

# DEVELOPING THE VETERANS TREATMENT COURT

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## VALUE STATEMENT

This practice note details how the Buffalo Veterans Treatment Court was created. Readers gain insight into the development process and steps that were essential to this program's creation and implementation.

## KEYWORDS

Veterans treatment court, veterans court, program development

The veterans treatment court (VTC) first began in Buffalo, New York, in January of 2008. Often, I am asked what inspired me to start the VTC. To answer that question, I must take us back to late 2006. I was presiding in our local mental health treatment court and there saw a Vietnam veteran who had been in treatment for several months. Before he came to court, the community's treatment provider apprised the court that while this veteran was compliant with his attendance at treatment, the provider did not think he was making progress. He did not appear invested in his treatment, and the provider reported that the veteran did not actively engage with his therapist, nor actively participate while in group counselling sessions. Understandably, this concerned us, and I intended to address these issues.

What happened in court that day motivated us to rethink our approach to working with veterans. What follows is a condensed version of the facts. The Vietnam veteran appeared in court, and his clothing was disheveled, his posture slumped, he made no direct eye contact, and his verbal responses to the court were mere grunts. Rather than proceeding, I asked my project director Hank Pirowski and an employee of our county government named Jack O'Connor to speak with the veteran in the hallway directly adjacent to the courtroom. Both Hank and Jack are veterans and both served in Vietnam—Hank as a marine and Jack in the Army. After 20 minutes the three of them re-entered the courtroom, and when the case was recalled, the veteran stood before me in an erect posture, at parade rest, and responded to me in a coherent fashion. He stated he would try harder to work with his treatment provider. I was astonished by this transformation. What struck me, and my team, was how he had responded to two other veterans. It suggested to us that veterans can be motivated by encouragement from other veterans, veterans can be a support for each other, and that incorporating military culture can be of value in a treatment court setting.

I asked Hank and Jack to remain after court to discuss how their conversation with the veteran participant led to the positive changes we saw in his attitude and demeanor. We discussed how to assist veterans—specifically those managing substance abuse or mental health disorders—in the justice system by incorporating military culture. We hoped to encourage our veterans to strive for stability, productivity, and a healthier, law-abiding lifestyle.

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The events of that day motivated us to seek ways to provide better support for military veterans in the justice system. Research at the time informed us that a significant number of veterans who had served in the recent conflicts in Iraq and Afghanistan were experiencing mental health symptoms. Some were self-medicating using drugs and alcohol, and further research educated us about the high number of veterans committing suicide daily, the number of homeless veterans, and the number of veterans who were unemployed. Also, at that time, we began to see in our local criminal courts young men and some women who had recently served in combat or war zones.

We planned for over a year. We assembled and held meetings with broad, diverse, and inclusive team of stakeholders involved in the criminal justice system, health care systems, veterans support systems, and community groups. At these meetings we discussed the idea of our local court creating a treatment court for military veterans, specifically to address their health care needs related to traumatic brain injury, substance use disorders, and mental health disorders. We sought to design a more responsive approach to working with veterans in the criminal justice system, which involved ensuring everyone on the court team became acquainted with military culture and gained an understanding of the signature injuries facing many of our veterans. It was also important to have a close working relationship with the US Department of Veterans Affairs (VA) and local community treatment providers.

During the planning period, we met with our local VA health care network. Jack O'Connor facilitated an invitation for me to speak to our local VA hospital advisory group, which was chaired by Michael S. Finegan, who at that time was the director of the VA Western New York Healthcare System and our local VA hospital. The advisory group was composed of veterans who were active in the veterans' community and/or the VA hospital network. Members included representatives from veterans' service organizations, such as Veterans of Foreign Wars of the United States, Vietnam Veterans of America, Disabled American Veterans Charity, The American Legion, AMVETS, etc. I asked the advisory group's members to assist us in designing a treatment court that would provide the best support for our veterans. The members of the advisory group said not only did they want to help, but they also wanted to volunteer. The VA's hospital director also agreed to assist us.

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A major step in the design of the first VTC was the inclusion of volunteer veteran mentors and the VA, which agreed to supply the court with a VA healthcare worker. The healthcare worker acted as a liaison between the VA and the court and could assist a veteran participant in enrolling in the VA's healthcare network. This person also assisted with obtaining releases of confidentiality and scheduling treatment appointments for the veterans with the VA. The VA healthcare worker also provided the court with updated information on a veteran's progress with his or her treatment.

