

RIGHT ON CRIME

SERVING COUNTRY & SERVING TIME

WRITTEN BY

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KEY POINTS

- **Far too many of our nation's veterans** are encountering the criminal justice system due to service-related conditions.
- **Veteran Treatment Courts** (VTCs) have been the default solution to handle the unique issues faced by veterans who encounter the justice system and are modeled after other specialty courts.
- **States have taken** different approaches with VTCs and have been assisted by limited federal programming, but it is time to harness best practices and standardize processes.
- **Broad eligibility, cost sharing** by federal, state, and local governments, and community-coordinated treatment/service options are essential to VTC success.
- **Veteran offenders** cannot be allowed to fall through the cracks of any criminal justice system when their service experience contributed to their offense.

EXECUTIVE SUMMARY

Far too many of our nation's veterans are encountering the criminal justice system due to untreated or service-aggravated conditions such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use disorder (SUD), and moral injury (DOJ, 2025). Veterans Treatment Courts (VTCs) have emerged as an innovative solution to address the complex needs of these individuals by offering court-supervised treatment and services instead of incarceration (KYCOJ, 2025). These courts acknowledge that while veterans are not uniquely exposed to trauma, they differ in the frequency of such exposure, the conditioning they receive, and the cultural expectations that define resilience in service (Joseph et al., 2022). Despite their promise, access to VTCs is inconsistent across jurisdictions due to restrictive eligibility standards, unclear definitions of "veteran," and structural barriers like fragmented data systems and stigma associated with seeking help (Seamone, 2023).

To ensure that veterans do not fall through the cracks of the justice system, states must adopt more novel approaches to diversion, treatment, and care. This includes standardizing eligibility criteria to reflect the realities of service-related trauma better, coordinating multidisciplinary teams to address veterans' legal and clinical needs, and expanding community-based treatment options supported by federal, state, and local partnerships (Byrne et al., 2024). Broadening access to VTCs can prevent the cycle of instability, incarceration, and social disconnection that many veterans face upon returning to civilian life (Brenner, 2024). By focusing on treatment over punishment, states can uphold the nation's promise to those who have served while enhancing public safety and community well-being. By focusing on treatment over

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INTRODUCTION

Are the benefits earned by veterans who have served our nation reasonably forfeited when they fail to successfully transition to life as a civilian because they encounter the criminal justice system as an offender? If not, how should a veteran's condition, caused by or worsened in service, be considered and/or accommodated by the criminal justice and correctional systems they encounter? The answers to these questions are "No" and "It's complicated," respectively. From the pronouncement of our 16th president¹ to the White House cabinet currently serving our 47th, our nation has long remained resolute in its commitment to care for those who fight its battles and to repair the damage that such battle causes in their lives thereafter. In 2025, Secretary of Veterans Affairs, Doug Collins, announced the renewal of the Department of Veterans Affairs' mission statement as, "Fulfilling President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors" ([DVA Mission, 2025](#)). America and its states are not relieved of this sacred promise and our corresponding mission to fulfill said promise when a veteran commits a crime. By denying such veterans individual consideration and care, we are collectively compromising public safety.

Specifically, this paper intends to advance Veterans Treatment Courts (VTCs) as the most appropriate vehicle for allowing states to partner with the federal government and facilitate the fulfillment of our nation's promise. According to the Council on Criminal Justice, "recent studies show that approximately one-third of veterans report a history of arrest, compared to one-fifth of the non-veteran population."

VTCs serve to treat and rehabilitate rather than incarcerate offending and convicted veterans ([Orak, 2023](#)). Through VTCs and through implementing legislation that standardizes the operations thereof, states must work in coordination with the federal government so that VTCs are developed and maintained to ensure that 1) veteran consideration and care is a standardized, statewide component of criminal justice processing through the passage of a Veterans Justice Act (VJA); 2) that through state partnership with the federal government and non-profits, multidisciplinary programs and services are broadly available and consistently delivered to bridge the broken continuity of care for offending and incarcerated veterans; and 3) that state budgetary allocations allow jails and prisons to standardize and expand coordination with VJO Specialists and Veterans Pods², which initiate and sustain the communal healing process for confined veterans.

As with any court-based program that is aimed at specifically protecting a portion of the general population, an introduction to the special considerations for the population subject to the jurisdiction thereof is a good starting point for discussion. VTCs, similar to other specialty courts like drug and mental health courts, exist to provide specialized treatment-oriented solutions to criminal defendants who have unique conditions that mitigate their criminal culpability ([KYCOJ, 2025](#)). VTCs provide court-supervised treatment as an alternative to incarceration for veterans whose criminal behavior sometimes stems from complex traumatic experiences encountered during military service ([KYCOJ, 2025](#)). By allowing for an alternative to incarceration, VTCs enable veterans to continue to receive disability benefits and care for their ongoing conditions while avoiding federal rules and departmental policies that would otherwise terminate or reduce benefits and care upon incarceration.

- 1 During his second inaugural address on March 4, 1865, President Abraham Lincoln discussed the Civil War and the hardship it brought to the country. Lincoln's solution to begin reconciliation and recovery began with the notion that "... to care for him who shall have borne the battle and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations." This phrase has been the motto of the Department of Veteran's Affairs since 1959 ([U.S. Department of Veterans Affairs, Mental Illness Research, Education, and Clinical Center, n.d.](#)).
- 2 Veterans Pods are "A prison unit where incarcerated veterans are housed together, implementing Veteran-specific programming and allowing for growth and camaraderie" ([University of Baltimore School of Law Veterans Law Clinic, 2023](#)).

