



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**September 13, 2011**

**Motion 13560**

**Proposed No. 2011-0270.1**

**Sponsors Ferguson**

1           A MOTION acknowledging receipt of a report by the  
2           office of performance, strategy and budget in the  
3           executive's office on the feasibility of and a plan for  
4           implementation of a pilot project for providing specialty  
5           court services for veterans, as required in the 2011 Budget  
6           Ordinance, Ordinance 16984, Section 18, Proviso P2.

7           WHEREAS, the 2011 Budget Ordinance, Ordinance 16984, Section 18, Proviso  
8           P2, requires acceptance by motion of a report on the feasibility of and a plan for  
9           implementation of a pilot project for providing specialty court services for veterans, and

10           WHEREAS, the office of performance, strategy and budget worked  
11           collaboratively to produce such a report with representatives from district court, superior  
12           court, the department of judicial administration, the office of the public defender, the  
13           prosecuting attorney's office, defense contract agencies, jail health services, the  
14           department of adult and juvenile detention, the department of community and human  
15           services and council staff, and

16           WHEREAS, the executive has responded to the proviso by transmitting to the  
17           council with this motion a report on a specialty therapeutic court for veterans, and

18           WHEREAS, the executive supports the decision by district court to pilot a  
19           veterans treatment track in regional mental health court;

20 NOW, THEREFORE, BE IT MOVED by the Council of King County:

21 The executive has responded to Ordinance 16984, Section 18, Proviso P2, by  
22 submitting a report on the feasibility of and a plan for implementation of a pilot project  
23 for providing specialty court services for veterans, which is Attachment A to this motion.  
24

Motion 13560 was introduced on 6/13/2011 and passed by the Metropolitan King County Council on 9/12/2011, by the following vote:

Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague,  
Ms. Patterson, Ms. Lambert, Mr. Ferguson, Mr. Dunn and Mr.  
McDermott  
No: 0  
Excused: 0

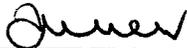
KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON



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Larry Gossett, Chair

ATTEST:



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Anne Noris, Clerk of the Council

**Attachments:** A. Veterans Treatment Court Proviso Response

# Veterans Treatment Court Proviso Response

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Office of Performance Strategy and Budget

June 1, 2011

## Table of Contents

Executive Summary .....	2
Proviso Report Development Process.....	4
King County Strategic Plan Alignment.....	5
Existing King County Resources for Veterans.....	5
Veterans Background .....	6
Veterans Justice Outreach (VJO) Initiative.....	11
Specialty Court: Veterans Treatment Court.....	14
Jurisdictional Comparison .....	15
Dispositional Alternatives .....	19
Options for Veterans Treatment Court Pilot in King County .....	21
A Veterans Track in Regional Mental Health Court .....	28
Other Programs Related to the VJO.....	29
Conclusion.....	30
Appendix A – Services Provided to Veterans in King County.....	31

## Executive Summary

In response to a proviso in the 2011 Adopted Budget, the Office of Performance Strategy and Budget (PSB) worked in collaboration with staff from all criminal justice agencies, the Department of Community and Human Services (DCHS), the County Council, and the Veterans Justice Outreach Initiative to prepare “a report on the feasibility of and a plan for implementation of a pilot project for providing specialty court services for veterans.”

In 2008, Judge Robert Russell in Buffalo, New York, launched what has become a national movement for veterans treatment courts (VTC) when he realized that a growing number of the people in his mental health and drug courts were veterans. Since 2008, as many as 60 jurisdictions have started or plan to start VTCs. These courts are therapeutic courts in the model of drug and mental health courts, with an emphasis on treatment rather than incarceration. They are consistent with the long tradition of offering special programs and preferences to individuals who have served their country in the US Military. They combine local criminal justice resources with the medical, mental health, and addiction services of the Department of Veterans Affairs (VA).

In the past decade, the VA has been increasingly active in efforts to address mental health and substance abuse issues among veterans. The 2009 Veterans Justice Outreach (VJO) Initiative, in particular, is designed to coordinate with local criminal justice agencies “to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans.” VJO coordinators across the county are working with local criminal justice agencies to ensure that justice-involved veterans are identified and that they are connected to all the services available through the VA.

Both VTCs and the VJO are intended to meet the needs of veterans from twentieth-century wars, as well as the new generation of veterans. Veterans from the Afghanistan and Iraq wars are younger, more likely to be female, and more likely to suffer from Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) than their predecessors. Indeed, PTSD and TBI are emerging as the “signature injuries” of the current conflicts because the sophistication and effectiveness of medical treatment means that an increasing proportion of the new veterans survive wounds that would have killed their predecessors, but they do so with higher rates of mental health trauma and brain injury. Compounding mental health and brain injury issues are the substance abuse issues that often accompany them. Veterans have a slightly higher rate of substance abuse than the general population. Combined, mental health and substance abuse conditions contribute to a propensity to avoid treatment among this population.

Preparation of this report highlighted the dearth of data related to veterans in the King County criminal justice system. Data will always be imperfect because the County relies on people to self identify as veterans, which some may be reluctant to do. However, the

quality and accuracy of the current data available is further hampered by the fact that justice-involved individuals are not asked consistently about their veteran status, and the exact number of veterans in the County's criminal justice system is unknown. What is known is that veterans currently benefit only in limited numbers from the existing therapeutic courts: Regional Mental Health Court (RMHC) and Adult Drug Court (ADC). Of the 180 people in RMHC, only nine are receiving services through the VA. One reason for the low participation rate is that RMHC eligibility criteria require an Axis 1 diagnosis with persistent and severe mental illness. A diagnosis of PTSD or TBI alone does not meet these criteria, excluding many veterans. Of the roughly 320 people currently in ADC, 19 are veterans, most of whom are receiving services through the VA. The reasons for low participation rates in ADC are not known. The proviso work group suggested the possibility that because the ADC eligibility criteria prohibit gun crimes, some veterans may be excluded from the court.

King County is fortunate to be the home of the VA's Puget Sound Health Care Services (PSHCS), which provides a full range of medical and mental health services to eligible veterans. To the extent that veterans are able to maximize their use of the services provided by PSHCS, which are specifically designed to meet their needs, and not rely on local and state-funded treatment services, both veterans and the County benefit. The PSHCS has hired a VJO coordinator, who is engaged with the veterans treatment court in Thurston County and works with King County agencies. Specifically, he participates in crisis intervention training for police officers and coordinates with release planners for veterans in County jails. He was an active participant in the proviso workgroup.

In the context of the unique set of needs of veterans, the availability of VA services in King County, and in recognition of veterans' service to the country, the County Executive supports District Court's decision to move ahead with a one-year pilot of a veterans track within RMHC. Because RMHC has not reached its full expansion population, the veterans track can be piloted without additional staff or financial resources. District Court will convene a taskforce of County leaders, representatives from the federal VA and the Washington Department of Veterans Affairs, as well as court operations and DCHS staff to plan the pilot, which will include defining eligibility criteria.

The Department of Adult and Juvenile Detention (DAJD) will take the first step in building a better data set by providing additional training to its classifications staff to ensure that they are consistently asking inmates, "Have you ever served in the US military, including the National Guard and Reserves?" Even with better training these data will not be perfect: DAJD will continue to rely on individuals self-reporting that they are veterans, and roughly half of the people booked into the jail on a given day will stay for less than 72 hours and therefore do not go through the classification process.

District Court has volunteered to lead a system-wide training effort for judges and attorneys on the unique needs and circumstances of justice-involved veterans.

## Proviso Report Development Process

Section 18, P3 of the 2011 Adopted Budget, Ordinance 16984, states:

*Of this appropriation, \$100,000 shall not be expended or encumbered until the executive transmits and the council adopts a motion that references the proviso's ordinance, section and number and states that the executive has responded to the proviso. This proviso requires a report on the feasibility of and a plan for implementation of a pilot project for providing specialty court services for veterans.*

*The office of performance, strategy and budget, working with representatives from superior court, district court, the prosecuting attorney's office, defense agencies, the mental illness and drug dependency (MIDD) program, the department of community and human services, the department of adult and juvenile detention, jail health services and council staff, shall collaboratively review the services available to veterans and make recommendations for implementing a pilot project providing specialty court services for veterans. The report shall include, but not be limited to: (1) a review of existing county services for veterans; (2) a review of services provided by other jurisdictions to veterans; (3) an analysis of the feasibility of creating a specialty veterans court versus creating a veterans docket or calendar in an existing county therapeutic court; and (4) recommendations for criminal justice system dispositional alternatives involving veterans. The report shall also include recommendations for implementation of any other program related to the federal Veterans Justice Outreach Initiative.*

*Concurrent with transmittal of the report and plan, the executive must transmit any necessary legislation to implement a pilot project providing specialty court services to veterans in King County as part of the 2012 budget.*

In response to this proviso, the Office of Performance, Strategy and Budget (PSB) formed a work group with representatives from Superior Court, District Court, the Prosecuting Attorney's Office (PAO), the public defense contractors, the Department of Community and Human Services (DCHS), the Department of Adult and Juvenile Detention, Jail Health Services, the Office of the Public Defender, and Council staff. The large work group met three times to develop the options included in this report and subgroups were formed around specific topics. The options were then shared with the District Court and Superior Court Executive Committees for their consideration.

