new individuals who said that they were Active Duty was 21%. Of current VTC participants, 55% were separated from military service and 24% were retired.

Combat experiences reported by VTC participants have also shifted over the past 9 years. During the JDTR Grant, 94% of VTC participants reported combat experiences. During the VETS Grant, this percentage dropped to 86%. During the FY15-16 year, 97% of participants reported prior combat experiences. This past year, reports of prior combat experiences dropped to 87%.

Table 4. Military Service – A Majority of VTC Participants Have Honorable Discharges

	JDTR GRANT 2008-2013	VETS GRANT 2012-2015	STATE FUNDING 2015-2016	STATE FUNDING 2016-2017
ACTIVE DUTY	18%	25%	16%	21%
VETERAN	82%	74%	85%	79%
COMBAT EXPERIENCE	94%	86%	97%	87%
HONORABLE DISCHARGE	55%	46%	56%	71%

New participants in FY16-17 reported combat experiences in Iraq or Afghanistan (74%), the Persian Gulf (7%), Vietnam (7%), and Korea (10%). Additional tours were reported in Latvia, GR (?), and Kosovo. Mean number of combat tours of duty increased to 2.7 for current participants, from 2.4 last year, and 2.0 during the JDTR era.

Veterans also reported on discharge status. Ninety-two percent of current participants reported Honorable (71%) or General – Honorable Conditions (21%) discharges. There were no reports of Medical or General – Other than Honorable discharges. Bad Conduct discharges were reported by 4%.

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During the JDTR era, veterans with General – Other than Honorable or Bad Conduct discharges made up about 12% of VTC participants.

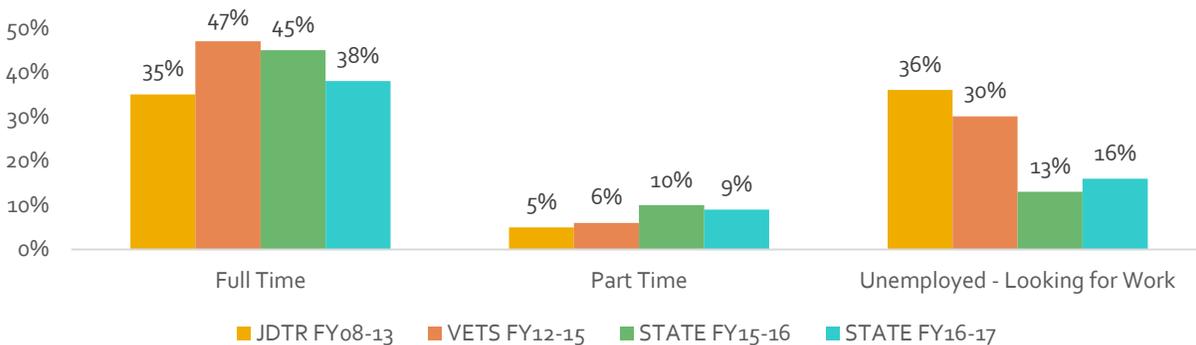
Discharge Status of participants has been fairly constant over time from the start of the VTC to the present, until now. The increase in percentage of new participants with Honorable Discharges may reflect a shift in eligibility criteria being applied by the DA.

EMPLOYMENT

Employment was a significant challenge for participants during the early years of the Veterans Trauma Court, with just 35% employed full time and more than a third “unemployed – looking for work.” Today, full-time employment is 38%. Part-time employment is holding steady at 9%. Reports of being “unemployed – looking for work” are currently at 16%, far below levels seen during the startup years of the VTC (Chart 2).

Program supports, like the Peer Mentor program, may be helping individuals find or keep work. Thirty-four percent of current respondents said that they had received employment assistance from the VTC. Connection to other sources of income, like Disability, might reduce the number of participants looking for work. It is also possible that more stable individuals are being selected for participation.

Chart 2. Employment



Other employment categories included “unemployed, not looking for work,” “unemployed, disabled,” and “unemployed, retired.” Participants in these categories might already be enrolled in VA or other disability benefits programs (SSI/SSDI), receiving retirement income, or using GI Bill benefits for income.

“Unemployed, retired” participants, made up 6% of the current cohort. “Unemployed, doing volunteer work” participants, made up 13%. “Other” categories made up 19% of responses and included student (5%) and disabled (14%) responses.

INCOME

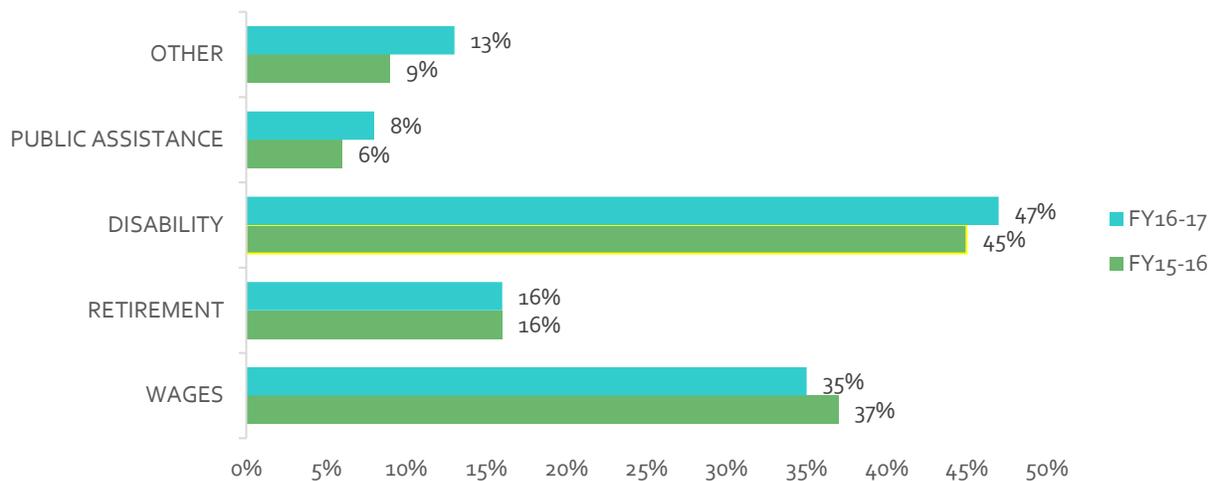
VTC participants were asked about their sources of income and average monthly amounts of income, including wages, public assistance, retirement, disability, and other write-in categories. Wages were reported by 35% of participants. Monthly income from wages ranged from \$11 to \$6,000 per month. Average reported monthly wage was \$2,145, compared to \$1,260 in FY15-16.

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Nearly half of current participants reported income from disability (47%). Reported disability payments ranged from \$133 to \$3,600 per month. Average monthly disability payments were \$1,474 per month. Retirement income was reported by 16% of participants, with amounts ranging from \$760 to \$6,000 per month. The mean retirement payment was about \$2,744 per month.

A small number of participants also reported income in the form of public assistance (8%). Payments ranged from \$194 to \$1,772 per month. Mean payment about was \$110 per month. Other category income was reported by 13% of participants. These payments were from gifts and school. They ranged from \$10 to \$3,700 and averaged \$1,293.

Chart 3. Income Sources FY15-16 & FY16-17



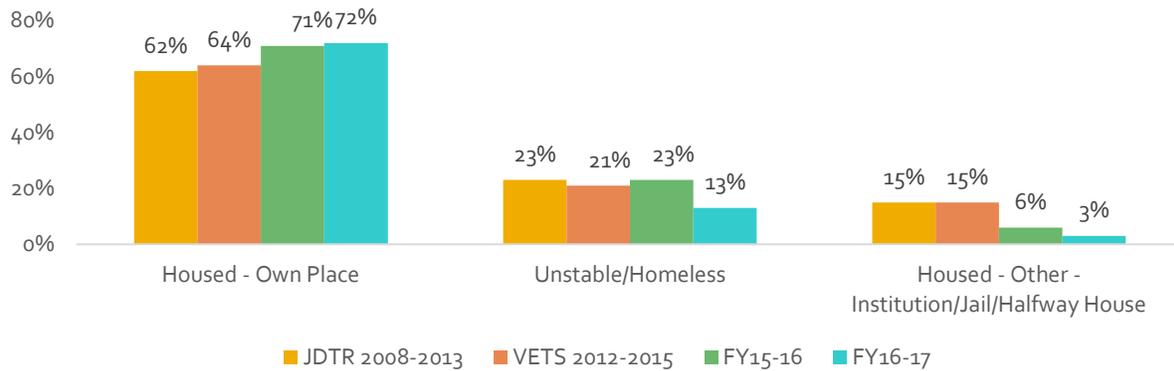
Outliers were removed to increase accuracy of reporting. For example, one individual reported disability income of \$36,000 per month. This amount was so much higher than other reports that it was considered erroneous and removed from calculations of average amounts. Because all VTC survey data are self-reported, it is not possible to confirm accuracy or correct unintended mistakes. When reports of income seemed unlikely for the category, they were removed from calculations.

HOUSING

Housing has also improved over time for VTC participants, with 72% of current participants reporting that they have their own place to live at Baseline, compared to 62% during the JDTR era. The unstably housed, including those couch surfing, living in their cars or in hotels, has dropped to 13% of VTC participants, an all-time low. Those housed in jails, halfway houses, other institutions, or a combination of these places has dropped from 15% when the VTC started to 3% of current participants. "Other" categories of responses made up the remainder of housing responses and could not be recoded into these three main categories.

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Chart 4. Housing



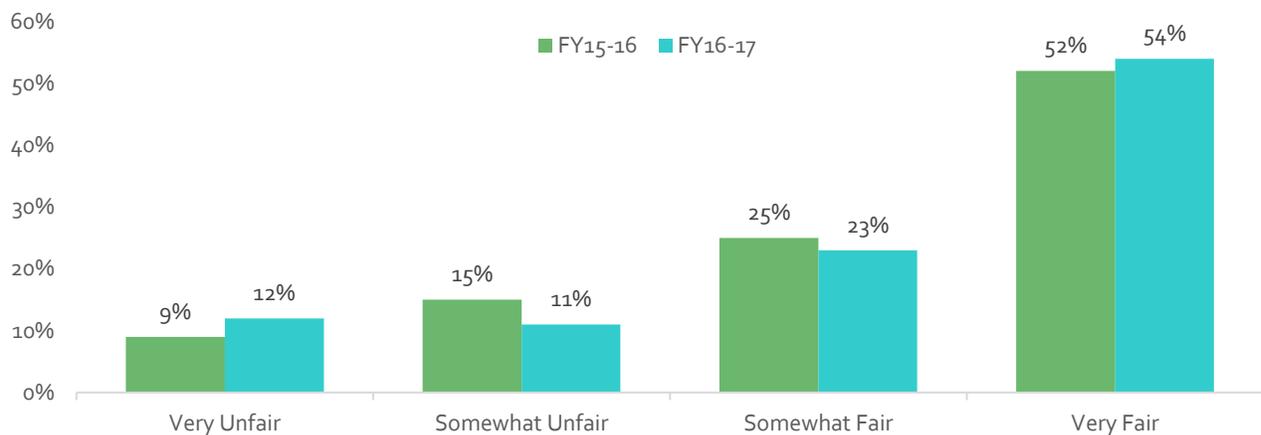
WHAT VTC PARTICIPANTS THINK ABOUT THE VTC

Throughout the first seven years of the VTC’s operation, evaluation requirements were imposed by grant funders and did not include questions about participant perceptions of the VTC. When state funding was proposed for evaluation, the survey protocol was changed to include these types of questions which may provide qualitative insights into the experience of being a participant. These questions may also help VTC team members understand the performance of participants in the program. Questions include perceptions of fairness, influence over agreements reached during appearances, and ways in which participants are being supported by the program.