Criminal justice-related challenges faced by veterans of war are not unique to those who have engaged in 21st century warfare; they are not exclusively the product of modern environmental influences on an all-volunteer force; and they are not a recent discovery provided by technological advancements in human behavioral research. War is often ugly, but rarely criminal. When it becomes the latter, the emotional responses of those employing force are said to have dulled to such an extent that the violence they enacted was limited only by the limits of force itself (Wasserstrom, 1970). Such an emotional disconnect between perception and action can be the result of heightened cognitive resilience and may be of considerable value in war, but in civil society, it has little to no value (Flood & Keegan, 2022).

Veterans are not necessarily unique in terms of the trauma and adversity they are exposed to in life, but they differ drastically with respect to the frequency of said exposures, the preconditioning and discipline they receive in advance of such exposures, and the cultural expectations and reward systems for demonstrating endurance and resilience despite the cumulative effect of such exposures. In service, the range of traumatic experiences that a veteran might endure include but are not limited to: combat-exposure, post-traumatic stress disorder (PTSD), traumatic brain injury, substance use disorder, moral injury³, and military sexual trauma (Seamone, 2024). Additionally, when these same veterans interact with the criminal justice system, they are found to have been almost twice as likely as their civilian counterparts to have endured adverse childhood experiences (ACEs) prior to their military service, and were twice as likely as their civilian cellmates to have experienced homelessness and housing instability on the back end of confinement (Seamone, 2024). In summary, while research is beginning to inform policy makers' appreciation of individual veteran

risk factors for criminal justice encounters, greater complexity lies ahead, as it has not yet begun to examine how desirable and acceptable military behaviors can detrimentally impact a veteran's successful assimilation into civilian society.

Despite a wealth of research examining military culture and society, much of it fails to examine the adverse effects of rigid and absolute conformity to standards and expectations, of discipline that is consistently applied individually but often inconsistently applied collectively, and of an ingrained selflessness that perpetually subordinates and suppresses individual desires to advance a politically shifting collective good (Joseph et al., 2022). While these aspects of military culture and society successfully condition and therefore produce wonderfully trained, high performing, and incredibly resilient military members, they can also cause great difficulty as those same members attempt to reenter civilian society. A sizeable population of veterans who leave service find themselves more likely to encounter the criminal justice system (at least in part) because they are intolerant when it comes to behavioral expectations of fellow civilians, they are inclined to hastily resolve matters and conflicts outside of acceptable civilian processes, and they remain convinced that even if they are engaged in criminal conduct, they are justified in doing so for the greater good (Grossman, 2009). However, policymakers must be reminded and move forward with legislation that reflects what behavioral science has repeatedly demonstrated—veterans are capable of rehabilitating and learning prosocial behaviors to successfully reenter society (Grossman, 2009).

In order for states to adequately address the disproportionate representation of America's veterans in their criminal justice systems and to counter the individual, familial, and public safety risk they may pose, states must leverage existing best practices

3 "Moral injury is the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct. Within the context of military service, particularly regarding the experience of war, "moral injury" refers to the lasting emotional, psychological, social, behavioral, and spiritual impacts of actions that violate a service member's core moral values and behavioral expectations of self or others" (The Moral Injury Project, n.d.).

and pass a VJA that standardizes the operations of VTCs, must formalize partnership agreements with the federal government and non-profits to source multidisciplinary teams that provide treatment-relevant programming and services to veterans granted detention alternatives, and must fund the standardization and expansion of Veterans Pods in jails and prisons for the veterans who are not eligible for VTCs.

VETERANS AND THEIR FAMILIES

The Criminal Consequences of Dulling

Emotional Responses

Military training and experiences often stand as the high watermarks of achievement in the lives of those who have served. In the aftermath of service, just as veterans may healthily rely upon the positive lessons learned during those military victories and apply the same to succeed in civilian life, the opposite can also occur. Veterans may unhealthily fixate on their past training and experience victories as exhibiting a greatness that is no longer realistic, achievable, or replicable. Such a deleterious process is repeated all over this country by struggling service members whose complex traumas remain untreated and can result in behavioral problems, ranging from dull emotional responses and an illogical dissatisfaction with civilian life on the least severe end of the spectrum, to criminal and suicidal behavior on the opposite end (Joseph et al., 2022).

When emotional responses are dulled or numbed (a core symptom of PTSD), emotions are similarly deregulated or unstable (Brenner, 2024). These sudden shifts between positive and negative emotions can cause individual suffering and destroy personal and professional relationships (Brenner, 2024). The detrimental impact that these behavioral problems have upon those who love and interact with our veterans is extraordinarily consequential—family, friends, caregivers, and neighbors are often those who suffer alongside or may be unintentionally victimized by our veterans. Not feeling emotions, remaining unaware of emotions, or inappropriately experiencing heightened or lessened arousal increases the likelihood of regrettable conduct (Brenner, 2024).

