A. DESCRIPTION OF ISSUE

In keeping with the purpose of the Veterans Treatment Court Discretionary Grant Program, the [redacted] Community Approach to Rehabilitation and Engagement (CARE) Veteran Treatment Court (CARE VTC) request for support focuses on effective integration of an adjudicated and supervised court setting designed specifically to address needs of all genders of veterans who engage in high-risk, illegal behaviors, experience substance use disorders (SUD), post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or Military Sexual Trauma (MST). CARE VTC will implement evidence-based SUD treatment, mandatory drug testing, incentives and sanctions, supported by transitional services and recovery-based resources. CARE VTC will focus on ameliorating obstacles experienced by marginalized military populations in order to increase equitable access to benefits and services and improve stability and outcomes, thereby augmenting its existing Adult Drug Court (ADC). **Inability to Fund VTC without Grant:** [redacted] Judiciary's 2022-2025 strategic plan focuses on the need to develop and implement specialty courts due to the existence of only 65 throughout the state for which the Judiciary has identified specialty court funding. However, due to current budget deficits, support for planning and implementation phases is not available, and therefore federal assistance is essential to establish the VTC. **Veterans SUD/ Criminal Justice Challenges:** In [redacted], as reported through the local Veterans Administration (VA) and Veterans Commission, Military veterans suffer from SUD, OUD, alcohol addiction, and co-occurring mental illness and chronic health conditions, including PTSD, anxiety, and an array of post-combat trauma, including TBI, most often exacerbated through the absence of structure, camaraderie, and embedded employment present through military service. Research links veterans' SUD with service-related mental illness, and collectively, *untreated*, these conditions increase the likelihood of involvement with the justice system.[1] Relevant, national statistics confirm 81% of

justice-involved veterans presented with SUD prior to incarceration, and 25% were identified as mentally ill.[ii] Additionally, veterans with SUD often experience co-occurring medical conditions, including obesity, sleep disturbance, physical injury, chronic pain, and other complicating issues, including lower overall quality of life, poorer quality relationships, and higher levels of aggression compared to veterans with mental health diagnoses but no SUD diagnosis. Accordingly, impacts of SUD for veterans include loss of employment and estrangement from family and relevant safety nets, which result in financial instability, homelessness, co-occurring complications, stigma, desperation, leading to check fraud, shoplifting, trespassing, and vagrancy. Although veterans currently participate in the [redacted] ADC system, establishment of the proposed VTC will enhance opportunities to connect with an array of services responsive to intense needs such as those in *Table-1*:

TABLE-1 SPECIFICS OF ARRESTEE POPULATION
Race: 49% [redacted]; 38% [redacted]; 1% [redacted];1% [redacted] *Ethnicity:* 8% [redacted]
Gender: 8.1% Female/91.8% Male; *Ages:* 18-84 (avg.); *Military Service Yrs:* 5-9 (avg.)
Arrest Volume: 436 weekly calls for DUI, drug, disturbance, other Misdemeanor offenses
Crime Patterns:6% Battery;9% Illegal Drug; 8% Disturbance;15% DUI;15% DV; 24% Trespass; 33% Larceny/Nuisance/Traffic/Other Misdemeanors
Court records from March 21, 2021-March 21, 2022 showed *74 veterans admitted to ADC; Est. eligible for VTC:* 23% of all arrestees; *Arrestees expected to be screened for VTC:* 100%
Veteran arrestees screened and expected to be admitted into VTC program: 30%-50%

Problems with Court's Response to SUD Cases: Although [redacted] ADC currently provides services to a population that includes veterans, there are no explicit court interventions to address the unique obstacles related to PTSD, TBI, MST, intense combat/military service impacts, and adverse social and physical determinants of health, unique to veterans. Moreover, additional stigma, challenges, and barriers experienced by historically underserved races, ethnicities, and women and family members within the veteran population returning to [redacted] civilian status are not able to be fully accommodated through the current ADC, as this system has continued a

growth trajectory since the 2021 inception, and time allotted with each participant is thereby at a maximum. **VTC Addresses Current Arrest Volume:** Through VTC, a separate docket will be established to respond to complex needs of veterans currently in or expected to enter the justice system. Although [redacted] ADC is effective with the mainstream adult population, the current system does not enable additional quality time allotments with the Judge and court team that are essential in navigating veterans' eligibility for benefits and access to treatment, services, and resources, which will be provided through VTC through specific Case Manager, Mentor Coordinator, and VA. **Treatment Slots:** Through partnership with the VA the proposed VTC has confirmed availability of 75 treatment slots that will be needed annually. **Current Resources-Gaps:** Although an array of resources are available, gaps occur upon veterans' entry into the justice system, due to lack of awareness and challenges that create barriers to access, often adversely affecting compliance with diversion expectations. As such, navigation through complexities of referral, access, entry, and retention in services and resources provided by the VTC team is essential. Resource Mapping during the planning period will update available benefits, services, and resources indicated in *Table-2*:

