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The Illinois Veterans Treatment Court Mandate: from Concept to Success

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SOUTHERN ILLINOIS UNIVERSITY

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PUBLIC POLICY INSTITUTE

The Simon Review

The Illinois Veterans Treatment Court Mandate: From Concept to Success

*Increasing the Effectiveness of Illinois' New Veteran Treatment Courts –
Lessons from a Southern Illinois County*

By: John Adams, Jaye Hobart, and Mark Rosenberg
John Marshall Law School: Veteran Legal Support Center & Clinic

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INTRODUCTION

The Case for Veteran Treatment Courts

Nicholas Stefanovic, a decorated Marine with two combat deployments, came closest to defeat not with enemy forces in Iraq or Afghanistan but with a pervasive enemy here at home: illegal pain pills.¹ When Stefanovic returned home from war he struggled to sleep, and lived out of his car. He turned toward pain pills—and crime—to fund this habit because, as he explains, “I wanted peace and relief from [the] symptoms of these experiences I had gone through.” He was alone. He had nothing. And he faced an uncertain future.

The police eventually caught up with Stefanovic after a string of addiction-fueled crimes led to his arrest. At his hearing the judge offered Stefanovic an ultimatum: a fairly short jail sentence or a year of frequent drug testing and counseling meetings as part of a Veteran Treatment Court (VTC). Stefanovic wisely chose the VTC. Today, he is not only sober but a successful counselor traveling the country transforming lives.

Tens of thousands of veterans like Nicholas Stefanovic return home from deployment without the transition or treatment services necessary. Although the majority of veterans are able to transition back to civilian life without major issues, many veterans struggle with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or service related substance-abuse that make their transition more difficult. Because veterans, particularly in rural areas, often lack behavioral and mental health treatment resources, they disproportionately find themselves incarcerated as a result of service-connected behavior that leads to criminal activity.

Incarceration, however, fails to adequately address the underlying causes of the criminal behavior and often leads to further mental and behavioral health problems and increased criminality. In response to this growing problem, courts throughout the country have implemented Veteran Treatment Courts (VTCs) to help veterans treat the underlying problems and get back to being healthy, productive members of their communities. Preliminary results from these courts have been promising. Most VTCs reduce recidivism rates, provide cost savings for county governments, and increase public safety.

Veteran Treatment Courts in Illinois - The VTC Mandate

In Illinois, several VTCs already exist. These courts have seemingly been successful in achieving the outcomes that matter to veterans and communities. Because of the preliminary success of these courts, Illinois Governor Bruce Rauner signed House Bill 5003 (HB 5003) into law on August 14, 2016, which amends the Veterans and Servicemembers Court Treatment Act of 2010 by providing that each judicial circuit *shall*—rather than *may*—implement a VTC by January of 2018 (Public Act 099-0807). In addition to this legislation, in November of 2015, the Administrative Office of the Illinois Courts (AOIC) initiated an application and certification process requiring all problem-solving courts (PSCs), which include VTCs, to obtain certification prior to hearing cases. These two state actions—HB 5003 and AOIC’s certification process—together mean that every judicial circuit in the state is required to execute a thorough and comprehensive plan for implementing a VTC by January of 2018.

Until this legislation, which mandates VTCs statewide, the path forward for these treatment courts had been fairly similar from Alaska to New York: a judge or other passionate court professional would identify a set of problems common to veterans in the criminal justice system, and would then work with treatment professionals to formulate appropriate strategies to help rehabilitate them. Oftentimes, these passionate court professionals absorbed a great deal of collateral work while simultaneously completing all other work responsibilities. The champion would identify a court team and work to ensure that people going through the diversion court had the support necessary to truly achieve rehabilitation. HB 5003 mandates that each of Illinois' twenty-four judicial circuits must have a VTC, even if no one in that circuit has identified cyclical criminality of veterans as an issue or has the capacity or interest in initiating a VTC.

The Illinois legislature's justification for mandating these courts is strong. Illinois has seen an enormous number of post-9/11 veterans return home who often, especially in rural areas, lack access to the necessary treatment resources for any service-connected mental and behavioral health problems. As a result, these veterans disproportionately end up in jail or homeless. These courts aim to deal with that problem. But one key lesson from diversion courts nationwide is the need for evidence-based, effective treatment programming to achieve the desired outcomes. The AOIC's required certification process attempts to ensure that these courts are setup in a meaningful way, but the state has not provided enough resources to replace the passion and desire for these courts' existence that has previously led to their success.