The process of developing this report was highly collaborative. Despite its size, the work group engaged in a series of lively and informative discussions, resulting in a robust set of options. PSB greatly appreciates the energy, enthusiasm, and talent all participants brought to the project.

## **King County Strategic Plan Alignment**

A potential veterans treatment court pilot project would align with the King County Strategic Plan by supporting Strategy e, “Provide therapeutic courts, such as mental health and drug court,” of Objective 2, “Ensure fair and accessible justice systems,” of the Justice & Safety Goal to “Support safe communities and accessible justice systems for all.” A new veterans treatment track in RMHC will build on the existing work of the County’s criminal justice system to provide specialized courts for to resolve the underlying mental health or substance abuse issues that result in individuals becoming involved with the criminal justice system. The goal of these efforts is to provide treatment and support to court participants to break the cycle of criminal justice involvement and reduce recidivism.

## **Existing King County Resources for Veterans**

Through the King County Veterans Program, King County provides an array of services to veterans and capitalizes on a mix of funding sources and partnerships. These community based services provide a range of financial and support services to vulnerable and/or homeless veterans lacking resources.

A key source of funding for County veterans programs is the Veterans and Human Services Levy, a six-year property tax that King County voters approved in November 2005. Levy tax revenues are split equally between services for veterans and their families (Veterans Levy) and services for other vulnerable persons and families (Human Services Levy). The Veterans Levy raises \$7 million annually and will be on the August 2011 primary ballot for renewal by voters.

The Metropolitan King County Council adopted Ordinance 15406 in April 2006 to guide levy planning, implementation, and design. The Council established three overall goals for the levy: (1) reducing homelessness; (2) reducing emergency medical and criminal justice involvement; and (3) increasing self sufficiency both for veterans and military personnel and their families, and for others in need. The ordinance called for development of a Strategic Implementation Plan (SIP), which was adopted in October 2006. The SIP identified the policy framework, priority services and populations, and five overarching strategies through which the overall goals would be supported:

Strategy 1: Enhancing services and access for veterans, military personnel, and their families

Strategy 2: Ending homelessness through outreach, prevention, permanent supportive housing, and employment

Strategy 3: Increasing access to behavioral health services

Strategy 4: Strengthening families at risk

Strategy 5: Increasing the effectiveness of resource management and evaluation

Through the Veterans Levy and other programs, King County partners with many entities to fund services for veterans, including the federal Department of Veterans Affairs (VA), the Washington Department of Veterans Affairs (WDVA), the City of Seattle, and private grantors such as the Bill and Melinda Gates Foundation, the United Way, Solid Ground, and the YWCA.

Services for veterans in King County range from housing referrals to mental health and chemical dependency services to financial and employment assistance to wrap around services to Community Health Clinics. For a full list of the programs provided to veterans in King County, see Appendix A.

Of particular interest in relation to a veterans treatment court (VTC) is the Veterans Incarcerated Program (VIP), which reduces veterans' use of King County and suburban jails by seeking them out in jail and advocating on behalf of incarcerated veterans. It provides support services to overcome circumstances that may lead to misdemeanor activities, such as unemployment, homelessness, and substance abuse. It can advocate for reduced sentencing and early release. The King County Veteran's Program contracts with the Washington Department of Veterans Affairs to provide intake, assessments, advocacy and case management to veterans in jail. From 2007 through 2010, 419 veterans in County jails were screened and 296 were enrolled in VIP.

## **Veterans Background**

While veterans are not disproportionately represented in the criminal justice system nationwide, there is evidence of a potential correlation between Posttraumatic Stress Disorder (PTSD) and substance abuse and criminal involvement among veterans. As the rates of PTSD and Traumatic Brain Injury (TBI) increase among new veterans, it is possible that a larger share of veterans will become justice involved in the coming decade. VTCs can serve veterans of twentieth-century wars who have struggled with mental health and substance abuse issues for decades, as well as address the needs of new veterans as they face the challenges of returning to civilian life.

For the purposes of this report, a veteran is defined as anyone who would respond affirmatively to one of the following questions:

Have you ever served in the US Military?

Were you called to active duty from the National Guard or Reserves?

These questions are consistent with how the King County Veterans Levy identifies veterans and have been demonstrated to be the best phrasing to elicit a positive and accurate response. In addition to these questions, some programs are interested in discharge status (honorable, general, medical, bad conduct, and dishonorable) to determine eligibility for federal, state, or local benefits.

According to data compiled by the Department of Justice Bureau of Justice Statistics in 2002, veterans constitute 9.3 percent of the people incarcerated in jails, roughly equal to their percentage of the total population. The survey also indicates that “the controlling offense for 70 percent of these Veterans was a non-violent crime, and 45 percent had served two or more state prison sentences. At a minimum, 90,000 of the 9 million unique inmates annually released from U.S. jails are Veterans. A large majority (82 percent) are eligible for VA services....”<sup>1</sup> While specific statistics for veterans in King County’s criminal justice system are unavailable,<sup>2</sup> there is no reason to believe that the County deviates from the norm in this area.

- 23 million veterans in the US
- 623,000 veterans in Washington State and 143,000 in King County
- 1.7 million veterans of Iraq and Afghanistan wars
- 1 in 5 veterans report symptoms of mental disorder
- 1.8 million veterans met the criteria for a substance abuse disorder in 2006
- 1 in 3 of the adult homeless population has served in the military and at any given time there are as many as 130,000 homeless veterans
- 230,000 veterans were in local jails and state and federal prisons in 2007<sup>1</sup>

**Sources:**

2010 US census ([www.census.gov](http://www.census.gov)) and National Association of Drug Court Professionals ([www.nadcp.org](http://www.nadcp.org)).

<sup>1</sup> Department of Veterans Affairs, “Under Secretary of Health’s Information Letter: Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System,” page 2, <http://www.nadcp.org/sites/default/files/nadcp/IL-10-2009-05.pdf>.

<sup>2</sup> The veterans court proviso work group surveyed all criminal justice agencies to determine what, if any, data regarding veterans status is being collected. There are three criminal justice agencies that ask regularly about veterans status: DAJD at the classification stage, which typically occurs after someone has been in the jail for more than 72 hours; District Court probation, whose staff will ask as part of the intake process; and Adult Drug Court, whose staff ask as part of the orientation process. DAJD records the data electronically and generates reports that it shares quarterly with the Veterans Incarcerated Project. Because the question of veterans status is asked at classification, those individuals who leave jail in less than 72 hours (roughly half those booked) are not asked. In addition, the question is not asked consistently in terms of how it is phrased and not everyone who goes through

An academic study of 128 veterans incarcerated in King County between April 1998 and June 1999 provides some insights into justice-involved veterans and suggests a potential correlation between PTSD and incarceration. The study screened participants for PTSD, drug and alcohol usage, and patterns of incarceration. The study sample was small and results preliminary, but study authors reported that 87 percent of the veterans surveyed had traumatic experiences and 39 percent screened positive for PTSD. When compared with veterans who screened negative for PTSD, those who screened positive reported a greater variety of traumas; more serious current legal problems; a higher lifetime use of alcohol, cocaine, and heroin; higher recent expenditures on drugs; more psychiatric symptoms; and worse general health despite more previous psychiatric and medical treatment as well as treatment for substance abuse.<sup>3</sup>

The potential correlation between PTSD and behaviors which may lead to criminal involvement suggests that veterans of the current wars in Afghanistan and Iraq, who were not included in the 1998/1999 study, may someday have more propensity for criminal involvement than their predecessors. The new veterans are more likely than their predecessors to suffer from PTSD and TBI than the rest of the veteran population. Indeed, PTSD and TBI are emerging as the “signature injuries” of the current conflicts because the sophistication and effectiveness of modern medical treatment results in an increasing proportion of the Afghan and Iraq veterans surviving wounds that would have killed their predecessors, but they do so with higher rates of mental health trauma and brain injury. The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22 percent of all combat casualties from these conflicts are brain injuries, compared to 12 percent of Vietnam-related combat casualties.<sup>4</sup>

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the classification is asked, particularly those who have been through the process before. Of the 100,874 people booked in to jail between January 1, 2006 and December 31, 2010, 2,486 identified themselves at least once as serving in the US military.

District Court probation staff asks and records the answer in paper files. The information is used to help connect people with services at the Veterans Administration and whether or not someone is receiving services from the VA is then used as a proxy for veterans status. Of the 180 people in Regional Mental Health Court, nine are receiving services through the VA.

Adult Drug Court staff asks the question during orientation, asks it consistently, and records the results in the ADC database. Of the people in Adult Drug Court currently, 19 have identified themselves as veterans.

