Healing to Wellness Court Training September 2024

Veterans Treatment Courts: National Trends, Promising Practices, and Considerations for Tribal Adaptations

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Center for Justice Innovation (The Center)

Our approach involves collaboration among our three main teams: **research** and evaluation; direct-service programming; and training and expert assistance. Research informs programming, programming informs research, and both research and practice inform our efforts to train and assist communities across the U.S. and internationally in adopting tailored reforms.

The technical assistance (TA) team provides specialized support to multidisciplinary criminal legal stakeholders and organizations. As thought partners, we take time to identify and understand stakeholders' needs and address those needs with targeted training or specialized assistance from appropriate experts in the field. The Center provides remote and on-site support on a wide variety of criminal legal topics ranging from crime prevention and adjudication; mental health and substance use disorder treatment within the legal system; and fidelity to best practices in court operations, roles and responsibilities, and recovery program models. We are guided by transformation, anti-racism and anti-oppression, equitable collaboration, and person-centered practices.







Tribal Justice Exchange

The Center's Tribal Justice Exchange works with tribal nations to enhance their justice systems in ways the promote tribal sovereignty, and support community wellness.



- 1. Absentee Shawnee
- 2. Ak-Chin Indian Community
- 3. Bay Mills Indian Community
- 4. Bristol Bay Native Association
- 5. Catawba Indian Nation
- 6. Cheyenne River Sloux
- Indian Reservation 7. Chickesew Nation
- 8. Chippewa Cree Tribe
- 9. Colorado River Indian Tribes
- 10. Colville Tribes
- 11. Confederated Salish and Kootenai Tribes
- 12. Confederated Tribes of Coos Bay
- 13. Coushatta Tribe of Louisiana 14. Forrest County Potawatomi
- 15. Fort Belknap Indian Community
- 16. Fort McDowell Yavapai Nation
- 17. Fort Peck Assiniboine and Sloux Tribes

- 18. Grant Traverse Band of Ottawa and Chippewa
- 19. Ho-Chunk Nation
- 20. Karuk Tribe
- 21. Kaw Nation
- 22. Kalispel Indian County
- 23. Kenaltze Indian Tribe
- 24. Kickapoo Tribe of Texas
- 25. Lac du Flambeau Band of Lake Superior Chippewa
- 26. Leech Lake Band of Ojibwe
- 27. Little Traverse Bay Bands of Odawa Indians
- 28. Lower Sigux Indian
- 29. Mashpee Wampanoag
- 30. Menominee Nation
- 31. Mille Lecs Band of Ojibwe 32. Muscogee (Creek) Nation
- 33. Navajo Nation
- 34. Nez Perce Tribe
- 35. Nooksack Indian Tribe

- 36. Onondaga Nation
- 37. Pascua Yaqui Tribe

41. Pueblo of Jemez

45. Red Lake Nation

46. Rosebud Sioux Tribe

48 Soult Ste. Marie Tribe of

49. Shingle Springs Band of

50. Shinnecock Indian Nation

51. Shoshone Bannock Tribes

53. Southern Ute Indian Tribe

Chippewa Indians

Miwok Indians

52. Sokaogon Chippewa

Community

47. San Carlos Apache

Indians

- 38. Penobscot Nation 39. Port Gamble S'Klallam Tribe
- 40. Prairie Band Potawatomi

42. Puvallup Tribe of Indians

43. Pyramid Lake Paiute Tribe

44.Red Lake Band of Chippewa

- 57. Tohono O'odham Nation 58, Tolowa Dee-ni' Nation Nation

 - 59. Tutalip Tribes
 - 60. Turtle Mountain Band of Chippewa Indians

54. St. Regis Mohawk Tribe

56. Three Affiliated - Mandan,

Hidatsa, and Arikara Nation

55. Suguamish Tribe

- 61. Ute Mountain Ute Tribe
- 62. Village of Atmautuak (Akiak Native Community)
- 63. White Earth Band of Ojibwe
- 64. White Mountain Apache Tribe
- 65. Wind River Reservation
- (Eastern Shoshone Tribe and
- Northern Arapaho Tribe) 66. Winnebago Tribe of Nebraska
- 67. Yakama Nation
- 68. Yavapai Apache Nation
- 69. Yurok Tribe



What we will cover today

History and 10 Key Components of Veteran Treatment Courts (VTCs)

