

# Championing Veterans Treatment Courts in New York State

December 2022





## Background

GRANTEE	YEAR	GRANT AMOUNT
NEW YORK STATE UNIFIED COURT SYSTEM	2009	\$19,350
NEW YORK STATE UNIFIED COURT SYSTEM	2010	\$241,118
NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS	2018	\$129,777
PSYCHARMOR INSTITUTE	2018	\$50,010
GLOBAL STRATEGY GROUP, LLC	2019	\$150,000
GLOBAL STRATEGY GROUP, LLC	2020	\$150,000
NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS	2021	\$201,728

While most military veterans reintegrate into civilian life without experiencing any major problems, several studies have confirmed that many do face significant challenges after their time in service. Up to 56% of younger combat veterans have experienced health, economic, and social challenges, such as the perceived loss of purpose, geographic relocation, and financial uncertainty.<sup>1</sup>

Veterans are also at higher risk of experiencing mental health or substance use issues when compared with their civilian counterparts and face formidable barriers that can prevent them from accessing behavioral health services. These barriers include trouble navigating bureaucratic systems of care, real or perceived stigma against mental health issues within the military, and a shortage of behavioral health workers. Transitioning veterans also face broader challenges, such as family strain, and confront difficulties related to financial, housing, and employment security when they leave active duty.

These combined challenges put veterans at an elevated risk of being involved with in the criminal justice system. Approximately 1 in 3 veterans self-report having been arrested and

<sup>1</sup> Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., and Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatr Serv.* 61, 589–597. doi: 10.1176/ps.2010.61.6.589



## Background (continued)

booked into jail at least once, compared to fewer than 1 in 5 civilians.<sup>2</sup> The Bureau of Justice Statistics reported that 181,500 veterans were in jails and prisons in the United States in 2012, comprising about 8% of the incarcerated population, despite veterans making up just 5% of the U.S. population.<sup>3</sup> Of these incarcerated veterans, about half have reported being diagnosed with a mental health disorder at some point in their lives. In New York, veterans make up 3% of the State's population, but make up 5% of those under State custody.

Understanding these various challenges while witnessing an increase of military veterans in the Buffalo City Court, the Honorable Judge Robert T. Russell (ret.) created the nation's very first Veterans Treatment Court (VTC) in 2008. Building off the success of the larger problem-solving court movement starting with drug courts in the mid-1990s, VTCs are a type of specialty court geared toward veterans with mental health or substance use issues who have committed non-violent crimes. These courts offer treatment to justice-involved veterans, as well as peer mentoring and access to community-based resources in lieu of incarceration, and they have been shown to drastically reduce recidivism while improving the mental health of participating veterans—all at a fraction of the cost associated with imprisonment.

To ensure every justice-involved veteran in New York State has access not only to a VTC if needed, but also to the highest quality support possible during their treatment, the New York Health Foundation began investing in the evaluation, replication, and strengthening of VTCs beginning in 2009 with the ultimate goal of ensuring universal access statewide.

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<sup>2</sup> Council on Criminal Justice. From Service through Reentry A Preliminary Assessment of Veterans in the Criminal Justice System. <https://counciloncj.org/vjc-preliminary-assessment/>. Accessed November 2022.

<sup>3</sup> U.S. Department of Justice. Survey of Prison Inmates, 2016: Veterans in Prison. <https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf>. Accessed November 2022.



# Grant Activities & Outcomes

## EVALUATING THE NATION'S FIRST VETERANS TREATMENT COURT

Early anecdotal evidence suggested that Judge Russell's innovative treatment court model provided a more humane and successful approach to rehabilitating justice-involved veterans when compared with incarceration. However, a formal evaluation of the nation's first VTC had not been undertaken, nor were key elements of its structure identified or codified. NYHealth chose to first ensure that there was both evidence of the program's success and a clear understanding of what contributes to the court's accomplishments before investing in its replication.