TABLE-2 CURRENT RESOURCES TO ADDRESS THE NEEDS OF VETERANS
Salvation Army Veteran Services: Emergency shelter, community integration, intensive transitional housing, family support services
Community Counseling: Co-occurring disorders treatment, mental health therapy, LGBTQ Affirmative Counseling, and case management
One Stop Career Center: Resume building/essential skills/connection to employment
College of [redacted] *Veteran Services:* Education, Training, Career services
[redacted] *Recovery Center:* Trauma-informed person centered care, life skills,, transitional care plans, inpatient/treatment- COD
Veterans Administration Medical Center (VA): medical services, mental/behavioral health, psychiatry, substance abuse treatment, MAT, sexual assault trauma services, women's' health
National Mentor Corps: Veterans Mentorship; Cultural, Ethnic, Gender Responsiveness
Groups Recovery: MAT services, group sessions Suboxone
[redacted] *Hope for Heroes:* Full detox, substance abuse treatment, inpatient, Mental health services, art and pet therapy, EBPs focused on trauma recovery
Homeless Services Team: Linked with the [redacted] Homeless Continuum of Care/

coordinates with federal, regional, local efforts to end homelessness.
Veterans Resource Center: Safe haven/outreach, peer support, activities, family support

VTC Target Population: According to the 2021 Census, [redacted] encompasses 100 square miles, with a population of 250,000+, where 16,000+ veterans reside.[iii] [redacted], located in [redacted], is home to the [redacted], the largest and most demanding advanced [redacted] combat training mission in the world. Racial/Ethnic: [redacted] is considered a minority-majority city, with [redacted] (38.3%), and [redacted] (20.4%) as the primary population.[iv] Homelessness: According to the 2020 HUD Point-in-Time (PIT) count, 5,283 persons experience homelessness in [redacted], 3,461 of which were unsheltered. Although there is not a PIT count for [redacted], homeless advocates estimate the number at any given time to encompass up to 1,000+. In keeping with national projections, 11% are likely veterans.[v,vi] [redacted] is also one of the hardest hit by unemployment related to COVID-19, due to mandated and reduced-access/ shut-down of the tourism and entertainment industries throughout the region.

TABLE-3	**NUMBER SERVED AND CONDITIONS**			
48 Mos./150	Criminogenic Risk	SUD Treatment Need	Post Adjudication	Sentence/Diversion
Year 1 20	Med/High	Expected 20% alcohol use disorder, 30% opioid use disorder, 50% poly substance	100%	Average 90 Day Jail Sentence
Year 2 50				
Year 3 50				
Year 4 30				

High Criminogenic Risk: Because of ongoing achievements of the ADC related to the policies and procedures, methodologies, and relevant lessons learned, the proposed VTC will be able to move through planning/implementation phases in an informed manner, with focus on reduction of recidivism strengthened through connection to established veterans resources. The ADC team's experience with best practices and adherence to NADCP standards further strengthens the proposed VTC systems, tools, and methodologies in increasing successful completion of requirements, and thereby decreasing repeat offending and recidivism. **Coordination with**

Related Projects: In January 2021, the [redacted] City Council established the ADC Court as an alternative to traditional sentencing for the 436 weekly service calls (on average) for DUI, drug, and disturbing the peace offenses. As with the ADC, VTC will target nonviolent misdemeanor offenders who demonstrate strong SUD treatment needs, high criminogenic risk, and agree to participate in the program. A variety of MAT services are available to program participants through treatment partners and encouraged in applicable cases. Responses to underlying needs of veterans, including for housing and employment services, will also be reinforced through VTC, as with the ADC model. Because veterans' unique needs have risen to the surface during ADC implementation, expansion is essential to maximize access to a continuum of services with stabilizing resources, such as sober housing, employment coaching, peer support, longer-term counseling, and behavioral health treatment to address underlying causes and effects.

B. PROGRAM DESIGN

Goals/Objectives: Goal: Reduce recidivism and substance abuse among high-risk populations with substance abuse disorders among military personnel, including veterans, by increasing the capacity of the court to lower the overall nonviolent crime rate in [redacted]. Objective 1.1 Enroll 150 veterans with SUD into the VTC over the life of the project, an average of 10 persons per quarter. Objective 1.2 Achieve a minimum 60% graduation rate for veteran treatment court participants by the end of the project. Objective 1.3 Conduct annual data analysis and evaluation to improve processes and participant outcomes. **Plan-Eligible Veterans-Equivalent Access to VTC:** See Attachment 1. **Plan- Early Identification of Eligible Veterans:** See Attachment 2. **Prompt Entry Following Determination of Eligibility:** Each offender booked into the [redacted] Corrections Center will be screened at the time of processing for potential admission into VTC: 1) a referral form is available for use by the city attorney, jail, community officers and customer service clerks to submit a defendant referral at any time; 2) all defendants are screened at the jail

for veteran status and paperwork is scanned to the VTC Case Manager daily; 3) Signs are posted at customer service windows for veterans to self-report, then they can be screened for eligibility. For those who appear to be eligible, the Case Manager will conduct various screenings and validate veteran status through VRSS, a secure site to identify inmates or defendants who have served in the United States military, to confirm eligibility. At this time, the Veteran's Medical Center (VA) Veteran Justice Outreach Officer (VJO) will conduct a thorough assessment of behavioral health needs to determine immediate and ongoing treatment needs. If participation with the VTC is confirmed, the participant is promptly released with a required court date.