The Risk of Substance Abuse

Approximately 11% of veterans who visit a Department of Veterans Affairs-run medical facility for the first time have a substance use disorder (SUD) (Miller, 2024). A SUD is a medical term used to describe a pattern of using a substance that causes significant problems or distress (Johns Hopkins Medicine, n.d.). Various aspects contribute to substance use, including mental health disorders, coping with readjusting to civilian life, and managing pain (Teeters et al., 2017). This also includes exposure to environmental stressors while serving, such as deployments and combat exposure, which can lead to PTSD and depression (Teeters et al., 2017). A national study revealed that 44.6% of individuals with lifetime PTSD also met the criteria for a SUD diagnosis (Norman et al., n.d.). Even though PTSD and SUDs manifest in different ways, it is shown that, on average, individuals who are diagnosed with both have additional psychiatric problems and more functional problems across multiple areas of life, including legal, financial, and social (Norman et al., n.d.). The military's zero-tolerance drug policies and random drug tests that are enacted to deter substance use during service can also discourage veterans who need treatment from seeking it even long after retirement (NIH, 2019). In addition, research shows that SUD and general substance use are associated with 2 to 3.5 times greater odds of arrest among veterans (Orak, 2023). So, not only do veterans have a higher propensity to develop SUD, but due to the stigma associated with seeking treatment, they are less likely to get treatment and more likely to get arrested because of it. A 2017 study found that only 7.72% of veterans with SUDs received adequate treatment for their condition and only 6.58% of veterans received an adequate dose of PTSD-related treatment (Hernandez & McCauley, 2021). This makes Veterans Treatment Courts a viable alternative for veterans who are arrested because of a SUD.

In summary, even though veterans disproportionately live childhoods that predispose them to criminal behavior (Blosnich, 2014), and once confined, suffer to such an extent that they disproportionately experience substance use, homelessness, or

housing instability, they are not beyond the salvation of responsible policymakers. The outright denial of earned veteran benefits—because such benefits become difficult to deliver upon arrest or incarceration—betrays our nation’s sacred promise, ignores the reality of war’s effect on the warfighter, and does not serve to further individual, familial, or public safety. Further, such a denial has no legitimate basis in the law and remains the effect of a 1999 administrative rule change at the Department of Veterans Affairs (DVA) (2024), while programming in state criminal justice systems that might otherwise allow for the continuity of veteran consideration and care serves to sustain the problem. Solutions to this problem, set in the form of public policy, are what this paper aims to discuss and promote.

THE CONCEPT AND STRUCTURE OF VETERANS TREATMENT COURTS

Overview of Veterans Treatment Courts

VTCs offer treatment services for SUDs and/or mental health disorders rather than incarceration. These programs are modeled after existing drug or mental health treatment courts that were established to help people with substance use disorders and/or mental health disorders to receive short-term or long-term rehabilitation treatment rather than just jail time, which does not address the underlying issues that contributed to the illegal behavior. Eligibility requirements for VTCs vary depending on the state (Miller, 2024).

The first VTC was founded by the Honorable Robert Russell in Buffalo, New York, in January 2008. The structure of a VTC is like that of drug treatment and mental health courts in that they involve cooperation and collaboration with court officials, community partners, and law enforcement. The goal is to connect eligible veterans with benefits and treatment earned through military service (All Rise, 2025).

There are 10 key components to any Veterans Treatment Court:

1. VTCs integrate alcohol and 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. VTCs provide access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation 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.
10. Forging partnerships among VTCs, veterans administrations, public agencies, and community-based organizations generates local support and enhances VTC effectiveness.

The number of VTCs has since grown to over 600 in the United States as of 2021, with much of that expansion taking place since 2016 (Alicea-Lozada, 2024). However, the eligibility requirements for participating in VTCs vary depending on location. Some courts will accept veterans charged with a misdemeanor or felony, while others will accept only one or the other.

In addition, not all courts accept veterans who have been charged with a violent crime or with domestic violence, although some courts do ([Tsai et al., 2018](#)).

Most importantly, veterans are given the choice to participate in the treatment court and must be willing to do so. The VA has a Veterans Justice Outreach (VJO) program that can help determine if a veteran is eligible and assist them in enrolling in a VTC ([U.S. Department of Veterans Affairs, 2025](#)).

The Ideal Candidate for VTC

The ideal candidate for a VTC is not terribly different than the ideal candidate for any non-veteran diversionary program. However, the ideal candidates for VTCs are veterans, which means categorically that they have lived for some period of time wherein they were forced to place the welfare of others above their own. Individually, these veterans are vastly different from one another. It is often the fact that the most diverse communities within states across America are found in military communities: people who may never have otherwise chosen to live near one another are brought together by service. These veterans come from all socioeconomic backgrounds, are often educated and highly skilled, may or may not have immediate families, and may leave the service for all sorts of opportunities, while others leave in disgrace. In short, the criminal decision that lands a veteran in consideration for a VTC, which regularly calls for their exhibition of selfishness and impulsivity, is often one that they have been trained to avoid by selfless service and discipline. Resurrecting and again harnessing those previously learned traits, while ridding the veteran of distractions therefrom (namely, substance use and other comprehensive healthcare), is exactly what a VTC experience intends to effect.

More specifically, an ideal VTC candidate is a veteran who satisfies an undesirable but all too common trifecta: first and foremost, the candidate must be a veteran; second, they must be a veteran who exhibits mental or physical symptoms of a condition

from their service; and third, such mental or physical symptoms are those that could have contributed to their criminal conduct ([ALEC, VJA, 2024](#)).