PERCEIVED FAIRNESS OF THE CASE

Participants were asked to rate the fairness of the outcomes they received in the cases that got them into the VTC, or in other words, fairness of their plea agreements. Seventy-seven percent of current participants believed their cases to be “somewhat” or “very fair.” Eleven percent said their cases were “somewhat unfair.” Twelve percent said that they were “very unfair.”

Chart 5. Perceived Fairness of the Case – FY15-16 & FY16-17

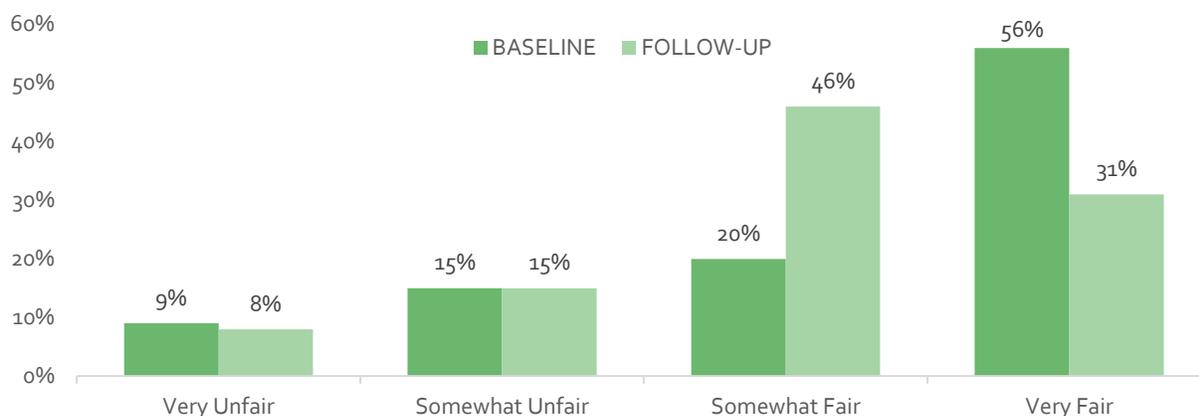


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Chart 5 shows all response categories for the past 2 years. Perceptions of fairness were stable across program years. About three-quarters of participants believe they got a fair deal from the VTC; about a quarter believe they got an unfair deal from the VTC. It will be interesting to track these respondents over time to see how these perceptions may impact individual program success.

When participant responses were disaggregated by Baseline or Follow-up survey, perceptions of fairness did not change significantly with time in the program in FY16-17. When explored for FY15-16, however, there was a significant shift in perceptions of fairness from Baseline to Follow-up survey. Participants who found their cases to be “very fair” dropped from 56% at Baseline to 31% at Follow-up. Participant ratings of “somewhat fair” increased from 20% at Baseline to 46% at Follow-up, making it clear that perceptions shifted in a more negative direction over time with the FY15-16 cohort (Chart 6).

Chart 6. Perceived Fairness of the Case by Baseline & Follow-up Surveys FY15-16



Participants were also asked an open-ended question about overall feelings about decisions to participate in the VTC. These comments may clarify participant perceptions. In FY15-16, about 20% of comments were negative or mixed. In FY16-17, about 18% of comments were negative or mixed. More than 80% of comments were positive. See all comments (unedited) for FY16-17 in Appendix C.

Here is a sample of quotes that were positive, mixed, and negative:

- “A door with the light at the end of the tunnel. Opportunity!”
- “Blessed! It took me a while to figure out that this program was designed to help me. Without it, I surly would have went to prison”
- “I feel being in this program has been very beneficial for me. It has allowed me to have awareness of problems I didn't know existed.”
- “I guess I feel ok about it, I can't quite understand having to take so many UAs since my offense had nothing to do with drugs or alcohol”
- “I would not of chosen to be in Vet court if I had known what I know about it now.”
- “... I've had a pretty tough time getting my timing down to be able to take the UAs.”
- “I am so very grateful for VTC. Without their help I'd be in prison or dead.”
- “Feel great because I'm getting the treatment I need.”
- “feels overwhelming but fair considering alternative”
- “Wonderful, I heard alot of bad things but no of it was true”

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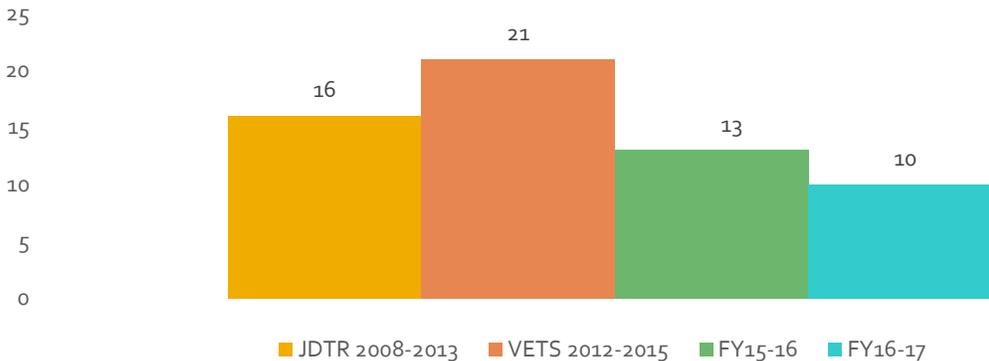
PARTICIPANT EXPERIENCES IN THE VTC

APPOINTMENTS PER MONTH

Most would agree that the requirements of VTC participation can be intensive. Successful participants make regular court appearances, engage in mental health treatment, and take frequent urine tests. The average number of appointments related to VTC participation has varied widely since the court began.

During the JDTR era, 2008-2013, participants reported 16 appointments on average each month. During the VETS grant, 2012-2015, this average increased to 21 appointments per month. During FY15-16, participants reported an average 13 appointments per month. During FY16-17, average appointments per month was down to 10.

Chart 7. Average Number of Appointments per Month



The average number of appointments for current participants was also explored by survey interval, rather than just aggregate. Participants at Baseline reported an average 12 appointments per month, while Follow-up survey respondents (in the VTC for 6-months or more) reported an average of 9 appointments per month.

Average number of appointments per month was also explored by PTSD diagnosis. Current participants with clinical scores over 50 were tracked by frequency of appointments. As frequency of reported appointments increased, so did the percentage of respondents with clinical levels of PTSD. For example, 38% of those reporting 4 or fewer appointments per month had a clinical level of PTSD, compared to 62% of those reporting 11-20 appointments each month. Although number of participants by categories of appointment was low, this is the expected direction of services and support. Participants with more needs would be expected to have more supervision.

It is important to track these data because of the potential impact of VTC requirements on participant success in the program. Monitoring and treatment are known key components of successful VTC programs, but excessive requirements may cause participants to fail. There is most likely a "goldilocks zone" for the number of VTC requirements that is just right – allowing participants to receive supervision and guidance, interact with peer mentors, and benefit from treatment all while possibly going to school, working full time, and managing family life.

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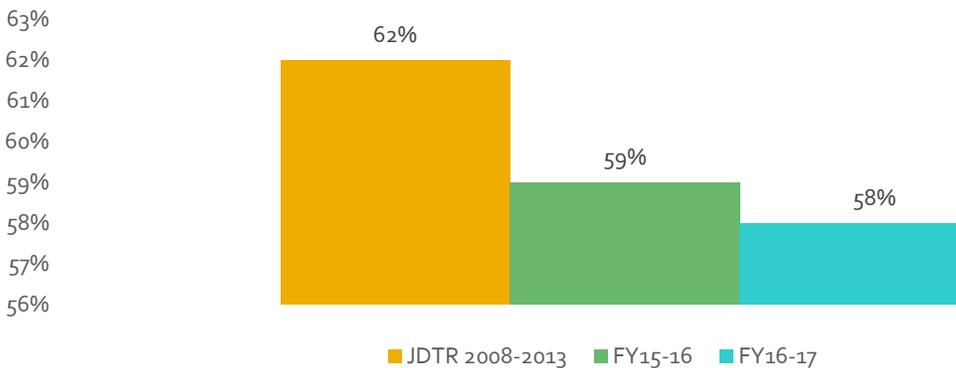
DEFERRED SENTENCES

Fifty-eight percent of current participants reported that they had received deferred sentences, down slightly from 59% a year ago (FY15-16). Forty-two percent reported no deferred sentences. Twelve percent were unsure, and 4% attempted to explain sentencing without specifying deferred sentence. It's clear that participants do not have a good understanding of deferred sentences.

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. The 4th Judicial District Veterans Trauma Court offered deferred sentences to approximately 62% of participants in its early years (2008-2013), 58-59% the past two years.

According to the recent study of VTCs conducted by the BJA (American University, 2016), 81% of programs allow successful participants to seal or expunge their records; 15% extend this option to prior criminal offenses as well.

Chart 8. Deferred Sentences



INFLUENCE OVER AGREEMENTS REACHED IN THE VTC DURING LAST APPEARANCE

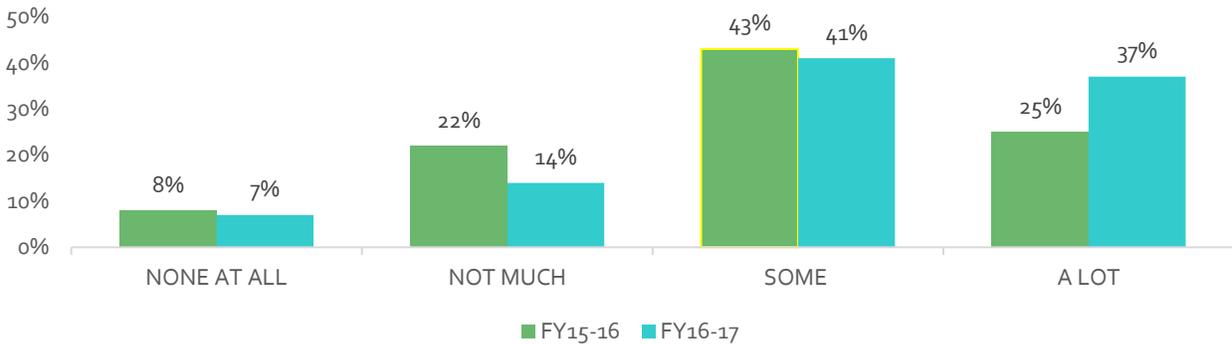
To get a sense of perceived collaboration over agreements reached in court during the last appearance, participants were asked to rate how much influence they had when it came to the incentives, sanctions, and treatment they received during interaction with the Judge and the VTC court team.