Treatment Services While Incarcerated: Based on the assessment conducted by the VJO at the time of enrollment, should a participant's screening determine their SUD needs do not warrant inpatient, the VJO will schedule an outpatient appointment post-release. The Mentor Coordinator will be trained to provide brief intervention during a brief time while the VTC participant is awaiting release. Should an individual need a higher level of care, they will be released to an inpatient or residential facility. This ensures, whether the participant is receiving inpatient or outpatient services, they begin immediately upon release with support provided while still incarcerated. **Fees:** VTC will impose appropriate fees and restitution based on state statute and will be notified of fees at their hearing. Participants are allowed to contribute small monthly payments toward rehabilitation fees/restitution. Payments will not be scheduled to begin until immediate needs of each participant have been stabilized. If a participant is unable to make their monthly payments, an opportunity to perform community service hours, in lieu of fees will be available, and/or the Judge may waive fines/fees. Additionally, through programs such as Medicaid and VA, most treatment services will be fully or substantially covered, in order to avoid hardship for VTC participants. **FDA Medications:** Participants will not be penalized for

use of US FDA-approved medications for the treatment of SUD. All service providers involved with VTC will also be required to permit participants to complete a MAT program, if appropriate. **Early Assessment / Treatment to Prevent Overdose:** Referral to treatment is a required element of the proposed treatment court model and a fundamental component of each participant's treatment plan. VTC's primary treatment partner, the VA, will be an integral component of the team, present and interacting with offenders shortly after booking. This will allow the highly qualified VA staff to determine the potential risk and treatment needs of each participant for creation of a comprehensive treatment plan. The plan will guide the VA's treatment utilizing evidence-based programs and practices, which are empirically based for the veteran population, to determine level of care and modality based on a risk assessment. The Case Manager will work alongside the VA and the participant, Public Defender, and Judge to ensure early entry into treatment to lower the probability of overdose prior to program commencement. **Assess for Overdose Risk:** VTC will create a specialized screening tool to identify individuals who are at high risk of overdose, optimally administered immediately within hours of arrest. The tool will be created during the 6-month planning phase and will screen for overdose risk factors including: overdose history, intravenous drug use, homelessness, stigma and trauma. The screening will be administered by Corrections Center/court staff, whomever makes first contact with the potential participant, and conducted again immediately prior to release to any environment other than inpatient or residential. The opioid risk screening will support the team in determining VTC participants at highest risk for opioid overdose and develop a safety plan prior to release. **Treatment Services:** VTC participants will be required to complete their court ordered treatment plan as a condition of their alternative sentencing. Treatment plans will be customized based on the results of the assessment conducted while the participant is incarcerated

including the Level of Service Inventory–Revised™ (LSI-R™), Risk, Needs and Responsivity (RNR) assessment tool, Comprehensive Addictions and Psychological Evaluation (CAAPE), and Ohio Risk Assessment Scale (ORAS) as described in *Attachment 1*. These and other tools utilized by the VA will also screen for appropriate levels of care and co-occurring disorders to ensure a comprehensive plan is fully customized. Once the treatment plan has been developed, a variety of evidence-based treatment interventions, including MAT, will be available, if deemed appropriate and desired. Progress will be monitored closely by the Case Manager, VA, and VTC Court Judge. **Treatment Modalities:** Individual, group, and family therapy will be offered. Trauma therapy will be fully integrated as an approach that recognizes the importance of understanding traumatic events that impact mental, emotional, physical, or behavioral well-being, and connection between trauma and the client's current behavioral struggles. These modalities can be provided in the settings of outpatient, residential and inpatient. Additionally, MAT, the use of medications, in combination with counseling and behavioral therapies, provides a whole-patient approach to the treatment of SUD. The list of evidence-based practices utilized in each of these modalities is included in Attachment 2. **Priority 1A:** Sub-populations historically marginalized and underserved in [redacted] are primarily identified as unsheltered, homeless, [redacted]. As of 2021, of the 5,083 homeless persons in [redacted], 13% were veterans and 70% male, with 32% of the homeless population identifying as [redacted] and 17% [redacted].[vii] To ensure greater success of its participants, VTC will contribute to the success of participants by ensuring basic needs are met to allow them to focus efforts on treatment. As such, VTC has dedicated $15,000 per year for housing support, specifically recovery or sober housing. The [redacted] will spend a portion of the 6-month planning period identifying and selecting housing support partner

agencies that will work closely with VTC and the VA focused on the individuals' recovery. These partnerships will allow VTC to secure housing placement of participants who are at high risk for overdose with significant barriers to treatment or are impacted by racial inequalities.

