About Face: Mechanics, Progress, and Challenges Facing Veterans Trauma Courts

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The nature of asymmetrical warfare, defined as conflicts between nations or groups that have disparate military capabilities and strategies, has significantly altered the patterns of post-service challenges faced by veterans. Asymmetrical warfare in both the Iraq and Afghanistan theaters – defined by improvised explosive devices and indirect fire attacks – have created a threat that is constant and difficult to define. Although the way our nation deals with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) medically is well documented, the judicial challenges are not as apparent. Most recently, our nation has responded to this challenge with an alternative court, the Veterans Trauma Court (VTC), modeled on longstanding drug courts. The VTC offers a legal solution to the complex problems faced by our justice-involved veterans, particularly those suffering from TBI and PTSD. Close examination of the operations and mechanics of a VTC reveals both strengths and weaknesses. Only by acknowledging the VTC’s weaknesses can the system be improved so that it ensures an effective judicial option that best serves veterans.

With over 424, 228 veterans, Colorado presents an apt case study for the veterans...
court system. Rather than delving into the epidemiology of PTSD and TBI, which has been covered exhaustively in previous law review articles, this comment will focus primarily on operations within a specific VTC: El Paso County’s 4th Judicial District’s VTC. In research and discussion, this comment will attempt to examine the VTC concept on a granular level in order to understand the mechanics, progress, and challenges of Colorado’s longest running and robust VTC.

4th Judicial District’s VTC provides a powerful case study because El Paso County has a significant diverse military population located at Fort Carson, Peterson Air Force Base (AFB), the Air Force Academy, Schreiver AFB, NORTHCOM, among other smaller installations in El Paso County. In a given year, Fort Carson saw 2,400 walk-in PTSD/TBI cases every week, which amounts to about 1 in 10 soldiers. This problem is compounded by the fact that “only 65 percent of authorized positions at the behavioral health department at Fort Carson were filled.” Indeed, Fort Carson has been described as the epicenter of violent offenses committed by veterans or actively serving military with 14 homicides and attempted homicides there since 2005, and other soldiers being charged with an array of other crimes. The VTC has been prescient in responding to this judicial issue.

In the 4th Judicial District’s VTC, veterans with trauma spectrum disorders who have been charged with a lower level felonies and misdemeanors are provided an alternative to incarceration. In exchange for moving from a traditional courtroom setting to a VTC, the veteran must agree to actively engage in treatment and counseling as well as make regular court appearances. The program staff of the VTC assists by “accessing mental health and or substance abuse treatment, and connecting justice-involved veterans to education, housing, and employment resources.”

Although there is much literature advocating for VTCs, there is a dearth of literature examining the actual operations of the VTC or its measurable outcomes. VTCs are at a point of development, particularly the one studied in this comment, where metrics are available, operations have been standardized, and recommendations can be made. Using the 4th Judicial District’s long-standing VTC, this paper will explore and draw recommendations from a nuanced understanding of VTC operations. Part I of this comment will discuss the current legal solutions for veterans. Part II of the comment will discuss the VTC’s mechanics, including the four-phase system incorporated by the VTC. Part III of the comment will discuss an evaluation of the VTC by analyzing metrics provided by the University of Colorado at Colorado Springs Trauma, Health, and Hazards Center (UCCS THHC). Finally, Part IV of the comment will cover challenges faced by the VTC, and will discuss recommendations based on an examination of empirical data and the current legal infrastructure.

I. Current situation

This Part will begin with a brief definition of the enormity of the issue as well as current legal solutions.
A. Enormity of the Issue

A study in 2010 showed that an estimated 300,000 Iraq and Afghanistan veterans were suffering from PTSD or major depression.[15] This 2010 estimate also showed that 320,000 Global War on Terror (GWOT) veterans may have experienced a TBI ranging from mild to severe.[16] This is especially troublesome given that research has found that veterans who screen positive for TBI also have high rates of PTSD.[17]

B. Current Legal Solutions

Alternative dispute courts have had a positive impact in reducing recidivism as well as actually treating offenders.[18] There has been some movement to address this issue within the legal community, especially in light of the fact that “research shows that veterans with PTSD suffer from poorer overall health, greater use of alcohol and drugs over their lifetimes, and more justice involvement than their peers without PTSD.”[19]

