potential admission of new participants. During the first grant year, there were 47 HCVTC sessions held.

**Key Component 8**: Monitoring and evaluation measures the achievement of program goals and gauges effectiveness. The independent evaluation is conducted by Dr. Lisa Shannon with Morehead State University Department of Sociology, Social Work, and Criminology.

*Findings* from the independent evaluation are presented in the current report.

**Key Component 9**: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations. Funding was requested in the grant proposal to allow HCVTC team members to attend the annual National Association of Drug Court Professionals (NADCP) Annual Training Conference. Other community partners were also invited to attend at the agency’s expense. The Program Supervisor and VJO also actively seek other training opportunities and provide information to team members. Staffing sessions and formal process meetings provide cross training opportunities. Through conversations about veteran’s issues, treatment professionals are educated about the criminal justice system and criminal justice professionals are educated about treatment issues. This helps to develop a shared understanding of the values, goals, and operating procedures of all disciplines and ensures all team members have a more comprehensive understanding of veterans’ issues.

*Findings* show the various members of this team also attended the National Association of Drug Court Professionals (NADCP) Annual Conference in Anaheim in May 2014. Further, the majority of the team members participated in a statewide training conference offered by the Administrative Office of the Courts in August 2014.

The team has also participated in numerous past trainings. The HCVTC team was selected to participate in the National Drug Court Institute’s VTC planning initiative in Santa Ana, CA August 26-30, 2013. Judge Shumate and other team members attended the NADCP conference in Nashville in May 2012 and focused their attentions on the Veterans Treatment Court track, attending all available workshop and plenary sessions on the topic. Further, four of the 10 team members attended a VTC mentor site visit in Buffalo, New York in December 2012.

**Key Component 10**: Forging partnerships among drug court, public agencies and community based organizations generates local support and enhances the effectiveness of the Veterans Treatment Court Program. The HCVTC has the benefit of partnerships well-established by the HCDC, which has developed an extensive community partnership network. In addition, the VAMC and other veterans’ service agencies are committed to this project.
Findings from the process evaluation interviews showed that the HCVTC program has successfully forged partnerships with many essential agencies and community organizations. The team consists of representatives from the court, prosecution, defense counsel, and treatment providers. In addition, the team expressed the importance of local recovery groups offered, such as AA/NA. In addition to these core services, numerous other agencies were utilized such as Disabled American Veteran (DAV), USA Cares, and Volunteers of America.
**Capacity and Case flow**
The HCVTC can accommodate 25 to 30 participants per year. Participants enter the program after being assessed as eligible for the veteran’s treatment court. An AOC Statistical Report was used to determine the yearly census between October 1, 2013 to September 30, 2014. Review of the program data found 10 participants entered the HCVTC during the timeframe examined by the current report. During this timeframe, there were no completions. The Hardin County pilot VTC program was underway at the time of receiving this grant. Any client receiving services was able to transition into the grant-funded program. There have been no participants in the program for the 23 month period to complete the program at this time.

**Team Members**
HCDC has one full-time program supervisor and one case specialist dedicated to working with veterans in the program. Primary responsibilities include overseeing the program by conducting assessments, assuring quality treatment, updating each participant’s individual program plan (IPP), scheduling family support sessions, and verifying employment and housing stability. The case specialist works with participants to address their case management needs identified on the treatment plan. The judge volunteers time to the HCVTC program, and has been with the program since its inception. The HCVTC team also includes representatives from the Public Defender’s office, County Attorney’s Office, and VA treatment providers (VJOs).

**Referrals, Eligibility, and Admission Procedures**
This project targets both combat and non-combat veterans (with combat veterans receiving priority) involved in the criminal justice system. The HCVTC substituted a treatment problem-solving model for traditional court processing which is responsive to the distinct needs of this population and addresses gaps in the system to ensure veterans are receiving substance abuse, trauma-related, and other mental health services. The program accepts individuals with both felony and misdemeanor charges, excluding violent felonies and sex offenses. Veterans are identified through evidence-based screening and assessments. Eligibility requirements for HCVTC participation include: must be a veteran of the U. S. Military and have received an honorable or general discharge (dishonorable discharges will be considered on a case by case basis); must have a diagnosed substance abuse or mental health issue; must have the mental capacity to complete program requirements; and must voluntarily agree to program participation. The HCVTC targets high risk/high needs individuals.

A justice-involved veteran may be referred to the HCVTC through one of the following procedures, 1) A referral may be made for defendants who meet eligibility requirements for
deferred prosecution or felony diversion requirements. 2) A referral may be made at any time during probation, including in lieu of probation revocation. A defendant who is referred by an order of probation must have entered a guilty plea or have been found guilty of an eligible offense. 3) A judge may refer a defendant charged with contempt of court in lieu of being incarcerated on the contempt charge.