Overview of the Center's strategic planning efforts in VTCs across the country

National trends and promising practices

Tribal adaptations



History of Veterans Treatment Courts

- Why do we have VTCs if we have adult drug courts/mental health courts?
- Anchorage, Alaska (2004)
- Buffalo, New York (2008) Judge Russell!
- Other states followed to address specific issues with veterans that weren't being addressed in other treatment courts
- Federal funding to support implementation



Expansion of VTCS

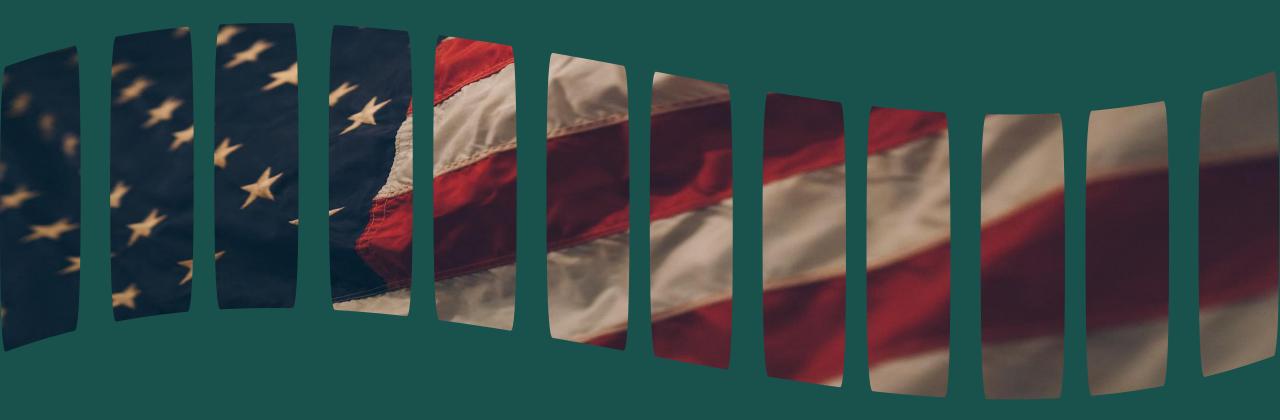
2010 - an estimated 24 VTCs operational in

2020 - data reveals 476 operating in 42 states and one territory and about 500 today across the country!

VTC Coordination Act

- Legislation required the DOJ to establish a formally authorized grant and TTA program to develop and maintain VTCs
- Increased coordination and assessments of the VTC
- In collaboration with the VA, BJA conducted listening sessions for the field in 2021
- Specific BJA VTC solicitation in FY2022 and 2023





Ten Key Components of VTCs



Key Component #1:

VTCs integrate alcohol, drug treatment, and mental health services with justice system case processing

Key Component #2:

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

Key Component #3:

Eligible participants are identified early and promptly placed in the VTC program

Key Component #4:

VTCs provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services

Key Component #5:

Abstinence is monitored by frequent alcohol and other drug testing



Key Component #6:

A coordinated strategy governs VTC responses to participants' compliance

Key Component #7:

Ongoing judicial interaction with each Veteran is essential

Key Component #8:

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

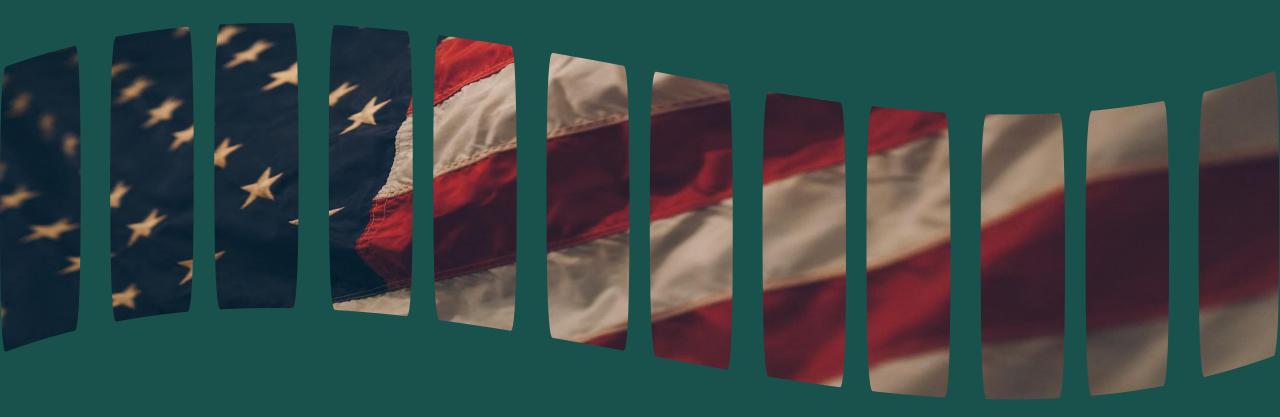
Key Component #9:

Continuing interdisciplinary education promotes effective VTC planning, implementation, and operations

Key Component #10:

Forging partnerships among VTCs,
VA, public agencies, and
community-based organizations
generates local
support and enhances VTC
effectiveness





Veterans Treatment Court Strategic Planning



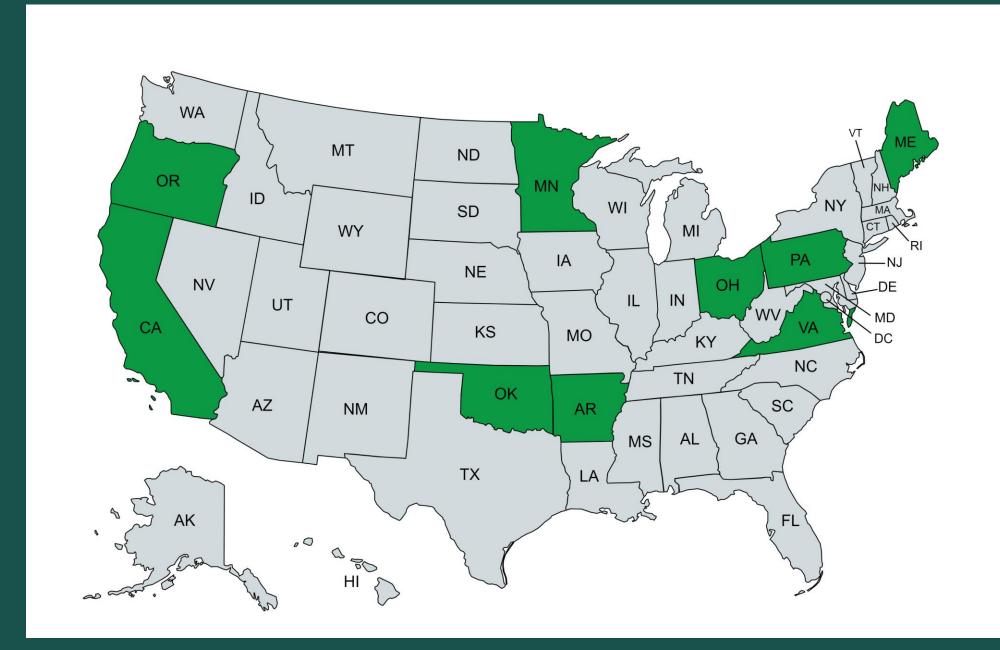
VTC Strategic Planning States

2019 cohort:

California
Maine
Ohio
Pennsylvania
Virginia

2022 cohort:

Arkansas Minnesota Oklahoma Oregon



Strategic Planning Overview

Needs Assessment

Onsite Strategic Planning

Strategic Plan

- VTC Operations Survey
- Stakeholder Interviews
- Review of court data
- Review of court materials
- January onsite visit
- Needs Assessment
 Report with Findings and
 Recommendations

- Recap of Needs
 Assessment Findings
 and Recommendations
- Development of statewide mission and vision statements
- Action planning: development of goals and objectives responsive to needs assessment

- Center staff and OJD
 collaborated to complete
 Action Plan including
 persons responsible and
 timelines
- Center staff produced a detailed Strategic Plan



The VTC Assessment Tools



Short Screener (VET-S)