Determining “Veteran Status” should be navigated based on clearly defined, objective criteria; however, it is anything but. In fact, there is no common definition used by federal and state authorities or agencies ([Seamone, 2023](#)). Such an inability to consistently define veterans makes them difficult to identify and adversely effects their receipt of necessary medical and mental health care and other benefits, long prior to any interaction with the justice system. Thereafter, once they are called to face the criminal consequences of their actions, identification issues further prohibit them from accessing criminal justice and corrections programming that is intended to address veteran-specific needs.

While it is true that many veterans can self-identify by presenting a “veterans ID card” that uses the Veteran’s Department of Defense identification number as a member ID and is issued by the DVA, many others cannot. And for a portion of those who could present such a card, they will choose not to for fear of losing earned benefits that are providing for their families, while others will opt not to identify out of shame⁴ ([Seamone, 2023](#)).

Regardless of how we get to the determination of a veteran’s bona fides, the second qualifier for the ideal VTC candidate is one who is suffering from a SUD, military sexual trauma (MST), traumatic brain injury (TBI), PTSD, or another mental health condition that is related to the veteran’s service. These conditions are the real unintended consequences of military service and often can defeat a veteran’s best efforts to successfully adapt to civilian life, especially when such conditions are left untreated or are treated with criminal behaviors like illegal drug use and legal drug abuse. Untreated or improperly treated trauma can yield an extremely problematic veteran who is potentially a threat to themselves and the community as they are simultaneously suffering

⁴ This non-reporting segment of the incarcerated veteran population may be as high as two out of three.

from both SUD and one or more other mental health conditions ([Holliday, 2023](#)). Applying the trifecta, the ideal candidate for a VTC is one of these suffering veterans as soon as he or she has committed a qualifying criminal offense.

Programmatic Legislation

At the federal level, the passage of the Veterans Treatment Court Coordination Act of 2019 (Public Law 116-153) empowers the Attorney General to develop and implement the Veterans Treatment Court Grant Program, overseen by the Bureau of Justice Assistance ([BJA, 2023](#)). Through this program, state, local, and tribal governments receive grants and technical support to establish and maintain VTCs. Additionally, proposed legislation like H.R. 886 is set further to support ongoing development and sustainability ([Congressional Budget Office, 2020](#)).

Many states have stepped up to promote VTCs ([Executive Office of the President, 2010](#)). Nevada passed AB 187 in 2009, which mandates that courts inquire about defendants' military service and authorizes district courts to create treatment programs for veterans and military members. This law allows justice and municipal courts in Nevada to transfer cases to district courts, streamlining veterans' access to these vital programs ([Nev. A.B. 187, 2009](#)). Also in 2009, Texas enacted Senate Bill 1940, establishing a solid framework for specialty courts for veterans under Chapter 617 of the Texas Health and Safety Code. This law ensures that veterans facing service-related conditions like PTSD or TBI can access these courts, with the opportunity for charges to be dismissed upon successful program completion ([Marchman, 2012](#)).

Colorado passed House Bill 10-1104 in 2010, which laid the groundwork for VTC programs throughout judicial districts ([HB 10-1104, 2010, pp. 1-3](#)). The state legislature then passed House Bill 21-1016 in 2021, which facilitated case transfers to jurisdictions with veterans' specialty courts ([SB 21-016, 2021, pp. 1-3](#)). In addition, the 2022 Colorado Code empowers chief judges to collaborate with local stakeholders,

enabling them to tailor VTC programs to the unique needs of their communities ([Justia, 2022](#)).

Other states like California, Minnesota, and New Hampshire have passed legislation that permits judges to order treatment instead of prison for veterans suffering from combat-related mental health disorders:

- California: A.B. 1925 ([AB 1925, 2010, pp. 1-18](#))
- California: PEN 1170.9 ([California Legislative Information, 2019](#))
- Minnesota: S. 609.1056 ([Minnesota Revisor of Statutes, n.d.](#))
- New Hampshire: H.B. 1589 ([BillTrack50, n.d.](#))

Most recently, in 2024, Nebraska passed legislation aimed at diverting veterans with service-related conditions away from incarceration and into specialized treatment programs. Signed by Governor Jim Pillen, this law emphasizes alternatives to prosecution and targets conditions like PTSD that may lead to criminal behavior ([Council on Criminal Justice, 2024](#)).

COMPARATIVE ANALYSIS: VETERAN TREATMENT COURTS IN KENTUCKY VS. NORTH CAROLINA

Overview of VTC Systems in Kentucky

Kentucky is home to two major military installations, an Army ammunition manufacturing depot, a large regional training center for National Guard units, and a number of Army and Air National Guard bases of operations. These installations and units provide over 38,000 jobs and make the military Kentucky's largest employer ([KCMA, 2016](#)). This robust military presence provides opportunities for servicemembers and civilian government employment, and causes almost 300,000 veterans, or 7% of the state's population, to call the Commonwealth home ([DVA State Summary](#)). Although precise statistics are not available for veterans currently confined in Kentucky prisons and jails, dated assessments by the U.S.

Department of Justice determined that veterans are incarcerated at a rate of 855 per 100,000, meaning that over 2,500 of Kentucky's veterans are likely carceral residents of the Commonwealth (DOJ, 2015).