Upon receipt of a written order of referral from a judge, the Hardin County Attorney’s Office (HCAO) will conduct the legal screening to determine if the defendant is eligible for clinical screening and assessment using the following criteria. 1) The defendant shall be eligible for deferred prosecution, diversion, or probation by statute. 2) The defendant shall not be a violent offender as defined by federal regulation, 28 CFR 93.3. 3) The defendant shall not be a sex offender as defined by Kentucky Revised Statutes (KRS) 17.550. If the defendant is determined to be eligible based on this screening, the VJO and/or the HCDC Program Supervisor will thoroughly explain all requirements of the HCVTC as well as the Agreement of Participation and request that he/she sign all other forms and waivers in the presence of the defense attorney. Upon execution of the proper forms, the clinician will conduct the clinical screening and assessment. The clinical screening and assessment is based on the Addiction Severity Index (ASI; McLellan, Luborsky, O’Brien, and Woody, 1980) and will be used to measure: medical, employment, drug and alcohol use, legal, family-social functioning, and psychological status.

Clients are required to pay restitution, fines, fees and other costs to the court as part of program participation. While these payments are part of each veteran’s program plan, no one is prevented from participation because of inability to pay. No fees are imposed that would interfere with rehabilitation.

Phase Structure

Early Intervention and Program Structure. Early intervention is achieved pre-plea for defendants who meet the criteria for deferred prosecution and via post plea diversion and post adjudication. The HCVTC team meets bi-weekly to discuss potential clients; thus, length of time from assessment to acceptance may be as little as two weeks. Entrance into the program may vary, depending on whether the defendant is charged with a misdemeanor or felony and/or is a deferred prosecution or diversion candidate, or participating in lieu of probation. The target timeframe for entrance is within two to four weeks of referral.

Length and Phases of the Program: The four phase program consists of intensive supervision of clients by a court-appointed case specialist, frequent appearances before the HCVTC judge, mandatory mental health and/or substance abuse testing and treatment. The program length, which is determined by the participants’ progress, will not be less than 18 months for misdemeanor offenders and 23 months for felony offenders. Upon meeting certain guidelines
a participant moves through each phase. The decision to “phase up” a participant is made on a case-by-case basis by the VTC team. Each phase is described in the HCVTC Participant Handbook (see Appendix B) and is outlined below:

**Phase I - Treatment Plan Development**
- Length: Four Months
  - Appear on the Veterans Court docket every week.
  - No unexcused absences from scheduled appointments with service providers.
  - Appear at all required court dates
  - Demonstrate a willingness to comply with all treatment and service goals/plan, including medication recommendations.
  - Identify and access needed services.
  - Establish stable housing.
  - Establish stable income.
  - Establish/maintain sobriety, if applicable.
  - Begin to show reduction in symptoms.
  - Reduce/eliminate psychiatric hospitalizations, if applicable.
  - Reduce/eliminate further criminal charges/arrests.
  - Comply with parole/probation, if applicable.
  - Comply with alcohol and drug counseling when appropriate.
  - Obtain an AA/NA sponsor and begin working on the 12 step, if applicable.

**Phase II**
- Length: 9 months
  - Appear on the Veterans Court docket every two weeks.
  - Maintain stable housing and income.
  - Maintain sobriety, if applicable.
  - Continue to work toward goals on treatment/service plans.
  - Maintain engagement with all service providers.
  - Keep all appointments.
  - Medication compliance.
  - Compliance with probation/parole, if applicable.
  - Reduce/eliminate psychiatric hospitalizations.
  - Reduce/eliminate further criminal charges/arrests.
  - Increase/improve social supports/social relationships.
  - Maintain AA/NA sponsorships and show progress on the 12 steps, if applicable.
  - Comply with the drug and alcohol counseling, when applicable.
Phase III

Length: 4 months

- Appear on the Veterans Court docket monthly.
- Maintain social supports and meaningful daily activities.
- Maintain stable housing and income.
- Maintain medication compliance.
- Maintain sobriety, if applicable.
- No arrests/criminal charges.
- Maintain engagement with all service providers.
- Eliminate psychiatric hospitalizations.
- Complete treatment/service plan goals.
- Maintain AA/NA sponsorships and show progress on the 12 steps, if applicable.
- Complete drug and alcohol counseling, when applicable.

Phase IV

Length: 6 months

- Aftercare.
- Mentoring.
- Attend alumni group monthly.

In addition to these requirements, HCVTC individual program plans may also tailor services, such as domestic violence counseling, anger management counseling, mental health services, or other needed services, identified through assessment with staff, determining what is best for individualized needs. Participants must submit a phase promotion letter requesting the court to move him/her to the next phase and present this request at the weekly Veterans Court session.

Graduation

A client will be determined to have successfully completed the HCVTC after the client has met the graduation criteria listed in the HCVTC handbook (see Appendix B) and outlined below.