Twenty-one percent of current participants felt that they had little personal influence during their last court appearances (Chart 9). This is a substantial improvement over perceptions of influence last year (FY15-16), when 30% of participants felt they had little personal influence. Current participants also reported an increase in feeling that they had "a lot" of influence (37%) over their FY15-16 cohort (25%). Ratings of "some" influence stayed about the same.

The Ten Key Components of Veteran Treatment Courts (Russell, 2008) stress the importance of ongoing judicial interaction to participant success. Improvements in perceptions of influence over agreements reached during appearances show that the VTC is making progress in engaging participants in their own treatment and phase progression.

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Chart 9. Perceived Influence FY15-16 & FY16-17



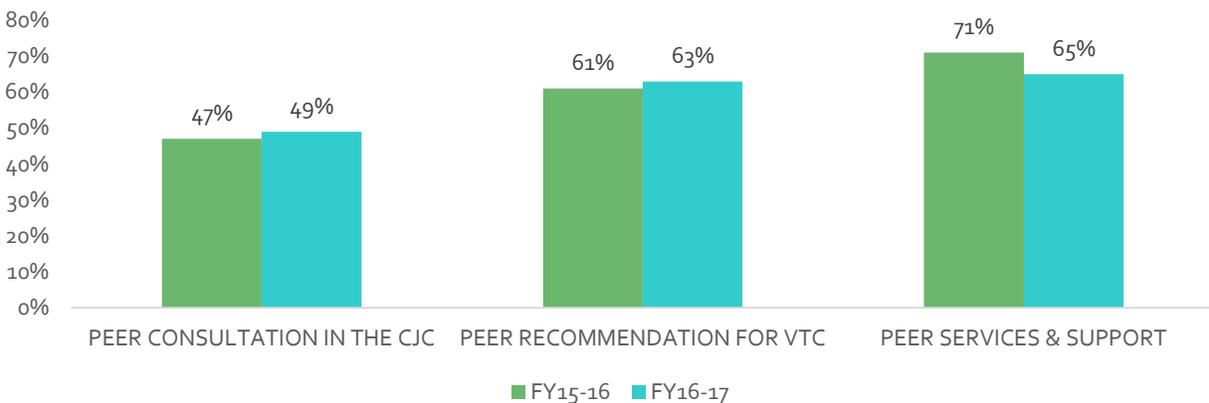
VTC PARTICIPANT SUPPORTS

Participants were asked about the types of support they currently receive from the VTC. These supports include all types of assistance, types of treatment, connection to services, and Peer Mentor interactions.

PEER MENTORS

Reports of Peer Mentor services and support are up from 47% during the JDTR era to 65% currently, but down slightly from FY15-16 (71%) levels. Peer Mentor consultations at the CJC and Peer Mentor recommendations for VTC participation stayed roughly the same, with slight increases from FY15-16 to FY16-17 (Chart 10).

Chart 10. Peer Mentor Support FY15-16 & FY16-17



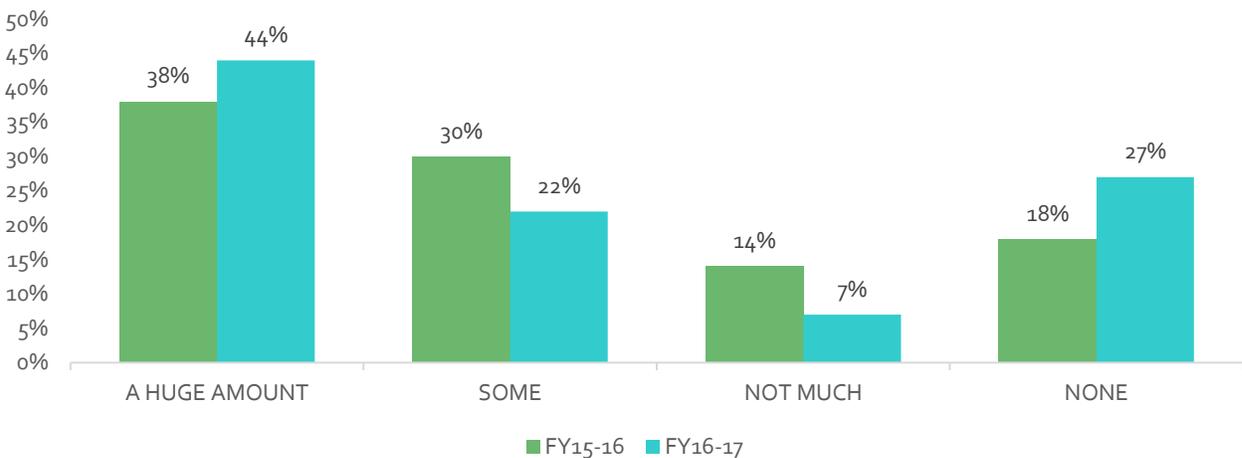
Participants were also asked to estimate how much Peer Mentor support has contributed to their success in the VTC (Chart 11). Twenty-seven percent of current participants attributed none of their success to support from Peer Mentors, compared to 18% during FY15-16. Seven percent of current participants said that Peer Mentor support did not contribute much to their program success, compared to 14% during FY15-16. When these categories of “none” and “not much” contribution are combined, they are about the same from FY15-16 to FY16-17.

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Sixty-six percent of current participants said that Peer Mentor support contributed to “some” or “a huge amount” of their success in the VTC, down slightly from FY15-16 (68%). Ratings of Peer Mentors contributing “a huge amount” to participant success were up for current participants (44%), however, over FY15-16 levels (38%).

These outcomes would be more meaningful if utilization of Peer Mentor services and supports was known. Adding this question to the next survey protocol would help the VTC team understand the impact of Peer Mentor support and determine whether the program needs to be marketed or introduced differently to increase awareness and access.

Chart 11. Peer Mentor Support Contributed to VTC Success FY15-16 & FY16-17



It is interesting to note that the Veteran Treatment Court literature makes frequent references to the importance of Peer Mentors to the success of VTC participants, yet there are no published studies making this connection in a valid and measurable way. The BJA study of VTCs (American University, 2016) mentioned throughout this report for comparison, reports that 85% of these courts provide Peer Mentors, but just 60% require that participants have a Peer Mentor. If Peer Mentors tracked the services and supports they provide, it would greatly expand the understanding in the veteran treatment court literature of what Peer Mentors do and how they contribute to participant success.

The BJA study said, “The active involvement of mentors throughout a participant’s treatment increases the likelihood that the participant will remain in treatment.” It would be a meaningful contribution to the literature if the 4th Judicial District VTC undertook this study to definitely prove what everyone believes to be true – that Peer Mentors positively impact retention in treatment and program success.

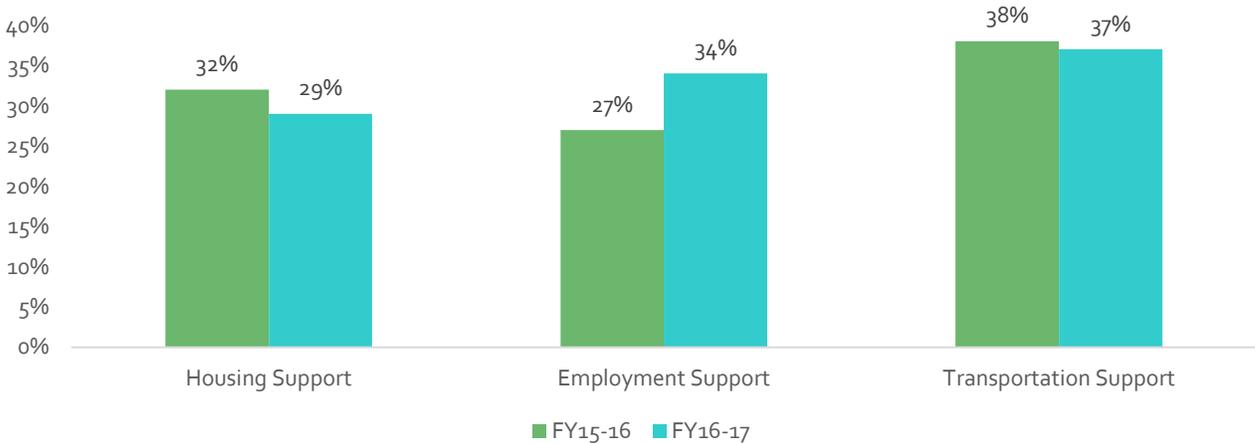
See Appendix D for a full list of write-in responses about the help that Veteran Peer Mentors have provided to participants. Several Peer Mentors are referenced by name for the support they have provided. These accolades should be shared so that Peer Mentors receive recognition. Finally, several participants commented that they don’t have a Peer Mentor, which may indicate a need to market the program to new participants just to ensure awareness.

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CONNECTION TO SERVICES

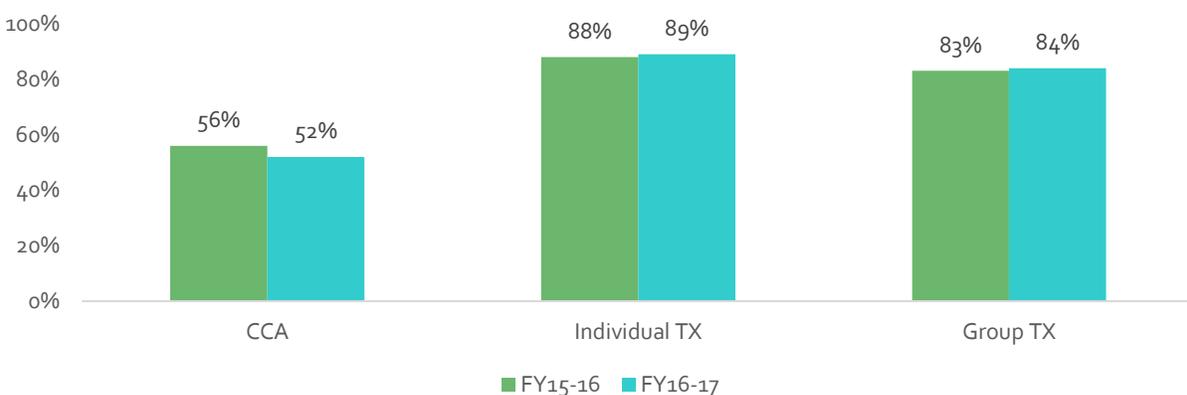
Participants were asked to share additional ways that they were supported by the VTC (Chart 12). Transportation was most frequently cited by current participants (37%). Employment support increased to 34% for current participants from 27% in FY15-16. Most supports were stable over time.