Illinois' passing of HB 5003 is well-intentioned. As seen elsewhere, VTCs can provide a public benefit by way of reduced recidivism, reduced costs, and increased community safety. But reaching these goals is not a guarantee; many treatment courts that lack structure or support have little to no demonstrated success. It is therefore critical to understand that success is attained only through well-structured, evidence-based programming along with continuous process improvement that is particularly difficult to implement in rural areas that lack the necessary mental and behavioral health resources. The First Circuit Court of Illinois located in Williamson County provides an example of this tension: A rural court led by passionate leaders who face limited resources needed for the successful implementation of HB 5003's mandated VTC.

Lessons from the Pilot Rural VTC

Williamson County anticipated the passage of this legislation and began efforts to erect Illinois' first rural VTC in early 2016. This VTC team has passion, expertise, and willpower to get its VTC established. But this VTC team has nonetheless experienced obstacles to conducting a robust, meaningful implementation plan. Specifically, Williamson County has had a difficult time devoting the time and resources to developing the required set of policies and procedures for the AOIC. The process requires the court to generate a detailed list of policies and procedures for a number of specific topics such as drug testing, counseling, and mentorship. Taking several days or weeks to attend trainings and develop these policies is a huge burden for a court with only a few Assistant State's Attorneys, public defenders, probation officers, and judges. Additionally, many of the organizations that offer support for these courts have less of a presence in rural Illinois. There are far fewer non-profits outside of Cook County, meaning that even more of the burden for implementation falls on court staff with other responsibilities.

The First Circuit's pilot court in Williamson County's other impediments are constraints faced by rural areas throughout the state of Illinois. Almost every county in Illinois outside of Cook faces significant travel times to a Veterans Administration (VA) Medical Center that can make accessing treatment resources require transportation. By using Williamson County's early VTC experience, it is possible to identify lessons, best practices, and recommendations for rural implementation.*

* Our knowledge of the Williamson County case is partially dependent on interviews with several well-informed local officials directly involved in their planning and implementation of the VTC and on our experience offering assistance for implementation support to this VTC.

Best-Practices and the Ideal Court

As these courts have been implemented around the country, court professionals have shared key lessons that identify which elements lead to increased success in achieving the outcomes that matter, particularly through the National Association for Drug Court Professionals (NADCP). Overall, these lessons have been summarized in the Ten Key Components for Successful VTCs.² Many of these components are necessary for a VTC to achieve its desired outcome of cost savings, reduced recidivism, and increased public safety. This paper will rely heavily on our own experience at the John Marshall Law School's Veteran Legal Support Center & Clinic and the recommendations of the Administrative Office of the Illinois Courts for our recommendations.

I. VTC TEAM DEVELOPMENT

The initial planning stages lay the foundation for the development of a successful VTC. During this stage, court and treatment professionals convene to identify broad programmatic elements and key roles required for successful execution. According to the AOIC's certification document, there are at least six different required roles for the VTC: (1) the judge, (2) a prosecutor, (3) a public defender, (4) probation officer(s), (5) licensed treatment provider(s), and (6) the local VTC coordinator.³ Best practices indicate that there are an additional three roles that are necessary for an effective court: (1) veteran justice outreach coordinator (VJO), (2) treatment coordinator, and (3) mentor coordinator. Identifying the individuals and offices for each of these roles is crucial, so too is identifying the specific responsibilities for each role as it relates to specific programming.

The judge is typically the person responsible for initially assembling the required participants and identifying their roles. The continuing coordination of the VTC later falls to the VTC Coordinator.

TEN KEY COMPONENTS FOR SUCCESSFUL VTCs³

1. VTC integrate alcohol, drug treatment, and mental health services with justice system case processing;
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights;
3. Eligible participants are identified early and promptly placed in the VTC program;
4. The VTC provides access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitative services;
5. Abstinence is monitored by frequent alcohol and other drug testing;
6. A coordinated strategy governs VTC responses to participants' compliance;
7. Ongoing judicial interaction with each veteran is essential;
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness;
9. Continuing interdisciplinary education promotes effective VTC planning, implementation, and operations; and
10. Forging partnerships among the VTC, VA, public agencies, and community-based organizations generate as local support and enhance the VTC's effectiveness.