Graduation Criteria:

- 9 months of sobriety from substance abuse (i.e., illicit drugs, prescription medications, and/or alcohol)
- 6 months of steady employment unless retired, disabled, or full-time student
- Successful completion of all court-ordered treatment
- Maintain AA/NA contacts, when appropriate
- Completion of all specialized probation terms
- Completion of high school diploma or GED, or attending English as a Second Language (ESL) classes, unless an exception is determined by the HCVTC team.
Program Rules and Termination from Veterans Treatment Court

Each new VTC participant and their family (if applicable) are given a HCVTC Handbook at program entry. This handbook details the operations of the program, policies and procedures, rules, and what each participant can expect and what is expected in return. Rules are viewed as important by the team for many reasons. Program rules impose a structure (often unfamiliar to participants) upon the lives of the participants, ensure the safety of the staff and participants, provide a model of the larger order that society follows, and promote predictable and consistent program operations. Table 1 presents the statement of the rules participants must follow to remain in HCVTC. Failure to follow rules can result in the imposition of a disciplinary sanction, and may lead to the expulsion of the participant from the program (especially for serious infractions or repeated rule breaking).

Table 1: Program Rules

<table>
<thead>
<tr>
<th>Program Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You must wear appropriate clothing at all times.</td>
</tr>
<tr>
<td>2. You cannot wear sunglasses inside the Veterans Court office or in court.</td>
</tr>
<tr>
<td>3. You cannot wear clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use.</td>
</tr>
<tr>
<td>4. You must attend all scheduled appointments unless you get approval to be excused.</td>
</tr>
<tr>
<td>5. You must comply with Veterans Court rules.</td>
</tr>
<tr>
<td>6. You are expected to maintain appropriate behavior at all times during Veterans Court sessions and while in the courthouse. The Judge shall be addressed with respect.</td>
</tr>
</tbody>
</table>
Treatment
Depending on the veteran’s benefit level, he/she may receive the full array of treatment services provided by the Robley Rex VAMC. These services may include: outpatient substance abuse treatment (i.e., individual and group intensive outpatient); substance abuse residential treatment; inpatient psychiatric treatment; outpatient specialty mental health clinic (i.e., individual, group and marital therapy); post-traumatic stress disorder specialty clinic (i.e., evidence-based individual and group Cognitive Processing Therapy and Prolonged Exposure); military sex trauma treatment; mental health primary care; suicide prevention; and crisis management. If a veteran is eligible for VA services, he/she may be connected with resources made available through the VJO.

The participants will also have available substance abuse and mental health treatment services provided through Communicare. These services have been available for HCDC participants since 2000. There are 14 substance abuse clinicians with Communicare and all have advanced degrees, certification as alcohol and drug counselors, or other mental health licenses.

In addition, residential substance abuse treatment will be enhanced by collaborating with other treatment programs in Kentucky including: Park Place, Lincoln Trail, and PASSAGES. Park Place Recovery Center is a 20 bed facility for individuals who have advanced or chronic chemical addiction. Lincoln Trail Behavioral Health System is a 116-bed hospital offering a full continuum of inpatient, intensive outpatient (IOP), and outpatient services. Lincoln Trail only serves individuals with insurance. This grant can help individuals who would not normally have access. PASSAGES provides subsidized housing (11 units) for chemically dependent women. A caseworker assists with educational sessions to help participants continue with a healthy drug/alcohol free lifestyle, while outpatient therapy and psychiatric services are provided by Communicare. Domestic violence assessment, parenting courses, relapse prevention, and corrective thinking courses are also provided. The program uses the Matrix Model Intensive Outpatient Alcohol and Drug Treatment Program, which is recognized by SAMHSA as an evidence-based curriculum. Other modalities of treatment, including Cognitive Behavioral Therapy and Motivational Interviewing, are also incorporated into the treatment regimen. Clinical and case management staff will receive intensive training on veteran’s issues, including trauma-related issues, family issues specific to veterans, and issues related to cultural aspects of military bonds and service. Treatment plans will be developed immediately upon entering the program and will be reviewed and updated every 30 days.

Recovery Supportive Services
Recovery support services are provided through a coordinated Veterans Mentor Program. A mentor coordinator is responsible for recruiting prospective mentors, screening candidates, selecting the mentors, and providing education about the HCVTC. The coordinator also
supervises the mentors and ensures that one or more mentors are present at HCVTC staffing and sessions. Mentors are recruited from a number of Veteran’s service organizations including: Disabled American Veterans, Kentucky Veterans Administration, Veterans of Foreign Wars, American Legion, as well as other Hardin County community and government organizations. The veteran-mentor relationship encourages a “can do” attitude in the veteran, helping to instill motivation to accomplish his/her goals in treatment, assistance adapting to changes in self and family, and providing ongoing positive reinforcement for maintaining continual success throughout the program.

Other supportive services are provided through the AA and NA network, American Bar Association Military Pro Bono Project, the American Legion, Wounded Warriors, and other veteran’s service agencies. The goal is to introduce new and enhance existing supportive services to veterans by building a continuum of care utilizing the HCVTC team, family, peer mentors, sponsors, and other community services agencies that will continue to provide support long after the veteran completes the program.