Chart 12. Participant Supports FY15-16 & FY16-17



Participants were asked to share information about the types of treatment they received because of participation in the VTC (Chart 13). Current participants reported high levels of engagement in both individual treatment (89%) and group treatment (84%), with few changes from FY15-16 to FY16-17.

Chart 13. Types of Treatment FY15-16 & FY16-17



Comprehensive Clinical Assessments (CCAs) were instituted during the VETS grant to ensure that VTC participants received treatment plans that were based on their actual needs, rather than their self-reported needs. The use of CCAs was initially funded by the VETS grant, but is now supported by state funding. The reported use of this tool continues to decline, perhaps because communication with the VA seems to have improved in recent years.

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VTC PARTICIPANT CHALLENGES

MENTAL HEALTH

Serious anxiety/tension was the most challenging mental health issue in FY16-17, with current participants challenged by it about 12.2 days per month. Trouble remembering, concentrating or understanding affects current participants, on average, 11.3 days per month. Respondent use of prescription medications averaged 7.2 days per month. The range for RX medication use was 0-30 days. Twenty-two percent of current participants reported daily use.

Serious depression continues to be a challenge with current participants, but it is at its lowest rate since 2012. Participants struggle with this condition 6.7 days per month on average. Trouble controlling violent behavior, hallucinations, and suicide attempts were all below 2 days per month.

Compared to FY15-16 participants, current VTC participants suffered less across mental health challenges, with just one exception. The average experience of trouble controlling violent behavior increased slightly. Overall, current reports of every mental health challenge were down from the VETS grant era (Table 5).

Table 5. Mental Health Challenges Not Due to Substance Use – Mean # Days/Month

MENTAL HEALTH CHALLENGES	VETS GRANT 2012-2015	STATE FY 2015-2016	STATE FY 2016-2017
SERIOUS ANXIETY/TENSION	16 days	12.7 days	12.2 days
TROUBLE REMEMBERING	15.3 days	13.9 days	11.3 days
PRESCRIBED MEDICATIONS	10.9 days	11.8 days	7.2 days
SERIOUS DEPRESSION	11.2 days	8.9 days	6.7 days
TROUBLE CONTROLLING VIOLENT BEHAVIOR	3.4 days	.96 days	1.5 days
HALLUCINATIONS	2.6 days	1.6 days	1.4 days
SUICIDE ATTEMPTS	.05 days	.03 days	.01 days

When asked how much they had been bothered by all of these issues combined in the past 30 days, the mean response was 2.64, in the “moderate” range. Twenty-one percent of current participants reported that they were “not at all” bothered by these psychological and emotional problems over the past 30 days. Fifty-six percent of current participants said that they were only “slightly” or “moderately” bothered by these problems. Just under a quarter (23%) reported being “considerably” or “extremely” bothered over the past 30 days, compared to 37% in FY15-16.

Consider these same mental health challenges from a different perspective – percentage reporting no mental health challenges - to more clearly visualize the individual challenge posed by each area of difficulty (Table 6). For more than half of current VTC participants, suicide attempts, hallucinations, trouble controlling violent behavior, and prescription medications are not a challenge. Serious anxiety/tension (89%), serious depression (67%), and trouble remembering (74%), however, continue to challenge participants.

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Table 6. MH Challenges Not Due to Substance Use – None Reporting

MENTAL HEALTH CHALLENGES	VETS GRANT 2012-2015	STATE FY 2015-2016	STATE FY 2016-2017
SERIOUS ANXIETY/TENSION	13% none	24% none	11% none
TROUBLE REMEMBERING	30% none	23% none	26% none
PRESCRIBED MEDICATIONS	58% none	51% none	60% none
SERIOUS DEPRESSION	22% none	37% none	33% none
TROUBLE CONTROLLING VIOLENT BEHAVIOR	64% none	76% none	73% none
HALLUCINATIONS	76% none	84% none	74% none
SUICIDE ATTEMPTS	98% none	97% none	95% none

SUBSTANCE USE

Substance use was self-reported for 10 categories of use. Twelve percent of all current VTC participants reported alcohol use over the past 30 days, compared to the same percentage last year. Eight percent of current participants reported that they had used illegal drugs in the past 30 days, compared to 10% last year. Reports of marijuana use have dropped slightly from FY15-16 (8%) to FY16-17 (5%), while use of other substances, like street opioids and the prescriptions of others have increased slightly.

When substance use was explored by Baseline or Follow-up survey, improvement over time in the program was measurable (Table 7). Participant use of both alcohol and illegal drugs declined significantly with time in the program.

Table 7. Substance Use by Current Participants @ Baseline & Follow-up

SUBSTANCE USE - PAST 30 DAYS	BASELINE	FOLLOW-UP
ALCOHOL	22%	8%
ILLEGAL DRUGS	19%	3%

TOBACCO PRODUCTS

In addition to illegal substances and alcohol, whose use is not permitted in the VTC, participants were asked about cigarettes and other tobacco products. Cigarette use was up from 70% of VTC participants in FY15-16 to 74% of current participants. Forty-one percent of current users reported daily use, with an average of 16 days of use per month.

Forty-six percent of current participants reported use of chewing tobacco in the past 30 days, compared to 17% in FY15-16. Current average use was much less frequent at 13 days per month, compared to 23 days per month in FY15-16. Nineteen percent of current participants also reported e-cigarette use in the past 30 days. Finally, cigar use was reported by 7% of current participants. On average, cigars were smoked less than one day per month.

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Table 8. Tobacco Product Use

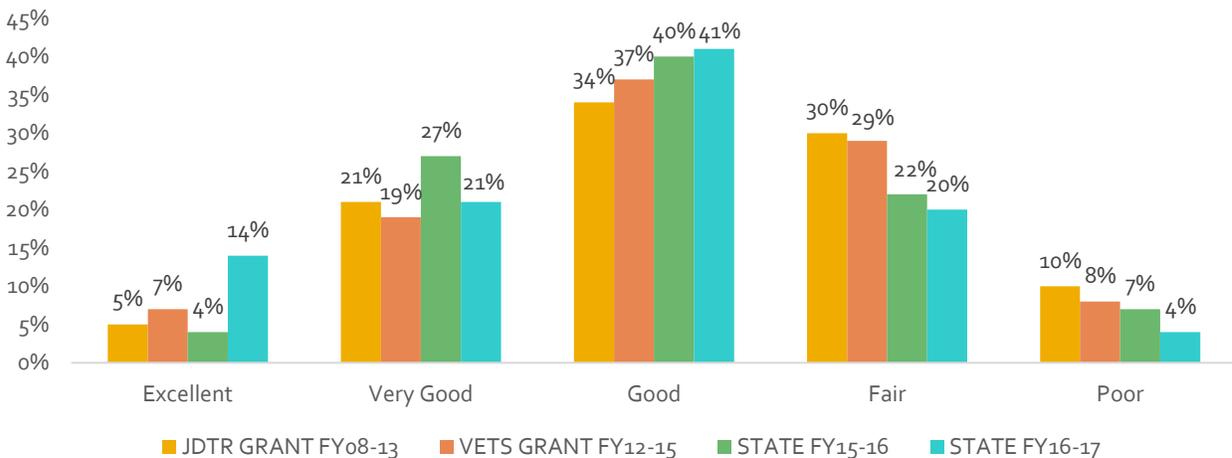
TOBACCO PRODUCT USE - PAST 30 DAYS	FY15-16	FY16-17
CIGARETTES	70%	74%
CHEWING TOBACCO	17%	46%
CIGARS	4%	7%
ELECTRONIC CIGARETTES	17%	19%

Use of tobacco products increased across product categories from FY15-16 to FY16-17. According to the CDC, about 17% of adults were cigarette smokers in 2014. Tobacco use among VTC participants far exceeds the national average and, though legal, poses additional hazards to the overall health of our veterans. Participants may use tobacco products to cope with anxiety or to compensate for not being permitted to drink alcohol or use marijuana. Regardless of the reason for tobacco use, the VTC might consider adding smoking cessation supports or incentives to help veterans.

OVERALL HEALTH

Overall health was rated as "good," "very good," or "excellent" by 76% of current VTC participants, compared to 71% during FY15-16, 63% during the VETS grant era, and 60% during the JDTR era. Average overall health was 2.8 on a 5-point scale, in the "good" range. See Chart 14 for overall health rating trends over time. Again, current VTC participants appear to be in better shape than earlier cohorts.

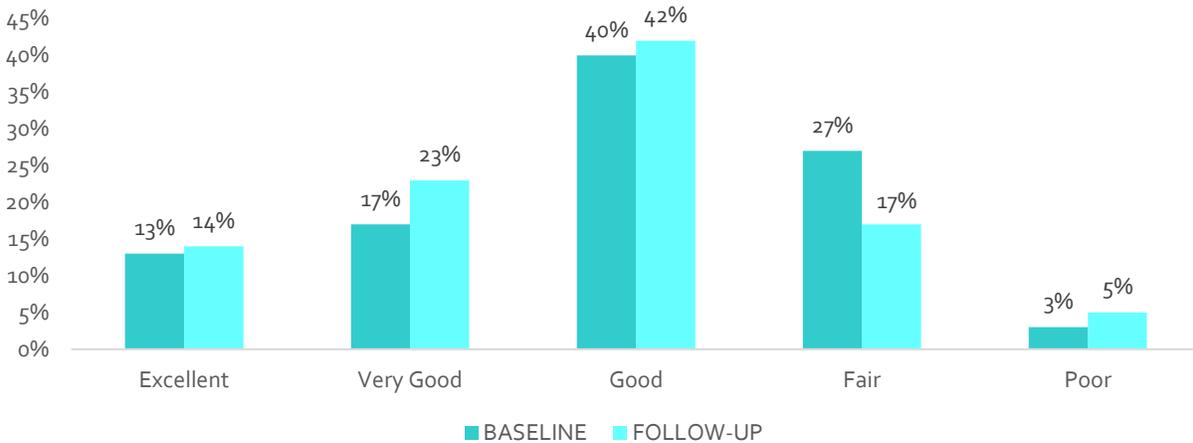
Chart 14. Overall Health



When current participant ratings of overall health were compared by Baseline or Follow-up survey, there were few differences, but positive ratings of health increased slightly while negative health ratings declined slightly.