In 2009, NYHealth [made a grant](#) to the New York State Unified Court System to collaborate with National Development and Resource Institutes (NDRI) to conduct a process evaluation of the Buffalo VTC to gauge its success and understand what made this pilot court successful. As part of this evaluation, NDRI and Recovery Solutions, a consulting firm that specializes in addiction treatment services, conducted nearly 290 interviews with program participants, VTC staff members, mentors, and treatment providers.

Based on an initial screening, common problems identified by NDRI and VTC staff members included: substance use issues, mental health challenges, homelessness, unemployment, and strained relationships. Findings also revealed that of the 162 veterans who had participated in the Buffalo VTC as of July 2010, none had been reincarcerated or had any other involvement with the criminal justice system. This was a notable statistic considering that the U.S. Department of Justice estimates the recidivism rate in New York State to be approximately 40%.

In addition, NDRI identified 10 key components that contributed to the success of the nation's first VTC, including:

- Forging partnerships among court, public agencies, and community resource providers.
- Responding in a coordinated fashion with all involved partners.
- Integrating mental health services and alcohol and drug treatment under court oversight.

Based on these components and other insights gleaned from the evaluation, NDRI and the Buffalo VTC were able to identify a path for replication and develop guidelines for trainings based on best practices, to be made available to future VTCs.



## Grant Activities & Outcomes (continued)

### REPLICATING SUCCESS

Capitalizing on the success of the Buffalo VTC evaluation project, NYHealth [awarded a grant](#) to the New York State Unified Court System in July 2010 to develop a training curriculum focused on sharing best practices and creating VTCs in New York State counties that lacked them; conduct trainings for New York State court staff; and foster the establishment of 10 new VTCs within the New York State Unified Court System.

Content for the curriculum drew directly from the results of the Buffalo VTC evaluation, and trainings were geared specifically toward representatives of a variety of agencies in the treatment court process, including judges, prosecutors, defense attorneys, treatment providers, and affiliated local and State agencies. The trainings focused on adapting treatment courts to the veteran population, an overview of military culture, key issues that veterans face, and the role of peer mentors.

After developing the trainings, the New York State Unified Court System shared the curriculum with additional jurisdictions interested in establishing a VTC. It also worked with different partners throughout the court system to provide hands-on technical assistance focused on best practices for starting and managing VTCs. This project directly led to the replication and creation of 14 new VTCs across New York State.

### EXPANDING ACCESS

Between the founding of the nation's first VTC in 2009 and November 2016, more than 450 VTCs were established throughout the country, located in nearly every state. This rapid expansion was mirrored in New York, where by 2017 the majority of the veteran population had access to one of the 33 VTCs located throughout the State, predominantly in counties with large veteran populations.

Despite the growth in VTCs, nearly one-third of the State's veterans still lived in jurisdictions without one, preventing qualified justice-involved veterans from accessing this vital resource. Several laws were introduced in the State's legislature aimed at creating universal access to VTCs throughout New York, but none garnered the support needed to secure passage, in part because of a lack of consensus on uniform standards and eligibility requirements.

Learning from and building on previously unsuccessful efforts to create universal access to VTCs, NYHealth [awarded a grant](#) to the National Association of Drug Court Professionals (under the auspices of Justice For Vets) in June 2018 to convene and facilitate a workgroup



## Grant Activities & Outcomes (continued)

comprising key VTC stakeholders. Its goal was to develop a blueprint that would ensure universal access to high-quality VTCs for every qualifying veteran living in New York State. As part of this project, Justice For Vets conducted a thorough review of all national and statewide legislative efforts to expand VTCs and analyzed each to better understand what prevented their success. The workgroup developed ideas for the most immediate path to universal VTC access in New York State, identifying any potential barriers that could impede these efforts. It then devised a cohesive strategy for New York State and produced [a consensus plan](#) to share principles and recommendations with stakeholders in Albany and Washington, D.C.