**Supervision**

The supervision component is reflected in Key Components five: “Abstinence is monitored by frequent alcohol and other drug testing” and seven: “Ongoing judicial interaction with each veteran is essential.”

Program participants are supervised by the HCVTC staff. Defendants who enter the program via deferred prosecution (pre-plea) are not eligible for supervision by the Kentucky Department of Corrections (DOC). Defendants who enter via felony diversion or in lieu of probation, per Kentucky Revised Statutes (KRS), Chapter 26A (4), are supervised by the drug court/treatment court staff.

Veteran participants are required to appear in court for progress reviews. Clients appear before the HCVTC judge one time per week in Phase I; bi-weekly in Phase II; and one time per month in Phase III. The judge is given a progress report prepared by the HCVTC team, with input from other agencies, regarding veteran performance in the program. If it is determined the veteran is doing well, they are encouraged to continue with the program, and to work with the treatment team toward further success. If the veteran is determined to not be doing well, the judge discusses the status with the veteran and the treatment team, and further action is determined. With repeated violations or the failure to progress satisfactorily, the court may discharge the veteran from the program, at which point the veteran is entitled to a hearing.

Additionally, HCVTC participants are tested for drug and alcohol use at random times throughout the entire treatment process. AOC contracts with a statewide vendor for all drug
testing. Clients are given a toll-free call-in number and must call the line daily, 7-days per week, including holidays, to determine if they are to test on that day. Collections are observed by same-sex collectors. Five, seven, and nine panel rapid testing devices, laboratory Gas Chromatography/Mass Spectrometry (GC/MS) confirmations and 13 panel expanded tests, breathalyzers, Ethyl Glucuronide (ETG), and Drug Abuse Recognition Systems (tests for 250+ prescription and over-the-counter drugs) are used. Tests are also conducted for synthetic and designer drugs (i.e., K-2, Spice, bath salts, etc.). Results are available instantly for some tests, and for others, within 24 hours via posting on a secure website.

During Phase 1, participants are tested a minimum of 2 times weekly. As they progress through the phases of the program, they may be tested less frequently. The judge will have access to all drug test results, including any failures to test, and may order a drug test at any time. Relapse may occur in recovery; however, a positive, dilute, or missed test will result in a court-imposed sanction. Tampering with any drug test will be deemed a positive test and may result in program termination. The judge continually reviews the veteran’s overall performance in the program; repeated offenses may result in progressively severe sanctions.

**Sanctions and Rewards**

Incentives are provided as veterans reach milestones in the program and are designed to provide positive motivation and recognition for the accomplishment of short-term goals in an attempt to motivate continual success. Sanctions are designed to change future behavior rather than to punish past behavior and are swift, predictable, graduated, and given by the judge. A distinction is made between sanctions to modify behavior as a result of a disregard of rules, failure to meet requirements, or other compliance issues, and therapeutic responses designed to address continued use, relapse, or medication non-compliance resulting in increased levels of care.

If veterans are compliant during the program, the VTC may reward positive progress with one or more of the following:

- Court-announced perfect compliance list
- Applause/Praise from judge & team
- Advancement to next phase
- Fewer court appearances
- Fun sober events
- Travel privileges
- Graduation ceremony

If veterans are out of compliance, the VTC may impose one or more of the following sanctions including but not limited to:

- Admonishment from the Judge
• Write an essay and read it aloud
• Increased drug testing
• Increased frequency of court appearances
• Demotion to an earlier program phase
• Community service
• Periods of incarceration
FINDINGS: PROGRAM COMPONENTS

Veteran's treatment courts generally include a set of components designed to engage participants in treatment while supervising their progress. Central to this effort is the program coordination, which include veteran's treatment court sessions, treatment, supervision, and other related activities. Through a team effort, the judge, veteran's treatment court staff, as well as treatment and service providers can directly address the central goals of the program.

Court Sessions
VTC sessions are held weekly by Judge Kimberly Shumate. The number of HCVTC sessions in year one provided by the AOC MIS Statistical Report is presented in Figure 1. During the first grant year, there were 47 Veterans Treatment Court Sessions held (reporting period: 10/01/13 to 09/30/14).

Figure 1. Number of Veterans Treatment Court Sessions in Year One
Treatment

Data from the AOC MIS Statistical Report suggest that HCVTC participants received individual and group counseling sessions during the first grant year (10/01/13 to 09/30/14). Specifically, participants attended 153 individual and 142 group sessions. In addition, it was reported that participants also attended 443 self-help meetings (see Figure 2).

Figure 2: Number of Counseling Sessions/Self-help Meetings in Year One

Supervision

Treatment and supervision are two of the essential features of the VTC. Data from the AOC MIS Statistical Report showed that the veterans in the HCVTC appeared to be well-supervised. Urine testing was frequently used, with a total of 548 urines collected during the first grant year, as shown in Figure 3.
Table 2 reports the number of positive drug tests by substance. During the first grant year (10/01/13 to 09/30/14), there were 8 positive drug tests, which were positive for marijuana (50%) and opiates (50%).