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Chart 15. Overall Health Ratings of Current Participants – Baseline & Follow-up



VTC participants were asked if their military service had caused or contributed to any medical problems they may have. At Baseline, 100% said, “yes.” At Follow-up, 97% said, “yes.” There have been few changes in these ratings over time. This item has been recommended for removal from the survey.

VTC participants were asked if their military service had caused or contributed to any mental health or emotional problems they may have. At Baseline, 94% said, “yes.” At Follow-up, 86% said, “yes.” There have been few changes in these ratings over time. This item has been recommended for removal from the survey.

INTERACTION WITH FRIENDS OR FAMILY

Overall, 90% of current VTC participants reported that they had interacted with family or friends supportive of their recovery in the past 30 days, compared to 82% during the VETS grant. Six percent of current participants reported that they had “no one” to turn to when they needed help, compared to 9% during FY15-16.

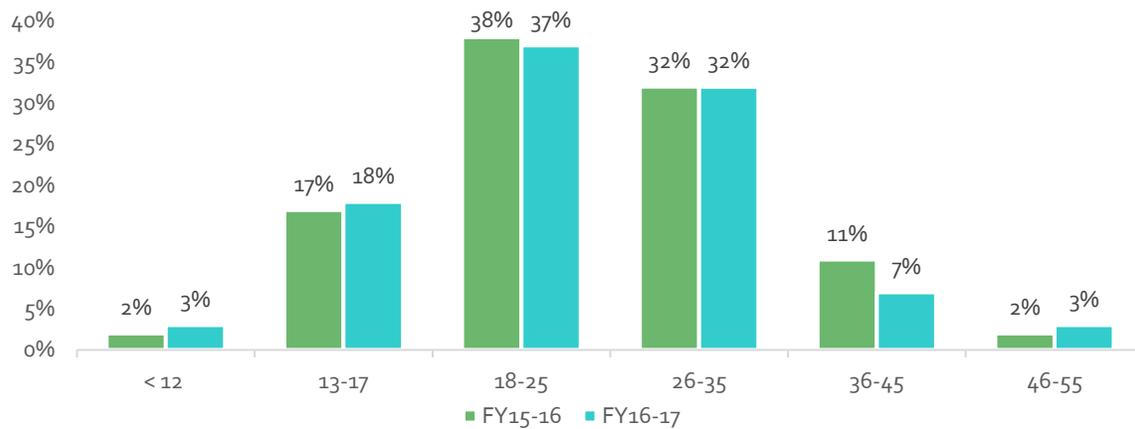
Participants were also asked with whom they had interacted. Many reported friends (18%) or family members (26%). “Other” responses (50%) made up the largest category of responses. These “Other” responses included multiple answers with more than one individual or entity listed (88%), as well as Battle Buddies, Peer Mentors, RMHS, Spouse, and VTC members. Thirty-seven percent listed family and friends together.

CRIMINAL JUSTICE INVOLVEMENT

VTC participants answered a series of questions about prior criminal justice involvement. See ages at which individuals from FY15-16 and FY16-17 were first arrested, booked, or taken into custody by the police in Chart 16. There were few differences between participants from different years.

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Chart 16. Age of First Arrest FY15-16 & FY16-17



Current VTC participants were asked to share the highest charge that got them into the VTC. Five percent reported traffic charges. Forty-five percent reported misdemeanor charges. Fifty-one percent reported felony charges. Felony participants increased slightly from FY15-16 to FY16-17, while misdemeanor and traffic charges dropped slightly (Chart 17). Participants with felony charges still make up just about half of court participants.

Chart 17. High Charge FY15-16 & FY16-17

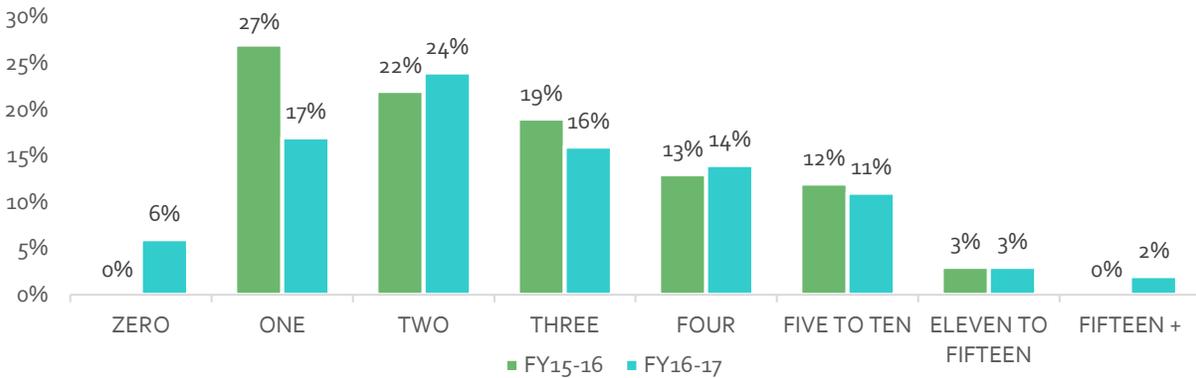


Sixty percent of current participants reported that they had ever spent time in jail or prison because of a conviction, compared to 51% in FY15-16. Forty-three percent of current participants reported that a restraining order, no contact order, or order of protection had ever been filed against them, compared to 52% in FY15-16. Because Domestic Violence perpetrators in the court may be declining, it would be worthwhile to revisit this issue with gatekeepers.

VTC participants were also asked about the number of times they had been arrested in their lifetimes. Reports from current participants ranged from zero to more than fifteen. The average number of lifetime arrests was 3.8 for current participants, compared to 3.17 for FY15-16 participants. See Chart 18 for all arrest reports.

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Chart 18. Lifetime Number of Arrests FY15-16 & FY16-17



Current VTC participants were also asked if they were interested in repairing the harm that was done by them. Sixty-nine percent said, “yes,” compared to 71% in FY15-16. Twenty-five percent of current participants said, “no,” compared to 19% of FY15-16 participants. Six percent of current participants provided “Other – write in” responses. These included 6 respondents who said that there were no victims, other than themselves. The VTC team should discuss the value of this item as it is are being considered for removal from the survey to decrease respondent completion time.

PTSD

VTC participants completed the PCL-C to determine whether PTSD symptoms and severity were at a clinical level for diagnosis with scores of 50 or higher. Overall, 53% of all current participants had clinical levels of PTSD, compared to 59% in FY15-16.

PCL-C scores of current participants were analyzed by Baseline or Follow-up survey. Fifty-nine percent of new (Baseline) participants had PTSD, compared to 49% of participants who had been in the program for 6-months or more (Follow-up). This shows improvement over time in the program. Scores ranged from 17 to 85.

Chart 19. PTSD @ Baseline



When the evaluation of the VTC was funded by the JDTR and VETS grants from SAMHSA, only felony level participants were permitted to be included in the evaluation. During the JDTR era, when the VTC was in its first 4 years of operation, clinical levels of PTSD were reported for 78% of participants at Baseline. During the VETS grant, clinical levels of PTSD were reported for 64% of participants at Baseline. Fifty-nine percent of FY15-16 participants met criteria for clinical levels of PTSD at Baseline,

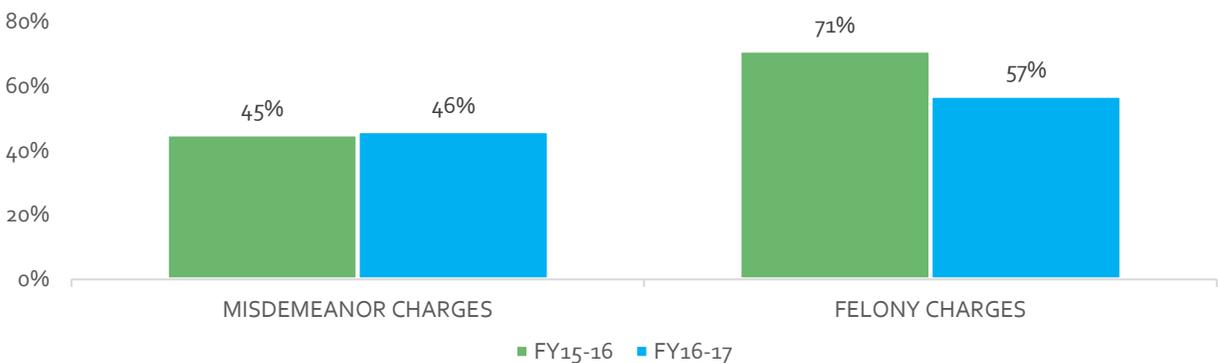
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like current participants. See Chart 19 for the Baseline percentage of clinical PTSD at each phase of the program.

To explore the relationship between clinical levels of PTSD and other variables, deferred sentences were examined. Forty-five percent of current VTC participants who received deferred sentences also had clinical levels of PTSD; 55% of those who reported deferred sentences did not have PTSD.

High charge and PTSD was also explored. Half of current VTC participants with Traffic charges did not meet the clinical criteria for PTSD diagnosis, but there were only four individuals in this category, making the sample too small for analysis. Forty-six percent of participants with Misdemeanors as their high charge met the clinical criteria for PTSD; and 57% of participants with Felony charges met the clinical level for PTSD.

Chart 20. PTSD Scores Over 50 - by Type of Charge - FY15-16 & FY16-17



People with Misdemeanor charges were less likely to have a clinical level of PTSD than those with Felony charges. It also seems that the people with felony level charges who are now accepted for participation in the VTC have become less needy. People with felony level charges and a clinical level of PTSD dropped substantially from FY15-16 to FY16-17.

Use of the LSI, the RANT, or other risk-need assessments is recommended to make sure that the VTC uses its limited resources to serve the people who would most benefit from it.

VTC participants also completed a series of questions about possible sources of their PTSD, one of the original criteria for entry into the court. Just 3% of current participants reported that they have **not** experienced an event that resulted in feelings generally characteristic of PTSD.