TABLE-4	**PLANNING ACTIVITIES**
Hire Veterans Treatment Court Staff: VTC is proposing to hire 1 Case Manager and will recruit 1 volunteer Mentor Coordinator to work with current court staff to implement VTC. Hiring and onboarding of both positions will be complete within the first month after award.	
Foundational Training: The applicant agrees and attests it will participate in the BJA-sponsored drug court foundational training including VTCPI, and apply learned principles to VTC.	
Resource Mapping: During the first 6 months of VTC planning, Case Manager will conduct a resource mapping assessment to locate/document resources which could be beneficial to VTC participants. A resource list will be created which identifies services available, populations served, admission criteria, and typical first available appointment / wait list information	
Relationships with Community Partners: The Case Manager will put considerable time and effort into building a strong relationship with the VA as well as providers the VA regularly refers to for SUD services, including recovery and sober housing providers. Case Manager will reach out to social service agencies that play a role in serving the wraparound needs of individuals including employment, housing and educational needs of veterans in the area. This will involve contacting and visiting the various providers identified through the resource mapping exercise to ensure the VTC is aware of and connected to all providers in the area	
6-month Planning Phase/Activities: 1) develop opioid overdose screening tool; 2) develop additional opioid overdose risk intervention strategies, based on consultation with similar treatment courts; 3) train Mentor Coordinator on SUD brief intervention strategies for participants waiting for release/to start their treatment program; 4) work with VA, primary treatment provider, to incorporate PTSD and trauma screenings into assessment and treatment planning process; 5) develop consistent, fair, predictable incentives/sanctions based on specific situations /actions; 6) [redacted] will develop protocol for data collection, identification of outcome measures, and design of all data collection instruments; 7) Relationship building to ensure treatment and wraparound services.	

TABLE-5	**IMPLEMENTATION PHASE**
Referral, Screening, Assessment: *Screenings:* The Case Manager will make first contact to determine eligibility for admission into VTC-veteran status through VRSS/chronic behavioral health condition as noted in Attachment 1. *Assessments:* The Case Manager will administer Level of Service Inventory– Revised™ (LSI-R™), Risk- Need Responsivity (RNR), and Ohio Risk Assessment System (ORAS) to determine needs. VA will conduct comprehensive SUD assessment utilizing tools such as Comprehensive Addictions and Psychological Evaluation (CAAPE). VA will refer to VTC provider network/collaborators if level of care is not directly provided by VA/ if another provider is appropriate, based on geography, payer, or need.	
Eligibility Requirements: Updated based on best practices; initial eligibility will be: 1) served in Military-active or veteran status; 2) [redacted] misdemeanor charges; 3) 1 of the following clinical criteria: PTSD, TBI, MST, SUD, and other Axis I diagnoses requiring treatment/support; and 4) agree to participate in 12–24-month program.	

Structure of the Drug Court: The VTC is a post-adjudication program. At a formal hearing, the offender will plead, and a sentence will be ordered and suspended. Upon successful completion of the program the underlying charges will be dismissed and the case will be sealed
Length/Phases: Due to [redacted] Statute, VTC will span 12-24 months, depending on participants' SUD treatment needs. Three (3) phases of the program will incorporate random drug and alcohol testing. *Phase I* requires in-court status hearings weekly/regular interaction with Case Manager. Participants are receiving inpatient/residential treatment, intensive outpatient, or outpatient SUD/mental health counseling. Phase I may last 1-2 months, and violations of court orders may translate to sanctions of additional time in this phase. *Phase II* requires semi-regular in-court status checks once every 2-3 weeks. Participants receive outpatient substance abuse counseling and services such as job readiness or trade training. Phase II participants will continue regular interaction with Case Manager. This phase may last 7-19 months. *Phase III* requires participants to appear at in-court hearings once every four weeks. Participants may advance to peer recovery supports such as NA or AA meetings and focus on finding employment and developing life skills in preparation for graduation. Phase III may last approximately 3 months, unless a violation of court orders translates to sanctions and additional time in the program.
Case Management: A dedicated Case Manager to support VTC will enable monitoring compliance of enrollees with court ordered programs; coordination with treatment and multiple service providers, to establish case plans and connect enrollees to services; work with Marshals to coordinate bench/active warrants; serve as the primary point of contact between participant and Court; and input case information/regular status reports into DCCM.
Community Supervision: Marshals will be an essential part of VTC for community supervision. Working closely with the Case Manager, Marshals monitor participation/enrollment status of enrollees and arrange transportation from the correctional facility directly to in-patient and residential treatment facilities thus ensuring a "warm hand-off," and are responsible for imposing sanctions (home checks, warrants for non-compliance). Case Manager will work proactively with Marshals to ensure program compliance/address need for incentives/sanctions
Evidence-based Treatment Services: VTC has established an array of integrative community partners, strengthened by VA's extensive SUD/mental health services platform. VTC will provide extra scaffolds of support during enrollment/after graduation, through identification/ development of collaborations with other treatment, non-treatment, social services entities, identified through resource assessment, to ensure success of VTC participants post-graduation. Program elements related to length, judicial supervision, randomized drug testing, incentives/ sanctions, graduation requirements /expulsion criteria, restitution costs/fees aligned with best practices learned during BJA supported training sessions/ongoing data analysis/ evaluation informed by evaluation research partner, [redacted].
Recovery Support Services: VA incorporates extensive SUD recovery support services, including employment/vocational skills development, transitional and permanent housing support, education assistance, healthcare and benefit assistance, and family supportive services
Judicial Supervision: During Phase I the participant will make weekly visits to the Judge, who is aware of participant progress and setbacks via reports from treatment providers and the Case Manager. During Phases II and III, as the participant shows progress, this requirement will reduce time commitment.
Drug Testing: The VA will provide drug and alcohol monitoring no less than 3 times per week as part of a residential or outpatient treatment program. Test results will be reported directly to the Case Manager. The court has established relationships with vendors for alcohol monitoring