In Kentucky, VTCs offer veterans with open criminal cases a specialized treatment-oriented solution (KY Courts, 2025). Kentucky VTCs currently operate in seven counties: Jefferson, Christian, Fayette, Hardin, Kenton, Boone, and Campbell (KY Courts, 2025). Although veterans can be referred for consideration to VTCs by judges, prosecutors, defense attorneys, probation officers, pretrial officers, VJO coordinators, or a VTC team member, they must be in a military duty status, have had an honorable discharge, or be qualified for services from the Veterans Benefits Administration (KY Circuit Judges Association, 2025). The overwhelming majority of veteran arrestees and veteran criminal defendants in Kentucky are identified through law enforcement or a corrections query, or as a part of pre-trial services managed by the Kentucky Administrative Office of the Courts. These queries are performed using the Veterans Reentry Search Services, which allows law enforcement, corrections, and other criminal justice entities to identify veterans in their arrestee, inmate, or defendant populations (VRSS, 2010).

Specifically, combining lessons learned from the Commonwealth's other Specialty Courts (i.e., Drug Court and Mental Health Court), Kentucky veterans with qualifying cases are offered court-supervised treatment that can last as long as 24 months as a detention alternative program (KY Courts, 2025). The minimum timelines for completion range from 15 months for misdemeanor participants to 18 months for felony participants (KY VTC Participant HB, 2023). Each individual VTC program may have different goals within the unique case plan for the participating veteran, but all have the same five phases: 1) Stabilization; 2) Treatment Stabilization; 3) Social Development; 4) Self-Motivational; and 5) Continuing Care (KY VTC Participant HB, 2023). Progression, suspension, incentives, sanctions, therapeutic adjustments,

separation, completion, and creditable time are judicial determinations, wherein judges exercise discretion that is informed by the multidisciplinary team of court staff, prosecutors, defense attorneys, treatment and other service providers, probation, law enforcement, volunteer veteran peer mentors, and representatives from the U.S. Department of Veterans Affairs (KY VTC Participant HB, 2023). Upon successful completion of all five phases of the VTC, graduating veterans must also have: 1) satisfactorily paid restitution; 2) have no pending charges; 3) paid all court costs, fines, and fees as determined by the judge; and 4) remained drug and alcohol free for at least 90 to 180 consecutive days during phases 4 and 5 (KY VTC Participant HB, 2023). Assuming Kentucky veterans achieve these milestones, their sentencing judge may exercise one or more of the following three options: "(1) Dismiss the underlying charge(s) if the participant was on diversion, but only when restitution, if any, has been paid in full; (2) Modify the probated sentence to be conditionally discharged, but only when restitution, if any, has been paid in full; or (3) Enter an order resolving, dismissing, or disposing of a contempt charge" (KY VTC Participant HB, 2023).

Kentucky's VTC Participant Handbook hails VTCs as "a shining example of Kentucky's success in Specialty Courts, which gives eligible participants the opportunity to make positive changes in their lives. Instead of spending time in jail, participants complete an intensive community supervision program overseen by a judge" (KY VTC Participant HB, 2023, p. 1). In seizing the opportunity provided by VTCs, Kentucky participants demonstrate a desire "to improve [their] life by working closely with the treatment team to achieve [their] recovery goals, develop job skills, connect to available treatment services, rebuild family and community ties, live a drug and crime free life, stabilize [their] living situation, and reconnect with positive Veteran peers" (KY VTC Participant HB, 2003, p. 1).

Overview of VTC Systems in North Carolina

North Carolina has one of the largest military footprints of any state in the country, representing three out of the four branches of service, and is home to twelve military bases ([North Carolina Department of Military and Veterans Affairs, n.d.](#)). Veterans account for only approximately 9.8% of the total population of North Carolina but account for 18–20% of all homeless individuals in North Carolina. According to the Veterans Life Center of North Carolina, more than 2,589 veterans are currently incarcerated in North Carolina, of which some 22.7% are likely 21st century veterans ([Veterans Life Center of North Carolina, n.d.](#)).

In North Carolina, VTCs are in place to “work with military service veterans with a substance use, mental health, or co-occurring disorder ([North Carolina Judicial Branch, n.d.](#)). VTCs are operational in fourteen North Carolina counties ([North Carolina Judicial Branch, n.d.](#)).

North Carolina has adopted other types of treatment courts in addition to VTCs. As of February 2024, there are a total of 65 treatment courts serving 35 North Carolina counties ([North Carolina Judicial Branch, 2024](#)). In May 2024, North Carolina Chief Justice Paul Newby proclaimed May as “Treatment Court Month” for the North Carolina Judicial Branch. During the month of May, North Carolina Treatment Courts, including VTCs, will join similar programs nationwide in celebrating National Treatment Court Month. Newby cited, “There are more than 4,000 treatment courts in the United States, annually serving more than 150,000 people. Since 1989, treatment courts have served more than 1.5 million people nationwide and saved billions of tax dollars” ([North Carolina Judicial Branch, 2024](#)).

North Carolina VTCs are post-plea, pre-sentence courts. In Randolph County, NC, a VTC is a

Voluntary (voluntarily entered into by the veteran), 16–24-month court-supervised, intensive treatment program for U.S. Military veterans and active duty military members charged with felony or misdemeanor nonviolent criminal offenses who have substance use dependence and/or mental health illnesses. The District Attorney’s Office will assess potential participants to place on a specialized criminal court docket. The court substitutes a problem-solving model focused on treatment. Successful program completion means the charges are reduced or dropped as agreed upon in the court order. ([North Carolina Judicial Branch Randolph County, n.d.](#))

According to the Randolph County Sheriff’s Office ([North Carolina Judicial Branch Randolph County, n.d.](#)), individuals are eligible for a VTC if they meet the following criteria:

- Honorable, general (under honorable), general (under other than honorable, bad conduct discharge).
- At least 1 day of active service after boot camp OR be eligible for disability and/or health care benefits from the VA.
- Class H/I felony⁵ or lower or can plea down to a H/I felony or lower.
- Other stipulations are deemed appropriate by the judge/DA.