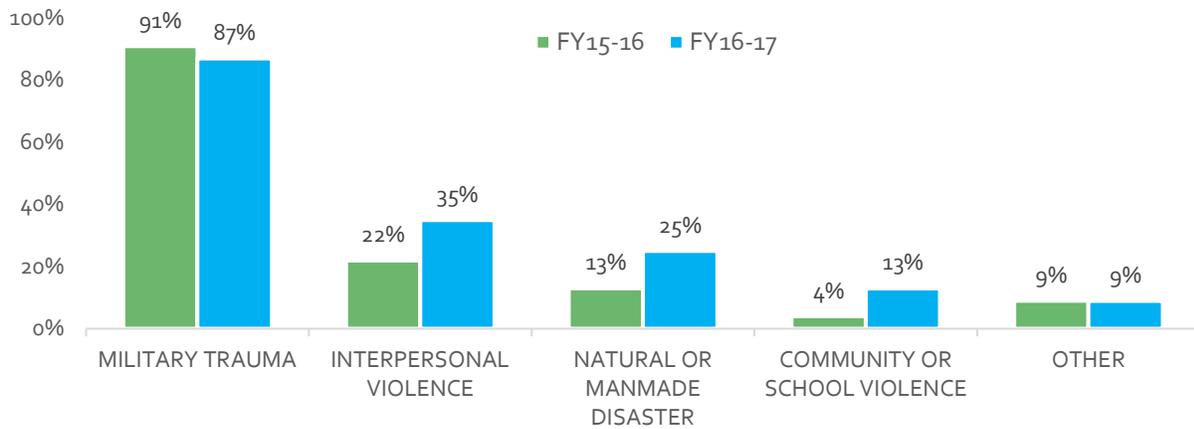
Sources of PTSD for current participants included: military trauma (87%), interpersonal violence (35%), natural or man-made disaster (25%), community or school violence (13%), and "Other" (9%). "Other-write in" responses included: abandonment, accidents, hurricanes, mortars, near fatal car accident, and "VA is making me resubmit my claim after being 100%."

Military trauma far exceeded all other sources of trauma. When combat tours were explored by PTSD, 60% of combat veterans had clinical levels of PTSD compared to 50% of non-combat veterans. This finding, though based on a small number of Baseline participants, underscores the importance of considering participants for the VTC, regardless of combat experiences. Trauma comes from many

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sources and experiences.

Chart 21. Sources of PTSD FY15-16 & FY16-17



TRAUMATIC BRAIN INJURY

VTC participants were asked a series of 25 questions about Traumatic Brain Injury (TBI) to obtain information about the types of head injuries they have sustained and to finally understand the role of TBI in VTC participation. None of the past grants associated with the VTC were able to collect and report information about TBI beyond a quick screen.

All TBI data were self-reported. OSU TBI Identification Method (OSU TBI-ID) items were adapted for self-report use. This tool was developed by Drs. Corrigan and Bogner at The Ohio State University and was designed to capture a lifetime of TBI history. Just 13% of current participants reported that they had never sustained a head injury, compared to 6% of the FY15-16 cohort.

Table 9. Traumatic Brain Injury – Types of Head Injuries – FY15-16 & FY16-17

TYPES OF HEAD INJURIES	FY15-16	FY16-17
NONE	6%	13%
FRAGMENT	8%	11%
BULLET	3%	2%
VEHICULAR	43%	50%
FALL - OVER 10 FEET	27%	31%
FALL, TRIP OR SLIP - LESS THAN 10 FEET	33%	26%
BLAST – IED, RPG, LANDMINE OR, GRENADE	57%	46%
HIT VERY HARD DURING A FIGHT	36%	44%
SPORTS	31%	32%
SHAKEN VERY HARD – INCLUDING AIRBAG TRAUMA	21%	24%
REGAINED CONSCIOUSNESS AFTER SEIZURE OR BLACKOUT W/ EVIDENCE OF HEAD INJURY	15%	26%

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The first set of questions asked about exposure to different types of head injuries. Current respondents provided a broad range of head injury responses from 2% due to bullets to 50% from vehicular events. Reports of blast injuries were high (46%), as were injuries from fights (44%), sports (32%). Other common reports of head injuries included falls over 10 feet (31%), falls under 10 feet (26%), regaining consciousness after seizure or blackout (26%), and being shaken very hard, including by airbags (24%). Fragments (11%) and bullets (2%) were less common injuries among participants.

Comparing FY15-16 to FY16-17, reports of head injuries were similar, but current participants reported substantially more vehicular injuries, more fight injuries, and more seizure or blackout injuries. Current participants reported substantially fewer falls of less than 10 feet, and blast injuries (table 9).

Respondents were asked to share the results of their head injuries as well. Eighty percent of current participants reported feeling dazed, confused, or “seeing stars.” About a third reported no memory of the head injury (32%). Forty-one percent reported that they had lost consciousness for less than a minute. Nearly a third reported a more serious head injury outcome of losing consciousness for up to 20 minutes (31%). Eight percent reported loss of consciousness for more than 20 minutes.

Comparison of FY15-16 and FY16-17 cohorts shows that TBI experiences were quite similar, with current participants slightly more likely to have lost consciousness for more than one minute and slightly less likely to be unable to recall the injury (Table 10).

Table 10. Traumatic Brain Injury Results – Confusion #1 Result

RESULTS OF HEAD INJURIES	FY15-16	FY16-17
DAZED, CONFUSED OR “SEEING STARS”	79%	80%
NOT REMEMBERING THE INJURY	39%	32%
LOSING CONSCIOUSNESS FOR LESS THAN 1 MINUTE	45%	41%
LOSING CONSCIOUSNESS FOR 1-20 MINUTES	25%	31%
LOSING CONSCIOUSNESS FOR MORE THAN 20 MINUTES	4%	8%

Finally, VTC participants were asked to share problems that have resulted from head injuries. Sleep problems were most frequently cited (70%) by current participants, followed by headaches (63%), memory problems (58%), ringing in the ears (57%), dizziness (50%), irritability (45%), and balance problems (42%).

Comparison of FY15-16 and FY16-17 participants shows that problems experienced because of TBI were similar between the cohorts, but current participants were more likely to experience dizziness, headaches, and balance problems, and less likely to experience memory problems and ringing in the ears. Current participants were much less likely to report irritability. Reports of sleep problems were high across cohorts (Table 11).

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Table 11. Traumatic Brain Injury Problems – Sleep Is #1 Problem

PROBLEMS RELATED TO HEAD INJURIES	FY15-16	FY16-17%
HEADACHES	58%	63%
DIZZINESS	40%	50%
MEMORY PROBLEMS	64%	58%
BALANCE PROBLEMS	36%	42%
RINGING IN THE EARS	60%	57%
IRRITABILITY	60%	45%
SLEEP PROBLEMS	67%	70%

Thirteen percent of current participants reported that they had never sustained a head injury. Although TBIs were thought to be a significant factor in the recovery of veteran treatment court participants, we are just beginning to understand the true extent of traumatic brain injuries, their type, and impact. With such a high rate of self-reported head injury and TBI, the court team should pursue screening and treatment options for all affected participants.

MORAL INJURY

Moral injury is defined by the National Center for PTSD (http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp) as experiences that are “at odds with core ethical and moral beliefs.” Moral injury has emerged in recent literature on PTSD as another source of PTSD-like symptoms, despite being very different. 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.”

VTC participants were asked to complete 20-items to assess moral injury and investigate its relationship to PTSD. The Moral Injury Scale used for this study was developed by Keenan, Lumley & Schneider (2013) at the VA to help veterans with PTSD address feelings of guilt and shame.

Scores of current participants ranged 30 to 82. Possible scores could range from 20 to 100. The mean score for current VTC participants was 66.9 points, compared to a mean score of 62.3 points for FY15-16 participants. Despite high mean scores for VTC participants, these items will be dropped from future VTC participant surveys to decrease survey time.

PROCESS OBSERVATIONS

When eligible participants become less risky, they are also less needy. Veteran treatment courts are resource intensive and should be used to help the people who need it most. There is a continuing struggle between the DA, the gatekeeper for the court, and the VTC team in the quest for participants who meet eligibility requirements but also need intensive treatment, supervision, and supports. One way to monitor this tug of war and keep the conversation informed is to track characteristics of prospects, plea agreements, and program outcomes.

Since informational Briefings began for prospective VTC participants at the court house, more than 400 individuals have learned about the court, eligibility, and requirements through attendance. Jail

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Briefings were also provided to more than 100 individuals since fall 2015. These are valuable forums for program dissemination. They might also be used to create a comparison group for VTC research.

During the JDTR grant era, analysis of acceptance rates into the VTC program over a 1-year period showed that 74% of prospects who attended Briefings were ultimately invited to participate by the District Attorney (DA) who is the gatekeeper for the court. It would be beneficial to track acceptance rates again to monitor decisions. Some findings from the evaluation of the FY16-17 cohort showed that participants are changing. They are less likely to need help looking for employment, less likely to need help with housing, less likely to have a deferred sentence, less likely to have felony charges, and less likely to have PTSD.

It would also be beneficial to define the capacity of the court. The VTC might be under-utilized at the current time with 79 active participants because it has accommodated more than 120 at one time in the recent past. Only the VTC team can address this issue and define the maximum number of participants that may be served well. If the VTC defines its optimum capacity it will be able to more effectively manage participant flow through the phases, the burden of supervision, and other supports needed. A recent survey of VTCs (American University, 2016) found that the average number of participants accommodated at any one time by a single program was 51. The demand for the VTC could also be measured with DSIR and Briefing data.

For the past 2 years of state funding for the evaluation, surveys were administered on a rolling basis, as time and appearances would allow. True Baseline, 6-month, and 1-year intervals were difficult to obtain for survey administration. Time from plea to Baseline survey completion was analyzed to reveal that about 63% of participants completed surveys within their first 30 days in the VTC. If Baselines are captured before participants become engaged in treatment and connected to services, Follow-up surveys measure change more accurately, from pre-VTC levels.

The current method used to evaluate the VTC, detailed in Appendix A, makes it difficult to measure individual progress at exact intervals for comparison. Although the current data collection methodology is neither as rigorous nor as comprehensive as earlier grant-funded efforts, it is significant that longitudinal evaluation of the VTC has continued with state-funded support. A study by the BJA Drug Court Technical Assistance Project (American University, 2016) found that just 19% of the 97 Veteran Treatment Court programs in their study reported that evaluation had been conducted. For 2017-2018, an email survey methodology is proposed to address this and other challenges.

The VTC may currently be serving participants who have less need than those the court originally served. People with high needs benefit most from wrap-around services and supports, mental health treatment, and the opportunity for a fresh start provided by a deferred sentence.

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DISCUSSION

This report documented the evaluation of the Colorado 4th Judicial District Veterans Trauma Court during FY16-17. It includes the outcomes and impact from the most recent cohort of participants and it also reaches back to FY-08-09 to continue the longitudinal assessment of Veterans Trauma Court participation, impact, and changes over time.

Significant changes have occurred in the VTC since it was launched in 2009. These changes include personnel, practices, policies, and outcomes. The population served has changed over time. VTC participant mean age has increased from 31 at start to 36 today. Race is less likely to be white (58% today vs. 72% FY08-13), more likely to be mixed race (20% today vs. 2% FY12-15), and more likely to be Hispanic (32% today vs. 15% FY12-15).