bracelets, remote breath testing devices, and drug detection patches for use, as necessary.
Incentives and Sanctions: Participants failing to comply with VTC requirements will be held accountable through sanctions to affect immediate consequences. Court teams recognize that because the participant is an integral part of the team, a court hearing will take place where the participant articulates specific sanctions proven effective in the past to address non-compliant behaviors, as well as considerations presented by treatment provider based on addiction science. VTC Judge will be committed to imposing infractions without ridicule, maintaining the Court's objective position. Infractions do not automatically result in expulsion from VTC. Sanctions may include increases in supervision and/or treatment, drug testing, community service hours, community restrictions, and/or electronic monitoring, demotion to previous phase, and delay in graduation. Incentives rewarding participants for positive lifestyle changes/meeting program milestones/ requirements may include travel privileges, phase advancements, certificates, candy, journal, and identified positive rewards.
Due Process for Incentives/Sanctions: Due process and judicial ethics require Judges to exercise independent discretion when resolving factual controversies, administering sanctions or incentives that affect a participant's fundamental liberty interests, or ordering the conditions of supervision. Because Judges are not trained to make clinical diagnoses or select treatment interventions, they routinely enlist expert input from treatment professionals to make treatment-oriented decisions. The VTC model will connect expert(s) from SUD treatment to share knowledge/observations with the judge, enabling rational, equitable, informed decisions
Graduation Requirements / Expulsion Criteria: Participants may be terminated from VTC if they no longer can be managed safely in the community /fail repeatedly to comply with treatment or supervision requirements. No participant is penalized if the court is unable to arrange appropriate treatment options. Participants, who have achieved program goals, paid their restitution in full, remained substance free for at least 12 months, are eligible for graduation. Graduation standards will vary by participant but generally require a job, school enrollment, or safe housing such as sober housing.
Fees Absorbed into Program: Fees will be utilized within the program to support additional salary costs of [redacted] employed court personnel outside of the grant-funded Case Manager and to prepare the VTC for operation after federal funding ends
Fees for Indigent Populations: Indigence will not present a barrier for participation, as fees may easily be transferred into community service hours allowing restorative measures without the need to remit fee payments, or the Judge may reduce/ waive fees altogether

TABLE-6	**NADCP BEST PRACTICE STANDARDS**
Target Population: Eligibility is based on levels of infractions of offenders who can be treated safely and effectively in VTC. Through identified screening and assessments, participants will have misdemeanor charges and have a treatable behavioral health condition.	
Equity and Inclusion: In [redacted], marginalized populations of Black/African Americans and Latinx/Hispanics have historically experienced greater disparities including homelessness, and informed by the current ADC, the majority of veterans admitted are primarily [redacted] and [redacted]. VTC will apply strategies directly intended to impact social, physical, cultural, and language needs of these populations and their engaged family members.	
Roles/Responsibilities of Judge: The Judge is dedicated to utilizing evidence-based practices and will rely on professionals on the court team to advise on new laws and research.	
Incentives, Sanctions, and Therapeutic Adjustments: VTC will develop policies during the 6-	

month planning period to define standardized responses to actions requiring incentives/ sanctions to ensure fairness/administration in accordance with research.
SUD Treatment**:** VTC will utilize VA/ other providers to deliver evidence-based treatment based on clinical guidelines in accordance with state and federal guidelines.
Complementary Treatment and Social Services: VTC will partner with community agencies including VA to provide recovery support services: employment, education and housing.
Drug and Alcohol Testing: VA will provide drug/alcohol monitoring no less than 3 times/week as part of residential/outpatient treatment. Test results will be reported directly to the Case Manager. Relationships with vendors for compliant alcohol monitoring bracelets, remote breath testing devices, and drug detection patches for continuous monitoring will be established.
Multidisciplinary Team: The VTC multidisciplinary team will consist of the following positions: Judge, Prosecutor, Defense Attorney, Researcher/Management Information Specialist, Court Administrator, Case Manager, VJO from the VA, and Mentor Coordinator.
Census/Caseloads: Best practices identify a caseload of up to 50 individuals is a practical number allowing fidelity to the VTC model. The Case Manager will maintain a caseload of 50. If demand exceeds capacity, the Court Administrator will develop a plan to meet the needs.
Monitoring and Evaluation: UNR, Evaluator, will work with the Case Manager to collect and report on all BJA required performance measures as well as longer term outcomes developed by CNLV to evaluate the overall effectiveness of the VTC.
**See adherence to VTC Standards in Attachment 2*