<sup>3</sup> Andrew J. Saxon, et. al., “Trauma, Symptoms of Posttraumatic Stress Disorder, and Associated Problems Among Incarcerated Veterans,” p. 959, <http://www.nadcp.org/sites/default/files/nadcp/Trauma%2C%20symptoms%20pf%20PTSD.pdf>.

<sup>4</sup> E. Lanier Summerall, “Report of (VA) Consensus Conference: Practice Recommendations for Treatment of Veterans with Comorbid TBI, Pain, and PTSD. <http://www.ptsd.va.gov/professional/pages/traumatic-brain-injury-ptsd.asp>

The Department of Defense administers a Post-Deployment Health Assessment and Reassessment to soldiers as they are leaving the service and then again three to six months after they return to civilian life. These assessments indicate that 17 percent of active duty personnel in the Army and 25 percent of Army reserve members screen positive for PTSD three to six months after returning home.<sup>5</sup> High rates of PTSD may be due, in part, to the fact that soldiers in the Iraq and Afghanistan wars are re-deployed for multiple tours of duty, thereby increasing the chances and frequency of exposure to traumatic events triggering PTSD and injuries resulting in TBI. Multiple tours of duty were unusual during the twentieth century wars. If the correlation postulated in the 1998/1999 study proves true, the nation's criminal justice system could see an influx of younger veterans over the next decade as they return to civilian life and the symptoms of PTSD, TBI, and other traumas manifest themselves.

Traumatic brain injury occurs when a sudden trauma causes damage to the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of TBI include:

- difficulty organizing daily tasks
- blurred vision and headaches
- feeling sad, anxious or listless
- being easily irritated and angered
- having trouble with memory and concentration
- difficulty inhibiting behaviors
- slow thinking, moving, speaking or reading
- easily confused or feeling overwhelmed.

PTSD is an anxiety disorder that may occur after exposure to or involvement in a traumatic event. It was first recognized as a formal diagnosis in 1980; however, it has been known by other names, such as combat fatigue and shell shock. Symptoms can manifest shortly after the traumatic event or they may be delayed for more than six months. In many cases, PTSD will resolve itself over the course of several months, but in other cases it can persist for years.

Symptoms of PTSD include:

- re-experiencing a traumatic event over and over
- nightmares
- vivid memories of trauma
- strong reaction to reminders, such as a car backfiring

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<sup>5</sup> GAINS Center, "Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions," page 5, [http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS\\_Report.pdf](http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf).

- feeling numb and detached
- being easily startled
- feeling irritable or angry all the time for no apparent reason
- hyper-vigilance
- trouble relaxing and sleeping.

The overlapping symptoms of PTSD and TBI can make it difficult to distinguish between them and TBI is often misdiagnosed as PTSD. People who suffer from PTSD and TBI have difficulty coping with daily, civilian life and can turn to drugs and alcohol as a means of self-medicating.

Generally, veterans have slightly higher rates of drug and alcohol use and abuse than the general population. A 2005 study showed that an estimated 3.5 percent of veterans used marijuana in the previous month, compared to 3.0 percent of nonveterans. Heavy alcohol use was more prevalent among veterans (7.5 percent) than among nonveterans (6.5 percent). And, an estimated 0.8 percent of veterans received specialty treatment for a substance use disorder in the previous year, as compared to 0.5 percent for nonveterans.<sup>6</sup>

This combination of mental health problems and substance abuse can be potent and can trigger behaviors that draw veterans into the criminal justice system. PTSD and TBI can cause violent outbursts often targeted at family members, leading to charges of domestic violence. Self-medicating with alcohol and drugs can lead to impaired driving and Driving Under the Influence (DUI) charges. As a result, domestic violence and DUI charges are common charges for veterans suffering from mental health and substance abuse issues.

Suicide has also become increasingly prevalent among military veterans and is now affecting veterans disproportionately. “National statistics show that veterans constitute about 20 percent of the 30,000 to 32,000 U.S. deaths each year from suicide. Of an average of 18 veterans who commit suicide each day, about five receive care through the VA health-care system. More than 60 percent of those five had diagnosed mental-health conditions.” In 2004, the VA adopted a comprehensive mental health strategy to bring suicide rates down. The strategy included hiring 6,000 additional mental-health professionals since 2004, bringing its full complement of providers to 20,000.<sup>7</sup>

One characteristic among people who suffer from depression, PTSD, TBI, and/or substance abuse is the tendency to avoid treatment. Recent studies indicate that roughly one-third to one-half of those who have screened positive for PTSD or depression have sought treatment.

<sup>6</sup> “Substance use, Dependence, and Treatment among Veterans,” *The NSDUH Report*, November 10, 2005, page 1, <http://www.nadcp.org/sites/default/files/nadcp/substance%20abuse%20among%20veterans.pdf>

<sup>7</sup> American Forces Press Service, <http://www.defense.gov/news/newsarticle.aspx?id=58879>.

And half of those who received treatment received only “minimally adequate treatment services.” The most common barrier that prevents veterans of the Iraq and Afghanistan wars from seeking treatment is the perception that admitting they have a mental health condition will negatively impact their career.<sup>8</sup> This inclination to avoid the problem makes veterans a particularly difficult population to reach and connect with treatment. One way to overcome this avoidance is to ask about veterans status at different times and in different contexts, refer individuals to treatment, and provide structures that will assist them in finding appropriate treatment.

Currently, the eligibility criteria for King County Regional Mental Health Court (RMHC) require an Axis 1 diagnosis with a persistent and severe mental illness. This diagnosis does not typically include PTSD or TBI and individuals suffering from these conditions alone are not eligible for RMHC. There are currently nine veterans in RMHC who are receiving services from the VA, but they were accepted into the court based on diagnoses other than PTSD or TBI.

Adult Drug Court’s (ADC) prohibition against admitting anyone charged with a crime involving a gun may curtail the number of veterans who are eligible for the court. Adult Drug Court does not have any special programs for veterans, but, like RMHC, its staff does strive to refer participants to all the appropriate treatments services offered by the VA. Of the 19 veterans in ADC, most are receiving treatment through the VA.

## **Veterans Justice Outreach (VJO) Initiative**

In the past decade, the Department of Defense and the VA have become increasingly active in efforts to address mental health and substance abuse issues among veterans. As part of an overall strategy to meet the needs of veterans, the VA launched the Veterans Justice Outreach Initiative in 2009. According to the VA:

The purpose of the Veteran Justice Outreach Initiative (VJO) initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA [Veterans Health Administration] mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.<sup>9</sup>

This level of outreach to local criminal justice agencies is a new approach for the VA and offers opportunities for local jurisdictions to partner with the VA to achieve the shared goals of

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<sup>8</sup> GAINS Center, “Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions,” page 6, [http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS\\_Report.pdf](http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf).

<sup>9</sup> <http://www.va.gov/HOMELESS/VJO.asp>

reducing the number of veterans involved in the criminal justice system, while maximizing the number of veterans who access services through the VA.

Much of the VJO Initiative's outreach takes the form of a VJO coordinator interacting directly with local criminal justice systems. These VJO coordinators work within the rules and procedures of local jurisdictions and communicate with the courts regarding veterans' compliance with VA treatment programs. VJO coordinators contact veterans in the jail and court system directly to help ensure that they are utilizing all appropriate VA treatment and benefit programs. VJO coordinators can also engage in police training around veterans' issues, mental health assessments of incarcerated veterans, and treatment planning and referrals to relevant VA services.<sup>10</sup>

The VJO Initiative is organized within the VA Medical Centers, which have been "strongly encouraged to develop working relationships with the court system and local law enforcement and must now provide outreach to justice-involved Veterans in the communities they serve."<sup>11</sup> Each of the VA medical centers around the nation has hired one or more VJO coordinator.