The National Drug Control policy paper best captures VTCs as “a coordinated response involving the traditional partners found in drug courts and mental health courts, as well as the Department of Veterans Affairs healthcare networks, the Veterans Benefits Administration, State Departments of Veterans Affairs, volunteer veteran mentors, and veterans family support organizations.”[20] VTCs build on the success of drug courts “which promote collaboration among the judiciary, community corrections agencies, drug treatment providers, and other community support groups” that has resulted in a “remarkable track record over the course of their 20-year history.”[21] In 2010, a collaborative effort between the Bureau of Justice Assistance (BJA), the VA, the National Drug Court Institute (NDCI), and numerous VTC professionals resulted in the Veterans Treatment Court Planning Initiative (VTCPI), the first VTC training program in the nation.[22] This effort has encouraged a number of states to take legislative steps to promote VTCs or veterans assistance within the state court systems.[23]

In Colorado, House Bill 10-1104, sponsored by Representative Marsha Looper and Senator Suzanne Williams, authorized the state court administrator to seek federal funding for the establishment, maintenance, or expansion of state VTCs.[24] El Paso County’s 4th Judicial District followed through with this mandate, and secured the Jail Diversion and Trauma Recovery – Priority to Veterans Grant (JDTR): a veterans jail diversion program focusing on veterans with trauma spectrum disorder.[25] In 2009, the 4th Judicial District’s VTC was established through a combined effort of multiple community, state and local agencies as well as support from the 4th Judicial District.[26] The court is funded through a “five year $2 million dollar federally funded grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.”[27]

II. HOW THE COURT WORKS
Part II will examine how such a case makes it way into a VTC and how the VTC adjudicates such a case.

**A. DA as a Gatekeeper**

Initial entry into the 4th Judicial District’s VTC is defined by whether the case is in district or county court. In a district court, so long as the defendant meets the minimum qualifications – veteran/active duty service member that has a service connected trauma – and does not have any disqualifiers – high level felony, sex offense, crime of violence, or domestic violence charge involving strangulation/stalking – the district court judge has the discretion to transfer the case to the VTC.[28] It is only after the case is transferred and an evaluation is complete that the DA will decide to make a plea offer that would sentence them to the VTC.[29] However, even if the VTC makes an offer, the defendant can still reject it.[30] Finally, if the defendant accepts the offer, the VTC judge’s acceptance of the agreement would complete the transfer of the case to the VTC.[31] Thus, although the DA is the gatekeeper, there are essentially three layers of approval. Finally, in cases where a victim is involved, the DA will not make an offer without the victim’s approval.[32]

In county court, the case is no longer transferred to the VTC; instead, those cases remain at county court, where the defendant attends a briefing[33] and an evaluation is created.[34] The VTC DA will review the case and evaluation, and determine whether the VTC will make an offer.[35] If the VTC DA chooses to make an offer, then this DA will create the plea paperwork and send the offer to defense counsel and the county court DA.[36] Once again, the defendant will decide whether to accept the offer, and the county court judge will be the final approval authority for the transfer.[37]

It is important to note that the case can be referred to the VTC in a number of ways: (1) defendant/defense counsel; (2) the DA believing it is appropriate, and/or (3) the judge in the home division believing it is appropriate. Unless the defendant is ineligible because of failure to meet minimum qualifications or due to an ineligible offense, any one of these parties can refer a case for VTC consideration.[38] Ultimately, it is the DA’s decision to make an offer.[39] Once the offer is made, the defendant and judge both have to agree to complete the transfer.

When evaluating a defendant’s record for eligibility to the VTC, the VTC DA looks at four key indicators: (1) self report of PTSD and/or TBI; (2) the defendant tells defense attorney about military trauma; (3) the DA recognizes the possibility for VTC while reading through the record; and/or (4) the victim of the crime reports it.[40] The fourth of these entry points is particularly important because of Colorado’s Victim’s Rights Act, which allows a victim to have significant input in the sentencing process.[41] Ultimately, it is the DA’s decision whether a criminal case is referred to a VTC.[42]

Specific criteria are evaluated when assessing a defendant’s qualifications. On the
most basic level, the defendant’s military service is confirmed, primarily through his or her DD 214 (a record of service document). From there, the DA will begin a more discerning process where the defendant’s actual service will be scrutinized, including: (1) how many times the service member was deployed; (2) what kinds of experiences the service member encountered during the deployment; and (3) whether the service member has been diagnosed with PTSD or TBI.