Treatment Provider Selection / Monitoring: The criteria used to determine the partnerships include services provided, length of service in the community, reputation in the community, willingness to work with the community and the court, size of the organization, the use of evidence-based programs and curriculum and how long the organization has been in operation. VTC will monitor each providers' effectiveness through conveyance of respective accreditation or licensure report annually, or as updated, whereas the treatment providers' state or national licensing authority determines their adherence to standards and outcomes. **Evidence Base for Interventions:** Empirical evidence for effective SUD treatment, in varying psychosocial interventions, identified the following common tasks: addressing motivation, teaching coping skills, changing reinforcement contingencies, fostering management of painful effects, improving interpersonal functioning and enhancing social supports, and fostering compliance and retention in pharmacotherapy.[viii] All proposed modalities and interventions adhere to this evidence and evidence-based practices have been tested as effective in counseling adults and/or

veterans, relevant to the presence of SUD and/or COD, in order to address a wide range of problem behaviors related to impacts of addition, and also include health promotion, medical treatment adherence, and ways to address mental health challenges. **Treatment/ Recovery Modalities:** VTC enrollees will receive a variety of evidence-based residential or outpatient substance abuse treatments, including individual, group and family therapy, based on their individual assessment results, as well as access to MAT. The VA also offers recreation and creative arts therapy and provides services and activities that include: animal interaction; music, art, and crafts; community outings; exercise, sports, and games; and gardening and leisure education. Additionally, the VA provides the essential recovery support services: transitional and recovery housing, legal services, and transportation. **Prioritize Participation-High Risk Persons:** The ORAS screening tool will be implemented to identify, assess, and prioritize participants' risk levels. Once the ORAS screening tool is scored, VTC has the ability to categorize high risk/ high needs participants and create a plan specific to their needs. High risk defendants will have more supervision than a medium or low risk offender and will typically have different requirements. **Assessment Selected/Administration:** ORAS was selected as it measures the likelihood of recidivism while still addressing the participant's needs while allowing the court to separate each participant by their risk level and create a case plan specific to their needs. The Case Manager will administer ORAS. **Ensure Equity and Inclusion:** The UNR evaluation team and Case Manager will work collaboratively to collect, review and analyze performance measures and participant data on a quarterly basis to ensure equity and inclusion. Once data have been reviewed, the drug court team will meet quarterly to review the number of participants admitted into the program, the treatment providers will provide updates on the services provided, and the team will discuss gaps between actual participation and goal related to

numbers served and equity. This process will include examining barriers to participation, revisiting eligibility requirements, and assessing treatment provider capacity to ensure the court is maximizing its potential. **Early Intervention Model:** While the VTC is post-adjudication, participation will commence pre-adjudication. Participants will be identified at the booking process, or at an initial appearance. Unlike pre-adjudication models, where plea and sentencing are suspended indefinitely, VTC will make an offer for the treatment plan with suspended jail time and adjudication the case at the first out of custody court hearing. Treatment will commence at the time of release in an effort to offer early intervention and therefore not cause delay of the treatment process. **Community Engagement:** [redacted] has been operating an ADC for one year which has allowed it the opportunity to engage partners in identifying the need and planning for the VTC. The VA, in particular, has been integral in designing the initial concept to adhere to evidence-supported interventions for veterans. The partners in *Table-2* have been identified as available to support the VTC, which will be finalized and formalized during the 6-month planning period. **Resource Mapping to Enhance Services: I**nformation collected through resource mapping will encourage development of new partnerships in an effort to reduce duplication of services, minimize gaps in services, and expand a community's services/resources to meet the needs of more of its participants. More specifically, as participants present with targeted needs, the VTC team will have knowledge of and have access to more resources that will directly benefit the participant. **Engagement of Participants' Families:** If a veteran's family wants to be involved in their progress, the VTC Case Manager will provide status updates and allow participation in court sessions and can connect them to resources tailored to their specific needs to ensure all systems are receiving the proper assistance. Through the VA, the caregiver can be supported by a VA Caregiver Support Coordinator to match caregivers with

services and benefits and connect with local resources and programs. **Trauma-Informed Care Model:** In alignment with goals 2.1 through 2.5 of SAMHSA's Trauma and Justice Strategic Initiative and SAMHSA's TIP 57: Trauma-Informed Care in Behavioral Health Services, treatment partners will employ a comprehensive trauma-informed care philosophy and approach to address impacts of violence and trauma among participants, including affected family members. Treatment providers integrate evidence-based, gender- responsive, and trauma-informed programs, practices, and validated tools, as to ensure that VTC addresses and breaks the intergenerational cycles of violence and trauma. Behavioral health staff are required to meet trauma-informed counselor competencies in the implementation of a trauma-specific treatment model. **State VTC Strategy:** The 2022-2025 [redacted] Judiciary Strategic Campaign identified 3 primary strategies designed to improve the way the Branch provides fair and timely access to justice. Under strategy 3, *Develop methods for* [redacted] *courts to be supported by both sustainable funding and appropriate judicial, personnel, and technological resources"* the [redacted] Judiciary is committed to development and expansion of therapeutic specialty courts. Through this request for support, [redacted]'s 7th VTC will be operationalized by utilizing federal funding for the initial planning and start-up phases, curating a model grounded in empirical evidence, with the goal of ongoing support by [redacted] Judiciary. **Treatment/Recovery Services:** VTC participants will be referred to the VA/primary treatment provider and be required to complete their court ordered treatment plan as a condition of their alternative sentencing. Treatment plans will be customized based on the results of an initial assessment conducted by the treatment provider. Once the treatment plan has been developed, a variety of evidence-based SUD interventions (detailed above), along with MAT therapies, if applicable, will be available throughout the duration of the treatment plan. Progress will be monitored closely by the Case Manager, treatment provider, and

VTC Judge. **Treatment Funding:** Treatment will be funded through: 1) insurance including Medicaid and VA benefits; and 2) external funding secured by treatment provider(s) or identified through supportive resources. VTC team will work with [redacted] Department of Health and Human Services to submit Medicaid applications while offenders are still in custody, with approvals placed in a suspended status until released.