But during the initial planning phase, it is the court’s champion, most often the judge overseeing the docket, who is responsible for driving the process forward.

The courts that most effectively reduce recidivism, provide cost savings to government, and increase public safety are the courts that have the majority of these roles filled from the beginning, are led by a strong champion, and have treatment resources available in their communities. Without a team of people invested in the success of the program from the start, these courts are likely to be much less successful.

II. PROGRAM DEVELOPMENT

A. SPECIFIC PROGRAMMING DECISIONS

Once the team has convened and identified the critical roles, the court must then identify the specific types of treatment programming it will use and the requirements for completing the program. These decisions include, among others, type and frequency of drug testing, treatment frequency and type, court interaction frequency and type, substance-abuse treatment frequency and type, job training, and peer mentorship opportunities.

Because the evidence on these courts is still inconclusive on specific programmatic elements, there is a wide range of acceptable options. However each court should still carefully select the frequency and type for each requirement. Courts ought to do this because only through careful programming, targeted to the individual VTC’s population, will the VTC be able to produce positive veteran and communal outcomes. All court policies should be within the following range unless there is a strong argument for a different approach.

RECOMMENDED TREATMENT FOR VETERAN TREATMENT COURTS								
	Drug & Alcohol Testing	Non-adversarial Approach	Access to Treatment and Rehabilitative Services	Mentoring	Judicial Interaction	Monitoring and Evaluation	Interdisciplinary Education	Partnerships
Permissible Range of Options	None – Quarterly	Adversarial or Non-	None – Comprehensive	None – Comprehensive	Infrequent – Frequent	Infrequent – Frequent	None – Comprehensive	None – Comprehensive
Recommended Option	Weekly – Semimonthly	Non-Adversarial	Weekly	Weekly	Monthly	Weekly	Weekly	VA, Nonprofits, Mentorship Networks (e.g., American Legion)

The VTC must next lay out specific policies for each program. The VTC policy and procedures document contains the rules, regulations, and processes for the VTC. These policies will state the specific programmatic requirements for completing the VTC along with the consequences for noncompliance, ranging from sanctions to expulsion from the program. The policies and procedures must then be turned into a participant handbook. This handbook provides each participant in the VTC with the specific information about what is required for their participation. The transparency around the policies builds trust between the veteran and the court. It also provides the legal basis for any action the judge or other court professionals may decide to take.

In conjunction with the development of the policies and procedures is the process by which the VTC team identifies the responsibilities of the various stakeholders. These roles are laid out in the AOIC-required Memoranda of Understanding (MOU), Appendix A, and explicitly state who is committing to take on which parts of the process.

B. PARTICIPANT BARRIERS TO PROGRAM COMPLETION

Another critical element of programming deals with logistical barriers some VTC participants may experience. For example, the VTC participant may have been denied benefits by the VA but nevertheless needs treatment. Identifying community-based mental and behavioral health services therefore ensures that all participants can still meet their requirements. Alternatively, particularly in rural areas, transportation to treatment, both at the VA and community centers, can be a barrier to completing the requirements. Understanding what potential pitfalls participants might have for successful completion of the program, and proactively working to find a way to help participants circumvent those problems, will increase program completion rates—leading to better outcomes.

III. IMPLEMENTATION

During implementation, the court goes from planning a VTC and identifying the policies, procedures, and programmatic elements it will provide to administering cases in line with these policies and procedures. At this stage, coordination becomes even more important, and the VTC coordinator is front and center in making sure the various responsibilities are completed.[†]

Many courts during this stage struggle to successfully ensure that everyone has access to the correct resources. Courts also struggle with monitoring each defendant's progress. Without a plan to track participant progress and coordinate the stakeholders, the extent to which the participant is progressing is difficult to know. For this reason, the VTC coordinator should have a plan in place for communicating across organizations that is necessary for VTC success.

Additionally, there may be logistical barriers that were not foreseen during the initial planning. Accordingly, it is vital for a VTC to clarify who has responsibility for solving such problems and who has the authority to seek out additional support in the event those problems should arise.