In order to qualify for the VTC, a defendant must not only be a veteran, but must also have a service related trauma. These records are assembled from a host of organizations, including the VA, Aspenpointe, the Warrior Support Center, and law enforcement officials. This service-related trauma must actually be connected to the crime. A DA will also factor in a service member’s criminal history, particularly if the service member had a clean history before deployment, and began having issues only after deployment. A service member with a continued criminal history before and after deployments will probably not be an ideal candidate for the VTC. The DA will use the totality of these factors to determine if a justice-involved veteran can qualify for a VTC. The most common crimes usually relate to substance abuse or violence/anger. On that note, there are several automatic exclusions from the VTC: sex offenses, felony crimes against children, distribution of drugs, and crimes with mandatory prison sentences.

**B. Four-Phase Approach**

The VTC program is approximately 67 weeks and employs a four-phase approach to rehabilitate justice-involved veterans. The four-phase approach is a system of incentive and sanctions “designed to motivate program participants and increase program engagement.” Just as veterans can progress through the phases, they can also regress as a sanction for substance abuse or misuse of prescribed medications, non-compliance with or termination of treatment, and new charges. For those who are struggling and retained in the program, special plans are crafted in order to assess and target individual issues: there is no one-size-fits-all approach within a VTC.

1. **Phase I**

During Phase 1 Stabilization Phase (minimum of 60 days), the mean amount of required appointments is sixteen, which includes court appearances, meetings with Probation Officers, treatment appointments, substance use monitoring such as Urinalysis (UA), Breath Alcohol (BA), and 80-hour alcohol testing (EtG) appointments as well as meetings with peer mentors and service providers. Within Phase I and throughout the phases, veterans are encouraged to take ownership of their own treatment plan.

2. **Phase II**

Phase II Engagement Phase is a minimum of 90 days. Within Phase II, there is
a continued emphasis on the veteran defining his or her own plan for recovery.[62]

3. Phase III[63]

Phase III Action is a minimum of 90 days.[64] Phase III is defined by continued independence of the veteran in planning and executing the treatment plan as well as an increased focus on social integration through volunteer work.[65]

4. Phase IV[66]

Phase IV Graduation or Maintenance is a minimum of 120 days.[67] Phase IV is defined by an emphasis on transition, reintegration, and continuity of treatment.[68] Within Phase IV, veterans can transfer to another state if the receiving state’s probation department allows it.[69] These veterans are required to check-in via conference call with Judge Shakes.[70]

5. After Care

This phase is integral because it allows a veteran to earn the ability to seal his or her record.[71] This phase requires the justice-involved veteran to check in periodically, to continue therapy, and to coordinate with the VTC coordinator.[72] The veteran is also assigned an aftercare coach.[73]

C. Staffing and Daily Operations

The VTC is staffed by a team of peer mentors, a veteran justice outreach specialist (VJO), therapists from the Warrior Support Center (primarily to serve veterans that do not qualify for benefits because they were not honorably discharged), a public defender, deputy DAs, and two probation officers.[74] The peer mentors are engaged in (1) ensuring that veterans meet all appointments, (2) locating and delivering services to veterans, and (3) ensuring accountability of the system overall.[75]

Thursdays are staffing days for the VTC, which includes a morning docket meeting dedicated to getting non-compliant veterans back on track or finding an alternative process for them.[76] The process is a constant discussion between all parties with an eye towards an individualized approach. A staffing meeting follows this meeting where discussions are centered on sentencing.[77] During the staffing meeting, the VTC team conducts a conference call with additional therapists from the UCCS that are also administering appointments.[78] These UCCS therapists update the VTC team on the status of veteran appointments and consult on sentencing issues.

