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INTRODUCTION

When Judge Oscar Hale and I started the Veterans Treatment Program in Laredo, Texas, in 2013, we set out to address the specific issue of mental health among veterans in our community. We knew that as a result of their service to our country, an alarming number of veterans were returning from military service suffering with depression, anxiety, Post Traumatic Stress Disorder (PTSD), and substance abuse. Consequently, without the proper support and treatment, some of them found themselves in our criminal justice system.

Armed with the knowledge of effective drug court models and a passion to make a positive difference in this unique population, we decided to look beyond the file and take a good look at the individual. We decided to work toward achieving rehabilitation instead of incarceration.

The results of this program have been truly astounding. Numerous veterans have spoken of being on the brink of suicide, only to have the program be a saving grace. Through the direct professional services provided to veterans by veterans, our program participants find a safe place to share, heal, and grow. Armed with the tools necessary to face the challenges of life after service, they become healthier, stronger, productive members of our community once again. As they prosper, our community prospers.

As we often say in VTP, "these men and women have served us and we must now serve them." The Veterans Treatment Program has transformed our community and it can do the same for every county in our great state.

> The Honorable Beckie Palomo 341st Judicial District Court

GENERAL OVERVIEW AND KEY COMPONENTS

A. OVERVIEW

Veterans treatment courts (VTCs) are one of the fastest growing categories of specialty courts in the United States.¹ Originally modeled after the mental health and drug courts models, which have existed for over 30 years, VTCs are established to specifically address the needs of veterans facing criminal charges, diverting them from incarceration.² A study from 2015 revealed that veterans constituted approximately 8% of all inmates in state and federal prisons.³ With the development and use of VTCs increasing, there is the potential to reduce incarceration rates among veterans.

Unlike traditional criminal courts, the primary purpose of a VTC is not to determine whether a defendant is "guilty," but rather VTCs exist to ensure the veteran "receives treatment to address unmet clinical needs."⁴ Several factors distinguish VTCs from drug and mental health courts, most notably their focus on veteran defendants and the involvement of volunteer veteran mentors who provide non-clinical support to veteran participants.⁵ VTCs largely reflect the communities that choose to start them, which has resulted in widespread variation among the courts in both eligibility criteria and process.⁶

VTCs operate independently of the Department of Veterans Affairs (VA); however, VTCs are supported by the prevention-focused component of the VA's Veterans Justice Outreach (VJO) program. The VJO was originally designed to end homelessness among veterans, but support of VTCs has become a key part of its programming. VJO specialists provide direct outreach, assessment, and case

5 Id.

6 Id.

¹ Flatley, B., Clark, S., Rosenthal, J., Blue-Howells, J. Veterans Court Inventory 2016 Update: Characteristics of and VA involvement in Veterans Treatment Courts and other Veteran-focused court programs from the Veterans Justice Outreach Specialist Perspective. 2017 Retrieved from Washington, DC.

² Russell, R.T. Veterans treatment court: A proactive approach. New England Journal on Criminal and Civil Confinement. 2009; 35:357–372.

³ Bronson, J., Carson, A., Noonan, M., Berzofsky, M. Veterans in Prison and Jail, 2011–12. 2015, retrieved from www.bjs.gov/index.cfm?ty=pbdetail&iid=5479

⁴ Veterans Affairs: Veterans Treatment Courts, *available at* va.gov/HOMELESS/docs/VJO/2018 -Veterans-Treatment-Courts-FactSheet-508.pdf

management for justice-involved veterans in local courts and jails and liaison with local justice system partners. $^{7}\,$

The 81st Texas Legislature passed the statutory framework for the creation of VTCs in 2009 through Senate Bill 1940.⁸ This bill, which authorized the creation of specialty courts for veterans in Texas, took effect on September 1, 2009, and was originally codified in Chapter 617 of the Texas Health and Safety Code. It has since been redesignated as Texas Government Code, §124.001 *et al.*, and amended by Acts 2013, 83rd Leg., ch. 747 (S.B. 462), § 1.05, eff. Sept. 1, 2013. This chapter establishes the parameters and duties for VTCs, and it creates a general outline for the eligibility of veterans to participate in such a program.⁹

Under the statutory framework, a veteran who has been arrested for or charged with any misdemeanor or felony offense may be eligible if the attorney for the state consents to the defendant's participation and the court finds the defendant is a veteran or current member of the U.S. armed forces and suffers from a traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), or other mental illness or disorder that is a result of military service in a combat zone or other hazardous area and affected the criminal conduct at issue.¹⁰ Upon a defendant's successful completion of a veterans court program, the court dismisses the criminal action. As of the date of this publication, there are 26 VTCs across Texas providing assistance to veterans.¹¹

⁷ Id.

⁸ Fund for Veterans' Assistance and to the Establishment of Pretrial Veterans Court Programs, 2009 Tex. Sess. Law Serv. Ch. 840 (S.B. 1940) (Vernon's).

⁹ Tex.. Gov't Code Ann., § 124.001-7 (West 2019).

¹⁰ Tex. Gov't Code Ann., § 124.001-2 (West 2019).

¹¹ See TexVet website, available at texvet.org/vetcourts-tx

B. KEY COMPONENTS FOR THE SUCCESSFUL OPERATION OF A VTC

Just over 10 years ago, the Buffalo Veterans Treatment Court created and adopted the Ten Key Components of Veterans Treatment Courts.¹² This framework was largely created based upon the essential tenets of the 1997 U.S. Department of Justice publication "Defining Drug Courts: The Key Components," with special attention to the specific and unique needs of veterans.¹³ These key components provide the foundation for the successful operation of a VTC.

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Key Component #1: VTCs integrate alcohol, drug treatment, and mental health services with justice system case processing.

VTCs promote sobriety, recovery, and stability through a coordinated response to veterans' dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

¹² See Justice for Vets website, available at justiceforvets.org/resources/resource-library/general -veterans-treatement-court/

¹³ See 1997 U.S. Department of Justice publication, "Defining Drug Courts: The Key Components," available at justiceforvets.org/wp-content/uploads/2017/03/Defining-Drug-Courts-The-Key -Components.pdf

Key Component #3: Eligible participants are identified early and promptly placed in the VTC program.

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the VTC program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran of the need for treatment difficult.

Key Component #4: VTCs provide access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services.

While primarily concerned with criminal activity, AOD use, and mental illness, the VTC team also considers co-occurring problems such as primary medical problems, transmittable diseases, homelessness, basic educational deficits, unemployment and poor job preparation, spouse and family troubles (especially domestic violence), and the ongoing effects of wartime trauma.

Veteran peer mentors are essential to the VTC team. Ongoing veteran peer mentors' interaction with the VTC participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Frequent court-ordered alcohol and illicit drug testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

Key Component #6: A coordinated strategy governs VTC responses to participants' compliance.

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. VTC rewards cooperation as well as responds to noncompliance. VTC establishes a coordinated strategy, including a continuum of graduated responses to continuing drug use and other noncompliant behavior.

Key Component #7: Ongoing judicial interaction with each veteran is essential.

The judge is the leader of the VTC team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify the program.

Key Component #9: Continuing interdisciplinary education promotes effective VTC planning, implementation, and operations.

All VTC staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues as well as VA, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of the VA, treatment, and justice system components.

Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, VA, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among VTC, VA, public agencies, and community-based organizations generates local support and enhances VTC effectiveness.

Because of its unique position in the criminal justice system, VTC is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the VA, veterans and veterans' families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to VTC participants and informs the community about VTC concepts. A VTC fosters systemwide involvement through its commitment to share responsibility and participation of program partners.

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