By forming a diverse workgroup representing a range of perspectives and experiences, Justice For Vets was able to provide expertise for policymakers in Albany to consider, which included recommendations such as:

- Standardizing the definition of the term “veteran” to be as inclusive as possible.
- Excluding factors such as eligibility and standards from future public policies to ensure judicial discretion is maintained.
- Allowing for the transfer of cases from counties without a VTC to adjacent counties with a VTC to avoid creating new courts.
- Establishing a provision to ensure the needs of victims of domestic violence are taken into account.

### **STRENGTHENING EXISTING COURTS: PEER MENTORS**

While the previous project to expand access to VTCs was underway, NYHealth seized the opportunity to strengthen one of the most critical components that make these courts successful: peer mentors.

Pivotal to the success of VTCs, peer mentors have been found to produce positive clinical outcomes for participants. As veterans themselves, these individuals serve on a volunteer basis and provide around-the-clock support, advice, and camaraderie for veterans currently participating in a VTC.

The National Association of Drug Court Professionals had expressed a need to develop a virtual, comprehensive, and evidence-based mentor training curriculum not only to reduce the costs associated with training mentors, but also to streamline recruitment to keep up with the growing demand for mentors as the number of courts throughout the country continues



## Grant Activities & Outcomes (continued)

to rise. Understanding this need and leveraging support from both the Robert R. McCormick Foundation and the May and Stanley Smith Charitable Trust, NYHealth [awarded a grant](#) to PsychArmor Institute in 2018 to develop an online version of a VTC peer mentor training program to expand access for veterans in need.

PsychArmor Institute created a 10-part online training module adapted from Justice For Vets' in-person, best-in-class peer mentor training program. It consulted with experts to review modules, check for authenticity, and ensure fidelity to Justice For Vets' training model. It conducted outreach to VTCs, district attorneys, public defenders, judges, current peer mentors, and nonprofit community partners to increase awareness and use of the online training course. It also provided technical support to court professionals and all others who conduct this training.

As a result of this grant, more than 600 mentors received training, reflecting a 15% increase in the overall number of qualified peer mentors for the entire national VTC system. This translates to a total of 1,755 justice-involved veterans being assisted each year.

Building on the success of this grant, the Office of Justice Programs within the U.S. Department of Justice awarded funding to PsychArmor for a follow-up project to create eight additional modules focused on mental health.

### **EDUCATING, COALITION BUILDING, & ENSURING UNIVERSAL ACCESS**

Building on the success of all previous projects and continuing the Foundation's efforts to create universal VTC access throughout the State, NYHealth [awarded a grant](#) to Global Strategy Group (GSG) in 2019 to turn the expansion plan created by Justice For Vets into enacted policy.

GSG conducted numerous educational briefings with policymakers and their staff in Albany, including chairs and members of both the Senate and Assembly Committees on Veterans Affairs, as well as with key officials in the Governor's office.

GSG also organized a coalition of influencers, supporters, community providers, and veteran service organizations—including the American Legion, Veterans of Foreign Wars, Wounded Warrior Project, the New York State Office of Court Administration, and Sanctuary for Families—to advocate for creating universal access via a transfer policy. GSG's efforts led to positive earned media attention from the Albany Times Union, Buffalo News, Syracuse Post-Standard, and Capital Pressroom.



## Grant Activities & Outcomes (continued)

In 2019, the New York State Senate and Assembly each introduced bills aimed at creating universal access to VTCs, which directly reflected the findings of the NYHealth-supported workgroup. That year, as a result of a confluence of factors—the timing of the legislative session, competing policy priorities, and turnover of key staff in the Governor's office—momentum stalled and neither bill moved forward. More time was needed to build support and enthusiasm.

NYHealth awarded a [second grant](#) to GSG in 2020 to build upon earlier efforts, with a focus on raising awareness of the need for VTCs, as well as the opportunity to expand universal access to VTCs without any added cost to the State. One of the biggest challenges faced during this grant was the outbreak of the global COVID-19 pandemic. The State pivoted away from its normal operations and focused on emergency response, which meant that other issues, including efforts to expand access to VTCs, were stalled.