Eligibility

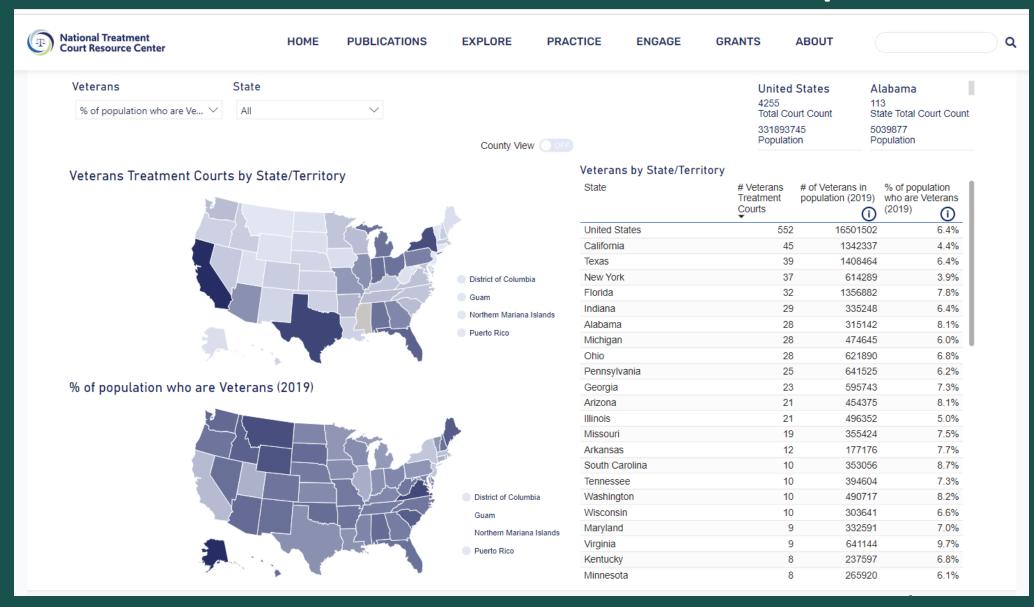
Comprehensive Assessment (VET-C)

Case planning

VET-S and VET-C

- Implementation varies by site
- Use alone or together
- Need and risk flags
- Risk levels after validation

National Veterans Landscape



Center
for
Justice
Innovation

National Trends

Identification
Eligibility
Specific training topics
Veteran peer mentors
Transportation
Enhanced Support for VTC participants



Identification of Veterans

Who is a veteran?

How would you ask someone if they are a veteran?





Identification of Veterans

Federal definition: "The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released from there under conditions other than dishonorable." (38 U.S. Code 101)

VA Benefits: You may be able to get VA health care benefits if you served in the active military, naval, or air service and didn't receive a dishonorable discharge.

You must have served 24 continuous months or the full period for which you were called to active duty, unless any of the descriptions below are true for you

This minimum duty requirement may not apply if any of these are true:

- Were discharged for a disability that was caused—or made worse—by your active-duty service, or
- Were discharged for a hardship or "early out," or
- Served prior to September 7, 1980
- If you're a current or former member of the Reserves or National Guard, you must have been called to active duty by a federal order and completed the full period for which you were called or ordered to active duty. If you had or have active-duty status for training purposes only, you don't qualify for VA health care.

Identification of veterans

Barriers

Stigma

Fear

Lack of information

Differing ways each person identifies

Lack of systematized information gathering



Veterans Justice Outreach Specialists

https://www.va.gov/hom eless/vjo.asp#contacts



Alabama

Birmingham, Birmingham VA Medical Center, Rachel Parker, Quinton Pickett

Mobile/South Alabama, VA Gulf Coast Health Care System, Kelly Estle

Montgomery/Tuskegee, Central Alabama Veterans Health Care System, Marguerita High, Alisia Hansell

Tuscaloosa, Tuscaloosa VA Medical Center, Krista Davis

Alaska

Anchorage, Alaska VA Healthcare System and Regional Office, Samantha Adams-Lahti, Mindi Thomas

Arizona

Phoenix, Phoenix VA Health Care System, <u>Ellyn Black</u>, <u>Anna Bourne</u>, <u>Jennifer Morris</u>, <u>Marti Rarick</u>, <u>Monica King</u>, <u>Todd Dahl</u>, <u>Rachel Krausman</u>, <u>Rachel Trott</u>

Prescott, Northern Arizona VA Health Care System, Elizabeth Santos, Lynda Woods

Tucson, Southern Arizona VA Health Care System, Steve Wenzel, Amelia Hill

Arkansas

Fayetteville, Veterans Health Care System of the Ozarks, <u>Jeff Glover, Marcy VanDeBerg, Wendy Clanton</u>