Sentencing is a fluid process that is done in consultation with the entire VTC team.[79] The staffing meeting also attempts to address several challenges outlined by this comment as well as the THHC study. In addition to sentencing, the staffing meeting also confirms a list of model veterans within a concept called “Strong Performers.”
D. Treatment

Treatments within the VTC include veteran-focused and civilian treatment options. These treatments include: (1) Intensive Residential Treatment (IRT): an inpatient residential treatment for drug and substance abuse; (2) Dialectical Behavioral Therapy (DBT): a specialized treatment through Warrior Support Center; (3) Circle Program: an in-patient civilian program that deals with addiction issues; (4) Matrix: a bi-weekly VA addiction meeting; (5) Alcoholics Anonymous (AA): a civilian weekly group to discuss alcoholism; and (6) Reintegration and Recovery (R&R): rehabilitation drug program that occurs 90 days while in jail.[80] For some constant offenders, the VTC will recommend Soberlink (breathalyzer) or SCRAM (attached to ankle) to monitor alcohol intake, which can run up to $13 per day.[81] In addition to these treatments is a regime of testing. These tests include Ethyl Glucuronide (ETG: a more sensitive urine analysis test for alcohol) and urine analysis tests.[82] PTSD centers’ waiting lists were discussed several times because of their effect on treatment options.[83]

E. Payments

The VA (if the participant is VA eligible) or earmarked state “626” funds pay for treatments for PTSD, TBI, and substance abuse.[84] The VTC has approximately $265,000 in its 626 fund each year.[85] With these funds, the VTC pays for treatment, sober living homes, drug testing (including SCRAM bracelets, sober link breathalyzers, etc.), transportation (bus passes), and staff training.[86] The VTC staff has discretion on how the budget is spent.[87] The VTC is in its last year of a federal SAMHSA grant that funds the Warrior Support Center to treat the justice-involved veterans who do not have VA benefits.[88]

Regular court fines and costs (including restitution fees if the case requires it) incurred in all criminal cases are also present in the VTC. The judge has some discretion to waive some of those fees (court fines and costs as well as probation supervision fees) and usually will if they graduate early, but restitution is not waivable (this serves as an obstacle for several participants).[89]

The VTC can also use payments as sanctions. For example, if a participant keeps failing his or her ETG tests (i.e., they are still drinking) and the VTC knows that they have some kind of income, the VTC will have them pay $350 a month for the SCRAM bracelet, which is paid to probation.[90] Aside from restitution, which the VTC has no control over, most other fees are based on the person’s ability to pay.[91] The VTC uses state funds in an effort to keep justice-involved veterans in treatment, doing drug testing, and placed in a stable housing situation.[92]

The VA, state probation office, or the actual jail covers most of these treatments; however, the justice-involved veteran must cover some of these treatments themselves.[93] In addition, depending on rate of offense, justice-involved veterans may be required to attend several appointments a week.[94] Missed appointments generally are met with increased sanctions; however, consideration is given to TBI
afflicted offenders who struggle with forgetfulness as a result of a TBI. Part III will evaluate the results of these mechanics.

III. Court Evaluation By The Numbers

The UCCS THHC has spent the last several years studying the 4th Judicial District’s VTC through the JDTR grant. This comment will analyze three key studies that THHC has produced, spanning from 2012-2014, addressing each in chronological order. Beginning with the first study, in March 2012, Michelle Slattery, Lead Evaluator at the THHC, published a comprehensive study based on 70 individuals involved in the VTC. This study covered several aspects of the VTC, such as VTC graduation rates, recidivism, housing, employment amongst other metrics. The key issues that emerged from this initial study were compliance, employment, and housing.

Even a cursory analysis of the statistics revealed issues with VTC compliance and graduation with 10 percent graduating; 8 percent failing; and 38 percent struggling with compliance.

In addition to compliance, unemployment within the VTC’s justice-involved veterans also emerged as a glaring issue. Indeed, a year after the VTC: 5 percent of the VTC’s participants were unemployed (not looking); 27 percent were unemployed looking for work; 14 percent were employed part-time; and 27 percent were employed full-time. Moreover, housing for VTC justice-involved veterans was a clear issue. After a year with the VTC, studies show a drop in home ownership, and an increase in both unstable housing situations as well as homelessness.