Once the veteran is in the Randolph County VTC, the VTC can assist with:

- Employment
- Housing
- Battle buddy/military mentor
- Counseling

⁵ Class H felonies in North Carolina carry a maximum punishment of 39 months imprisonment and include offenses such as assault by strangulation, embezzlement under \$100,000, and larceny of property exceeding \$1,000. Class I felonies carry a maximum punishment of 24 months imprisonment and include offenses such as breaking or entering motor vehicles, forgery, and possession of cocaine ([North Carolina Sentencing and Policy Advisory Commission, 2017](#)).

- Detox/substance abuse treatment (in/out patient)
- Education
- VA benefits

Other services as deemed appropriate ([North Carolina Judicial Branch Randolph County, n.d.](#)).

VTCs in other North Carolina counties work similarly. In Buncombe County, the VTC consists of five phases totaling at least 16 months ([Veterans Treatment Court Buncombe County, North Carolina, n.d.](#)).

Comparative Analysis: Kentucky and North Carolina

VTCs in both Kentucky and North Carolina serve as alternative, treatment-oriented judicial pathways for justice-involved veterans. While their structures and underlying goals are comparable, key distinctions in eligibility criteria, judicial discretion, and veteran inclusion reveal significant differences in how the two states address justice-involved veterans' needs.

Though called veterans treatment courts, the courts do not serve all persons who have served in the military. Some VTCs require service in an "active" as opposed to a reserve or state guard status, while others require the member's service to have ended with a certain category of discharge (e.g., Honorable; General, under Honorable Conditions; Other than Honorable Conditions; Bad-Conduct Discharge; and Dishonorable Discharge). Meanwhile, if VTCs use federal law as a guidepost, they will be strictly limited to those members who meet all of the requirements of the federal definition of "veteran."⁶ The only requirement in North Carolina is that the defendant has prior military service. It is envisioned that participating defendants who received any discharge other than a dishonorable discharge might, through volunteer counsel, be able to seek a discharge upgrade, which could open the door to additional benefits and services ([Markham, 2014](#)).

Compared to Kentucky, VTCs in North Carolina have greater allowances for veterans who received a discharge that is anything less than honorable. Recall that Kentucky VTCs only allow for access to VTCs for discharged veterans if their service was determined to have been honorable. However, by allowing veterans with benefits administered by the VBA, Kentucky is allowing for select veterans with lesser discharges to access VTCs, since the VBA reviews qualifications for benefits on a case-by-case basis ([VA Character of Discharge Fact Sheet, n.d.](#)). Despite this VBA carveout, Kentucky veterans likely have a lesser chance of accessing VTCs than their North Carolina brothers and sisters-in-arms. As far as statewide availability, judicial emphasis, multi-disciplinary programmatic processes, and holistic parameters of assistance, both Kentucky and North Carolina VTCs seem analogous.

Lessons Learned

By categorically barring applicants with discharges that are not honorable, states are potentially denying veterans access to VTCs who were already punished by the services at least in part for misconduct that was related to SUD, MST, PTSD, TBI, or another mental health condition. In other words, states are potentially continuing to punish veterans rather than treat them for service-caused or service-aggravated illnesses and injuries.

This exclusionary approach fails to account for the well-documented connection between military service, trauma, and post-discharge (reentry) behavioral health struggles. Many veterans who received other than honorable discharges were experiencing the effects of untreated service-related conditions at the time of their misconduct. As a result, the discharge classification may reflect a failure of the military system to address those conditions appropriately, rather than a true indicator of criminality or character.

⁶ See [38 U.S.C. § 101\(2\)](#) (requiring active military service and a discharge or release under conditions other than dishonorable).

Denying these individuals access to VTCs risks compounding that failure. Rather than offering a rehabilitative path, the justice system may instead reinforce cycles of instability, incarceration, and social disconnection for veterans whose behavior is better understood through a clinical, trauma-informed lens. Furthermore, excluding veterans with less than honorable discharges can create inequities in access to justice, disproportionately affecting those most in need of intervention.

Several jurisdictions, like North Carolina, have recognized this issue and have implemented more inclusive eligibility standards. These models suggest that it is both feasible and just to design VTC programs that focus less on discharge status and more on service history, clinical need, and the potential for recovery. By doing so, courts are better positioned to fulfill the core mission of VTCs: to honor military service while acknowledging the realities of service-related trauma.

As states continue to expand or refine their VTC systems, this lesson should inform future policy-making. A more flexible, trauma-informed, and broad eligibility framework can ensure that VTCs are accessible to the veterans who need them most, regardless of the administrative label applied to their discharge.

NATIONAL UTILIZATION OF VETERAN TREATMENT COURTS

Overview of VTC Utilization Across the U.S.

According to the Department of Defense, it is estimated that 200,000 service members return from military service to civilian life each year (GAO, 2019). Within the United States, there are over 600 VTCs to serve this population (Alicea-Lozada, 2024).

