VETERANS TREATMENT COURTS AND SERVICES FOR CHILDREN AND FAMILIES

Family members of veterans are also serving the country when their veteran is deployed, and they are affected when their veteran returns home after leaving the service. Since 2008, more than 150 Veterans Treatment Courts (VTCs) and separate veterans' dockets in other courts have been launched in response to the needs of veterans who have come in contact with the justice system and need substance abuse or mental health treatment instead of incarceration. These courts have proven their ability to help veterans by providing them the services they need to build productive lives and to stay out of the corrections system.

Now it is our responsibility to make sure that the family members of these veterans also receive the services and support they need. A recent study found that 37% of the veterans enrolled in VTCs have an average of two children; some VTCs record as many as 80% of their clients having children.[1] When a veteran is affected by physical, mental and other disabilities, their family is affected. When a dad or mom faces criminal charges, his or her entire family is affected. Their financial well-being is threatened, their stability may be threatened, and their housing may be affected. But thus far almost none of the VTCs are providing services for family members.

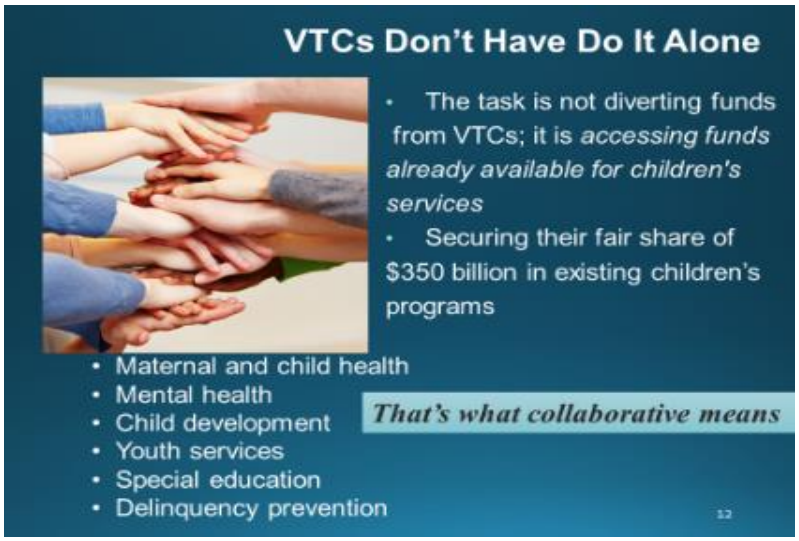
Syracuse's Institute for Veterans and Military Families reviewed a study done by the University of Missouri which found that most studies focus on how veterans' symptoms affect general family relationships rather than looking at how to address the mental health of spouses and children. The study argues that when treatment includes a focus on their trauma, better outcomes for children will result and suggested that organizations, including the VA, that serve veterans must also connect veterans with family services.[2]

Recent efforts have shown that court programs serving parents can improve their outcomes by serving the whole family. The National Center on Substance Abuse and Child Welfare has participated in two recent initiatives to expand drug courts to include children's services, one funded by SAMHSA and the other by the Doris Duke Foundation and The Duke Endowment. The Children Affected by Methamphetamine demonstration project funded twelve family drug courts to add services for children, and the Duke foundations are supporting four family drug courts that expanded their use of evidence-based parent-child programs in their services.[3]

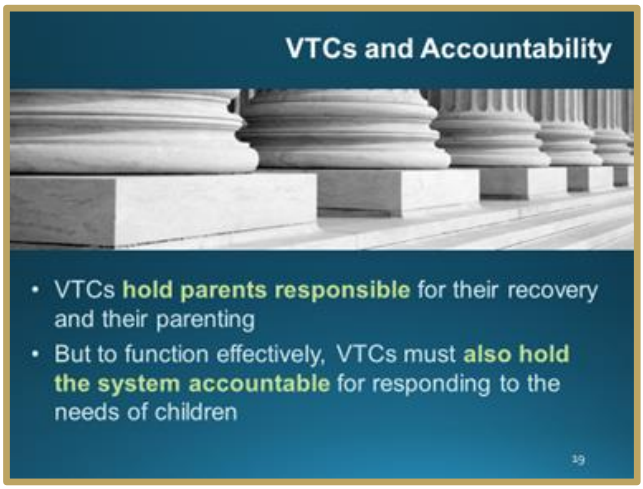
The need is growing. Child maltreatment rates have doubled among military families since the beginning of the conflicts in Iraq and Afghanistan, rising from a rate that was below that of civilians in peacetime to a rate 22% higher than civilians in wartime. [4] This may be due in part to multiple deployments;

as of five years ago, 36% of servicemen and women had been deployed more than once[5], a figure which has likely risen in the years since. Increases in domestic violence and child maltreatment rates are also related to increased rates of mental health problems among active duty servicemen and women. Mental health problems in servicemen and women increase with each successive deployment. [6]

The challenge is not to persuade VTCs to serve children with their own resources; the challenge is rather to help assess the needs of the full family and connect them with agencies and organizations focused on helping children and families within the community. More than $400 billion is spent annually by the federal government alone to help children, with hundreds of billions more from state, local, and private sources. VTCs' role should be ensuring that those services are helping veterans' families in proportion to their needs and in response to their service to the nation.



The presence or lack of an emphasis on results can be diagnosed by asking a question of a collaborative meeting: are we talking about what our agencies did last month—or are we focused on whether veterans and their families are doing better?



The two components are mutually reinforcing. Results can convince policymakers to increase resources, and increased resources can sometimes produce improved results.

