

Georgia Statewide Evaluation of Veterans Treatment Courts



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Objectives

1. Learn about conducting a comprehensive evaluation of VTCs in a variety of locales and settings, including addressing and assessing topics and challenges unique to VTCs
2. Learn how to assess the Fidelity of Implementation (FOI) of VTCs, facilitating a process of Continuous Quality Improvement for courts
3. Learn how to use the conclusory findings and summary of a large, statewide evaluation of VTCs, including both participant and program-level process, fidelity, and preliminary outcomes, to

VTCs in Georgia

Georgia's VTCs – Context

- Military Presence in Georgia: Active and Retired
- Governor Deal's commitment to justice reform
- History of VTCs in Georgia
- Challenges associated with geography and culture
- Largest state by land mass east of the Mississippi
- Five major metropolitan areas
- Many small rural communities
- Culturally diverse: Appalachian to deep south

Description of Courts

Federally-Funded Courts

- Appalachian Judicial Circuit VTC (Rural)
- Macon/Bibb County VTC (Urban)
- Savannah/Chatham County VTC (Urban)
- Cobb County VTC (Suburban)
- Columbus/Muscogee County VTC (Urban)
- Coweta Judicial Circuit VTC (Suburban)
- Hall HELP VTC - Superior Court (Rural/Suburban)
- Hall VTC - State Court (Rural/Suburban)

Description of Courts, cont.

State-Funded Courts

- Atlanta/Fulton County VTC (Urban)
- Gwinnett County VTC (Suburban)
- Augusta/Richmond County VTC (Urban)
- Western Judicial Circuit (Athens/Clarke County) VTC (Rural)
- Augusta/Richmond County State Court VTC (Urban - began 03/01/16)
- DeKalb VTC (Urban – implementation struggles)

14 GA VTCs – 24 Counties Served

Appalachian Circuit 

Augusta-Richmond (2) 

Western (Athens) 

Chatham (Savannah) 