**Table 2: Number of Positive Drug Tests by Substance in Year One**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Year One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiates</td>
<td>4</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4</td>
</tr>
</tbody>
</table>

**Sanctions and Rewards**
Sanctions and rewards are applied to participants on a case-by-case basis. The entire HCVTC team has input in the sanctioning and reward process; however, the judge makes the final determination of which sanction and reward will be used.

Table 3 demonstrates the number of sanctions (by type) during the first grant year. A total of 57 sanctions were given during the first grant year. There was a variety of sanctions given, such as additional assignments, incarceration, and increased attendance in self-help meetings. Increased self-help meetings was the most commonly given sanction (N = 20). In addition, Table 4 shows the number of rewards (by type) during the first grant year. Two types of
rewards were given, specifically a no drug testing pass while on vacation (n=2) and praise from the HCVTC judge/team (n=6).

**Table 3: Number of Sanctions in Year One (by type)**

<table>
<thead>
<tr>
<th>Sanction (type)</th>
<th>Year One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Assignments</td>
<td>10</td>
</tr>
<tr>
<td>Incarceration</td>
<td>18</td>
</tr>
<tr>
<td>Increased Self-Help Meetings</td>
<td>20</td>
</tr>
<tr>
<td>Community Service</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong>:</td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>

**Table 4: Number of Rewards in Year One (by type)**

<table>
<thead>
<tr>
<th>Reward</th>
<th>Year One</th>
</tr>
</thead>
<tbody>
<tr>
<td>No drug testing pass while on vacation</td>
<td>2</td>
</tr>
<tr>
<td>Praise from judge/team</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong>:</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

**Program Component Summary**

HCVTC sessions are held weekly by Judge Kimberly Schumate. The AOC MIS Statistical Report (reporting period: 10/01/13 to 09/30/14) shows there were 47 HCVTC sessions. In addition, data suggest that HCVTC participants received individual and group counseling sessions during the first grant year. Specifically, participants attended 153 individual and 142 group sessions. In addition, it was reported that participants also attended 443 self-help meetings. Data from the AOC MIS Statistical Report showed that the veterans in the HCVTC also appeared to be well-supervised. Urine testing was frequently used, with a total of 548 urine drug screens collected during the reporting period. Of those collected urine screens, there were 8 positive drug tests, which were positive for marijuana (50%) and opiates (50%). Finally, a total of 57 sanctions were given during the first grant year. There was a variety of sanctions given, such as additional assignments, incarceration, and increased attendance in self-help meetings. Increased self-help meetings was the most commonly given sanction (N = 20). Finally, there were two types of rewards given including a no drug testing pass while on vacation (n=2) and praise from the judge/team (n=6).

**FINDINGS: YEAR ONE PROCESS EVALUATION INTERVIEWS**
Process evaluation data were collected towards the end of the first grant year (June and July 2014). Seven specialized interview instruments were utilized for the process evaluation to include the: administration, judge, attorneys, drug court staff, case specialist/peer mentor, VJO, and program participants; allowing for data collection from multiple unique perspectives. Interviews were scheduled at the convenience of the participants, lasted approximately ten to forty-five minutes, and were conducted face-to-face.

The evaluation team, in conjunction with the HCDC program supervisor, identified key staff/provider informants. Eligible program participants currently receiving grant-funded services were identified in conjunction with the HCDC staff. Each participant was interviewed in private and reminded that participation was voluntary and confidential.

Process evaluation interviews were audio-taped (with permission) and transcribed into a Microsoft Word data file. The transcriptions were then examined to identify common themes. Themes were identified when quotations were consistently noted across multiple questions and interviewee responses.

**Hardin County Veterans Treatment Court (HCVTC) Team Members**

Primary themes were extracted from the interviews and analyzed to provide insightful feedback for the grant-funded program. Themes from the HCVTC team members focused on: (1) Difficult aspects of program implementation and how team members worked through (or are working through) those issues; (2) Criteria used to judge the success of the HCVTC program; (3) Major accomplishments of the grant-funded program; (4) Suggested areas of change; and, (5) Advice to counterpart agencies beginning the program in other jurisdictions.

1. **Difficult aspects of program implementation and how team members worked through (or are working through) those issues.**

   HCVTC team members discussed many difficult aspects of program implementation including: (1) communication barriers and information sharing issues between providers/agencies, (2) obtaining support/buy-in from all involved parties, (3) defining program rules and sanctions prior to program implementation, and (4) learning to navigate the VA Healthcare system.