The VA Medical Center that serves veterans in King County is the VA Puget Sound Health Care Services (PSHCS), which has divisions in Seattle and American Lake and serves veterans from Alaska, Idaho, Montana, Oregon, and Washington. The PSHCS provides a full range of medical and mental health services to eligible veterans:

1. Medical Care Services include:
  - Primary Care
  - Osteoporosis treatment
  - Prostate disease prevention and treatment
  - Smoking cessation
  - Rehabilitation medicine
  - Specialized spinal cord injury care
  
2. Post Deployment Health Clinic provides specialized assessment and initial care for Iraq and Afghanistan veterans:
  - TBI
  - PTSD
  - Complete physical evaluations and referrals
  
3. Mental Health Services include:
  - Crisis intervention A
  - Acute inpatient care

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<sup>10</sup> VA, "Under Secretary for Health's Information Letter," pages 5-6, <http://www.nadcp.org/sites/default/files/nadcp/IL-10-2009-05.pdf>

<sup>11</sup> <http://www.va.gov/HOMELESS/VJO.asp>

- Outpatient care including services for those with chronic and persistent mental illness
    - Specialized PTSD treatment
  - Specialized treatment for Women Veterans with trauma
  - Provision of psychiatric medication care and monitoring
    - Veterans can be seen within 30 days of requesting an appointment for medication and more quickly if urgent care is needed
4. Substance Use Disorder (SUD) Treatment:
- The PSHCS is state certified to provide alcohol and drug treatment with the exception of the initial assessment
    - Initial assessment
    - Opiate substitution
    - Urgent inpatient stabilization
    - Intensive stabilization services
    - Intensive outpatient care
    - Outpatient SUD care
      - Specialized care for those with co-occurring disorders
      - Specialized treatment for women veterans
    - Motivational enhancement and treatment engagement
    - Care Management Clinic – low barrier, minimal demand care
    - SUD pharmacology is available including Antabuse, Naltrexone and Acamprosate and monitoring can be provided
    - Co-occurring psychiatric care
    - Abstinence monitoring through urine screening and breathalyzers
    - Residential supported SUD care (American Lake, Walla Walla and White City, Oregon)
5. Health Care for Homeless Veterans:
- Outreach Services
  - Grant and Per Diem transitional care – up to 2 years
  - HUD-VASH permanent housing
  - Community partnerships – Housing First
  - Vocational assistance

The PSHCS is one of the best VA centers in the nation and it offers high-quality medical and mental health treatment to eligible veterans. The poly trauma center in Seattle is one of four in the nation and the PTSD outpatient clinic is the largest in the nation.

The PSHCS has hired a VJO coordinator, who has been actively involved in the workgroup formed to prepare this report. The local VJO coordinator has three basic duties: 1) he works with jurisdictions to develop and maintain therapeutic courts for veterans; 2) he provides outreach to veterans in the criminal justice system, including in the jail, and he works with jail

and Jail Health Services staff, as well as defense social workers to coordinate services for justice-involved veterans; and 3) he provides training to police officers, attorneys, and the courts about veterans' issues, particularly PTSD and TBI.

## **Specialty Court: Veterans Treatment Court**

The first veterans treatment court was founded in 2008 in Buffalo, New York, when Judge Robert Russell realized that a growing number of people in the Buffalo Drug and Mental Health Courts were veterans. Since 2008, at least 60 jurisdictions across the county have started or are starting a VTC.

VTCs are therapeutic courts in the tradition of drug courts and mental health courts. They use a team approach and emphasize connecting court clients with treatment, rather than punishing them with more jail time, although jail is used as a sanction when appropriate. VTCs, like other therapeutic courts, are opt-in models, which require that potential participants fit a defined set of criteria and then voluntarily opt in to the court by agreeing to the rules of the court and to abide by the treatment plan that has been developed. The relationship between the judge and the court client is important to provide both support and accountability.

VTCs are distinguished from drug and mental health courts in their exclusive focus on veterans and the emphasis on utilizing treatment and benefits provided by the VA, rather than local services. In addition, VTCs emphasize the importance of community among court participants, which is not always present in therapeutic courts. For example, in King County's Adult Drug Court and Regional Mental Health Court, defendants are rewarded for succeeding in the program by being placed at the beginning of the court calendar so they can check in and leave without having to wait through the entire calendar. VTC participants are encouraged and often required to stay for the entire calendar as a means of fostering camaraderie among court participants similar to what they may have experienced while in the service. King County's Family Treatment Court has a similar requirement for participants to stay for the full calendar and it has helped develop a sense of community in the court from which participants benefit.

VTCs often include a mentoring element, which is a potentially powerful way to engage veterans. Mentors could be previous participants in the court or veterans who are interested in helping a fellow veteran. "The concept of the veteran mentoring component is to re-engage the veteran defendant with a positive sense of veteran identity, as well to offer practical advice and services in addition to what the veteran receives in the context of his or her treatment

plan.”<sup>12</sup> RMHC has only recently initiated a mentoring program with two peers and ADC does not currently have a mentoring program.

Courts designed specifically for veterans are consistent with the long history in the United States of providing preferences to veterans due to their service to their country. The tradition of veterans preferences dates from 1865 when Congress specified that disabled veterans “be preferred for appointments to civil offices.”<sup>13</sup> Subsequently, the federal government has launched multiple programs that provide preferences for veterans, including the GI Bill and federal employment preferences. King County provides a preference for veterans in the hiring process and the 2011 Washington State Legislature passed and the governor signed a law that allows private employers to voluntarily give a preference to hiring veterans and widows or widowers of veterans. The law further enables private companies to give employment preferences to spouses of certain honorably discharged veterans who become permanently disabled during their service.<sup>14</sup> The VJO Initiative and veterans treatment courts are consistent with these efforts that recognize the service of veterans by providing specialized services.

## **Jurisdictional Comparison**

A scan of practice identified 60 veterans courts currently operating in cities and counties across the country. Although limited information is available about specific eligibility criteria and participation practices for some jurisdictions, some themes related to the context, structure, and eligibility criteria for participation emerged.

All but one VTC operates as a standalone court, independent from other treatment court models such as drug and mental health courts. According to the National Association of Drug Court Professionals (NADCP), standalone courts are the preferred model because most veterans suffer from co-occurring disorders, and require treatment and considerations specific to the consequences of military trauma. VTCs are located in circuit, superior, and district or municipal courts, depending on jurisdiction, but VTCs in major metropolitan areas are most often located in district or municipal courts.

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<sup>12</sup> Sean Clark, et. al., “Development of Veterans Treatment Courts: Local and Legislative Initiatives,” *Drug Court Review*, Vol. VII, 1, page 186.

<sup>13</sup> John P. Stimson, “Veterans’ Preference Act of 1944,” [http://novelguide.com/a/discover/mac\\_03/mac\\_03\\_00294.html](http://novelguide.com/a/discover/mac_03/mac_03_00294.html).

<sup>14</sup> *Seattle Times*, “New law allows hiring preferences for veterans,” April 21, 2011, page B2.

Across jurisdictions, eligibility for participation in VTCs is based upon criminal and clinical considerations. While a growing number of states, including Colorado, Illinois, and Texas have passed legislation to support the formation of veterans treatment courts, this legislation often leaves it up to local jurisdictions to decide upon specific eligibility criteria. According to NADCP, many jurisdictions have based eligibility criteria on the needs of their criminal justice-involved veterans. For example, Travis County conducted a survey of veterans booked into jail to determine how many veterans were arrested, the charges filed against them, their rate of recidivism, and whether they had received VA services; eligibility criteria for the veteran court was constructed with the characteristics and needs of this population in mind. Even with largely independent jurisdictional discretion, clinical eligibility criteria are consistent across jurisdictions. Veterans and active duty military service members diagnosed with substance abuse or mental health disorders attributed to their service, including PTSD, TBI, and in some cases sexual trauma and depression, meet clinical eligibility standards.

Criminal eligibility standards are less consistent across jurisdictions. Many jurisdictions accept veterans and active duty individuals charged with misdemeanors and non-violent felony offenses, and a smaller number of courts accept only those charged with misdemeanors. Only three courts accept only felony offenders, including Pierce County, Washington and Washoe County, Nevada. Recently, many jurisdictions have expanded or are acting to expand eligibility criteria to include veterans charged with violent offenses. PTSD and other mental health conditions that result from military service often manifest themselves in the form of violent offenses, and some jurisdictions found that by not accepting violent offenders they did not receive enough referrals to sustain the court.

The proviso work group identified six jurisdictions for a more detailed survey: Hennepin County, Minnesota; Buffalo, New York; and Clark, Pierce, Spokane, and Thurston counties in Washington. Table 1 contains the results of the survey.

Seattle Municipal Court (SMC) is reviewing options to provide veterans with enhanced services through the court. Presiding Judge Fred Bonner and other SMC staff have met with staff from DCHS, the Seattle City Attorney's Office, and the Association of Counsel for the Accused, as well as the local VJO coordinator to begin to develop a pilot program that will allow veterans to access services through SMC's Community Court.

As a first stage of the pilot project, SMC has provided the VJO coordinator with work space and resources in the court's Resource Center. In this space, he is able to meet with veterans who are referred to him by SMC probation staff and other sources. In the next stage of the pilot, veterans will receive an initial assessment by SMC probation and/or the VJO coordinator. The

VJO coordinator will then determine whether and what VA services are needed or appropriate for the veteran. Veterans receiving services will be scheduled to appear on Tuesday afternoons when Community Court is in session. SMC hopes to have the second phase of the pilot program up and running shortly and will use the experience to determine long-range plans for enhanced veteran services at SMC.