IV. EVALUATION AND CONTINUOUS PROCESS IMPROVEMENT

The work becomes less complicated once the VTC is established. For the most part, each VTC team member continues to perform his or her role while also making slight adjustments to improve efficiency and effectiveness.

Although the court will most likely function smoothly (if implemented with the roles and procedures identified above), the VTC still has an obligation to refine its processes. For instance, if the VTC collects data with a clear purpose, then the court should annually convene to discuss the outcomes, what is working, and what is not. This analysis can further analyze demographic information, such as age, military history, prior diagnoses, or crime committed, to try to glean insight into what makes a candidate more likely to succeed in a VTC. Or they can look at specific, optional elements of programming to see if requiring them might increase effectiveness for particular defendants with certain identifiable traits.

[†] The reader may contact the authors for an example of a VTC handbook.

There are a variety of tools that individual counties or circuits can use, including one publicly available via The John Marshall Law School (see Appendix A). Analyzing a single court in isolation, however, is less likely to lead to meaningful insight than analyzing a set of courts from similar geographies. In Pennsylvania, Michigan, and several other states, the AOIC has worked with a software company, ACT Innovations, to provide each court with data collection instruments. These data collection tools can be accessed by every member of the VTC team, creating a central repository for all of the information. These data are collected by all of the different courts, and can be analyzed based on a variety of factors, such as length of treatment or frequency of drug testing, to provide insight into which VTC characteristic leads to intended outcomes.

LESSONS AND EXPERIENCES FROM ILLINOIS' VTC AND THE FIRST CIRCUIT'S WILLIAMSON COUNTY PILOT VTC

I. VTC TEAM DEVELOPMENT

Throughout Illinois, as in the rest of the country, the judge, or another well-positioned court member, leads the VTC team. In Illinois, for example, Judge John Kirby initiated the first VTC in Cook County and took charge of that docket. He worked to ensure local resources were available, from housing to job support to VA healthcare, and brought his team together. In most other Illinois VTCs, the process has been similar, with a key stakeholder taking up the VTC mantle to ensure that the VTC was implemented successfully and meaningfully.

In Williamson County, the driving force behind the VTC is the State's Attorney's and Public Defender's Offices. These two offices drafted a brief that they then submitted to the county's judges, and yet for a variety of related reasons this court has had a difficult time getting off the ground. Throughout much of the country and most of rural Illinois, court teams and particularly judges have taken a cautious approach to VTC implementation, partially because of the challenges these rural courts can face. Reasons for judicial resistance vary from county to county and circuit to circuit. Some judges misunderstand the role of treatment courts and think they go soft on crime. Some judges resent the state imposing restrictions on how they operate in what they deem to be their own domain and the imposition of an unfunded mandate. Some other judges just plain do not want additional work.

But however justified the wait-and-see approach may be, without the active participation and support of the judges, the steps required to take a VTC from concept to reality are significantly more difficult. Williamson County has learned firsthand how critical it is to have everyone ready to move forward in lockstep. Perhaps the mandate will provide the nudge to encourage all court personnel to invest in VTC. But if judges, attorneys, or other court professionals are unwilling or uninterested in participating in development and implementation, meaningful rollout is nearly impossible.

As stated before, it is not enough for a circuit to simply erect a VTC. The circuit must also invest in the VTC's programming, policies, and team in line with the recommendations above for the court to ultimately produce the legislative outcomes desired. The critical lesson from these courts is that in the absence of a cohesive group of dedicated individuals, VTCs may not be able to coordinate all the necessary stakeholders and develop all of the necessary policies and agreements to truly develop a court ripe for success.

II. PROGRAM DEVELOPMENT

In Illinois, the original VTCs almost all followed the Buffalo model for programming⁴. This model is similar to most other diversion courts in requiring frequent interactions with treatment professionals, members of the VTC team, and drug testing, but it also incorporates more structure that veterans respond well to, specifically the assignment of a peer mentor and relying on the VA for the provision of most treatment resources. However as more and more VTCs have begun hearing cases around the country, the range of potentially beneficial programming has expanded. These well-developed, long-standing courts have adjusted their programming to fit their population. For example, Cook County, which deals almost exclusively with felons and primarily with older veterans whose problems have been long lasting, has a twenty-four month program, which tends to be the longest a treatment program runs. In areas with younger vets and less serious crimes, eighteen- or even twelve-month treatment programs are used.