Little Rock, Central Arkansas Veteran Healthcare System John L. McClellan Memorial Veterans Hospital, <u>Alexandra Blondell</u>, <u>Charis Cook</u>, <u>Eric Hudson</u>, <u>Gertrude Thompkins</u>

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California

Fresno, VA Central California Health Care System, Nikki Garner, Stella Botello, Debra Mattos

Loma Linda, VA Loma Linda Healthcare System:

Riverside County: Laura Rodriguez, Jennifer Garcia, Cristin Campbell



Promising practices





Relationship with Jails and vet pods

Relationship with VJOs



Appropriate selfidentification

questions

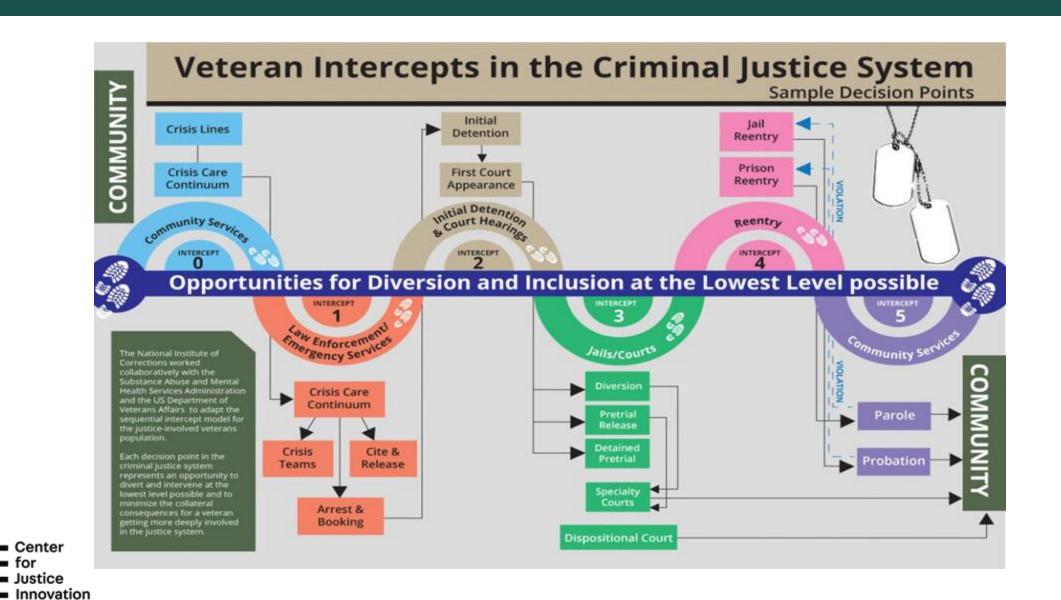
"Have you ever served in the U.S. military?" or "Have you served in the armed forces?"



Screening at all intercept points



Program Entry into VTCs



Ways to increase program entry





Written objective eligibility criteria

connect justice-involved veterans to services regardless of participation in VTC



Training on discharge status and what it means



Training

Veterans treatment court specific needs

- Military culture
- PTSD
- TBI
- MST

Community buy-in:

Are veterans receiving special treatment?







National VTC Summit April 2024

Veteran peer mentors

Recruitment and retention

- Where to find volunteers
- How to retain volunteers
 - Time commitment
 - Money commitment

Roles and responsibilities

- Training on mentor/mentee relationship
- Understanding their role in the program
 - Should they participate in staffing



Women mentors

- Recruitment
- Court environment

Younger mentors

- Time commitment
- May not be accessing the VA themselves

Veteran peer mentors



Promising practices



Veteran mentor coordinators



501(c)(3) non profit status



Written job descriptions & roles and responsibilities



Training



Transportation

Same issues as other problemsolving courts with the extra layer of VA hospital locations