Cobb 

Coweta 

DeKalb 

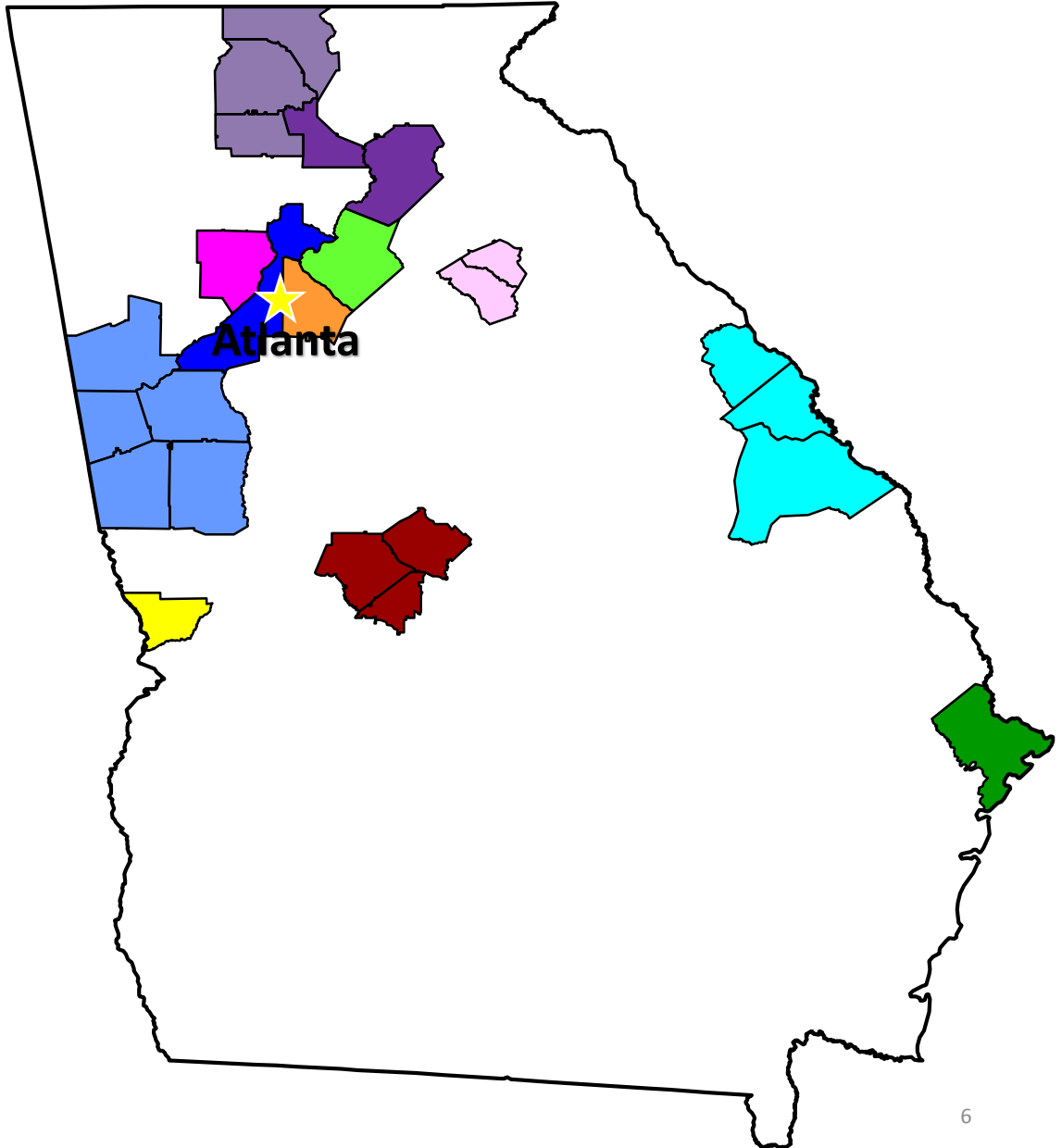
Fulton 

Gwinnett 

Hall (2) 

Macon-Bibb 

Muscogee (Columbus) 