However, the VTC’s metrics with substance abuse, drug use, and improvement of PTSD symptoms showed remarkable results within the court. Within a year, alcohol use dropped from 49 percent to 18 percent, and illegal drug use dropped from 32 percent to 9 percent. PTSD also showed improvement, dropping from 86 percent to 59 percent. Further analysis will be offered within the challenges section; however, metrics concerning housing and employment are obvious negative standout trends while PTSD and TBI treatment and improvement are standout positive trends.

Judge Shakes identified veterans with less-than-honorable discharges as one of the biggest challenges for the VTC because these veterans don’t have access to VA benefits, and they have a track record of bad behavior, which is more than likely why they were dishonorably discharged. There are limited grants for this demographic; specifically, the Warrior Support Center is funded primarily through the Veterans Connect Grant to service those who are not VA eligible. With these tangible metrics, this comment will make recommendations within Part IV.

IV. Challenges

This section will begin with an analysis of the THHC’s initial study on the 4th Judicial District’s VTC (“THHC Study 1”), discuss the THHC’s (“THHC Study 2”) most recent results, and discern challenging trends from these metrics. Finally, this section will culminate with recommendations based on this analysis.
A. Measurable Outcomes

Analyzing THHC Study 1, several challenging trends emerge that are in line with Slattery’s previous results. Primarily, although PTSD and overall health improved, veteran issues with employment and housing continued to be reoccurring issues at both the 6-month and yearlong data points.\textsuperscript{[104]} THHC Study 1 annotated that the gains were “modest and not significant.”\textsuperscript{[105]}

With such a rigorous appointment schedule, it can be inferred that the amount of appointments can affect employment and thus housing.\textsuperscript{[106]} THHC Study 1 points to the amount of commitment – approximately 16 appointments per month – as “intensive,” which “may have made it difficult for participants to hold down a full time job.”\textsuperscript{[107]} Another obvious implication of the VTC is that involvement with the justice system may create a “possible obstacle to both employment and housing.”\textsuperscript{[108]} Indeed, transportation and accessibility are also issues with the volume of appointments.

Final results from THHC Study 2 shows challenging trends within employment and housing.\textsuperscript{[109]} In terms of the most recent metrics on employment, after a year at the VTC, full time employment decreased and unemployed looking for work decreased, while unemployed-not looking for work increased.\textsuperscript{[110]}

The high points of these final metrics were post-release recidivism rates (6 percent for those who completed the VTC) and housing that improved to 75 percent stably housed.\textsuperscript{[111]} These powerful metrics show that the VTC team’s continued emphasis on finding stable housing, including partnering with half-way homes, have turned the tide on the housing situation for the VTC’s justice-involved veterans.

B. Recommendations

Empirical data, court observation, and interviews make it clear that there are problematic issues within the VTC. These issues include but are not limited to unemployment, stable housing, and limited accessibility to VA benefits due to discharge status. Of course, these issues are interconnected to internal and external factors, such as a rigorous appointment schedule, grim veteran employment figures, the difficulty of finding treatment in overtaxed VA facilities, and an unstable housing situation. Thus, recommendations that address these issues will continue to improve VTCs, such as: (1) correcting military records reflecting other-than-honorable discharge if possible; (2) reducing appointments and increasing emphasis on housing and job opportunities that are congruent with the VTC’s rigorous schedule; and (3) expanding VTCs to offer further opportunity to justice-involved veterans.

Conclusion

While the VTC treats justice-involved veterans with the dignity and respect worthy of a combat veteran, it also ensures that these justice-involved veterans are held accountable. The VTC’s effort to create an environment cognizant of the military -
from traditions to phases and checklists – is incredible. It makes the judicial system easily accessible to these veterans, and incorporates a regime of incentives and modifications very similar to the military. Although issues exist and possible modifications can be made, the VTC concept, particularly in the 4th Judicial District, is a powerful role model for veteran courts.


[3] Veterans involved with the criminal justice system.


[6] Id.

[7] Id.

[8] Id.


[10] Id.


[14] Interview with Kisten Born, 4th Judicial District Veterans Trauma Court Director (Oct. 28, 2014). The Fourth Judicial District’s VTC will be celebrating its 5th anniversary on Nov. 13, 2014.