VTCs typically have high prevalence of DWI cases

Inability to attend treatment



Promising practices



Funding for bikes, bus passes, ride sharing apps



Participants driving others for community service hours

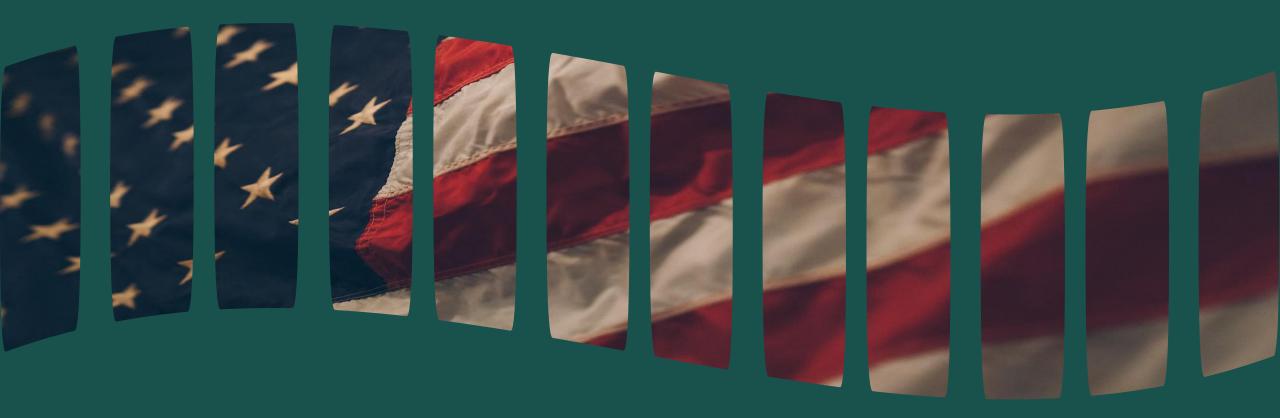


Teleservices



Using the VA teleservices in place already





Oklahoma's plan for Veterans Treatment Courts



Oklahoma Needs Assessment yielded four overarching themes:

- Fidelity to Best Practices
- Program Entry into VTCs
- Statewide Coordination and Collaboration
 - Enhanced Support for VTC Participants



The strategic planning committee created the following vision and mission statement to serve as the foundation for the strategic plan:

"Veterans Treatment Courts in Oklahoma service all eligible justice-involved veterans through equitable, comprehensive, compassionate, and focused services that adhere to evidence-based practices.

Veterans Treatment Courts take a holistic and individualized approach in assisting veterans to achieve their goals and restore their health, dignity, and honor. "



From the overarching themes, nine strategic planning goals emerged:

Goal 1 Identify all veterans entering the criminal justice system, to best meet their unique needs

Goal 2 | Ensure justice-involved veterans with all risk/need levels have access to diversion and treatment opportunities across the state

Goal 3 | Ensure all Veteran Treatment Courts have access to statewide resources for veterans and their families

Goal 4 Increase collaboration and coordination among Veteran Treatment Courts



From the overarching themes, nine strategic planning goals emerged:

Goal 5 | Provide ongoing, consistent training specific to Veteran Treatment Courts

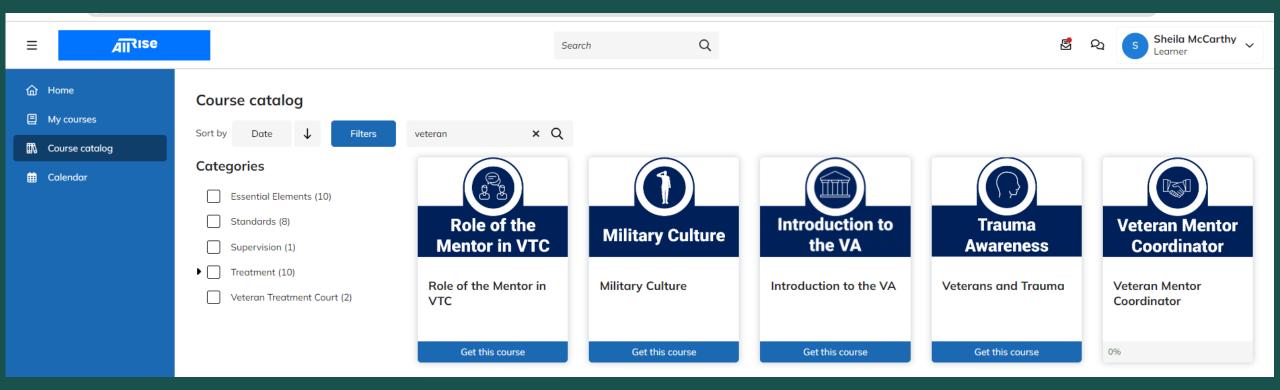
Goal 6 | Establish a statewide mentor program for Veterans Treatment Courts