First, team members reported some of the initial difficulties arose because many agencies and disciplines were brought to the table with various roles and responsibilities. It has taken some time to organize and learn each individual’s role in the HCVTC program and how to successfully enmesh individual roles/disciplines for unified program success. In addition, many of the participants access services for
substance abuse, mental health, legal, and housing at various agencies throughout Hardin/Jefferson County. Particularly within HCDC, Communicare, and the VA, treatment providers and agencies have been challenged to find innovative ways to communicate with all involved parties in order to effectively monitor client progress, or the lack thereof; this has proven difficult at times. In addition, it was reported there was some initial skepticism, within the legal community and general public about this specialty court, particularly due to the fact that there is already an existing mental health and drug court available. This skepticism required team members to educate outside entities/each other on the benefits of the court and why it should be made available to the increasing number of veterans presenting in the criminal justice system. Another difficulty mentioned was the initial implementation process and having to come together to define eligibility requirements, sanctions/rewards, legal screening processes, mission statements, purpose, and defining each role necessary to establish effective operating procedures. Finally, another barrier during the implementation process was learning to navigate the VA Healthcare System. This was overcome by learning how to best utilize the VJOS, who have not only helped participants navigate the system, but also report and provide information about clients' progress and/or appointment compliance to the HCVTC team.

It was reported that many of these initial difficulties are still ongoing and the team is currently conducting process improvement meetings and trainings to discuss issues as they arise and capture opportunities for improvements.

(2) Criteria used to judge the success of the HCVTC program

HCVTC team members reported a variety of criteria that may be used to judge the success of the program, including: (1) recidivism rates upon program completion, (2) individual progress/goal completion, (3) length of time for participants to access services, and (4) program completion.

Two team members felt that recidivism rates upon program completion would be important criteria to judge the success of the program in the future. One stated, "All of these treatment courts only make sense if we are actually taking people who make bad decisions because of addiction, because of mental health issues, and are changing the way they deal with those issues, so that they become more productive citizens or at least not one more person just sitting in jail." Second, several interviewees felt that veteran's individual progress/goal completion in various areas of their lives could be important to use to measure the success of the program, such as: improved family relationships, achievement of educational/employment endeavors, addressing physical and mental health needs, following through with services while in the program, paying child support, building a support system, and maintaining long-term
sobriety. Finally, one interviewee suggested success could be measured by how long it takes participants to receive services, while other interviewees felt that program completion would be an effective criterion. Client feedback was noted to be an important aspect of program success and would be helpful for future improvements. It was also suggested that it may be helpful to examine participant’s lives at various intervals after program completion, such as 6 months, one year, and two years, to see if participants were still maintaining sobriety and showing sustained progress over an extended period of time.

(3) Major accomplishments of the grant-funded program

Major accomplishments of the program mentioned by HCVTC team members included: (1) having a multidisciplinary team involved, (2) gaining community and volunteer support, and (3) developing a program that gives veterans a second chance/needed services.

Most team members expressed that even when dealing with some of the aforementioned barriers, there have been many major accomplishments that should be noted. First, there is a large multidisciplinary team working together to provide services to the veterans of Hardin County. Currently, there are team members from many systems including legal, VA, HCDC, which bring multiple perspectives. In addition, it was mentioned that the community support and volunteer services were good and expanding. Finally, it was also mentioned that the grant-funded program was giving veterans a second chance to be better citizens and family members and an opportunity to restore their lives. One interviewee noted that although the program is young, he/she feels that clients are achieving their goals as they progress through the program and “every one of them is in a better position now than they were.” It was mentioned that it is rewarding to see veterans initially identified in the system that feel little hope of achieving stability and sobriety, move forward, access much-needed mental health/medical services, and achieve stability and success through the program.

(4) Suggested Areas of Change

Individuals participating in the process evaluation interviews had several areas where change was suggested, including: (1) secure additional funding for client assistance, (2) collaborate with VA to address discharge status issues that create barriers for veterans who need VA services, and (3) work with the existing Hardin County community to generate more local housing, educational, and treatment opportunities for HCVTC participants.
First, it was recommended that additional funding be secured for the program to provide client assistance for incidentals, such as gas cards and emergency rent/utility payment. In addition, some mentioned they would like to possibly work with the VA to discuss the issue of veterans with a dishonorable or less than honorable discharge getting denied treatment services within the VA Healthcare system, which does pose a barrier to current and future clients in the HCVTC program. The VA provides a wide array of treatment services and clients are unable to access these much-needed programs due to their discharge status. One interviewee elaborated on this barrier, stating, “The most difficult would be when you have an individual who has been discharged for drug use, potentially drug use to mask TBI or PTSD, and they’re discharged for that, so now they can’t get medical services for the very condition that they were trying to mask which only came about because of their military service. Trying to get the medical eligibility benefits for folks with addiction issues because of their level of discharge is by far the most difficult. We have participants who try and either upgrade their discharge status, which is very long and difficult, or even to get a service upgrade just for military benefit purposes for short-term. We’re just starting to look at a couple of those for individuals to see if it’s possible but that is by far the biggest issue.” Furthermore, one interviewee reported he/she would like to see more local housing opportunities, better linkage with various local educational programs, such as Western Kentucky University (WKU) and Elizabethtown Community Technical College (ECTC), and more local treatment opportunities. For some clients, transportation is an issue, and they are unable to travel the approximate one-hour distance to Louisville, KY to receive services at the VA hospital.