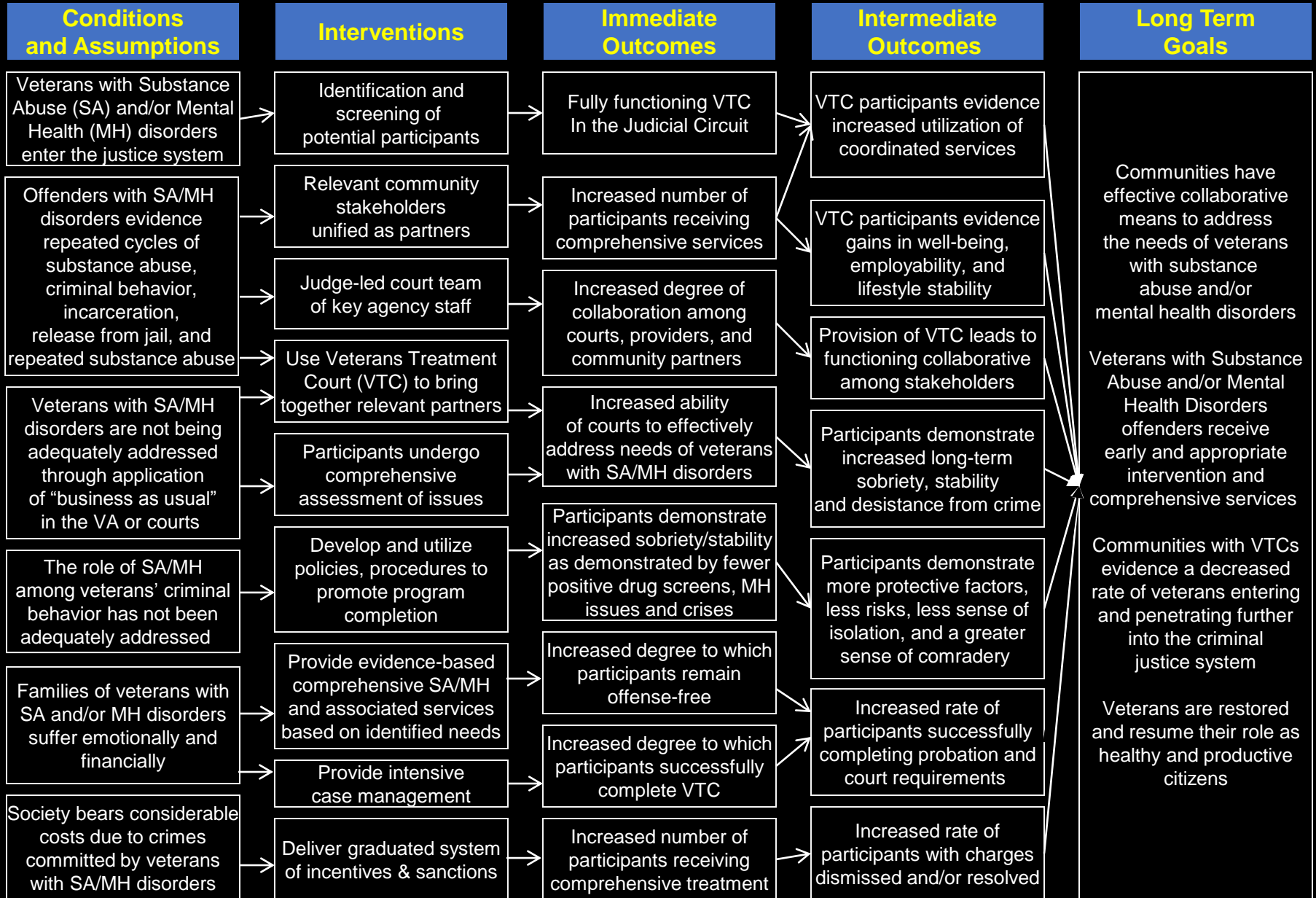
Evaluation Questions

- How do VTCs compare and contrast with other types of problem solving courts?
- What characteristics and issues do VTC participants present with?
- How do VTCs differ from one another, and what factors might be responsible for these differences?
- What unique roles are played by mentor programs and camaraderie/esprit de corps?
- Do vets in VTCs recidivate less than those who go through traditional court channels?

Evaluation Methodology

- Development of VTC Logic Model
- Comprehensive mixed methods evaluation
 - Large amounts of quantitative and qualitative data
 - Hard numbers from Internet-based court data management systems, focus groups, interviews, etc.
- Participatory, action-oriented approach
 - Evaluation team members work as part of the court team, and are present at least monthly at staffings and court hearings
 - Provide continuous evaluation feedback

Veterans Treatment Court Logic Model



Evaluation Tools

- Presence in court and staffing, graduations and other events is such that we develop relationships with the teams and are not seen as strangers by participants
- Cross-site measures
 - Symptom Checklist 90 – Revised (SCL-90-R)
 - Trauma Symptom Checklist – 40 (TCL-40)
 - PTSD Checklist – Military Version (PCL-M)
 - Veterans Court Cohesion Questionnaire

Evaluation Tools, cont.

- Fidelity of Implementation (FOI) measure
- Wilder Collaboration Factors Inventory (WCFI)
- Annual participant focus groups
- Interviews with court team members

Fidelity as Foundation

- Dr. Doug Marlowe travels the world speaking of the critical importance of fidelity of implementation (FOI) in program delivery
- Courts that adhere to the Ten Key Components as elucidated by NADCP & NDCI demonstrate better participant outcomes, are more cost-effective than courts that do not
- Some courts actually do more harm than good

Measuring Fidelity

- Even the most well-designed, evidence-based programs ***can and often will*** fail if they are not delivered with fidelity to the program design
- We use the FOI measure to identify areas of relative strength and weakness, direct resources like training and TA accordingly – CQI approach

The VTC FOI Measure

- The VTC FOI measure uses a methodology known as Goal Attainment Scaling (GAS)
- GAS allows for the quantification of qualitative observations and factors
- Each item is unique, and the five possible responses for each item are specific to the actual item (rather than using the same Likert-type response scale for all items)
- Allows for comparison over time, promoting continuous quality improvement (CQI)

The VTC FOI Measure, cont.

1. VTCs integrate alcohol and other drug and/or mental health treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the VTC program.
4. The court provides access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.

The VTC FOI Measure, cont.

5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs court responses to participants' compliance.
7. Ongoing judicial interaction with each court participant is essential. The VTC judge interacts with each client regularly, acting at times as a coach, a parent, an educator, and an admonisher.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

The VTC FOI Measure, cont.