[18] National Association of Drug Court Professionals, Drug Courts Work, http://www.nadcp.org/learn/drug-courts-work (last visited Nov. 10, 214) (75 percent of Drug Court graduates remain arrest-free at least two years after leaving the program; rigorous studies examining long-term outcomes of individual Drug Courts have found that reductions in crime last at least 3 years and can endure for over 14 years. The most rigorous and conservative scientific “meta-analyses” have all concluded that Drug Courts significantly reduce crime as much as 45 percent more than other sentencing options).


[21] Id.

[22] Id.

[23] Id.


[26] Colorado Dep’t of Human Services, Trauma Treatment & Veteran Services, http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581561747 (last visited May 15,
[27] Id.

[28] Interview with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Mar. 16, 2014).

[29] Id.

[30] Id.

[31] Id.

[32] Id.

[33] All defendants that are interested attend a briefing prior to the evaluation, which provides them information on the requirements of VTC/how the program works. This briefing allows the defendant to make an informed decision about the VTC option. Id.

[34] Id.

[35] Id.

[36] Id.

[37] Id.

[38] Id.

[39] Id.

[40] Interview with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Sept. 2, 2014).


[42] Id.

[43] Id.

[44] Id.

[45] Ippolito, supra note 40.

Interview with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Jan. 25, 2014).

Court observation with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).


4th Judicial District Veterans Trauma Court, supra note 54. In order to be promoted to Phase II, the justice-involved veteran must accomplish a set of key developmental tasks.

4th Judicial District Veterans Trauma Court, supra note 54.

4th Judicial District Veterans Trauma Court, supra note 54. It should be noted that a veteran must pay for volunteer work registration.
[67] Id.

[68] Court observation with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).

[69] Interview with Judge Shakes, Judge of the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).

[70] Court observation with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).

[71] Interview with Judge Shakes, Judge of the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).

[72] Id.

[73] Id.

[74] Court observation with Jon Ippolito, Deputy District Attorney to the 4th Judicial District Veterans Trauma Court (Oct. 23, 2014).

[75] Id.

[76] Id.

[77] Id.

[78] Ippolito, supra note 74.

[79] Id.

[80] Interview with Kisten Born, 4th Judicial District Veterans Trauma Court Director (Oct. 28, 2014).

[81] Ippolito, supra note 74.

[82] Born, supra note 80.

[83] Id.

[84] Interview with Kisten Born, 4th Judicial District Veterans Trauma Court Director (Nov. 10, 2014)(on file with the author).

[85] Id.

[86] Id.

[87] Id.

[88] Id.
[89] Id.

[90] Id.

[91] Id.

[92] Id.

[93] Id.

[94] Ippolito, supra note 74.

[95] Id.


[97] Id.

[98] Id.

[99] Id. For those who owned a home before VTC involvement (75 percent), after a year, this number dropped to 64 percent.[99] For those who were unstably housed before VTC involvement (9 percent), a year, this number increased to 18 percent.[99] For those who were homeless before VTC involvement (2 percent), this number actually increased to 9 percent at the end.[99] For those who were institutionalized (15 percent), this number dropped to 9 percent at the end. Id.

[100] Id.

[101] Id.

[102] Id.

[103] Id.

[104] Id.

[105] Id.

[106] Interview with Michelle Slattery, Lead Evaluator for the Jail Diversion and Trauma Recovery—Priority to Veterans Grant at the UCCS Trauma, Health & Hazards Center (Sept. 23, 2014).

[107] Id.
Interview with Michelle Slattery, Lead Evaluator for the Jail Diversion and Trauma Recovery–Priority to Veterans Grant at the UCCS Trauma, Health & Hazards Center (Dec. 11, 2014) (these results are still pending final publication).

35 percent are employed full time (5 percent part time); 36 percent describe themselves as “unemployed - looking for work;“ 26 percent describe themselves as “unemployed - NOT looking for work.” By the twelve-month interview, 27 percent were employed full time (10 percent part time); 25 percent described themselves as “unemployed - looking for work;“ 38 percent describe themselves as “unemployed - NOT looking for work;“ and half of participants experienced no change in employment from Baseline to 12-Month interview. Id.

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