Without support from the AOIC and without guidance from experts, court professionals without VTC experience do not have the expertise or time to identify the very best approaches for their courts. In fact, it is difficult to even identify the correct types of required programming and the acceptable range for those specific programmatic elements. Identifying the correct programming along with the resources to support such programming is crucial to successfully implement a VTC. Additionally, the logistical barriers vary from court to court, and the resources available, from the VA to community nonprofits to government agencies, vary as well. VTCs often need to have a coordinator or other individual available to help foresee and counteract these inevitable difficulties.

III. IMPLEMENTATION

Throughout Illinois, implementation has historically begun when judges decided to hear their first VTC cases. They would hear the case, identify the treatment approach, and then execute. Now, however, certification is required prior to implementation. This shift means that no longer can courts figure things out on the fly, and course correct to hone in on an adequate strategy. In Williamson County, the difficulties from this certification requirement are noticeable. Certification requires many decisions about program specifics and an enormous amount of paperwork, but fails to provide suggestions for programming or support in overcoming logistical barriers. The belief still exists among many people in the judiciary that lip-service compliance with this law is possible; simply erect a court without going through certification and hear an occasional case. Certification aims to address this concern, but by making the process difficult and not providing adequate

support, particularly without a clear penalty for non-compliance, the threat of insufficient implementation remains.

IV. EVALUATION AND CONTINUOUS PROCESS IMPROVEMENT

A critical element missing from every Illinois VTC has been effective data collection. VTC data collection must be comprehensive in order to inform the efficacy of the treatment and suggest improvements to the treatment regimen. Post-VTC implementation data collection makes program evaluation and effectiveness impossible to either quantify or correct.

RECOMMENDATIONS FOR INCREASING EFFECTIVENESS AND REDUCING ADMINISTRATIVE BURDEN OF RURAL VTCs

Although an estimated 220 VTCs have been established in 34 states,⁵ most of these courts are located in major metropolitan areas. In Illinois the Veterans Courts already established are in Cook, St. Clair, Lake, Will, Peoria, Christian, Kankakee, Effingham, Winnebago, and Madison. The absence of rural VTCs is a major problem for the 5.3 million veterans living in rural communities. Illinois is the first state to require statewide VTC implementation – and establishing these courts in rural areas presents a number of distinct challenges. While rural veterans often face the same mental health and substance abuse issues urban justice-involved veterans face, they do not have the same access to the treatment that will put them on the road to recovery.⁶ Treatment shortfalls, including specialist shortages, hospital closings, and geographic barriers, along with the lower availability of employment and housing can make recovery all the more difficult. Transportation is also a huge challenge for rural veterans. Although these issues are complex and multifaceted, the state of Illinois is uniquely situated to support rural VTCs in implementation in a way that can lower the administrative burden and increase the effectiveness of the VTCs in reducing recidivism, providing cost savings to the county, and increasing public safety.

Based on an analysis of VTCs throughout the country and in Illinois, there are a variety of steps the AOIC, the Illinois General Assembly, judicial circuits, and other government and nonprofit organizations can take to improve the ability of VTCs to demonstrably improve the lives of veterans while simultaneously saving taxpayer money, reducing recidivism, and improving communal health and safety. Additionally, the sudden proliferation of VTCs in Illinois will provide the state the opportunity to help VTC and treatment court research better understand what leads to success if adequate data collection instruments are put in place prior to implementation in 2018.

I. VTC TEAM DEVELOPMENT

RECOMMENDATION 1: The AOIC Should Require Identification of a VTC Coordinator for Every Circuit 3–6 Months Prior to the Required Date of Implementation.

The development of the VTC is almost always driven by a champion, usually the presiding judge, who acts with initiative and resolve to setup the problem-solving court. In the courts that will begin development simply as a result of the mandated legislation, and not because of an inborn desire to aid veterans and communities, a VTC may suffer—and ultimately prove unsuccessful—

if the court cannot find a champion who is willing and able to convene the right VTC team. Identifying an individual within each circuit who is responsible for implementation, and providing this champion with the resources and support required, can ensure that the VTC will be able to effectively coordinate across groups

RECOMMENDATION 2: The AOIC should provide resources for peer-mentorship training to lessen the burden on development of that specific program.