9. Continuing interdisciplinary education promotes effective court planning, implementation, and operations.
10. Forging partnerships among problem solving courts, public agencies, and community-based organizations generates local support and enhances court effectiveness.
11. Veteran Mentors play an active role in the lives of participants as well as in court processes.

The VTC FOI Measure, cont.

12. The VTC provides comprehensive assessment for and trauma-informed and trauma-specific interventions to address Military Sexual Trauma (MST), Post-Traumatic Stress Disorder (PTSD), and other traumatogenic experiences among participants.
13. The VTC has established and maintains effective collaborative relationships with local Veterans' Administration offices and facilities, to include establishing a partnership with the local Veterans Justice Officer(s) (VJO).

The VTC FOI Measure, cont.

- Optimally, the FOI measure is completed independently by the evaluation team and the court team (typically the coordinator and/or judge)
- The evaluation team members then establish a single agreed-upon set of scores and compare the evaluation team scores to those of the court team
- A meeting is held to go over the results and discuss relative strengths and weaknesses, construct a plan going forward
- No court is perfect – all can improve fidelity

1. VTCs integrate alcohol and other drug and/or mental health treatment services with justice system case processing. The VTC depends upon the integration of substance abuse, mental health, and related treatment with judicial involvement.

-2	-1	0	+1	+2
No communication or relationship between judge and treatment providers.	Strained or difficult working relationship between judge and treatment providers.	Judge and treatment providers have a good working relationship.	Judge and treatment providers meet at least quarterly to share opinions, recommendations.	Judge and treatment providers work collaboratively to make decisions regarding clients.

Cross-site Measures

- The Symptom Checklist – 90 – Revised (SCL-90-R): A broad measure of experience of symptoms consistent with a variety of psychiatric disorders, documenting the presence and extent of said symptoms. This measure was administered at intake only, and typically requires a licensed clinician for interpretation.
- The Trauma Symptom Checklist – 40 (TSC-40): A focused measure of symptoms consistent with the experience of trauma. This measure was administered at intake and exit.

Cross-site Measures, cont.

- Post-Traumatic Stress Disorder Checklist – Military (PCL-M): A focused measure of symptoms and experiences consistent with military-related PTSD. This measure was administered at intake and exit.
- Georgia Veterans Treatment Court Questionnaire A measure of cohesion and camaraderie, modified specifically for the Georgia VTC with permission of the original measure's author. This measure was administered at intake and exit.

Evaluation Findings, cont.

Demographics (as of 09/30/17)

- 890 total referrals screened for participation
- 524 (59% of all referrals) enrolled
 - 262 actively participating
 - 104 terminated
 - 139 graduated
 - 32 left for other reasons
 - 228 denied entry
 - 66 declined to participate

Evaluation Findings, cont.

Demographics (as of 09/30/17)

- Referrals (N = 734 or 82% of all referrals):
 - 53% African American, 45% Caucasian, 1.5% Hispanic; 95% Male
- Participants:
 - 52% African American, 46% Caucasian, 1.4% Hispanic; 95% Male

Evaluation Findings, cont.

Demographics (as of 09/30/17)

Age at Entry	Referrals	Ever Active	
N	483	479	
Average	44.7	44.7	
SD		13.5	13.5
Minimum	21.6	21.6	
Maximum	85.1	85.1	
Median	45.0	45.0	

Evaluation Findings, cont.

- Educational attainment of referrals: 50% had either graduated high school or earned a GED; 31% had some college credits, 8% had a 2-year college degree, 7% had a technical or vocational certificate, and 4% had a 4-year college degree
- Branch of service, means of discharge, etc.

Evaluation Findings, cont.

- Branch of service for referrals
 - 59% active duty Army
 - 15% active duty Navy
 - 11% active duty Marines
 - 8% active duty Air Force
 - 5% National Guard
 - < 1% active duty Coast Guard

Evaluation Findings, cont.

- Means of discharge for referrals
 - 78% Honorable
 - 15% General
 - 5% Other Than Honorable (OTH)
 - 2% Bad Conduct
 - <1% Dishonorable

Evaluation Findings, cont.

- Adjudication Status for referrals
 - 55% Preadjudication
 - 20% Pre/Post Adjudication
 - 17% Postadjudication
 - 6% Probation Revocation
 - 2% Plea/Deferment/Other

Evaluation Findings, cont.