(5) Advice to counterpart agencies beginning the program in other jurisdictions

Many team members offered advice to counterpart agencies beginning the program in other jurisdictions. First, one interviewee felt it would help those beginning a program to travel to one of the model courts, such as Buffalo, to see how those operate and to get an idea of what the program is intended to look like. Another interviewee offered that it would be helpful to have previous experience with drug court or other treatment court models prior to engaging in a veterans treatment court. In addition, it was suggested to make sure that all community partners are on the “same page” and to have a slow, deliberate implementation process. Finally, another interviewee recommended being patient with participants and the VA Healthcare System. He/she also highly recommended learning military cultural competency and encouraged programs to develop a strong mentor base for participants to utilize as this can be a critical part of their recovery process.

Participant Themes
Face-to-face interviews were completed with two HCVTC participants. Analysis of themes focused on: (1) Components of the program which helped in maintaining recovery; (2) Best thing about the program/benefits; (3) Biggest challenge(s) working through the program; (4) What participants liked about the program; (5) What participants disliked about the program; (6) Desired changes in the program; and, (7) Feedback from participants.

(1) **Components of the program which helped in maintaining recovery**

There were a number of components identified by participants which helped in maintaining recovery. One participant felt the mandatory drug testing several times per week ensured accountability while the other participant felt the structure and oversight by staff helped maintain recovery. He/she felt they were praised when doing well and felt the HCVTC team members attempted to help participants before individuals failed in the program.

(2) **Best thing about the program/benefits**

Participants identified several benefits to participating in the HCVTC program. One participant felt the program was teaching him/her tools to prevent relapse. He/she also expressed the appreciation for the opportunity to have his/her record expunged after completion of the program. In addition, another program participant identified the structure and learning personal accountability as a major program benefit. Furthermore, he/she felt that the program also provided more oversight than a traditional probation program, stating, “This program here, it doesn’t focus on your bad but focuses on your good, so there’s a personal connection. It’s strict, that’s the best thing about it. It’s strict, structured, and they don’t just kick you out there for the whole month. They constantly check on what you’re doing and how you’re doing, give you personal accountability for yourself.”

(3) **Biggest challenge working through the program**

Participants identified several challenges while working through the program. In particular, one participant reported transportation was a frequent barrier, as his/her transportation is often unreliable and he/she resides in a different county from the drug court office. Another participant reported it has been difficult coping with program participants who are less serious about recovery, the program, and making life changes. He/she also expressed some challenges associated with living in a place where he/she frequently has contact with old people, places, and things that remind him/her of past drug use. He/she admitted that, at times, he/she felt like they were isolating themselves in order not to deal with those issues, but were also trying to do new, constructive activities such as horseback riding, fishing, going to the lake, and other sober activities.
(4) Liked about the program

Participants identified multiple aspects of the program they liked. One participant found the case specialist to be very helpful and easy to relate to due to his/her previous military experience. Another participant felt the mentors and the DAV representatives were helpful. He/she felt they provided valuable assistance in navigating the VA system/paperwork.

(5) Disliked about the program

Participants identified multiple aspects of the program they liked the least. For example, one participant disliked the amount of travel required in order to fulfill program requirements (i.e. attendance in group/individual, NA/AA meetings), particularly due to unreliable transportation. Another participant disliked the drug testing times, and explained that due his/her medical history, he/she had difficulties presenting during the typical drug testing time. He/she reported that this was initially an issue, but was discussed among the HCVTC team and the team creatively devised a solution to accommodate the participant’s unique needs.

(6) Changes to the program

One participant reported he/she had no specific changes he/she would like to see within the program. However, another participant reported he/she would like to see staff develop a way to address after-hours issues for clients and suggested possibly collecting a small fee from VTC clients each month to support a staff after-hours cell phone, which would enable clients to call with emergencies, questions, etc.

Process Evaluation Interviews Summary

Overall themes emerging from the process evaluation suggested the HCVTC team members and participants were satisfied with the services provided through the VTC during the first grant year. HCVTC team members acknowledged there were some expected difficulties during the first year as they worked to define the program and gain program support from all of the key players. Regardless, team members felt the program had some noteworthy accomplishments, including providing veterans with hope and a second chance, as well as developing many relationships with outside community resources and having a large multidisciplinary team. Many team members expressed a desire to continue addressing communication issues while also expanding services to participants.