C. CAPABILITIES AND COMPETENCIES

Priority 1(B): VTC is not applying for priority consideration under Priority 1(B). **Foundational Training:** The VTC team has not received training through Justice for Vets VCPU foundational training but will complete during the 6-month planning period prior to project start. **Roles/ Responsibilities:** A MOU signed by each of the VTC team members described in Table-7.

TABLE-7 VTC TEAM
Judge [redacted]: Heads VTC team, regularly reviews case status reports, leads weekly team meetings, final arbiter in decisions where there is not team consensus. During court process, administers graduated sanctions/incentives, based on team input, to increase each participant's accountability and enhance likelihood of treatment retention/program completion.
[redacted], **Prosecutor:** Reviews all new cases concerning eligibility including review of defendants' criminal histories, consultation with victims, legal eligibility, and appropriate Dispositions upon defendants' entries into VTC.
[redacted], **Defense Attorney:** Represents/advises defendant in all court proceedings; assures defendant's constitutional, criminal court, civil rights. Seeks to find treatment solutions that minimize defendants' exposure to incarceration, reduce risk of re-arrest or new charges, and mitigate consequences of criminal conviction.
[redacted], **Court Administrator:** responsible for general communication and coordination of VTC operations including weekly meetings for staffing/ program development.
To be Hired, Case Manager: Consults with VTC judge, reviews all referrals for initial eligibility/coordinates assessment process/information for new referrals, assembles information for weekly team meetings.
TBD, VJO from VA: Participates in VTC proceedings, liaises with VA, assures/monitors efficacy/receipt of recommended treatment services, identifies gaps/additional supports
[redacted], **Marshals:** Oversee community supervision, assigns Marshals to home visits, transport as necessary when released from jail to treatment/ assessment facility, random drug testing administered in court &location monitoring as required.
TBD, Mentor Coordinator: Encourage, guide, support VTC participant as he/she progresses through the court process; listening to concerns, making general suggestions, assisting with determining needs, acting as a support in a way that only peer veterans can understand.
[redacted], **Researcher/ Management Information Specialist:** Support Case Manager

in the collection and storage of data and performance metrics.
TBD, [redacted]**:** In coordination with the Researcher and Case Manager, will analyze data and prepare evaluation reports to identify progress toward goals.

Communication/Coordination: VTC team will meet prior to each session to review all cases on the day's docket, and include a clinical report from the VJO, and Case Manager and Marshal reports. This meeting also assesses the status of complex cases, for which current treatment and supervision do not appear to be effective. VTC team will address administrative matters pertaining to program planning and administration, treatment and service delivery, training, policies and procedures, data collection, grants and special projects, and issues that may arise between meetings. In addition, VTC team will assemble periodically for training and educational experiences. **Law Enforcement:** The VTC team include representation from the [redacted] Marshals, which as described in *Table-7*, will make home visits and participate in team meetings. **Research Partners:** VTC will partner with [redacted] for process and outcome evaluation. [redacted] will collaborate with the Case Manager, who is responsible for data collection for the court, and the Researcher/Management Information Specialist, responsible for ensuring proper storage and maintenance of data, for analysis of performance results. [redacted] is experienced with assessment of equity inclusion and will develop specific tools and scales to test inclusionary perceptions and impacts of services through participant pre and post program interviews, surveys, focus groups, and all appropriate methods. Fidelity of EBPs and the overarching VTC model will be determined through both internally and externally executed tools and adherence to standards associated with best practices and models. **Partners:** During the 6-month planning phase, VTC and the fiscal agent [redacted] will execute a formal agreement with the VA and verify relationships with service and resource collaborators as necessary through community mapping, including those in *Table-2*. As applicable, direct provider(s), such as VA, will apply evidence-based interventions and offer services such as MAT to all veterans, as

deemed appropriate by a clinical treatment team. VTC team and each direct care provider will meet at least biannually to review treatment modalities and levels of service to ensure providers' service delivery is consistent, compliant, equitable, culturally appropriate, and maintaining fidelity in practice.

TABLE-8	**TREATMENT PROVIDER**
VA: Common medical center services, critical care, mental health, psychiatry, and substance abuse treatment including inpatient, residential, outpatient therapy, MAT, and recovery support services. History: The VA and [redacted] justice systems have cultivated a long-standing collaboration that enables and strengthens leveraging of responsive/relevant services and resources for homeless and specialized veteran populations including racial/ethnic, women, LGBTQ, to provide housing solutions, employment opportunities, health care, and justice/ Re-entry related services. This effective, perpetuating collaboration will extend to the VTC.	