There are many Illinois organizations that can provide peer-mentorship training, such as the Depression and Bipolar Support Alliance (DBSA), but these organizations often require payment or grant funding to provide this training. By having AOIC or the Illinois budget provide for these trainings, the initial setup of a VTC peer-mentorship program would be much less costly. Additionally, DBSA's training allows those individuals trained to train further individuals (so-called "train the trainer"), so this one-time expense could create a huge, long-term benefit and self-sustaining part of the program.

II. PROGRAM DEVELOPMENT

RECOMMENDATION 3: The AOIC should streamline the certification application process by providing templates for key documents, specifically providing the acceptable range of programming for key parts of the program, and identifying recommended approaches.

Most VTCs operate with a broadly similar structure; almost every VTC will have drug testing, court-mandated treatment, supervision, and other key elements. But program specifics, such as frequency of drug testing, length of program, and use of sanctions and rewards, vary considerably across courts. One opportunity Illinois has from this mass implementation is to identify which specific traits of programming actually lead to success in VTCs. By setting up guidelines for courts with options for customization based on their specific population and court staff, Illinois could not only provide courts with many of the materials they need to develop complicated treatment programming at a lower cost, but Illinois could also generate information about which court components lead to success, thereby improving the effectiveness of VTCs in Illinois and beyond.

By developing an online or paper form that guides courts through the process of creating certain standards, Illinois could save courts time and money, increase consistency and quality of VTCs, and place future evaluators in a position to be able to draw more significant conclusions based on better clustering of court data.

In practice, this could look like a simple form with various options and check boxes that would then be input into form templates to create a simple process for courts to use evidence-based programming.

III. IMPLEMENTATION

RECOMMENDATION 4: The Illinois AOIC should provide technical assistance support for courts during implementation, with either court consultants to overcome undiscovered barriers or access to additional resources that can help deal with logistical troubles.

Even with the best designed program, a lack of training for key staff can lead to suboptimal outcomes. Most court staff are not trained to provide treatment in a non-adversarial environment. They are also not necessarily familiar with how to coordinate treatment across different agencies and teams. In rural locations where a shortage of social services, specialists, and social workers makes case management and care coordination both more important and more difficult, providing comprehensive training for VTC staff is critical for success.

In Williamson County, several members of the VTC team who were heavily invested in developing this court had a difficult time identifying and attending trainings that would have helped speed up the process and improved their ability to provide programming. By providing support and coordination between key VTC team members, Illinois could provide new courts with established VTC experts to support implementation. Although some of these trainings exist, primarily through the AOIC, Illinois should leverage experienced court professionals to provide on-site training for early-stage courts.

IV. EVALUATION AND CONTINUOUS PROCESS IMPROVEMENT

RECOMMENDATION 5: The AOIC should provide a statewide case management and data collection system, combined with a process evaluation plan, to ensure continuous process improvement.

As with any new policy that is being implemented on a large-scale, the one absolute truth is that there is always room for improvement. By identifying court design traits during the application process and developing a comprehensive, unified treatment court data collection system, Illinois could begin to move from having a variety of well-structured VTCs to having the most efficient and effective VTCs in the country. A simple, standardized set of data collection forms that would be used during intake, treatment, and graduation would greatly improve the ability of courts to learn from their experiences.

There are many options for how to implement this standardized data collection process. One way is to use Treatment Alternatives for Safe Communities (TASC). TASC is a key stakeholder in almost all Illinois treatment courts, working on case management and care coordination, while also providing treatment to fill the gaps in local resources. This organization already collects data on participants, but by providing TASC with a role in courts throughout the state would greatly increase the consistency of data collection and the quality of treatment courts.

Another alternative is to use a comprehensive treatment court case management system that could be accessed by all members of the VTC team throughout the state. The best example of this type of system is Drug Court Case Management, a program provided by ACT Innovations (<http://www.actinnovations.com>). This company provides fantastic resources for Michigan, Pennsylvania, and other states that have comprehensive treatment court programs.

CONCLUSION

Illinois HB 5003 mandates that every circuit in Illinois develop a VTC and begin hearing cases by 2018. This mandate, combined with the certification requirement laid out by the Illinois Supreme Court, means that every circuit that currently lacks a VTC must divert scarce resources to creating this program. In rural communities, court resources are already stretched thin and the support infrastructure from non-profits that has made treatment courts successful throughout the country is less robust.