The impact of the COVID-19 pandemic added urgency to the need for universal access to VTCs. Increased isolation, loss of employment, and a lack of access to mental health services are all associated with increased risks of substance use and other behavioral health issues, which in turn increased the risk of more veterans being involved with the justice system. Veterans who became involved with the justice system during this time may have fared worse without access to a VTC.

As the dire situation of COVID-19 slowly subsided, GSG and NYHealth continued our work to deepen existing relationships with key stakeholders, while establishing and building new ones. Support for VTCs grew stronger after Senator Brad Hoylman and Assemblymember Sandy Galef introduced, and later reconciled, two separate bills in each chamber of the State's legislature early in 2021, and the governor expressed support for

***On March 29, 2021, Governor Cuomo signed S.1957-A/A.5719-A into law. The legislation closes existing justice gaps for veterans in the criminal justice system who meet eligibility criteria for the life-changing services of a Veterans Treatment Court, but who have been charged in a county that does not have a VTC. The law also authorizes the chief administrator of the courts to establish additional VTCs across the State.***

***Under the new law, qualifying justice-involved veterans who are charged with certain criminal offenses - excluding domestic violence matters - in a county without a VTC will be able to request that their cases be transferred to a VTC in a neighboring county. This process will require the consent of both the district attorney for the county in which the charges were initially brought and the district attorney for the county into which the case will be transferred.***





## Grant Activities & Outcomes (continued)

universal VTC access in his 2021 State of the State address. On March 29, 2021, the bills were signed into law—a victory for all veterans in New York State.

While this policy win was crucial, more work remains to ensure it is understood well and implemented effectively. It is important that legal professionals in New York be made aware of the new transfer policy and that it can be used to connect justice-involved veterans with VTCs.

Understanding the need to support the rollout of the new law, NYHealth [awarded a grant](#) to Justice For Vets in 2021 to build on its nationally recognized VTC training program by creating additional modules for legal professionals to understand how best to implement the new VTC transfer policy throughout New York State. Working with leading experts in the field, including VTC founder Judge Robert T. Russell, Justice For Vets is currently working on creating relevant and timely training content that is informed by key members of the original workgroup, in addition to veterans who have graduated from a VTC.



# Looking Ahead

The successes and lessons learned from NYHealth's efforts, combined with the rapid adoption of VTCs nationwide, will continue to create opportunities that will allow us to better understand how best to serve justice-involved veterans. And because of this widespread expansion, a clear picture of what still needs to be done has begun to emerge. To continue serving this community, NYHealth recommends that a diverse coalition of public and private partners:

- **Invest in data collection.** A firm grasp on knowing how many veterans have used VTCs in New York State, who they are, and the rate of successful graduations will help a variety of organizations and other legal professionals better understand not only how well these courts are performing, but also what prevents success and who is still slipping through the cracks. The New York State Office of Court Administration should invest in these data collection efforts.
- **Evaluate New York State's approach.** A full body of VTC-specific research has not been developed, even with rapid expansion and myriad approaches taken in different jurisdictions. Researchers have called for an independent, multi-disciplinary approach to evaluating New York State's efforts, with the hopes that the information can be used to further strengthen this resource in current and future iterations.
- **Replicate beyond New York.** Despite the successful push for universal expansion in New York, veterans in approximately five out of six counties in the United States still lack access to a VTC. After investing in data collection and evaluating the approach taken to create universal access in New York State, efforts should be made to share these lessons with other states so that they can replicate evidence-based approaches to expansion, rather than starting from scratch.
- **Continue to adapt what works.** As new approaches and adjustments are made to various VTCs nationwide, it is imperative that individuals and organizations focused on serving justice-involved veterans in New York State continue to learn from these examples and adopt innovative approaches that will strengthen the State's problem-solving court infrastructure.

**Co-Funding and Additional Funds Leveraged:** Throughout the course of NYHealth's campaign to create universal access to VTCs, the Foundation's investments have leveraged more than \$15.5 million from various funders, including federal grants, the May and Stanley Smith Charitable Trust, the Robert R. McCormick Foundation, and the Office of Justice Programs with the U.S. Department of Justice



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