Table 1

Veterans Courts in Other Jurisdictions

Jurisdiction	Start date	Home Court	Misdemeanors or felonies accepted	Standalone or part of other therapeutic court	What is the criminal history eligibility?	What is the VA and VIO interface?	Clinical eligibility, including PTSD and/or TBI	Peer support?
Hennepin County, MN	July 2010	Unified	Misdemeanors and felonies accepted	Standalone Treatment Problem-Solving	Charged in County with non-mandatory prison sentence	Appears to be a referral process	Treatable mental illness or substance abuse problem	Veteran Mentor
Buffalo, NY	January 2008	City	Misdemeanors and non-violent felonies accepted	Stand alone Treatment Problem-Solving	Violent offenses not allowed	Most treatment is done through the VA, VIO does not participate, MSW is sent out by the VA	Behavioral health problems, PTSD and TBI are accepted	Veteran Mentor
Clark County, WA	Fall 2010	District	Misdemeanors and felony drop-downs accepted	Stand alone Treatment Problem-Solving	RCW 2.28.180 and 2.28.170: no serious violent or sex offenses, or crimes involving use of a firearm	VIO is full team member, comes to all meetings	Axis 1 diagnosis, including PTSD and TBI if they are likely to function well in the court	Veteran Mentor
Pierce County, WA	October 2009	Superior	Felonies only accepted	Part of Drug Court	RCW 2.28.170 -- no serious violent or sex offenses, or crimes involving use of a firearm	Works primarily with local non-profit group	Chemical dependency, cannot have a mental health issue that would interfere with treatment	Veteran Mentor
Spokane County, WA	September 2010	District	Misdemeanors and felony drop-downs accepted	Standalone Treatment Problem-Solving	RCW 2.28.180 -- described above		PTSD and/or TBI diagnosis	Veteran Mentor
Thurston Co, WA	July 2009	District	Misdemeanors and felony drop-downs accepted	Standalone Treatment Problem-Solving	RCW 2.28.180 -- described above	VIO is present in court hearings	Axis 1 diagnosis, Axis 2 diagnosis, if staff monitoring and treatment available. Must be link between charge and mental illness. Accept PTSD and TBI	None

## Dispositional Alternatives

When thinking about criminal court cases, most people assume there are a relatively straightforward set of outcomes: dismissal of the case because the evidence does not support the charge; a not guilty verdict or ruling; or a guilty verdict or ruling resulting in a fine, jail time, or probation. There is, however, another continuum of alternatives for the disposition of a criminal case that are relevant for therapeutic courts where the focus is on treatment rather than incarceration. These dispositional alternatives are governed by state law and include:

- Suspended Sentence: Upon conviction, a court may sentence an individual up to one year in jail and a \$5,000 fine on a gross misdemeanor, and up to 90 days in jail and a \$1,000 fine on a misdemeanor. For almost all offenses, a court can also impose up to 24-months of probation supervision, and can impose up to five years of supervision for Domestic Violence and DUI offenses. During the period of probation, the court can impose a wide variety of crime-related conditions such as: no criminal law violations, compliance with counseling or treatment, traffic school, and probation supervision. The court may also suspend all or any portion of the jail time or fine, on the condition that the defendant complies with the terms of the sentence. The court may also revoke any portion of the suspended sentence if the defendant is found to have willfully failed to comply with a condition of sentence.
- Dispositional Continuances: A dispositional continuance is an agreement by the defense and prosecution that is adopted and supervised by the court. The agreement requires the defendant to waive the right to speedy trial, and specifies conditions that the defendant must meet within an agreed upon time period. These conditions are akin to those imposed as part of a sentence. If the conditions are fulfilled, the charge is either dismissed or reduced. Generally, these agreements require the defendant to give up their trial rights and thereby agree that the case be decided by a judge, based entirely on the police report, if the defendant is found in violation of the agreement. The agreements allow a defendant to avoid a conviction by complying with the terms of the agreement. The agreement also allows the prosecution to avoid a trial if the defendant fails to comply with the terms of the agreement. The time period and terms of a dispositional continuance can vary a great deal based on the agreement of the parties. They are also known by a number of different names such as: stipulated order of continuance, deferred disposition, or pretrial diversion.
- Deferred Sentence (misdemeanors only): Upon conviction, a court may impose a deferred sentence, which sets forth conditions that must be completed by the

defendant within a designated time period. If the conditions are met, the finding of guilt is withdrawn, and the charge is dismissed. The designated time period can be up to two years, and the sentence can include any conditions that could be imposed in a suspended sentence. Even if a defendant successfully completes the requirements for deferral, the court file will reflect both the original finding of guilt and its withdrawal. If a defendant fails to comply with the conditions, the court may revoke the deferral and impose a suspended sentence.

Convicted felons must be sentenced consistent with the Sentencing Reform Act (SRA), which sets forth mandatory sentencing range and limits circumstances where conditions can be imposed as part of a sentence. Even when there is lawful authority to impose treatment conditions as part of the sentence, the Superior Court must find a nexus between the offense and the treatment condition. Similarly, when Superior Court sentences an individual to probation, the probation must be related to the underlying charge. For example, if a person has been convicted of robbery, the probation terms must be related to the robbery and not to any potential underlying mental health or substance abuse issues or veterans status.<sup>15</sup>

Misdemeanor cases, on the other hand, can utilize the full area of dispositional alternatives outlined above, including deferred sentences. As a result, some would argue that District Courts, or courts of limited jurisdiction, have a greater flexibility in dispositional alternatives. RMHC regularly imposes dispositional continuances, and also imposes deferred sentences in appropriate cases.

A veterans track in RMHC will be able to take advantage of the array of dispositional alternatives available to courts of limited jurisdiction and will not require any additional dispositional alternatives. Both the Prosecuting Attorney's Office (PAO) and the Court have indicated that they will be willing to consider veterans status when deciding on sentencing alternatives within the confines of a veterans treatment court.

In addition, felony cases can be dismissed from Superior Court and refiled as misdemeanors in District Court at the discretion of the PAO. In King County, these are referred to as "drop down" felonies. This is a common practice in RMHC where 65 to 70 percent of court participants were originally charged with felonies that were dismissed and refilled as misdemeanors, allowing the individual to opt in to RMHC. A VTC in District Court will potentially draw from the largest pool of justice-involved veterans with the greatest variety of charges and offer the widest array of dispositional alternatives to suit the varied circumstances of court participants.

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<sup>15</sup> Drug Courts in Washington State accommodate the SRA by using dispositional continuances. Because the case will be dismissed if the defendant is ultimately successful in meeting the conditions, there is no felony conviction, and as a result, the SRA does not come into play.

## Options for Veterans Treatment Court Pilot in King County

The multi-agency proviso workgroup developed the following five options as potential forms a VTC pilot in King County could take.

Option 1 – Pilot a calendar for veterans in Regional Mental Health Court within existing eligibility requirements

Option 2 – Pilot a veterans track in the existing Regional Mental Health Court with modified eligibility requirements

Option 3 – Pilot a calendar for veterans in Adult Drug Court within existing eligibility requirements

Option 4 – Pilot a veterans track in the existing Adult Drug Court with modified eligibility requirements

Option 5 – Pilot a new standalone court in either Superior or District Court

The workgroup identified benefits common to all the options:

- It would follow a therapeutic model similar to ADC and RMHC, and, as a result, would benefit from the ability of therapeutic courts to modify court requirements based on individual circumstances.
- It would congregate veterans in a single calendar or court, which would help foster a sense of camaraderie among its participants, similar to what they may have experienced while in the service.
- It would facilitate the formation of a mentoring program.
- The VJO coordinator would be present at court hearings and able to interact with court participants and staff. The VJO coordinator can use his laptop to connect directly to the VA database to report on an individual's use of services.
- Teams of caregivers and court staff would be trained in treating PTSD/TBI and other issues unique to veterans.
- King County could compete for federal grant funding.
- The County could maximize the use of VA benefits by criminally involved veterans and simultaneously minimize their use of state and locally funded programs.
- The Veterans Incarcerated Project staff could potentially be present in the court.
- The County would recognize the service of veterans to the country.

The workgroup also identified a set of challenges common to all options:

- There could be increased costs and logistical challenges for transport of in-custody inmates.
- The court would rely on veterans to self-identify and voluntarily opt-in to the program, which will limit the number of participants.
- Court-mandated treatment can be different from community treatment.
- Either increased cost with additional staffing, or current staffing would be stressed with the addition of a new body of work.

The workgroup identified the following three key evaluation criteria for a VTC:

1. Maximize the number of veterans served
2. Serve those veterans well
3. Maximize the use of federal VA benefits and services.