Although there is significant evidence that VTCs generally are effective at achieving their intended outcomes, there is no evidence that indicates that a poorly set-up VTC that lacks resources will achieve the goals of the program. The Illinois legislature has guaranteed that courts will have to work to develop these courts, but has done little to guarantee their success. There are several key steps, many of which require minimal up front financing and provide incredible long-term benefits for effectiveness and cost saving, that the Illinois legislature and the AOIC can take to lower the barriers to success and ensure that all of Illinois' veterans, regardless of where they happen to live, have equal access to this alternative form of justice that can put them on the path to recovery.

This legislation is the first step in Illinois becoming a leader in VTC implementation and evaluation, but it is not sufficient in itself. Without taking additional steps to provide rural circuits with support for their efforts to develop these courts, Illinois' VTCs may become the first example of a set of treatment courts failing to adequately achieve their mission. But by taking several small, simple, affordable steps, Illinois could set itself up as an expert in VTC implementation and evaluation and could begin to provide the support services that our veterans so deserve.

APPENDIX A: ILLINOIS VTC RESOURCE FLOWCHART

Illinois General Assembly

Veterans and Servicemembers Court Treatment Act

(Mandate signed August 14, 2016)

<http://www.ilga.gov/legislation/publicacts/99/PDF/099-0807.pdf>



Administrative Office of the Illinois Courts (AOIC)

Problem-Solving Courts Standards

http://www.illinoiscourts.gov/Probation/Problem-Solving_Courts/P-SC_Standards_2015.pdf



Certification

AOIC – *Problem-Solving Courts Certification and Application*

http://www.illinoiscourts.gov/Probation/Problem-Solving_Courts/P-SC_Certification_2015.pdf

AOIC – *Problem-Solving Courts Application*

http://www.illinoiscourts.gov/Probation/Problem-Solving_Courts/P-SC_Application_2015.pdf

Training

Justice for Vets – *Veterans Treatment Court Planning Initiative*

<http://www.justiceforvets.org/2016-vtcpi>

Depression and Bipolar Support Alliance – *Veteran Peer Training Center*

http://www.dbsalliance.org/site/PageServer?pagename=education_dbsa_veteran_training



State-wide Veterans and Problem-Solving Courts Service Providers

U.S. Department of Veterans Affairs – *Medical Centers*

<http://www.va.gov/directory/Guide/state.asp?dnum=ALL&STATE=IL>

Treatment Alternatives for Safe Communities – *TASC, Inc. of Illinois*

<http://www2.tasc.org>

Additional Resources

Illinois Association of Problem-Solving Courts (IAPSC)

<http://www.ilapsc.org/ProblemSolvingCourtsIL.html>

Illinois Joining Forces

<http://illinoisjoiningforces.org>

John Marshall Law School – *Veterans Legal Support Center & Clinic*

<http://www.jmls.edu/clinics/veterans>

SOURCES

¹ See Jen Christensen, *Pill-addicted Veterans Get Second Chance with Treatment Court*, CNN (Aug. 27, 2014), available at <http://www.cnn.com/2014/08/26/health/veterans-treatment-court/>.

² See John Ashcroft, et. al., *Defining Drug Courts: The Key Components*, U.S. DEPARTMENT OF JUSTICE (Oct. 2004), available at <http://www.courts.ca.gov/documents/DefiningDC.pdf>.

³ See Administrative Office of the Illinois Courts, *Problem-Solving Courts Certification Process and Application* (Nov. 2015), available at http://www.illinoiscourts.gov/Probation/Problem-Solving_Courts/P-SC_Certification_2015.pdf.

⁴ See Buffalo Veteran's Court: Mentoring and Veterans Hospital Program and Policy Procedure Manual. *National Association of Drug Court Professionals* (last accessed Sept. 11, 2016), available at http://www.nadcp.org/sites/default/files/nadcp/Buffalo%20Mentor%20Handbook_0.pdf

⁵ See Veteran Treatment Court Locations, *Justice for Vets* (last accessed Sept. 9, 2016), available at <http://www.justiceforvets.org/veterans-treatment-court-locations>.

⁶ See Department of Veterans Affairs: Office of Rural Health (last accessed Aug. 8, 2016), available at <http://www.ruralhealth.va.gov/about/rural-veterans.asp>.