Participants are more likely to be college grads or have advanced degrees (16% today vs. 7% FY12-15), and less likely to have just “some college” experience (47% today vs. 75% FY12-15). Participants are more likely to be Retired military (24% today vs. 0% FY08-13).

Employment was a significant challenge for participants in the early years of the VTC, with 36% “unemployed – looking for work” during the FY08-13 era compared to 16% today. Mean income from wages has nearly doubled in the past year. Connection to benefits has also improved over time with nearly half of VTC participants today (47%) reporting that they receive Disability income.

Housing has also improved over time for VTC participants, with 72% reporting that they have their own place to live today, compared to 62% during FY’08-13. Unfortunately, 15% still describe their housing as “unstable.”

Overall health was also better for current VTC participants at Baseline than ever before, with 76% providing “good,” “very good,” or “excellent” ratings, compared to 60% from FY08-13. Substance use improved for current participants. Alcohol use improved from 23% at Baseline to 8% at Follow-up interview. Illegal drug use improved from 19% at Baseline to 3% at Follow-up interview.

Use of tobacco products continued to climb from FY15-16 to the present. Seventy-four percent of current participants reported cigarette use, compared to 17% of adults nationwide (www.cdc.org). Long-term health implications and prevalence of use merit some consideration.

Fifty-nine percent of current participants had PCL-C scores greater than 50 at Baseline, which is the level required for clinical diagnosis for PTSD. During the VETS grant (FY12-15), the percentage with clinical PTSD was 64%. During the JDTR grant (FY08-13), that level was 78%. This shows a trend in the VTC toward serving individuals with lower levels of need. Again, current VTC participants appear to have fewer treatment needs at Baseline.

The types of cases that are currently being accepted into the Veterans Trauma Court are also informative. Half of current participants had Misdemeanor (45%) or traffic charges (5%). Forty-three percent of current participants reported that a restraining order, no contact order, or order of protection had ever been filed against them, compared to 52% in FY15-16, which may signal a change in DA policy about eligibility of Domestic Violence perpetrators.

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Fifty percent of all current VTC participants met the clinical requirement on the PCL-C for PTSD diagnosis, compared to 59% in FY15-16. When PCL-C scores of current participants were analyzed by Baseline or Follow-up survey, 59% of new (Baseline) participants had PTSD, compared to 49% of participants who had been in the program for 6-months or more (Follow-up). This is significant impact. The VTC is helping participants with PTSD.

Forty-six percent of current participants with misdemeanors as their high charge met the clinical criteria for PTSD compared to 57% of participants with felony charges, showing greater need for treatment among those with felony charges.

Reports of Peer Mentor support of participants was up from 47% in FY08-13 to 65% today, but the impact of Peer Mentors needs to be studied. Peer 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 and access.

Perceived fairness of the case was explored with all current evaluation participants. For the most part, participants felt that they had "some" or "a lot" of influence over agreements reached during their last court appearance (78%). This is a great metric and achievement by the Court Team. Nearly a quarter of current participants (23%), however, felt their cases were "very unfair" or "somewhat unfair." Deferred sentences were reported by 49% of current participants, compared to 59% last year. There may be some confusion about deferred sentences. The VTC should make an effort to discuss, disclose, or explain the plea offers to increase participant understanding of the terms of VTC participation. The VTC team should discuss the decline in deferreds being offered to participants and seek a solution so that more veterans may be helped in the way that was intended when VTCs first began to appear nationwide.

Current VTC participants reported just 10 appointments on average, each month, related to VTC participation requirements such as court appearances, treatment appointments, probation appointments, and random urine tests. This is a huge improvement from earlier assessments when 16-21 appointments per month were reported. This shift shows that the Court Team respects the many work, family, treatment, and court-related requirements that participants have on their time. Participation requirements are still monitored, but are not so intensive for most that success is impossible.

Traumatic Brain Injury continues to be a serious problem for VTC participants, with just 13% reporting they had never sustained head injuries. With such high rates of TBI and significant potential impact on functioning, the court might consider screening for all VTC participants to ensure that treatment and appropriate supports are provided.

Asking questions about health disparity has increased understanding of other challenges that VTC participants might face, such as "deaf or serious difficulty hearing," which increased by 10 percentage points in one year, or "serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition," which declined by 11 points in one year, but continues to be a substantial issue with 68% reporting. The VTC should partner with ADA Centers to ensure that participants are getting the assistance they need, particularly when it comes to understanding the terms of VTC participation and plea agreements. The regional Rocky Mountain ADA Center for the Americans with Disabilities Act happens to be here in Colorado Springs. It is run by Meeting the Challenge (719-444-0268).

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Participants with Honorable Discharges has reached an all-time high at 71% today vs. 46% during FY12-15. Obviously, the needs of those who are Honorably Discharged are very different from those who don't have the GI Bill or access to VA services. Are we currently serving the people who most need and could be most helped by a Veterans Trauma Court?

Finally, the BJA study of VTCs, cited throughout this report, found: "Program evaluations are an essential component of maintaining an effective VTC program. Programs that have engaged an independent evaluator and implemented at least some of the evaluator's recommendations have been found to be twice as cost effective and nearly twice as effective in reducing recidivism than programs that have no evaluator."

It would be invaluable for the Veterans Trauma Court team to discuss the outcomes described in this report and make program changes based on the goal of serving more veterans who are most at risk and have the highest level of needs. VTCs are resource intensive and must be able to demonstrate impact if funding and public support are to continue.

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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 Peer 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 averaged 12.4% of all arrests in the county. Veterans accounted for 73.8% of military arrests. Active Duty military made up 26.2% of military arrests.

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.

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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, 6-month, and discharge 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 Peer 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 FY15-17 interview protocol. See Appendix C for the revised and shortened interview protocol proposed for FY17-18.

Data continued to be collected from VTC participants at Baseline, 6-months, and Discharge. In-person interviews were replaced with paper surveys. Incentives changed from \$20 cash per interview to \$10 gift cards per survey. Asking respondents to complete paper surveys on their own saves time, but carries with it another cost, which is the potential quality of the data collection. Being able to conduct a 1:1, in-person interview increases the understanding of the questions, allows respondents to ask questions, and also allows the researcher to make a connection that increases thoughtfulness of responses, willingness to respond, and perhaps honesty of responses. Questions are not skipped. When respondents struggle with questions, particularly about Post-Traumatic Stress Disorder (PTSD), there is someone there to provide support or seek additional assistance if needed.

In addition to these changes, the evaluation attempted to pilot other methodological changes. The first was data collection conducted at the Probation Intake Interview. Typically, individuals begin participation in the VTC at a fairly measured pace. In April 2015, for example, ten individuals attended the VTC Briefing to obtain program information, twenty were pending decisions for participation, four individuals started the program, and 15 were on the list for graduation in May. Probation Intake appointments can be quite long, with periods of down time for participants, so to optimize their time, evaluation surveys would also be completed during this appointment or in the waiting room, if needed.

IPAD PILOT

In the first year of Colorado state funding for the evaluation of the VTC, data collection via iPad was piloted to see if participation in the evaluation would continue to be high as personnel costs associated with the evaluation were minimized. The Colorado 4th Judicial District iPad was programmed with the surveys in Kiosk mode for data collection functionality regardless of internet access or Wi-Fi. The iPad approach eliminated the need for data entry, increased the flexibility of the data collection environment, and freed up the time of the administrator. Unfortunately, the iPad was more difficult to obtain than anticipated, delaying the launch of the first pilot for several months. Once the iPad was obtained and released to the evaluator for survey programming and testing, the Probation Officer assigned to the VTC was overwhelmed with an extremely large case load. Increasing his responsibilities

VTC Evaluation Report

and burden seemed contrary to the desired intent of making the evaluation less resource intensive. As a result, the Probation appointment intake method was never tested.

The iPad was piloted and failed with another approach as well, when tested at two VTC Dockets by the evaluator. There was substantial chaos surrounding court appearances with large dockets and many service providers and family members in one place. Finding individuals, explaining the iPad method, and making sure they didn't get locked out because of delays caused by communication, interruptions, and their court appearances – all factored into the failure. In addition, only one person could complete a survey at any time. It was not feasible to launch the study with a huge backload because of the iPad delay when just a few people could complete iPad surveys per docket. The slowest person who tested the iPad spent nearly 40 minutes completing the survey because of interruptions, screen locks, and one-page-per-item screens that felt labor intensive and clunky with many questions to answer. In comparison, individuals who completed surveys on paper spent less than 10 minutes on average and could complete surveys simultaneously.

PAPER SURVEY SOLUTION

The final approach implemented involved the evaluator maintaining a master database with participant names and identification numbers that was cross-checked with weekly dockets. A list of individuals who were due for interviews was sent to the VTC Coordinator who attempted to administer the surveys during the docket. This approach increased the workload for the Coordinator during busy dockets and became increasingly burdensome with the responsibilities of being a Mentor Court.

The evaluator attended the VTC docket when possible to assist with data collection and minimize the burden, but was largely ineffective at collecting surveys without substantial assistance because she didn't know participants and they did not know her. More than half of participants were not identified in time to participate.

VTC team members, including Peer Mentors, Probation staff, and Judge Shakes have also helped with the evaluation process by reminding VTC participants about the opportunity to contribute to the study, by helping to locate participants, and pointing out the evaluator. Unplanned expenses for this paper survey method include printing paper surveys, manual data entry, tracking participants by database dates and dockets, and time at VTC Dockets.

EMAIL SURVEY – PROPOSED PILOT

The 4th Judicial District VTC has been innovative in its pursuit of methods to continue the evaluation of the court, while minimizing the burden of it. Recently, American smart phone use has grown from 35% of adults in 2011 to 64% of adults in 2015 (Pew Internet, 2016). According to Statista (2017), smart phone penetration for the US will be nearly 73% by 2018. This level of usage makes email or online surveys a viable option for Veteran Treatment Courts for the first time.

To further automate the evaluation process and minimize the costs of tracking when surveys are due and which individuals completed them, printing surveys, data entry, and finding participants, a pilot of Email Surveys is proposed for FY 2017-2018. Participants must provide email addresses to participate in the pilot. They may already be providing email at intake into the VTC and the probation system.

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The percentage of VTC participants who do not have access to email or smart phone technology to complete the survey should be tracked. Response rates should also be monitored to determine whether participation in the evaluation continues to be high when survey completion takes place privately rather than in the hallway outside the VTC docket. Incentives of \$10 gift cards for each survey completion should continue with payment at next appearance. Recognition of evaluation participation could be a part of the dockets as incentives are paid. The current survey protocol (Appendix B) is quite long. Reducing the survey protocol by at least 20% will also increase participation. See the proposed revised survey for the Email pilot in Appendix C.