D. PLAN FOR COLLECTING DATA

Client-level Data: The Case Manager will collect all participant data during screening and assessment through [redacted]'s Drug Court Case Management (DCCM) system, which includes: ethnicity, gender, marital status, employment, military status, education, admissions, terminations, successful graduations, community service, violations (new arrest and technical), withdrawals, sanctions, incentives, urinalysis results, officer contacts, and fieldwork. [redacted] will support VTC in developing risk-needs evaluations, incarceration days saved, and participants' success measured by retention/recidivism over the life of the project period and beyond. Data will be extracted by Case Manager through case notes; attendance logs; and documentation of status including phase, sanctions, and incentives and provided to [redacted] in aggregate form for evaluation. **Performance/Outcome Data-PMT:** VTC will assign the Case Manager to collect and analyze client-level performance and outcome data through PMT and conduct regular assessments of program service delivery/performance comparisons. The applicant states it willingness and demonstrates the ability to perform these duties based on experience with data collection in its ADC. **Performance Management Plan:** [redacted] will be responsible for program

evaluation by developing the performance management plan that includes protocols for data collection, identification of outcome measures, and design of all data collection instruments to be utilized by VTC for data collection during the 6-month planning period, in addition to what is described in Attachment 2. Data will be collected by VTC and provided to the Evaluation Team for a quarterly joint review. The Evaluation Team will analyze the data and provide annual progress reports and a final report in Year 4. Annual progress reports will identify areas for improvement in program performance, corrective action plans, and adjustments to program benchmarks or outcomes when necessary. **Participants Mirror Jurisdiction's Substance Abuse Arrestee %:** VTC will utilize screening tools to ensure all individuals meeting criteria are appropriately referred to and admitted into VTC, to ensure the referrals made to VTC mirror the jurisdiction's SUD arrestee percentages: 1) LSI-R™; 2) RNR Simulation Tool; 3) ORAS. **Quarterly Review of Number Served:** The Case Manager will be responsible for quarterly data collection, including number of persons served per quarter, according to the Time Task Plan. VTC team will meet quarterly to review/address gaps between actual/proposed goal numbers, identification of barriers to participation, eligibility requirements, and treatment provider capacity, to assure maximum effectiveness. **Community Reintegration:** Because cases in VTC will be misdemeanors, most participants will remain integrated with the community. By ensuring that the potential graduate has employment, is enrolled in school, or is participating in an extensive job-training or reintegration program, the VTC team will be reasonably sure of capacity to be successful outside the program. VTC will emphasize access to drug-free, transitional housing, with supported housing available through VA, HUD and other collaborators. The VTC team will ensure that all participants have access to safe and affordable housing prior to graduation to optimize long-term success. **Medicaid Expansion-Increase**

Capacity: [redacted] expanded Medicaid in 2014, allowing 210,000+ residents to gain health coverage, resulting in a 50% reduction in uninsured rates from 2010-19. Although [redacted] has been progressive in expansion, the Medicaid Inmate Exclusion Policy, a federal law that prohibits states from using Medicaid matching funds for incarcerated adults and juveniles, has remained, requiring coverage to terminate, rather than suspend, benefits for the incarcerated. [redacted] is expected to pass a bill in the next 4 years to suspend Medicaid coverage for the incarcerated with the suspension lifted upon an inmate's release, which will result in immediate access to behavioral health services, rather than waiting for a Medicaid application to be reprocessed. **Sustainability:** [redacted] will monitor funding opportunities to maintain and strengthen VTC beyond the award period, including through Medicaid reimbursement, state/local funding, and private donations from benefactors who support SUD eradication/recidivism reduction. Successful implementation of VTC, verified by evaluation, will justify additional investment of [redacted] funds to ensure longevity and impact, and [redacted] Judiciary Specialty Court funds, available annually to support VTCs, will be requested. **Efforts/Collaborations Maintained:** [redacted] will disseminate process, outcome, and impact achievements to demonstrate VTC's extensive long-term collaborations, interventions, models, best practices, and leveraged local funding to justify, compel, and secure long-term support.

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[i] Waging War on Recidivism: Elbogen et al., 2012; Greenberg & Rosenheck, 2009
[ii] Justice for Vets, 2021, https://justiceforvets.org/resources/research/
[iii] US Census Quickfacts, 2021, https://www.census.gov/quickfacts
[iv] *Ibid.*
[v] Help Hope Home, 2021 [redacted] Point-In-Time Results, https://nevadahomelessalliance.org/wp-content/uploads/2021/08/FINAL-HHH-PIT-2021.pdf
[vi] National Coalition for Homeless Veterans, 2020, https://nchv.org/veteran-homelessness/
[vii] Help Hope Home, 2021 [redacted] Point-In-Time Results, https://nevadahomelessalliance.org/wp-content/uploads/2021/08/FINAL-HHH-PIT-2021.pdf
[viii] Simpson DD. A conceptual framework. *J Subst Abuse Treat.* 2002;22:171–82.