**Option 1 – Pilot a Consolidated Veterans Calendar in Regional Mental Health Court**

*The cases of all veterans in RMHC would be consolidated onto a single calendar every week. Whenever a veteran was scheduled to appear in court in a given week, he or she would be scheduled on the consolidated veterans calendar. There would be no change to the eligibility criteria or staffing of RMHC.*

*No new costs for pilot*

<b>Pros</b>	<b>Cons/Challenges</b>
<ul style="list-style-type: none"> <li>No additional cost</li> </ul>	<ul style="list-style-type: none"> <li>RMHC eligibility criteria does not include PTSD or TBI and therefore many veterans would not be eligible for RMHC</li> </ul>
<ul style="list-style-type: none"> <li>Easier to implement than standalone and veterans track options</li> </ul>	<ul style="list-style-type: none"> <li>Limited population of veterans who already have access to the resources of RMHC</li> </ul>
<ul style="list-style-type: none"> <li>Likely would capture more veterans than a calendar in Superior Court because it is believed that more veterans would be eligible for a therapeutic court in District Court. In addition, RMHC accepts felony drop downs.</li> </ul>	<ul style="list-style-type: none"> <li>Lose the specialization on veterans issues among court staff relative to the standalone option</li> </ul>
<ul style="list-style-type: none"> <li>More flexible eligibility requirements than Adult Drug Court because eligibility is based on diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Would require culture change for RMHC. For example, one of the sanctions in RMHC is to have to stay through the entire calendar, while most veterans treatment courts require participants to stay through the calendar to foster a sense of community.</li> </ul>
<ul style="list-style-type: none"> <li>Could potentially serve city misdemeanants in RMHC</li> </ul>	
<ul style="list-style-type: none"> <li>Would allow for the creation of a veterans community in RMHC</li> </ul>	

## Option 2 –Pilot a Veterans Track in Existing RMHC

*This approach would create a distinct veterans track within RMHC. The eligibility requirements for RMHC would be modified for veterans track participants only. For example, diagnoses of PTSD and TBI could be allowable within the veterans track, but not the entire court. This approach would take advantage of existing capacity within RMHC because the expansion has not been fully completed.<sup>16</sup>*

*No new costs, but potential costs if the pilot is made permanent.*

<b>Pros</b>	<b>Cons/Challenges</b>
<ul style="list-style-type: none"><li>• Maximize the number of veterans eligible for the court through modified eligibility criteria</li></ul>	<ul style="list-style-type: none"><li>• Would require development of new court procedures and staff training specific to veterans track</li></ul>
<ul style="list-style-type: none"><li>• Felony drop downs mean RMHC could draw from the largest pool of justice-involved veterans</li></ul>	<ul style="list-style-type: none"><li>• A Veterans Court population could become problematic when RMHC approaches its expanded capacity</li></ul>
<ul style="list-style-type: none"><li>• Easier to implement than standalone option</li></ul>	<ul style="list-style-type: none"><li>• Likely would not accept individuals with only substance abuse issues</li></ul>
<ul style="list-style-type: none"><li>• Lower costs than standalone option</li></ul>	<ul style="list-style-type: none"><li>• Lose specialization on veterans issues among court staff relative to a standalone court</li></ul>
<ul style="list-style-type: none"><li>• District Court has a full range of dispositional alternatives</li></ul>	

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<sup>16</sup> As part of Mental Illness and Drug Dependency (MIDD) Strategy 11b, the 2010 Adopted Budget included funding for an expansion of Mental Health Court to allow cities to refer their eligible misdemeanants to the court. In total, RMHC is staffed and funded to support 285 clients; it currently has 180 to 195 clients. Assuming no increase due to a veterans track, RMHC is expected to reach full capacity sometime in 2012 or 2013.

Option 3 – Pilot a Consolidated Veterans Calendar in Adult Drug Court

*The cases of all veterans in ADC would be consolidated onto a single calendar. Whenever a veteran was scheduled to appear in court in a given week, he or she would be scheduled on the consolidated veterans calendar. There would be no change to the eligibility criteria or staff of ADC.*

*No new costs*

<b>Pros</b>	<b>Cons/Challenges</b>
<ul style="list-style-type: none"> <li>• No additional cost</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Drug Court eligibility criteria based on charge and not diagnosis, which would limit the number of eligible veterans</li> </ul>
<ul style="list-style-type: none"> <li>• Easier to implement than standalone and veterans track options</li> </ul>	<ul style="list-style-type: none"> <li>• Lose specialization on veterans issues among court staff relative to a standalone court</li> </ul>
<ul style="list-style-type: none"> <li>• Would allow for the creation of a veterans’ community in ADC</li> </ul>	<ul style="list-style-type: none"> <li>• Would require culture change for Adult Drug Court, such as requiring participants to stay for the entire calendar</li> </ul>
	<ul style="list-style-type: none"> <li>• Would likely not serve individuals with only mental health issues</li> </ul>
	<ul style="list-style-type: none"> <li>• Limited dispositional alternatives compared to those available in District Court</li> </ul>

**Option 4 – Pilot a Veterans Track in Existing Adult Drug Court**

*This approach would create a distinct veterans track within ADC. The eligibility requirements for ADC would be modified for the veterans track. For example, the types of crimes could be expanded, depending on the decisions of the Drug Court Executive Committee and limitations in state law. This approach would take advantage of existing capacity within ADC due to the changes in the Prosecutor’s filing standards in 2008, which resulted in many low level drug crimes being filed in District Court as expedited cases.*

*Very rough cost estimate: \$0 to \$100,000 (1 FTE)*

<b>Pros</b>	<b>Cons/Challenges</b>
<ul style="list-style-type: none"> <li>• Would expand the number of veterans in therapeutic court beyond those already in ADC</li> </ul>	<ul style="list-style-type: none"> <li>• Potential for new costs</li> </ul>
<ul style="list-style-type: none"> <li>• Easier to implement than standalone option</li> </ul>	<ul style="list-style-type: none"> <li>• Would require development of new court procedures and staff training specific to veterans track</li> </ul>
<ul style="list-style-type: none"> <li>• Lower costs than standalone option</li> </ul>	<ul style="list-style-type: none"> <li>• Limited dispositional alternatives compared to those available in District Court</li> </ul>
	<ul style="list-style-type: none"> <li>• Would not include as many veterans as possible in RMHC</li> </ul>
	<ul style="list-style-type: none"> <li>• Lose specialization in veterans issues relative to a standalone court</li> </ul>
	<ul style="list-style-type: none"> <li>• Would require action by ADC Executive Committee.</li> </ul>

Option 5 – Pilot a Free Standing Veterans Court

*Create a new standalone therapeutic court exclusively for veterans. A standalone court would require the allocation of judicial resources and the creation of new court calendars. Prosecution and defense staff would have to be increased, as would court managers and related support staff. To the greatest extent possible, the court would utilize Veterans Administration resources for case management and treatment.*

*A new Veterans Court would require the formation of an oversight or steering committee to define eligibility criteria. Criteria could include: service in the US Military, including National Guard, or Reserves; eligibility for veterans benefits; PTSD and/or TBI diagnosis; and other mental illness or chemical dependency diagnosis.*

*A standalone Veterans Court could be located in either Superior Court or District Court.*

*Very Rough Estimated Cost: \$300,000 annually (1/4 the cost of the current Regional MHC) to \$600,000 (1/2 of the current Regional MHC)*

Pros	Cons/Challenges
<ul style="list-style-type: none"> <li>Maximize the number of veterans eligible for the court through eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>Would draw on limited judicial resources, probation services, calendar time, courtroom space, and other court infrastructure</li> </ul>
<ul style="list-style-type: none"> <li>Would not require involvement of existing therapeutic court staff</li> </ul>	<ul style="list-style-type: none"> <li>Highest cost of all options</li> </ul>
<ul style="list-style-type: none"> <li>Most common model and there would be many examples to learn from</li> </ul>	<ul style="list-style-type: none"> <li>A lack of data to know whether the court should be in District or Superior Court</li> </ul>
	<ul style="list-style-type: none"> <li>Constraints of having a case heard in Superior Court (disposition alternatives)</li> </ul>
	<ul style="list-style-type: none"> <li>Unclear how many veterans would opt in to the court and whether the population would be sufficient to sustain the court</li> </ul>

The workgroup was not charged with making a recommendation among the options, but there was consensus within the group that a court located in District Court would provide the most flexible set of dispositional alternatives and would draw from the largest pool of veterans given the ability to dismiss felony cases and re-file them as misdemeanors at the PAO’s discretion. There was also concern that both the lack of data on the number of veterans in the criminal justice system and the lack of funding for a wholesale new program would hinder a standalone court.

## **A Veterans Track in Regional Mental Health Court**

In the context of the unique set of needs of veterans, the availability of VA services in King County, and in recognition of veterans' service to the country, the County Executive supports District Court's decision to move ahead with a one-year pilot of a veterans track within RMHC. The pilot is anticipated to last 12 months and takes advantage of a moment in time when RMHC has not yet reached its full expansion capacity. Under the Mental Illness and Drug Dependency (MIDD) Strategy 11b, RMHC is funded to expand to 285 clients from all jurisdictions in the County, but currently has between 180 and 195 clients. The existing excess capacity allows for the pilot to occur without additional financial or staff resources. All partners in RMCH (the court, the PAO, the Associated Council for the Accused, OPD, and DCHS) have agreed that the veterans track can be piloted in RMHC within existing resources for a year. It will, however, be a challenge for the RMHC team to implement as it will involve the development of new court procedures and additional training for issues specific to veterans. At the end of the pilot period, the veterans track will be evaluated for continuation based both on an assessment of its efficacy and the availability of funding. If more time is needed to determine efficacy and funding is available, the pilot could be extended.