While VTC utilization data is limited, the National Treatment Court Resource Center has a table showing the number of VTCs in each state and the number of veterans in each state's population (National Treatment Court Resource Center, n.d.). However, there is no data available on state-by-state VTC utilization. This absence of reported data is

further indication of VTCs being ad hoc community solutions (largely judicially managed), as opposed to legislatively created solutions, which require regular reporting and standardized replication of best practices across counties.

Effectiveness of VTCs

In a 2017 survey conducted by the National Institute of Corrections, it was found that out of the 79 VTCs surveyed, just under half reported that their program has not been formally evaluated, and that almost one-third of VTCs do not track participants after they have completed the program. There was also found to be no systematic tracking of mentor relationships or anything to track mentor effectiveness (Matto, 2017).

Although VTCs are fairly new, studies have shown that they are effective (Tsai et al., 2018). Using national data from 7,931 veterans in the DVA VJO program across 115 VA sites who entered a VTC between 2011 and 2015, the study analyzed housing, employment, income, and criminal justice outcomes and veteran characteristics linked to these outcomes. On average, participants spent nearly a year in the program, and 14% experienced a new incarceration. From program admission to exit, 10% more participants secured their housing, 12% more received VA benefits, but only 1% more were employed compared to veterans who did not participate in VTCs (Tsai et al., 2018).

In addition, it was found that only 20% of veterans who participated received sanctions involving jail time during the program. While involved in veterans court, only 14% of veterans had a new incarceration, compared to 23% to 46% of defendants in traditional court. Nearly 90% of veterans with co-occurring post-traumatic stress disorder did not have any other arrests while involved in treatment court (Tsai et al., 2018).

Challenges, Gaps, and Opportunities

The primary challenges for states are twofold. First, states can unintentionally place barriers to individual veteran access as a result of limiting

VTC participation to select characterizations of discharge, as opposed to developing their own statutory definition of a qualified veteran for VTC purposes. Second, states tend to have inconsistent and often inadequate screening and reporting mechanisms that provide notification of arrest and/or confinement of a veteran to a VTC team member, like a VJO Specialist.

Gaps are present in utilization, both of resources available and by those who are in need of access to those resources. Kentucky and North Carolina are two states with successful VTC programs, and their successes are largely the product of extraordinarily supportive volunteer judges, private sector program sponsors, and non-profit and volunteer support. That being said, there is certainly excess capacity when it comes to what each state is capable of providing. On the demand side of the equation, there are a number of qualified veterans who, some by their own refusal to provide information and others by virtue of inadequate identification, do not participate in VTCs. Failing to qualify is on both the veteran who received a certain characterization of service and on the legislature for too narrowly constraining the definition of veteran or qualifying offenses. Failing to identify is largely on the Administrative Offices of the Courts, law enforcement, and the DVA.

Improving relevant definitions of “veteran” such that eligibility for VTCs is expanded, and standardizing interoperability among systems and procedures (largely software systems like VRSS) that facilitate early identification of veterans are keys to aligning supply and demand and achieving optimal VTC utilization. Passage of a VJA allows states to overcome barriers to qualification and identification and triggers regular reporting requirements to optimally align and program abundant resources with unmet needs.

THE CASE FOR NATIONAL CONSISTENCY IN VETERANS TREATMENT COURTS

Policy Recommendations

In examining VTCs and related policy, these authors and their research recommend lawmakers engage

in comprehensive data gathering and assessment of veteran offender populations, veteran identification and eligibility standards by offender and offense, VTC programming resources and participation rates, and VTC outcomes. Only then can lawmakers reasonably consider shaping a VJA to meet the specific needs of their constituents. Recognizing that a VJA may standardize processes that identify veterans, establish VTC access to eligible veterans, and serve as the coordination and reporting requirement for VTC outcomes, if data warrants, states should also consider the funding of Veterans Pods in jails and prisons. In addition, states should also consider options for software integrations that further coordination between law enforcement, AOC, members of the criminal justice system, and state and federal benefits agencies.

Any jurisdiction considering VTC-related policy changes must gather data that will inform such decisions, as all meaningful public policy changes begin in the orderly world of analysis (Kamarck, 2013). By gathering data from tremendously successful programs (like many operating in North Carolina, Kentucky, and several other states), lawmakers can begin to examine best practices, comparatively assess programs, and draft legislation that includes what is working best in adjacent states without detrimentally impacting or overlooking current in-state successes.

From state to state and even within states, veteran populations are fluid. Most often, these populations are shifting as a result of DoD or service-directed realignments that relocate forces and equipment, favorable changes in tax treatment and other state-issued benefits for military members and retirees, or may be influenced by emerging opportunities for employment that bridge or build upon the skills that veterans learned in service. Regardless of what brings military servicemembers and veterans to their individual state, lawmakers should be aware of what an increase in this population may mean for criminal justice systems.

In addition to appreciating potential growth caused by military and veteran migration, lawmakers need accurate numbers of VTC-eligible offenders, an appreciation for how they are identified, and what criteria makes them eligible or ineligible for VTCs. Ideally, these participant data points will allow states to adjust their systems to better identify veterans from point arrest to pre-sentencing, and to ensure that any related statutes do not unnecessarily restrict VTC operations from being available to veterans by characterization of discharge or type of offense.