The good news here is that in several communities across the nation, local collaboratives serving veteran and military families have emerged since the return of large numbers of post 9/11 VTCs perform critically important tasks in diverting veterans from the legal or criminal justice systems to treatment. Many of the problems experienced by veterans can affect their children or spouses/partners. Infusing these three components of a VTC outreach effort to other agencies—numbers, needs, and networks—can secure much-needed resources to assist VTCs in stabilizing families while they are helping veterans.

How can a VTC do that?
The following framework provides a structure for what is necessary:

Once VTCs know the numbers of family members connected to the veterans they are serving, they can screen those children and spouses or partners to determine their needs, building a network of agencies who can help the VTC to meet those needs.

Let's look at each of these steps in more detail.

Numbers

The first step is counting, based on the adage that you can't coordinate what you can't count. Three questions are at the core of this task:

- ***How many of the veterans in your VTC have children?***
- ***How many children are living in the home with the veteran?***
- ***How many of those veterans want to build stronger ties to their children?***

With this vital information in hand, a VTC can begin to communicate with family- and child-serving agencies in their community. These numbers may be small at first, since the average VTC serves only 30-50 veterans a year. In most communities, those VTC clients with children will not create major new demands on existing agencies.

The other part of this dialogue about numbers with local agencies is determining how many children and family members of veterans are already in their caseloads. Most agencies don't assess parental veteran status, which results in agencies not knowing how many children of veterans they are serving. These children have been called "invisible," because they are not often identified as veteran family members. Once agencies are aware of their caseload's veteran status, the initial contacts between VTCs and local agencies can be about specific numbers. It's easier for community agencies to agree to focus on the needs of veteran families if they are already in their caseload than sending new clients for services. In addition, identifying families as veteran-connected can trigger access to additional resources for those agencies.

Needs

With more than 2 million Americans having served since 9/11, often in multiple deployments in the Middle East, communities have realized that the VA and other veterans' services organizations need help coping with these large numbers of returning veterans. More than 60% of those post 9/11 service members have left the service. Some have made smooth transitions to civilian life—but not all. More than 30% of them are affected by trauma and substance use problems that resulted from their service—and their families are affected by both kinds of problems[7]. Using the two-child average cited above, this equates to an estimated 720,000 children connected to veterans that have a mental health illness or substance use disorder.

A formal screening or needs assessment may be less comfortable for some veterans than a gentler approach that is family-focused, starting with the question, "how are your kids doing?" Veterans are justifiably proud, and have learned to downplay their problems. This may lead some veterans to resist getting labeled as having "problem children" or needing services that may require special attention. Judges, court staff, or out-stationed peer navigators may raise these questions informally, as a prelude to more detailed screening and assessments.

Transition and discharge planning, as well as services from the VA (for the one-third of veterans who seek and receive VA health and social services) may identify some of these needs. But often, problems with adjustments to civilian life, new employment responsibilities, and changes in the way the family reacts to a returning veteran will not emerge until several months after discharge. In some cases, transition planning staff may actually discourage service members from raising issues that may delay their out-processing.

The relevant steps in assessing needs are to:

- ***Screen veterans to ask if their children or family members are experiencing problems as a result of their deployment or post-deployment adjustments, or if they could use additional supportive services***
- ***Inventory what screening tools are being used or could be used by community agencies to determine the needs of veteran family members in their caseloads***
- ***Determine how community agencies are linking veterans to services.***

Networks

The good news here is that in several communities across the nation, local collaboratives serving veteran and military families have emerged since the return of large numbers of post 9/11 veterans. It is important to note that when engaging in discussions about local services available for veterans and their families, the message should not be asking for special privileges. Conversations should explore how veteran family members can receive their fair share of the resources already available to children and families.

These conversations with local collaboratives and networks of veteran-serving agencies can save VTCs a lot of time, which would otherwise be taken up with meeting with agencies one by one, having to explain the needs of veteran family members to each agency separately. In a well-functioning collaborative, VTCs would have an opportunity to explain what they do, make the case for help from other agencies who already serve children and families, and make contacts needed to conclude strong agreements for cooperation.

The presence of VA Veterans Justice Outreach Specialists (VJOs) who provide outreach to veterans in jails and in the court system is an important resource for accessing VA and other services in the community network. They may have already developed elements of a network, and may be helpful when their caseload overlaps with local collaboratives' efforts. All VTCs should connect with their VJO and begin developing a process to identify and address the needs of the veteran's family members. State and county veterans' agencies may also have contact information for local collaboratives.

Here a cautionary note is essential. A network or a collaborative session is just another meeting if it does not consistently and persistently address two products: **resources** and **results**. A network that has no idea how much is being spent to help veteran families, where those funds come from, and how they could be increased is basically flying blind. These collaboratives are doubly handicapped if they do not focus on results that include the baseline conditions of veterans' families that are the targets for improvement. The driving questions for a network then become:

- ***Do we have a resource inventory that tells us what resources for children and families are currently available, and…***
- ***Do we measure the results achieved by those resources against clearly understood baselines and targets for improvement; do we have an annual scorecard that enables us to see what's getting better for veterans and their families—and what's not?***

For more information, contact **Larisa Owen** at Children and Family Futures: **lowen@cffutures.org**.

Additional resources and a presentation on VTCs working with children are available on the CFF website at www.cffutures.org.

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[4] Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). Effect of Deployment on the Occurrence of Child Maltreatment in Military and Nonmilitary Families. American Journal of Epidemiology, 165(10), 1199–1206. doi:10.1093/aje/kwm008
[5] Department of Defense. (2008). Mental Health Advisory Team (MHAT) V: Operation Iraqi Freedom 06-08: Iraq; Operation Enduring Freedom 8: Afghanistan. Retrieved June 9, 2012, from www.armymedicine.army.mil/reports/mhat/mhat_v/MHAT_V_OIFandOEFRedacted.pdf .
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