District Court will convene a taskforce of County leaders, representative from the federal VA and the Washington Department of Veterans Affairs, as well as court operations and DCHS staff, to develop the pilot. The taskforce will build on the collaborative model of RMHC to create a consensus approach to implementing the veterans track pilot. Key responsibilities of the taskforce include:

- Creating a court mission statement
- Developing eligibility criteria, including diagnostic and criminal factors, as well as military discharge status
- Determining whether and how to include a mentoring component to the court
- Determining if cities will be able to refer misdemeanants to the veterans track as they do for RMHC
- Confirm the term of the pilot
- Identify performance measures.

Concurrent with the efforts of the taskforce, RMHC staff will engage in a process of broadening and deepening its expertise in veterans issues, particularly PTSD and TBI. Court staff will also have to develop a new working partnership with the VA in order to fully benefit from the resources of the VJO Initiative.

At the end of the pilot period, the County will have to determine whether it is beneficial to continue the veterans track in RMHC as a permanent program and, if so, identify funding for the long term. To make informed decisions on both topics, the County will rely on performance data collected during the pilot. The exact measures will be determined by the taskforce, but data related to changes in jail use and recidivism, as well as usage of locally funded treatment services will be particularly helpful as they may suggest the availability of resources to support the court going forward.

No legislation is needed to implement the pilot project.

## **Other Programs Related to the VJO**

King County is already taking advantage of the VJO Initiative in several of its programs:

The VJO Coordinator has participated in Crisis Intervention Team training (MIDD Strategy 10a) to provide training on identifying signs of combat-related trauma and the role of adaptive behaviors in justice system involvement. In addition, he works with re-entry staff to identify incarcerated veterans and link them to services and housing when they are released.

The work of the proviso response highlighted the need for better data gathering on veterans in the King County criminal justice system. As the County is able to upgrade its existing technology systems, adding fields to track veterans status should be considered in program design.

In the short term, the Department of Adult and Juvenile Detention (DAJD) will take the first step in building a better data set by providing additional training to its classifications staff to ensure consistency in how people are asked about veterans status and that the question is asked without fail.<sup>17</sup> Currently, classifications personnel ask an inmate if he or she is a vet or veteran or has served in the US military. If someone has already gone through the classification process and his or her record is in the system, classifications personnel may not ask the question again. Experience by other veterans programs locally and nationally demonstrates that people must be asked at different times and in different contexts about their veterans status. Depending on who asks the question and when, the individual may be more or less forthcoming. In addition, the question is best phrased as “Have you ever served in the US Military?” Many who would answer this question “yes” may not consider themselves a “veteran” because they did not see combat or because they were in the National Guard or Reserves.

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<sup>17</sup> Classification is the process by which DAJD determines where an inmate is most appropriately housed. Charge, health and mental status, previous behavior while incarcerated, and known gang affiliations are the types of characteristics DAJD staff consider in the classifications process.

Because inmates who stay in the jail for less than 72 hours do not generally go through classification and DAJD will have to rely on self-reporting by inmates, it will not be able to capture 100 percent of the veterans in the jail. Nonetheless, this small reform to current practice should result in noticeable improvements in the quality of the data collected.

The proviso process has also stimulated a discussion among the District Court and Superior Court judges involved in therapeutic courts about the need for additional information and training on veteran-specific issues. To that end, District Court plans to lead a system wide training effort as part of its veterans track pilot in RMHC. This effort would involve judges, court staff, and attorneys.

## **Conclusion**

King County has a rich history of investing in programs designed to reduce recidivism and divert people from jail when appropriate. This philosophy contributes to the fact that King County's incarceration rate of 122 per 100,000 in population is well below the national average of 258 per 100,000. Piloting a VTC is consistent with the overall philosophy of King County that fosters programs such as therapeutic courts and emphasizes addressing the underlying issues that lead to involvement in the criminal justice system. A veterans treatment track in RMHC will leverage off the existing resources and expertise of the court team, as well as ensure that the veterans in the court are best able to take advantage of the array of medical, mental health, addiction, and financial benefit services available through the VA. It will also create an opportunity for King County to partner with the Veterans Justice Outreach Initiative and work with the local VJO coordinator in a sustained fashion. By defining criteria specific to veterans, the veterans track will increase the number of people who will benefit from RMHC. A veterans treatment court is consistent with the King County Strategic Plan and, ultimately, a recognition that King County values the service veterans provide the nation.

# Appendix A – Services Provided to Veterans in King County

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Project Thrive	Community Psychiatric Clinic	SAMHSA, CPC, other sources	Improve the mental health status and well-being of dual diagnosed veterans in King County.	Project Thrive (Treatment, Housing, Resources, and Interventions for Veterans Empowerment) is a five-year grant awarded by SAMHSA in early 2010, targeting dual-diagnosed homeless veterans with a continuum of services. Over the life of the grant, it is estimated that 380 unduplicated homeless veterans will be engaged into services, 275 will receive resource center services only, 105 will receive services in supported housing.
Women and Minority Veterans Outreach Program	Community Psychiatric Clinic/YWCA/EI Centro	VHS Levy	Increase access to veterans' benefits and services for populations that are traditionally underserved.	Outreach program focused on underserved veteran communities of color and women veterans to link them to veteran benefits and other benefits and services in a culturally appropriate manner.
Housing Stability Project	Community Services Division, Homeless Housing Section	VHS Levy, CDBG	End homelessness for vulnerable at-risk individuals and families by providing resources that improve their ability to secure and maintain permanent housing.	Offers grants and loans to residents of King County who are in danger of losing their homes, or who are homeless or forced to move and need assistance with move-in costs. (In 2009, HSP served 251 veterans, of 1,627 individuals served)
Link educational, vocational and employment to housing and supportive services	Community Services Division, Homeless and Housing Services Section	VHS Levy	Improve the housing stability of at-risk and formerly homeless individuals by overcoming health and related barriers to securing and retaining employment.	This program serves homeless or formerly homeless individuals, and are very low income, who experience multiple barriers to stable employment and housing. Program includes employment focused case management services, assessment, job readiness, search and placement assistance, referrals for additional services, benefits planning, and retention services. (26% served in 2009 were veterans)
Interagency agreements between King County and Veterans Organizations	Community Services Division, Housing Finance Section	King County	To improve access between veterans' organizations in King County with housing agencies to better serve veterans.	Agency agreements between King County and the Housing and/or Service agency, ensures any veteran referrals are given priority by the main veterans' organizations (W/DVA, KCVP, and the VA).

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Transitional housing units/beds set aside for veterans	Community Services Division, King County Veterans Program	Varies depending on project, but can include: VA, RCW, Salvation Army, W/DVA, HUD-Section 8, MOD Rehab, HUD of Seattle, HUD-Mckinney, MIDD and others	Reduce the impact of homelessness by providing transitional housing to veterans through vouchers to service providers.	Units and/or beds set aside for veterans in transitional housing, accompanied by supportive services such as case management, information and referral, life skills training, and tenant education. This includes capital and services funding.
King County Veterans Program- Satellite branches	Community Services Division, King County Veterans Program	VHS Levy	Expand the geographic range of services provided by KCVP outside of Seattle.	Two staff persons are dedicated to meeting with veteran clients at eight additional satellite locations in Carnation, Enumclaw, Federal Way, Maple Valley, Kirkland, Lake City, Redmond, and Auburn. This expansion of services to veterans who live outside the City of Seattle allows veterans and families to be better served with KCVP services.
Financial Assistance	Community Services Division, King County Veterans Program	VHS Levy, RCW	Reduce impact of immediate financial strain on household stability by providing funds to meet basic needs and overcome financial crisis.	Qualified veterans receive financial assistance in rental or mortgage payments, utility bills and/or food vouchers.
Emergency shelter	Community Services Division, King County Veterans Program	RCW, VHS Levy	Reduce the impact of homelessness by providing emergency shelter to veterans through vouchers to service providers.	Beds set aside for veterans generally do not include significant case management services, but may include referrals to supportive services and housing.
Housing Referrals and Assistance	Community Services Division, King County Veterans Program	VHS Levy, RCW	Reduce the impact of homelessness by providing supportive housing for veterans who are homeless or at risk of homelessness and providing additional services as needed.	Lead social workers assist homeless veterans with referrals to transitional and/or permanent housing with necessary support services.