- Current Charge for Referrals*
 - 34% DUI
 - 18% Possession of Drugs
 - 17% Violation of Probation
 - 15% Aggravated Assault
 - 9% Theft (various types)
 - 5% Burglary
 - 3% Possession w/ Intent to Distribute
- *indicated in 244 cases, or 27% of referrals*

Evaluation Findings, cont.

- Drug of Choice for Referrals*
 - 39% Alcohol
 - 16% Other
 - 16% Cocaine (powder and/or crack)
 - 13% Marijuana
 - 7% Methamphetamines
 - 4% Heroin/Opiates
 - 3% Prescription Narcotics

**indicated in 462 cases, or 52% of referrals*

Evaluation Findings, cont.

- Participant LSI-R Overall Score*
 - Average Score = 25.2 (Moderate)
 - Lowest Score = 5 (Low)
 - Highest Score = 47 (High)
 - Just over half were Moderate or higher category
 - 5% were in the Low category
 - 2% were in the High category
- *indicated in 299 cases, or 57% of participants*

Evaluation Findings, cont.

- Court Exits

- 51% graduated
- 38% were terminated
- 5% were administratively discharged
- 2% withdrew from participation
- 2% were dismissed
- <1% each transferred, died, or “completed”

Graduates spent an average of 19 months in the program (SD = 10 months)

Evaluation Findings, cont.

Cross-Site Measures (as of 09/30/18)

- SCL-90-R: 25% or more score 60 or above (in the clinical range) on the Somatization, Phobic Anxiety, and Paranoid Ideation Scales; 20% to 24% score 60 or above on the Obsessive-Compulsive, Anxiety, Psychoticism, and Global Severity Index Scales

Evaluation Findings, cont.

Cross-Site Measures (as of 09/30/18)

PTSD Checklist - Military (PCL-M): Using the highest of the three cut scores, 47% achieve a score indicating likely diagnosis of PTSD; using the middle cut score (e.g., VA primary care setting), 60% achieve a score indicating likely diagnosis of PTSD. Scores decreased from pre-test to post-test; at post-test only 22% scored at or above the highest cut point

Evaluation Findings, cont.

Cross-Site Measures (as of 09/30/18)

- Trauma Symptom Checklist – 40 (TSC-40):
VTC participants are experiencing trauma symptoms most significantly in the areas of sleep disturbance, depression, and anxiety; scores decreased from pre-test to post-test, but not significantly (too few post-tests were returned)

Evaluation Findings, cont.

Cross-Site Measures (as of 09/30/18)

- Cohesion Questionnaire: participants give high ratings to the court having supportive leaders, a high degree of group pride, a high degree of respect for other group members, having a commitment to the group objectives, involvement and investment of mentors, and participants sharing a common purpose; No significant differences were observed between pre-test and post-test

Evaluation Findings, cont.

Wilder Collaboration Factors Inventory

Relative strengths are that team members:

- Want the court to be successful
- Share mutual respect
- Are dedicated to the idea that they can make the project work
- Have good skills for working with other people and organizations
- Task would be difficult for any single organization to accomplish
- Communication occurs via formal and informal means
- Agree that the time is right for this collaboration
- Organizations/agencies will benefit from being a part of the collaborative

Evaluation Findings, cont.

Wilder Collaboration Factors Inventory, cont.

Relative weaknesses:

- The collaborative doesn't have adequate funds for what it wants to accomplish
- The collaborative doesn't have adequate "people power" for what it wants to accomplish
- Team members don't always trust one another
- Some key organizations that should be members of the collaborative are not
- Some of the agencies involved don't invest the right amount of time on collaborative efforts
- Not everyone involved can speak for or make decisions on behalf of their organization

Evaluation Findings, cont.

Fidelity of Implementation

- Overall, the VTCs are demonstrating average to above-average fidelity in regards to the first five items on the FOI measure, as well as on items 7 and 10. This suggests that the courts are doing relatively well in addressing most of the key components of drug courts.
- The VTCs demonstrate relatively average fidelity on items 9 (interdisciplinary training) and 13 (coordination with the VA).

Evaluation Findings, cont.

Fidelity of Implementation

- In the aggregate, the courts demonstrate below-average levels of fidelity on items 6 (sanctions and incentives), 8 (monitoring and evaluation), 11 (mentor program and involvement), and 12 (trauma-focused treatment and services).
- Taken together the courts are doing relatively well in terms of implementing core characteristics of effective drug courts.