APPENDIX B

**SURVEY PROTOCOL
PROPOSED REVISION**

2017-2018

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) NAME: _____

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

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

VTC Evaluation Report

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

Services & Support

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
Peer Mentor Consultation in the Criminal Justice Center	()	()	()
Peer Mentor Recommendation for the VTC Program	()	()	()
Peer Mentor Services & Support	()	()	()
Comprehensive Clinical Assessment (CCA)	()	()	()
Individual Counseling or Therapy	()	()	()
Group Counseling or Therapy	()	()	()
Housing Support	()	()	()
Employment Assistance	()	()	()
Transportation Assistance	()	()	()
Other Types of Assistance	()	()	()

11) How much has Veteran Peer 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 Peer 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

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- No
- Don't know

Military Service

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
- 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: _____

VTC Evaluation Report

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

Substance Use

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: _____

Overall Functioning

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?

VTC Evaluation Report

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

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
- 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: _____

VTC Evaluation Report

PTSD

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?	<input type="checkbox"/>				
Repeated, disturbing dreams of a stressful experience from the past?	<input type="checkbox"/>				
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	<input type="checkbox"/>				
Feeling very upset when something reminded you of a stressful experience from the past?	<input type="checkbox"/>				
Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	<input type="checkbox"/>				
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	<input type="checkbox"/>				
Avoid activities or situations because they remind you of a stressful experience from the past?	<input type="checkbox"/>				
Trouble remembering important parts of a stressful experience from the past?	<input type="checkbox"/>				
Loss of interest in things that you used to enjoy?	<input type="checkbox"/>				

VTC Evaluation Report

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

TBI

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

VTC Evaluation Report

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

Lifestyle

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: _____

48) Do you have children?

- Yes
- No
- Don't know

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

- 1
- 2
- 3
- 4

VTC Evaluation Report

- 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

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

VTC Evaluation Report

Demographics

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

- Yes
- No

56) If Yes, which language do you speak?

- Spanish
- Other (Please specify): _____

57) 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: _____

58) Are you Hispanic or Latino?

- Yes
- No

59) What is your gender?

- Male
- Female
- Transgender
- Other - Write In: _____

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

- Heterosexual or Straight
- Lesbian or Gay
- Bisexual
- Different identity (Please specify): _____

61) How old are you today? _____

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

- Yes
- No
- Don't know/Info not available

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

- Yes
- No
- Don't know/Info not available

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

- Yes
- No
- Don't know/Info not available

VTC Evaluation Report

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

- Yes
- No
- Don't know/Info not available

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

- Yes
- No

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

- Yes
- No
- Don't know/Info not available

68) Do you have difficulty dressing or bathing?

- Yes
- No
- Don't know/Info not available

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

- Yes
- No
- Don't know/Info not available

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

APPENDIX C

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

FY16-17

VTC Evaluation Report

OVERALL, HOW DO YOU FEEL ABOUT YOUR DECISION TO PARTICIPATE IN THE VTC?
A door with the light at the end of the tunnel. Opportunity!
Wonderful, I heard alot of bad things but no of it was true
Good, but it is a learning process, and I am learning more and more every day, week, and month
Great to get this out in the open and off your chest to make me a better person.
Vary happy when I started looking at the program, I realized I'm very lucky to have a team dedicated to fixing the problem not just one
Fair, I have always agreed that this was an issue I could deal with better
I feel that the outcome was fair and impartial. I am grateful for being able to move forward with my therapy and well being.
For veterans it is a difficult walk, but the structure does keep people on track and having people who understand veterans helps a ton
Content, pain to begin + maintain but good when ball gets rolling.
I enjoy the treatment, however, I am unable to find routine
I could not have did eney better
Good for the most part, it has been a difficult journey and the hardest year of my life so far, even after combat.
I was happy to seek the mental heath
Fair
I feel that the program was great in all aspects, but I should have stayed on the civilian side of things and wouldn't have had so many
I think it is an incredible program
Blessed! It took me a while to figure out that this program was designed to help me. Without it, I surly would have went to prison
I feel blessed that I was able to participate in the VTC program. It is my opinion that this program has been instrumental in saving my life
I'm glad I went with VTC because it was the push I needed to start treatment and live better.
I have my problem with it was glad other people seen that I was not crazy
I'm ambivalent on that
Happy about the deferred sentence.
Good
Resisted at first. Now on board
Most of the time I've pretty liked most of it, but I've had a pretty tough time getting my timing down to be able to take the UAs.
Very fortunate and grateful for the opportunity
I feel it was the best decision I could make at the time and thankful for the opportunity to participate in VTC
Overall best decision I had made improved myself
The treatment has been needed
I feel ok
I feel good because I'm getting the treatment I had asked for
Good cause they hold you accountable for what you do and accomplish
Feel great because I'm getting the treatment I need.
At first I wasn't too happy about it, but since being in here I think it was a great decision
I feel being in this program has been very beneficial for me. It has allowed me to have awareness of problems I didn't know existed.
Its a really good program to get you back in life and off the streets, to not do drugs and live life again
I'm onboard, hope for the best.
I've gotten the help I need
Im very appreciative, the whole program puts in alot of effort
Good
Its been tough but I do feel like I am in a program that is designed to get me the treatment I need
I feel very good about it. Not just in my case but also in observing other cases
Very pleased to be attending

VTC Evaluation Report

Best move ever
happy not to be in jail
The implimentation of positive environment, reinforcement has been beneficial.
Appreciate, grateful
I believe they R really hear to help so I feel awsome
I think it was the best desicion I have ever had
Very good
great i feel that it has help me so much, but i wish i could have gotten a bit help on my final judgement
It has been helpful
feels overwhelming but fair considering alternative
I feel blessed to participate and be given a second chance.
Very smart
Imdease
Very good. VTC has been helpful
Feel good about the decision
Pleased somewhat
Unsure
I want to give this program max participation because I heard this program is very effective for the veterans
I love the program and am happy to be in VTC.
I feel lucky to be in this program and get help
Great
I feel it is a great decision, I wil come out a better person with more control of my emotions
Money well spent
I'm still procesing
I feel its the best decision I made on the matter
I'm grateful it has helped me stay sober
I feel honored
Very good it has been helping me deal with an everything
I guess I feel ok about it, I can't quite understand having to take so many UAs since my offense had nothing to do with drugs or alcohol
I would not of chosen to be in Vet court if I had known what I know about it now.
Awesome its been very beneficial and a great learning experience
Indifferent.
I am so very grateful for VTC. Without their help I'd be in prison or dead.
I entered the program to protect my stepdaughter from having to testify in open court.
It saved my life
Not pleased should have stayed in civilian court
It has changed my life And also it has had made me to go to treatment which has helped me become a better person
Glad it happened. Pushed me to seek help
Good
Still have not decided
Feel good about it, got my life in track
I enjoy the way judge likes to treat others
I feel I made a great decision. I really need the treatment.
Its a great program if one gets the help in which they so desperately need
Its great. I need this to stay in the right track after I leave active duty.
I feel like vtc was the right choice for me.
Overall I have to say I feel pretty good about the experiance thus far.
I feel that I have empowered myself to succeed in VTC and to help my family to have a bright future and happiness.
I'm actually really happy and most of all "LUCKY" to partipate in the program.
It is very good for veterans
I am happy I am participating with the VTC. The program is providing me with needed treatment I wouldn't have pursude outside of it
I feel that it is a very good chance to get the help and support i need

APPENDIX D

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

FY16-17

VTC Evaluation Report

DESCRIBE ANY WAYS IN WHICH VETERAN PEER MENTORS HAVE HELPED YOU SUCCEED IN THE VETERANS TRAUMA COURT
Being there
Bunny has helped build me up and remind me of the success I've had overcoming obstacles. Tim from OTF has helped me and my family
Providing every aspect of my recovery offering transportation and direction quality time and support in all of my affairs
I don't know who mine is/haven't used them
Bunny has been very supportive and also given me rides to take my UAs when I didn't have a vehicle
I'm not sure if I have one
OPR Related: Phone call and individual check-ups
Checkins, also letter of recommendation
Housing, veteran outings gifts for children
Kept me level headed and thinking clearly
Veteran Peer mentors have been very helpful with information need to be successful in this program
Just started but hope for the best
John Hill doesn't degrade me or betrays me, but is there to help no matter the circumstances.
They continuously show concern and care to me throughout the week
They help me stay on track
Jane has been involved in my recovery heavily. She has helped keep me on track by taking me to appts, being there for me to reach out
Keeping me on my toes, lots of support
I have leo
Always there
None not seeked one out
Bunny has been very supportive and also given me rides to take my UAs when I didn't have a vehicle
By sharing experiences and supporting each other
by helping me see the benefits of the help i need
Jane has been there for me more than I have expected or asked for. She saved me from going hungry when I was considering stealing food
Mandatory therapy, progressive accountability
Just gave me direction on what to do
MRS. Jane Rock is always there for me and offers solid advice amd life lessons
N/A I do not click with my peer mentor at all
Always there to talk and listen
Suggestions, help, comradery.
By continuing to support me and work with and for me to move forward.
Just listening goes along way
I don't have peer mentors
Help with showing me that I have peers that have problems and how to deal with it and have new battle buddies
To not go off the Good path and stay working towards my goals
Mental support, rides, and resources
Support, ades contacts, to much to list-basically anything i ever needed accordingly.
just starte but got me in the program
To better my life and not give up
Provided me with a phone
Perez
Leo
Was there when I need always checked in on me
Not yet in that phase.
Leo reminds me to accept some things I do not agree with
Direction and support
Helping me stay focused and on trakk with treatment and schedule
Always offered there help, can feel safe/comfertable to contact them

VTC Evaluation Report

Haven't started program
The peer mentors are always there for me when I need help and hold me accountable for myself
Bunny has helped me with numerous things on many ocations
They got me to cry about what happened to me overseas, and that I'm not alone
Lorsing PTSD solraity ard tanig care of my charges
Encouragement in the thing they are providing the most
Helped me with going threw the right channels for keeping me and my family away from eviction
Not abH
Just started VTC
Made sure I make my therapy appointments
Everyone need a little help. Sometimes talking to peers helps more than actual counseling.
Mentor showed me how to succesfully navigate the program
Constant support
I just began VTC 1 week ago, however I have already began to feel stability, and structure to build upon.
At court ther for you
I'm farely new to the program but so far I like everything that they have shown me.
They make sure you get every where on time dealing with people that have been through it is easyer to follow seeing their personal success
Instruction into warriors first
This is my first day with VTC
The overall support and help finding resources.
When we discuss life we can learn new ways to deal with situations and face the music new ways to think forward
I don't have any "official" mentors but my peers have been invaluable