Participants reported overall positive experiences with the program and found it to be helpful in maintaining sobriety and rebuilding their lives. They expressed the program was giving them personal accountability and structure. Participants were particularly grateful their case specialist, mentors, and others who help them navigate the VA system and other
community resources to meet their goals. They acknowledged that transportation, dealing with program participants who were less serious about recovery, and being faced with triggers, particularly familiar places, provided some challenges. However, they liked the accountability, structure, and support the program provided overall.
The primary emphasis of the HCVTC is to help participants learn to live drug-free and crime-free lives. Participants are held accountable for negative behaviors through sanctions/therapeutic responses, and are rewarded for their successes. The HCVTC program showed a positive influence on helping the participants to maintain jobs, pursue treatment, and remain largely drug-free. Non-compliance implies poor participant performance, but should not necessarily be viewed as a negative outcome for the program, because treatment courts function as long-term intensive behavior modification programs directed at reducing antisocial behavior and promoting pro-social behavior. The imposition of a sanction reflects both a negative (at the level of the individual) and a positive therapeutic action (at the level of the program).

Retention in Veterans Treatment Court
Keeping participants active in the HCVTC program is essential to program success. If the participant is removed from the program, the consequences are evident. They do not usually continue to receive treatment, thus reducing the likelihood they will benefit from program involvement. Nevertheless, not everyone can be allowed indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and to provide an example to the remaining participants that they will be held accountable for criminal and deviant behavior, thus enforcing social and programmatic control. During the timeframe covered by the current report (October 1, 2013 to September 30, 2014), 0 Veterans were terminated from the program and 0 successfully graduated. As mentioned earlier, it should be noted, that the program is new and has not been in existence long enough to have a graduate at this time.

Recidivism
Recidivism (often defined as rearrests, new charges, and/or new convictions) is a fundamental outcome indicator used to judge the effectiveness of criminal justice-based programs. Therefore, one of the primary performance measures for the HCVTC is the percentage of participants who are arrested for new crimes, charged with a new crime, and/or convicted of new offenses after referral to and/or participation in the drug court program. This analysis will be completed in forthcoming years, as more individuals involved in grant-funded services complete the program.
Drug Use
Many resources of the HCVTC are focused on reducing the use of alcohol and other illicit drugs among participants. As noted previously, the HCVTC team ensures participants have access to recovery-oriented therapy and employs frequent urine testing for illicit drugs to determine participant progress and reveal relapses. During the time frame covered by this report (October 1, 2013 to September 30, 2014), there were a total of 548 urine screens collected (please refer to Figure 3, page 31); 4 were positive for opiates and 4 were positive for marijuana/THC (please refer to Table 2, page 31).

Education
The HCVTC emphasizes the importance of education and requires all participants who have not completed high school to obtain or be in pursuit of a GED. During the time frame of this report, no participants were in educational pursuit.

Employment
Employment difficulties are a reliable predictor of early dropout among adults in community-based substance abuse treatment programs; therefore, employment is required of every HCVTC participant unless they are a full-time student or receiving disability. Figure 4 summarizes participant employment data from the AOC MIS Statistical Report; during the first grant year, there were 5 employed veterans.

Figure 4: Number of Veterans Employed in Grant Year One
Sanctions

Veterans Treatment Court programs are essentially intensive behavior modification programs, and therefore, sanctions may be viewed as a positive output of the program directed at encouraging pro-social behavior and holding participants accountable for negative behaviors. At the individual level, sanctions imply the participant has been non-compliant with program rules, and consequently needs to be corrected. Increased attendance at self-help meetings was the most commonly received sanction, with 20 of the total 57 sanctions given being increased self-help meetings. Please reference Table 3 (page 32) for a complete number of sanctions given in year one by type.

Phase Promotions and Other Accomplishments

Promotion to a higher phase indicates the veteran is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during treatment performance measure that provides direct behavioral measures of veteran compliance with treatment plans and program rules. As shown in Table 5, analysis of data from the AOC MIS Statistical Report for year one (October 1, 2013 to September 30, 2014) showed a total of 5 phase promotions were given during that time frame, which demonstrates program compliance and progress towards treatment goals.

Table 5: Number in Phase and Number Promoted in Year One

<table>
<thead>
<tr>
<th>Phase</th>
<th># in Phase</th>
<th># Promoted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Phase II</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Phase III</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aftercare</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total:</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

In addition, participants also achieved other noteworthy accomplishments, such as chairing self-help meetings, completing community service, completing various kinds of treatment (IOP, inpatient, long-term), paying debts/other obligations, having a drug free baby, and achieving student of the week/month (see Table 6).
### Table 6: Number of Accomplishments (by types) in Year One

<table>
<thead>
<tr>
<th>Type of Accomplishment</th>
<th># Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson for Self-help Group</td>
<td>2</td>
</tr>
<tr>
<td>Completed Community Service</td>
<td>3</td>
</tr>
<tr>
<td>Completed Inpatient Treatment</td>
<td>3</td>
</tr>
<tr>
<td>Completed IOP</td>
<td>3</td>
</tr>
<tr>
<td>Completed Long-term Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Drug-free Baby</td>
<td>1</td>
</tr>
<tr>
<td>Obligations Paid</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Student of the week/month</td>
<td>1</td>
</tr>
</tbody>
</table>
REFERENCES


National Association of Drug Court Professionals (NADCP, 1997). Defining drug courts: The ten key components. United States Department of Justice, Office of Justice Programs, Drug Court Program Office.