Evaluation Findings, cont.

Fidelity of Implementation

- The results of a paired-measures analysis (each court's Year 1 score was compared directly to its Year 2 score) found that the average overall FOI score increased significantly between years 1 and 2
- Every one of the initial 8 courts demonstrated an increase in overall fidelity between years 1 and 2

Findings - Observations

- VTC participants seem to be different from drug court participants in that they typically possess marketable job skills and comparatively solid work histories
- VTCs typically admit persons with violent offenses that most drug courts would not permit
- Many VTC participants have histories of domestic violence and more early trauma than we had anticipated
- VTCs do not offer as many incentives as typical drug courts

Findings – Observations, cont.

- Several VTCs are struggling to get mentor programs in place; it seems especially challenging to find strong volunteer mentor coordinators
- The nature and structure of mentor programs vary greatly by court: group sessions, individual mentors, mentors in court, whether mentors approach the bench with participants
- The embracing and espousal of military culture varies greatly by court

Findings – Observations, cont.

- Unlike most drug courts, participants in VTCs are often not in treatment together. They are often enrolled in a combination of VA and community programs. They may receive services in VA facilities in other states.
- The VA policy of “voluntary programming”; Veterans must admit a problem and volunteer to participate in treatment.
- The role and level of involvement of the VJO varies significantly by court, ranging from case managers who are intimately involved to rarely attend court and never attending staffing.

Findings – Observations, cont.

- We have observed a lack of attention to risk/need assessment results for admission to VTC. This has resulted in the mixing of participant risk levels, contrary to the Risk Principle of the RNR Model.
- Completion of court leads to dismissal of charges in most courts – VTCs are often seen not so much as a diversion program but rather as something we owe to veterans.

Findings – Observations, cont.

- Transportation to treatment and ancillary services is often a significant challenge in rural areas not close to a VA facility
- Many courts have not fully tapped into the larger veteran community or community in general for purposes of support and/or services (e.g., to supply mentors, incentives)

Findings – Observations, cont.

- For many, treatment requires a layered and/or integrated approach. Once substance abuse treatment is received, PTSD issues often re-ignite and require immediate intervention.
- Compared to drug court where participants often complete residential programs that are 6-12 months in duration, most vets are receiving 40-60 day inpatient treatment.

Findings – Observations, cont.

- In focus groups, most vets say that their substance abuse began during their military service or just after getting out of the service
- Many vets with substance abuse issues say that they never before received treatment
- Many vets advise that they have never gotten treatment/services from the VA – that they were unaware of entitlements
- Vets acknowledge the role of structure and accountability as critical to their success

Findings - Focus Groups

- Over 40 focus groups were conducted over the 3 year study; approximately 400 participants provided input through the focus groups
- Participants were assured of anonymity – allowing for openness and disclosure of the good and the bad
- Participants were eager and thankful to have the opportunity to share their opinions and experiences

Four Key Areas of Inquiry

- VTC Staff
- Treatment
- Structure of VTC programs
- VA-Related issues

VTC Staff

- Positive view of core staff at all courts
- Importance of the relationship with the judge

“It still blows my mind that the judge truly cares about me – it means everything”

“The judge is like a father-figure – we want to make him proud”

- Mixed views on mentors – lack of clarity on role of mentor/mentee, age difference, mentors do not have addiction issues

Treatment

- Importance of Veterans-only treatment groups/classes

“Vets are a different breed. The military changed us, and we can never go back. We need each other.”

“People don’t get it – they tell me to get over it, move on. Only my veteran brothers understand.”

- Disparity between those reporting mental health issues and those receiving treatment

Treatment

- Trauma-informed care often lacking

“We’re mixed in with the drug court. We can’t talk about war, it freaks the others out.”

- Aftercare – desired but lacking

“When I graduate, all of my support will be gone.”

“I need something after this – I’ll never be cured.”

Structure of VTC Programs

- Clarity in program requirements/expectations prior to enrollment
“Never-ending list of new program requirements.”

“We signed an expectations contract when we entered this program. The court should stick to it.”

- VTC typically more lax than drug court
“This isn’t like Drug Court. They go to jail!”