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Employment Assistance	Community Services Division, King County Veterans Program	VHS Levy, RCW	Improve the long-term financial stability of veterans and their families by providing access to livable wage jobs.	KCVP has enhanced services in scope and access with a presence in South County- Renton Worksource to reach veterans and their families with employment or other support they may need.
Project Self-Sufficiency for Families and Singles, Employment, and Education Services (Career Connections)	Community Services Division, King County Work Training	VHS Levy, Skill Up/Gates Foundation	Improve the housing stability of at-risk and formerly homeless individuals by overcoming barriers to securing and retaining career employment through post-secondary credentials leading to self-sufficiency.	The project provides wrap around services with housing, education and employment for homeless families and individuals, one-third of which are veterans, to gain a post-secondary credential in a field of their choosing, linked with Housing and Community Development rapid re-housing and support services for up to two years.
Service-Enriched housing units/beds set aside for veterans	Community Services Division, section varies depending on project	Varies depending on project, but can include: VA, RCW, VHS Levy, WIA Housing Trust Fund, ARCH, Tax Credit Equity	Permanent rental housing for homeless households that need moderate- to low-level of services. Services are not a condition of tenancy.	Units and/or beds developed specifically for veterans accompanied by moderate to low level supportive services. This includes capital and services funding.
Permanent supportive housing units/beds set aside for veterans	Community Services Division, section varies depending on project	Varies depending on project, but can include: Veterans and Human Services Levy, King County Homeless, Services, and Capital Funding, Tax Credit Equity, MIDD, United Way of King County, VA, SAMHSA, MHCADSD, various city contributions in King County, State Housing Trust Fund, housing voucher programs, Jumpstart	Provide high needs and/or chronically homeless veterans and families with stabilizing services such as housing, treatment, and intensive case management.	Units and/or beds have been developed specifically for veterans in permanent housing facilities, and include comprehensive case management, medical and wellness, mental health, substance abuse, vocational/employment, and life skills. Permanent supportive housing projects also have enhanced 24 hour front desk staff on site. This includes both capital funds and funds for services.

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Seattle-King County Veterans' Consortium meetings	Community Services Division, Veterans and Community Services Section	Staff support- City of Seattle, King County, Solid Ground	To share information and build relationships between veterans' organizations and other providers of services to veterans.	Group meets every other month, third Thursday of the month, and covers a number of veteran related topics, with participation from veterans' service orgs, vets orgs, funders, etc.
Community Health Clinics	Consortium members: Healthpoint, Valley Cities, Harborview Medical Center, UW- Dept. of Psychiatry, and the Seattle Indian Health Board	VHS Levy	Increase the physical health, mental health status, and emotional stability of vulnerable veterans and family members in King County.	The community clinics piloted and expanded integrated mental health services for veterans, adding specialized expertise in addressing the needs of military personnel and their families. Funds also support a mental health clinician with expertise in war trauma to provide consultation to primary care providers on appropriate screening and treatment. Consultation staff also provide screening, mobile outreach and case management to veterans in numerous King County communities.
King County's Committee to End Homelessness	DCHS Staff, City of Seattle, United Way of King County, others	City of Seattle, King County, United Way of King County, Gates Foundation, Local housing authorities, Building Changes	CEH is a broad coalition of government, faith communities, nonprofits, the business community and homeless and formerly homeless people working together to implement the Ten-Year Plan to End Homelessness in King County.	The Ten-Year Plan works to ensure alignment and coordination among all the entities in our community that are engaged in meeting the needs of people who are homeless. It builds on local and national best practices for resolving homelessness. The key strategies are: 1. Prevent homelessness. 2. Move people rapidly from homelessness to housing. 3. Increase the efficiency of the existing system. 4. Build the public and political will to end homelessness. 5. Measure and Report Outcomes.
REACH Project	Evergreen Treatment Services	VHS Levy, other funding sources	Develop expanded outreach and engagement for high utilizers and chronically homeless veterans in Seattle to reduce risk and use of expensive services.	A program already in existence prior to the additional funds from the VHS Levy, REACH engages the most vulnerable, unsheltered individuals in Seattle, including chronically homeless veterans, and has one outreach worker specifically designated as the Veterans Outreach Specialist and connects them with housing and services, including helping them receive benefits and entitlements. (16% served in 2009 were veterans)

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	Seattle Aging and Disability Services, Catholic Community Services	VHS Levy, other sources	Improve the mental health status and independent housing stability of vulnerable elderly veterans, their partners, and other elderly persons.	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is a counseling program that teaches depression-management techniques to older adults who experience minor depression. (51% served from 2008-2009 were veterans or spouses of veterans)
Homeless Management Information System- Safe Harbors	Seattle Department of Human Services Community Services Division Safe Harbors HMIS	King County, City of Seattle Human Services Department, United Way of King County	Increase participation of regional services agencies in the HMIS application by providing agency-level technical support to improve data quality and business processes.	Safe Harbors HMIS is the region's management information system for services for people who are homeless and is a requirement for receiving enhanced levels of U.S. Department of Housing and Urban Development (HUD) McKinney Vento funding, and State homeless service funding. The countywide homeless Continuum of Care is comprised of 251 programs and 8,478 beds serving families and individuals that could participate in the HMIS (excluding domestic violence programs), and as of 1-1-08, 170 with 7,341 beds (86.7% of all beds) were participating in Safe Harbors.
PATH Outreach Team	Sound Mental Health	VHS Levy, and federal funding	Connect or reconnect homeless persons in South King County to services and housing.	The PATH outreach team seeks and engages homeless adults in South King County, with a priority on those who have been homeless for a long time and may have mental health, substance abuse, and other problems. Previously clients were served by the mobile medical van, now clients are directly referred to community clinics. (veterans served by this program doubled from 2008 to 2009, with 22 veterans served in 2009)
Forensic Intensive Supportive Housing (FISH)	Sound Mental Health- MHCADSD- FISH	VHS Levy, other sources	End homelessness for vulnerable at-risk veterans and families by providing resources that improve their ability to secure and maintain permanent housing.	FISH clients are chronically homeless, are mentally ill, and have come in contact with the legal system. FISH provides clients with permanent supportive housing and services over a 5-year period for up to 60 individuals annually. The FISH team is mobile and delivers services in community locations rather than expecting the client to come to the clinic or program site. (29% served in 2009 by FISH were veterans)

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
King County Veterans Information and Assistance Line	Washington State Department of Veterans' Affairs	VHS Levy	Provide information and referrals to veterans and their families to connect them to entitled benefits and services.	Toll free call line providing information and referrals to veterans and their families on entitled health benefits, employment services, reintegration assistance, family and emergency services, and housing assistance. Available from 8:00 am to 5:00 pm, Monday-Fridays, with calls returned if messages left after operating hours.
National Guard Military Outreach Specialist	Washington State Department of Veterans' Affairs	VHS Levy	Reduce the impact of service on members and families of U.S. National Guard and Reserves.	Program provides outreach services to U.S. National Guard and Reserve members, veterans, and their family members.
Veterans Incarcerated Program	Washington State Department of Veterans' Affairs	VHS Levy, RCW	Assist incarcerated veterans to overcome factors contributing to jail use and promote long term health and stability upon release	VIP project aims to reduce veterans' use of King County and suburban jails by identifying veterans in jails and advocating on their behalf. They provide support services to overcome circumstances that may lead to misdemeanor activities, such as unemployment, homelessness, and/or substance abuse. They can advocate for reduced sentencing and early release. W/DVA staff provides intake, assessments, advocacy and case management to veterans in jail.
Post-Traumatic Stress Disorder treatment for veterans and their families	Washington State Department of Veterans' Affairs	VHS Levy	Reduce the symptoms and impacts of PTSD on the lives of veterans and their families.	The W/DVA contracts with qualified counselors throughout King County to provide PTSD counseling and treatment for veterans and their dependents who have been assessed for and found to have PTSD.
Trauma Training for Professionals	Washington State Department of Veterans' Affairs	VHS Levy and other funding sources	Expand access for trauma victims and veterans to appropriate and best practice mental health treatment and support services.	Program provides training for mental health professionals in trauma-informed care, military and veteran culture, and PTSD treatment.

Service or Program Title	Responsible King County Department/Agency	Funding Source	Objective	Description
Veteran Conservation Corp Program	Washington State Department of Veterans' Affairs	VHS Levy	Improve the long-term financial stability of veterans and their families by providing access to livable wage jobs.	Provide job placement, employer training, and individual training services in energy conservation and management, environmental restoration and stewardship for eligible veterans and other military personnel.
Homeless Veterans Reintegration Project	Washington State Department of Veterans' Affairs	VHS Levy, RCW	Improve the lives of vulnerable, homeless veterans by helping them attain and maintain a stable life.	The HVRP program helps veterans (90% homeless) with employment services, including training, placement, and work supplies (e.g., tools, clothing, and equipment) as well as assistance with licensing fees and union dues and focuses on urban centers within King, Pierce, and Thurston counties.
Landlord Liasion Program	YWCA	VHS Levy, Homeless Housing & Services Fund (HHSF), UWKC, City of Seattle	End homelessness for vulnerable at-risk veterans and families by providing resources that improve their ability to secure and maintain permanent housing.	The LLP reduces barriers to entering permanent housing for homeless persons and provides supports to help them maintain housing and increase their stability over time. The LLP provides support to help landlords mitigate the impacts of reducing entrance criteria in order to house homeless persons, who have screening barriers due to past evictions, poor credit, and/or criminal histories that prevent them from obtaining affordable housing in the private rental market. (19% served in the LLC in 2009 were veterans)