After several months of the Buffalo VTC's operation, under the leadership of US Secretary of Veterans Affairs James Peake and Deputy Undersecretary of Health Operations and Management William Feeley, the staff person assigned to the court, a Mrs. Donna Leigh, was granted permission to bring

her VA computer to the VTC. The presence of the onsite computer allowed her to connect to the Buffalo VA healthcare network, and she became the inspiration for the VA's subsequent creation of the Veterans Justice Outreach Program (VJO) in 2009. The VJO specialist, as described on the VA's website, now provides outreach, assessment, and case management services to and on behalf of justice-involved veterans in local courts and jails, in addition to being a liaison with local justice system partners such as VTCs. In 2010, VA Secretary Eric Shinseki made the VJO specialist position a full-time dedicated position at every VA hospital facility located in the continental US and US territories.

Since then, the Buffalo VTC has worked closely with Justice for Vets, a division of the National Association of Drug Court Professionals, which assisted jurisdictions with the training and establishment of VTCs nationally. Justice for Vets was instrumental in assisting the VA in training the newly created VJO position. Additionally, Paul J. Hutter, the general counsel for the VA, and his successor, Will A. Gunn, were instrumental in guiding the VJO program for the VA. The VJO program continued to assist veterans under all subsequent secretaries of the VA and to this day.

When we started the Buffalo VTC, there were several unknowns. Locally and nationally, I could not find any information regarding how many veterans were arrested in any given year; this information was not being collected, asked of arrestees, nor reported. I could not find information about the numbers of veterans in existing drug treatment and mental health treatment courts, as these courts did not usually ask or record such information from their participants. Regardless of the numbers, we wanted to create a more therapeutic, culturally appropriate environment for our veterans. We wanted to provide the best opportunities for our veterans to regain stability, be successful, and to contribute in a positive way to their civilian life.

As VTCs are evaluated by researchers, the field is eager to learn what works well with this population and what are the areas for improvement. Do differences in veterans' experiences, such as combat or having disorders such as PTSD, affect how veterans fare in VTC? Does the era of our participants' service in the military factor into how they progress in the program?

Our veterans sacrifice to defend our country, and some have made the ultimate sacrifice by giving their lives. For those veterans who do return home and suffer from the invisible wounds of war, our communities and our justice system must prepare ourselves better to receive them and to provide them with needed support. When we encounter veterans in our courts suffering from mental health and substance use disorders, they should be seen in a VTC. VTCs provide structure, oversight, stability, restoration, and offer our veterans a new mission. A mission to achieve a productive, law abiding, and healthier civilian life.

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## AUTHOR BIO

**Judge Robert T. Russell, Jr.** is an associate judge for Buffalo City Court and serves by appointment as an Acting Erie County Court Judge. He created and presides over Buffalo's Drug Treatment Court since December 1995. He established and also began presiding over Buffalo's Mental Health Treatment Court in December 2002 and the Buffalo Veterans Treatment Court (the "first veterans treatment court") in 2008.

Judge Russell is the former chair of the board of directors of the National Association of Drug Court Professionals, Inc., and the former president of the New York State Association of Drug Treatment Court Professionals. He also served on the National Advisory Board of the Judges' Criminal Justice / Mental Health Leadership Initiative, which is co-coordinated by the Council of State Governments and the GAINS Center. He is a graduate of Howard University Law School in Washington, D.C.

Judge Russell is the recipient of several Awards of Merit from the American Bar Association, New York State Bar Association, and the Erie County Bar Association. He has been issued many community awards, including the Buffalo News 2009 Outstanding Citizen Award and the Leadership Buffalo 2010 Openness to Change Award. He has received the Vietnam Veterans of America Achievement Medal and the National Veterans of Foreign Wars of the United States' James E. Dan Zandt Citizenship Award. Judge Russell is also the recipient of the 2014 White House Advocates for Action Award, presented by the White House Office of National Drug Control Policy and the 2015 AMVETS American Veterans National Silver Helmet Award. His work in the drug treatment court field led to his induction into the National Association of Drug Court Professionals "Hall of Fame." He is also the recipient of the Leadership Award from the New York State Association of Drug Treatment Court Professionals and the Nancy D. Smith Memoriam Award from the National Alliance for the Mentally Ill.