- Program flexibility (e.g. expanded drug test hours, scheduling that allows for employment, transportation challenges)

“I struggled with coordinating all of the tight schedule requirements with my TBI.”

Veteran's Administration Issues

- Mixed opinions about VJO

“What is a VJO? Who is our VJO?”

“The VJO has never been to our court and takes a month to call you back.”

“The VJO is amazing. If I need something I call them first.”

“The VJO is basically our case manager, social worker, our liaison to the court, our voice to the team.”

- Lack of access to VA services based upon geographic location of VA facilities

“We need more access to the VA”

- Many veterans became VA connected for first time

“The accountability to actually use the VA has worked. Before [VTC] I got so frustrated with the VA I said to heck with it and didn't use it for 5 years. Now I'm connected”

Focus Groups Conclusions

- Participants value direct, meaningful, regular in-person contact with their VJO
- Positive interaction with the judge is valued
- Veteran-only treatment groups are important to vets
- Participants want a clear, delineated phase and treatment plan when they start the program
- While military culture has clear advancement milestones, recovery isn't always straightforward; treatment adds complexity and uncertainty that can be confusing to vets

Summary of Findings

Our Evaluation Questions:

1. How do VTCs compare and contrast with other types of problem solving courts?
 - VTCs often take participants with violent offenses
 - Higher incidence of domestic violence in particular
 - The presence and role of mentors
 - Involvement of the VA
 - Veterans Justice Officers (VJOs)
 - VA Health System
 - Vet Centers

Summary of Findings

Our Evaluation Questions:

2. What characteristics and issues do VTC participants present with?
 - Military trauma (PTSD, MST, TBI); but also more early trauma than we envisioned
 - Participants are better educated, have better employment histories
 - See themselves as different than adult drug court participants; do not want to participate in the same groups with ADC participants
 - Relatively high rates of domestic violence
 - More alcohol and less illicit drug abuse

Summary of Findings

Our Evaluation Questions:

3. How do VTCs differ from one another, and what factors might be responsible for these differences?
 - Mentor programs differ substantially from one court to the next
 - VJO involvement varies considerable from court to court
 - Availability and involvement of VA and VA health system varies considerably by location, degree of participant connectedness to the VA

Summary of Findings

Our Evaluation Questions:

4. What unique roles are played by mentor programs and camaraderie/esprit de corps?
 - The presence, nature, and extent of mentor programs differed substantially from one court to the next – from no mentors to each participant being assigned their own mentor, with whom they met frequently outside of court settings
 - Participants noted the importance of their shared experience in the military – particularly combat veterans, who saw themselves as different from those that did not see combat

Summary of Findings

Our Evaluation Questions:

5. Do vets in VTCs recidivate less than those who go through traditional court channels?
 - Yes they do – we used Propensity Score Matching to select an appropriately matched comparison group to 170 VTC participants. VTC participants had significantly lower rates of any rearrest at 6, 12, and 18 months, felony rearrest at 18 months, and both property rearrest and violent rearrest at 6, 12, and 18 months.

Summary Conclusions

- Georgia's VTCs are growing rapidly and serving hundreds of justice-involved veterans
- Veteran participants demonstrate high levels of symptoms consistent with PTSD, somatic issues, anxiety, and depression
- The courts are operating with acceptable fidelity to most of the key components of drug courts
- Some of the courts are struggling with establishing specific elements of VTCs, such as mentor programs and trauma-focused treatment and interventions
- Participants give the courts high marks and credit the courts with helping them significantly

Summary Conclusions, cont.

- The courts demonstrated a significant overall increase in fidelity from Year 1 to Year 2
- When compared to a closely matched group of persons not participating in a specialty court, VTC participants demonstrate lower rates of rearrest at 6, 12, and 18 months
- One court, beset by political and leadership changes at the level of the DA, never really got off the ground, despite being in a large metro county and having a solid problem solving court infrastructure – forces beyond our control can and very well may impact the courts

Questions?

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ABOUT us



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Kevin Baldwin, ARS team member speaks about the heroin use in Fulton County.



Dr. John Speir, ARS partner, speaking about overcrowding in the Alabama prison system.



Kevin Baldwin, ARS team member, is interviewed by CNN for his expertise on sex offender crimes.