Just as data collection assists lawmakers with developing identification systems and eligibility criteria, it will similarly assist them in setting the state's baseline standard for VTC operations. Mandatory reporting on VTC operations and outcomes will allow legislatures to review best practices within high-performing jurisdictions, and through shared information and lessons learned, it can resource and replicate those successes in other jurisdictions. Lastly, state data on VTC operations will allow for better-informed requests for federal cooperation, resources, and the potential funding of Veterans Pods for those veteran offenders who must serve time behind bars.

Potential Barriers and Solutions

Eligibility requirements create barriers to those trying to seek enrollment in VTCs. Eligibility requirements vary by jurisdiction and may limit who can participate. For example, some courts only accept veterans charged with nonviolent crimes ([Craddock, 2022](#)). In addition, programs also require that the veteran accepts the offer of entry into the program, which will include participation in treatments and programs that the workgroup deems necessary ([Baldwin & Rukus, 2015](#)). There is also a discrepancy as to what constitutes a "veteran."

The Journal of Veterans Studies recommends broadening the criteria for eligible offenses to solve narrow eligibility regarding "veteran" status. Doing so would expand the types of veterans who can participate, increase awareness of VTCs, collaborate with VA services to identify eligible veterans, and advocate for legislative changes to define eligibility

requirements further. This would make the program more accessible to a broader range of veterans facing legal issues related to their service-connected challenges ([Moore, 2023](#)).

The Council on Criminal Justice's Veterans Justice Commission writes that many veterans are excluded from veteran-specific programs because of vague definitions and reliance on self-identification. These programs include diversion options that keep veterans out of incarceration, policies that consider veteran status as a mitigating factor during sentencing, and specialized services in jails and prisons exclusively for veterans. Establishing a clear, consistent definition of "veteran" within the criminal justice system and a reliable process to verify veteran status would ensure that more individuals who served our country can access the treatments and programs designed to address their unique challenges ([Seamone, 2023](#)).

A second potential barrier to the establishment of VTCs is cost. In North Carolina, VTCs have been recipients of grants and other forms of funding to help offset the costs of establishing and maintaining these programs. North Carolina counties have received various amounts of funding, including:

New Hanover County: Received a \$350,000 grant from the Department of Justice, dispersed over four years. The county matched this grant by 25% ([Willis, 2022](#)).

Randolph County: Received \$851,663 in Bureau of Justice Assistance funds in 2023 to establish a VTC ([Randolph County, 2023](#)).

Rockingham County: Received \$900,000 in 2024 from the Bureau of Justice Assistance FY24 Veterans Treatment Court Discretionary Grant Program ([Rockingham County, 2024](#)).

Rowan County: Received \$546,000 in federal funding in 2024 through the FY24 appropriations legislation passed in Congress ([Rowan County, 2024](#)).

Another potential barrier to establishing VTCs is treatment options and service delivery. According to the Justice Community Opioid Innovation Network Coordination and Translation Center, a recent study where several team members from different VTCs across the United States identified several challenges in service delivery, particularly concerning veterans' discharge status, which impacts access to VA services (JCOIN CTC, 2024). The study also highlighted the limited availability of residential mental health and SUD services, compounded by long waiting lists (Byrne et al., 2024). To address these issues, they recommended developing veterans-only transitional and long-term housing options, as well as tailored mental health and SUD treatment programs. Additionally, data siloing between the court and the VA was noted as a barrier to information sharing, thus hindering effective assessments of VTC program effectiveness (Byrne et al., 2024).

CONCLUSION

Veteran Treatment Courts exist to address the unique intersection between military service and criminal justice involvement, offering a rehabilitative alternative to incarceration for veterans whose offenses are often linked to service-related conditions such as PTSD, TBI, MST, and SUDs. These challenges are frequently compounded by pre-service trauma and post-service reintegration difficulties, placing veterans at a disproportionate risk for justice involvement. VTCs operate by integrating treatment, accountability, and support from multidisciplinary teams to promote recovery and reduce recidivism. While the model has shown promising outcomes (such as improved housing stability, access to benefits, and reduced reoffending), its effectiveness is hampered by inconsistent eligibility criteria and a lack of standardized best practices across jurisdictions.

Discrepancies in how states define "veteran" and determine eligibility, especially regarding discharge status, create significant barriers to access. Some states, like North Carolina, take a more inclusive approach, while others, like Kentucky, impose stricter requirements that can exclude veterans in need of support. Additional barriers, including fragmented data systems, inadequate funding, and limited service availability, further inhibit program reach and impact. Addressing these issues through federal and state legislative action, such as a Veterans Justice Act, is essential to expanding access, standardizing best practices, and ensuring that VTCs fulfill their mission to treat rather than punish those who have borne the invisible wounds of war.

VTCs represent one of the most promising innovations in criminal justice reform, which is honoring military service while pragmatically addressing the unique challenges veterans face after returning to civilian life. VTCs offer an opportunity to uphold the nation's sacred promise to its veterans by prioritizing treatment, especially when service-connected trauma underlies criminal behavior. However, inconsistencies in eligibility criteria, discharge classification policies, and access to care risk limiting the positive influence of VTCs.

To fully realize the potential of VTCs, states must move toward consistency and trauma-informed practices. This can be mitigated by broadening the definition of who qualifies as a veteran, increasing collaboration across jurisdictions and government agencies, and ensuring that veterans, regardless of discharge status, have alternative options to incarceration and programming that recognize their unique needs. ■

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