Goal 7 Create statewide examples of participant handbooks and policy and procedure manuals

Goal 8 | Create policies that ensure medical decisions are made only by medical professionals

Goal 9 | Collaborate with Tribal Nations to assist with development of Veterans Treatment Courts as needed

All RISE E-Learning





Native American Veterans

As of 2021, U.S. Total Veterans: 19,162,515 (includes Washington DC, Puerto Rico, and U.S. Protectorates)

As of 2021, Total American Indian Alaska Native Veterans in U.S.: 159,868

(not including "2 or more races")

0.83%

As of 2022, 334,000 Veterans identify as Al/AN alone or in combination with other races

1. California	6. Florida
2. Oklahoma	7. North Carolina
3. Arizona	8. Montana
4. New Mexico	9. South Dakota
5. Texas	10. Washington



Promising Practices | Current Landscape

Tribal Veteran Healing to Wellness Courts are restorative justice dockets established to respond to the offenses and treatment needs of veterans who are diagnosed with substance abuse. They are managed by a multidisciplinary team familiar with the unique experience and issues of Native veterans. They can operate as stand-alone dockets or as part of a more general Healing to Wellness Court.



TLPI is working with the Blackfeet Nation and their Veteran's Services Officer, slated to do an onsite training this fall.

Sth Judicial Court of Montana has a grant for a Veterans Court specifically for Native Americans

Tribal Healing to Wellness Courts: The Key Components

Key Component #1: Individual and Community Healing Focus: Tribal Healing to Wellness Court brings together alcohol and drug treatment, community healing resources, and the tribal justice process by using a team approach to achieve the physical and spiritual healing of the individual participant, and to promote Native nation building and the well-being of the community.

Key Component #2: Referral Points and Legal Process: Participants enter Tribal Healing to Wellness Court through various referral points and legal processes that promote tribal sovereignty and the participant's due (fair) process rights.

Key Component #3: Screening and Eligibility: Eligible court-involved substance-abusing parents, guardians, juveniles, and adults are identified early through legal and clinical screening for eligibility and are promptly placed into the Tribal Healing to Wellness Court.

Key Component #4: Treatment and Rehabilitation: Tribal Healing to Wellness Court provides access to holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services that incorporate culture and tradition.

Key Component #5: Intensive Supervision: Tribal Healing to Wellness Court participants are monitored through intensive supervision that includes frequent and random testing for alcohol and drug use, while participants and their families benefit from effective team-based case management.

Key Component #6: Incentives and Sanctions: Progressive rewards (or incentives) and consequences (or sanctions) are used to encourage participant compliance with the Tribal Healing to Wellness Court requirements.

Key Component #7: Judicial Interaction: Ongoing involvement of a Tribal Healing to Wellness Court judge with the Tribal Wellness Court team and staffing, and ongoing Tribal Wellness Court judge interaction with each participant are essential.

Key Component #8: Monitoring and Evaluation: Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals, identify needed improvements to the Tribal Healing to Wellness Court and to the tribal court process, determine participant progress, and provide information to governing bodies, interested community groups, and funding sources.

Key Component #9: Continuing Interdisciplinary and Community Education: Continuing interdisciplinary and community education promote effective Tribal Healing to Wellness Court planning, implementation, and operation.

Key Component #10: Team Interaction: The development and maintenance of ongoing commitments, communication, coordination, and cooperation among Tribal Healing to Wellness Court team members, service providers and payers, the community and relevant organizations, including the use of formal written procedures and agreements, are critical for Tribal Wellness Court success.



TRIBAL VETERANS HEALING TO WELLNESS COURTS

Integrate specific Key Components from both types of court in order to address the unique characteristics of AIAN Veterans

- 1) incorporating a physical and spiritual healing philosophy that includes holding substance-abusing individuals and their families accountable;
- 2) involving the Veterans Administration Healthcare Network (and IHS) and Veterans support organizations in the collaborative team approach;
- 3) incorporating the appropriate Native cultures and traditions in treatment and services, *e.g.,* the critical involvement of family, extended family, and the community in the healing process;
- 4) continuing team and community education that includes the VA and Veteran volunteer mentors;
- 5) forming coalitions between private community-based organizations, criminal justice agencies, IHS, and the VA; and
- 6) ongoing interaction and relationships between team and community that includes community and tribe members



Questions

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